



SCSN Business Plan 2018-2019 published



SCSN Business Plan 2018-2019

We have just published our new Business Plan that will take us through to March 2019.

SCSN Chair Mark McCall introduced the business plan, saying:

"I am pleased to introduce the SCSN business plan for 2018 - 2019 which sets out the organisations priorities to ensure we support our members and influence the strategic direction of community safety in the coming years. Through our recent consultation exercise we have listened to the views of our stakeholders and will work towards developing a strategic business plan which will put the SCSN at the forefront of leading community safety activity over the next 5 years.

We will do this through **informing** our members, **engaging** with our members and key stakeholders and **championing and influencing** community safety at a national and local level.

Throughout this year we will increase our engagement with members as the SCSN is your organisation and your views are critical to supporting the SCSN's influence and success in the coming years. The board of directors and the staff group at SCSN look forward to working with you to achieve this and would welcome every opportunity to engage with you as we progress."

You can download the Business Plan [here](#).



Electrical Garden Safety

It's the height of summer – seemingly one of the hottest on record – so it's no surprise that many of us are spending as much time as possible in the garden.

It's a place where we go to relax and, increasingly, entertain. So, the need for electrical safety rarely crosses our mind.

But research undertaken by the charity, Electrical Safety First, found that one in 10 people in the UK have had an electric shock or accident in the garden, often due to cutting through a cable or wire, or using electrical equipment in wet conditions.

Most are caused by electric lawnmowers, with flower pots, electric trimmers, pruners and even garden gnomes, making up the top five causes of garden accidents.

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We've had another busy month at SCSN!

Apart from having just published our new Business Plan for 2018-19, and Marketing and Communications Annual Report for 2017-18 (see page 11), we also held the first of our Participatory Budgeting Masterclass Events in Glasgow in June. We will shortly be advertising the second of these events!

Our National Development Officer, Hannah Dickson, is busy sifting through responses from our recent Stakeholder Consultation and we've been really pleased with the level of engagement which will help us shape our new strategic plan - due to be published at our AGM in September.

Our Comms Officer, David Barbour, has been having some conversations around revamped eLearning and our Business Support Officer Dawn has been out and about representing us at meetings.

Aside from making preparations for our AGM in September, and preparing for the second of our PB Masterclass Events on 26 September - we've also been busy making preparations for an upcoming event on Collaboration - so look out for updates on this!

Question of the Month

Our Question of the Month last month came from Elizabeth Lumsden at RoSPA.

We asked:

Do you agree that the working age population is a useful resource for delivering messages to prevent unintentional harm?

- 75% of respondents said yes
- 25% of respondents said no

Thanks to all of those who took part!

Question of the Month July 2018

This month's Question of the Month continues the public health focus of this month's newsletter.

We are asking:

Is it important that health is seen as part of the community safety picture?

Yes/No/Not sure

You can take part in our poll [here](#).

Oot and about with Street Assist

Back in May our Chief Officer, Lorraine Gillies, went out on patrol with Street Assist volunteers in Edinburgh. This short blog highlights the important community safety work of Street Assist and organisations like them.



This could have been me 10 years (ahem) ago... I've been worse for wear on George Street in Edinburgh before. I saw it from a different perspective last month during a shift with Street Assist.

Street Assist are an Edinburgh based bunch of (mostly) volunteers keeping YOU safe. You probably didn't know this, you probably haven't noticed them. Let's hope you haven't needed them.

Working out of Central Halls, with high viz vests and a fleet of assorted vehicles, they are walking and driving around the streets between 10 and 4ish in the morning on Friday and Saturday nights. Trained to provide first aid and assistance to revellers spewing out of clubs and bars; helping people back on their feet; patching up brawl inflicted cuts and bruises and providing a safe haven to disoriented young-uns and not so young-uns.

The work that they do not only provides direct help but prevents escalation and more costly trips to A&E and police stations. They are a bonus for all the clubs, bars, taxi ranks, food take-aways out there. Street Assist are at the end of the phone/radio and attend any number of incidents across the town – keeping people safe and also boosting the night time economy.

There is a strong evidence base that supports the work they do. The Portman Group has just [published their report](#) on Safe Spaces and some of the figures are staggering. They invited me to go out with them one Friday night.

