



# Edinburgh Rape Crisis

## National Service Standards Report

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### Introduction

This review was commissioned by Rape Crisis Scotland (RCS) in May 2024, in response to an Employment Tribunal case<sup>1</sup> taken by a former member of staff of Edinburgh Rape Crisis Centre (ERCC).

The aims of the review were to:

- Review the support service provided by ERCC in relation to the RCS National Service Standards (NSS)
- Consider any gaps or areas for improvement within ERCC in relation to the NSS
- Consider and make recommendations for ERCC moving forward
- Consider and make recommendations for RCS in relation to the NSS and quality assessment frameworks on the NSS

### About the report

This report is set out in the following main sections:

- [About Edinburgh Rape Crisis Centre](#)
- [Executive Summary](#)
- [The National Service Standards \(NSS\)](#)
- [Implementation of the NSS by ERCC](#)
- [Recommendations for ERCC](#)
- [Recommendations for RCS](#)
- Appendices providing supporting information and evidence gathered

Sex and gender are issues on which many people sincerely hold beliefs which are deeply opposed to each other. It is not the role of this review to take a position on these issues. The role of the review is to gather evidence of compliance by ERCC in

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<sup>1</sup> Employment Tribunals Scotland Case No: 4102236/2023

respect of the NSS, identify gaps and produce a report addressing the aims of the review.

The reviewer is a Chartered Quality Professional who has experience in reviewing charity services and has worked with organisations in the violence against women and girls sector<sup>2</sup>.

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<sup>2</sup> See [appendix 1](#) for more information.

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## About Edinburgh Rape Crisis Centre

Edinburgh Rape Crisis Centre was established in 1978.

Its Memorandum and Articles of Association, adopted on 3 August 2022, state that its charitable objects shall be:

*‘5.2.1 to relieve the distress of women, men, boys and girls aged over 12 years who have been raped or who have experienced sexual violence and of their partners, friends and families through the provision of emotional and practical support, information, advice and advocacy; and*

*5.2.2 to advance education, through the provision of information, advice and advocacy, among professional bodies and the general public about the causes, nature, extent and effects of rape and sexual violence against women, men, boys and girls aged over 12 years, and ways of preventing or relieving the suffering it causes.’*

ERCC’s annual report and accounts 2022-23 stated the following:

*‘Our services are normally open to people of all genders unless explicitly mentioned. The types of support provided by ERCC include:*

- *Short and longer-term therapeutic support for survivors- to provide a safe space for survivors to build healthy coping, well-being, and resilience.*

- *Group support- to help reduce experience of isolation, stigma, and shame, and build resilience through positive and sustaining networks of support.*
- *Advocacy support - to support survivors who are considering or have already reported to the police and are engaged in the justice process.*

Edinburgh Adult Service: *Offering support and information for those affected by sexual violence in Edinburgh.*

East Lothian Sexual Abuse Service (ELSAS): *outreach service offering support and information for those affected by sexual violence in East Lothian.*

Midlothian Sexual Abuse Service (MSAS): *outreach service offering support for those affected by sexual violence in Midlothian.*

Prevention Project: *ERCC's Sexual Violence Prevention Project provides free, high quality, sexual violence prevention education in schools and youth groups across Edinburgh City, East, West and Midlothian.*

The SIA Project: *a specialist counselling and support service for survivors from BME backgrounds aged 16 and above who have experienced any form of unwanted sexual experience. Support is offered in English and community languages including Polish, Hindi, Urdu, Arabic, Mandarin and Cantonese.*

STAR Young Survivors' Service (Surviving Trauma, Abuse and Rape): *specialist support and counselling, creative therapies, information, and advocacy for young people aged 12-18 who are affected by sexual violence.*

Student Survivors Project: *outreach service supporting student survivors of sexual violence at Edinburgh's 4 universities.*

Learning Disability and Learning Needs service: *Specialist neurodiverse service which supports survivors who have a learning disability, needs and/or autism.*

National Prevention Project: *Delivers the national prevention curriculum in schools in East Lothian, Edinburgh, Midlothian and West Lothian. Supports the delivery of the equally safe at school programme as well as Equally safe at University and College.*

Training: *ERCC provides training on a wide-ranging issues related to sexual violence and supporting survivors of sexual violence. This tailored training is available to organisations and individuals in the public, private, voluntary and further and higher education sectors.*

Information *ERCC has a number of resources available for survivors that are available to download from our website [www.erc.scot](http://www.erc.scot) or can be posted out on request.*



## Executive summary

This report is based on documentary and interview evidence provided to the reviewer concerning ERCC's compliance with the NSS. The reviewer would like to thank all those who co-operated with the review process.

It is important to remember the context in which ERCC Trustees, staff and volunteers have been working<sup>3</sup>. Just a few years ago, the pandemic had a momentous impact, which not all organisations were able to survive. ERCC responded by fundamentally restructuring its service delivery in a short space of time with limited additional resources. This has left a lasting legacy which ERCC is still working through. A new CEO was appointed whilst restrictions were being lifted. There have been significant changes in Trustee Board members since 2020, with a series of resignations and new Trustees joining, which would have been difficult for any charity to assimilate. At the same time the Trustees had to deal with an important legal challenge concerning sex and gender discrimination, which put ERCC and them personally at the centre of toxic debate on social media. In addition, the organisation had to plan for what seemed to be a likely significant funding loss over which it had no control. This combination of events would have been difficult to navigate for even the best managed charity.

Some basic systems at ERCC were not robust and this did not help the organisation to manage situations well. For example: a lack of focus on the NSS' core requirements; a strategy which did not put survivors first; a failure to protect women only spaces; poor review of systems, procedures and document control; a period of weak governance; a CEO who did not understand the limits on her role's authority, when to refer decisions to Trustees and failed to set professional standards of behaviour; a lack of a business plan and organisational training and development plan to inform the objectives and support for people working in the organisation.

ERCC needs to implement a change of culture and strengthen many of its basic systems. The report sets out [recommendations for improvement](#) across all areas of the NSS. However, it should be noted that despite the organisation's many serious failings, and damage that it has done to some survivors, it still manages to deliver high quality services to a significant number of people.

ERCC now has a small, committed Trustee Board who are determined to implement the change the organisation needs and who have begun to do so. They will need time and space to develop and implement a change programme to enable ERCC to meet the NSS in full across all the organisation's activities.

The report also makes some [recommendations for ways in which RCS](#) could support ERCC and other centres in implementing the NSS.

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<sup>3</sup> [See Timeline for more information](#)

## ERCC delivers vital services

In 2022-23 ERCC delivered specialist support, counselling, advocacy and to 1,149 survivors of sexual violence. They received 699 referrals and provided approximately 11,608 hours of support and contact to survivors across their services.

As part of Rape Crisis Scotland's national prevention project they delivered in-person workshops in schools across Edinburgh, East and Midlothian and West Lothian.

- Edinburgh – 1428 young people in 12 schools
- East and Midlothian – 1490 young people in 9 schools
- West Lothian – 1631 young people in 6 schools

## ERCC achieves some positive outcomes for survivors

ERCC has had a positive impact for a significant number of survivors who have used its services. For example, From 1 April 2023 to 31 March 2024, the East Lothian Sexual Abuse Service provided 595 support sessions to 76 survivors of sexual violence to improve safety, health, well-being, and resilience outcomes. Analysis using ERCC's evaluation tool, indicated the following outcomes at the end of support:

- *Survivors of sexual violence felt safer and more in control of their lives and choices*

92% of survivors indicate improved sense of safety, understanding what a safe space feels like, and increase from 30% at the beginning of support.

100% of survivors identified that they knew their boundaries often or most of the time, in comparison to 23% at the beginning of support.

77% of survivors feel able to make decisions for themselves most or all of the time, compared with 23% at the beginning of support, with the remaining 23% reporting as often being able to make decisions, compared with 15% at the beginning of support.

- *Survivors of sexual violence felt more able to cope with the impacts of sexual violence*


92% of survivors understand how what happened to them has affected them often or most of the time, following support, compared with 23% at the beginning of support

85% of survivors voiced that they had tools and strategies to deal with what happened to them at the end of support, compared to 15% at the beginning of support

77% of survivors identified that they know when they need help and are able to ask for it at the end of support, in comparison to 8% at the beginning of support.

- *Survivors of sexual violence developed improved well-being and resilience*

85% of survivors feel able to trust themselves and their instincts following support compared with 16% at the beginning of support.



100% of survivors described having an understanding of their emotions often or most of the time at the end of support, compared to only 8% at the beginning of support.

93% of survivors expressed feeling hopeful about the future often or most of the time at the end of support, compared to 8% at the beginning of support.

A case study using a survivor's words from the STAR project illustrates that ERCC has provided positive benefits to survivors using its services:

*'I walked into the last session with a confidence I could only have dreamed of when I first started. I walked into STAR a shell of a human and walked out a whole person, who had accepted that the trauma was part of my life. I have grown around it and my life has become so much fuller and brighter that my trauma no longer consumes me. For the first time, I had nothing much to say. So much time had passed.*

*I was not just surviving anymore, and I will forever be indebted to my therapist for that. My life has completely changed, I have a deep-rooted sense of strength and self-worth and I finally feel ready to step into the world without anyone holding my hand.'*

#### ERCC has caused damage to some survivors

There was evidence that the actions of some ERCC staff had caused damage to some survivors.

The survivor whose email appeared in the tribunal judgment<sup>4</sup> had been traumatised by the CEO's interview on the Guilty Feminist podcast.

In July 2024, another woman contacted the reviewer and asked to speak about her experience. She had been in contact with ERCC and wanted to be clear that support would be provided by someone who was biologically female. The gender identity/gender affirmative approach she felt was adopted by Rape Crisis Scotland and ERCC did not provide such assurance. She said she was aware that women were excluding themselves from approaching Rape Crisis Centres including ERCC because of this.

The reviewer was also made aware in confidence that some professionals had heard through their professional networks that some survivors did not feel safe using the centre.

Neither of the women who spoke to the reviewer had used ERCC's services personally but they had come into contact with ERCC staff online or at a meeting.

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<sup>4</sup> p.12, paragraph 23



## The National Service Standards

### Development of the National Service Standards

The following is taken from 'Summary Information for Partners, Funders and Commissioners', (Rape Crisis England and Wales, Rape Crisis Scotland, 2019):

*Rape Crisis England & Wales (RCEW) and Rape Crisis Scotland (RCS) are the national organisations for specialist Rape Crisis Centres which provide immediate crisis and longer term specialist counselling, support and independent advocacy to adults and children who have experienced any form of sexual violence and sexual abuse at any time in their lives.*

*The Rape Crisis National Service Standards (RCNSS) represent a collaboration between RCEW and RCS. They provide a quality assurance framework that enables specialist Rape Crisis services to demonstrate how their services are provided within professional frameworks that prioritise safety, governance, empowerment and continuous improvement.*

*The Rape Crisis National Service Standards (RCNSS) were first developed in 2008 as a joint collaboration between Rape Crisis England & Wales (RCEW) and Rape Crisis Scotland (RCS) to provide the specialist Rape Crisis sector with a set of quality service standards that both reflected the specialism held within the RC sector to meet the needs of survivors of sexual violence and assured survivors that they received a high quality service that was consistent across the country. The standards were mapped against a number of existing quality assessment frameworks at that time, including those of the Rape Crisis Network Ireland.*

*The RCNSS were integrated into the Sector Sustainability Standards, shared values that apply across the VAWG sector in England & Wales (2016). These standards represented collaboration between RCEW, Imkaan, SafeLives, Respect and Women's Aid (England) to agree the core principles that should underpin all service standards for services to women and girls who have experienced any form of sexual and domestic violence.*

The standards were refreshed and updated in 2018 and 2024.


