

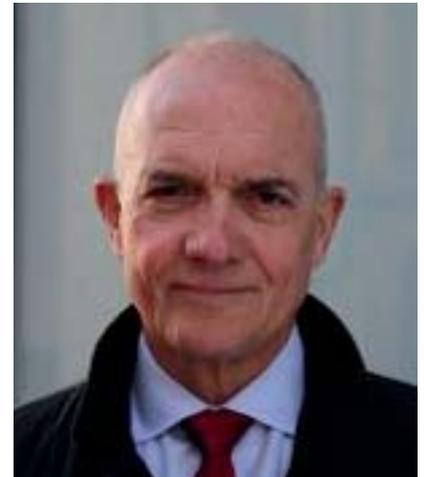
**By promoting health and well-being
we aim to strengthen, safeguard and protect vulnerable people.**

It is my pleasure to welcome you to our first newsletter of 2019. It is already turning out to be a busy and eventful year and this edition reflects some of the challenges which lie before us.

In this edition you can read about a summit meeting the Child Protection Committee is sponsoring on child neglect in March 2019. We also have an evaluation of our public protection event held in September 2018 plus interesting articles on:

- ▶ The Caledonian Programme – addressing domestic abuse
- ▶ Help and support for Destitute and Homeless Refugees in Glasgow
- ▶ Adult Support and Protection Thematic Audit 2018
- ▶ Thematic Learning from Drug-related Deaths in Glasgow

This newsletter would not be possible without contributions from organisations involved with our Adult and Child Protection Committees so once again, a big thank you to all concerned.



Colin Anderson
Chair of Glasgow City Adult and
Child Protection Committees

In January, the Child Protection Committee published a Significant Case Review relating to the death of Lauren Wade. The report is available on the CPC website at www.glasgowchildprotection.org.uk I would like to record my thanks to the Lead Reviewer and Review Team members responsible for producing a report which has already had a significant impact on our practice.

You will notice that the report was completed three years ago but had to remain confidential due to ongoing investigations by the Crown Office and Procurator Fiscal Service. However, that did not stop us applying most of the key lessons learned through our multi-agency training programme.

The following is a note of some specific training materials developed in response to the report:

- The Neglect training has a greater focus on assessment and monitoring, together with early intervention.
- The Risk Assessment training includes clear guidance around the use of assessment tools, including an opportunity for practitioners to use the Neglect Toolkit with a case study.
- Introduction to Assessment picks up on the importance of chronologies, particularly in terms of the use of chronologies as a working tool.
- Working with Non-engaging Families also covers the role of chronologies in terms of being able to recognise patterns of non-engagement and disguised compliance.
- Interagency communication is a key theme across all of the training courses we offer, but we specifically spend time looking at it in Introduction to Assessment, Case Conference Attendance, Neglect, Risk Assessment, Process of Joint Investigation and Child Trafficking.

As always we welcome your views on this newsletter and the work of our committees. You can contact us at SW_GlasgowCPC@sw.glasgow.gov.uk.

For copies of all our newsletters go to the [Glasgow Adult Protection Committee](#) and / or [Glasgow Child Protection Committee Websites](#).



Caledonian Programme

The Caledonian System is an accredited integrated approach to address men's domestic abuse and to improve the lives of women, children and men. Utilising a trauma informed and evidence based approach, it will represent a fundamentally different way of managing perpetrators of domestic abuse in the community. A centralised team comprising of social work and ASSIST staff will have responsibility for delivering the system, which supports the wider strategic aims of Glasgow City Health and Social Care Partnership in reducing violence to women.



The system comprises:

1. A two-year programme of intervention with men comprising at least 14 individual pre-group preparatory sessions; a group-work programme of 22 sessions for all participants with added individual sessions as required according to need; and additional group or individual maintenance sessions as required for each individual.
2. A service to women partners, ex-partners and children, including personal contact and ongoing support from a women's services worker.
3. The development of interagency protocols coupled with training, designed to maximise women's and children's safety and reduce the likelihood of men's re-offending

The whole system is based on a risk and needs assessment, and a management approach which integrates the services designed to deal with the various risks and needs associated with the harm caused to women and children impacted by domestic abuse. The man's risk of future domestic abuse is the focus of the men's programme and supervision. The women's and children's physical safety and psychological wellbeing are the focus of the women's service and the children's service, in liaison with social work, other services and the voluntary sector. Intra- and inter-agency protocols are designed, among other things, to manage service-generated risks.

Funding for the project has now been agreed and represents a net investment into Glasgow City Health and Social Care Partnership of circa £1m over the duration of the project. The recruitment process is nearing completion and the service will commence shortly. A plan is being put in place to raise awareness of the new team with key stakeholders (including Courts and other Social Work teams) over the next few months.