Can't thank them enough. I saw first hand the work that they do. I immediately reconnected to some memories best left forgotten. I got to meet and spend time with a marvellous bunch of volunteers. I got to live and talk *community safety*. That's a good night for me!

BTW – the young female was fine. Street Assist patched her up and saw her on her way home in a taxi. There could have been a different outcome.

Lorraine Gillies, Chief Officer, SCSN

You can access this blog post for posterity on our website [here](#).



No knives, better lives.

www.noknivesbetterlives.com

New knife crime prevention resource for youth justice settings

No Knives, Better Lives (NKBL) programme has launched a new resource for practitioners working specifically in youth justice settings.

It has been designed to support secondary prevention work with young people who have carried a knife or who may be particularly at risk of making the decision to carry a knife. It should support practice in the context of the Whole Systems Approach and Early and Effective Intervention.

The resource is shaped by the understanding that young people involved in the youth justice system are likely to have experienced significant adversity in their lives and to have significant speech, language and communication needs. The 4Rs of effective prevention (Reassurance, Risks and Consequences, Resilience, Responsibility) are explained in relation to their application in secondary prevention work.

Jane Dailly, National Coordinator at YouthLink Scotland, said, "The new resource responds to requests from practitioners working in youth justice settings for material related to knife carrying that meets the needs of the young people they work with. It sets out the relevance of the 4Rs of effective prevention in secondary prevention work with vulnerable young people and a session plan that can be used in one-to-one or group work".

The session plan is available to download for free on the [NKBL website](#).

No Knives, Better Lives (NKBL) is a Scottish Government programme which aims to prevent knife carrying amongst young people in Scotland. It is run by the national delivery team based in YouthLink Scotland.

Electrical Garden Safety: Contd from front

While you might not be able to do anything about marauding gnomes, you can significantly reduce the electrical risk. The charity is urging people to make sure they use a residual current device – more commonly known as an RCD – to prevent fatal electric shock if you touch something live, such as a bare wire.

Often built into your fuse box or sockets, a plug-in RCD can be bought if you don't have this in-built protection and should be used with any kind of electrical equipment. Yet Electrical Safety First found that over a quarter of the UK had never heard of an RCD. And of those that did, one in six said that they didn't always use an RCD when using electrical equipment outside.

However, it's not just green fingered gardeners who need to be aware of RCDs. As gardens become an additional living space, more people are using electrical equipment outside. Almost one in 10 people with gardens said that they used mains powered entertainment systems outside. And one in seven have outdoor lighting in their gardens; while one in 40 have a Jacuzzi, hot tub or heated pool, in the garden. With any of these electrical items, a working RCD could prevent a fatal accident.

So, enjoy the sunshine – while it lasts! – but keep yourself and your family safe in the garden and always use an RCD. To find out more about keeping safe in the garden, click [here](#).

New Fire Safety Guidance for Existing Premises with Sleeping Accommodation

In the wake of the Grenfell Tower disaster and linking in with the Building Safer Communities Programme, the Scottish Government has published new guidance on fire safety for premises with sleeping accommodation. The guidance in this document is applicable to general fire safety in existing residential premises in which there is sleeping accommodation and to which Part 3 of the 2005 Act applies (known generally as 'relevant premises'). This includes:

- hotels and tourism hostels
- holiday lets
- holiday complexes, camping, glamping and caravan sites (other than privately used individual units)
- church halls and similar premises used regularly or occasionally for sleeping
- bunkhouses and bunk barns
- certain types of sleeping accommodation for pupils or employees all types of houses in multiple occupation (HMO)
- boarding houses, guest houses and bed and breakfast accommodation

Download the new guidance [here](#).

Disability Hate Crime increases by over 50% in a year



Reported disability hate crime has increased by more than half in a year, new statistics released today have shown.

There were 284 charges with a disability element in 2017-18, compared with 188 in 2016-17, a rise of 51 per cent.

It is thought the increase may be down to increased awareness and support to report crimes of this type.

However, disability hate crime remained a relatively small proportion of overall reported hate crime.

Race remained the most common reason for hate crime, accounting for 3,249 charges. But numbers of racially motivated incidents continued the downward trend of the past few years reaching its lowest level since 2003-4

Committee to review effectiveness of dog control law



The number of people receiving treatment for dog bites rose 4.5 per cent in a year from 1,939 in 2015 to 2,027 in 2016.