### [NSS 2024 - Standards](#)

The 2024 version of the NSS has five quality standards:

#### **Standard 0: Specialist Service Provision**

Rape Crisis specialist services are independent, community-based services, which work from a trauma-informed, gendered analysis and empowerment perspective to provide confidential specialist services to survivors of sexual violence.

#### **Standard 1: Strong Leadership**



Rape Crisis specialist services have strong leadership and governance that ensures services are survivor-centred and delivered to the highest quality. There are robust strategic plans and frameworks in place to ensure that organisations are safe, sustainable and values driven. Strong leadership should also be evident in the way that intersectional feminist values operate in centres, driving anti-oppressive practices, to the benefit of survivors, staff and volunteers.

### **Standard 2: Responsive to Survivors**

Rape Crisis specialist services are responsive to the diverse needs of survivors and actively working towards ensuring that services are relevant, accessible and survivor led.

### **Standard 3: Safe Practice**

Rape Crisis specialist services seek to expand the safety and wellbeing of all survivors (as well as staff and volunteers) and work within safe, trauma-informed models of practice that facilitate this.

### **Standard 4: Lasting Impact**

Rape Crisis specialist services are dedicated to ending sexual violence and abuse, driving the impact and effectiveness of services, and fostering lasting change.

#### [NSS 2024 – Core standards and Core indicators](#)

Each of the five standards contains core standards and core indicators which set more detailed requirements within the framework.

Rape Crisis England and Wales and Rape Crisis Scotland provide a document for members which set out the NSS, with lists of indicative evidence of compliance.

RCS has also adopted a best practice model<sup>5</sup>, incorporating work undertaken by Rape Crisis Network Ireland and developed in consultation with RCS member centres.


#### [How the NSS are used in Scotland](#)

When the standards were being developed, it was hoped that they would be externally verified and external accreditation would be signified by the use of a quality mark. RCS has sought funding to enable this to happen, however this has not been successful to date.

At present, each centre self-assesses its own compliance with the NSS. Each centre is required to make an annual declaration of its assessment and whether they would like any support in implementing the NSS or Best Practice Model.

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<sup>5</sup> Best Practice Model, Rape Crisis Scotland, July 2018, updated 2021.



However, RCS is proposing that quality assurance in future would involve review of the self-assessment by a member of RCS staff and verification by an external contractor, to ensure that the process is independent.

RCS has developed a digital platform to support centres' self-assessment.

## Implementation of NSS by ERCC

The ERCC was able to produce evidence of many of the NSS. The following section of the report includes evidence showing where the NSS are in effective operation but focuses on gaps where there was no evidence or where improvements could, should or must be made.

It became apparent that ERCC staff had no experience of formal internal review against the NSS involving recording evidence against the requirements. It took some time for the reviewer to obtain much of the documentary evidence of compliance with the NSS, partly because the review was taking place over the holiday period, including the absence of the CEO who went on leave shortly after the review began. The Chief Operating Officer (COO) was the main point of contact for the reviewer. Other members of ERCC management staff assisted in providing evidence for the review.

The evidence gathered by the reviewer is summarised at [Appendix 11](#).

### 0 – Core standard

The core standard requires that the organisation's primary or major purpose is to deliver services to women and girls who has experienced any form of sexual violence at any time in their lives. It also requires organisations to provide and protect women only spaces.

There is no mention of dedicated spaces/times for women and girls in the ERCC Strategy 2023-28 nor in '[who we support and our services](#)' on the website. The website at the date of the review gave information on women only times in [FAQs](#) which were added to the website after the Tribunal case. This contrasts with much clearer information about ERCC's other services.

The reviewer asked for clarification of what 'women only' services are available from ERCC (see [in-person meetings at ERCC's premises](#) and video meeting [02 July 2024](#) for more information). A document was provided which set out the iterations of ERCC's women only services (see [video meeting 02 July 2024 and follow up](#) for a summary). However, this still did not set out the definition of woman/female being used by ERCC. The reviewer asked for the centre's working definition (see [questions for the COO 02.08.24](#)).

The following responses were received:

**Reviewer:** *What definition of woman/female is used by ERCC?*

**Answer:** *ERCC supports survivors of all genders from 12 years of age. We accept self id for referrals and if the referral is appropriate for one of our services we offer the initial meeting. During the initial meeting we create a safe environment to explore further information about the survivor to ascertain how best we can support them. The IM [information meeting] form has the questions that are asked. If we cannot support someone perhaps due to age or they are outwith our local authority area we signpost them.*

**Reviewer:** *Please can I have TB minutes endorsing the policy on not advertising women only services and only providing them on request (formulated in an email exchange HOS, COO SSW September 2022 (see [video meeting 02 July 2024 and follow up](#) for a summary).*

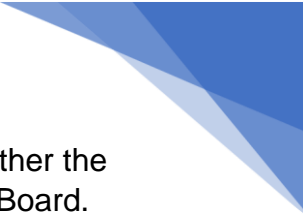
**Answer:** *This was not a policy change only a change in operational practice. To clarify. ERCC didn't stop offering women only times. In review there was feedback that there was very little demand of the women only times. The change in operational practice was aimed to ensure that we can offer person centered and individualised spaces for any survivor who requested women only times so they were not adversely impacted by fixed times that would not be suitable for them. This was to offer flexibility around the need of the survivors. The worker doing the IM [information meeting] would have explored with service user about preference for women only time and their availability.*

The response states that there was very little demand for the women only times. This could have been for a range of factors which do not seem to have been explored before such an important decision was taken. The email correspondence shows that from 01 October 2022 until at least February 2024, there were no protected women only spaces available through ERCC unless they were specifically requested.

Putting women in the position of having to discuss whether the service they receive will be provided by someone who was born and continues to identify as female has caused damage and does not amount to the provision of protected 'women only' spaces. Therefore, requiring women to specify that they want a service delivered by a biological woman/female amounts to a core failure to deliver services to NSS standards under both the 2019 and 2024 versions.

The reviewer asked the Trustees at [a meeting on 07.08.24](#) whether they had been asked to approve this policy. The Trustees could not remember being asked to do so. They had checked the meeting minutes and could not find any record of such a decision. The response from the senior management team (SMT) provided above shows that they were not informed or requested to decide this very important matter.

The SMT was aware that issues of sex and gender are strongly contested and that decisions made would be likely to have an impact within ERCC and externally. Therefore, a decision to accept self-ID is a matter of policy and not solely an



operational decision. In addition, the issues have a direct bearing on whether the NSS are being met. It should properly have been referred to the Trustee Board.

Failure to refer this important issue to the Trustee Board was a serious failure of governance by senior management, responsibility for which lies with the CEO.

## 1 – Strong leadership

### 1.1 Strategic plan, values and professional frameworks

The ERCC Strategy 2023-28 is a high level document which does not give survivors first priority. The first priority mentioned is to ‘Invest in our people, culture and systems’. It mentions women once in the context of the SIA project (p.4).

This is surprising given the [memorandum and articles of the organisation](#) and the data on rape and sexual assault in Scotland. Police Scotland recorded 14,602 incidents of sexual crime in 2022-23. 2,529 of these concerned rape or attempted rape and 5,282 were sexual assault<sup>6</sup>. 94% of rape or attempted rape victims were female and 86% of sexual assault victims were female.

ERCC’s values as stated in its strategy are: *loving, empowering, inclusive, accountable, brave* are not fully consistent with NSS’ values: *survivor-centred, trauma-informed, gender-informed, empowerment-orientated, embodying a culture of belief, actively anti-racist, and employing an intersectional feminist approach*.

‘Loving’ and ‘brave’ are not listed in RCS Best Practice Model 2021. These appear both inappropriate and to raise boundary issues when used in the context of survivors of gender-based violence. The reviewer was informed that these values had been developed through work with survivors. However, [the evidence provided](#) did not entirely support this.

The Tribunal judgment demonstrates that the CEO did not treat the survivor, whose email correspondence was quoted in the judgment, according to the ERCC’s values. The judgment also found that the management investigation in respect of RA had the effect of creating an intimidating, hostile, degrading, humiliating and offensive environment for her and she was discriminated against because of her gender critical beliefs.


#### *Business plan*

The Strategy does not contain the level of detail required to deliver services effectively.

A draft business plan was provided dated 15.04.24. However, evidence from the Trustees stated that the business plan was written by the CEO with minimal input from other managers. The then Convener represented the Trustee Board. However, the Trustee Board in April 2024 felt that the document [lacked detail and needed](#)

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<sup>6</sup> <https://www.gov.scot/publications/recorded-crime-scotland-2022-23/pages/6/> . NB - It is likely that actual incidents were higher than these figures due to under-reporting.



[considerable further work](#) so it could not be authorised. The organisation lacked a key document for planning and managing its activities.

#### *Supporting frameworks and policies*

There was evidence that in April 2024 ERCC adopted evaluation frameworks for both the Edinburgh Adult Service and the STAR project. These included KPIs relating to increase well-being measures for service users.

The documented support and supervision policy/procedure was in draft although it was clear that support and supervision was being provided. As the reviewer had decided not to put additional pressure on individual members of staff by undertaking one-to-one interviews (except with senior members of staff and trustees), it was not possible to say how consistently support and supervision was being provided. However, the Tribunal judgment indicated that there were issues concerning the way records of supervision were made. ERCC has stated that a new supervision form is being developed which will promote higher standards of supervision.

There was no organisational learning and development policy.

There was a documented finance policy including finance control procedures. ERCC was in a good financial position compared to many charities.

#### 1.2 Good governance

An organisational chart (showing governance structure) was provided but it did not show clear lines of accountability.


Most policies and procedures had not been substantively reviewed for many years. Document control was poor. Most policies and procedures were dated (May) 2016. Very few had been reviewed since except for 'contacts updated' in January 2024. In many cases it is unclear what 'contacts updated' meant as there were no contacts in the document or there were still out of date references.

Policies and procedures did not have clear document control logs showing when they were drafted and when authorised by the Trustee Board. It was difficult to tell which policies and procedures were supposed to be in effective operation and which were in draft. The reviewer was informed that it was custom and practice to mark documents 'draft' to denote a master copy not to be over-written. See ['In-person meetings at ERCC's premises'](#) for more information.

In March 2024, it was decided to suspend meetings of sub-committees as there were too few Trustees to enable them to be effective. All committee business was brought to the main Board, which met monthly, with additional ad hoc meetings when required.

