

Chief Officers' Public Protection Induction Resource



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Introduction

● Purpose of this document

Welcome to the Chief Officers' Public Protection Induction Resource, which comprises this resource and accompanying slides.

The Child Protection System Review "[Protecting Scotland's Children and Young People: It is Still Everyone's Job](#)" recommended a series of events for Chief Officers to enhance relationships with other leaders and allow space to focus exclusively on improving learning and understanding of child protection issues. These annual leadership events aim to provide opportunities for Chief Officers to network with peers, share learning and collectively consider emerging risks in the context of child protection. Evaluations from past events indicated an appetite for an induction resource for new Chief Officers that incorporates all areas of public protection, to enhance collaborative and partnership approaches to protecting children, young people, families, and individuals. Accordingly, the information contained within this resource is designed to point you towards legislation, guidance, and policies relevant to public protection in a national context, and to offer specific detail on your role and responsibility as a Chief Officer.

Public protection is a term used to encompass the many different strategic approaches and responses to keeping children and adults safe in our communities. Individual topic content can be found in six areas: Child Protection, Adult Support and Protection, Multi Agency Public Protection Arrangements, Alcohol and Drug Partnerships, Violence Against Women and Girls and Suicide Prevention. Content was developed by individuals with subject expertise in each of these topics.

It may be that not all the information contained within this resource is relevant to you depending on your previous experience and professional background. However, we hope that it serves as a useful reference for you to check that all the relevant information has been covered as part of your induction on public protection. It may also help you to reflect on what further local content will be useful in your role and to ask relevant questions about existing local structures and practice.

This document can be used instead of or as well as the slides that are part of this induction resource. The document contains all the information from the slides plus some additional detail, so could be used as a reference, while the slides can be modified locally to present the information in person. Chief Officers may wish to consider asking colleagues with subject expertise to present the information in the slide presentation to them to offer further insights into local structures and specific issues.

The content in this resource was originally published in November 2021 and will be reviewed and updated when required by significant legislative, policy or practice changes to ensure it remains relevant and up to date. This version was developed in November 2023.

Public protection in context

The National Performance Framework

Local areas are responsible for delivering an effective public protection response but this also has relevance in a broader national context. The [National Performance Framework](#) details the Scottish Government's ambition for all members of society and the country as a whole. This makes reference to our need to feel loved; be protected; our rights are adhered to; we feel safe in our homes and communities; and our health and education needs are met. This has direct relevance to our awareness of public protection in a local context and what responses require to be developed to ensure that children and adults are happy, healthy, and are protected when necessary.

To achieve the national outcomes, the National Performance Framework aims for everyone in Scotland to work together. This includes national and local government, businesses, voluntary organisations and people living in Scotland.



The Scottish Government will focus activities and spending to help meet National Outcomes. They will work with the wider public sector and others to help them work in a way that meets these outcomes.

Local government will work with the Scottish Government and other organisations in their community. The Convention of Scottish Local Authorities (COSLA) is the national association of councils in Scotland. It is helping to work towards the National Outcomes. COSLA will look to reform local public services. To do this it will work with: local communities, the Scottish and UK governments, staff and trade unions, the Scottish and UK parliaments.

Community Planning Partnerships

Community Planning Partnerships (CPPs) bring together public agencies, the third sector and the private sector, to work to improve the lives of people in our communities in Scotland. They will work on local improvement plans, which may directly impact on public protection issues.

CPPs are responsible for producing two types of plan to describe their local priorities and planned improvements:

- Local Outcomes Improvement Plans, which cover the whole council area
- Locality Plans, which cover smaller areas within the CPP area, usually focusing on areas that will benefit most from improvement. Each CPP will produce at least one Locality Plan and some CPPs will produce many – there is no fixed number

Integration Joint Boards

The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) required Local Authorities and Health Boards to jointly prepare an Integration Scheme, which sets out how Health and Social Care Integration is to be planned, delivered and monitored within their local area. The Health Board and Local Authority will set out within their integration scheme which of their functions they intend to delegate to the Integration Joint Board. The scope of the delegated functions will vary depending on local decision making but must adhere to the statutory minimum.

The functions that must be delegated by the Health Board to the Integration Joint Board as per the Act are set out in [The Public Bodies \(Joint Working\) \(Prescribed Health Board Functions\) \(Scotland\) Regulations 2014](#). The aim of health and social care integration is to improve outcomes for patients, service users, carers and their families by working more effectively together.

Scotland's public health priorities

Scotland's public health priorities are also important in achieving better outcomes for individuals who may require a public protection response. This refers to areas such as health, safety, mental wellbeing and reducing the harm caused through alcohol.

The Scottish Government and COSLA agreed six Public Health Priorities in June 2018. These are intended to support national and local partners across Scotland to work together to improve healthy life expectancy and reduce health inequalities in our communities:

- a Scotland where we live in vibrant, healthy and safe places and communities
- a Scotland where we flourish in our early years
- a Scotland where we have good mental wellbeing
- a Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- a Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- a Scotland where we eat well, have a healthy weight and are physically active

Read more about [Scotland's Public Health Priorities](#).

A whole system approach

To realise Scotland's public health priorities we need to work more effectively together as part of a [whole system approach](#) (WSA). Within public protection, a Whole System Approach will involve collaboration and robust governance structures which consider local context to shape strategy, processes and practice. Application of systems thinking should enhance linkages across the public protection agenda. For example, the interaction between Violence Against Women and Girls and Child Protection, and the impacts of poverty and past trauma on mental health and alcohol and drug use.



National Trauma Transformation Programme

Anyone can be impacted by trauma during their life, including individuals, families and the staff working to support them. The Scottish Government is committed to ensuring that Scotland has a workforce that is fully aware of the impact of trauma and is equipped to respond appropriately to people who have experienced trauma at any age. Scotland has a robust [Framework and a Programme for delivery of this Framework](#), to ensure that the needs of children and adults affected by trauma are recognised, understood and responded to in a way which harnesses individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it. Chief Officers may wish to demonstrate their commitment to the [National Trauma Transformation Programme](#) by taking the Leadership Pledge of Support [and reviewing the trauma champion's welcome pack](#).

Trauma Responsive Social Work Services

The Office of the Chief Social Work Adviser (OCSWA) has appointed a team to work with key stakeholders to ensure Scotland's social work services are able to recognise where people are affected by trauma, and to respond in ways which reduce risks of retraumatising and supports recovery.

After extensive engagement with key partners, a Work Plan has been agreed which will:

- ensure relevant breadth and depth of trauma knowledge and skills are embedded into social work education and the forthcoming Newly Qualified Social Worker Mandatory Supported Year and Advanced Practice Framework for social work
- improve access to all appropriate levels of trauma training and promote resources for social work services
- establish an implementation support team to deliver a cohesive programme for the social work workforce, including support for operational middle and front line social work leaders
- continue to draw on the expertise of those with lived experience of care and trauma to deliver the plan
- build sustainability into the programme

For more information on our implementation support and learning programme and the programme, please visit the social work services page under the tailored support tab on the [National Trauma Transformation Programme](#) website.

Potential media interest

When public protection situations and concerns are likely to attract high public and media interest, the Chief Officers Group and appropriate local strategic group should prepare a media strategy, allowing for a range of scenarios. These groups should consider the impact of any media attention on staff and families, advising and supporting them as much as possible.

● The role of Chief Officers in public protection

Public protection is a generic term used to describe a range of local structures to respond to child protection, adult support and protection, Violence Against Women and Girls Networks, high risk offenders via Multi Agency Public Protection Arrangements and suicide prevention. Local structures for governance and accountability regarding these processes may vary in local areas.



Chief Officers are determined as:

- Chief Executives of Health Boards
- Chief Officers of Local Authorities
- Senior Police Officers with delegated authority of the Police Chief Constable

In relation to public protection, Chief Officers will:

- identify and commission inter-agency activity for protection of children and adults
- be responsible and accountable for improving the experience of and outcomes for children and adults who may need protection
- consider issues that have an impact on wider public protection arrangements and development
- agree Annual Reports and Improvement/Business Plans
- consider performance reports and findings from case reviews

NHS Public Protection Accountability and Assurance Framework

The [NHS Public Protection Accountability and Assurance Framework](#) provides health boards with assistance in assessing the adequacy and effectiveness of their public protection arrangements at both strategic and operational levels, and informs existing health board and shared multi-agency governance and assurance arrangements.

1. Child Protection

Development of policy and guidance on child protection

- 1991 - Child Protection Committees established
- 1998 - [Protecting Children: a shared responsibility. Guidance on inter-agency co-operation](#), *The Scottish Office*
- 2002 - [“It’s everyone’s job to make sure I’m alright” - Report of the Child Protection Audit and Review](#), *Scottish Executive*
- 2006 - [Getting it right for every child](#) (GIRFEC), *Scottish Government*
- 2014 - [National Guidance for Child Protection in Scotland](#), *Scottish Government*
- 2015 - [National Guidance for Child Protection Committees for Conducting a Significant Case Review](#), *Scottish Government* (this is superseded by the 2021 guidance on [Learning Reviews](#))
- 2017 - [Child Protection Improvement Programme](#), *Scottish Government*
- 2019 - [Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities](#), *Scottish Government*
- 2019 - [A quality framework for children and young people in need of care and protection](#), *Care Inspectorate*
- 2020 - [The Promise](#), *Independent Care Review*
- 2020 - [Coronavirus \(COVID-19\): supplementary national child protection guidance](#), *Scottish Government*
- 2021 - [National Guidance for Reviewing and Learning from the Deaths of Children and Young People](#), *Healthcare Improvement Scotland and The Care Inspectorate*
- 2021 - [National Guidance for Child Protection in Scotland 2021](#), *Scottish Government*
- 2021 - [National Guidance For Child Protection Committees Undertaking Learning Reviews](#), *Scottish Government*
- 2022 - [A quality framework for children and young people in need of care and protection](#), *Care Inspectorate*
- 2022 - [Getting it Right for Every Child Practice Guidance](#), *Scottish Government*
- 2023 - [Practitioner Guidance Criminal Exploitation](#), *Scottish Government*
- 2023 – [National Guidance for Child Protection in Scotland 2021 – updated 2023](#), *Scottish Government*

Key legislation on child protection

- [United Nations Convention on the Rights of the Child 1989](#)
- [Children \(Scotland\) Act 1995](#)
- [Children’s Hearing \(Scotland\) Act 2011](#)
- [Children and Young People \(Scotland\) Act, 2014](#)
- [Age of Criminal Responsibility \(Scotland\) Act 2019](#)
- [Equal Protection from Assault \(Scotland\) Act, 2019](#)

The [UNCRC \(Incorporation\) \(Scotland\) Bill](#) was introduced to the Scottish Parliament on 1st September 2020 and was passed unanimously on 16th March 2021. The main purpose of the Bill is bring the UNCRC into Scots law. Following the Supreme Court judgement on the referral of the UNCRC (Incorporation)(Scotland) Bill on 6 October 2021, the Scottish Government remains

committed to the incorporation of the UNCRC into Scots law to the maximum extent possible and is considering the most effective way forward for this important legislation.