The Scottish Parliament's Public Audit and Post-Legislative Scrutiny Committee will look at how councils are fulfilling their duties under the 2010 Control of Dogs Act and whether enforcement actions such as dog control notices have worked in preventing irresponsible dog ownership.

The Committee are have issued a call for evidence, which you find out more about and submit evidence to [here](#).

New Public Health Priorities for Scotland published:

SCSN takes a look at how public health crosses over with Community Safety

Safe and Healthy and the new public health priorities for Scotland

"It's not primarily in our hospitals or our GP surgeries that health is first created. It is in our homes and our communities, in the places we live and through the lives we lead. These are the places where we must work to make it easier for people to be healthy, and the efforts of society as a whole must increasingly turn towards supporting this sort of 'wellbeing creation'."

This statement, taken from the foreword of the newly released Public health priorities for Scotland, emphasises once again the importance of communities and place in creating wellbeing; both in terms of health and safety.

The Scottish Community Safety Network is the strategic voice for community safety in Scotland and our vision is that people we work with are supported to deliver their community safety outcomes and that community safety is valued and integrated into the wider policy landscape.

We all agree that being safe, in your home and community, is important. Feeling safe within your home and community is also important. But this can be complex, and mean different things to different people. It might mean that you live in a neighbourhood with low levels of crime and feel safe to be out and about; it might mean that you feel safe in your own home because you have the aids and support you need; it might mean that you feel safe from fraud or exploitation because you are happy with your level of awareness and protections that are available to you.

Who and what makes us feel this way? The Police, Fire and Rescue service, neighbourhood watch, wider justice system are all traditionally viewed as community safety services and so they should be, but what about health services? Is it important that health is seen as part of the community safety picture?

We think it is. That's why we are so pleased to see the publication of the new public health priorities, which recognise the importance of safe communities, the connection between safety and health and the role they both play in wellbeing.



1. Live in vibrant, healthy and safe places and communities.
2. Flourish in our early years.
3. Have good mental wellbeing.
4. Reduce the use of and harm from alcohol, tobacco and other drugs.
5. Have a sustainable, inclusive economy with equality of outcomes for all.
6. Eat well, have a healthy weight and are physically active.

The agreed priorities reflect public health challenges that are important to focus on over the next decade to improve the public's health.

What does this mean for community safety and justice partnerships?

We know that cohesive and well communities are communities which have lower crime, drug and alcohol misuse and where people feel safer. Poor health and inequalities in health is one of the many factors that come into play for crime, safety and offending/reoffending.

Drug and alcohol misuse are two of the most significant public health issues facing Scotland at the moment, with the number of drug related deaths having reached a new record high in figures just published for 2017 (934) and alcohol related deaths at 1,235 in 2017. Drug related litter in city streets is also a public health and safety concern, the mitigation of which was among the reasons why Glasgow was pushing for a drug consumption room.

The recent [CRESH report](#) has shown that crime is highest in Scotland in areas with the highest number of alcohol vendors (pubs, clubs and off licenses). In 2015, there were 357 alcohol related deaths from unintentional injury, with 11,068 hospital admissions.

Unintentional harm and injury is one of the leading causes of death and serious injury for people in Scotland (particularly under 5s and over 65s) and the same inequalities that are seen in other areas of Scotland's communities are seen here too. It is an issue which would clearly benefit from more coordinated attention.

By focusing on reducing victims of crime, and preventing unintentional harm and injury, the Building Safer Communities programme has been working towards creating safe places and connected communities in which people can flourish. Local Outcome Improvement Plans, Local Police and Fire plans, community safety strategies and Community Justice plans also all speak about making people safe and preventing harm and injury.

Creating safer communities must be much more than just about preventing crime and unintentional injury and must involve working with communities and wider community planning partners. There is much work to be done in linking up safer communities and 'health' in partnerships - both sides need to come together: safer communities partnerships

must try to better understand health priorities and 'sell' to them the benefits of working together. They also need to have a better understanding of 'health' - health is viewed as one thing where it is actually a number of different 'organisations' which may not be able to be represented by a single person.

