

Adult Protection Committee

Biennial Report 2022 - 2024



Ensuring adults in Edinburgh who need support and protection are safe and receive the highest quality, professional services from partner agencies involved in Adult Support and Protection

Martin MacLean
Independent Chair



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Who we are

Independent Chair: Martin Maclean

Membership:

- Rose Howley – CSWO, City of Edinburgh Council
- Mike Massaro-Mallinson – Service Director, EHSCP
- Matt Kennedy – Depute CSWO / Head of Service Assessment & Care Management
- Anna Duff – Head of Service MH, LD & SM – EHSCP
- Brian Manchester – Detective Chief Inspector, Police Scotland
- Karen Allan – Housing Manager, City of Edinburgh Council
- Carolyn Wyllie – Director of Public Protection, NHS Lothian
- Angela Lindsay - Head of Service for Home First, Community Rehabilitation and Reablement, EHSCP
- Marion Findlay – Operations Manager, Volunteer Edinburgh
- Claire Borthwick – Head of Nursing, Mental Health, Learning Disability & Substance Use - EHSCP
- Claire Kapusciak – ASP Nurse Lead, NHS Lothian
- Murray Dalgleish – Group Commander, Scottish Fire and Rescue Service
- Lynne Morrison – Detective Inspector, Police Scotland / QA Sub-Committee Chair
- Iain Templeton – Operations Manager – Partners in Advocacy / Lived Experience Sub-Committee Chair
- Jacqui Macrae – Chief Nurse, NHS Lothian
- Kieren McGrotty – Adult Protection Lead Officer
- Angela Voulgari – Equally Safe Committee Lead Officer.
- Mike Wright – Senior Service Manager, Cyrenians Outreach Service
- John Skouse – Care Inspectorate
- Kathleen Liddle – Mental Welfare Commission
- Keith Dyer – Quality Assurance & Regulation Manager, City of Edinburgh Council
- Laura Brown – Child Protection Lead Officer
- Mark Phillips – Service Manager, Access to Industry / Comms Sub-Committee Chair
- Tracy Thomson – Business Support, Learning Reviews
- David Morrison – Fire Safety Enforcement Officer, Scottish Fire and Rescue
- Philip Brown – Strategy and Insight (data), City of Edinburgh Council
- Carey Fuller – Head of Justice Services, City of Edinburgh Council
- Nieves Nieto – Senior Information Analyst, City of Edinburgh Council
- Clare Murray – Advance Customer Support, Department for Work & Pensions (DWP)

Partners



Edinburgh Health and Social Care Partnership



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Chair's Foreword

I am very proud to have recently taken up post as the first Independent Chair of the City of Edinburgh's Adult Protection Committee (APC) and am pleased to present the Adult Protection Committee's Biennial Report for 2022-24. As I came in to post the Edinburgh partnership had been and was still working hard to address two recent difficult inspections, yet it has been clear to me from Committee members and other colleagues that there is firm commitment to ownership of, and accountability for, the work that needs to be done in Edinburgh to develop and improve the ASP response.

As well as a period of great change and consolidation for policy and processes, including those for Learning Reviews, it has also seen many local senior staffing changes. We have a new Chief Officer for the Health & Social Care Partnership, a new Chief Social Work Officer, a new Deputy Chief Social Work Officer, a new Independent Chair for the APC and a new Lead Officer for Adult Support & Protection. This transition will now lead to stability and these appointments have already brought renewed energy, commitment and vigour to the work of the APC.

My early priorities for the APC continue to be to help ensure the vulnerable in Edinburgh receive the protection and support they need. I am committed to ensuring we get the fundamentals of Adult Protection right, that we learn from Reviews locally and nationally, and deliver better workforce support & development to build confidence and competence in safeguarding professionalism for all staff.

Edinburgh's Biennial Report highlights the work driven through the post ASP Inspection Improvement Plan. The design and implementation of improvement and development work to address the seven Key Priority Areas for Improvement raised by the joint inspection feature heavily. The work carried out by senior social work colleagues to lay strong foundations for long term improved practice in ASP is of note. As this work beds in it will realise better practice and improved outcomes for those in Edinburgh requiring Adult Support and Protection. We have recently finalised and approved new, updated Inter-Agency ASP Procedures supported by new and updated single agency policies and guidance and agreed a new APC Mission Statement to assist with visibility and clarity of purpose. A thorough refresh of the APCs Subcommittees has been completed but the actual work is only just starting.

The joint inspection Progress Review is underway as I write, and the APC and partnership will continue to build on the work already effected to ensure the best possible ASP response.

We remain committed to our renewed mission: *"To ensure adults in Edinburgh who need support and protection are safe and receive the highest quality, professional services from partner agencies involved in Adult Support and Protection."*

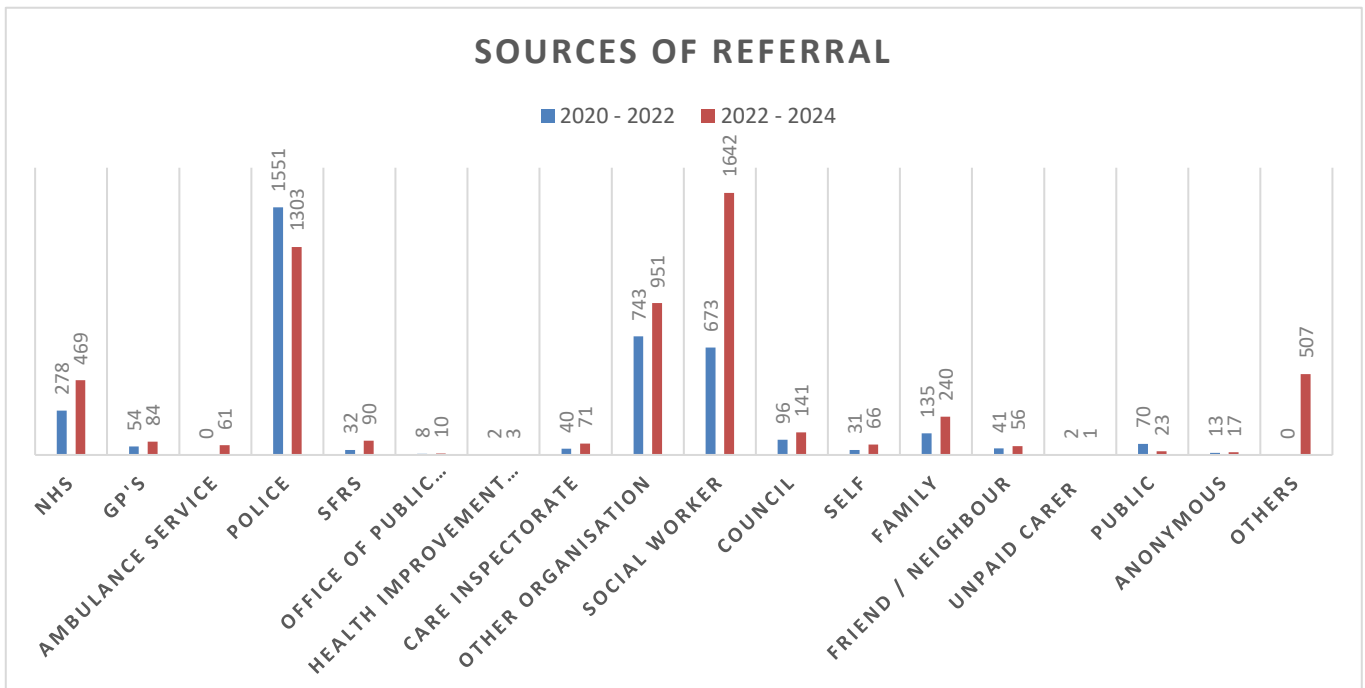
Martin MacLean - Independent Chair - City of Edinburgh Adult Protection Committee

Referrals and Source

Referral source changes since the last biennial are evident below in Table A which shows the number of referrals in this two-year period has **increased 34.4% from 3769 to 5735**. During Covid Police accounted for 41.2% of referrals. Post 2022 Police referrals have decreased by 18.4% and Social Work and ‘others’ have increased by 19.6%. This could be explained by the change in process whereby Police colleagues can now initiate an IRD as well as ‘adding’ concern forms to existing Social Work cases via SCD. This is reflected by the increase in referrals within Social Work at 10.8%. GP’s and NHS colleagues remain at similar levels of referring.

The notable introduction of referrals from Scottish Ambulance Service (SAS) (from zero to sixty-one) is welcome, and the near 200% increase in referrals from SFRS is also noteworthy (rising from 32 last biennial to 90 in the current). The Care Inspectorate and other agencies have also increased in making referrals as society starts to return to normal functioning post-covid. Strikingly, Adults have been making double the referrals and families near double.

Table A



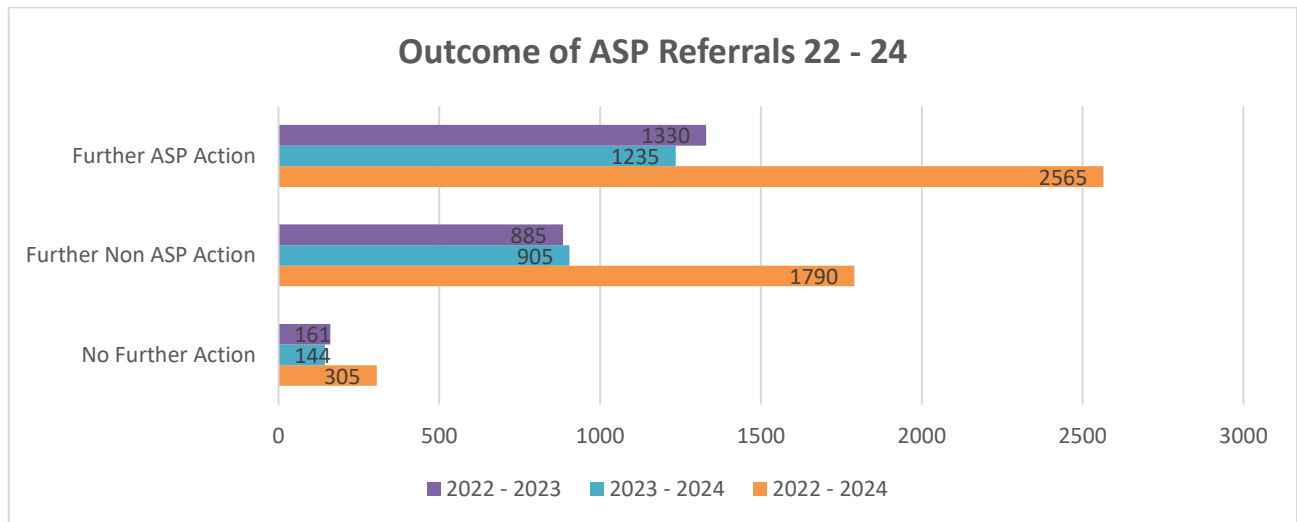
Outcome of ASP Referrals – Table B

Over the past two years, the outcomes of ASP referrals have remained much the same between years one and two. From a total of 5735 referrals received, 2565 or 44.7% have proceeded to further ASP activity. 1790 referrals, or 31.2% have progressed to further non - ASP based interventions. 305 referrals, or 5.3% had no further actions, with 1075 or 18.7% of referral outcomes being unknown.

What Our Data Tells Us

Further work is needed to clarify why these outcomes are unknown and what changes to data gathering could be made to close this gap.

Table B



Conversion of Referrals to IRD

Table C (below) shows there has been a 39% increase (from 986 to 1373) in the number of Interagency Referral Discussions (IRD's) initiated this biennial. This rise is greater than the % rise in referrals received, meaning proportionately more IRDs are being held per referrals received than before.

Table C (Biennial Comparison)

	2020 - 2022	2022 - 2024	Trend	Difference
Referrals	3769	5735	▲	1966 / 34.4% Increase
IRDs	986	1373	▲	387 / 39% Increase
Initial ASPCC	439	783	▲	344 / 78.4% Increase
Review ASPCC	529	1737	▲	1208 / 228.5% Increase
Total Case Conferences	968	2520	▲	1552 / 160.5% Increase

Adult Support and Protection Case Conferences.

There has been an increase in numbers of Case Conferences and Reviews. Adult Support and Protection Case Conferences are an important part of the protection process in Edinburgh and are used to share information between multi-agency partners and to support protection planning. The person will be invited and supported to attend where it is safe and appropriate for them to do so. Our policy is to always offer advocacy and alternative communication methods. There were 783 Initial Case Conferences convened in this reporting period compared with 439 in the previous period, an increase of 78.4%.

What Our Data Tells Us

This trend continues with a 228.5% increase in Review Case Conferences from 529 to 1737 since the last biennial. In total, Edinburgh convened 2,520 ASP Case Conferences, compared to 968 in the last biennial report. This is an overall increase of 1552 ASP Case Conferences held, an increase of 160.5% in the total case conferences convened. The increase in Case Conference activity has been supported by the increase in Senior Practitioners in Adult Support and Protection who now chair all Initial and First Review Case Conferences.

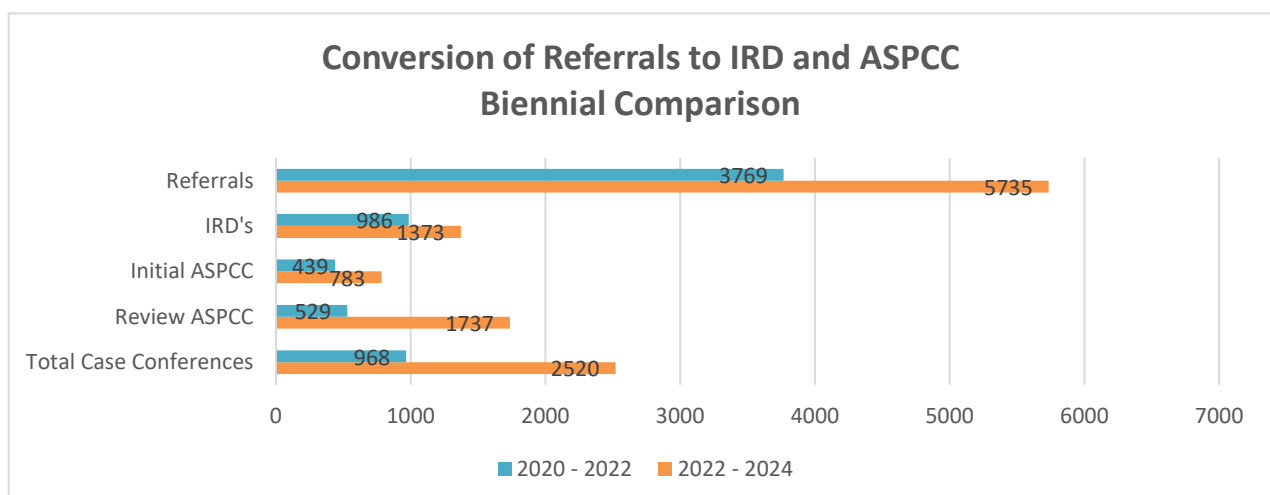
Conversion of Referrals to IRD's compared to the last biennial – Table D

In total, in this two-year period, 23.9% of referrals proceeded to IRD, compared to 26.2% in the previous biennial period. However, the increased number of referrals overall means 387 more IRDs have taken place.

Of those IRD's, 57% proceeded to an Initial ASPCC this period, compared with 44.5% in the two years prior. This suggests that referrals are not only being screened at a higher rate, but those that do proceed to an IRD are more appropriate for being recorded on the IRD system. The new 'front-door' processes with Social Care Direct's establishment of the Direct Response Team (SCDRT) has likely contributed to this through earlier screening, inquiry, risk assessment and protection planning at the earliest stages.

In contrast to that small decrease in referral to IRD conversion, there has been 12.5% increase in IRD's being progressed to Initial ASPCC. This would suggest that over the past year IRD's are encouraging increased collaborative working through joint problem solving, risk assessment and consistent protection planning. Additionally, more effort has been focussed on least restrictive practices and paying attention to the person's wishes when using the multi-disciplinary, inclusive model of case conferences for effective information sharing, discussion and shared ownership of protection planning.