Definition of child protection

From the [National Guidance for Child Protection in Scotland 2021 - updated 2023](#):

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. Child protection guidance provides overall direction for agencies and professional disciplines where there are concerns that a child may be at risk of harm. Child protection procedures are initiated when police, social work or health professionals determine that a child may have been abused or may be at risk of significant harm. Child protection involves:

- immediate action, if necessary, to prevent significant harm to a child
- inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation extends to other children affected by the same apparent risks as the child who is the subject of a referral
- assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks
- focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings
- collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm
- recognition and support for the strengths, relationships and skills within the child and their world in order to form a plan that reduces risk and builds resilience

Getting it right for every child (GIRFEC)

Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential. Most children and young people get all the help and support they need from their parent(s), wider family and community but sometimes, perhaps unexpectedly, they may need a bit of extra help. GIRFEC is a way for families to work in partnership with people who can support them such as teachers, doctors and nurses.

Important aspects of GIRFEC:

- it is a child centred and rights-based approach
- it begins with universal services and should ensure proportionate support on a continuum of prevention and protection
- children's wellbeing is promoted by considering [eight domains](#)
- multi-agency partnership planning with children and families is key
- where appropriate, support will be delivered via a child's plan
- the [National Practice Model](#) is a tool for practitioners to help them to meet the GIRFEC core values and principles in an appropriate, proportionate and timely way

● The Promise

In February 2020, the findings of the Independent Care Review were published in a series of reports, principally 'The Promise'. This sets out 80+ actions required to make the fundamental shift to the 'care system' in order to improve the lives and outcomes of Scotland's care experienced children and young people.

The Scottish Government signed up to all the actions set out within The Promise and there was, and remains, cross Parliamentary support to deliver on this. The commitment is fundamental to our ambition that Scotland will be the best place to grow up. A place where all children are loved, safe and respected so they can meet their full potential.

In 2021, The Scottish Government established The Promise Scotland as an organisation, chaired by Fiona Duncan (who led the independent care review). The Promise Scotland's role is support people and organisations across Scotland to keep The Promise. The Promise Oversight Board has also been established to hold Scotland to account for delivery.

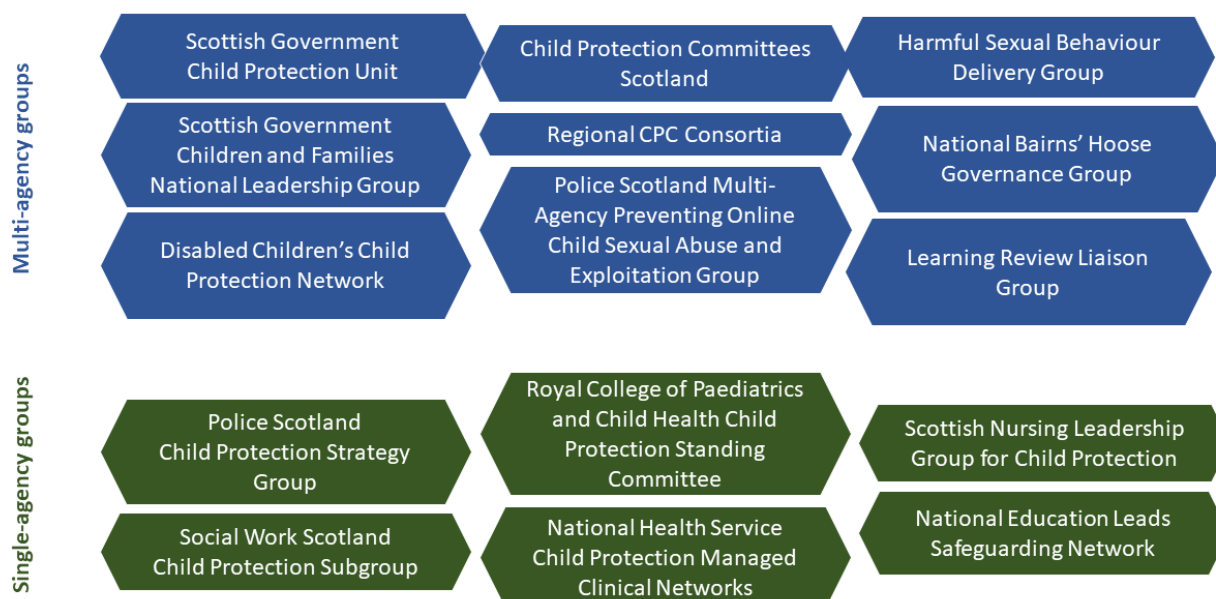
In March 2022, the Scottish Government published the Keeping The Promise Implementation Plan which sets out the actions and commitments that we will take across Ministerial portfolios to keep The Promise. This includes policy, legislative and financial actions for change. The Implementation Plan compliments the commitments made to Tackle Child Poverty, the National Strategy for Economic Transformation and is aligned with the strategic approach to education, health, justice, transport and communities.

The Promise should not be seen as a commitment that exists in isolation of other policies and programmes. Instead, it runs through the heart of the missions set out in the policy prospectus. The outcomes of our care experienced population are below those of wider society and it is essential this is recognised in our approach to eradicating inequality through education, employment and social policy. In providing the right support, in the right way and at the right time we must adopt a person centred approach through our public and third sector services that places the needs of our children and young people and families first.

● Child protection networks

Collaboration and information sharing are key to effective strategic and practice responses in child protection. Consequently, there are many child protection networks, teams and groups at national and local level in Scotland who meet to share practice, learning and improvement approaches to the care and protection of children and young people. National multi-agency and single-agency groups are illustrated in the image below.

National Child Protection groups



Child Protection Committees (CPCs)

Child Protection Committees are locally-based, inter-agency strategic partnerships which lead on the development of local child protection policy and practice. They are made up of senior representatives from all local services who contribute to the protection of children and young people and they are held to account by their Chief Officers. They work in partnership with Scottish Government to take forward child protection policy and practice across Scotland.

CPCs form subgroups or subcommittees to support their work. The number and composition of these vary from area to area. However, almost all areas have subgroups or subcommittees focussing on quality assurance, self-evaluation, performance, improvement, learning, development, and training.

The roles of a Child Protection Committee are:

- continuous improvement
- public information, engagement and participation
- strategic planning and connections
- annual reporting on the work of the CPC

From [Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities](#), Scottish Government, 2019.

Chief Officers have accountability for the functioning of their Child Protection Committee.

An effective Child Protection Committee should have:

- clarity about individual and collective roles, responsibilities and purpose

- clarity about the strategic vision for children and young people and the ways in which the CPC should support this
- a committed membership which reflects the local landscape (including relevant representation from adult services where these impact on children and young people's wellbeing, for instance, parental substance misuse or domestic abuse)
- a highly skilled and facilitative Chair
- a reflective and learning culture
- a dedicated Lead Officer
- a SMART (Specific, measurable, achievable, relevant, time-bound) business and operational plan
- clear strategies which reflect a desire to hear the voices of vulnerable children and young people and enable these to shape policy and practice

([Review of findings from the inspection programme 2012–2017](#), Care Inspectorate)

● Chief Officers' role in child protection

Chief Officers' responsibilities in relation to CPCs are:

- individually and collectively, demonstrating leadership and accountability for child protection work and its effectiveness on behalf of their agencies/bodies – including the effectiveness of the CPC itself
- agreeing the CPC Annual Report and Improvement/Business Plan, including operational priorities for protecting children, and ensure the allocation of resources to the CPC
- considering performance reports that include qualitative and quantitative data on the effectiveness of services in improving the experiences of, and outcomes for, children in need of protection
- ensuring that the CPC links to other planning fora under their control, in particular the structures for integrated children's services planning
- agreeing the constitution for the CPC, including the delegating of roles and responsibilities, to take forward multi-agency issues in respect of child protection on their behalf and invest it with the authority to do so
- agreeing the agencies, bodies or organisations to be represented at their CPC.
- Considering the development of a communications strategy in order to raise awareness of both the role of the CPC and the COG locally
- appointing, or agreeing the appointment of, the chair of the CPC and in doing so ensuring that the chair has the time, resources and dedicated professional and administrative support to properly fulfil the role
- appointing representatives from their own agencies/bodies to the CPC with the appropriate authority and responsibility to best take forward the functions required.
- Inviting nominations from other agencies, bodies or organisations to be represented on the CPC
- agreeing reporting mechanisms with elected members and board members that cover the work of their CPC and the implications for their local authority area. This will include at least annual reporting

● Child Protection Committees undertaking Learning Reviews

The overall purpose of a Learning Review is to bring together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future and thus better protect children and young people. The process is underpinned by the rights of children and young people as set out in the [United Nations Convention on the Rights of the Child](#) (UNCRC).

Underpinning Principles and Values

Learning Reviews are underpinned by the following core principles and values:

- they promote a culture that supports learning
- their emphasis is on learning and organisational accountability and not on culpability
- they recognise that a positive shared learning culture is an essential requirement for achieving effective multi-agency practice
- they are objective and transparent
- they are sensitive to the needs and circumstances of children and young people and families
- they ensure that staff are engaged and involved in the process and supported throughout the period of the review
- they recognise the complexities and difficulties in the work to protect children and young people and to support families
- they produce learning which can be disseminated, both at local and national level, so it directly impacts on and positively influences professional practice and organisational systems

Criteria

When a child has died or has sustained significant harm or risk of significant harm as defined in the [National Guidance For Child Protection Committees Undertaking Learning Reviews](#)

and there is additional learning to be gained from a review being held that may inform improvements in the protection of children and young people

and one or more of the following apply:

- abuse or neglect is known or suspected to be a factor in the child's death or the sustaining of or risk of significant harm
- the child is on, or has been on, the Child Protection Register (CPR) or a sibling is or was on the CPR or was a care experienced child, or was receiving aftercare or continuing care from the local authority. This is regardless of whether or not abuse or neglect is known or suspected to be a factor in the child's death or sustaining of significant harm, unless it is absolutely clear to the Child Protection Committee that the child having been on the CPR or looked after has no bearing on the case
- the child's death is by suicide, alleged murder, culpable homicide, reckless conduct, or act of violence and one or more from the above apply

The role of Chief Officers in Learning Reviews

Chief Officers should refer to the [National Guidance for Child Protection Committees Undertaking Learning Reviews](#).

A supportive Chief Officers Group is an essential enabling factor in ensuring that Learning Reviews are effective and fulfil their purpose. This means the Chief Officers Group taking ownership of and a constructive interest in the review process, findings and learning, with strategic level commitment to implement the actions and learning stemming from the review.

Protecting children and young people is an inter-agency and inter-disciplinary responsibility overseen by CPCs and it is the CPC, on behalf of the Chief Officers Group, that decides whether a Learning Review is warranted and for agreeing how the review is conducted.

Child Protection Committees should have in place mechanisms for deciding whether or not to initiate a Learning Review. The Chief Officers Group should be informed of the recommendation and of the subsequent decision about whether to proceed with a Learning Review or the reasons for not doing so. The Child Protection Committee are also required to submit a notification of the decision to the Care Inspectorate.

Chief Officers, who are accountable for all the work of the Child Protection Committee, must promote and support national learning and improvement activity in the protection of children as a matter of course, providing leadership and guidance in relation to the need to carry out Learning Reviews.