Child Neglect Summit - March 2019

In 2017, the Child Protection Committee hosted a summit on 'Adult Services' Role in Tackling Childhood Neglect'. The success of this event, coupled with the fact that neglect continues to be the most common reason for child protection registration in the city, led to a decision to hold a Neglect Summit on a two-yearly basis.

Our next summit is scheduled for 6th March 2019, and will take place at the Royal Concert Hall. The programme will include speakers on creating a confident school community, the impact of poverty and inequality on parenting, learning from significant case reviews, and Glasgow's Children's Services' Strategy.

There has been significant interest in the event, and it is fully subscribed.



Help and Support for Destitute and Homeless Refugees in Glasgow

Hundreds of refugees living in Scotland, mainly in Glasgow, have sought protection from the UK government but find themselves destitute and homeless following the refusal of their application.

Refugees in Scotland

People may be granted refugee status due to persecution for their race, religion, nationality, membership of a particular social group or political opinion. Others receive humanitarian protection due to circumstances such as war, forced marriage, threatened female genital mutilation, domestic violence or human trafficking. They come from a wide variety of countries including Iran, Afghanistan, Iraq, Eritrea, Zimbabwe, China, Pakistan and Sudan.

The UK government is obliged to provide protection to those who face serious threats to their life or freedom in their own country.

20-40,000 people per year flee to the UK and apply for asylum. This is around 3% of those in the EU and a tiny proportion of refugees worldwide. While processing their application they are housed in no-choice accommodation and receive £37.75 per week subsistence allowance as they are not allowed to work.

A tortuous and traumatic process with constant fear of return

The asylum process is complex and stressful. It requires convincing evidence of ongoing threat to life or liberty in the country of origin. 50-60% receive a positive initial or appeal decision. Those who receive a negative decision lose their accommodation and financial support and become entirely destitute. This currently applies mainly to single adults or couples without child dependents. Some resort to prostitution or illegal work and are vulnerable to exploitation.

Some have experienced torture, rape or imprisonment; many have lost family, home and livelihood. Serious physical or mental health problems are exacerbated when they cannot meet their basic needs including shelter, food and travel. The overriding concern of most is to pursue their legal case to remain in a safe country.

“It’s not my HIV condition that is affecting my health, as a human being I need basic needs like a house and food, but I am homeless and with no financial support. The world knows about my country, it’s not safe, but home office doesn’t care.” (a man from Eritrea)

What can be done?

Adults with care needs and families with children can be referred to social services. You should contact Social Care Direct, contact details on Page 6.

Links to third sector agencies and a downloadable resource map can be found on the GLADAN website at www.destitutionaction.wordpress.com

The Public Protection Conference



Picture: Susanne Millar, Chief Officer, Strategy and Operations speaking at the event

The Adult and Child Protection Committees held Glasgow's first public protection conference on 12th September 2018. The aim was to bring together a variety of people and organisations from across the city in a more integrated approach to public protection. We hoped to increase understanding of both the specific and common themes, and to facilitate learning from each other. The event was publicised via e-mail, the committees' websites, the Health and Social Care Partnership website and Twitter, third sector Twitter, and word of mouth.

The original plan was for 100 attendees in total but, due to demand, this was increased to 140. The programme covered a range of topics:-

- Sharing Women's Voices – People First (Scotland)
- Communicating with Children & Young People – Citywide Forum
- We need to talk about advocacy – The Advocacy Project
- Overview of Multi Agency Public Protection Arrangements (MAPPA) in Glasgow – Glasgow City Health and Social Care Partnership MAPPA team
- Plenary – Towards a public protection partnership

Two thirds of attendees completed an evaluation questionnaire. Of those:-

- 70% felt that the event had met their expectations
- 89% felt that the speakers were relevant, and that content was clear and well-planned
- 82% felt that the event was a valuable use of their time
- 60% noted that the venue had drawbacks, primarily related to the sound system and acoustics of the room

The mix of speakers and inclusion of third sector organisations was well-received and seen as a key strength of the event, and speakers were described as knowledgeable and inspiring. A minority felt that the breadth of scope of the event was too wide, and expressed a preference for a more specific and focused input. Many commented on how they appreciated the opportunity to network and find out about other services in the city. Overall, attendees were positive about the possibility of future public protection events.

Adult Support and Protection Thematic Audit 2018: Brief Summary Report

A Joint Thematic self-evaluation was carried out in September 2018 using the Care Inspectorate's template. Two Quality Indicators were used: **Outcomes** (are adults at risk of harm safe, protected and supported) and **Key Processes** (referral concerns, type of harm, investigations, case conferences, protection plans etc.)

The Audit looked at 33 cases - a 10% sample of all cases that had gone to investigation stage in 2017-18. The audit focused on file reading + observation only.