Terms of reference were provided for the Strategy, Governance and Operational Excellence Sub-Committee (SGOE) and the Engagement, Promotion, Profile and Fundraising Sub-Committee (EPPF). People Health and Wellbeing Sub-Committee (PHW) did not have terms of reference. See [below](#) for more information.

The SGOE seems to tie up considerable staff and trustee resources in co-ordination. It does not appear that the existence of the sub-committee was able to help the



Trustees to obtain clear information from staff or monitor that they were delivering what they were being asked to do. It is likely that staff engagement with strategy development could be facilitated more effectively and efficiently in other ways.

The EPPF also seems to tie up considerable staff and trustee resources. It is likely that staff engagement with promotion, profile and fundraising could be facilitated more effectively and efficiently in other ways.

The PHW (and all the committees) were in existence prior to the current Trustee Board. It was suspended in March 2024 as there were too few trustees to operate sub-committees effectively so all business was dealt with by the main Board.

Basic governance procedures were poor. Trustees had concerns about the quality of trustee board papers and tried to support and direct improvements. However, the CEO did not implement the Trustees' requests.

There was no annual/impact report available to external stakeholders beyond the annual report and accounts.

The reviewer was surprised to note that a 'Whole Service Day' event had been scheduled for 08.05.24 from 9.00 - 4.30 and a Trustee Board meeting scheduled for the same day. It seemed likely that people involved in the former would be tired and not at their best by the time of the Trustee Board meeting and it would have been better not to schedule two such important events for the same day.

There were no training plans or overall training plan for trustees. Records were provided for two Trustees. The type and amount of training was very different for the two individuals. The Trustees had identified this as an area of concern which they wished to address (see [evidence provided by the Convener/Chair of the Trustee Board](#) for more information). The board have sourced support through Inspiring Scotland's Specialist Volunteer Network<sup>7</sup> to help them to conduct a new skills audit and create a training and development plan for the Trustees. They will also assist the board to source Safeguarding, Sexual Violence and Feminist Governance training. See [evidence provided by the Trustee Board 07.08.24](#).

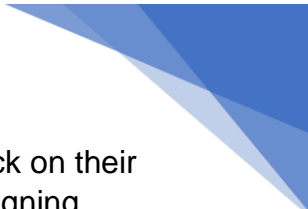
### 1.3 Survivors as organisational leaders

Senior managers stated that service users and survivors had influenced ERCC's strategy. However, the evidence provided did not entirely support this. [See 1.1 Strategic plan, values and professional frameworks](#).

The Service User Involvement Policy dated 25 May 2016 (marked as draft) was provided on 07.08.24. Point 7 refers to friends and family receiving services from ERCC being asked to provide feedback on their experiences. Issues of confidentiality or conflict of interest were not raised within the policy. Although other policies were cited as relevant, this could cause confusion and mean these important issues were overlooked.

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<sup>7</sup> <https://inspiringscotland.org.uk/>



However, service users were systematically requested to provide feedback on their experiences and this feedback was taken into consideration when re-designing services to try to reduce waiting times.

There was an informal approach to the provision of specialist sexual violence support for current trustees and staff. An outline approach was included in the volunteer code of conduct.

ERCC delivered a project as part of the Justice Beyond Criminal Justice group. This enabled survivors to consider what justice meant to them and what they would need to make justice a reality for them.

ERCC has delivered sexual violence prevention education to 11–25 year olds in schools and other youth settings in Edinburgh, East Lothian, West Lothian and Mid Lothian for the last three years, as part of Rape Crisis Scotland's National Prevention Network. The organisation also worked with young people on participatory projects to ask their views on issues around sexual violence and what can be done to change it. In 2021, ERCC contributed the views of young people, their experiences and concerns, and what changes they would call for, as part of the annual 16 Days of Activism against gender-based violence.

#### 1.4 Leading healthy work environments

There were Health and Safety & Health and Wellbeing policies dated 25 May 2016 as well as other policies designed to ensure a healthy working environment. Health and safety was covered in induction training.

There was a volunteering policy dated April 2017. There were no records of annual reviews until January 2024, when 'contacts updated'. There was no record of authorisation by the Trustee Board.


There was no Employee handbook covering all relevant policies and procedures. The induction checklist included a reference to a number of important policies and procedures. The reviewer was informed at a late stage of the review that there was a folder named '1 Strategy and Governance' where all policies are kept and is available to staff members.

In August 2023 research was undertaken as part of an MSc degree (University of Strathclyde). It included quantitative and qualitative data (staff questionnaires). Stressors were identified as the responsibility of the work, dealing with severe subjects. Funding uncertainty was also highlighted. It was noted that ERCC was putting mitigating actions in place. Additional measures were recommended: to use the HSE indicator tool, stress talking toolkits and specialised training for managers, project management tools, email alerts to deadlines and time management training for staff. Recommendations from the August 2023 research were not implemented because of staff insecurities over potential redundancies due to funding insecurity<sup>8</sup>.

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<sup>8</sup> People Health and Well-being minutes 02 05 24.





ERCC commissioned an HR policy review by McKinney HR which is ongoing. Revised policies will be brought to the Board for approval.

It is generally noted that sickness rates have risen since the pandemic. However, higher sickness rates are still used as an indicator of problems with the working environment. Sickness rates at ERCC [were acknowledged](#) to be higher than average.

It appeared to the reviewer that whilst some members of staff at ERCC would feel comfortable with the culture generated by the CEO's gender identity/gender affirmative activist approach, it was likely that any other members of staff with more gender critical views would not be, and would be unlikely to speak up after the treatment received by RA.

The Chartered Institute of Personnel Development (CIPD), states on its website that: '*Employers have a responsibility to protect the rights of all individuals, establish and communicate standards of professional behaviour and effectively manage incidents of conflict*<sup>9</sup>.' The Tribunal judgment showed that there were serious instances when ERCC's CEO failed to model or communicate professional standards of behaviour. For example, in communicating with other members of staff her view that RA's belief was hateful and that by holding it RA was a bigot and a transphobe<sup>10</sup>. Also stating at a meeting at Edinburgh University that she saw firing people as a way of ensuring the staff in the organisation fully complied with her definition of trans inclusion, which the Tribunal found amounted to harassment<sup>11</sup>. These instances caused damage to individuals and to the reputation of the organisation.

The minutes of the Trustee Board meeting on 08.05.24 recorded a discussion between Trustee Board members and SMT members which revealed a difference of approach on recruitment and that the SMT had to be reminded in the strongest terms of the need to follow ERCC's policy. See [Evidence provided by the Convener/Chair of the Trustee Board](#) for more information.

Towards the end of the review, the reviewer was informed that the COO had been promoted into the role at a time of crisis, had been required to carry out her previous role for the first two to three months of the new role, and was dealing with both a Tribunal and a redundancy process. This impacted her ability to assimilate information about what would be the general duties of the COO and was a huge burden. This indicates that she was not provided with an appropriate induction, support or supervision. It appears that the Trustees were not aware of this.

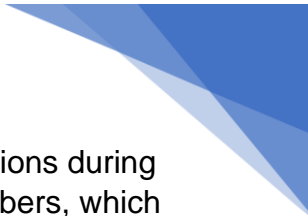
It should be noted that there has been significant change in the composition of the Trustee Board since year ending 31.03.21 (see [Timeline of events relevant to ERCC](#) for more details). None of the trustees at that date are still on the board. Six new members joined the board in April 2021, of which only one remains. Integrating six new members at one time would be challenging for most boards, doing so during

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<sup>9</sup> <https://www.cipd.org/uk/about/news/cipd-new-guide-transgender-non-binary-inclusion/>

<sup>10</sup> Tribunal judgment p.82

<sup>11</sup> Ibid.



Covid lockdowns would increase that challenge. There were four resignations during 2021 and six resignations during 2022. The board currently has five members, which is smaller than it has been historically and means that Trustees (particularly the Convener/Chair) are putting in considerable personal time to the organisation alongside their paid work and other responsibilities.

The current Trustees have made it very clear that they are committed to bringing about significant change in the organisation and have been making efforts to do so. For example, the Trustees instructed the SMT to produce a Code of Conduct in April 2024; but implementation was not progressed by the CEO in a timely manner.

## 2 – Responsive to survivors

### 2.1 Designing services for survivors

Demographic data is collected when required by funders, for example in year 2 of the Equally Safe project.

Some ERCC teams attend partner agencies' team meetings and explore any issues around support. The advocacy team meets with the police quarterly to discuss partnership working and feedback on survivor's experience of engaging with the police.

ERCC was able to provide numerous examples where feedback from survivors was used to develop services. See for example [Video meeting 02 August 2024 and follow up](#) for more information.

However, there was little evidence that survivors were actively involved in strategic decision-making and consultation policy responses.

### 2.2 Service users are well-informed

There was good information about many of ERCC's services. However, [as noted above](#), information about women only services (now they have been reinstated) was poor.

ERCC provided information that a service user can change their support worker, which could be found in the FAQs and was posted to the website after the Tribunal.

### 2.3 Service users shape the individual services they receive


There were support agreements. However, the standard document had no control/issue date. There was a tailored version for young people (STAR project).

There were case studies showing how service users are engaged as active partners in service delivery.

## 3 – Safe practice

### 3.1 Safety for service users

ERCC had policies and procedures designed to provide a safe environment to survivors and service users. [See video meeting 11 July 2024 and follow up](#) for more



information. There was feedback from survivors/service users indicating that they felt safe using the centre.

A PVG <https://www.mygov.scot/pvg-scheme> and ex-offenders policy exists. The COO confirmed that all members of staff delivering any form of support / all frontline workers have completed the process other than 5 members off on sickness /maternity leave. There was evidence of safeguarding training for some staff in training records for safeguarding but formal training was not universal nor refreshed annually.

There was evidence that safeguarding was included in volunteer training in August 2023.

A majority of Trustees had completed safeguarding training; but this was not delivered through ERCC.

The Code of Conduct for staff was provided. It was marked draft April 2024. It mentioned the need for professional boundaries but it was unclear as it encompassed other organisational policies and procedures which tended to detract from the overall focus of the document and could cause confusion.

A Code of Conduct for volunteers was provided. There was no date or document control on it. It mentioned the need for professional boundaries with examples.

There was evidence that some women who had approached the service had been damaged by their experience (ie the survivor whose email appeared in the tribunal judgment and another woman who wanted to be clear that the counsellor would be biologically female [more information](#)).

At the meeting with the reviewer on 24.06.24 the trustees accepted that things needed to change at ERCC and they were determined to put things right where things had gone wrong. There was evidence that they were taking practical steps to implement change.

### 3.2 Safety for staff

There were various policies designed to ensure health, safety and well-being for staff. See [1.4 Leading healthy work environments](#) for information.