Once a Review is concluded, the Chief Officers Group should consider all findings and recommendations. The Learning Review report will be presented to the CPC and the Chief Officers Group for consideration and sign off.

The Chief Officers Group, informed by a recommendation in this regard from the Child Protection Committee, will decide if and when to publish the report.

The role of the Care Inspectorate regarding Learning Reviews

The Care Inspectorate has a role to support continual improvement in the quality of services for children and young people, including child protection services. In relation to Learning Reviews, the Care Inspectorate:

- is the central collation point for the notification of decisions for proceeding or not proceeding to a Learning Review taken by CPCs to better understand the rationale
- acts as a central collation point for all learning reviews completed across Scotland at the point at which they are concluded
- identifies themes, aspects of good practice and learning to share nationally

To contribute to continuous improvement of child protection practice at a local level, the Care Inspectorate:

- reviews the rationale for the decisions about Learning Reviews to maintain an overview and understanding of the decision-making processes and identify any learning at the initial information gathering stage
- reviews each Learning Review and provides feedback to Chief Officer Groups and Child Protection Committees on the quality of the learning review report with reference to the National Guidance

● Child Death Reviews

The [National Hub for Reviewing and Learning from the Deaths of Children and Young People](#) review the death of every child in Scotland in order to:

- develop methodology/documentation to ensure all deaths of children and young people that are not subject to any other review are reviewed through a high quality and consistent review process
- improve the quality and consistency of existing reviews
- improve the experience and engagement with families and carers
- channel learning from current review processes across Scotland that could direct action to help reduce preventable deaths

NHS boards and local authorities should have the following in place to support governance, Chief Officer Groups will have a key governance role in determining:

- a lead for reviewing and learning from the deaths of children and young people
- a governance group (or designate an existing group) with responsibility for ensuring that every child and young person in each NHS board area receives a quality review in the event of their death and that learning is captured and shared from reviews

● Joint inspections of services for children in need of care and protection

At the request of Scottish Ministers, the Care Inspectorate lead joint inspections across a Community Planning Partnership (CPP) area of a range services for children and young people in need of care and protection, including social workers, health visitors, police officers, teachers and the third sector.

Key to an inspection is understanding how those services are delivered from the perspective of children, young people, families and carers who use them. Inspectors look at the recognition of and response to child protection concerns and also how well leaders fulfil their collective responsibilities for child protection as well as the extent to which CPPs are impacting upon the wellbeing and life chances of children and young people in need of care and protection. Along with the Care Inspectorate, inspection teams include representatives from [Healthcare Improvement Scotland](#) (HIS), [Education Scotland](#) (ES) and [Her Majesty's Inspectorate of Constabulary in Scotland](#) (HMICS), as well as young inspection volunteers and associate assessors.

The joint inspection of services for children and young people in need of care and protection includes services for children under the age of 18 years, or young people up to 26 years if they have been previously looked after. [The Guide](#) provides information for community planning partnerships (CPP) about the process and should be read in conjunction with the [Quality framework for children and young people in need of care and protection 2019 \(revised\)](#) (QIF) which supports joint self-evaluation and continuous improvement.

Whilst details of the approach to each joint inspection may vary in response to local circumstances, the core elements of the process remain consistent and comparable. More information is available for community planning partners and staff participating in joint inspections within [The Guide](#).

The Care Inspectorate also produce periodic overview reports which summarise the findings and learning across a number of inspections.

Human Trafficking and Exploitation

Human trafficking is often referred to as a hidden crime, and one which is often ‘hidden in plain sight’. It is likely that the full scale of human trafficking in Scotland is as yet unknown, due to underreporting and a lack of familiarity about the many forms that human trafficking can take. Victims of human trafficking have been found in towns, villages and rural areas in each of Scotland’s 32 local authorities. There is also a perception that trafficking is about people from out with the UK, however UK citizens can, and have been, trafficked and/or exploited.

The Human Trafficking and Exploitation (Scotland) Act 2015 introduced new offences, gave police and prosecutors additional powers to tackle traffickers, raised the maximum penalty for trafficking to life imprisonment, and placed support for victims on a statutory basis. The Act also required that Scottish Ministers develop and publish a [Trafficking and Exploitation Strategy](#).

Services should treat all trafficking and exploitation as a form of abuse which causes significant harm. When the trafficked individual is a child, a child protection response is required, and an inter-agency referral discussion between core agencies should be undertaken in line with [National Guidance for Child Protection in Scotland 2021 - updated 2023](#). A child-centred, trauma-informed approach should be adhered to and assessment of the child should follow the Getting it right for every child National Practice Model.

In 2019, COSLA published [Human Trafficking and Exploitation Guidance for Scottish Local Authorities](#) which provides more information, including where further support can be accessed.

The voice of children and young people

Some examples of the voices of children, young people, families and carers are detailed below. This illustrates how children and young people experience the difficulties faced by them and their families as well as the processes and multi-agency responses designed to support and protect them. This offers insights into what matters most to Scotland’s children and the ways in which we must continue to strive to put children, young people and their families at the heart of service design and delivery.

The Protecting Children’s Charter

The [Protecting Children’s Charter](#) was published in 2004 and reflects the voice of children and young people and what they feel they need, and should be able to expect, when they have problems or are in difficulty and need to be protected. This is a message to all of us – politicians, communities, parents, families, neighbours; as well as police, health, social work and education authorities; and people who work directly with children and young people - about what is important to them in how we go about helping to protect them. While this was developed some time ago the statements highlighted by children and young people are still applicable today and are referenced in the [National Guidance for Child Protection in Scotland 2021 - updated 2023](#) in the context of engagement with children.



The Promise composite stories from children and young people

The Independent Care Review created [12 composite animated stories](#) drawn from their discussions with children and young people, their families and carers about their experiences of care. The Care Review spent time with children and young people to ask how they felt about the stories. They liked the stories, made some excellent changes and said that children and young people would see themselves in them.

Dundee Champion's Board

[Dundee Champion's Board](#) have produced an '[Experiences in Care](#)' film to share their views about the problems that meant they couldn't live with their parents. Some of these young people may have experienced child protection processes and they speak about the difficulties in their families, issues in school, and what it means to be care experienced.

● Data

The effective use of data is critical to understanding the risks and needs of children, the causes and extent of the abuse and neglect children suffer, and the impact of abuse and neglect on their lives. Children's lives span many different services, meaning that children's data should be drawn and analysed from multiple sources, including midwifery, health visiting, health, education, social work, police and third sector. A key task for Chief Officers is to develop a strategic view of what's happening in the lives of children, young people and families, with particular attention to where current and future risks and needs lie.

Collating and scrutinising data may help to identify patterns and facilitate more discussion on a multi-agency basis of emerging concerns. It can also help to monitor the impact of new approaches and/or improvement activities. Data also helps to evidence the quality and effectiveness of services provided

to children and families. Qualitative data (such as self-evaluation, quality assurance, case file audit and inspection findings) are critical here, as are capturing and understanding the views of children and families who have experienced the services.

Across the different data types and sources, a key role for Chief Officers is to scrutinise and pose questions of the data. By doing so, analysis of the data is enhanced and explanatory factors can be understood. The Minimum Dataset for Child Protection Committees includes 'scrutiny questions' as examples of the type of inquisitive and challenging questions that could be posed. High quality analysis and scrutiny also means moving beyond reviewing local data in isolation. Seeking national data and data from other local comparators will provide important context to local data and offer learning and improvement opportunities.

There are therefore many different data types and sources to analyse and scrutinise as a Chief Officer but, critically, all contribute to more informed planning and delivery of services for children and families in need of care, protection and support.

Child protection data – Minimum Dataset

Developed by CELCIS, the Centre for Excellence for Children's Care and Protection, in partnership with CPCs, Scottish Government, Care Inspectorate, and Scottish Children's Reporter Administration, the [Minimum Dataset](#) version 2 for CPCs is a package for data collation, presentation, analysis, scrutiny and reporting. This second version was developed to take into account new key indicators aligned to the National Guidance for Child Protection in Scotland 2021.

It consists of:

- [22 indicators](#) that are collated, analysed and reported to CPCs and COGs on a quarterly basis and which provide insight into the child protection system itself and to the children within it
- an Excel Workbook to support the consistent collation and analysis of the data with precise definitions of the indicators; links and relationships across the data; as well as a series of analytical prompts
- a report template for presentation of the data to CPCs and COGs with built-in scrutiny questions to support effective analysis of the data so that it can be used to inform improvements

CELCIS provides on-going advice and support about the use of the minimum dataset as well as a Minimum Dataset Guidance Manual. All 30 CPCs across Scotland have already implemented or are in the process of implementing the Minimum Dataset.

Local data collection

Various data relating to child protection are routinely collected. Below is an example from the Minimum dataset of measures that could be collected. Please note that this is not an exhaustive list.

EXEMPLAR TO BE POPULATED BY LOCAL AREA	
Number of children subject to initial and pre-birth child protection case conferences	
Number of initial and pre-birth child protection case conferences	
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	
Number of new child protection registrations	
Number of child protection re-registrations (within 3, 6, 12 and 24 months of deregistration)	
Number of children on the child protection register	
Number of children de-registered from the child protection register	

Quality indicators and reflective questions

A quality framework for children and young people in need of care and protection

Reflective questions

Below are some examples of questions that Chief Officers Groups might use to evaluate their strategic response to child protection:

- how well are local strategic groups (for example Community Planning Groups, Children's services planning, Corporate Parenting Boards and the Child Protection Committee) working together to support children, young people and families at an early stage and to tackle issues such as child poverty?
- how aligned is local strategy to the calls to action from the PROMISE Report from the Independent Care Review?
- do we have the necessary structures in place to meaningfully listen to children, young people and families with lived experience?
- what is the Minimum Dataset telling the Chief Officers Group about local patterns, support to families and resource allocation in child protection?