Table D



What Our Data Tells Us

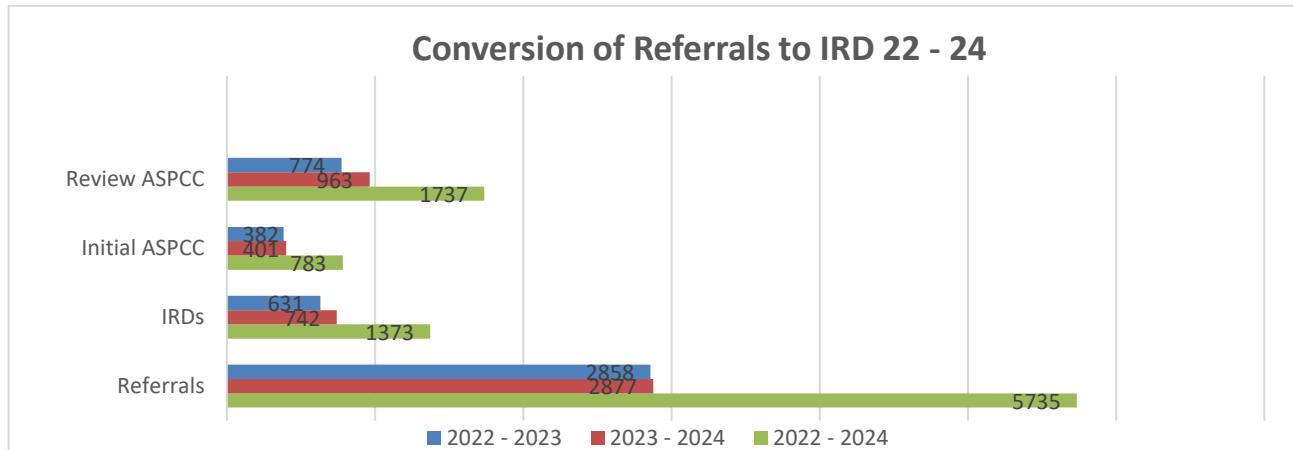
A Closer Look At 2022 – 2024

ASP Interventions and SMART Plans

Focusing on the past two years alone, Table E (below) shows the number of Referrals, Initial Case Conferences and Case Conference Reviews, along with the conversion rate to the next step at each key stage.

This shows a negligible increase in referrals between year one and two. There is an evident slight rise in the conversion rate of referrals progressing to IRD in year two, meaning more multi-agency discussion over each referral. Yet in contrast, in year 2 there is a slight decrease in Initial Case Conferences convened from an IRD when compared to year one. This could suggest that the new processes and structures are bedding in, with the IRD group improving in both capacity and consistency, holding multi-agency discussions around managing risk and harm at earlier intervention stages, managing the risk by means of a SMART protection plan via standard social work case management and support rather than holding on ASP.

Table E



Types of Harm (As recorded at IRD)

Table F (below) compares this biennial period to the previous Covid-era period and shows an increase in the neglect category with a slight percentage decrease in the categories of financial, sexual and physical harm. This increase in neglect correlates with the committee's commitment to undertake focussed work on self-neglect and neglect in the previous biennial report. Over the past two years there has been an emphasis in training and development on the new self-neglect and hoarding protocol. There has been targeted communication to care agencies including a newsletter which has contained articles on self-neglect. There is also an active, SFRS led, Thematic Learning Review on Fire Related Deaths and a Short Life Working Group on Self-Neglect & Hoarding.

It is also noted that there is an increase in substance misuse recorded as a main type of vulnerability (see further table below) which may have contributed to a rise in numbers of neglect. Since the

What Our Data Tells Us

publication of the revised codes of practice (2022), training around assessing people's 'ability to safeguard' has been adjusted to apply a more trauma informed lens. An emphasis has been placed on the cumulative effects of both substance misuse and trauma on people's ability to safeguard. It is difficult to know whether the recorded increase in neglect is due to an increase in this consideration of people's ability to safeguard against this type of harm and vulnerability, whether this is due to the pandemic affecting people's ability to access the support and resources needed, or due to an increase in awareness and recognition that adult support and protection processes will apply in cases of self-neglect and self-harm, or whether this result is an intersection of all these factors.

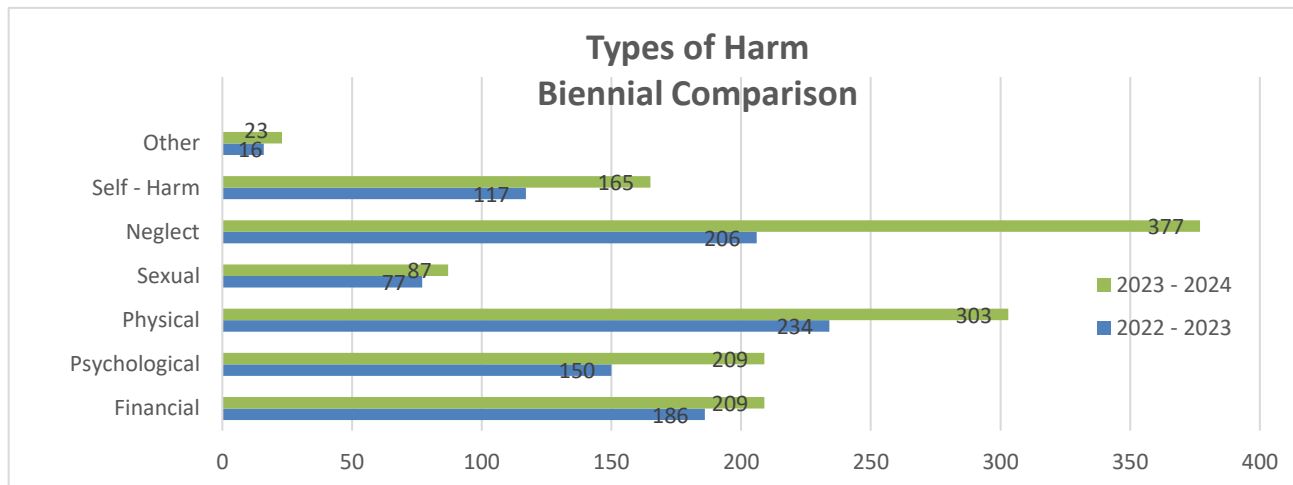


Table F

It may be useful to expand our types of harm categories to better highlight specific issues that currently fall under the 'other' category. Although not in the national minimum dataset, Edinburgh has seen a substantial gatekeeping and cuckooing issue involving organised crime groups using people's homes. This issue appears to have increased and drawn more attention both during and post Covid, as our most vulnerable residents were often isolated at home shielding or reluctant to go out, thus providing the opportunity for others to make inroads into what were previously safe spaces (people's homes). When advocacy services in Edinburgh were asked to provide data on the types of harm service users experienced, the data included housing, gatekeeping, substance misuse and cuckooing factors, demonstrating the value of lived experience advocacy represents in bringing more nuanced understandings of the local landscape.

Looking at Types of Harm over the Past Two Years

Table G (below) shows the main types of harm recorded at IRD over the past two years. From year one to year two, the biggest increase has been in neglect, yet this is still only a 5.6% rise in the share of referrals. Likewise, there have been minor increases in the proportion of financial and

What Our Data Tells Us

psychological harm. This contrasts with slight decreases, in physical, sexual, and self-harm types between years one and two.

The Principal Social Worker has strived to ensure there is balance in our actions and it could be that physical harm has decreased due to a greater emphasis on early 'front-door' intervention. Physical harm from falls, occupational therapy and mobility issues may now be better addressed through increased intervention by SCDRT in provision of walking aids and equipment by Community Care Assistants and Occupational Therapists, as well as support and care management interventions.

Physical and Sexual harm numbers may be on the decrease as people are less 'trapped' in situations, as was the case during Covid in the previous biennial. People may now be more able to seek help, and possibly due to SCDRT making earlier diversions to Police for criminal reporting and victim support, this may be reflected in this decrease as well as self-harm referrals decreasing due to better pathways and access to health and wellbeing services post-covid.

Table G

In Descending Order	Y1 2022 - 2023		Y2 2023 - 2024		Y1 + Y2 2022 - 2024		Trend (%)	Difference
	Count	% share	Count	% share	Count	% share	Y1 to Y2	%
Neglect	154	24.4%	223	30.1%	377	27.5%	▲	5.6%
Physical Harm	160	25.4%	143	19.3%	303	22.1%	▼	-6.1%
Financial Harm	92	14.6%	117	15.8%	209	15.2%	▲	1.2%
Psychological Harm	85	13.5%	124	16.7%	209	15.2%	▲	3.2%
Self-Harm	83	13.2%	82	11.1%	165	12.0%	▼	-2.1%
Sexual Harm	52	8.2%	35	4.7%	87	6.3%	▼	-3.5%
Other	5	0.8%	18	2.4%	23	1.7%	▲	1.6%
Total ASP Cases	631	100.0%	742	100.0%	1373	100.0%	=	0.0%

Conversely, the increased prevalence of financial and psychological harm correlates with the current cost of living crisis, a rise in 'untreated' mental health issues and increased awareness of domestic abuse, predatory marriage (a recent phenomenon where older people with capacity issues are duped or coerced into marriage and signing over their estate) sextortion, online scams and financial forms of abuse highlighted in the partnership's training over the past two years.

Where is Harm Occurring? (As recorded at IRD)

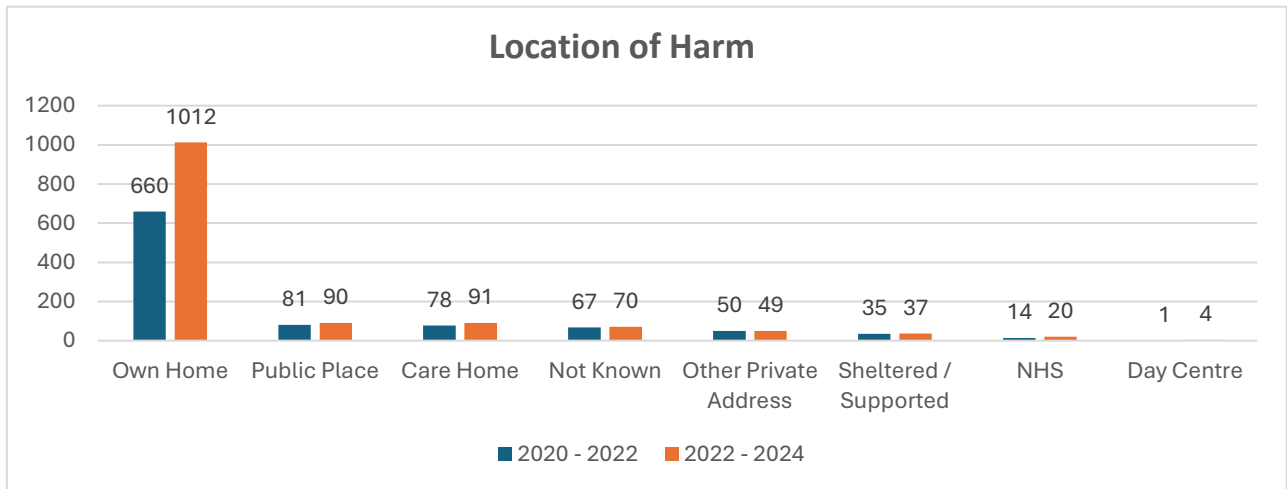
In terms of where harm occurs, Table H (below) shows that compared to the previous biennial report, there has been another percentage share increase (73.7% of all 1373 IRDs) recording harm being reported in peoples' own homes.

What Our Data Tells Us

This increase continues a rising trend in harm taking place at home, which started during COVID in 2020. Other locations of harm have remained steady in proportion to their share of the increased referrals.

The Care Home figures show a % decrease in terms of the overall IRD count but do represent an increase of 16.7% (from 78 to 91).

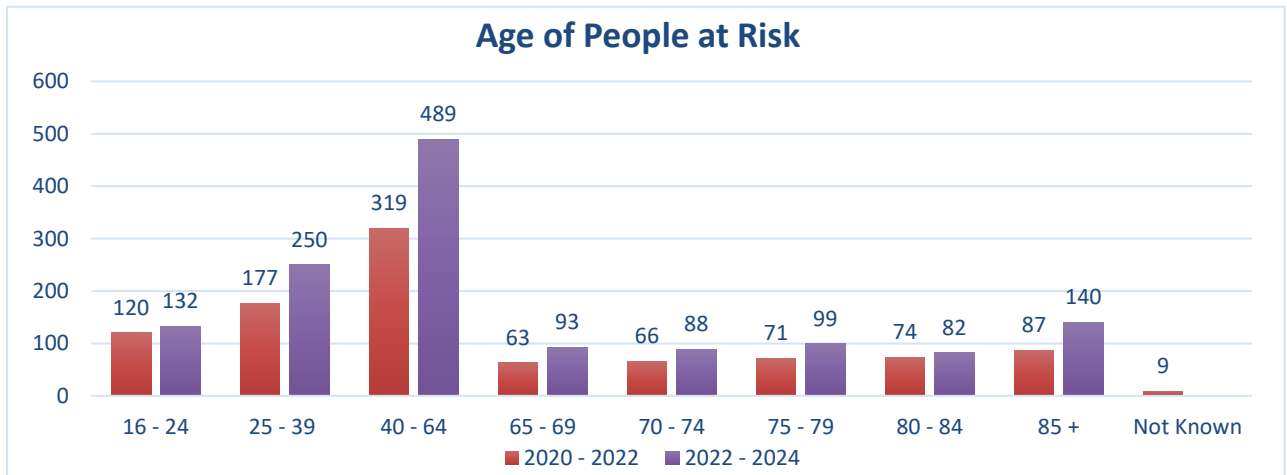
Table H



Age of People at Risk of Harm? (As recorded at IRD)

Table I below shows that when compared to the last biennial, the age of those at risk of harm has remained largely stable with increases or decreases being commensurate with demographic changes and increased overall ASP activity. It is hoped that the decrease in 16–24-year-olds at risk may be down to the resumption of education and social opportunities post- Covid, as well as increased work and development of transitional arrangements for both those in community and in looked after / care settings supported by Through Care & After Care Teams. Although visually, it looks that more people aged 40 – 64 are at risk, the total number of people over 64 at risk is 502 for this biennial, meaning people over 64 remain the most at risk.

Table I

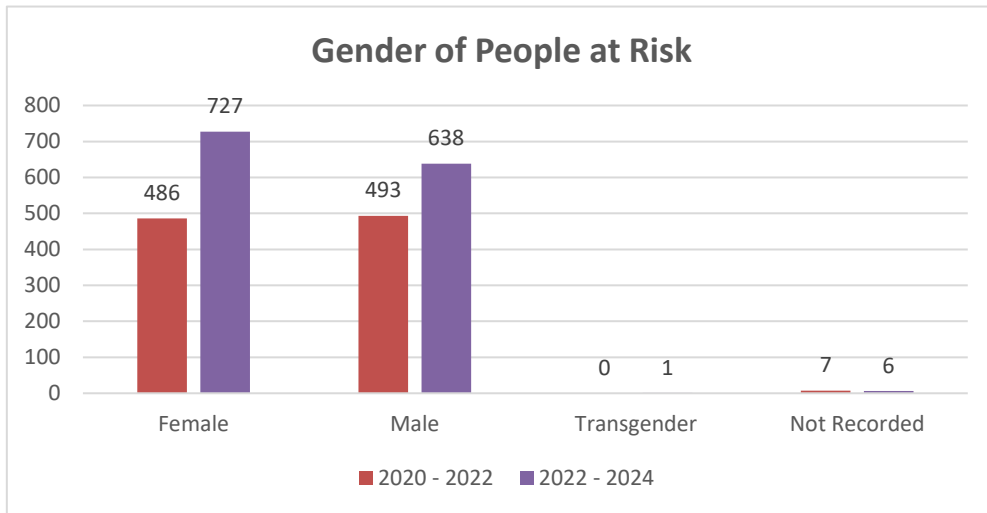


What Our Data Tells Us

Gender

Table J is a new addition to our biennial report including new data on those who identify as Transgender. This past two-year period shows a minor increase in females being reported as being at risk. This coincides with the significant work undertaken in making Edinburgh a safer space for women and girls through the efforts of the Equally Safe Committee and its very public campaigns on promoting safe spaces for everyone whilst promoting more effective reporting of gender-based harm. This awareness raising may account for this minor increase.

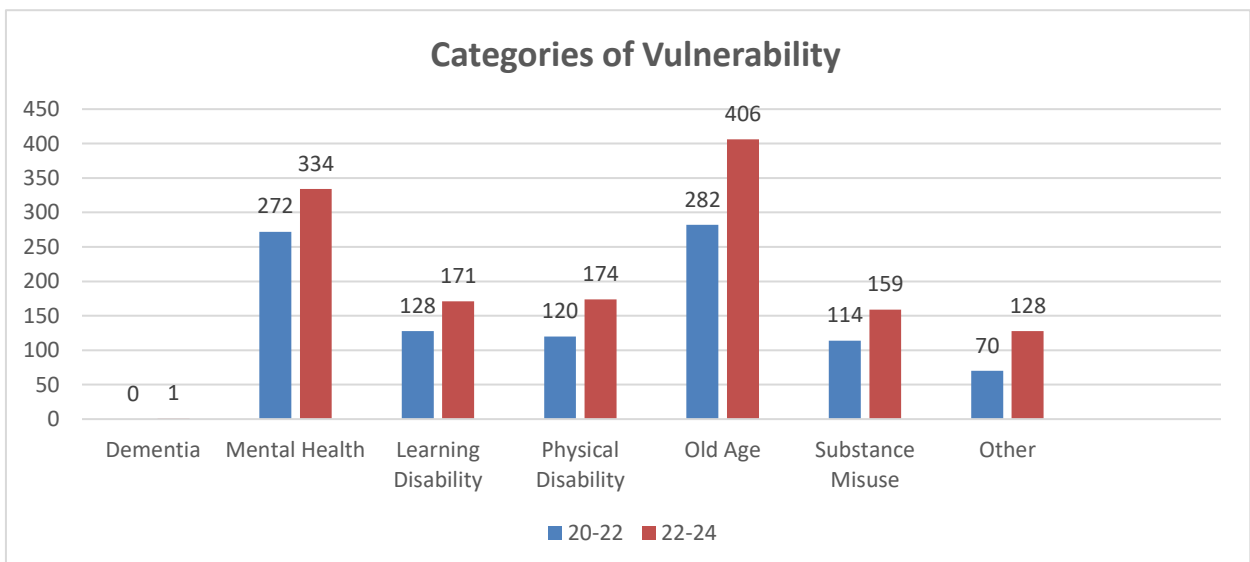
Table J



Categories of Vulnerability

Table K (below) shows the categories of vulnerability of those being referred for ASP. The percentage difference in categories of vulnerability is negligible over the biennia but there increases across the categories reflecting the overall increase in referrals between the biennia.