### 3.3 Secure data

The data protection policy did not clearly state who leads on data protection. This allows for the possibility of misunderstanding about which of the three staff named has responsibility for which element. However, in the absence of clarity, the overall responsibility would lie with the CEO:

*'The Chief Executive Officer, Chief Operating Officer and Office Manager are responsible for:*

- *Ensuring all personal data is controlled in compliance with the Data Protection Act 1998;*
- *All members of staff and volunteers have access to a copy of this policy (located on the X drive.)*

- *Making sure that all workers understand the policy and procedure through consultation and input at team meetings;*
- *Identifying any training requirements arising from the Data Protection Policy;*
- *Managing 'subject access' appropriately;*
- *Ensuring the Information Commissioner entry is up-to-date and accurate*
- *Ensuring that any disclosures of information are made as set out in this policy.*
- *The Chief Executive Officer takes day to day responsibility for processing data.'*

ERCC's data protection policy had not been updated since 2017 (although it was marked with a review date of January 2024). It was marked that contacts had been updated in January 2024, it still referred to the Data Protection Act 1998 and had not been updated in line with GDPR / UK GDPR.

The Data Retention and Control policy was within the data protection policy supplied. However, it concerned only employee data. A comprehensive review of data held with retention periods was included as a schedule to a data processor agreement signed by the previous CEO in 2018 but current senior management were apparently unaware of this.

ERCC had a subject access request policy within the data protection policy.

The organisation had either not carried out a Data Privacy Impact Assessment (DPIA) or it could not be located. The reviewer was informed at a late stage of the review that this is underway.

The ERCC Trustees realised that the Tribunal judgment included evidence indicating a probable data breach originating from ERCC. The Trustees asked the CEO to investigate it [see evidence provided by the Convener/Chair of Trustees](#) for more information.

The CEO started to investigate but did not take a forensic approach to the evidence. After she went on leave the issue was picked up by the Interim Centre Manager who made a report to the ICO without undue delay and within 72 hours of becoming aware.

### 3.4 Implementing learning

The Tribunal judgment indicated that the organisation did not have an open, transparent and blame-free culture (see [1.4 Leading healthy work environments](#) for more information).

However, there was evidence that ERCC's Trustees were learning from the organisation's past mistakes and were making strenuous efforts to put things right. See [Meeting with Trustees](#) and [Evidence provided by the Convenor/Chair of Trustee Board](#) for more information. The Trustees also appointed an experienced third sector manager to ensure that ERCC could take matters forward whilst the CEO was absent on leave (see [Evidence provided by the interim Centre Manager](#) for more information).

There was a complaints policy and procedure. Reports on complaints received and how they were resolved were made to the Trustee Board.

## 4 – Lasting impact

### 4.1 Setting outcomes

In April 2024, ERCC adopted evaluation frameworks for both the Edinburgh Adult Service and the STAR project. These included KPIs relating to increased well-being measures for service users.

Outcomes were also recorded and monitored according to funder requirements and reported to funders and the Trustee Board.

There was a Service User Involvement policy see [1.3b for comments](#). Service users were systematically requested to provide feedback on their experiences and this feedback was taken into consideration when re-designing services to try to reduce waiting times.

There were outcomes monitoring records as required by funders and evidence that ERCC was enabling service users to achieve positive outcomes see [ERCC achieves some positive outcomes for survivors](#) for more information.

### 4.2 Gathering data and feedback

ERCC collects data on the use of its services using the OASIS case management system and makes reports to its Trustee Board. Minutes record that Trustees read the reports and ask questions about them.

Feedback was gathered from survivors provided with long term support to assess impact. Feedback was also gathered by ERCC worker and survivor together at the end of 'here and now' sessions. Survivors were also able to provide feedback outside the sessions on their own if preferred. The COO was able to produce examples of ways in which ERCC had addressed barriers encountered by minoritised groups which affected their ability to contribute to feedback and how they had enabled service users to overcome them.

ERCC is developing its approach to gathering feedback and has an IT philanthropy agreement with Morgan Stanley to develop a digital solution for feedback.


### 4.3 Effective staff

ERCC staff and volunteers have relevant skills, knowledge and experience to deliver effective and high-quality service provision which makes a positive impact on service users and survivors.

There was an agreement for volunteers setting out expectations and signposting to an information pack containing:

- Full details about the volunteer's role
- Any health and safety information relevant to the role
- The Volunteer Handbook

ERCC did not have an organisational training plan. Training needs were discussed in support and supervision and appraisal for paid staff. However, the supervision checklist suggested that identification of training needs was very much led by the supervisee and training records showed that the amount and type of training varied



considerably from individual to individual. ERCC has stated that a new supervision form is being developed which will promote higher standards of supervision.

Learning and development opportunities were provided; but the lack of an organisational training plan meant that there was not a systematic approach to training and development on issues such as data protection or equality and diversity. Induction training for volunteers was good but there was a less systematic approach to ongoing training. Members of the senior management team had done very little management training.

ERCC's Appraisal/Performance Management policy was dated 25 May 2016, with a review date as April 2024. Footer records contacts updated January 2024. The policy is complex and could be simplified.

#### 4.4 Impact on wider society

ERCC has made valuable contributions to raising awareness of gender-based violence and giving survivors a voice. See eg [1.3 Survivors as organisational leaders](#).

However, the failure of the organisation to respect an individual's right to hold gender critical views has had negative impacts and contributed unhelpfully to the highly contested sex and gender debate.

The trustees accepted that things needed to change at ERCC and they were determined to put things right where things had gone wrong. For example there were efforts to implement a code of conduct and communicate with staff about professional boundaries. See [Meeting with Trustees](#), [Evidence provided by the Convenor/Chair of Trustee Board](#) and [Evidence provided by the interim Centre Manager](#) for more information.

## Recommendations for ERCC

This section of the report sets out recommendations for ERCC with reference to the NSS based on the evidence obtained by the reviewer.

It is for the Trustees to authorise a plan to implement change. To assist in planning and prioritisation, the reviewer uses 'must' to indicate the highest level of priority, 'should' to indicate that an issue needs to be dealt with, and 'could' where a suggestion is being made.

### 0 Core standard

In the light of the debate between those holding gender identity/affirmative and gender critical beliefs and the developing context of litigation, ERCC must take advice from RCS concerning the definition of 'woman' within its service.

Women only spaces and times must be protected and clearly publicised.

## 1 - Strong leadership

### 1.1 Strategic plan, values and professional frameworks

ERCC's strategy should be reviewed and must put survivors as its first priority.

ERCC's values must align with NSS 1.1b and the organisation should ensure that they are demonstrated consistently throughout the organisation, eg by adopting a simplified, clear Code of Conduct for Trustees and paid staff (a Code of Conduct already exists for volunteers which may need to be modified).

ERCC should support staff, volunteers and trustees in adopting the Code and ensuring that senior staff in particular model the organisation's values.

ERCC's definition of woman/female must be publicised.

Information about women only services should be prominent in all relevant parts of the website and other publicity materials.

ERCC's draft support and supervision policy and procedures should be reviewed and formally adopted. Consideration should be given to supervisees writing up their part of the supervision record. There should be a process by which support and supervision records are signed off by both parties.

### 1.2 Good governance

All policies and procedures should be reviewed.

ERCC should implement robust document authorisation and control policies.

The number and membership of sub-committees should be reviewed. ERCC should consider whether its current sub-committees are the best use of its resources and whether they are the best approach to ensuring risk, policy, strategic oversight, staff engagement and wellbeing.

ERCC's Finance Sub-committee should set dates for meetings once the Trustee Board has sufficient members to re-start sub-committee meetings.

Sub-committees should have clear terms of reference.

Consideration should be given to recruiting a volunteer lawyer to act as secretary to the Trustee Board, liaise with the trustees and CEO, circulate agendas and Board papers and take minutes of meetings.

The Trustees should undertake a formal skills audit, create a learning and development plan and recruitment plan to fill gaps.

The Trustee induction materials should be updated to ensure they cover reporting to OSCR.

ERCC should provide consistent induction for trustee board members.

The Trustees must review CEO performance and take effective action to ensure that the CEO complies with Trustees' directions.



ERCC should publish an annual/impact report on the ERCC website.

### 1.3 Survivors as organisational leaders

ERCC should ensure that it can clearly demonstrate how service users and survivors are involved in strategic planning.

ERCC could consider further methods to provide opportunities for survivors to be actively involved in strategic decision-making and consultation policy responses. The Scottish Women's Rights Centre has been developing models which may be of assistance to ERCC.

The Service User Involvement Policy dated 25 May 2016 (marked as draft) at Point 7 referred to friends and family receiving services from ERCC being asked to provide feedback on their experiences. It did not raise issues of confidentiality or conflict of interest within the policy, (although other policies were cited as relevant). This could cause confusion. ERCC should review the policy in the light of confidentiality and conflict of interest.

There was an informal approach to the provision of specialist sexual violence support for current trustees and staff. This should be documented and publicised internally. The relevant section in the volunteer Code of Conduct could provide a starting point.

### 1.4 Leading healthy work environments

ERCC should ensure that staff are aware that they can access all relevant policies and procedures on the x drive folder '1 Strategy and Governance'.

The volunteering policy should to be reviewed. See [1.2 Good governance](#) for recommendations concerning policies and procedures.

ERCC should continue the HR policy review by McKinney HR and implement the recommendations arising from the MSc degree research (University of Strathclyde) in 2023.


The ERCC must ensure that the work environment is healthy for all staff, and all staff are treated with courtesy and respect. ERCC has been supportive of individuals with gender identity/gender affirmative beliefs but was not supportive of RA who held gender critical beliefs.

The Equity, Diversity and Inclusion (EDI) policy was dated March 2021. It states it will be reviewed annually. Contacts were updated in January 2024 with a review date of April 2024.

The EDI policy must be reviewed to clarify that the organisation respects both those holding gender identity/gender affirmative and gender critical beliefs and that ERCC will not condone abuse concerning gender beliefs. A further level of review should be added to cover a situation where a complaint about a potentially discriminatory practice is not resolved by the CEO, or is about the CEO's behaviour – ie to the Trustee Board.

ERCC should develop an Equity, Diversity and Inclusion action plan.





There must be a significant change in the culture of the organisation which must be led by senior managers and Trustees. ERCC's trustees must consider how this can be achieved in the light of the Tribunal findings.

## 2 – Responsive to survivors

### 2.1 Designing services for survivors

ERCC had taken steps to widen its support to 'all survivors aged 12 and over, of any: race; ethnicity; age; sexual orientation; disability; gender identity (and non-binary people); class/social status; immigration status; religious and cultural background'<sup>12</sup>. Unfortunately, at the same time, decisions were taken to remove dedicated spaces/times for 'women only' services.

ERCC has since reinstated 'women only' spaces/times but publicity needs to be improved. See [0 Core standard](#) for more information.

### 2.2 Service users are well-informed

Women only services should be clearly signposted on the website.

Service agreements should provide information on how the support worker can be changed if the service user wishes to do so.

Consideration should be given to making links with Beira's Place (a centre which is run by women for women) and adding it to the list of 'by and for' organisations<sup>13</sup> to which service users may be referred. This would offer a choice to women who would prefer to be supported by an organisation with a gender critical approach.

## 3 – Safe practice

### 3.1 Safety for service users

All service users and others approaching ERCC must feel safe.