2. Adult Support and Protection (ASP)

Development of guidance and policy on adult support and protection

- 1997 - [Report on Vulnerable Adults](#), *Scottish Law Commission*. Recommendations on protecting vulnerable adults
- 2002-04 - [Borders Vulnerable Adult Case. Prompted legislation to protect vulnerable adults.](#)
- 2004 - Shift from the term vulnerable to adults at risk of harm
- 2006 - [Policy Memorandum](#), *Scottish Government*. *To strengthen expectations that allegations of abuse would be 'taken seriously and pursued stringently'*
- 2013 - [National Priorities \(2013\)](#), *Scottish Government*. Highlighted issues with implementing legislation
- 2014 - [The Adult Support and Protection \(Scotland\) Act 2007, Code of practice \(2008/2014\)](#), *Scottish Government*. Update to reflect practice developments in line with the legislation
- 2017 - [Health and Social Care Standards](#), *Scottish Government*
- 2019 - [Adult Support and Protection Improvement Plan 2019-2022](#), *Scottish Government*
- 2022 - [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) *Establishes a set of principles to guide interventions*, *Scottish Government*
- 2022 - [Adult Support and Protection supporting documents](#), *Scottish Government*. Update to reflect practice developments in line with the legislation

Key legislation on ASP

- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016 - Part 2. Duty of Candour and Part 3. Ill treatment and Wilful Neglect](#)
- [NHS and Community Care Act 1990](#)

Definition of adult support and protection

Adults at risk of harm are adults who:

- are unable to safeguard their own well-being, property, rights or other interests,
- are at risk of harm, and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected

An adult is at risk of harm if:

- another person's conduct is causing (or is likely to cause) the adult to be harmed, or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm

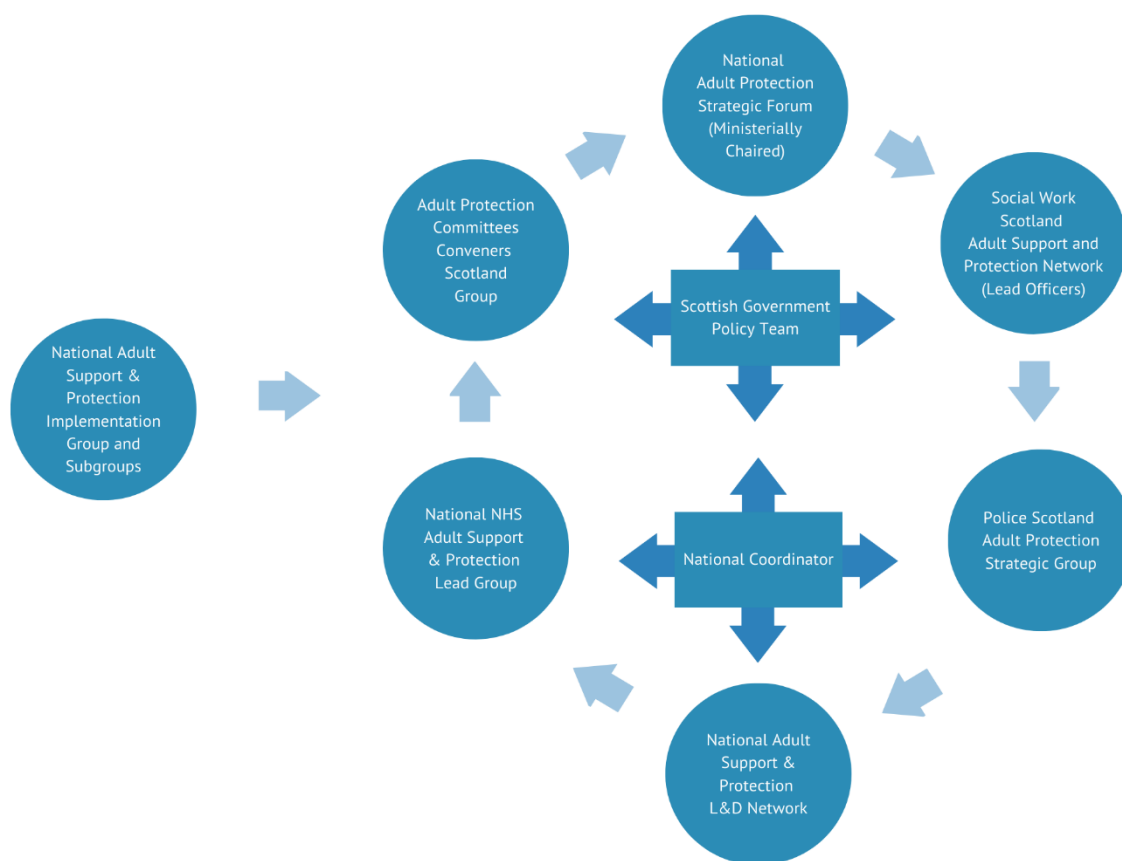
Types of harm:

- physical, sexual, psychological, neglect, financial, self-harm and neglect

The types of harm above are examples given in the legislation, however this refers to all harm and is not an exhaustive list. This allows for covering new types of harm or new ways of committing harm for example via the internet.

Adult support and protection networks

There are many adult support and protection networks, teams, and groups in Scotland. National multi-agency and single-agency groups are shown in the image below.



Adult Protection Committees (APCs)

Section 42 of The Adult Support and Protection (Scotland) Act 2007 states that each council has a statutory duty to establish an APC. Local Authorities must appoint a Convener who will be independent of the LA. They have two key roles: to chair the APC (driving local agenda forward) and to author the Biennial Report. There are also expectations regarding attendance and contribution to national fora, especially the Adult Protection Committees Convenors Scotland Group.

APCs have a significant role in ensuring cooperation and communication within and between agencies to promote appropriate support and protection for adults at risk of harm. The role of the APC revolves around Local Councils, NHS Boards and Police recognising the statutory functions of the committee in terms of its authority and accountability. The relationship between APCs, Conveners and COGs has been articulated in the 2022 Review of Guidance for Adult Protection Committees:

The roles of an Adult Protection Committee (APC) are:

- reviewing procedures and practices in relation to adult protection
- improving skills and knowledge
- ensuring co-operation between its membership agencies, including clear guidance about information-sharing and procedures for ASP processes
- providing information and advice
- making proposals
- coordination with Child Protection Committees and MAPPA

● Chief Officers' role in adult support and protection

The 2022 revised [Guidance for Adult Protection Committees](#) states that Chief Officer Groups in the context of adult protection both individually and collectively, are responsible for the leadership, direction and scrutiny of adult protection services and public protection more broadly. Ownership and accountability by Chief Officers is required to ensure that protecting adults at risk of harm remains a priority within and across agencies.

● Protection orders

These orders provide a statutory tool for an applicant to work with an individual to support and protect them. Three Protection Orders offer routes to intervene at different stages or levels. The original training regarding the appropriate use of these orders stated that:

- an **Assessment order** allows a council officer to conduct an interview in private and/or a health professional to conduct a medical examination in private. This may be required to establish whether the person is an adult at risk and if further action is required to protect him/her
- a **Removal order** allows the council to remove the adult at risk to a specified place in order to assess the situation and to support and protect her/him
- **banning orders and temporary banning orders** will ban the subject of the order from a specified place. They may have other conditions attached, for example contact under certain conditions

Application may only be made for any of the orders where the adult is at risk of serious harm. Medical examinations cannot be enforced even under the auspices of an Order, in fact all orders ostensibly need consent of the individual. When the adult at risk does not consent to the making of any of the orders, evidence is required that the adult has not been subject to 'undue pressure' to refuse consent before an order can be granted.

In all instances the Orders offer the person a way of accessing support and protection in a way that addresses the negative influence of the harmer and the risk they create in the person's life. Such orders can provide professionals the time they need to develop trusting relationships with service

users. This allows therapeutic work to take place around the risks and how the person can better manage them in future.

● ASP Learning Reviews

The APC has general oversight to ensure processes are in place and reflect national guidance for Learning Reviews (previously named Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs)). A [framework](#) was published by Scottish Government in 2022 to support a consistent approach to conducting Adult Protection Learning Reviews and improve the dissemination and application of learning both locally and nationally.

An Adult Support and Protection Learning Review is a means for public bodies and office holders with responsibilities relating to the protection of adults at risk of harm to learn lessons from considering the circumstances where an adult at risk has died or been significantly harmed.

Adult Protection Committees should have in place mechanisms for deciding whether or not to initiate a Learning Review. The decision-making process should embody the key features of proportionality and timeliness. The responsibility for initiating a learning review and overseeing the process, and implementing any agreed recommendations, including the development and monitoring of an action plan, rests with the Adult Protection Committee, and should be reported to and ratified by, the Chief Officer Group.

The role of the Care Inspectorate

The Care Inspectorate, on behalf of the Scottish Government, acts as a central collation point for all ASP Learning Reviews at the point at which they are commenced and concluded. The Care Inspectorate will publicly report on thematic findings and provide independent public assurance on the quality of care for adults; nationally disseminate learning; and support improvements to adult protection practices and policy across Scotland.

To contribute to continuous improvement of adult protection practice at a local level, the Care Inspectorate:

- reviews each Learning Review and provide written feedback to COGs and APCs on the quality of the SCR report, referring to the National Framework for Adult Protection Committees for Conducting a Learning Review
- examines the rigour of the analysis process, recommendations or findings, and key learning points and how these inform identified actions to improve the welfare and protection of adults

The Care Inspectorate published its Triennial Report on ASP ICRs/SCRs/Learning Reviews in 2023 - [Triennial Review Adult Support and Protection Initial and Significant Case Reviews](#)

ASP Inspection Programme

The Care Inspectorate and its Inspection Partners have been working through the first inspection of Adult Support and Protection. The first Inspections took place in 2017/2018 with the very first inspections in 6 Local Authority areas. The next stage of Inspection involving the remaining 26 LA

areas was initially delayed due to the Coronavirus Pandemic, before it recommenced and the Inspections are now expected to be completed during summer 2023. Inspection Reports for all areas are available on the Care Inspectorate Website and further information on the Inspection process can be accessed here: [ASP Inspection Reports](#)

● Transitions and cross-cutting agendas

Public protection in this context requires a strategic approach, recognising similar issues and areas that can work more closely together to protect people through the lifespan.

- transitions – child to adult, service to service, team to team
- connections: homelessness, alcohol and drugs, hoarding and self-neglect, domestic abuse, FGM, human trafficking, forced marriage, missing persons etc. Self-harm and particularly suicide has been addressed locally for a number of years under the Choose Life strategy and its successor. Reflections in the press and social care forums around the impact of Covid-19 upon people's mental health may have heightened the focus upon these issues locally along with the crossover with the broader public protection agenda during the pandemic and COGs may be considering how to address these issues in the longer term

● Data

The Scottish Government have been working to improve the efficiency of data reporting in relation to Adult Support and Protection and in 2023 are trialling a new National Minimum Dataset for ASP – similar to that which exists for Child Protection. The first report should be made available to APCs following the collection of data using the new dataset between April – June 2023.

● Quality indicators and reflective questions

[Joint Inspection of Adult Support and Protection. Quality Indicator Framework](#)

Reflective questions

Below are some examples of questions that Chief Officers Groups might use to evaluate their strategic response to adult support and protection:

- are the principles of the Adult Support and Protection (Scotland) Act (ASP) evidenced in the work of the Adult Protection Committee (APC) and its constituent agencies and organisations?
- is the APC's work aligned with the national improvement plan?
- is the APC Convener sufficiently linked to the COG, Integrated Joint Board, Community Planning Partnership, Chief Social Work Officer and any other Public Protection strategic groups in your area to promote collaborative and coordinated ASP leadership and governance?
- what is the interface between other local public protection groups, partnerships and networks?
- how do service users' experiences contribute to strategic development and the COG's understanding of our organisation's public protection arrangements?
- does the data gathered locally provide a sufficient insight into adult protection issues and if not, what additional information would help?