Table K



What Our Data Tells Us

Protection Orders

Table L (below) shows **69** protection orders have been granted this biennial (**up 17 from 52** in the previous biennial) **4** removal orders, **33** temporary banning orders, and **32** banning orders. We have adjusted our recording methods midway through these two years to improve our data gathering abilities and highlight future learning / process needs but hope to continue gathering data on orders applied for, and orders granted. This evidence demonstrates that when applied for, the court agrees in all but one instance.

Table L

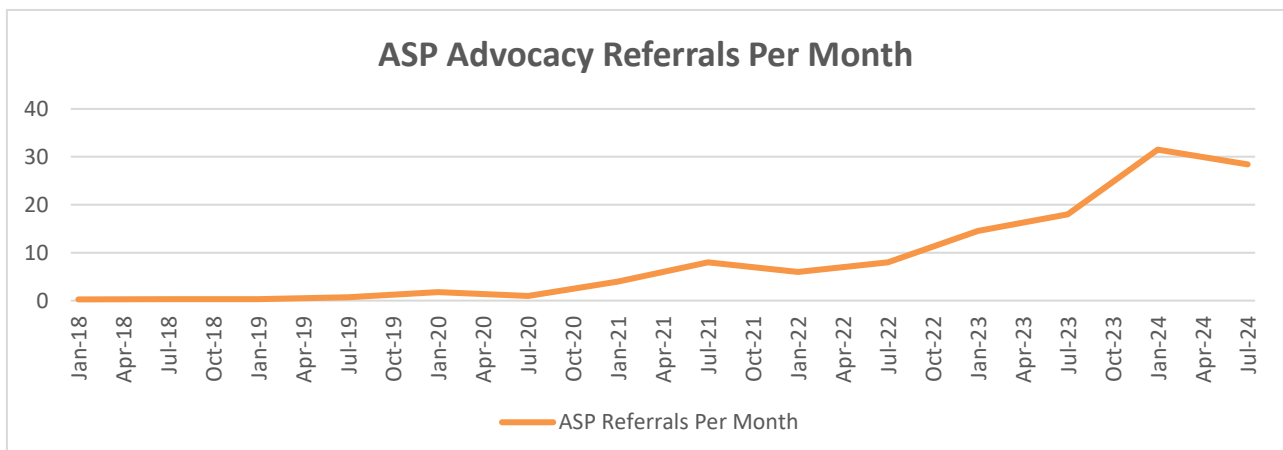
Period	2022 -2023	2023 - 2024	
Type of Protection Order	Orders Granted	Orders Applied For	Orders Granted
Assessment Order	0	0	0
Removal Order	2	2	2
Temporary Banning Order	0	0	0
Banning Order	0	0	0
Temp. Banning Order w/Power of Arrest	15	18	18
Banning Order w/Power of Arrest	15	18	17
Total Orders per annum	32	38	37
Total Orders this biennial		32 + 37 =	69

Advocacy Data

(From Advocacy Providers)

Table M below shows ASP referrals to advocacy are higher this biennial when compared with all previous years, averaging at around one referral per working day. Over the span of the previous advocacy contract encompassing the years 2017 to 2023, advocacy received a total of 245 referrals to support people in attending ASP case conferences. However, within one six-month period of this biennial, 119 referrals were received, further highlighting the exponential increase in advocacy involvement in ASP activity.

Table M



Joint Inspection – Catalyst for change and Improvement Plan

A joint inspection of the City of Edinburgh Health & Social Care Partnership took place between November 2022 and February 2023. The focus of this inspection was on whether adults at risk of harm in the City of Edinburgh partnership area were safe, protected and supported.

The inspection focussed on two key questions:

- How good was the partnership’s **Strategic Leadership** for adult support and protection?

&

- How good were the partnership’s **Key Processes** for adult support and protection?

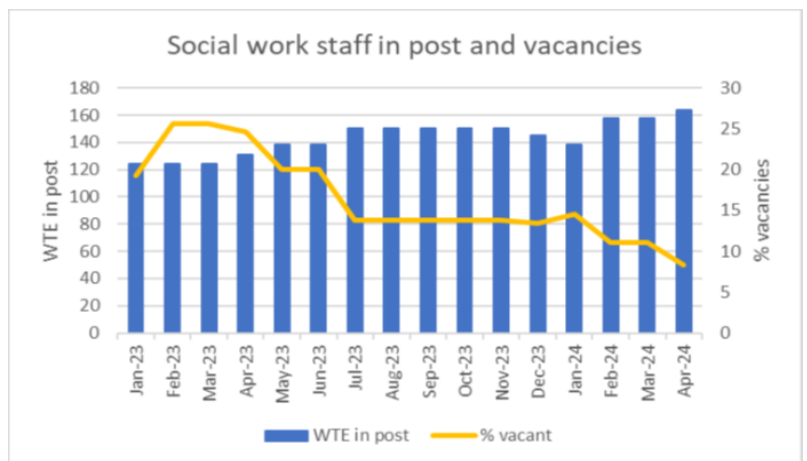
The inspection report summarised the strengths of ASP work in Edinburgh, as well as identifying seven priority areas for improvement split across those two areas of Leadership and Process.

Priority areas for improvement – Strategic Leadership:

1 - Social work services faced the challenge of 30 social worker vacancies in adult services. This impacted adversely on adult support and protection operations, self-evaluation, and quality assurance activity. Social work leaders should work to increase the service’s capacity to carry out adult support and protection work promptly, effectively and efficiently.

Table N demonstrates how the HSCP has successfully recruited additional permanent social work staff, leading to a reduction in vacant posts from 19% to 6%. These additional Social Workers are a welcome boost to the workforce in providing additional capacity to address outstanding demand for social work assessment including providing some additional capacity for ASP. However, newly qualified social workers must gain the necessary experience and then be given appropriate training before commencing Council Officer duties. This has not yet been realised and will take some further time to fully benefit the delivery of ASP.

Table N



In addition to this general recruitment, there has been investment in the recruitment of additional Senior Practitioners in ASP who chair all initial and first review case conferences as well as providing ASP training and development as well as additional ‘experienced’ social work and senior social work capacity at the ‘front-door’ of the

Social Care Direct Response Team to support with the screening, initial inquiry and triaging of ASP referrals. A fully staffed and refreshed Quality Assurance and regulation team is now carrying out essential audit and improvement work.

2 - The partnership's strategic leaders should ensure there is consistent, competent, effective adult support and protection practice that keeps adults at risk of harm safe and delivers improvements to their health and wellbeing.

The partnership recently appointed Edinburgh APC's first Independent Chair, taking up post on 1st May 2024. This was followed in June by the appointment of a new ASP Lead Officer (ASPLO) from a Social Work position in June 2024. Whilst this is evidence of further change in key leadership roles, as experienced elsewhere in the partnership, it is anticipated that it will herald a period of welcome stability. The new Chair and ASPLO have quickly settled in, embracing post inspection improvement and development work, echoing the sentiment of APC members in terms of being accountable and responsible for delivery.

As well as helping to finalise some key pieces of inspection related work, such as the Inter-Agency ASP Procedures and the QA End to End Process (discussed in more detail below), listening to the outcomes of the multi-agency development day from February 2024 and instigating a Sub-Committee refresh, the Chair has also quickly set about addressing a longstanding critique of the Committee - the visibility of the APC and aims of its work. A new APC Mission Statement was approved at COG on 31st July and will assist with this.

To allow the APC to best deliver its statutory function, the Chair has reviewed the APC's Sub-Committee structures, instigating a complete refresh harnessing the experience of key Third Sector leaders to chair two new Sub-Committees.

The new APC Communications Sub-Committee will work on both internal and external messaging and communications around ASP and will collaborate with the other Public Protection Committees particularly on development of better online resource and visibility. The new APC Practitioners' Forum for Lived Experience will allow the APC to harness the views, opinions and experiences of adults (and their families and carers where relevant) who become involved in ASP procedures (see later for more details).

The existing APC Quality Assurance Sub-Committee will remain, alongside a reinvigorated APC Learning & Development Sub-Committee and a refreshed APC Learning Review Sub-Committee (supported by a decision-making body, the AP Learning Review Panel). The Independent Chair is already chairing the APC Learning Review Sub-Committee and Learning Review Panel to extend the benefit of true independence into the critical Learning Review function and structures. It should be noted that as well as the two new Sub-Committees and their new chairs from the 3rd Sector, given

changes in managerial post-holders in police and local authority, the QA and the L&D Sub-Committees will both also have new chairs. Consequently, whilst the Independent Chair has created this framework to allow the APC to best deliver its statutory function, the work of the Sub-Committees is only just starting in earnest. Their functions and work will be inevitably intertwined but resolutely focused on delivering excellent services in the city and providing workforce support and development, building competence and confidence in safeguarding professionalism.

Table O

APC Subcommittee Restructure:



Since the inspection, there have been significant changes in the EHSCP leadership group. The CSWO postholder has become permanent, providing stability, and is separate from the Service Director of Children and Justice. There is a new, stronger senior management structure with more accountability. The newly appointed Head of Service for Assessment and Care Management is also the deputy CSWO within the partnership, supported by a Principal Social Worker post which came into being in August 2023 to provide additional capacity and professional oversight in the delivery of ASP responses.

Whilst it is acknowledged that improvement work is ongoing, progress has been made in providing additional strategic leadership to the framework and delivery of ASP. The Principal Social Worker has initiated an ASP Operational Oversight Group that brings together senior social work managers, ASP Senior Practitioners, information analysts, the ASP Lead Officer and key business support managers to discuss and address key delivery processes. This group initially

commenced weekly with a focus on pressures on ASP and APCCs, it then moved to fortnightly and will now be monthly, given the progress that is considered to have been made.

The Principal Social Worker also initiated an ASP Supportive Leadership Forum which met weekly with Senior Social Work Practitioners across the city. Positive feedback has been received with attendees viewing this as a valuable forum to share issues and learn from each other. After a hiatus, the group has been re-established as a Social Work Supportive Leadership forum and will cover a range of topics. This is an intentionally informal session which has, for example, considered the recently revised SSSC Codes of Practice.

Previously, Edinburgh's HSCP has had an established ASP Network which met bi-monthly and only included Senior Practitioners from across the city. This network has been refreshed with the membership now much wider to include all Council Officers and Community Care Assistants who carry out initial inquiries. The ASP network is intended to be a key place for staff working in ASP to learn about developments at a national and local level, provide a clear place for information to be disseminated and allow for feedback and concerns of the staff to be shared with ASP leaders. The agenda of the network will continue to be developed between the ASP lead Officer, ASP Senior Practitioners and the Principal Social Worker. Meetings are scheduled quarterly. Although it is too early to fully evaluate, it is hoped that this will prove to be a valuable network to support improved practice and reciprocal dialogue between staff and strategic leaders.

It is imperative that strategic leaders provide staff with the tools that they require to conduct their roles and responsibilities. The absence of up-to-date Interagency Procedures has had an impact on consistency and quality of practice in Edinburgh. The APC recognised this and has recently delivered new Iner-Agency ASP Procedures, endorsed by the APC in early July 2024 and ratified by the Chief Officers' Group on 31 July 2024. Briefing and Q&A sessions with staff to support full awareness and implementation are ongoing, augmented by revised ASP Policy within NHS Lothian and the endorsement of a revised ASP Policy for City of Edinburgh Council.

Comprehensive ASP data is provided monthly, setting out the previous month's activity in relation to a range of key ASP measures and demonstrating trends over time. This information is primarily considered at the APC Quality Assurance sub-committee and provided on a city-wide and locality by locality basis. There are some specific restraints relating to both the current case recording system and user compliance, but considerable work has been done to try and address both elements and ensure consistency with the national ASP Minimum data-set requirements. A confidence table of measures has helped to identify potential issues and confidence in the data being reported is increasing. Results have prompted an update as recent as September 2024 to ensure data harvesting from IT systems is maximised.

As of June 2024, the APC and QA Subcommittee approved a new model of End-to-End Quality Assurance of all aspects of multiagency ASP work. The process looks at the following areas:

- Referral
- Screening
- IRD and safety planning
- Duty to Inquire
- Case conference
- Planning
- Reviewing
- Legal orders

The end-to-end process looks at each aspect of the process and the data that indicates the quality and any issues of performance in each area. The approach allows for assurance to be no older than 6 months from the last time it was examined and scrutinised by the Quality Assurance subcommittee. Thus, rather than perceiving this as a linear end-to-end process, once initiated it develops into a cyclical rolling process and is audited and reviewed as such.

In recognition of the need to address not only key processes, but also strategic leadership and oversight of ASP, the committee held a development session earlier this year. This included contributions around the governance arrangements including the Chief Officers Group and input on the roles and responsibilities of the APC as set-out in the Scottish Government guidance. The findings of a consultation exercise with committee members were shared. This opened a clear and frank discussion about the need for the APC to reset its priorities and ambitions. Key themes of the day focussed on the APC providing clear strategic direction and quality assurance of adult protection matters City wide across multiple agencies.

Since the inspection, a new approach, methodology, and governance structure has been set out to review situations at a multi-agency level that may require and fit the threshold for holding a Learning Review.

There are several other improvements being progressed by the Service Director of Performance, Quality and Improvement (Chief Social Work Officer) including revision of our supervision policy and our case recording procedure.

During the inspection, inspectors reported that health staff worked well to identify and effectively support adults at risk of harm, sharing information appropriately. Since the report was published, a Chief Allied Health Professional and two Heads of Nursing (Community & Primary

Care and Mental Health, Learning Disability & Substance Use) have been appointed within the EHSCP to strengthen professional leadership and governance.

3 - The partnership should prioritise recommencement of multi-agency audits of adult support and protection records, quality assurance, and self-evaluation activities for adult support and protection.

Single Agency Auditing – HSCP

Since the inspection report was published, single-agency practice auditing has resumed, and a bi-monthly audit programme has been in place for ASP within the EHSCP. Between July 2023 and June 2024, over 150 files have been audited looking at the end-to-end ASP process. The audit reviews social work practice, including managerial oversight and supervision recording. April's audit considered 20 cases where an ASP referral did not progress beyond DTI without investigate powers. An audit of IRDs was undertaken in June 2024.

Audits have highlighted strengths as well as key areas for improvement, including:

- The need to develop practice standards.
- Auditing for improvement required, to ensure improvements have been implemented.
- Advocacy needs to be offered where needed.
- Staff training needs to support good practice development of rights based and trauma informed practice.

Audits thus far show progress in some areas, with others requiring development. The learning from audits will be strengthened as the sample base grows and multi-agency audits are conducted. All audit activity has action/learning plans devised from any recommendations.

A quality assurance framework has been developed by the Service Director of Performance, Quality and Improvement (Chief Social Work Officer). This incorporates the governance and oversight arrangements for social work services including audit and self-evaluation activity which support the assurance of ASP.

The IRD Review Group which has representation from social work, health and police meets fortnightly to review and conclude every adult IRD. This supports consistency of approach, maintaining quality of standards and application of thresholds, whilst ensuring collaborative inter-agency decision-making.

Multi-Agency Audit

The reinstatement of a multi-agency audit programme has been agreed via the APC (as discussed above – the QA End-to-End Process). A multi-agency audit tool has been designed, tested, and trialled in 2024 and a model, methodology, and mechanism for the multi-agency audits was agreed at the August APC Quality Assurance Sub-Committee. The programme of monthly multi-agency audits will begin in September 2024.

Police Scotland's Interim Vulnerable Persons Database (iVPD) features recently improved functionality whereby each week, ten VPDs are selected at random for Quality Assurance purposes. The Detective Sergeant (DS) within the Concern Hub assesses these VPDs on:

- Whether the **correct triage process** has been applied, as this determines how quickly a VPD is shared with partners and takes cognisance of the seriousness of the incident which has been reported.
- The **quality of the background checks** conducted on the persons involved, which ensures that the risk assessment and triage process can be accurately assessed / understood and can allow for the Concern Hub and IRD participants to make informed decisions on how to best progress concerns.
- The **decision making and proportionality** behind the redaction of information before any VPD gets shared and the reasons behind what info is shared and why, to ensure that only the necessary pertinent information is shared, to achieve the necessary outcome / safeguards.
- If there has been an update added to VPD Chronology which is **Accurate, Brief and Clear (ABC)** so that when read in conjunction with other **chronology entries**, the reader is able to form an accurate picture of the types of concerns and the updates, and as per the Escalation Protocol,
- **which partners are involved** and what the multi-agency plan may be to support Vulnerable Adults.