Shared public health priorities for Scotland provide a focus for public services to improve population health, reduce inequalities and increase healthy life expectancy and will certainly contribute to our efforts in building safer communities. We look forward to contributing to this work and supporting our partners to do the same.

Drug related deaths in Scotland reach new record high

The latest Drug Related Deaths (DRDs) figures for Scotland have just been published. Figures for 2017 show that for the fifth year running, drug related deaths have reached a record high and more than double the number of a decade ago.

Scotland has the highest rate of DRDs in Europe.

Nearly 70% of deaths were in people aged over 35, confirming a trend of increasing deaths among long term users.

The Scottish Government is due to publish it's new drug strategy in the near future.

Download the full figures [here](#).



Crësh Mapping in Fife - alcohol and community safety

Guest article by Gary Smith, Fife Council

With legislation requiring Fife Council to produce a new alcohol overprovision policy by November 2018, partners felt it important to provide the Licensing Board with robust evidence around alcohol and its impact in Fife, assisting them in producing a policy that was both evidence led and responsive to Fife's needs. This project was taken forward by staff from Public Health NHS Fife, Fife ADP and the Council's Research Team: a deliberate mix of skillsets in order to allow access to a variety of data relating to alcohol harm, including Health and Police.

There were a number of challenges involved in compiling the initial report, including establishing the link between antisocial behaviour charges and alcohol. The eventual approach we took was to consider ASB charges where the offender's sobriety was recorded as 'drunk' or 'had been drinking'. Although conscious that this method would under-represent the true scale of offending linked with alcohol, it was the only one that allowed us to say with 100% accuracy that there was a link in every case.

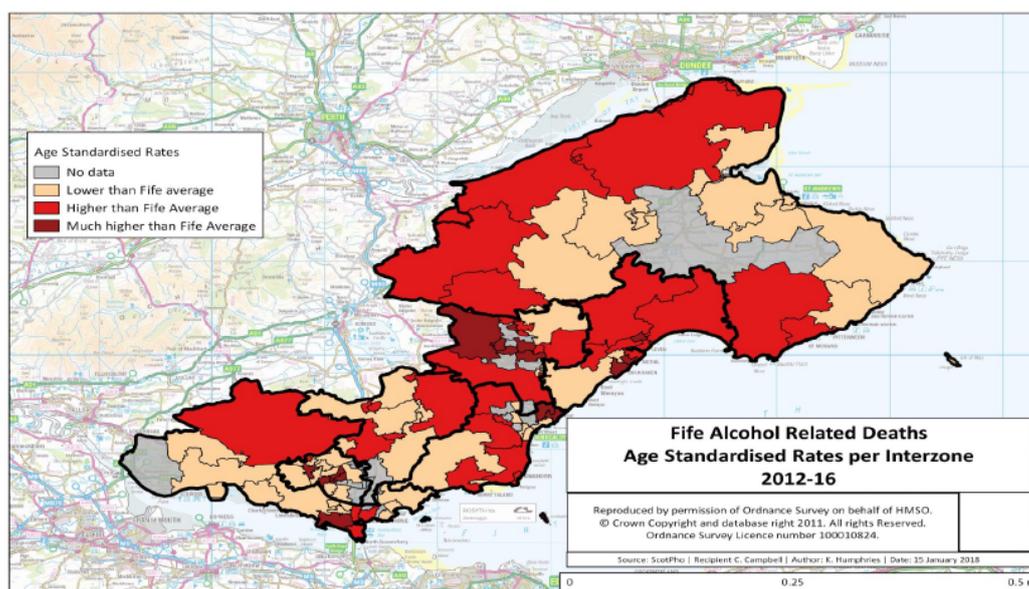
When compiling the work of the three authors into a single report, it was deemed important that – as far as reasonably possible – we would compare 'like with like'. As the range of information used was so vast, and to ensure that readers could easily visualise key points,

our initial overview report mapped Fife interzones, showing whether variables were higher or lower than the Fife average.

Before presenting the report to the Fife Licensing Board we presented the main findings at the Fife Researchers' Alliance, allowing us to 'stress test' the research and findings, and allowing colleagues to offer feedback and suggestions. This was particularly useful in gauging the views of colleagues from NHS and Police Scotland around how we had interpreted their data.