3. Multi-Agency Public Protection Arrangements (MAPPA)

Development of policy and guidance on multi-agency public protection arrangements

- 2000 - [Report of the Committee on Serious Violent and Sexual Offenders](#) (MacLean), *Scottish Executive*. Identified a need for further research into risk assessment and recidivism
- 2001 - [Reducing the Risk: Improving the Response to Sex Offending](#) (Cosgrove), *Scottish Government*. Risk assessment approach, monitoring, housing and information sharing
- 2003 - [Serious Violent and Sexual Offenders: The Use of Risk Assessment Tools in Scotland](#). Research findings. *Scottish Executive*
- 2005 - [Registering the Risk – Review of Notification Requirements, Risk Assessment and Risk Management of Sex Offenders](#) (Irving), *Scottish Government*
- 2006 - [Justice 2 sub-committee’s Review of Child Sex Offenders](#) *Scottish Parliament*. 33 recommendations including wider implementation of ViSOR, to housing RSOs, mandatory treatment for RSOs
- 2007 - Multi-Agency Public Protection Arrangements (MAPPA) established
- 2012 - [Multi Agency Public Protection Arrangements \(MAPPA\) National Guidance 2012](#) *Scottish Government*
- 2016 – [Multi-Agency Public Protection Arrangements \(MAPPA\): National Guidance 2016](#) *Scottish Government*
- 2022 - [Multi-Agency Public Protection Arrangements \(MAPPA\): National Guidance 2022](#) *Scottish Government*

Key legislation on MAPPA

- [The Sexual Offences Act 2003](#)
- [The Management of Offenders etc. \(Scotland\) Act 2005](#)
- [The Protection of Children and Prevention of Sexual Offences \(Scotland\) Act 2005](#)
- [The Sexual Offences \(Scotland\) Act 2009](#)
- [The Criminal Justice and Licensing \(Scotland\) Act 2010](#)
- [The Sexual Offences Act 2003 \(Remedial\) Order 2012](#)
- [The Abusive Behaviour and Sexual Harm \(Scotland\) Act 2016¹](#)

MAPPA format and purpose

MAPPA is not a legal entity in itself but a set of statutory partnership working arrangements introduced in 2007 to fulfil the requirements under sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005. This places a statutory duty on the responsible authorities in a

¹ On 31 March 2023, Sections 10 to 40 of the Abusive Behaviour and Sexual Harm (Scotland) Act 2016 will be commenced and will introduce Sexual Harm Prevention Orders and Sexual Risk Orders. These new orders will replace Sexual Offences Prevention Orders, Foreign Travel Orders and Risk of Sexual Harm Orders.

local authority area to jointly establish arrangements for assessing and managing the risk posed by certain categories of individuals convicted by the courts.

Each of the 10 MAPPA regions has a Strategic Oversight Group (SOG). With the exception of Fife and Glasgow, all others span across a number of local authority health board and Police Division areas.

Membership includes senior representatives from the local responsible authorities:

- Local Authorities
- Police Scotland
- Scottish Prison Service
- Health Boards

Organisations with a duty to co-operate:

- Registered Social Landlords
- Criminal Justice Support Services
- Children's Reporter
- Electronic Monitoring Device (tag) Providers
- Social Security Scotland

Section 11 of the 2005 Act requires the responsible authorities to monitor the operation of MAPPA, making changes to improve effectiveness where required. As well as providing local leadership, the SOG is responsible for performance monitoring and quality assurance of MAPPA, and for the coordination and submission of the annual report for their area. In terms of local leadership, the SOG is responsible for shaping MAPPA activity in its area. This involves agreeing the role and representation of the different agencies within the SOG and putting in place the necessary protocols and memoranda of understanding which formalise these.

It is for the responsible authorities to determine between them how the strategic management arrangements for MAPPA will operate and the SOG provides the forum for these discussions. The SOG should also develop a clear understanding of how the local MAPPA group communicates with other relevant local strategic multi-agency arrangements (for example, Child Protection Committees).

Key tasks of MAPPA

- identify those individuals convicted by the courts who pose a risk
- share relevant information about them
- assess the nature and extent of that risk
- seek to prevent repeat victimisation and to protect the public by reducing the risk of re-offending and harm
- formulate a fitting and defensible risk management plan

● Chief Officers' role in MAPPA

Chief Officers' responsibilities in relation to MAPPA are:

- keep the arrangements (i.e. MAPPA) under review with a view to monitoring their effectiveness and making any changes that appear necessary or expedient
- contribute to developing and maintaining effective inter-agency public protection procedures and protocols on behalf of their agency and to address the practical and resource implications of MAPPA
- through targeted learning and development, enhance the operational confidence and competence of staff, including the sharing of best practice and learning from significant case reviews
- engage with their communities, partners and colleagues, to improve the understanding of the MAPPA process and highlight the steps that can be taken to keep communities safe

● Populations subject to MAPPA

Populations in Scotland subject to MAPPA are individuals convicted by the courts who pose a risk of serious harm, including:

1. **registered sex offenders (RSO):** people who are required to comply with the *Sex Offender Notification Requirements* (SONR) set out in Part 2 of the Sexual Offences Act 2003.
 - when a person is convicted of an offence listed in Schedule 3 of the Act they are automatically subject to SONR
 - a person who is made subject to a Sexual Offences Prevention Order or who has been convicted of a breach of a Risk of Sexual Harm Order is automatically required to comply with SONR and thus subject to MAPPA
2. **restricted patients:** any patient subject to any of the following orders or directions who comes within the remit of MAPPA legislation and procedures:
 - patients who are detained following conviction under [section 57A](#) and [section 59](#) of the [Criminal Procedure \(Scotland\) Act 1995](#)
 - patients who are detained under section 57(2) (a) and (b) of the Criminal Procedure (Scotland) Act 1995 **Compulsion Order with a Restriction Order** following a finding of unfitness for trial or acquittal by reason of mental disorder
 - prisoners detained in hospital on a **Hospital Direction** under [section 59A of the Criminal Procedure \(Scotland\) Act 1995](#) or a transferred prisoner on a **Transfer for Treatment Direction** under [section 136 of the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
 - a small number of RSOs with a mental disorder or RPs who are also RSOs. MAPPA dovetails with Care Programme Approach Case Conferences
3. **other risk of serious harm individuals.** These may include:
 - individuals who are not required to comply with the SONR or are not restricted patients,

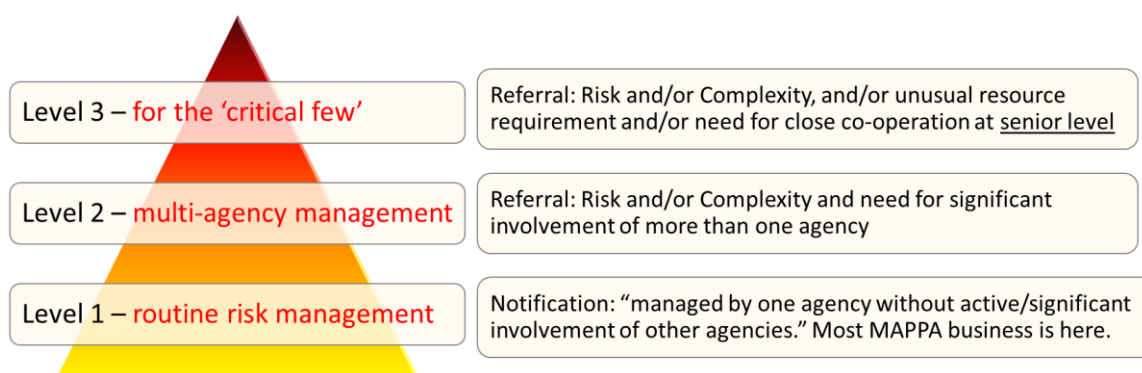
- individuals who have been convicted of an offence, and by reason of that conviction are required to be subject to supervision in the community by any enactment, order or licence,
- individuals who are assessed by the responsible authorities as posing a high or very high risk of serious harm to the public at large,
- individuals whose risk is assessed as requiring active multi-agency management at MAPPA Level 2 or 3.

● Risk of serious harm levels

Definition of serious harm: “The likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible.” ([Framework for Risk Assessment, Management and Evaluation – FRAME Risk Management Authority 2011](#))

- **very high** –there is imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious
- **high** – there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious
- **medium** – there are identifiable indicators of serious harm. The individual has the potential to cause such harm, but is unlikely to do so unless there is a change in circumstances
- **low** – current evidence does not indicate likelihood of causing serious harm

● MAPPA management levels



● Hospitalisation of a restricted patient

There are three key stages in the hospitalisation of a Restricted Patient at which a MAPPA referral must take place:

1. When the patient is being considered for unescorted ground’s access within the hospital or unescorted suspension of detention for the first time. Following scrutiny of the risk assessment and management plans, MAPPA will indicate whether or not they are content with the plans. Once agreement is reached the Responsible Medical Officer (RMO) should submit the request for suspension of detention to the Scottish Ministers in the usual way.
2. When suitable accommodation has been identified in the community as part of the planning for conditional discharge. Suspension of detention may continue as usual whilst this process is underway.

3. When the Responsible Medical Officer (RMO) is considering recommending the revocation of the Compulsion Order or the revocation of the Restriction Order.

Both conditional and absolute discharge are decided at a Mental Health Tribunal chaired by a Sheriff. There may be other circumstances where a MAPPA referral is appropriate due the perceived level of risk a restricted patient may present. This includes where a restricted patient is also subject to the Sex Offender Notification Requirements and an environmental scan requires to be carried out on a new address.

Data

The table below can be used by Chief Officers and local Multi-Agency Public Protection Arrangements to populate with local MAPPA data for additional scrutiny and analysis of local issues. Collating and scrutinising these data may help to identify patterns and facilitate more discussion on a multi-agency basis of emerging concerns. It can also help to monitor the impact of new approaches and/or improvement activities.

EXEMPLAR TO BE POPULATED BY LOCAL AREA	
Number of Registered Sex Offenders on 31 st March (liberty and custody):	
a. At liberty and living in area on 31 st March	
b. Per 100,000 of the population in area on 31 st March (at liberty).	
The number of RSOs having a notification requirement who were reported for breaches of the requirements to notify between 1 st April and 31 st March.	
The number of 'wanted' RSOs on 31 st March.	
The number of 'missing' RSOs on 31 st March.	
Sexual Offences Prevention Orders (SOPOs) in force on 31 st March.	
SOPOs imposed by courts between 1 st April and 31 st March	
Number of RSOs convicted of breaching SOPO conditions between 1 st April and 31 st March.	
Number of RSOs convicted of a further group 1 or 2 crime between 1 st April and 31 st March.	
Number of RSOs returned to custody for a breach of statutory conditions between 1 st April and 31 st March.	
Number of indefinite sex offenders reviewed under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 between 1 st April and 31 st March.	

● Quality indicators and reflective questions

Reflective questions

Below are some examples of questions that Chief Officers Groups might use to evaluate their strategic response to adult support and protection:

- does our vision reflect a joint commitment to meeting corporate responsibilities in the delivery of MAPPA?
- do we have a clear strategy and direction for joint arrangements in the management of those subject to MAPPA?
- do we have clear business plans that set out agreed priorities for the delivery of MAPPA?
- do the management teams across MAPPA agencies work closely and effectively?
- do we explore and adopt learning from Significant Case Reviews, Initial Case Reviews and other reports in our MAPPA procedures?
- how do the experiences of individuals subject to MAPPA contribute to local processes?
- does the data collected provide sufficient insight into MAPPA and if not, what other measures would be useful?