Each month, 10 of the assessed VPDs are reviewed by the Hub Detective Inspector (DI) again to provide checks and balances to ensure the correct information is being shared appropriately.

4 - The adult protection committee should ensure it has direct representation from adults at risk of harm and their unpaid carers. Thus, it would benefit from their lived experience of adult support and protection.

As mentioned above, the new APC chair and lead officer have commenced with the establishment of a new APC Sub-Committee – the Practitioners' Forum for Lived Experience. The work of this new subcommittee will be how the APC will harness the views, opinions and experiences of adults

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(and their families and carers where relevant) who become involved in ASP procedures. The Forum will comprise experienced professionals and representatives from the 3rd Sector, including advocacy services, who work daily with Adults and their families / carers and who will already know many of the key issues and recurring problems. The Forum will assimilate these views and issues before reporting to the APC. The APC will also be able to task the Forum to seek views, whether on specific matters or thematically. This new Forum will be chaired by an experienced leader from the voluntary sector whose experience lies in the provision of advocacy services.

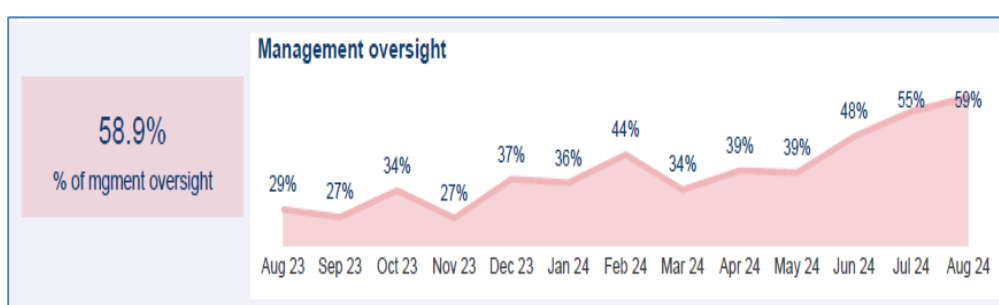
Edinburgh APC previously considered how it could better incorporate the views of those with lived experience and unpaid carers, including the potential for direct representation. This previous work will help provide a foundation for the work of the Practitioners' Forum.

Priority areas for improvement – Key Processes:

5 - The partnership should improve the quality of chronologies and risk assessments for adults at risk of harm. All adults at risk of harm who require a chronology, and a risk assessment should have one.

Given the findings of the joint inspection relating to chronologies and risk assessments, social work has added chronologies to all Duty to Inquire assessments and reinforced the risk assessment aspect of the Duty to Inquire with Investigative Powers.

In response to both the inspection and national developments, EHSCP introduced revised ASP Duty To Inquire (DTI) templates in June 2023, this was also an opportunity to embed and ensure consistency with the revised national Codes of Practice (2022) and the national minimum dataset for ASP. To support the changes, staff were briefed, reinforcing the need to include chronologies and risk assessments in DTIs. ASP training has been altered to reflect these key changes with additional training on good chronologies and Risk Matrix's. **Table P**



On completion of a DTI, a Senior Social Worker or Senior Occupational Therapist provide ASP management oversight. This ensures that the risk assessment and chronology are completed to an acceptable standard and provides assurance on the quality of the DTI including any agreed actions. Progress continues to be made in the number of cases with management oversight, with

this being present in 58.9% of cases as shown in Table P. Work to better understand the barriers to always having managerial oversight of DTI assessments is ongoing, including overcoming where this is a recording / IT deficit rather than a practice deficit. Given the current trend, it is hoped that 100% compliance with managerial oversight will be achieved in the next year.

To ensure consistency and quality, Senior Practitioners in ASP now chair all initial and first review case conferences, after which they complete a case conference audit tool. Table Q below shows 60 case conferences were reviewed between the months May – July 2024. 84% of ASP chair audits found the DTI assessment to be in the scale of excellent, very good, or good. It is important to note that the council officer will be supported by their own SSW who will have a more localised and contextual understanding on the risks, harms, systems and protection options in their specific area.

Table Q

Quality of Duty to Inquire	Number
Excellent - outstanding	1
Very Good -major strengths	15
Good - important strengths some areas for improvement	11
Adequate - strengths outweigh improvements	2
Weak - important issues for improvement	3
Not applicable - 1st review/review	28
Grand Total	60

Further work is required to standardise these auditing and scoring systems to eliminate participant bias as best as possible.

Social work files audits identified that the use of our risk assessment model - TILS (Type of Harm, Imminence, Likelihood, Severity of impact) was evident in most DTI assessments yet continued to be missed in some. This area of practice continues to be the focus of improvement, with recent revision and publication of both multi-agency and single agency procedures / guidance including comprehensive guidance on risk assessment.

6 - The partnership should carry out a prompt adult protection investigation for all adults at risk of harm who require one.

At the beginning of 2024, our data showed that we were taking on average 3.4 days to respond to an ASP concern. This has now reduced to a June average of **2.7 days**. The implementation of the central Social Care Direct Response Team (SCDRT), a frontline duty team aimed at responding to individuals at the first point of contact, has had a direct impact on the increased efficiency of ASP work across the city’s local teams.

All adult protection concerns are screened by a Senior Social Worker at SCDRT then allocated for a Duty to Inquire (Without Investigation), within 24 hours of receiving the referral. The SCDRT work with partners (including Police, NHS, SAS, SFRS) from the point of referral to gather information and to enable a timeous and multidisciplinary response to ensure a consistent and competent approach to identifying adults at risk of harm.

All referrals received by SCDRT are screened to determine the level of risk and whether the threshold for ASP is met. Unless in exceptional circumstances, the adult who is at risk of harm is usually contacted and made aware of the adult protection concern raised about them. All DTI's carried out by SCDRT have management oversight giving rationale as to the outcome of initial inquires and recording of this decision is clear.

In 2023 SCDRT and local police PPU (Public Protection Unit), implemented a new direct way of working together to ensure a more consistent and efficient response to risk, most significantly around the IRD process. This work involves daily communication with a duty Senior Practitioner and our police colleagues to discuss concerns that have been raised about vulnerable adult's city wide. This work has been successful in reducing the amount of potential IRD's or by successfully identifying the right team or service required to ensure support is delivered at the right time or as soon as possible thereafter.

Early intervention at the point of referral has resulted in fewer cases being transferred to localities for further investigation and ASP work. This has been achieved through robust decision making, clear recording of the three-point criteria and protection planning at the point of closure, when no further investigation under the Act is required.

The new EHSCP structure will allow for much greater resilience and flexibility between geographic areas of the city. The development of newly qualified social workers to undertake Council Officer duties continues and it is hoped greater Council Officer numbers will crystallise over the course of the next 12 months.

As noted above, in May 2023 the Partnership took steps to reflect the two stages of ASP through a separation of the Duty to Inquire, and the Duty to Inquire with investigative powers. Systems for recording and completing assessments were altered to emphasise the three-point criteria, risk assessment and chronologies. This helps ensure that all ASP work undertaken is proportionate and more in adherence to the principles of the Act.

The revised process and associated templates have helped to ensure that investigations are completed within identified timescales. We have also revised our key performance indicators to monitor timescales for completion at key stages of the ASP process including DTIs with and without powers.

We know that due to pressures on Council Officers and their availability, at times, progression of investigations has been delayed, however, we continue to monitor all timescales which is reflected in our monthly data report. Through our internal performance reporting we have identified that

80% of all DTI's are completed within timescales and we will continue to drive improvement in this area via performance reporting and audit processes.

7 - The partnership should take steps to improve the quality of adult protection case conferences. It had undertaken improvements by creating additional posts for minute takers. It was too early to tell the impact of this.

Since the ASP inspection several initiatives to improve and report upon the quality of case conferences have been undertaken:

- Senior Practitioners in ASP now chair all initial and first review ASPCC's, using revised agenda paperwork and guidance.
- Chairs are now expected to audit the quality of each case conference.
- We now report on which agencies are in attendance, to improve attendance from health and police and eliminate any discrepancies between invites and attendance.
- We have streamlined the minute to reduce delays.
- We have streamlined the ASP plan with the aim of reducing any delays in these being produced after the case conference. Our latest procedures aim to have the Protection plan distributed within 24 hrs of the case conference.

Scottish Government funding to improve Social Work services has been utilised to support the improved delivery of ASP case conferences in Edinburgh. The detail includes -

- Recruitment of additional minute-takers
- Recruitment of two additional ASP Senior Practitioners to provide additional capacity to support better outcomes. The Senior Practitioners play a pivotal role in creating greater consistency in the approach to ASP as well as supporting training and development.

In summary, to improve the quality of ASPCCs, there has been a focused and targeted effort to develop and embed improved templates for case conferences, monitor multi-agency attendance, and support Chairs to evaluate the quality of ASPCC's which includes safety planning, risk assessments, chronologies, record keeping and minutes.

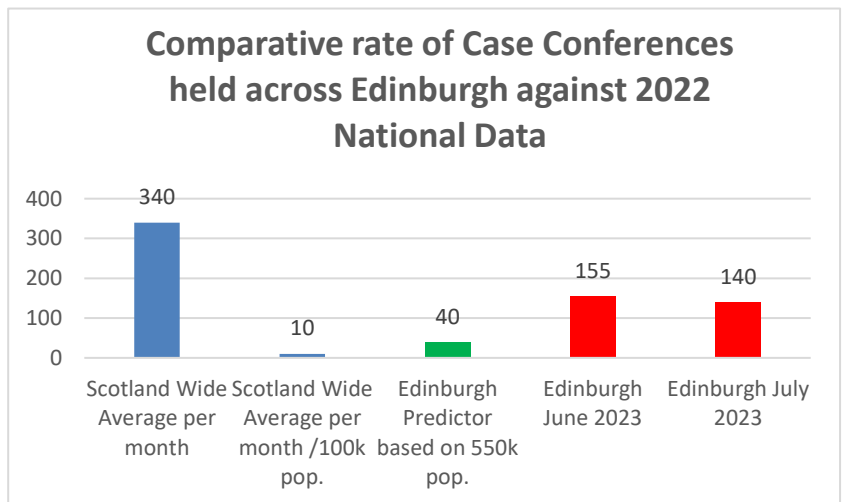
Case Conference Minutes

An audit undertaken in July 2024 found that the quality of minutes had improved because of this streamlining discussed above. However, significant and unacceptable issues still exist in delays to both the production of minutes and associated plans. Action has been taken and new practice

standards are to be introduced to ensure that plans are produced and circulated within 48 hours of the case conference, and minutes no more than 15 days after. These delays are in part due to the following issues identified regarding the volume of Edinburgh’s APCCs.

Activity, Performance and Capacity

Following appointment, the Principal Social Worker undertook an early piece of work in August 2023 to understand and analyse the potential root cause of sustained pressure on ASP work which did not appear to be related to the availability of Council Officers alone. It became apparent that APCCs were occurring at a much higher rate than would be expected when bench-marked against Scotland and considering the available national data. Table R demonstrates that on a per 100,000 population basis, Edinburgh should expect to see approximately 48 case conferences each month (20 initial and 28 reviews). Even considering the demographics and particular circumstances of the city, it was a matter of concern that there were over 160 case conferences held in Edinburgh in July 2023 alone. This represented a rate of approximately three times the Scottish average. It can be asserted that almost half the ASP case conferences in the whole of Scotland each month were happening in Edinburgh at that time. **Table R**



Reflecting on trends over the past 5 years, table S below, shows the number of case conferences held each year has been increasing at a significant rate. The impact of this was that partner agencies were unlikely to be able to attend and participate in all case conferences. Furthermore, recording of case conference discussion and outcomes does not happen to an acceptable standard due to lack of minute takers to meet demand.

Table S

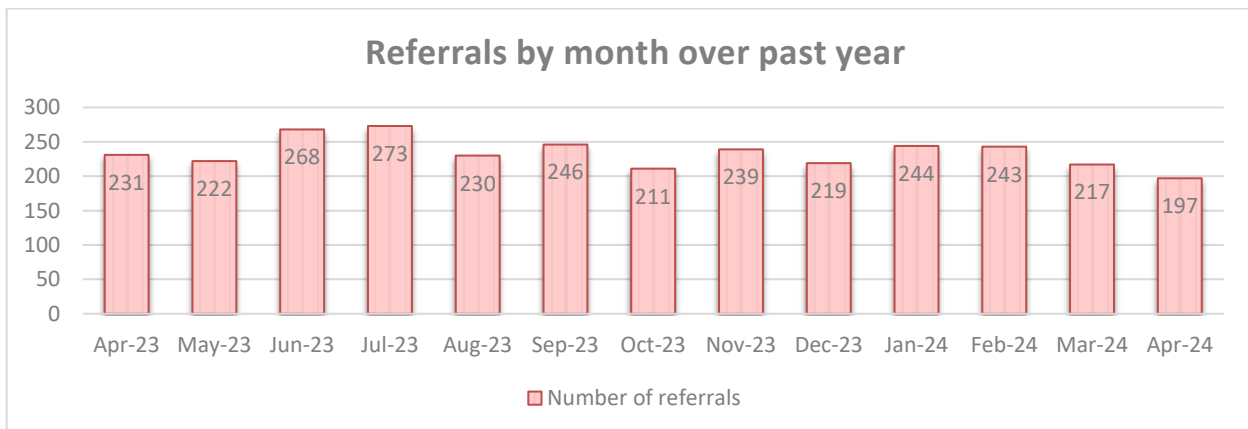
	Total APCCs	Minuted by Business Support	No Minute taker
2019	541	331	210
2020	610	368	242
2021	906	442	464
2022	1152	371	781
2023	1558	415	1143
2024 (Jan - May)	324	179	145

Of the cases conferences held in July 2023, 130 did not have a minute taker, meaning that it was for the Council Officer to minute the case conference.

The review of data and performance strongly suggested that adults subject to ASP were being held within that legislative framework longer than necessary and this was producing an effect where it was increasingly difficult to respond effectively to new referrals. This was possibly also symptomatic of an overt aspect of practice and associated training in Edinburgh leading to the inclusion within the ASP framework of individuals for whom there was a level of concern but who do not meet the 3-point criteria.

The rise in ASP activity may also be an understandable response by individuals and organisations to being increasingly cognisant of the potential need for ASP measures following the findings of the joint inspection. Table T below, shows that the number of ASP referrals has begun to reduce following year-on-year increases and will be monitored closely.

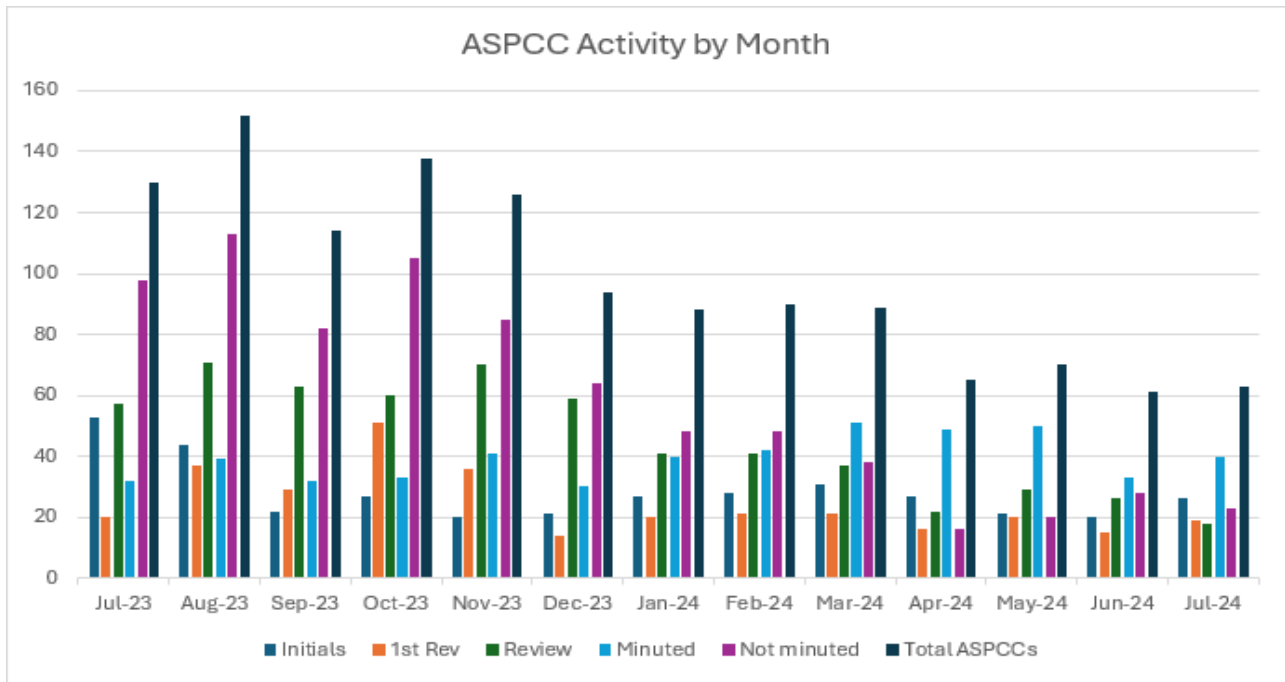
Table T



It is important to state the analysis above is not universally agreed and there is a view that the number of APCCs being held in Edinburgh was reflective of the number of individuals at risk of harm who required to be managed within that framework at the time.