The finished report was presented to the Fife Licensing Board by NHS Fife Director of Public Health who had suggested recommendations based on the report's findings. We felt that this would help give it more authority, particularly as the report had made the perhaps contentious recommendations that no new off-licences should be granted in two of the seven Local Committee Areas (Cowdenbeath and Levenmouth) in Fife due to high levels of alcohol related harm. The response to the report differed markedly between elected members. While some were fully supportive, others were more sceptical, and it was apparent that there was a tension between recognition of the potential public health impact and what was viewed as the economic impact of limiting the sale of alcohol.

Figure 3: Alcohol-related deaths by Intermediate Zone; 2012-16



The eventual decision of the Licensing Board was that no decision should be taken until the views of the seven local area committees had been taken into account. We therefore contacted each area to secure a slot on their meeting agenda, and set about producing localised reports which saw information drilled down into each area at interzone level, again allowing comparison across a number of different factors.

The reception the reports received at the seven local area committees varied greatly. In most, opinion between councillors was divided between those strongly in favour of the proposals and those with concerns, many of which were economic in nature. Due to the split views at several committees, most areas took the opportunity for councillors to feedback individually rather than as a group. The exception was Kirkcaldy, where the majority of the committee were in favour of a blanket ban on new

off licences within the Kirkcaldy committee area.

An unforeseen side-effect of the committee area engagement was the high level of media interest that this generated. Multiple stories appeared in *The Courier* and several local newspapers, describing the initial report to the licensing board and the resulting discussions at area committee level.

The Licensing Board reconvened to discuss feedback from the area committees and, after deliberation, the Board decided to put out to consultation a draft licensing statement containing the proposal that no new off licences should be approved in Levenmouth, Cowdenbeath or Kirkcaldy. While it remains to be seen what response this consultation will generate, the progress made to date has been very positive and is a direct result of the quality of evidence supplied to the Board.

Alcohol Facts and Figures – Dunfermline

- There are 147 licensed premises in the Dunfermline locality, of which 46 are off-sale premises.
- Dunfermline has the second lowest rate of off-sale premises in Fife and a total premises rate below the Fife average.
- The rate of alcohol-related hospital admissions of Dunfermline locality residents was below the Fife average.
- Dunfermline had the third highest rate of alcohol-related deaths of all seven localities.
- The rate of alcohol-related anti-social behaviour incidents in Dunfermline was the highest of all seven localities.
- Key indicators have been chosen to show how rates of alcohol provision, harm and inequalities vary across local areas (intermediate zones) in Fife.
- The table below shows that rates of alcohol provision (all and off-sales), alcohol-related harm and income deprivation vary within Dunfermline.
- A third of the local areas had higher than average rates of alcohol-related admissions and four areas had more than double the average mortality rate.

	All premises Rate per 10,000 18+ population	Off-sales Rate per 10,000 18+ population	Alcohol-related admissions EASR per 100,000 population	Alcohol-related deaths EASR per 100,000 population	ASBs Rate per 1,000 18+ population	% population income deprived
Fife	36	12.1	631	17.2	13.1	12.4
Dunfermline Locality	33	10.3	569.2	15.7	20.7	9.6
Dunfermline Abbeyview North	27.3	20.5	1141.8	45.6	17.0	22.6
Dunfermline Abbeyview South	13.4	13.4	887.4	0.0	8.0	11.9
Dunfermline Baldridgeburn	55.2	13.0	1553.1	41.9	55.4	18.0
Dunfermline Bellyeoman and Townhill	16.5	7.1	399.5	4.1	7.1	7.2
Dunfermline Brucefield	30.5	15.2	506.2	38.7	12.9	14.4
Dunfermline Central	186.2	25.6	1009.6	11.9	160.3	10.4
Dunfermline Duloch North &	5.9	0.0	389.8	2.8	5.6	4.1
Dunfermline Duloch South	7.3	7.3	293.2	0.0	1.5	4.8
Dunfermline Garvock Hill	7.9	3.9	467.3	4.6	4.3	3.1
Dunfermline Headwell	24.3	16.2	452.9	10.2	15.7	14.6
Dunfermline Masterton	0.0	0.0	402.7	0.0	1.5	1.5

■ Much higher than Fife average
■ Higher than Fife average
■ Lower than Fife average
■ Much lower than Fife average

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Alcohol Related Brain damage reaches 10 year high in Scotland

The number of people admitted to hospital in Scotland with alcohol-related brain damage has reached a 10-year high. A total of 661 people required treatment for brain injury after alcohol misuse between 2016-17, the equivalent of nearly two people a day.