4. Alcohol and Drugs

Development of policy and guidance on alcohol and drugs

- 2008 – [Road to Recovery for Drugs](#), *Scottish Government*
- 2009 – Alcohol and Drug Partnerships (ADP's) were created under a joint framework: [Local partnerships on alcohol and drugs: framework](#), *Scottish Government, CoSLA and NHS Scotland*
- 2009 – [Alcohol Framework](#), *Scottish Government*
- 2018 – [Alcohol Framework](#), *Scottish Government*. Sets out alcohol prevention aims
- 2018 – [Rights, Respect and Recovery](#): alcohol and drug treatment strategy, *Scottish Government*
- 2019 – Rights, Respect and Recovery [Action Plan](#), *Scottish Government*. To deliver on the actions from Rights Respect and Recovery
- 2019 – [Alcohol and Drug Delivery Partnerships: Delivery Framework](#), *Scottish Government*. For local partnerships between health boards, local authorities, police and voluntary agencies working to reduce use of and harm from alcohol and drugs
- 2019 – [Drug Deaths Task Force](#) set up
- 2021 – [First Minister's Statement on Drug Policy](#), announcing the National Mission , *Scottish Government*
- 2021 – Medication Assisted Treatment Standards [Medication-Assisted Treatment \(MAT\) | Drug Deaths Taskforce](#)
- 2022 – [National Mission on Drugs Deaths: Plan 2022-2026](#), *Scottish Government*
- 2022 – [Changing Lives \(Final Report\)](#), *Drug Deaths Taskforce*
- 2023 – [Drug Deaths Taskforce response: cross government approach](#), *Scottish Government*

Key legislation on alcohol and drugs

- [Misuse of Drugs Act 1971](#)
- [The Human Medicines \(Amendment\) \(No. 3\) Regulations 2015](#)
- [The Human Medicines \(Amendment\) Regulations 2019](#)

Under existing arrangements the treatment and prevention of drug problems is devolved to the Scottish Government, however the control of drugs under the Misuse of Drugs Act 1971 is reserved to the UK Government.

The first (2015) amendment listed here amends Schedule 17 to the [Human Medicines Regulations 2012](#) to enable the prescription only medicine naloxone hydrochloride to be supplied by drug treatment services for the purpose of saving life in an emergency.

The second (2019) amendment listed here further amends the [Human Medicines Regulations 2012](#) in order to widen the type of products containing naloxone hydrochloride that drug treatment services are able to supply for the purpose of saving life in an emergency, and introduces serious shortage protocols.

● Foundations and functions of Alcohol and Drug Partnerships

The Context:

Scotland faces an ongoing and significant public health challenge, with one of the highest levels of alcohol and drug related deaths in the developed world.

Following the integration of certain health and social care functions, under the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), responsibility for the provision of statutory drug and alcohol services transferred to integration authorities.

Recognising that a whole system approach is required to tackle the social and economic conditions that underlie alcohol and drug use, we require the input and cooperation of multiple institutions and partners, from a spectrum of experience and expertise, to work together at national and local levels to derive effective mitigations and solutions.

The current high-level expectations of which services should be pursued and prioritised are contained within the following Scottish Government releases:

- [Rights Respect Recovery](#) and the [Alcohol Framework 2018](#)
- [The National Mission to Reduce Drugs Deaths and Improve Lives](#)
- Subsequent ad hoc funding letters issued by the Scottish Government

With that in mind, 30 local Alcohol and Drug Partnerships have been created across Scotland to consider, guide, coordinate, and commission the statutory and non-statutory services required to tackle the public health challenge at a local level and deliver the key aims of our national level alcohol and drugs strategies.

What is an Alcohol and Drug Partnership (ADP)?

An Alcohol and Drug Partnership is a non-statutory group, comprised of local delivery partners. It is tasked with leading the development and delivery of a local, comprehensive and evidence based, strategy to deliver local outcomes, mindful of the expertise, experience, capacity, and resources of all its partner members.

ADPs perform the following functions:

- Form dedicated partnerships to reduce the use of and harm from alcohol and drugs, operating in each local authority area
- Engage in strategic collaborative planning, identifying local shared outcomes and priorities for delivery
- Commission alcohol and drug prevention, treatment, and recovery services (both statutory and non-statutory) to meet the needs of their resident population and harm reduction services, such as injecting equipment, care, and blood borne virus testing
- Compile appropriate financial and performance reporting

What should an Alcohol and drug Partnership look like?

The Scottish Government published a [Partnership Delivery Framework](#) in July 2019 which was approved by CoSLA leaders and Scottish Ministers. This sets out the partnership arrangements needed to reduce the use of and harm from alcohol and drugs. This framework aims to ensure that all bodies involved are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes.

The Partnership should operate as a collective and, whether they are a statutory provider of care or not, no one partner member should hold overall directive control. The Chair of the Partnership should hold sufficient experience and expertise to allow them to function in their role. Consideration should be given to suitable separation of interests and whether the role should be performed by a member (with an affiliation to a specific delivery body), or a wholly independent Chair.

The Partnership should be comprised of delivery partners from across the public and third sectors, and provision should be made to ensure that those with lived and living experience and family members are meaningfully involved in the different ADP functions. This includes decisions relating to strategic planning, prioritisation of funding, commissioning and financial and performance reporting. The mechanism for achieving this will vary from area to area but can take the form of lived/ living experience panels, representation within ADP meetings or more informal links with recovery communities and networks of people who use substances. Chief Officers should join the ADP as representatives/heads of their respective statutory services.

The Partnership should be supported by appropriate staffing, facilitated by the Integration Authority.

It is currently the Scottish Government's expectation that funds provided to integration authorities (via NHS Boards or local authorities) for the specific purpose of facilitating drug and alcohol services should be made available to and channelled through the ADP, in their entirety, for onward disbursement to commissioned services/initiatives to deliver the outcomes of the National Mission on Drugs as set out in the [National Mission Plan](#).

The activities of ADPs should be transparent, with there being an expectation that local strategic planning, financial, and performance reporting should (where appropriate) be placed in the public domain. The Scottish Government also expects relevant data to be routinely entered onto the [Drug and Alcohol Information System \(DAISy\)](#) to enable national monitoring and evaluation to take place.

● Chief Officers' role in ADPs

Chief Officers' responsibilities in relation to ADPs are:

- either sit, or be represented, within the ADP, as the head of their given service(s)
- ensure that the ADP has an appropriate, and impartial, Chair
- ensure that the ADP is supported in its work by an appropriately resourced Support Team, reporting to the ADP Chair
- ensure (through the Chair) that the principles of the Partnership Delivery Framework are being adhered to in the operation of the ADP
- ensure (through the Chair) that there are clear arrangements for governance and accountability of the ADP
- ensure (through the Chair) that the ADP has an annual Strategic Delivery Plan – informed by Rights Respect Recovery, the Alcohol Framework 2018, and The National Mission to Reduce Drugs Deaths and Improve Lives
- ensure that arrangements are in place to allow shared approaches and arrangements for wider service delivery, with scope for appropriate collaborative connections between the ADP and any Community Planning Partnership (CPP), Community Justice Partnership, Children's Partnership, and the Integration Authority
- ensure that funding is provided to the ADP, as noted in the previous section, and that proper financial monitoring and transparent reporting takes place
- ensure appropriate performance monitoring, including submission of data to the Drug and Alcohol Information System (DAISy)

● Alcohol and drug working groups

There are a number permanent and short-life [working groups](#), which take forward national priorities in relation to reducing alcohol/drug harm. These currently include (with links to organisers' email addresses):

- [Early Interventions for Children and Young People Working Group](#)
- [Whole Family Approach Working Group](#)
- [Scottish Government Drugs Policy Clinical Advisory Group](#)
- [National Collaborative](#)
- [Workforce Expert Delivery Group](#)
- [Residential Rehabilitation Development Working Group](#)
 - [RRDWG Sub-Group on Pathways](#)
 - [RRDWG Sub-Group on Service Directory](#)
- [Health and Justice Collaboration Board](#)

Data

The table below can be used by Chief Officers and their Alcohol and Drugs Partnership to populate with local alcohol and drugs data for additional scrutiny and analysis of local issues. Collating and scrutinising this data may help to identify patterns and facilitate more discussion on a multi-agency basis of emerging concerns. It can also help to monitor the impact of new approaches and/or improvement activities.

EXEMPLAR TO BE POPULATED BY LOCAL AREA	
SMR 25a and SMR 25b (records dependent children in the household where there is a relationship with alcohol/drugs)	
DAISy (from April 2021)	
Number and trends in drug and alcohol related hospital admissions	
Number and rate of drug related deaths and alcohol specific deaths (available from the National Records of Scotland)	
Profile of drug related deaths	

Reflective questions

Below are some examples of questions that Chief Officers Groups might use to evaluate their strategic response to alcohol and drugs:

- to what extent are structures and processes in place for multi-agency information sharing to reduce harm from alcohol and drugs operating in line with Caldicott Principles, in particular principle seven – “sometimes the duty to share information is as important as the duty to protect confidentiality”.
- what are the formal and informal mechanisms in place that support collaborative action between the Alcohol and Drug Partnership, Community Planning Partnership (CPP), Community Justice, Children’s Planning Partnership, Integration Authority? Are these resilient and adaptive to changes in local context?
- individuals harmed by alcohol and drugs may also be in contact or could benefit from the support of other public protection structures: how is multiple and complex vulnerability identified in groups such as children who use substances, women, people with learning disabilities?
- how is care for people with substance use problems being delivered in justice settings (police custody, prisons etc.), what are the opportunities for diversion from the justice system into treatment/support and how can this be strengthened?
- to what extent do local governance structures consider the performance reports, findings of multi-agency review groups into drug and alcohol deaths? Does the learning from these multi-agency review processes translate into wider changes across agencies and in non-alcohol / drug specialist services or is this focused narrowly on those in contact with the specialist services at the time of death.
- how do we know local procedures for listening to and acting on the voice of individuals affected by problem drug and alcohol use is effective in their own care and in service planning and delivery?

- to what extent are human rights principles (participation, accountability, non-discrimination, non-discrimination and equality and legality) consistently integrated into programming at strategic and operational levels? What role do mechanisms aimed at backstopping, steering and assessing of human rights play (e.g. checklists or EQIA)?
- does the local area provide services that match the needs of the local population who are affected by alcohol and drug use?
- how are local partners working together to demonstrate Getting it right for every child principles in the care and support offered to young people who use substances and to young people who are affected by the substance use of another person?
- is activity focussed on and data available locally sufficient to monitor and take action to prevent alcohol and drug deaths?