A series of conversations about practice and thresholds has had an impact with Table U below showing that the number of APCCs held is increasingly more comparable with the national picture. This has meant that the capacity of Council Officers and Senior Social Workers has been made available within teams. It has also meant a much greater proportion of APCs have a minute taker (48 out of 68 in May 2024) and that partner agencies are more likely to be in attendance. We are now collating and reporting monthly on the attendance of agencies at APCCs.

Table U



Since the beginning of 2024, the ASP Senior Practitioners have completed audit surveys after the completion of over 200 APCCs, evaluating the quality of reports from agencies, the quality of analysis and planning, as well as the preparation and readiness of the person to participate in their case conference discussions. Findings from these surveys are reported to the QA Sub-Committee.

Although the quality of discussions and analysis are seen to be at either very good or good levels, there are inconsistencies in the provision of reports from agencies other than social work. Additional focus is now being placed upon the attendance of agencies at case conferences, as well as the readiness and preparation for people to attend and participate in their case conferences.

Multi-agency ASP training delivered in Edinburgh highlights as good practice the duty to cooperate, requests that NHS staff seek to prioritise attendance, and promotes good practice in the compiling of reports and chronologies. The new updated NHS Lothian Adult Support and Protection Procedures July 2024, also embeds this area of good practice. In the latest raft of updates to single agency procedures within the HSCP, a new review template has been inserted to gather updates from all partners involved prior to Review ASPCC's taking place.

Further Improvements and Developments

Designated AP enquiry officer

Police Edinburgh Division have introduced a designated Adult Protection (AP) enquiry officer. This officer is responsible to taking forward any criminal enquiry where it has been established that the adult may have been the victim of a crime. This officer will progress enquiries which are thought to be complex, protracted, or have serious criminality. This officer can also conduct the IRD and attend any related LSI or Learning Review which may progress. This provides consistency through each stage of the ASP investigation/s.

The AP enquiry officer has established ties and relationships with COPFS whereby there has been buy in from COPFS to the role of the AP enquiry officer and a better understanding of the nature of the incidents and crimes being investigated / reported. There has been recognition that, in Edinburgh, historically the legislation has been under used. There have been several cases successfully reported to COPFS and individuals in the Criminal Justice (CJ) process as a result.

This officer can also provide support, advice and guidance to other officers across the partnership area who have AP enquiries (but which may not meet the threshold to be progressed by the AP enquiry officer) to ensure that there are no lost opportunities, that best evidence is obtained, and the strongest possible case is presented.

NHS participation in IRDs

NHS staff from the EHSCP, now participate in the IRD rotas across the four localities ensuring that multi-agency partners can conduct a true tri-partite discussion, sharing reasonable and proportionate information, which supports the assessment of risk and safety planning decision making. There are a few remaining peripheral social work teams, who do not have access to a health rota however this was deliberately postponed until the new EHSCP management restructure was embedded. Discussions are being progressed with a view to team members participating on rotas from October 2024.

Health – Assurance, Accountability, and Governance

Public Protection is an issue of fundamental importance to NHS Lothian and remains a top priority as well as one of its most challenging areas of work. As the provider of universal health services, any member of staff may be the first to become aware of risk of harm. NHS Lothian has an essential role in preventing and reducing the risk of abuse or neglect and therefore there is a commitment to ensuring that all staff are confident and competent to undertake their role in identifying and responding appropriately to concerns. Each professional group will have its own codes of practice, and all staff should be familiar with the content and comply with the standards

set. NHS Lothian Public Protection Directorate work to the guidelines set out in the 2022 Once for Scotland NHS Public Protection Accountability and Assurance Framework, which is used to assess the adequacy and effectiveness of the Public Protection arrangements at both strategic and operational levels.

The Public Protection Action Group meets quarterly and is chaired by the Executive Nurse Director who has oversight and scrutiny of work including any improvement plans. This includes actions from all Lothian inspections and includes the Edinburgh partnership improvement actions arising from the previous inspection. NHSL Public Protection Directorate's work is described in the documents NHSL Public Protection Strategy Overview and NHSL Public Protection Strategic Objectives and Priorities.

MHO allocation Process Redesigned

Amongst a range of other identified improvement recommendations coming from reviews and inspection, it was identified by the Principal Social Worker in August 2023 that the Mental Health Officer (MHO) service was not meeting statutory obligations of providing an identified MHO to individuals subject to detention as soon as reasonably practicable. An adjustment to the allocation process now ensures that all adults subject to detention have an allocated MHO as soon as possible. This has a positive impact for adults who may be at identified as being at risk of harm.

Allocation of CSWO guardianships

In the MWC return submitted in June 2024, 100% of adults subject to CSWO Guardianship have an allocated Guardianship Officer. This means there is a key person to monitor and review their care plan and to respond to any ASP concerns which is a significant improvement on the position from 2023. Indeed, the addition of a senior representative for vulnerable customers from the DWP to the APC has further improved our responsiveness and accountability over the finances and welfare of the people we hold powers and responsibility for.

Edinburgh's Appropriate Adult Service

The service has over the past financial year supported 255 people involved in either being the victim of or accused of a crime. Feedback for the service has been overwhelmingly positive. This service supports adults potentially at risk of harm to report crime.

Publication of New Interagency and Single Agency ASP Policies and Procedures

Following on from significant harvesting of practitioner feedback and comment, as well as a successful development day. The July 2024 APC ratified, and COG signed off the new Inter Agency ASP Procedures for publication. This document was accompanied by a revised Council ASP Policy

and Single Agency Procedure. A suite of standards, risk assessment, chronology, DTI, SMART planning, case conference, review guidance, templates and procedural material were also developed and continue to be added to. The new ASPLO consulted with operational staff, seniors, managers and IT specialists to ensure that changes made to procedures were both realistic and reflected in the day-to-day functioning of officers carrying out their duties and using council IT systems.

Three staff Q&A briefings were held in August – September 2024 to open a dialogue between front line staff and strategic leaders, before the full suite of policies and procedures were rolled out live on 9th September 2024. A dedicated ASP TEAMS channel has been established which hopefully captures all council officers, seniors and managers on one live channel for chat, file sharing and general support.

Single Agency Procedure

Because of the new Inter-Agency Procedures, focus turned to reviewing and updating internal local authority Single-Agency Procedures for ASP. This procedure was formerly known as the Key-Steps of ASP. They came into being following the joint inspection of Edinburgh's ASP activity, they have helped in bringing ASP practices across the city into alignment and have set a standard across the board in everything ASP related. However, after consultation with front-line practitioners and managers and after considering consultations at a development day and with advocacy, it was concluded that based on feedback from people with lived experience, our ASP activities could often feel like the process felt more important than outcomes for people.

Key practice points have been added within the procedure highlighting practice considerations in line with updates from the Codes of Practice and feedback from operational oversight and auditing, alongside adding key decision points, highlighting a need to stop, collaborate and gather views at each stage of ASP activity.

It is hoped this promotes and increases the already evident trend of more collaborative and joint working to ensure best outcomes for people at risk of harm whilst also including them as much as possible at every opportunity. Guidance has been added on using IT systems, guidance on inquiry skills and investigation skills, guidance on risk assessments, chronologies and the risk matrix. Together with additional guidance on SMART protection planning. It is hoped this leads to a reduction of people being held on ASP measures for too long, as well as a reduction of case conferences without the person attending or being involved.

It has been made clearer that there are multiple opportunities to manage risk through support and protection plans, without proceeding to case conferences. This is in response to concerns around Human Rights abuses and data protection risks, again, by directing all activities to the foundational principles, all actions are now taken with proportionality and rights at the forefront.

Home Fire Safety Visits – Acting on Learning Review activity.

Home Fire Safety Visits (HFSVs) are key to reducing accidental dwelling fires and are undertaken mainly by operational fire crews. For people with more complex support needs, the SFRS Community Action Team undertake joint visits with partner agencies. SFRS generate HFSVs from 3 main sources: (i) through their website/HFSV freephone hotline; (ii) referrals from partner agencies; and (iii) following an incident at a domestic premises. The partnership has ongoing thematic learning review activity relating to fire deaths and self-neglect. As a pro-active measure, the APLO has added guidance on Home Fire Safety Visits to the ASP website pages as well as adding prompts on the DTI questionnaires so that council officers are reminded to consider a home fire-safety visit referral.

We are now seeing a positive trend in the number of completed HFSV's and engagements targeted at vulnerable individuals. To specifically address the trend of fatalities in 2023/24, SFRS's national Make the Call campaign was targeted at the demographic affected from August 2023 – February 2024 with 60 engagements carried out to a wide range of the community across Edinburgh. Further data and graphs on HFSV numbers can be found in **Appendix 1**.

Work continues to improve ASP Data Reporting.

There have been changes made to the Social Work IT system AIS, aiming to improve data collection accuracy and reliability. The types of harm and other parameters have been changed to match national minimum dataset standards on every part of the system. The questionnaire guidance and prompts within the system have been updated to try and encourage more succinct, relevant and defensible recording. A free text box has been added whereby officers must explain their rationale at each decision-making point. These improvements were made both to increase data reliability, but also, so that operational processes better match the revised policy, procedures and guidance.

DWP presence and expertise welcome to Edinburgh's APC

A new APC member has been realised from the DWP's advanced customer support team.

Essentially an ASP team but without statutory functions, this DWP manager already sits on other APCs and provides a great deal of learning and development work to HSCP's within her area. The DWP, like pharmacies and GP's, are critical in the function of carrying out DTI investigations. People

may avoid Social Service workers responsible for risk assessment DTI's but are more likely to engage with sources of finance, medicine and health services.

Against a backdrop of a financial cost of living crisis, homelessness and drug deaths crisis; with increased numbers of people under CSWO guardianship, increased numbers of referrals due to financial harm, and upcoming changes to Universal Credit, it is critical this source expertise and support takes its place on the committee.

Again, with increased joint working on investigations and planning, it is hoped to adhere better to the foundational principles of the Act. DWP managers advised at the September 2024 National ASP L&D network meeting, that most of the ASP referrals made by the DWP happen in Edinburgh. Edinburgh HSCP are the most engaged with DWP leads, making the most contact with DWP colleagues, making sure vulnerable people have support, that it is known where they are, utilising DWP colleagues to carry out home visits to check on welfare concerns, potential abuse, substance misuse and wider harms. **Appendix 2**

CJSW presence and expertise welcome to Edinburgh's APC

2024 has seen the addition of senior managers from Criminal Justice Social Work join the APC in Edinburgh. CJSW have long been involved in the APC's sub-committees providing valuable input and collaborative solutions. Not only can CJSW bring much needed data and analysis of public protection issues, but they also allow us to focus more on how best to respond to perpetrators of harm, as well as those at risk. Making for a more joined up response by the committee.

Outcomes

As stated in the earlier data section, Edinburgh has utilised **69** Protection Orders in this biennial. An increase of 17 from 52 in our last submission. Importantly, our solicitors are now more visible in all training and have become more accessible for advice and guidance. This increased visibility and connection with the practitioners has been an important part of recent improvements, workers have reported having more confidence in ASP orders and processes due to being able to see tangible improved outcomes for people who need protected from harm. Indeed, there have been instances where protection orders and the ASP process itself have succeeded in making life changing interventions in instances where there was little optimism or hope for change.

Having consulted with practitioners, the following outcome examples should give an idea of the difference improved ASP process and implementation has made. As the committee increasingly highlights these areas of good practice and outcomes, confidence and use of ASP when and where it matters and makes the most impact should increase.

(N.B the following outcome examples are anonymised but in practitioners' own words)

Banning Order: P and R, both in their fifties, had been stuck in a loop of recurrent homelessness for the past 30 years, both had grown up in care and had their own children removed in infancy. Their rough sleeping in the city centre had long been blamed on their alcohol dependence and lack of ability to maintain a home and desist from ASB. Both would regularly present to A&E and street pastors with serious injuries from recurrent assaults, they would never disclose the source of harm, it was assumed to be 'lifestyle' related. Most accepted that they had chosen a lifestyle of sleeping rough and drinking alcohol on the streets.

Through the most recent ASP work – initiated by a GP following a particularly bad and violent assault, it was identified that P's son D, who himself had poly-substance issues, personality disorder, and significant criminal activity, had long taken advantage financially and materially of P&R whenever he was released from prison. P&R felt indebted and guilty for their son having to grow up in the care system, he would take over their homes, remove their finances, assault and remove them before using the properties for criminal activity. P&R would usually be deemed as either causing ASB or abandoning the property. This usually led to tenancies being boarded up and the couple being evicted into homeless systems –feeling safer in public spaces, yet against talking to services or reporting their son, they lived in the city centre feeling it was a safer space for them. Despite people feeling there was no hope when we placed P&R in a new tenancy, under the direction of the senior practitioner in ASP, the couple elected to go for a banning order to keep the son out of their home. We did not expect they would ever use it or engage with us... To everyone's surprise, the couple used the order and engaged well with Police. They have now been in the tenancy for over a year and CJSW report having increased success engaging P's son (perpetrator) as he no longer has the option of hiding out in his father's home. P&R are engaging well with supports with huge improvements to health, they are popular with their neighbours. Putting an end to nearly 30 years of street and hostel living. As P&R put it – "we have retired from the streets, and D is finally getting the help and treatment he needs."

DTI, ASPCC & Clares Law: S was over five years sober in recovery from drug addiction, having grown up in care being drawn into commercial sexual exploitation as a teenager into her early twenties, she was now housed and studying at college. She had assigned tenancy for just over a year when she reported to her housing officer that she had not stayed there for approx. 4 months. She had resorted to sleeping on friends' sofas and feared she may relapse. She reported a male neighbour had moved into her home after a very brief friendship and was refusing to leave, aside from assaulting her and taking money, he now had his own children sub-letting his own tenancy from him.

S was looking to end her tenancy to go back into homeless accommodation and start over, despite the risk of relapse and threat to her current progress in college and social life. Through the DTI investigation, it was discovered that the neighbour had significant criminal charges and had served custodial sentences for crimes of both a violent and sexual nature. This was disclosed to S using

Outcomes, Achievements and Service Improvements

Clare's Law. Having refused to engage with the ASP process up to now, she agreed to an ASPCC being convened but chose not to attend. Police and housing association colleagues advised they had grounds to remove the neighbour as well as evict him and his family from his own tenancy for breach of tenancy agreement. S was able to return to her home safe from fear of repercussions and gatekeeping issues. A banning order was discussed but not needed in eventuality. S received some housing support for a period to ensure risks were removed before resuming a normal life.

Sec 10 – access to records: *I had a gentleman in his 50's – G, who on the surface, was alcohol dependant and being cared for full time by his brother. G had no way to get to the shops and was barely able to get to the toilet, yet here he was isolated at home drinking alcohol excessively daily. We used a Sec 10 gather info and created a spreadsheet outlining a decade of financial abuse by his brother. After an ASPCC, and having seen the evidence of his brother's theft, G agreed to accepting support to move out and into supported sheltered accommodation.*

Sec 10 access to records: *T had treatment resistant Schizophrenia, already managed under AWI and MHCT Acts, he had recurrent episodes of absconding from home and from hospital. T was a young man who would walk for miles in shorts and T-shirt regardless of weather. He had absconded from supported accommodation in a wet and windy December, after several days unable to track him, we had no idea how he was managing. His family advised he had been seen in his childhood area coming out of a bank. We used ASP Sec 10 to open discussion with the bank and were able to find out he had a savings account there from childhood, this had been missed when going for guardianship and financial appointeeship. Despite having no cards, the bank staff knew him for many years and had been giving him cash daily. Once we knew this, we were able to interview bank tellers who advised he had stated he was going to ride the trams. We tracked him down the same day, on a Tram in the North of the City. Police intercepted him and returned him to hospital for treatment. The account was closed, and this option for finance was removed to avoid future abscondments.*

Advocacy Outcome:

As mentioned in the data section, Edinburgh has seen an exponential increase in referrals to advocacy with advocacy services now operating at their full capacity in line with funding and resource limits. Advocacy services are also ensuring the voices of those with lived experience are truly heard, both through their supporting of people in the ASP process, and through their considerable engagement in the lived experience subcommittee and wider committee input.