ERCC's Code of Conduct should be reviewed to ensure that it is clear and does not duplicate or replicate parts of other policies and procedures as this is likely to cause confusion.


ERCC must change its culture so that it is equally supportive to service users/survivors who may take a gender critical approach as well as to those who may take a gender identity/gender affirmative approach or who may feel comfortable with it.

If ERCC's equity, diversity and inclusion policy means that it is unable to provide a service staffed by biological women/females, it should be clear about the definition of woman/female in operation. This should be clearly available on its website and other materials.

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<sup>12</sup> <https://www.ercc.scot/who-we-support-and-our-services/>

<sup>13</sup> 'By and for' organisations are led and managed by members of the community they serve.



If ERCC does not provide protected services staffed by biological women/females, the centre should make links with an alternative service provider using a gender critical definition of woman/female eg Beira's Place. It should refer women requiring support from biological women/females to an organisation that can do so, if it does not.

ERCC must review its policies and procedures and undertake training to ensure culture change is embedded throughout the organisation. It must ensure that people with gender critical beliefs and those with gender identity/gender affirmative beliefs are treated with equal courtesy and respect.

Formal safeguarding training should be undertaken and recorded for all staff. It should be refreshed annually.

### 3.2 Safety for staff

See [1.4 Leading healthy work environments](#) for information.

### 3.3 Secure data

ERCC must conduct a fundamental review of its data protection policies and procedures without delay.

It must appoint a data protection lead.

It must carry out and document a Data Privacy Impact Assessment (DPIA). The reviewer has been informed that this is underway.

Data protection training must be undertaken and recorded for all staff, volunteers and trustees. It should be refreshed annually.

ERCC could consider accreditation to Cyber Essentials

<https://www.ncsc.gov.uk/cyberessentials/overview>


### 3.4 Implementing learning

When the Tribunal case is concluded, following the agreement of damages or hearing to set damages, ERCC's SMT and Trustees should conduct and document a lessons learned exercise.

The Trustees would benefit from support from experienced Trustees of another Rape Crisis Centre which RCS regards as well-performing. The SMT should include learning from other centres in their learning and development plans.

ERCC's complaints policy and procedures should be reviewed. The existing policy/procedure states that The revised procedure should include allowing for the person making a complaint to complete the complaints form themselves (this is accepted in practice as complaints can be made using a form on the website). The procedure should envisage that complaints may be made to members of staff other than a worker supporting a survivor (eg the CEO or support/administrative staff) or Trustee Board members.

The policy/procedure should distinguish between informal complaints that can be easily resolved at first instance and formal complaints which are those that cannot be



resolved at first instance or where the person making a complaint wants to escalate it.

It should also require some complaints to be treated as formal complaints and escalated immediately, eg, if they concern discrimination, safeguarding or breach of professional standards.

The policy/procedure needs to be clear about who responds to initial complaints rather than stating 'ERCC will'.

Complaints should be acknowledged the individual and they should be sent a copy of the complaints procedure within 2 working days.

Complaints about the CEO should immediately be passed to the Convener/Chair of the Trustee Board.

ERCC should adopt an organisational learning and development policy and plan. Staff, volunteers and trustees should have individual learning and development plans.

#### 4 -Lasting impact

##### 4.1 Setting outcomes

Outcomes under the evaluation frameworks for both the Edinburgh Adult Service and the STAR project should be reported regularly to the Trustee Board.

##### 4.2 Gathering data and feedback

ERCC should continue to develop its approach to gathering feedback and has an IT philanthropy agreement with Morgan Stanley to develop a digital solution for feedback.

The organisation should embed the use of internal and authoritative external research data into its strategic and operational planning, eg Scottish government data, work by the University of Glasgow and Glasgow Caledonian Universities and the Scottish Womens Rights Centre.

Outcomes under the evaluation frameworks for both the Edinburgh Adult Service and the STAR project should be reported regularly to the Trustee Board.

##### 4.3 Effective staff

See 1.1 Strategic values and professional frameworks - for recommendations concerning:

- Reviewing and revising the code of conduct
- Reviewing and revising the supervision policy and procedures

See 1.4 Leading healthy work environments - for recommendations concerning:

- Changing the culture of the organisation
- Ensuring all members of staff are aware of all relevant policies and procedures and that they are available on the x drive

### *Learning and development plans*

ERCC lacks an organisational learning and development policy and plan. Staff and trustees would benefit from individual learning and development plans informed by the over-arching objectives of the organisation as set out in the business plan.

Consideration could be given to adopting a more systematic approach to ongoing training for volunteers.

### *Appraisal*

ERCC's Appraisal/Performance Management policy is complex and could be simplified.

For example, the policy states that: *'Depending on the line management for your role this would mean a meeting with one or more of the Chief Executive Officer/Chief Operating Officer/Services Manager/Senior Support Worker.'* Involving more than one member of the SMT does not seem like a good use of the organisation's resources.

The policy and procedure should be reviewed. Consideration could be given to the appraisee writing up the appraisal and providing it to their line manager to agree, which would give the appraisee an opportunity to reflect on the appraisal as well as saving SMT time.

The appraisal could be used as an opportunity to review the job description and see whether it needs to be updated.

The appraisal could be used to set objectives which reflect objectives in the organisation's business plan. These could be agreed between the appraiser and the appraisee as a result of the discussion rather than the appraisee being invited to suggest their own objectives for the following year without an organisational context. Similarly, the individual's learning and development plan could be agreed between the appraiser and the appraisee as a result of the discussion rather than the appraisee being invited to suggest their own objectives and training needs for the following year without an organisational context.

### *4.4 Impact on wider society*


ERCC has shown commitment to raising awareness of gender-based violence and giving survivors a voice. The centre may need to prioritise resources for organisational change in the short/medium term.

## Recommendations for RCS

The RCS website should be reviewed to ensure that the summary of the 2024 NSS comes up first on a website search. At present the 2019 summary is higher on search results and the 2024 NSS is more difficult to locate<sup>14</sup>.

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<sup>14</sup> <https://www.rapecrisisscotland.org.uk/resources/RCNSSsummaryexternaldoc19-1.pdf>



It should be a membership requirement that the NSS is also easily navigable on all members' websites.

The NSS 2024 should be date marked.

RCS should expedite the proposed assessment model involving review of the self-assessment by a member of RCS staff and verification by an external contractor, to ensure that the process is independent.

Training should be provided to all Rape Crisis Centres on how to conduct an internal review of the NSS, including examples of acceptable evidence.

RCS should make efforts to broker a relationship with a well-performing RCC and facilitate support and development to ERCC's trustees and senior leadership team.

RCS must facilitate a shared definition of woman/female to be adopted across the network.

The RCS definition of woman/female must be publicised.

RCS should review and simplify its standard Code of Conduct to remove duplication with other policies and procedures.

RCS should conduct a full review of ERCC against the NSS in 12 months' time.

## ERCC Review Process

This section of the report sets out the process adopted by the reviewer and the way that she gathered evidence through documentation and key individuals at ERCC.

### Stage 1 - Orientation


The reviewer considered the judgment in the tribunal case<sup>15</sup>, the current NSS and documentation provided by RCS to support the NSS. The reviewer accessed ERCC's and RCS's websites.

ERCC had been provided with a list of examples of typical evidence which the reviewer would normally expect to be provided. On 16.05.24 the CEO queried by email whether the list was all the reviewer was looking for as ERCC would also have other evidence. The reviewer clarified that she would welcome any type of evidence which showed how ERCC was meeting the standards. Also that she would not expect to be given access to original case records but case studies as listed in the NSS as likely indicative evidence.

On 31.05.24 the reviewer met ERCC's CEO and Chief Operating Officer (COO) by video to discuss the way the review would be conducted. The aims of the review

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<sup>15</sup> Employment Tribunals (Scotland) Case No: 4102236/2023



were explained. It was explained that the review was scheduled to conclude by the end of August 2024.

They asked which version of the NSS would be used. It was confirmed that the current version (2024) would be used.

It was agreed that ERCC would set up a secure Sharepoint folder where evidence of compliance with the standards could be uploaded and considered by the reviewer. In addition, the reviewer would want to meet with senior members of staff and trustees to discuss the operation of policies and procedures.

The reviewer would usually want to discuss the operation of policies and procedures with members of staff and volunteers at all levels. However, it was felt that, given the tribunal and pressures arising from issues concerned with that, and the fact that staff had recently been facing a redundancy process, interviewing other members of the team could cause additional pressure and so it was not proposed to do so as part of this review.

The survivor whose email appeared in the tribunal judgment<sup>16</sup> asked to meet with the reviewer. This was agreed and a video meeting took place. Some follow-up emails were exchanged.

The reviewer met the RCS Development Manager and Development Worker to understand the development of the NSS and key elements of the scheme.

A list of staff with reporting lines was provided.

The reviewer considered the self-assessment submission against the NSS made by ERCC to RCS on 22 February 2024.

On 14.06.24, the reviewer was informed that the CEO was on leave.

An overview timeline of relevant events affecting ERCC can be found at [Appendix 2](#).

### Stage 2 – In-person meetings at ERCC's premises

The reviewer visited the ERCC in person on 21 June 2024 and spent an afternoon with ERCC's COO and Head of Services (HOS). She also met the Edinburgh Advocacy & Lothian N&D Service Senior. She had a short meeting with ERCC's trustees in the evening. The aim of the meetings was to gain an understanding of the context in which ERCC was working, in particular:

- the trustees' and senior management team's views of where ERCC is as an organisation and what its priorities are
- what is happening to bring about change in the organisation
- where ERCC considers itself to be in relation to the NSS
- where ERCC thinks the NSS can support its priorities and the changes that are needed

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<sup>16</sup> P.12, paragraph 23

- anything else staff and trustees think is important

The COO and HOS explained the work done by ERCC and shared examples of creative work by survivors showing how the centre had supported them and made a positive impact in their lives.

They set out the impact of the Covid pandemic on the work of the centre and how it had responded.

The COO and HOS also gave examples of ways in which service delivery had been changed in order to meet the challenges of the pandemic and post pandemic periods.