5. Violence Against Women and Girls (VAWG)

Development of policy and guidance on Violence Against Women and Girls

- 2014 - Scotland's Forced Marriage Statutory [Guidance](#), *Scottish Government*
- 2016 - Scotland's National [Plan](#) to prevent and eradicate FGM, *Scottish Government*
- 2016 - Violence Against Women Partnership [Guidance](#), *Scottish Government and COSLA*
- 2017 - Responding to FGM: multi-agency [Guidance](#), *Scottish Government*
- 2017-18 - Equally Safe [Strategy](#) and Delivery [Plan](#), *Scottish Government*
- 2019 - Equally Safe Quality Standards and Performance [Framework](#), [National Violence Against Women Network](#), *Scottish Government, COSLA, Improvement Service*
- 2019 - Violence Against Women and Girls: Primary Prevention [Guidance](#) for Community Planning Partners. [National Violence Against Women Network](#), *Zero Tolerance, Improvement Service*
- 2020 - COVID-19 VAWG Supplementary [Guidance](#), *Scottish Government, COSLA, Public Health Scotland, Improvement Service*
- 2020 – Equally Safe Final Report [Equally Safe: final report - gov.scot \(www.gov.scot\)](#) *Scottish Government, COSLA*
- Domestic Abuse-Informed Self-Assessment Tool and Evaluation Framework [EU Safe and Together DA Informed Self Assessment Tool](#) *National Violence Against Women Network, Improvement Service.*
- 2021 – Delivering Equally Safe Fund launched, [Delivering Equally Safe Fund - Inspiring Scotland](#) *Scottish Government*
- 2022 – Equally Safe short-life Delivery Plan, [Equally Safe - short life delivery plan: summer 2022 to autumn 2023 - gov.scot \(www.gov.scot\)](#) *Scottish Government and COSLA*

Key legislation on VAWG

- 2011 - [Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)
- 2016 - [Abusive Behaviour and Sexual Harm \(Scotland\) Act 2016](#)
- 2018 - [Domestic Abuse Scotland Act 2018](#)
- 2020 - [UNCRC](#) incorporation into Scots law
- 2020 - [Female Genital Mutilation \(Protection and Guidance\) \(Scotland\) Act 2020](#)
- 2021 - [Forensic Medical Services \(Victims of Sexual Offences\) \(Scotland\) Act 2021](#)
- 2021- [Domestic Abuse \(Protection\) \(Scotland\) Act 2021 \(legislation.gov.uk\)](#)
- 2022 – Practices of virginity testing and hymenoplasty criminalised in Scotland, [Health and Care Act 2022](#)

Definition of Violence Against Women and Girls

Equally Safe, Scotland's overarching strategy for the prevention and elimination of VAWG defines this violence as including (but not limited to): domestic abuse; rape; sexual assault; stalking; commercial sexual exploitation (including prostitution); and so called 'honour based' violence, including female genital mutilation and forced marriage.

Background to VAWG

Violence against women and girls is one of the most widespread, persistent and devastating human rights violations in our world today. It remains largely under-reported due to the impunity, silence, stigma and shame surrounding it. The World Health Organisation report that 1 in 3 women and girls experience physical or sexual violence by an intimate partner or sexual violence from a non-partner in their lifetime².

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

It is a key public protection issue with women and children who experience VAWG being at increased risk of experiencing inequality of outcomes throughout their life.

Societies with fewer economic, social or political differences between men and women experience lower rates of VAWG. To effectively address VAWG, there is a need to understand and address the attitudes and structures that underpin this violence and abuse.

Women and children with protected characteristics may face additional barriers to accessing support for VAWG and be at increased risk of exploitation and coercion. Women and children experiencing poverty and deprivation are also likely to experience additional challenges, as are women migrants with no recourse to public funds.

Tackling VAWG is everybody's business. No single service or organisation is responsible; the issue requires a multi-agency, strategic response across all public protection agendas with a role to play in improving outcomes for women, children and young people.

Domestic abuse

The Domestic Abuse (Scotland) Act came into effect in April 2019 and defines domestic abuse as a course of behaviour that is abusive towards a partner or ex-partner. The Act extends the legal definition of domestic abuse beyond physical violence to include coercive control and psychological and emotional abuse.

In addition to this, the Domestic Abuse (Protection) (Scotland) Act 2021 provides for new protective notices and orders to keep a suspected perpetrator away from the household of someone at risk of abuse and to prohibit them from contacting or approaching the person at risk.

Domestic abuse is disproportionately perpetrated by men and experienced by women. In Scotland, it is estimated that **1 in 4 women** will experience domestic abuse during their life and **1 in 5 children** will experience domestic abuse by the time they reach 18. Public health experts include domestic abuse as an adverse childhood experience (ACE) which can have life-long negative impacts on health, education, development and relationships for children who do not receive specialist support.

² [Devastatingly pervasive: 1 in 3 women globally experience violence \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/sexual-violence)

Domestic abuse is one of the most common reasons for children being placed on the child protection register and the complexity of domestic abuse within families was identified in just under half of significant case reviews in Scotland of children who have died ([Learning from significant case reviews March 2015 - April 2018.pdf \(careinspectorate.com\)](#)).

Chief officers have a key role to play in ensuring that all professionals who engage with children and families have a robust understanding of the dynamics of domestic abuse and are aware of the vital role they can play in ensuring that a domestic-abuse informed approach is taken to supporting families affected by such abuse.

Sexual violence and exploitation

Sexual violence includes rape, attempted rape, sexual assault and sexual harassment. This also extends to cyber sexual crimes such as sharing of intimate images without consent (e.g. unsolicited sexual images and revenge pornography).

Equally Safe, Scotland's strategy to prevent and eradicate violence against women and girls recognises Commercial Sexual Exploitation (for example: pornography, stripping, lap dancing, human trafficking and prostitution) as a form of VAWG, due to the harms associated with CSE.

Scottish Government has a Programme for Government commitment to develop a model for Scotland which effectively tackles and challenges men's demand for prostitution. This work will aim to reduce stigma and criminalisation experienced by those with experience of prostitution and encourage better access to services.

This is being taken forward through a developing Framework for Scotland to challenge men's demand for prostitution and support those with experience of prostitution. Prostitution cannot be considered in isolation and this work has relevance to wider forms of CSE.

To underpin the Framework, we have worked with a [group of stakeholders](#) (across the public and third sector) to develop fundamental principles which will ensure that equality, human rights and safety are at its heart. The [principles](#) were published in December 2022, and highlight that in addition to the crucial aim of challenging and deterring men's demand, it is equally important that we develop a collective approach to tackling the structural inequalities that can lead to women and girls becoming at risk of sexual exploitation.

The principles need the engagement of the full range of interests across Scottish life and it is therefore expected that the principles will inform relevant policy and practice across government, the wider public and third sector- in turn supporting Scotland's collective approach to tackling CSE.

The Scottish Government Delivering Equally Safe fund supports the [CSE Aware project](#), which aims to raise awareness of CSE across the public and third sector.

Sexual offence figures continue to rise; however, studies suggest most incidents go unreported. Many children who are sexually abused take years to disclose such abuse and some never do. For women sexually abused as children, sexual assault in adulthood can re-awaken memories of previous assault.

Chief officers have a key role to play in ensuring the needs of women and children experiencing sexual violence, abuse and exploitation is recognised and addressed as part of wider public protection approaches. This includes supporting a joined-up approach to meeting their safety and wellbeing needs wherever possible.

Honour-based violence

Honour based violence is a collection of practices which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. Female Genital Mutilation (FGM) and Forced Marriage are two examples of Honour Based Violence.

Scotland's National Action Plan to prevent and eradicate FGM 2016-2020 set out the objectives, actions and responsibilities required to drive and deliver change.

Chief Officers have a key role to play in ensuring actions to tackle FGM are included within local VAWG and public protection strategies; and a multi-agency approach is taken to identifying and responding to families affected by FGM within local communities.

A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. Scotland's Forced Marriage Statutory [Guidance](#) outlines responsibilities for developing and maintaining local procedures and practice arrangements to enable frontline practitioners to handle cases of forced marriage effectively. In line with the requirements set out in the statutory guidance.

Chief Officers have a key role to play in ensuring all professionals working within statutory agencies are aware of their responsibilities and obligations when they come across forced marriage cases.

The practices of virginity testing and of hymenoplasty have been criminalised in Scotland with the Scottish Parliament consenting to the provisions in the UK's Health and Care Act 2022 which criminalise the practices. Virginity testing and hymenoplasty are both forms of gender-based violence and 'honour-based' violence.

● Violence Against Women (VAW) Partnerships and the National VAW Network

Following the publication of [Equally Safe](#), national [guidance](#) was published in 2016 that outlined the Scottish Government and COSLA's expectation that every local authority area in Scotland should have a strategic, multi-agency partnership in place that is responsible for working to prevent and eradicate all forms of violence against women and girls within that local area. At a local level, Violence Against Women (VAW) Partnerships are recognised as the key driver for this multi-agency work.

To support this work, the Improvement Service coordinates the National VAW Network which aims to improve the capacity and capability of VAW Partnerships to implement the ambitions set out in Equally Safe at a local level and to support partnerships to engage effectively with community planning processes. The network brings together VAW Partnership Coordinators/Lead Officers across Scotland and other key stakeholders including the Scottish Government and COSLA to share information, learning and resources and ensure that there is meaningful engagement and a coordinated approach taken on relevant issues. For more information on the National VAW Network, please visit the [Improvement Service](#) website, join the [Network's KHub Group](#).

● Chief Officers' role in combating Violence Against Women and Girls

Chief Officers have a vital role to play in reducing risks to, and helping to safeguard, women, children and young people in their local authority area who experience VAWG. This includes ensuring perpetrators of abuse are identified and held to account for harmful behaviours, and that women, children and young people have access to early and effective specialist support.

Members of the COG have a collective and individual responsibility to ensure:

- there are clear performance reporting processes in place, between the COG and VAW Partnership and the COG holds the VAW Partnership to account for its progress towards achieving agreed outcomes and activities
- Chief Officers have a robust understanding of key data and trends in relation to VAWG within the local area, including information relating to specific barriers and inequality of outcomes that women and children with protected characteristics may experience
- robust systems and services are in place locally to identify and respond to the risks that women, children and young people affected by VAWG experience within local communities with a focus on promoting safety and wellbeing
- effective mechanisms are in place for addressing issues that impact on women and children affected by VAWG that cut across different public protection agendas to avoid 'siloed' or inconsistent working
- the COG's priorities and agreed outcomes in relation to public protection respond to specific issues that women and children affected by violence and abuse experience within the local community
- appropriate structures and processes are in place to support effective decision making between the COG and VAW Partnership

● VAW awareness raising and case studies

[DAART](#) is an online learning resource produced by SafeLives. Targeted at professionals working in local authorities and other settings across Scotland, this awareness-raising resource offers an introduction to domestic abuse and coercive control. The tool contains a number of case studies and videos to aid professionals understand domestic abuse based on the lived experiences of women and children.

[Harmful Practices](#) is a set of video resources aimed at raising awareness of harmful practices and services available to women. Women Support Project produced these 3 short films, available in 5 languages, that focus on Bride Price, Positive Parenting and Services for Women.

[CSE Aware](#) is a website and place for workers in Scotland to find information about the needs of women who sell or exchange sex, and resources to improve their response to them.

[Don't be that guy](#) is a campaign by Police Scotland which urges men to be the solution to preventing sexual offending by having those difficult conversations with a friend who may have crossed the line. The website has a short video and some further advice and resources.

[Hidden in Plain Sight](#), based on true stories of Coercive Control, is Scottish Women's Aid campaign resource created to help people understand the insidious nature of this form of domestic abuse.