Case Study

(as relayed by the person supported by advocacy)

I agreed to and was referred to AdvoCard by my social worker to support me with the ASP process. I wasn't sure what ASP meant or what a case conference (ASPC) was and thought some help would be useful as I was feeling unsure, scared and anxious about it all, with a sense of feeling powerless.

I was called by someone at AdvoCard who introduced themselves and they explained what independent advocacy is and that helped me understand their role better, I was glad to hear that they are independent from social work.

They checked that I was happy to be supported by them, which I said I was, and I gave them permission to contact my social worker for more details. My advocacy worker called me back and we arranged to meet face to face, so we could discuss the case conference and arrange an advocacy plan.

At that meeting my advocacy worker explained that I was deemed to be at risk of exploitation and harm due to my poor mental health and problematic substance use, that social work had concerns that I was unable to gatekeep, people had been suspected of using my flat to use and sell drugs, that these same people were suspected of taking money from me and that I was suffering from poor mental health and was in fear of harm being done to me by others.

My advocacy worker then explained the ASPCC process, who would be attending and what my options were in terms of contributing to this meeting.

I felt that I needed some time to think about things, so we agreed to meet again in a week. At the next meeting I was able to explain that I had some thoughts and views I wished to explain at the ASPCC, my advocacy worker suggested that they could read out a statement on my behalf if I felt I was unable to do so, I agreed with this as I felt it would be too much for me as I can get quite anxious in formal meetings. I was happy to attend but felt better knowing someone on my side would express my views.

My advocacy worker took the time to listen and discuss with me what I wanted to say, they made some suggestions on what I could say but stressed that it was my choice. We agreed on a statement which I felt covered the points I wanted to make.

Before attending the ASPCC my advocacy worker checked in with me to see if I was still ok with the statement, which I was. I attended the ASPCC as did my advocacy worker, they read out my statement just as agreed, and I was even able to make some additional comments.

I am very thankful to my advocacy worker for the support they gave me, I'm not sure if I would have managed to fully understand or contribute to the ASPCC without their help, my social worker also said it was good to hear my views and they too were thankful of the independent advocacy support.

Outcomes, Achievements and Service Improvements

Advocates view of Outcomes

The advocacy support provided allowed the person to be more informed about their rights, they better understood what choices they had and held a greater sense of agency. The person was also able to contribute to the meeting and express their views on the concerns and be part of the decision-making process.

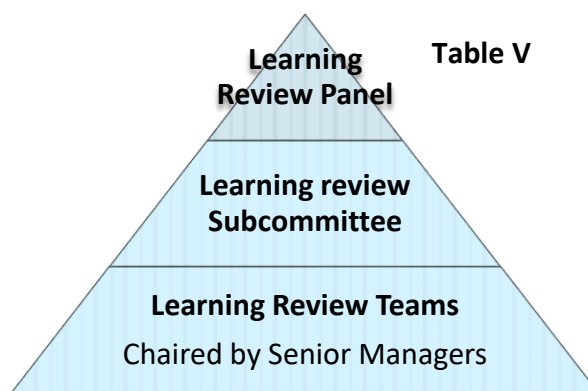
The person was able to feel that they had someone on their side at the meeting, and it wasn't just them in a meeting with several professionals sitting across from them, some whom they didn't even know or couldn't remember. The person knew that their views, voice, and wishes would be heard with advocacy support by their side throughout.

Revised learning Review Protocol

Since the publication of the Margaret Fleming significant Case Review in October 2023, a new Learning Review Protocol has been developed, published, and implemented as of January 2024. The protocol provides a consistent, systematic and transparent approach to the process of Learning Reviews in adult protection within Edinburgh. The protocol is informed by the National Guidance for Adult Protection Committees Undertaking Learning Reviews (2022). Learning Reviews are considered where an adult dies or is significantly harmed and there is believed to be additional learning to be gained, that may inform improvements in the protection of vulnerable adults. Learning Reviews may also be undertaken where effective working has taken place, and positive learning can be shared to improve practice in promoting the protection of adults at risk of harm.

Any practitioner can use the Learning Review Notification Form if they think a circumstance meets the criteria. The AP Lead Officer will then request any further background information and single-agency chronologies, before convening the Learning Review Panel (LRP). The LRP sit at the top of the LR structure outlined in table V below.

The multi-agency Learning Review Panel, chaired by the Independent APC Chair will consider all the information submitted against the Learning Review Criteria before making a recommendation to the APC on whether to conduct a Learning Review. Once ratified by COG, the Lead Officer will notify the Care Inspectorate and the person who originally reported the concern. If the notification is not ratified by COG, alternative modes of learning and development are considered.



A learning review team is then identified and usually chaired by a senior manager from the APC membership with a reviewer who is independent to the APC. Both will give consideration to parallel processes, whilst facilitating and managing the learning process through developing a full picture and analysis of the systems. Service managers and practitioners are recruited to the team to provide key skills, knowledge, and experience, pertinent to the nature of the review. A liaison strategy is established to ensure family are included in a meaningful and sensitive way throughout.

The learning review subcommittee oversees all ongoing learning review activity providing support, direction and overview to the Learning Review teams, ensuring processes and information sharing practices are effective, as well as ensuring costs, timescales, and outcomes are on track. The Report

should be clear and succinct. It will identify effective practice and key learning points. Once the final report is completed, it is shared with the APC and COG who then ratify the Learning Review. The APC via the Learning review Sub-Committee will formulate an action plan to link with any recommendations. Action plans aim to disseminate outcomes and implement learning and development plans both throughout the workforce and the wider public protection and care landscape. Publication of the final report will be at the discretion of the Chief Officers' Group. If a report is not published, then the learning should be extracted from the report and published separately.

Learning and Development Strategy

The Public Protection L&D strategy was jointly revised and ratified by the three committees, Adult Protection, Child Protection and Equally Safe in November 2023. **Appendix 3**. This strategy sets out the aims, principles, roles and responsibilities of learning and development activity within the public protection partnerships.

Learning Needs Analysis (LNA) and Action Plans are carried out following any LR activity.

Following the conclusion of any Learning Review, a learning needs analysis is conducted across all agencies. For instance, as a result of the Mr E report by the MWC, national AWI materials were made available to all staff via My Learning Hub, for council and TURAS for multi-agency, as well as NES (NHS Education Scotland). Working Across the Acts training was rolled out alongside new modules being added within ASP training on Duty of Candour and the Significant Occurrence Procedure. Additional briefings and training were provided on the new inter-agency and single-agency procedures, as well as the revised ASP policy.

Further work is planned to redesign the online e-learning provisions and make this more accessible to people from all agencies. The use of 7 minute briefings has increased with more being published, presented and disseminated on a variety of subjects over the past two years. Briefings have taken place on outcomes and recommendations from Learning Reviews, ASP key processes, IRD's, duty of candour, financial interventions and protection orders.

Training Delivery - Table W

E-Learning

Aside from the online presentations and briefings already referred to, Level 1 E-learning is a basic awareness course intended for all General Contact staff in Edinburgh. It amalgamates the Child Protection and Adult Protection level 1 course, to offer a module covering both areas, with specific input on domestic abuse. On average, 1500 people per year complete this training.

Return to in-person training.

Since the last biennial report there has been a slow transition moving from remote learning on Teams, towards a return to in-person training. Senior Practitioners in ASP have delivered 47 live training events since the last report submission. 8 In-person courses have been held since a gradual return to in-person learning started in January 2024. Almost all future level 3 training is planned to be delivered in-person.

Table X overleaf, shows that 30 x Level 2 ASP courses (1 day), have been delivered in this reporting period. Supported by a pool of operational practice facilitators, this level 2 training is for all staff, volunteers and subcontractors working in customer-facing environments, in particular community care assistants, newly qualified social workers and occupational therapists, care providers and support workers and NHS staff working with patients in Edinburgh.

7 x Level 3 (2 day) training sessions were delivered in 2023. This level of training is mandatory for all social workers, occupational therapists and nurses 'employed by the Health and Social Care Partnership' who have more than 1 years' experience and are eligible to function as a 'Council Officer'.

Following feedback and review, as well as learning needs analysis, this level 3 provision was split into two separate courses. One specifically for council officers, and one for a multi-agency audience. The level 3 multi-agency course is for NHS and Police staff who are involved in undertaking Duty to Inquire and Interagency Referral Discussions. So far, 4 two-day-sessions have been delivered. Level 3 council officer only training now focusses more on key processes, inquiry and investigation skills, chronologies and risk assessment, as well as SMART protection planning and review reporting. It is worth noting that attendance can be low due to demands on council officer time, of the 8 planned sessions so far, only 6 were delivered due to staffing shortages and service demand impacting on peoples ability to attend.

Table W

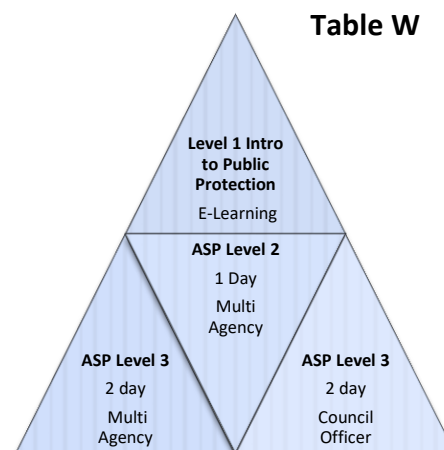
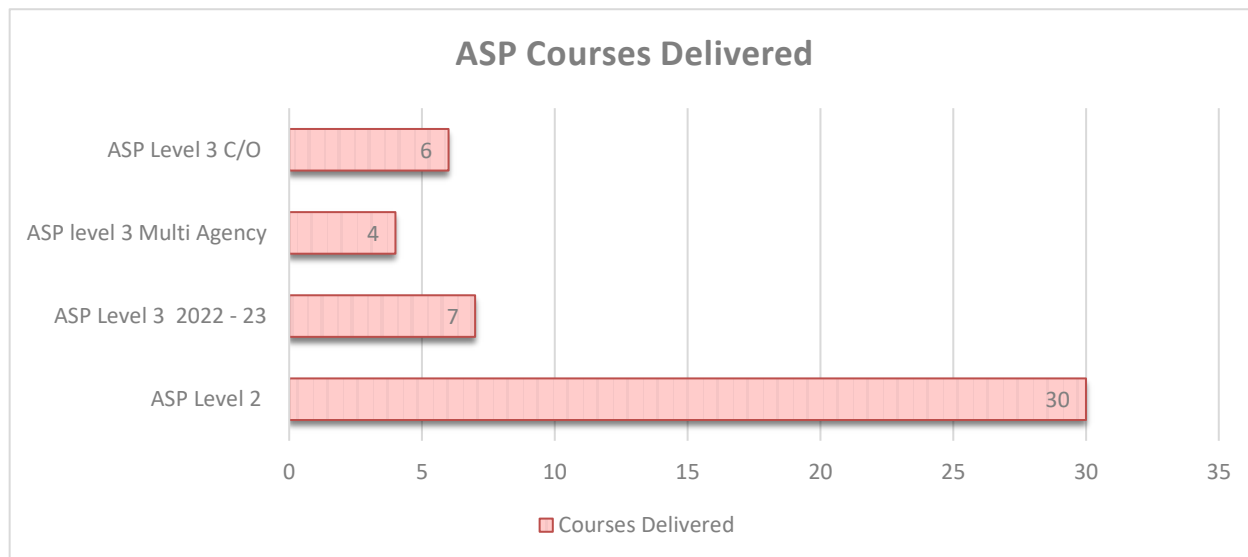


Table X



HSCP Social Work Development Meetings

Initiated during COVID, managed by front line practitioners and supported by the APLO and senior practitioners, development meetings take place regularly across the city’s H&SC partnership. Held via TEAMS, these meetings cover a wide range of topics using guest speakers who are specialists in their subjects. Since the last biennial submission, around 40 meetings have been held. Several have included presentations from ASP strategy and operational leads.

APC L&D Sub-Committee

The APC L&D Sub-Committee awaits a new chairperson and development work has not progressed as hoped over the past year. As is evident throughout this report, focus has been directed towards making the strategic and systems improvements identified through the recent ASP Joint Inspection. When in post, the new Principal Social Work Officer will assume chair ship of this sub-committee and lead it in taking forward the outcomes of current and developing learning review action plans.

Given the amount of improvement activity and work undertaken over the past two years detailed throughout this report. It is to be expected that engagement, involvement and communication has mostly been internal to the committee with little wider public reach, aside from feedback from those at harm, their significant others and advocacy. 2024 has seen progress in this area begin to resume.

Development Session

An ASP development and engagement day was held in February 2024, attended by core APC members and third sector representatives. This was deemed a success by committee members in attendance who felt it had done something to *reinvigorate* them, building relationships with partners whilst providing some direction for the coming year. The Quality Assurance and Regulation manager presented feedback from a survey of Committee Members on how well they feel they are fulfilling the roles and responsibilities of the AP.

After two group discussions, a raft of outcomes and actions were produced with a firm agreement to make development and engagement days a regular occurrence in future. An action plan was produced to be followed up by the new chair and lead officer. Actions completed or underway include a new mission statement which has been approved and published, the committee recruited new members from Criminal Justice Social Work and the DWP. It would be hugely beneficial in future to have some presence and representation from GP's and mental health services as well as the HSCP's clinical director.

Advocacy

Increased efforts to engage people at risk in the ASP process have been made with Advocacy referrals now a mandatory consideration and included as part of the DTI questionnaire. This biennial has seen a significant increase in advocacy presence. Advocacy partners report they are at full capacity with current staffing levels, they also report they are not being used to their potential, by not giving them enough time to build rapport or prepare. Advocates feel the referral needs to be made at the commencement of a DTI rather than at the end or prior to the ASPCC. The aspiration is to make advocacy automatic, with an opt-out process longer-term. Advocates also report being kept out of case conferences with people at risk until the latter stages, thus undermining the premise that this is the person's meeting, the person's process.

Work is required to improve this by changing ingrained practices, building practitioner confidence in planning meetings, interviews and case conferences with advocacy. Contracts have worked closely with advocacy to develop efficiency of both referral systems and allocations. Advocacy, have in turn, provided welcome nuanced feedback on both processes, and perceptions of risk and types of harm as seen from the point of view of the person at risk. This has illuminated a feeling amongst

advocates and people at risk who feel that the Social Work processes take precedence over people's views, rights and outcomes.

Further, advocacy, housing and third sector committee members all express a view that the ASP landscape in Edinburgh might better recognise the roles all other professions and agencies play in public protection. Advocacy have completed surveys on types of harm, results highlighted a contrast between the more general types of harm used in recording systems and national minimum dataset; and more nuanced, specific, localised types of harm being experienced and reported by vulnerable people in Edinburgh. For example, advocacy partners report instances of cuckooing, abuse of accommodation / property, modern slavery and organised crime / drugs activity that may be more pronounced in Edinburgh with it being the countries capital city.

Advocacy and the IRD desk are also identifying trends such as recurrent cuckooing activity and substance misuse in specific areas. With increased engagement and communication between agencies and partners, it is hoped that more foresight and preventative work can be actioned as information is better shared and risks more efficiently identified, tracked and trained for.

Communications strategies and APC Communications Sub-Committee

The appointment of an independent chair and lead officer in the summer of 2024 has instigated a renewed drive for action and progress on priority areas for our partners and people who receive services. A subcommittee for communications has been established and will be chaired by a third sector employability manager. This subcommittee is currently in the scoping and planning stage but hopes to establish a productive communications policy and strategy moving forward. Although this Sub-Committee is yet to meet, the APLO has been gathering communications strategies and materials from across the national setting. The council's internal intranet pages have been reviewed and are being updated ongoing with the latest policy, procedure and media publications relating to ASP. A TEAMS channel has been established for council officers and ASP leaders to share files, guidance and live chat to aid discourse and nurture a supportive environment.

A priority for the Communications Sub-Committee chair and AP Lead Officer is to work jointly with other committee leads to secure funding to create a cohesive, visible public facing one-stop public protection website.

Practice updates, discussions and engagement with council officers is also now encouraged further with regular ASP network meetings led by the depute CSWO, APLO and senior practitioners in ASP. These run alongside operational governance groups for operational and strategic managers.

The APLO aims to establish regular face to face contact with social work teams, health and third sector partners, as well as senior practitioners who chair the case conferences and provide training and auditing. The lead officer has begun to meet operational managers and quality assurance officers to develop an evolving relationship-based network of support and confidence in each other.

Partner Updates

Since coming into post, the lead officer has now rolled out a partner update form for all APC members to complete prior to the APCs to ensure everyone has a voice and presence.

7 Minute Briefings

Staff have advised that they would like to see 7 – minute briefings used more for updates and for disseminating any learning from learning reviews. The early priorities for the comms sub will be around picking up the development and publication of these briefings from learning review, quality assurance and auditing activity.