Findings - Overall rating for Glasgow was **good to very good**

STRENGTHS INCLUDED	DEVELOPMENT AREAS WERE
<p>For Outcomes</p> <ul style="list-style-type: none"> Outcomes were measurable. In most cases individuals at risk were kept safe from harm, protected & supported. A small proportion of individuals declined the support offered. <p>For Key Processes</p> <ul style="list-style-type: none"> Each individual case was effectively analysed and the best way forward was determined by staff. There was multi-agency involvement. The 3-point test was correctly applied. A chronology of key events was found on file. Duty To Inquire, Investigation & Case Conferences were carried out within specific timescales. Effective work was carried out where there was financial harm. Sanctions against perpetrators were appropriate. Adults at risk of harm and unpaid carers were involved and consulted appropriately through their ASP journey. Advocacy offered to individuals was a low percentage figure (58%). However, cases looked at were almost 2 years old. Since then, The Glasgow Advocacy Evaluation Report was conducted in 2018 and Glasgow now offers advocacy to all individuals as a matter of routine - though the ASP Act only places a duty for us to consider the use of Advocacy. 	<ul style="list-style-type: none"> Appropriate parties need to be more involved at case conference stage as they are at Duty To Inquire and Investigation. Case conference minutes should all be on file (84% found in audit). However, this is work in progress – whole section on careFirst (our client recording system) has been devised for Case Conference minutes and this will take it to 100%. Two of the cases highlighted where there was financial harm could have benefited with multi-agency involvement. Glasgow is looking to do more work with perpetrators, particularly linking in with Carer Services. It's a difficult area as there may be police involvement and legalities apply. Adults at risk of harm and unpaid carers were involved and consulted appropriately through their ASP journey.

Audits / Evaluations

Glasgow's first audit was authorised by the Adult Protection Committee (APC) in 2013. Since then, strategies have been put in place to improve Adult Support and Protection (ASP). These have included:

- APC – which now has a Quality Assurance group, service users, newsletter, financial harm group etc,
- Development Day sessions – held regularly where there is multi-agency attendance
- Training – has developed and is delivered internally and to other APC member agencies
- Self-evaluations and commissioned research – ongoing
- Large Scale Inquiries – considerable work carried out, particularly through 2018
- Information Systems – are continuously reviewed. Whole ASP process is currently being developed in terms of e-forms on careFirst (our client recording system) to make it leaner and more efficient.
- Locality ASP forums

Drug Related Deaths in Glasgow 2017

In 2017, in Glasgow City there were 192 drug-related deaths, an increase of 12.9% on 2016 and the highest number of deaths ever recorded since 1996. This upward trend is being experienced across Scotland. Analysis of these deaths reveals that those who died:

- ▶ Are three times more likely to be male, but the mortality rate in females is higher and rising faster.
- ▶ Have a history of long-term use of drugs (in excess of 10 years) and often with a previous history of non-fatal overdose (accidental or intentional).
- ▶ Are mostly part of the ageing cohort of heroin users who have a high vulnerability due to poor health and the use of multiple potent drugs at the same time, including prescribed and non-prescribed drugs e.g. “street blues” (often Etizolam)
- ▶ Are often living in isolation in the most deprived communities.
- ▶ Have increasingly complex physical and mental health needs.
- ▶ Have disengaged from drug treatment services at the time of death, although most likely previously known to other primary care, acute, emergency or social services.

Harm-reduction and death prevention strategies are focused on early intervention, referral to and retention within drug care and treatment. This includes the use of Naloxone, which is an injectable drug that can reverse opioid overdoses. (Drug users can access Naloxone training and supply from any NHS alcohol or drug service, Injecting Equipment Provision provider, recovery hub, Glasgow Crisis centre and Community Pharmacy.)

National Records of Scotland Publication - July 2018

<https://www.nhscotland.gov.uk/files//statistics/drug-related-deaths/17/drug-related-deaths-17-pub.pdf>

National Drug-related Death Database Publication - June 2018 Summary

<https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-12/2018-06-12-NDRDD-Summary.pdf?>

Full Report - <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-12/2018-06-12-NDRDD-Report.pdf>

Naloxone website - <https://naloxone.org.uk>

Glasgow City Alcohol and Drug partnership

<https://www.glasgow.gov.uk/index.aspx?articleid=18428>

If you know or suspect that an Adult or a Child is being harmed then you need to report your concerns.

Don't assume that someone else has already reported it. The person being harmed or neglected may not be able to report it themselves. Remember, the person who did this may be doing it to others too.

**Phone Social Care Direct: 0141 287 0555
textphone: 18001 0141 287 0555
Outwith Office hours phone: 0300 343 1505**

**Police Scotland; 101 - non emergency, 999 - in an emergency
Scottish Children's Reporter Administration: 0131 244 2100
ChildLine: 0800 1111**