The reviewer asked for more information about this, and the following was provided by ERCC's HOS on 24.07.24, along with supporting documentation:

How ERCC adapted service delivery during the pandemic

*As an essential service we have continued to operate through the restrictions associated with Covid-19. We transitioned our team to remote working in March 2020 and also our service delivery to phone, text and email. We later introduced video support in September, following work on sourcing a data secure platform, the development of best practice guidance on working safely with trauma survivors via video, and the delivery of training to our team.*

*Unfortunately, prior to Covid-19, the capacity of our service to meet the need of survivors at their point of referral was already outweighed by the numbers of survivors needing our support. Given the additional challenges to capacity generated by Covid-19, we unfortunately had to close the majority of our frontline services to new referrals from early April 2020, except referrals of recent rape and sexual assault within the past 7 days. Our waiting list reopened in April 2021.*

*In September 2020 in line with Scottish Government Covid-19 Stage 3 guidance, we reopened our services to the provision of face to face, though our capacity to provide this was reduced by 50% due to space restrictions in our premises. Face to face support is therefore prioritised for survivors who would be disadvantaged by other forms of support, for reasons of safety, having communication or interpretation needs, digital poverty, or multiple and complex support needs. This means that for the foreseeable future we will continue to deliver a blended model of support, which includes options of support by phone, video and email, alongside face to face support.*

*Some survivors have reported that the additional options of support by phone or video have increased the accessibility of our services, and for some survivors facilitated access that prior to these modes of support felt difficult for them. We have therefore integrated this learning into our service planning and post Covid-19 will continue to offer a blended model of support, which provides survivors with increased choice as to the modes of support they can access. However, unfortunately due to space limitations and our increased referrals, face-to-face support for young survivors has a longer waiting list than other methods of support.*

*“It was good that it was over [video] though. Thought it was even better than in person as I would be able to be in the comfort of my own home and would not have to commute anywhere afterwards”*

*Following the return to face to face support, we ensured that we responded to any changes in Government guidance and we ensured we were focussed on the health and well-being of our staff, volunteers and service users, with particular attention to anyone who was shielding or had additional needs. We continued to provide a menu of support options, including face to face, phone, video, and email, based on both survivors’ needs and number of face-to-face sessions we can offer safely at any given time from our premises and outreach venues, in accordance with social distancing.’*

#### *Pressures from proposed withdrawal of funding*

Also during the meeting on 21 June 2024, the COO and HOS explained the pressures on ERCC resulting from a proposed significant funding reduction by the Scottish Government<sup>17</sup>, which had required ERCC to start a redundancy process. Happily the funding cuts had not been implemented; but the process had taken a great deal of management time and caused stress to staff. In addition, ERCC had been involved in the tribunal case, which had also required management time and was stressful.

The reviewer asked about ERCC’s values, as stated in its strategy document and on its website ‘*loving, empowering, inclusive, accountable, brave*’, as they did not seem to comply with the RCS Best Practice Model 2021. The COO and HOS stated that these had been developed internally and through work with survivors. They offered to provide further evidence.

The COO took the reviewer through the folders of evidence on the Sharepoint document. The reviewer asked why so many documents were marked ‘draft’. The reviewer was informed that it was custom and practice to mark a document ‘draft’ to denote a master copy which was not to be over-written.

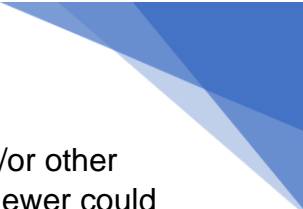
The reviewer asked for a copy of the business plan. The COO stated that ERCC had a business continuity plan and a strategy. The reviewer explained she was looking for a business plan or activity plan. The COO then said there was a draft business plan.

The reviewer mentioned that asked for ‘women only’ services were only mentioned on the website as an FAQ and did not have their own page as other services did. She asked for clarification of what ‘women only’ services are available from ERCC. The COO said she would look into that.

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<sup>17</sup> The Scottish government had made additional grants to organisations providing women and girls with support related to gender based violence in 2020 and 2021 to reduce the impact of waiting lists for services. It was proposed to withdraw this funding during 2023-24.





The reviewer requested a series of follow up meetings with the COO (and/or other appropriate ERCC staff) to go through each folder in detail so that the reviewer could ask questions about how the documents were used in practice and about any gaps in evidence of meeting the standard. The COO and HOS were positive about using the NSS and results of the review to improve ways of working at ERCC.

#### *Meeting with Trustees*

The reviewer met separately with the trustees. The trustees explained that most of them were comparatively new and had joined during the pandemic when meetings were online and so it was more challenging for them to form a cohesive board. Some of the trustees had not been provided with an induction.

The trustees gave an account of the recent history of governance at ERCC. There had been a number of resignations of trustees and other trustees had joined during the pandemic, when meetings were held virtually. This had made it more difficult for the members to develop as a team.

Trustees stated that they had not previously been aware of some issues which had only come to light during the tribunal hearing. They accepted that things needed to change at ERCC and they were determined to put things right where things had gone wrong. They were positive about using the NSS and results of the review to support change.

#### *Stage 3 – Further evidence*


##### *Video meeting 02 July 2024 and follow up*

The reviewer met the COO on 02 July 2024 and asked a series of questions based on NSS standard 0 and 1 (see Appendix 3).

The reviewer had concerns about ‘loving’ and ‘brave’ being stated as amongst the centre’s values. These are not listed in RCS Best Practice Model 2021 and appear both inappropriate and to raise boundary issues when used in the context of survivors of gender-based violence.

The reviewer was later provided with an email from the CEO dated 08 August 2022 asking staff to seek feedback from survivors to inform values to be discussed at a ‘Creative Day’ held on 19 August 2022 as evidence that survivors had been instrumental in developing the values. The reviewer was also provided with a spreadsheet of anonymised feedback from 26 survivors. The feedback was overwhelmingly positive about the impact that their experience with ERCC had on their lives.

The words ‘loving’ and ‘brave’ were given once each. They did not appear at all in anonymised feedback from staff and trustees. The presentations during the ‘Creative Day’ and follow up activities covered a wide range of values, many of which were consistent with the RCS Best Practice Model 2021. It was difficult to see how ‘loving’ and ‘brave’ became adopted as ERCC’s values when more consistent values were not. The COO gave a broad outline of the process of externally facilitated workshops involving staff and trustees, the results of which were reported to a sub-committee.



The reviewer asked for more information on the process by which these values were adopted.

The reviewer asked for a copy of the business plan. The COO stated that ERCC had a business continuity plan and a strategy. The reviewer explained she was looking for a business plan or action plan which set out how the strategy would be delivered, with detailed activities, targets etc. The COO said she would look for the draft document.

The reviewer asked for a copy of an annual/impact report. The COO said that ERCC has impact reports when these are required by funders.

#### *Sub-committees*

The reviewer asked for copies of sub-committee terms of reference (TORs). The COO said she would come back on these.

On 09.07.24 terms of reference of two subcommittees were provided:

1. The Strategy, Governance and Operational Excellence Sub-Committee (SGOE).

The TOR were noted as reviewed in May 2023.

The TOR described its function as: *'as a vital subgroup of the Edinburgh Rape Crisis Centre Board. SGOE is an umbrella for the other sub-committees and aims to consider issues which span across multiple workstreams, or which need further teasing out.'* The SGOE has powers to act in place of the other two sub-committees if they are unable to function; but the main stated purpose was co-ordination.

The members were listed as: at least one Board representative from EPPF, FIG and PHW, with the Senior Management being members of the sub-committee (8 SMT members were named on the list provided to the reviewer) and 3 other staff representatives. The sub-committee was stated to meet once a month in the 2 months prior to a Trustee Board meeting; but not in a month when there was a Trustee board meeting.


2. The Engagement, Promotion, Profile and Fundraising Sub-Committee (EPPF)

The TOR were noted as written in July 2022 and last reviewed in July 2023.

The purpose of the sub-committee was given as:

- *A way for senior management to give members a centre update on non-grant income generation and an update on engagement, promotion and profile of the ERCC.*
- *An opportunity for members to raise concerns and discuss upcoming events related to engagement, profile, promotion and fundraising activities and to get the perspective of staff and board representatives.*

The members were listed as EPPF Chair (board), CEO, COO, Services Manager, staff members, board members.



Meetings were listed as monthly, with every other meeting falling 4 weeks before the Board.

### 3. People Health and Wellbeing (PHW)

In addition on 09.07.24 some notes were produced for the People Health and Wellbeing sub-committee. The reviewer was informed that this had been set up in August/September 2023 prior to the current Trustee Board. It was suspended in March 2024 as there were too few trustees to operate sub-committees effectively so all business was dealt with by the main Board.

It did not have terms of reference.

Also at the meeting on 02.07.24, the reviewer asked for finance procedures. The COO said she would come back on these.

On 04.07.24, several finance documents were provided:

- ERCC Company accounts for 2022-23
- Management Accounts overview Oct 23
- Accounts report q2 23-24
- Accounts report q1 24-25
- Fundraising report to board on 8<sup>th</sup> May 2024

The reviewer asked for more information on the supervision policy. The COO said all policies are authorised by the trustee board. Everybody has internal supervision every 4 weeks and all staff have external supervision (whether they provide front line services to survivors or back office support). Take-up of counselling support is discussed in support and supervision. It would be a cause for concern if an individual was not making use of this. The reviewer asked for evidence of this (compliant with individuals' right to privacy).

Seven redacted supervision records were provided on 04.07.24. However, no supervision policy or procedure was provided.

The reviewer asked if the risk register had been updated since the Tribunal. On 04.07.24, the COO stated in an email that it (amongst other documents) would be sent as soon as possible. On 09.07.24, the COO sent a further email stating that the Trustees had made recommendations and 'we are awaiting confirmation of minutes of the Board meeting' and referring the reviewer to the interim centre manager for more information.

#### *Women only services*

The reviewer again asked for clarification of ERCC's 'women only services' and when these are available. On 09.07.24, the COO sent an email thread edited into a Word document referred to as a Women Only Times Process document) between herself and the HOS and a Senior Support Worker (SSW) on the issue.

- 14.09.22 - SSW asked HOS for clarification on what to say about women only times *'after 1<sup>st</sup> October and we start getting referrals from all genders.'*

- 22.09.22 – HOS suggested they should stop talking about women only space and start talking about times when we will only be supporting women, in order to avoid having to exclude some staff/volunteers from the centre.
  - HOS also suggested ERCC should stop advertising any set times that ERCC will be supporting women only. Women only service would be provided on request.
  - HOS stated she was not aware of any time in the last 2 years when a women only request was made. However she stated '*I expect that will change once it is known we are supporting all genders*'.
- COO supported this but anticipated requests for clarification/challenges and they would need to be prepared for these.
- 20.10.22 - HOS sent an email to 'everyone @ERCC' subject line 'supporting men'. There was to be a 'soft launch' of opening all services to men. This would not be publicised on the website although it was hoped that it could be expressed publicly by April 2023.
  - HOS continued: '*Women only space: We are no longer identifying regular "women only times" on a weekly basis. If needed, we can offer support at times when only women are being supported. This may be managed by offering support outside the centre e.g. at Ferry Road, or by finding a suitable time and space within the centre. It will involve slightly more organisation at the point of arranging support, and then communication across teams, however it will be a more flexible approach.*'
- 17.10.23 – HOS sent an email to the SMT stating that ERCC was considering reinstating fixed periods in the centre that are protected as women only.

#### Video meeting 05 July 2024 and follow up

The reviewer met the COO. She asked for a list of external agencies which are 'by and for' to which service users and potential service users might be referred. This was provided by email on 9<sup>th</sup> July 2024. The COO explained that this is used when ERCC cannot offer support or does not have additional support which the survivor needs.


The COO confirmed there is a formal referral pathway to its STAR service.

The reviewer asked whether there was an equality, diversion and inclusion action plan. The COO stated that there was an anti-racist group organised by staff.