Practitioners Forum for Lived Experience

In addition to the Comms subcommittee, the new lead and chair have also initiated a Practitioners' Forum for Lived Experience. Again, in its infancy, this subcommittee is chaired by a manager from third sector advocacy services. Terms of reference have been established and members recruited. This sub committee meets quarterly and aims to ensure that the experiences and views of those who receive adult support and protection are considered in the design, development, and provision of all ASP work in Edinburgh. Significant changes to procedures and practices are hopefully already being felt by those at risk due to feedback from this route of engagement already available via advocacy given initial feedback had been that people felt the process was taking precedence over people, their wishes, views and outcomes. This feedback was also present in the last biennial report.

In response to the inspection improvement recommendations, the early focus has been on strategic leadership and procedural restructures and improvements. On reflection, the strategy, procedures and systems have succeeded in embedding improved practices whilst vastly increasing the quantity of ASP activity in Edinburgh since inspection and last biennial. The Practitioners' Forum for Lived Experience will be how the APC tests how improvements feel for those involved in ASP.

As will be covered in the looking forward section, the next challenge is to find a balance with an increase and stabilisation of quality practices, recording and interventions. Most of the areas for improvement have been covered at length in previous sections, but we recognise there is still a great deal of work to be done in meeting our aims and expectations as we move ahead.

Staffing capacity and induction process

As outlined earlier, recruitment of social workers has increased, however, retention of staff remains challenging. Due to a variety of factors, Edinburgh has lost many experienced and senior staff over the past decade. This has led to pressures on mentoring, induction, training and nurturing of both newly qualified and experienced recruits.

The HSCP recognises this and a need to focus planning and development work on induction and training processes. An area of improvement would be to include in induction processes for new workers, essential policy and procedure training in ASP, ideally making ASP training mandatory for all new recruits in future.

Training Development and Attendance

The increased volume of ASP activity and case conferences combined with staffing issues has meant that senior practitioners have struggled to provide some training sessions, as well as working on developing new training as agreed in the last biennial. This has led to some frustration as the ASP seniors wished to deliver on the previous commitments made. The level 3 ASP training has often been poorly attended over the past two years, regularly due to time pressures on staff and their having to prioritise workload and risk management. The APC recognises a need to improve matters here and to bring in more specialist input and guidance to develop training on local issues such as trafficking, county lines, cuckooing, the housing crisis and upcoming changes to the benefits system. As well as thinking how best to deliver training in more bite-sized and accessible formats.

Reframing ASP

Since the last biennial, eligibility criteria for funding across all adult Social Work services has changed. Funding approval and priority is now targeted at critical need, primarily that identified under ASP. There has been professional debate around the numbers of ASPCCs and open ASP cases and ASP thresholds.

Cases being elevated to ASP to secure funding and resource in an austerity environment must be guarded against. Discussions continue along with constant review and revision of guidance and processes to ensure that ASP does not become diluted, and that the APC's mission statement is secured.

Case conference Plans and Minutes

Due to the high numbers of case conferences (over half of the national ASPCC activity was within Edinburgh during this reporting period) it has been difficult to ensure an independent APCC chair (senior practitioner in ASP) is available for every initial and review ASPCC, as well as statutory minute takers. This led to significant changes to ASPCC paperwork mentioned previously to improve chair allocations, auditing and minuting. These changes seem to have had a positive impact, yet there is still delay in getting minutes and protection plans written up and distributed to attendees. Further revisions and changes to procedures, systems, processes and templates have been made in September 2024. The newest procedure aims to have protection plans distributed within 48 hours, and conference minutes distributed within 15 days, managerial reviews will be held within 30 days and formal ASPCC reviews within 3 months, rather than the previous of within 6 months. This will be a challenge, although additional minute takers have been recruited and existing minute takers are now more experienced and bedded into the systems.

Social Distance

There are still issues for operational practice recovering in a post-covid world. The Social Distance between people seems to have remained for all to an extent, and for some, has increased. Remote working and virtual meetings have become the norm and no longer the exception. Desktop enquiries have taken precedent over relationship-based 'in-person' Social Work. Demands on council officer's time with increased workflow and increasing recording demands have meant that the role of council officer, social worker and investigator has veered into being remote. NHS and housing staff are now, at least anecdotally, more likely to have face-to-face home visit contact, than many of the council officers.

Establishing and maintaining Subcommittees

Whilst in the initial stages, establishing the new subcommittees, whilst reinvigorating and maintaining existing sub committees with reduced staffing and increased demands on peoples' time remains a challenge.

Escalating Concerns

The chair, lead officers and managers will oversee the implementation and review of the new inter and single-agency procedures and systems. It is also important to turn attention to reviewing and revising the escalating concerns, 'getting it right for everyone' procedures to more clearly delineate and improve the pathways for people who do not meet the criteria across the acts of MHCT, AWI and ASP. People who do not meet the criteria for these three acts must have the option to be supported and planned for under an alternative framework such as escalating concerns / Girfe.

Preventing Fire Fatalities with Scottish Fire and Rescue Service (SFRS)

In response to the six fire fatalities in Edinburgh during 2023/24, a new Fire Fatality working group was established, led by SFRS but involving Edinburgh's Adult Support Committee and other relevant partners, this group has been introduced to understand the circumstances of every fire fatality. The aim is to facilitate multi-agency learning and to prevent future fire fatalities. An early priority for this group was to review the hoarding and self-neglect protocol, to increase its relevance and proportionality. SFRS has a key role in responses to hoarding, with changes already made to procedures and referral triggers to home fire safety checks. This work is ongoing and will develop further. The working group promotes Home Fire Safety Visit referral processes through local networking to ensure that vulnerable people who are known to any partner, and are at greatest risk from fire, receive a home fire safety visit. As mentioned earlier, and as can be seen in **Appendix 1**, fire safety visits are on an increasing trend, yet there is significant work to do to get back to the rate of HFSV's seen pre-pandemic.

Safeguarding with Scottish Fire and Rescue Service (SFRS)

Operational crews continue to safeguard vulnerable members of the community, highlighting any concerns by submitting Adult and Child protection forms post incident or any other engagement, which are followed up by the SFRS Community Action Team. In total, 135 welfare concern forms (131 Adults and 4 children) were submitted to Social Care Direct over the course of 2023/24. The Community Action Team attended 125 Adult Protection Case Conferences (multi-agency) throughout 2023/24, playing a key role in the safety interventions for these members of the community. With the recent publication of the Inter-Agency ASP procedures, it is hoped that this partnership working in identifying safeguarding issues and acting upon them will increase in efficacy.

Challenges for Advocacy

Quality of referrals - in addition to the rise in numbers of referrals, advocacy providers have encountered several challenges in handling ASP referrals. The quality of referrals received can vary widely with some referrers providing scant information, with little time to make contact and establish a relationship with the person being referred. Consequently, advocacy teams lose valuable time with the person due to having to pursue referrers for the necessary details and information to effectively follow up on the referral. To address this, advocacy providers plan to increase collaboration with ASP leads across agencies and will deliver presentations during team meetings to develop referrers understanding of advocacy services, roles, and referral procedures. Advocacy leaders will also begin to contribute to the ASP level 3 training conducted by the health and social care partnership.

More recently, there have been evident improvements in the referrals received, though there are still variations in referral rates across areas of the city. Most ASP referrals pertain to multiple risks and harms, seldom is a harm or risk in isolation. The main risks and harms referred upon in Edinburgh are financial, exploitation, violence, substance use and coercion.

Hybrid working - many ASP case conferences are held online via TEAMS, although this could increase engagement for the most isolated and excluded in society, there are a significant number of people who have no access to IT or who require support to use such resources. In future advocates would benefit from having clear information on the method of including the person in their case conference, clear assessment of their support needs and access to IT equipment so that advocates can provide the best possible service.

Late notice and delays in paperwork - as alluded to above, late referrals limit the ability of the advocate to establish a working relationship with the person. Often meaning the true meaningful partnership is only established after the initial case conference. In addition, delays in people receiving the plans and minutes from case conferences translates to difficulties in planning for and supporting them to engage fully in the process and subsequent reviews. Advocacy services welcome recent amendments to processes intended to improve timeous distribution of all ASP paperwork with the person concerned.

Housing Emergency – Improved partnership working with housing colleagues.

To try and keep people safe, it is critical to have a safe space to collaborate with them, people need a home in which to live. The City of Edinburgh Council declared a Housing Emergency on the 2nd of November 2023, citing significant pressures to the city's housing market, including homelessness rates and housing costs.

There are currently around five thousand (5000) *homeless households* in Edinburgh being supported in temporary accommodation. These households account for around seven thousand individuals, with around 1300 of the overall homeless population living in accommodation that is classed as unsuitable. The current Strategic Housing Investment Plan identifies the need for 9500 new houses to be built by 2029 to keep up with projected population increases. To support these households, the Council has more than doubled its budget for homelessness services from £28m in 2018/19 to £64.5m in 2023/24. Recent research showed that the average house price in Edinburgh is 78% higher than the Scottish average. In the private rented sector, the average 3 bed rental price is around £1450 per month, £300 higher than the Scottish average. The Scottish Housing regulator has stated that the housing system in Edinburgh is in systemic failure, and there are further projected pressures related to asylum and refugee arrivals in the city over the coming years.

During Covid instances of risk and harm within peoples’ own homes because of cuckooing, gatekeeping issues and general increases in risk from people experiencing homelessness appears to have risen markedly. As mentioned in the data section, this trend continues, with advocacy and statutory data evidencing an increase in financial, material, property and cuckooing harm in peoples’ own homes since the last biennial. With an increasing number of people unable to secure their own accommodation, or unable to sustain themselves in temporary accommodation, those with a home, who have any vulnerability or difficulties’ safeguarding their own life space, have been identified and targeted by people whose own needs are acute.

There is a Housing Emergency Action Plan in place, the role of housing leaders on the APC is now more important than ever, both in protecting those who have a home, to maintain their personal boundaries and safety, and to try and support those without a home who may be at risk or who may present a risk themselves. Further information on the emergency action plan can be found in **Appendix 4.**

Table Y
People registered on Edindex bidding system:

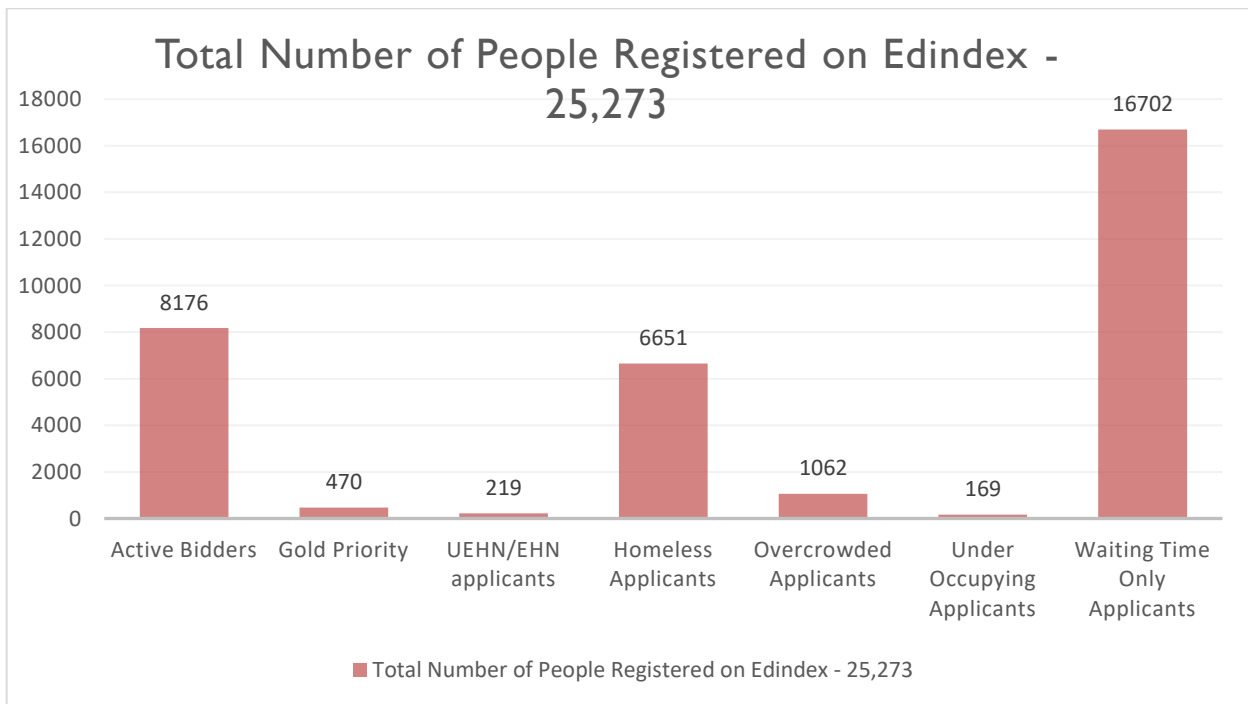


Table Z
Home allocation and waiting times:

Priority Award	Number of homes allocated	Average length of time to be housed (days)
Urgent Gold	26	160
Gold	255	327
Silver - Homelessness	1266	766
Urgent Exceptional Housing Need	68	75
Silver - Exceptional Housing Need	126	1,061
Silver - Overcrowding	34	313
Silver – Under Occupation	22	588
Waiting time only (starters)	304	1,180
Waiting time only (movers)		4,143
Totals	2,101	957 days average

Table AA
Number of homes advertised 2023/24 (1 April 2023 to 31 March 2024):

CHOICE LANDLORD	Total adverts	Total bids	Average bids
ARK	3	953	318
BLACKWOOD HOMES	17	3,441	202
CAIRN	19	4,474	235
CEC	1,368	303,185	222
HARBOUR HOMES	151	60,250	126
HILLCREST	77	21,894	284
HOME SCOTLAND	28	10,279	367
LINK	118	29,675	251
LISTER	6	1,984	331
MANOR ESTATES	55	11,435	208
PLACES FOR PEOPLE	266	74,514	280
PROSPECT	32	6,033	189
TRUST	32	1,727	54
VIEWPOINT	114	10,882	95
WEST GRANTON	16	5,388	337
WHEATLEY HOMES EAST	202	60,133	298
TOTALS	2,504	606,247	242

Looking Forward

The new ASP Lead Officer and Independent Chair are working hard with APC members to develop the Committee's work across the whole partnership for the future. A complete refresh of the APC's Sub-Committee structures is well underway including the establishment of two new Sub-Committees to improve Communications and to better capture the Lived Experience of people receiving services. Both will be chaired by experienced 3rd Sector leaders enhancing the APC's inclusivity and drawing on their considerable experience and expertise.

With the various senior staffing changes described earlier there are new chairs for all the APC's Sub-Committees. They will require support to drive the work of the Sub-Committees as they bed into their new roles.

Key areas of work underway or to be progressed in the immediate future include:

- Improving the visibility and awareness of the APC and its work. The new Mission Statement is the first step in providing clarity of purpose, but further work will be driven by the new APC Communications Sub-Committee to improve the APC's online presence, develop local campaigns and ensure good participation in wider national campaigns.
- Implementing the Quality Assurance End-to-End Process and ensuring regular robust multi agency self-evaluation and quality assurance through the QA Sub-Committee.
- Continuing to embed the new Learning Review Protocol. Monitor and support the ongoing Learning Reviews, ensuring we become efficient and adept at managing their progression and more quickly implement learning.
- Refreshing the work of the Learning & Development Sub-Committee to ensure a comprehensive programme of training and development to support staff to deliver excellent service and professional, competent adult support and protection practice.
- Commencing the work of the Practitioners' Forum for Lived Experience as the means by which the APC will hear and assimilate the views and experiences of people using services and Adults experiencing ASP (and their families or carers as appropriate).
- Review and revise local Escalating Concerns policies, procedure and guidance.
- Continue the work of the Short Life Working Group on Hoarding and Self Neglect.
- Deliver the outcomes from the ongoing Thematic Review on Fire Related Deaths being led by SFRS.

Challenging financial constraints are being faced across the partnership, but this only makes it more vital than ever that those delivering frontline services to the vulnerable are as well trained,

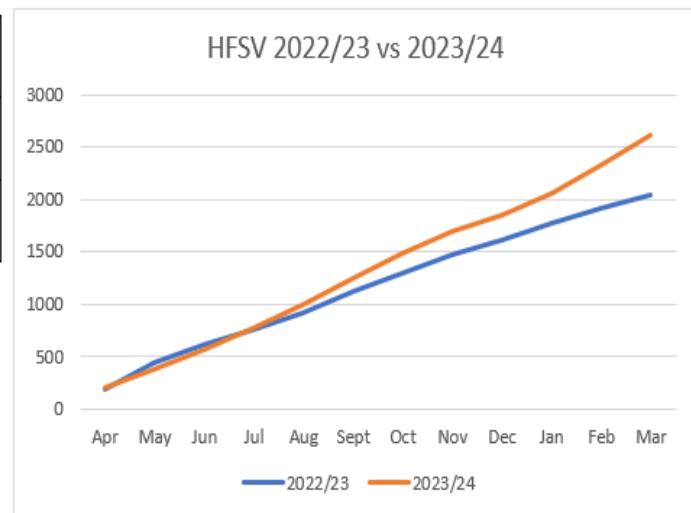
equipped and skilled as they possibly can be so that the most vulnerable in Edinburgh get the service they deserve. The APC led by the new Independent Chair and AP Lead Officer will develop better training and development to build the competence and confidence of the workforce across all sectors delivering vital adult protection services in Edinburgh. Our mission is to ensure the vulnerable in Edinburgh in need of protection receive the highest levels of service from all sectors involved in Adult Support & Protection.