[Hear Our Voice](#) is a short video produced by Scottish Borders Council where four women tell their personal stories of the reality of domestic abuse in rural Scotland. In their own words, they describe the stigma, the shame, the barriers to getting help, and their journeys to recovery.

[One Voice at a Time](#) is a short video produced by Voices Against Violence (VAV) where 8 young people share their first-hand experience of domestic abuse.

Data

The table below can be used by Chief Officers and local Violence Against Women and Girls Partnerships to populate with local data for additional scrutiny and analysis of local issues. Collating and scrutinising this data may help to identify patterns and facilitate more discussion on a multi-agency basis of emerging concerns. It can also help to monitor the impact of new approaches and/or improvement activities.

However, it is important to note that due to the hidden nature of VAWG, the indicators listed below are only ever likely to show the small proportion of women and children who have been identified by third sector and public sector partners as requiring support, and the actual levels of VAWG being perpetrated, and the harm being experienced by women and children, is likely to be significantly higher than current data shows.

Chief Officers have a key role to play in ensuring that robust processes are put in place locally to capture and share data about all forms of VAWG to ensure all stakeholders have a more complete picture of the nature and prevalence of the problem in their local authority area. Wherever possible, data should be collected on, and analysed by, sex, ethnicity, disability and other protected characteristics to help identify heightened risks that different people and communities may be experiencing.

EXEMPLAR TO BE POPULATED BY LOCAL AREA	
Number of incidents or crimes of domestic abuse with a female victim recorded by police	
Number of men convicted of domestic abuse	
Number of incidents or crimes of sexual abuse or assault with a female victim recorded by police	
Number of incidents or crimes of sexual abuse or assault with a victim aged under 16 recorded by police	
Number of referrals to specialist VAWG support services	
Number of referrals to specialist VAWG perpetrator interventions	
% of women and children affected by VAWG who report feeling safer as a result of the specialist support they have received	

Quality indicators and reflective questions

Equally Safe Quality Standards and Performance Framework

Reflective questions

Below are some examples of questions that Chief Officers Groups might use to evaluate their strategic response to Violence Against Women and Girls:

- what is the scale and nature of all forms of VAWG in the local community?
- how are the priorities set out in Equally Safe: Scotland's Strategy to Prevent and Eradicate Violence Against Women and Girls being implemented in this local authority, and what progress has been made towards achieving the intended outcomes?
- are effective mechanisms in place to engage with women and children with lived experience of violence and abuse, to understand the extent to which local systems, services and processes meet their needs?
- does the COG have a clear vision for eradicating and preventing violence against women and girls, which all Chief Officers are fully committed to achieving?
- are effective mechanisms in place to address issues that cut across VAWG, Child Protection and Adult Protection to avoid 'siloed' or inconsistent working?
- is the necessary information available to monitor the VAW Partnership's progress towards achieving the outcomes and activities outlined in its VAWG strategy and action plan?
- does the COG appropriately use performance information to facilitate strategic discussions around tackling VAWG, and to make improvements where under-performance is identified?

6. Suicide Prevention

Development of policy and guidance on suicide prevention

Global Context

- 2021 – WHO [Live Life Suicide Prevention Suicide \(who.int\)](#)

Scottish Context

- 2000 - [The Sorrows of Young Men](#) report, *Health and Social Care Chaplaincy*
- 2002 - Development of [Choose Life: A National Strategy and Action plan](#), *Scottish Executive*
- 2013 - [Suicide Prevention Strategy](#), *Scottish Government*
- 2018 - [Every Life Matters – Scotland's Suicide Prevention Action Plan](#), *Scottish Government*.
- 2020 - [Programme for Government](#) commitment, *Scottish Government*
- 2021 - [Local Area Suicide Prevention Action Plan Guidance | COSLA](#)
- 2021 – [Time, Space, Compassion](#) Suicidal Crisis Recommendations
- 2022 – [Creating Hope Together Scotland's Suicide Prevention Strategy](#)
- 2022 – [Creating Hope Together Scotland's Suicide Prevention Action Plan](#)
- 2022 – [PHS Guidance for Suicide Cluster's, Memorials and Locations of Concern](#)
- 2023 – [Creating Hope Together Outcomes Framework](#)

Definition and language around suicide prevention

The published data of suicides in Scotland include deaths of intentional self-harm and those of undetermined intent. This data is published by National Records Scotland annually (usually around August) for the previous calendar year.

It is a common misunderstanding that the act of suicide is a crime, however, it has never been a criminal offence in Scotland and it was decriminalised in England and Wales by the Suicide Act of 1961.

Language is important, using the phrase 'committed suicide' evokes an association with something illegal or reprehensible and is stigmatising. It is better to say someone **died by suicide or suicided**.

Following a World Health Organisation (WHO) update to the International Statistical Classification of Diseases and Related Health Problems, which National Records of Scotland (NRS) implemented for 2011, 'drug abuse' deaths from 'acute intoxication' with undetermined intent, that would previously have been counted under 'mental and behavioural disorders', are now counted under 'poisoning', so some of them will be counted as 'probable suicides'.

Chief Officers' role in suicide prevention

The Every Life Matters Action plan set an ambition for each local area to have a local suicide prevention action plan. There are implementation leads within Public Health Scotland who are able to support local areas to achieve that.

Creating Hope Together recognises the important role local action plays in helping to achieve the outcomes set out. It identifies chief officer responsibilities for local leadership and how this connects to the national work through a delivery collective.

Chief Officers' responsibilities in relation to suicide prevention:

- ensure their local area action plans are developed in line with [the Local Area Action Plan Guidance](#) and include the points detailed under Local Suicide Prevention Plans below
- request regular reports detailing progress of implementation of these plans
- ensure information sharing agreements are in place to support the review of deaths

● Creating Hope Together

Creating Hope Together is a ten year strategy with an initial three year action plan which aims to achieve the vision:

'Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.'

It takes an outcomes focussed approach with four high level, long term outcomes identified:

- Outcome 1: The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment
- Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support
- Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways
- Outcome 4: Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review

It builds on the work undertaken through previous strategies and action plans and goes beyond the traditional focus on health and social care to take an approach which focusses on actions across whole of government and society.

Local Suicide Prevention Plans

[Guidance](#) to support the development of local area action plans was published in April 2021. It contains five sections which support local areas to undertake the process and covers:

1. Introduction which provides information about the national context; key messages about suicidal behaviour and local plans
2. Governance and collaboration which covers steering groups, working groups and champions, engaging stakeholders and lived experience and support
3. Data, evidence and intelligence which provides an overview of international, national and local data, needs assessment, sources of information, the integrated, motivational, volitional model and actions likely to have an impact
4. Monitoring and evaluation which provides guidance on demonstrating impact, monitoring progress and links to tools and templates
5. Participation practice which provides information about developing a safe participation approach

Key messages

- Suicide is a considerable public health issue in Scotland. In 2021, 753 people took their own lives, 3 out of 4 of these were men and rate of suicide in the most deprived areas in Scotland was 2.9 times as high as in the least deprived areas in Scotland.
- We can take action to prevent suicide – [United to Prevent Suicide](#) is the public awareness campaign encouraging people to sign up and receive information about what they can do to help.
- [Ask, Tell, Save a Life – Every Life Matters](#) is a five minute awareness raising animation which details the steps we can take as individuals to help someone thinking about suicide.

Data

At present, data is reported annually by National Records Scotland. ScotSID and ScotPHO provide information about key associated topics throughout the year. More timely demographic data from Police Scotland, on deaths which are suspected to be suicide, is shared to local leads via PHS.

Deaths for local areas are usually better analysed as five-year rolling averages due to the relatively small number in each area. Public Health Departments can play a key role in supporting local areas to understand the data and evidence for their communities.

Local areas are encouraged to undertake a multiagency suicide review process which can help to provide timely information about the characteristics associated with local suicide deaths this information will help to understand local needs and help to support local action planning.

This will only provide information about those who died by suicide, information is also available from NHS boards about presentations to unscheduled care with self-harm, the Police and ambulance services.

Local action plans should contain evidence based activities, regular updates should be provided to Chief Officers to demonstrate progress.

EXEMPLAR TO BE POPULATED BY LOCAL AREA	
Attendances to unscheduled care for suicide attempt and self-harm	
Attendances by Police for suicide attempt and self-harm	
Number of deaths by suicide and five year rolling averages	
Impact and evaluation of local activity	

● Quality indicators and reflective questions

Reflective questions

Below are some examples of questions that Chief Officers Groups might use to evaluate their strategic response to suicide prevention:

- How well are Chief Officer colleagues working together to lead an integrated approach to suicide prevention?
- What agreements do we have in place to enable information sharing across local partners to support suicide prevention activities?
- How effective is our local response to suicide prevention and suicide prevention action plan?
- Is our plan sufficiently ambitious, taking appropriate account of both national and local priorities and addressing inequalities?
- How agile is our action plan in responding to emerging evidence of what works and which changes and re-prioritisation will help achieve better outcomes?
- Are there sufficiently robust arrangements in place to draw on evidence from a wide range of sources (and, in particular, from those who use our services)?
- How are we responding to and implementing at a local level the national guidance i.e. responding to a suicide cluster, addressing locations of concern and risks of public memorials after a probable suicide?
- How do I monitor implementation of the action plan and how satisfied am I with our evaluation arrangements?

Reflective Questions

Chief Officers' self-evaluation public protection reflective questions

Below are a series of **general** reflective questions on public protection to assist with local self-evaluation activity and data collection. These questions are based on relevant quality indicators.

General

- Does my organisation/partnership reflect the six principles of good governance common to all public services?
- Does public protection in my organisation/partnership take appropriate account of relevant national and local priorities?
- How does my organisation encourage working with other partners to collectively keep people safe?

Collaboration and communication

- How well am I working with other leaders and staff to plan and deliver an integrated approach to public protection?
- How fully do staff in my organisation/partnership appreciate benefits of joint working across agencies?
- Is there a joint understanding of the need to share relevant information and does my organisation/partnership offer sufficient support enabling and encouraging the proportionate sharing of relevant information?

Risk management

- How does my organisation/partnership assess and manage risk, and are we horizon scanning for new risks?
- Is my organisation's/partnership's tolerance for risk at the right level and do we have appropriate escalation processes in place?

Lived experience

- Is my organisation/partnership effectively considering and taking into account the views of those with lived experience in the development of local policy, guidance and practice?
- Is participation embedded in service delivery and fully integrated into development of public protection responses?

Data

- How effective are my organisation's/partnership's self-evaluation arrangements for public protection: do we have robust arrangements that draw on evidence from a wide range of sources, in particular from those who use our services?
- How agile is our strategy in responding to emerging evidence of what works and which changes and re-prioritisation will help achieve better outcomes?

Improvement

- Does my organisation/partnership regularly use self-evaluation at all levels to inform ongoing learning and development?
- How does my organisation/partnership monitor implementation and impact of improvement plans?
- How does my organisation/partnership learn from adverse events or good practice examples in order to improve and develop systems and practice in the future and thus better protect children and young people?

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Chief Officers Test Sites

Moray, Dundee, Falkirk and East Ayrshire Chief Officers Groups

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