The reviewer asked if ERCC had an equalities breakdown of service users. The COO said that the organisation did have that and the HOS had prepared a paper for the Trustee Board on the topic. The COO sent some EDI information by email on 9<sup>th</sup> July 2024; but an equalities breakdown was not provided.

The reviewer noted there was a big drop in numbers using the service in Q3 and Q4 of 2023/4 and yet the waiting time was steady at 6 weeks. She asked the COO if she knew why this was? Was this reported to trustees?

The COO stated that at the time multiple services were closed to new referrals due to the uncertainty over funding by the Scottish Government (except for those who



had been recently raped or sexually assaulted). It would not have been ethical to start work with survivors as they might not have been able to follow through.

The reviewer asked for more information about the whole service day held on the 8th of May. The COO explained this was a whole organisation discussion about the current challenges the organisation was facing mainly due to the tribunal and uncertainty of funding and how the organisation could move forward. The programme for the day was sent by email on 9<sup>th</sup> July 2024.

Video meeting 11 July 2024 and follow up

The reviewer met the COO. It was hoped that the HOS would be able to join this meeting but she was attending to an urgent issue so could not attend.

The reviewer asked if there were any training plans. The COO said that she, the HOS and a Senior Support Worker were working on this.

The reviewer asked if there were records of data protection and confidentiality training. The COO explained that these are covered in induction training. She would check for other training records.

The reviewer asked if there was a document listing all personal data held and retention periods. The COO explained that all data is held on OASIS<sup>18</sup> (a case management system used by many third sector organisations that deliver services to support adults and children and young people who have experience of domestic abuse). She did not think they had a document which listed all the retention periods. However, such a document was provided as a schedule to an agreement with a data processor which had been signed by the previous CEO in 2018 (see [video meeting 02 August 2024](#) and follow up for more information). As previously noted, this suggests that the COO had not been given sufficient induction training and support.

On 29.07.24, the HOS confirmed that the data retention policy and periods were contained in the Data Protection Policy dated 2017.

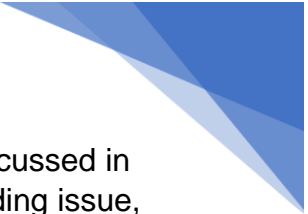
The reviewer asked if there was a data privacy impact assessment (DPIA). The COO explained that the CEO had started a data protection audit and was engaging an external agency. The HOS might have more information.

The reviewer asked how safeguarding training was provided/recorded. The COO explained that the HOS was responsible for this. Access to online training had been provided in 2023. The evidence that training had been undertaken was likely to be online.

On 30.07.24 the HOS provided certificates for 3 members of staff who had completed NHS adult protection and support training to level 2 (skilled) in June 2023. Also a copy of an email to all contracted staff requesting that they complete the training and notify their manager that they had done so by the end of July.

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<sup>18</sup> <https://oasiscloud.co.uk/clients.aspx>



The reviewer asked if there was evidence that safeguarding had been discussed in meetings. The COO explained that if a worker could deal with a safeguarding issue, they would do so and inform their manager. If they need to discuss an issue, they would go to their manager. There is also a senior manager on a rota to discuss any serious/difficult safeguarding concerns. They would then approach the duty social worker if they needed more guidance. The COO explained that the general approach is to try and obtain consent if possible but the centre may need to escalate if there is imminent risk of harm and disclosure may need to be made without consent.

In the meeting with the COO on 11.07.24, the reviewer asked for copies of the public liability and professional indemnity insurance certificates. The COO agreed to send these and did so.

The reviewer asked if ERCC had a risk management policy. The COO agreed to send this.

The reviewer asked if there was a workplace violence policy. The COO said there was a new code of conduct and an anti-bullying policy. In relation to service users there was the service agreement.

On 30.07.24 the HOS provided an outline of the relevant risk management processes, policies and procedures and an anonymised case study concerning a service user with a mental health condition.

In the meeting with the COO on 11.07.24, the reviewer apologised that she could not find the support and supervision policy on Sharepoint and asked for it to be re-sent. The COO agreed to send this.

The reviewer asked if there was professional boundaries guidance. The COO said this was in the code of conduct.

The reviewer asked if there was an internal complaints policy/procedure (she had seen the information provided to service users). The COO agreed to send this, probably next week. She would be on leave 17-30 July.

[Video meeting 16 July 2024 and follow up](#)


The reviewer met the COO. It was hoped that the HOS would be able to join this meeting but she could not attend as she was unwell.

The reviewer asked if there was an outcomes framework which was used to assess services. The COO explained that ERCC is developing its approach to gathering feedback and has an IT philanthropy agreement with Morgan Stanley to develop a digital solution for feedback. The HOS would email the reviewer with additional information.

The reviewer asked if ERCC could provide a case study showing how service user feedback is used to inform and improve service planning, development / campaigning priorities. The COO explained that the HOS would deal with this.

On 30.07.24 the HOS provided a document giving a number of examples, including;

- General approach in the adult service



*‘During support we are constantly listening to what feels best for the service user and changing support if needed – whether than be their worker, session method (F2F, Online, Phone), time/day. There are often times that service users may be having phone or F2F support and let us know if this isn’t working well for them, and we explore other options including providing taxi’s to the centre if needed.’*

- Changing the service structure

*‘Changing our service structure: We used to offer 6 Here And Now sessions immediately from point of referral. Long term sessions were then an option after these sessions. We received feedback that that it would have been better for the service users to have a choice of whether they received 6 sessions or just went on to the long term waiting list. We changed this; we now offer everyone and initial meeting, and explore support options at that time so service can make an informed choice of what’s best for them.’*

- Development of group work delivery

At the end of one to one sessions, a survivor expressed an interest in group work. The HOS explained: *‘.....[in] July 2024 to further discuss the gap in service provision and the identified need for a survivor led peer support group space. Group Workers LS and HD are working in collaboration with D to think about group contracting, policies, safeguarding processes, the structures of support needed and the role that ERCC can play in providing this support space.’*

- Changing the referral process


*‘We used to process referrals to both Advocacy and the support services simultaneously if a service user wanted a referral to both teams. We received feedback that this was confusing/overwhelming for some people, to have 2 workers from ERCC contacting about different things at the same time. Our process now is that if Advocacy support is required, a referral is sent to Advocacy first and once that introduction is complete, Advocacy refer them back to the support service and we reach out then.’*

- Practical adjustments

These included:

- hiding weighted soft toys in support rooms after a service user who had experienced childhood sexual abuse shared that having these weighted soft toys out in view was triggering
- providing taller/more accessible tables in the support rooms after a service user who used a wheelchair found it difficult to reach her cup

In the meeting with the COO on 16.07.24, the reviewer also asked for an example or report showing how need and demand are identified and responded to. The COO outlined how ERCC had been able to reduce support sessions without compromising quality in order to reduce waiting times. The HOS would be able to provide more information.



On 29.07.24 the HOS sent a detailed account of how demand had increased and waiting lists lengthened. In 2021 ERCC refocused the way the organisation offers support to survivors at the point of contact with the organisation:

*‘By foregrounding six initial sessions of support for all survivors, the model aims to:*

- *Foreground safety and stabilisation support, focussing on psychoeducation and resourcing, to support survivors to self-manage the trauma symptoms they are experiencing. For some survivors, this support may be sufficient at this point in their journey. Foregrounding safety and stabilisation may help reduce the numbers of survivors referring on for longer-term support with ERCC.*
- *Respond more effectively and meaningfully to responses to needs and risks identified in the Initial Meeting- for example, if a survivor is feeling suicidal or at risk of harm due to domestic abuse.*
- *Respond to survivor feedback - as noted, survivors have told us they need support when they refer into the service- not a year later.*
- *Respond to feedback from staff and volunteers [regarding the impact of long waiting times] - as noted.*

*Survivors can then join the waiting list for a block of 16 sessions of counselling support if they feel they need further support.’*

The HOS also set out further developments to service delivery when ERCC re-opened in-person services after Covid restrictions were lifted:

*The caseload balance of counselling support workers was 7 Here and Now, 1 Recent Rape & 4 Long term. This allowed us to provide support more quickly, however, the majority of survivors then chose to go on the waiting list for long term support, so it didn’t reduce demand for that service. We also reached a point where people were waiting 4-6 months for short term support, which defeated the purpose of the model.*

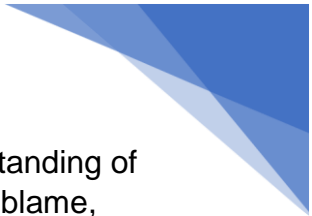
*This informed our decision to change the model on reopening; prioritising short-term support for crisis intervention and increasing our slots specifically for people who had experienced recent rape.*

*We recognise that we still may need to close one or other of our waiting lists from time to time, but our current model is proving effective.’*

In the meeting with the COO on 16.07.24 the reviewer also asked what KPIs were being used to that support continuous quality and improvement. The COO said the HOS would be able to provide information.

On 29.07.24 the HOS sent evaluation frameworks dated April 2024 – March 2025 for both the Edinburgh Adult Service and the STAR project. These included KPIs such as; 75% of survivors experience increased awareness of options and choices following rape or sexual abuse; Feel safer through psycho education support to help self-manage trauma symptoms, and/or safety planning, to help recognise and





minimise risks to safety and well-being; report an increase in their understanding of trauma and its impacts, reduced distress, increased coping, reduced self-blame, improved confidence and self-esteem, improved levels of social interaction.

In the meeting with the COO on 16.07.24 the reviewer asked how the centres keeps staff and volunteers updated on relevant developments. The COO said developments are discussed in SMT operational meetings. Minutes are kept. Issues are cascaded to team leaders who discuss them with their teams. The COO or HOS would also send 'all organisation' emails.

The reviewer asked for a case study showing how a complaint was responded to. The COO agreed to do this.

The reviewer asked for a meeting with the volunteer co-ordinator. This was arranged for 12.08.24 to accommodate the volunteer co-ordinator's annual leave.

A further meeting was arranged for 02.08.24 with the COO to deal with any outstanding issues once all the further evidence had been received. The reviewer agreed to send questions in advance.

[Video meeting 02 August 2024 and follow up](#)

### Planning and use of data

The COO said she would send a funding application using Scottish national government data as evidence of need for the STAR project. as an example of how national data has fed into the planning and development of ERCC's services. This was provided on 07.08.24.


ERCC does not have formal evidence of comparing its own performance against national performance data for RCCs as centres can operate in different ways with the way their services operate, the number of sessions offered, staffing levels and funding received. However, the work under the National Advocacy project is reported to RCS. The Prevention and NAP projects are funded nationally and the prevention packs are also agreed at RCS level. ERCC submits project reports at regular intervals. ERCC is also represented at national managers' meetings where challenges, updates and strategic planning of services are discussed.

### EDI

The COO accepted that there are no records for equity, diversity and inclusion training beyond induction.

The COO could not locate the equalities breakdown paper prepared the Trustee Board; but said she would provide alternative evidence.