Alcohol-related brain damage can lead to problems with memory and learning.

NHS Greater Glasgow and Clyde had the most admissions at 230, followed by 99 in NHS Lothian.

Scots drinking 20 units per week

Another [report](#) just out has shown that Scots are drinking on average 20 units of alcohol per week, or equivalent of more than 10 litres of pure alcohol per person per year.

The recommended safer drinking guidelines are not to exceed 14 units per week.

In other news...



news

Making the Justice System more accessible

An 'easy read' version of the [Victims' Code for Scotland](#) has been launched to help victims with communications difficulties understand their rights and improve their experience of the justice system.

The Scottish Government has also awarded £50,000 to the Royal College of Speech and Language Therapists (RCSLT) to develop a speech, language and communication screening tool for use by Appropriate Adults, who help vulnerable individuals with communication difficulties when they are in contact with the police.

Speaking ahead of a visit to Victim Support Scotland in Edinburgh, Justice Secretary Humza Yousaf said: "Anyone who has been a victim of crime should have confidence that they will receive the right support and advice through the criminal justice process and the Victims' Code aims to achieve this.

"We want the code to benefit as many people as possible and the new version has been tested by organisations that support individuals with communication difficulties to ensure it is accessible, helpful and easy to use.

New: Scottish Drugs Forum Training on Trans Inclusive Drug and Alcohol Services

SDF, in partnership with the Scottish Trans Alliance (STA), have designed a transgender awareness and inclusion course for people who work in the substance use field. The full-day training will provide people working in drug and alcohol and/or recovery services with greater knowledge and awareness of trans people and how to be more trans aware and inclusive in your practice.

The need for training on trans awareness and inclusion within substance use services was identified in STA's ['Trans inclusion in alcohol and drug services' report](#) released in 2016.

A research participant involved in the study felt that workers in substance use services should: "Be more actively aware of trans people being more susceptible to drug or alcohol abuse due to their social/family/financial etc. situation, and bear this in mind that being trans doesn't cause addiction but can be a factor that adds to it."

Katy MacLeod, SDF's National Training and Development Officer, who is co-facilitating the training with STA, said: "I am delighted to see this much-needed training happening for frontline services in Scotland. Increased trans awareness and small adaptations to practice and service delivery can massively support trans people to access services and be better supported generally. As outlined in the research by Scottish Trans Alliance; substance use by transgender people can sometimes be significantly higher than among cisgender people, so therefore it is crucial that services are adequately equipped in order to support trans people effectively."

Find out more or book your place [here](#).

The SCSN website has a wide range of useful information and services which are free to access, including case studies, briefing papers, policy and strategy documents, free eLearning courses, toolkits and guidance documents on a variety of topics and much more besides.

Visit our website at www.safercommunitiesscotland.org

Visit our eLearning website at www.safercommunitiesscotland.org/training/elearning

SCSN Communications and why we use social media

We have recently published our Communications and Marketing Annual Report for 2017/18. Usually, this is an in house annual report for management and board members, but this year we have decided to publish it to give you a taste of how and why we use various communications channels. In particular, we wanted to extoll the virtues of social media!

Social Media

Social Media is about three main things, networking, sharing and telling your organisation's story. And that's exactly why we think it's important for those whose job it is to share best practice and build networks, after all telling your story is a way of sharing your practice!

In order for an organisation to do this properly, they need to trust their staff to represent their organisation on social media the way they would in person, and remove as many barriers as possible from workers involved in their great work.

Social media is about instant communication, and whilst that causes some anxiety for some organisations and managers, particularly with their being a written record - these anxieties can be dealt with by clear social media policies that encourage the use of these channels (e.g. Twitter, Facebook) to build a narrative of the organisation - without having barriers to that instant communication in the form of constant managerial oversight on every single post.

You can download our Marketing and Communications Annual Report 2017/18 [here](#).

Keep your eyes open for our revised Marketing and Communications Action Plan, which we aim to publish soon, for even more on reasons for and benefits of using social media!

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The closing date for the August newsletter is 4 August.



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