Appendix 1

Home Fire Safety Visits

Home Fire Safety Visits (HFSVs) are key to reducing accidental dwelling fires and are undertaken mainly by our operational fire crews. For people with more complex support needs, our Community Action Team undertake joint visits with partner agencies. By visiting households and providing fire safety advice and free smoke and heat alarms where appropriate, we aim to reduce the potential for accidental dwelling fires and fire casualties. We generate HFSVs from 3 main sources: (i) through our website/HFSV freephone hotline; (ii) referrals from partner agencies; and (iii) following an incident at a domestic premises (post domestic incident response or PDIR). We are now seeing a positive trend in number of completed HFSV's and engagements targeted at vulnerable individuals after the impact of the challenges of engagement during the COVID pandemic. Work is continuing to reinvigorate the referral process with active participation in multiple Community Improvement Partnerships to promote and support referrals from our partners and other stakeholders. To specifically address the trend of fatalities in 2023/24, our national Make the Call campaign was targeted at the demographic affected from August 2023 – February 2024 with 60 engagements carried out to a wide range of the community across Edinburgh. Following on from this, a targeted Home Fire Safety Project was piloted from March - May 2024. Results have shown a positive trend in both Post Domestic Incident Response and HFSV completion, these results fall across the reporting periods, supporting a proactive approach to reducing fires in the home.

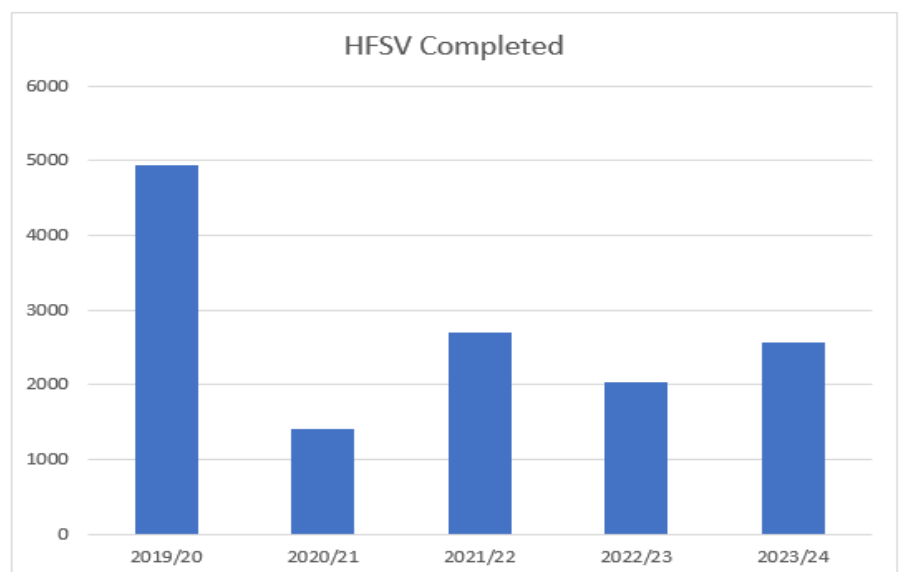
Month	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022/23	183	269	163	151	152	202	175	181	137	164	113	145	2035
2023/24	199	186	182	208	228	243	241	211	163	197	263	292	2613



Visits by Ward area

Ward Area	Visits delivered
Almond	84
City Centre	182
Colinton/Fairmilehead	90
Corstorphine/Murrayfield	72
Craigentinny/Duddingston	129
Drum Brae/Gyle	77
Forth	272
Fountainbridge/Craiglockhart	97
Inverleith	181
Leith	168
Leith Walk	215
Liberton/Gilmerton	182
Meadows/Morningside	160
Pentland Hills	58
Portobello/Craigmillar	149
Sighthill/Gorgie	232
Southside/Newington	210
TOTAL	2613

Year on year comparison



Following the Covid pandemic, it has been challenging to reach those in need of a HFSV due to restrictions, partnership referral declines and a change in how we deliver our program. We no longer offer free smoke detection to all, only the very highest risk. We have now reviewed our national Policy and targeting figures to reflect the national demographic and facilitate targeting of the most vulnerable in our communities.



The Advanced Customer Support Senior Leader Responsibilities



Building a network



DWP Partnership Manager

Partnership Manager in Edinburgh is:

Petros Mersinis, petros.mersinis@dwp.gov.uk

Where there is not any immediate risk to a customer, but you need to escalate something with DWP, the local Partnership Manager should be your first port of call and they will attempt to resolve or provide you with a contact for another part of DWP – whilst still retaining overall ownership of the escalation.

If Partnership Manager has difficulty in finding resolution, then they might escalate the case to the Advanced Customer Support Senior Leader.

You can also contact any of the Jobcentres in the first instance. Especially if your query/issue relates to UC or another Working Age benefit.

It is important to attempt our BAU escalations in the first instance, to keep our Adult Protection escalation routes free for customers where there is an immediate risk.

Appointees

There is guidance on gov.uk regarding when it is appropriate to act as an appointee, and how to become an appointee: [Part 5 – Appointee - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/part-5-appointee)

[Become an appointee for someone claiming benefits - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/become-an-appointee-for-someone-claiming-benefits)

BF56 applications should be made to every DWP benefit that the customer is in receipt of. If you do not know which benefits the customer is in receipt of, either the local Partnership Manager or the ACSSL can advise.

If the need to take over as an appointee is urgent, for example in the case of financial abuse, then a single BF56 application, or intention to apply, can be sent to the ACSSL and they will co-ordinate completion across all benefits for you, arranging for the suspension of payments in the interim if required.

Becoming appointee for Universal Credit can be more complicated due to the claim potentially being online, appropriate access and security. Please work closely with the Jobcentre if taking over a UC claim or applying for Universal Credit on behalf of someone.

Move to UC is progressing at pace over 2024, so please be aware of migration notices being received as applications will need to be made to Universal Credit.

5

Scenarios of Support

Contacted by Police Scotland about a young girl who was taking advantage of and financially abusing an elderly neighbour. Her benefits were being paid into his bank account, and she was using this as a reason to withdraw large sums of money.

I was able to immediately suspend all benefit payments and take action to seek new bank details for the girl, engaging the help of her support worker.

A social worker reached out to check if a customer had an appointee and what benefits were in payment, as care home fees were not being paid and place in the home was at risk. Confirmed a family member was appointee and financial abuse was established. We worked with the social worker to find an alternative appointee within the family and expedited action.

Advice Worker supporting someone was concerned that they would be expected to complete a health assessment over the phone when they were unable to communicate due to their mental health.

Working together we were able to obtain enough clerical medical evidence for a decision to be made without the need to conduct the telephone assessment.

A social worker contacted me looking for support in applying to become a Corporate Appointee urgently. The customer had been found to be eating from public bins and had significant mental health issues.

I arranged for the forms to be sent to me, and had the action taken same day across all benefits.

6



Edinburgh – Public Protection Learning and Development Strategy

Introduction

This document sets out a strategy for continuous learning for staff across the multi-agency partnership in Edinburgh who require to have a level of knowledge and understanding of public protection. This multi-agency strategy sits alongside organisation-specific strategies, commitments and responsibilities to staff/volunteers learning and development.

“Public Protection” is the collective term which encompasses approaches to ensure children, young people and adults are safe from harm. In Edinburgh, there are a range of multi-agency committees which have oversight and collective responsibility for the operation of public protection processes in the city, overseen by the Chief Officers’ Group.



All organisations who work with people have a duty to ensure that their staff and volunteers are aware of their responsibility for public protection. This includes those who work in Council-run services (such as social work, education, libraries, lifelong learning etc), Police Scotland, the NHS, the Health and Social Care Partnership and third sector organisations, as well as volunteers in these sectors.

It is the responsibility of employers and host organisations to ensure that an appropriate level of induction and training is provided to their staff in order to enable them to perform their roles.

Edinburgh – Public Protection Learning and Development Strategy

Aims of the strategy

This strategy aims to ensure:

- All staff/volunteers can access an appropriate level of inter-agency learning opportunities which supports them to understand and operate in accordance with local multi-agency procedures.
- A range of interagency learning opportunities is available on specific topics within Public Protection.
- There is ongoing monitoring of the impact and effectiveness of interagency learning opportunities.
- Interagency learning opportunities are accessible and engaging.
- The learning opportunities offered equips people with the skills and knowledge they need to conduct their work effectively.

Core principles

The core principles which underpin this strategy and associated practice are:

- Learning and development activity is underpinned by children's rights and human rights.
- The views of children and adults should be taken into account when decisions are made about them.
- Protection of children and adults is paramount.
- Learning and development activity should align with national policy, procedures, guidance and legislation.
- Promotion of equal opportunities and accessibility
- Promotion of adult learning principles that include supporting those with specific learning differences.
- Collaboration across disciplines, sectors and agencies.

These are underpinned by our local Learning and Development Subcommittees and the national legislative & policy context (see Appendix 2).

This strategy will run for a period of 3 years (2024 – 2027).

Edinburgh – Public Protection Learning and Development Strategy

Roles and Responsibilities

For the purposes of this strategy, all roles (paid and unpaid) within the multi-agency partnership fall under at least one of the following categories.

General Contact Workforce:

Those likely to come into contact with children, young people, adults or their families in the course of their work.

Specific Contact Workforce:

Those who work directly in their role with children, young people, adults or their families.

Intensive Contact Workforce:

Those with specific dedicated responsibility for child and/or adult protection as part of their role.

As part of the ongoing programme of interagency learning and development opportunities, the Public Protection Committees will offer a range of opportunities which extend from awareness raising (suitable for the general contact workforce) to more specific opportunities designed around the learning needs of the intensive contact workforce.

All training provided by the Public Protection Committees will be interagency in approach, delivery and content: this means that it is not focussed around any one discipline, agency or professional background, rather that it is a space where collaboration and dialogue is central. This aligns with national guidance for [child protection](#) and [adult protection](#).

It is the responsibility of organisations to identify the particular learning needs of their staff. All interagency learning opportunities provided under this strategy will include guidance on the target audience which will assist in identifying the most appropriate courses for staff/volunteers to attend.

Edinburgh – Public Protection Learning and Development Strategy

Availability, Advertising, Review

Interagency learning and development opportunities are free and provided in a range of ways. This ensures that whatever an individual's role, working pattern or circumstances, they should be able to access learning resources to support them in their responsibility for public protection:

- Online/self-directed
 - o A range of online courses have been developed by the Public Protection Committees which are accessible on agency learning and development platforms. For links to agency-specific learning platforms, please see Appendix 4.
- Face to face/virtual courses and learning events.
 - o The [Public Protection Training Calendar](#) details all courses in the calendar year, both in person and virtual, enabling staff/volunteers to plan ahead and identify suitable opportunities.
 - o Specific learning events may occasionally be hosted by the Public Protection Committees, and these are publicised via email and on the Knowledge Hubs. For links to the Child Protection, Adult Protection and Equally Safe Knowledge Hubs, please see Appendix 4.
 - o Courses are open to all organisations and agencies who work in Edinburgh, although prioritisation may be required for certain staff groups.
- Tools and resources for self-directed learning
 - o A range of tools, such as staff briefings, are published by the Public Protection Committees as required. These may be in response to Learning Reviews, significant local or national developments.
 - o These can be accessed at the Knowledge Hubs for each Committee (please see Appendix 4 for links to those).

The Public Protection Committees will conduct ongoing review of the effectiveness of interagency learning and development activity, including both analysis of the impact of specific courses as well as ongoing consideration of attendee feedback. This will inform the development and review of the learning opportunities provided.

Edinburgh – Public Protection Learning and Development Strategy

Appendix 1: Links to Learning and Information Platforms

[Edinburgh's Child Protection Knowledge Hub](#)

[Equally Safe Edinburgh Committee Knowledge Hub](#)

[Adult Protection – Edinburgh Health and Social Care Partnership Knowledge Hub](#)

[Learning and E-learning opportunities on the Edinburgh Compact Website](#)

[Public Protection Training Annual Course Calendar](#)

Links to agency-specific platforms:

- TURAS is the NHS Education for Scotland's (NES) single unified platform. Can create and account and sign in [by following this link](#). Anyone can create an account and attend online learning through TURAS.
- Some agencies and services have a membership with LearnPro, which offers a suite of training on specific topics, as well as customised training by organisation/service. You can log in through [this link](#).
- City of Edinburgh Council employees also have access to a range of training and online public protection learning opportunities (including specialist modules on child protection, adult protection and Equally Safe) on My Learning Hub. You can log in and access this training through [this link](#).

Appendix 2: Policy, Procedure, Legislation & Guidance

Legislation:

- [Abusive Behaviour and Sexual Harm \(Scotland\) Act 2016](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [Air Weapons, and Licensing \(Scotland\) Act 2015](#)
- [Anti-social Behaviour \(Scotland\) Act 2004](#)
- [Antisocial Behaviour, Crime and Policing \(Scotland\) Act, 2014](#)
- [Children \(Scotland\) Act 1995](#)
- [Children's Hearings \(Scotland\) Act 2011](#)
- [Children & Young People \(Scotland\) Act 2014](#)
- [Children \(Scotland\) Act 2020](#)
- [Children \(Equal Protection from Assault\) \(Scotland\) Act 2019](#)
- [Criminal Justice and Licensing \(Scotland\) Act 2010](#)
- [Domestic Abuse \(Scotland\) Act 2011](#)
- [Domestic Abuse \(Scotland\) Act 2018](#)
- [Domestic Abuse \(Protection\) \(Scotland\) Act 2021](#)
- [Female Genital Mutilation \(Protection and Guidance\) \(Scotland\) Act 2020](#)
- [Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)
- [Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- [Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#)
- [Protection of Children and Prevention of Sexual Offences \(Scotland\) Act 2005](#)
- [Protection from Abuse \(Scotland\) Act 2001](#)
- [Sexual Offences \(Scotland\) Act 2009](#)
- [Social Work \(Scotland\) Act 1968](#)

National Guidance, strategy, policy and procedure documents:

- [Adult Support and Protection: Ensuring Rights and Preventing Harm \(2013\)](#)
- [Adult Support and Protection \(Scotland\) Act 2007 Codes of Practice \(2022\)](#)
- [Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls \(2018\)](#) (Scottish Government & COSLA - *soon to be replaced by the 2023 version*)
- [Multi-Agency Practice Guidelines: Preventing and Responding to Forced Marriage – update 2014](#) (Scottish Government)
- [National Framework for Child Protection Learning & Development in Scotland \(Scottish Government 2012\)](#)
- [The Right to Choose: Multi-Agency Statutory Guidance for Dealing with Forced Marriage](#) (UK Government, 2014)
- [Transforming Psychological Trauma: A Skills and Knowledge Framework for The Scottish Workforce, 2017](#)
- [National Action Plan to Prevent and Tackle Child Sexual Exploitation](#) (The Scottish Government, 2016)

Local Guidance, strategy, policy and procedure documents:

- [Adult Support and Protection Policy for Social Care Staff, City of Edinburgh Council \(2017\)](#)
- [Adult Support and Protection Procedures for Social Care Staff, City of Edinburgh Council \(2016\)](#)
- [Edinburgh and the Lothians Interagency Procedures for the Protection of Girls and Women at Risk of Female Genital Mutilation \(FGM\)](#)
- [Edinburgh Domestic Abuse Housing Policy](#)
- [Edinburgh's Multi-Agency Domestic Abuse Policy \(2022\)](#)
- [Forced Marriage Policy, City of Edinburgh Council, 2023](#)
- [GIRFEC National Practice Model, Policy Statement and Practice Guides \(2022\)](#)
- [Inter-agency Child Protection Procedures Edinburgh and the Lothians \(2015\)](#) (*soon to be replaced by 2023 version*)
- [National Guidance for Child Protection in Scotland \(2021\)](#)
- [Multi-Agency Support Protocol for Victims of Human Trafficking, City of Edinburgh Council](#)
- NHS Lothian Child Protection Procedures (2016) *
- NHS Lothian Adult Support & Protection Procedures (2023) *

Appendix 3

Edinburgh – Public Protection Learning and Development Strategy

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- [Stronger Together: Guidance for Women’s Services on the Inclusion of Transgender Women](#) (Second Edition, 2015: LGBT Youth Scotland; LGBT Domestic Abuse Project and Scottish Trans)

* Can be accessed by NHS Lothian Staff on the Intranet only.

Appendix 4

Housing Emergency Action Plan



<https://www.edinburgh.gov.uk/downloads/file/34967/housing-emergency-action-plan>