The COO said she would be able to provide a case study showing how measures have been taken to remove barriers that impact on the opportunities for minoritised survivors to contribute feedback. This was provided on 07.08.24 in the form of the final report of the FEM project (a 2022-23 collaboration between ERCC, Forth Valley Rape Crisis and Moray rape Crisis). The final report discussed how centres performed in providing first language support in Mandarin, Polish and Arabic as well



as a learning needs specialised team. In addition, the COO was able to produce case study examples of ways in which ERCC had addressed barriers encountered by minoritised groups which affected their ability to contribute to feedback. A further example was provided from the SIA project (designed to support survivors from BME backgrounds) under which a booklet was developed to publicise the services available to BME communities from ERCC.

### Data protection

The COO said she would send data processor agreements in place with eg the company that hosts the ERCC website, ERCC's IT consultant. This was provided on 07.08.24. A comprehensive review of data held with retention periods was included as a schedule to a data processor agreement signed by the previous CEO in 2018 but senior management were apparently unaware of this.

It was accepted that there was no data protection training after induction.

The COO agreed to send the data breach log. On 07.08.24, the COO clarified that incidents are logged on the shared drive in a data protection folder. An example was provided showing the follow up action after a data breach which included taking advice from the ICO's team and acting upon it.

### Feedback

The COO agreed to show how the impact assessment at the end of the HAN sessions is completed jointly by an ERCC worker and the survivor and how survivors contributed to responses to consultations by ERCC. An explanation was provided stating that a service user has the option to complete a form on their own and submit it if they prefer.

The COO confirmed ERCC does not have formal feedback from organisations to which it refers service users. This would be received informally by workers. However, some ERCC teams attend partner agencies' team meetings and explore any issues around support. The advocacy team meets with the police quarterly to discuss partnership working and feedback on survivor's experience of engaging with the police.


### Service user involvement

The COO agreed to send the agreed approach to recruiting service users (past or present) to trustee, staff or volunteer positions. The Service User Involvement Policy dated 25 May 2016 (marked as draft) was provided on 07.08.24. Point 7 referred to friends and family receiving services from ERCC being asked to provide feedback on their experiences. It did not raise issues of confidentiality or conflict of interest within the policy although other policies were cited as relevant, this could cause confusion.

### Complaints

The COO was working on redacting a complaint to show how it was handled from start to finish. This was provided on 07.08.24.

### Women



The COO said she was working on the definition of woman/female which is used by ERCC and would send it.

### Safeguarding

Regarding an agreed approach to the provision of specialist sexual violence support for current volunteers, trustees and staff, the COO confirmed there was and agreed to send it. On 07.08.24, the COO confirmed that there was an agreed approach, which included referral to another Rape Crisis Centre, or other suitable source of support; but this was not documented.

A PVG <https://www.mygov.scot/pvg-scheme> and ex-offenders policy exists. The COO confirmed that all members of staff delivering any form of support / all frontline workers have completed the process other than 5 members off on sickness /maternity leave.

The HOS had provided certificates for 3 members of staff who had completed NHS adult protection and support training to level 2 (skilled) in June 2023. Also a copy of an email to all contracted staff requesting that they complete the training and notify their manager that they had done so by the end of July. Please confirm:

- how many staff this would apply to
- how many completed the training

### Volunteers

Volunteers have training records – the COO referred me to the Volunteer Co-ordinator.

### Health and safety

The question on what health and safety training have staff and volunteers done post-induction was not answered. The COO informed the reviewer that there are now four people who have done fire warden training recently.

The COO confirmed that working with display screen equipment (DSE) checks are ongoing and that working from home assessments are carried out using a standard template (which was provided on 07.08.24). The number of assessments carried out was not confirmed.

ERCC has identified that it needs to review health and safety best practice arising from the adoption of hybrid working. ERCC's external HR advisors are scheduled to carry out an annual health and safety check in September 2024.

The COO confirmed that incidents reported and logged in the health and safety online record. She provided a 'lessons learned' example from an incident where an individual had needed medical treatment on 10.05.2023. The COO stated that the Convener had been informed of this.

### Financial procedures and processes

The Finance Manager would be in touch.



Evidence provided by the Convener/Chair of the Trustee Board (CTB)

The reviewer asked the CTB to consider a copy of the Business Plan provided and whether this had been approved by the Trustees. The CTB said that it was similar to one that had been submitted to the Trustees at their meeting on 08 May 2024 which had not been approved due to failure to organise on an annual basis and lack of budget. The CTB also said the minutes of the TB meeting had not been approved. This had not been made clear to the reviewer initially when the plan was provided. The CTB mentioned that the previous Convener had said she had asked the CEO for a business plan.

The CTB provided a copy of minutes from a EPPF meeting on 13.03.24, which referred to a 'new business plan' (this seems to mean that it would be entirely new as a document rather than being a new three-year plan to replace a previous plan), review of the GDPR policy and HR policy review, also introduction of a code of conduct (using RCS's policy as a basis) which the CEO hoped would be completed before the end of May. The CEO agreed to bring an update on the risk register to the Trustee Board meeting in May. No new risks had been identified but additional steps would likely be needed to manage the risks identified.

The CTB stated that the quality and timing of papers presented to the Trustee Board had been a problem. She had a meeting with the CEO to discuss how trustee board papers should be prepared and provided, including that versions should be clearly distinguishable so that it was clear what had or had not been authorised by the Trustees. It was agreed all processes would be more policy driven and recorded.


The minutes of the Trustee Board meeting on 08.05.24 recorded a settlement being agreed with a staff member who had been on long term sick leave. They also recorded a discussion between Trustee Board members and SMT members which revealed a difference of approach on recruitment.

*'.....the Board raised in the strongest terms with the SMT that the ERCC recruitment policy requires that the redeployment or recruitment of any staff member requires the approval of the Board, and that any recruitment of a post of more than three months requires to be advertised externally. The SMT put forward that [ERCC's legal advisers] had suggested this was not illegal, and the Board corrected this assumption by saying that ERCC not following its own policies is how Tribunals are lost.*

*The SMT proposed that the recruitment policy could be amended that there could be short term recruitment and internal recruitment without board approval. The Board would look at a revised policy, but made no agreement to approve it. '*

It was also recorded that a legal notice had been received concerning a data breach and a second data breach had been reported to the ICO.

A Trustee queried the lower number of referrals. SMT answered that because of capacity some services were closed to new referrals other than those where the sexual violence incident occurred within the last 14 days. The Trustee Board asked



for a paper to be presented to the next Trustee Board meeting on service closures and waiting list, including rationale for service closures.

The meeting minutes of 08.05.2024 also recorded the Trustees requiring for financial projections for years 2 and 3 of the business plan, as well as more information on qualitative measures and more detailed narrative.

*Evidence provided by the interim Centre Manager*

On 18.07.24, the reviewer met the interim Centre Manager who had been appointed to cover the CEO's leave. She had been in the role for 2 weeks and was still in listening mode. She mentioned that there seemed to be a high sickness staff absence rate.

She had had a meeting with two staff members earlier that day to discuss the Board's request that they should not give presentations at events. The interim Centre Manager confirmed that the Code of Conduct provided to the reviewer had not been formally adopted and the staff members were not aware of it.

The interim Centre Manager also confirmed that the Supervision policy provided to the reviewer was a new document and had not been formally adopted.

The interim Centre Manager provided a copy of the organisation's trans inclusion policy.

*Data protection breach*

The reviewer met the interim Centre Manager on 30.07.24 to discuss concerns the reviewer had about data protection suggested by the Tribunal judgment and other evidence. The interim Centre Manager informed the reviewer that she had become aware of the issue. The data breach was due to a member of staff who had since left. The interim Centre Manager was already intending to make a report to the ICO before the end of that day.

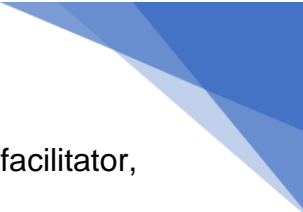
*Evidence provided by the Finance Manager*

The reviewer met the Finance Manager on 04.08.24. She is an ACCA with experience of audit and has worked for ERCC for a number of years.

In advance of the meeting the Finance Manager sent the reviewer the documented finance procedures which included financial controls, dated April 2021. The Finance Manager is currently reviewing them using Scottish Council for Voluntary Organisations guidance and working with the ERCC's bankers. The finance committee was suspended in March 2024 as there were too few trustees to operate sub-committees effectively and all business was dealt with by the main Board. The Finance Manager is hoping that the Finance Sub-Committee will start to meet again soon.

*Evidence provided by the Trustee Board 07.08.24*

A member of the Trustee Board (who has since left) led on developing the Strategy 2023-28 on behalf of Trustees, working with the CEO. Two of the current Trustees



were not on the Board at the time. There was an event led by an external facilitator, a session for Trustees and a session with some Trustees and staff.

Trustees been using OSCR and SCVO guidance. They have taken and followed legal advice on legal issues. The board have sourced support through Inspiring Scotland's Specialist Volunteer Network to help them to conduct a new skills audit and create a training and development plan for the Trustees. They will also assist the board to source Safeguarding, Sexual Violence and Feminist Governance training.

Trustees have role descriptions but they are not consistent.

The previous Convener/Chair of Trustees resigned on 30.01.24. The current Convener took up the role on 08.02.24. The memorandum and articles do not require the Board to have a Treasurer; but the Board recognises that it needs to recruit a new Treasurer. For the time being, the Convener is covering the role.

The Trustees could not remember being asked to approve the policy regarding the interpretation of 'woman only' service. They had checked the meeting minutes and could not find any record of such a decision.

Four Trustees have done safeguarding and data protection training; but this has been provided through eg their own workplaces rather than through ERCC.

Video meeting with the volunteer co-ordinator 12.08.24


The volunteer co-ordinator works 21 hours per week for ERCC. The volunteers are mainly trainee and newly qualified counsellors. They do 8 weeks initial training with ERCC alongside their other commitments (eg a university or counselling course, paid work, caring responsibilities). Volunteers are asked to commit to one year with ERCC, some stay longer.

ERCC provides a robust structure. Volunteers have to come in to the building. It enables ERCC to provide better support. The numbers are constrained by the building but ERCC tries to provide a good experience for volunteers and a quality service so big numbers are not the most important issue.

The volunteer co-ordinator explained that volunteers are kept updated on relevant developments by email on more factual information and issues relevant to them. If it is more nuanced or personal, information would be communicated in the monthly one-to-one supervision.

The volunteer co-ordinator explained the issue of specialist sexual violence support for current volunteers has not come up but it could. ERCC does not ask people to disclose. It is covered in the volunteer code of conduct. ERCC would support the person to find appropriate support for them. Most counselling courses have clinical supervision as well.

There could be issues such as whether it was still appropriate/ethical for them to continue to provide counselling. Clinical supervisors would discuss any fitness to practise issues.



The volunteer co-ordinator explained that all volunteers do health and safety training and data protection with the HOS in the centre as a group as part of their induction, which is mandatory. Post-induction, volunteers are encouraged to take up ERCC training opportunities; but this is less structured due to the volunteers' other commitments.

## Appendix 1 - About the reviewer

Vicky Ling has significant experience in managing third sector advice/legal services, for example; a Law Centre, local Citizens Advice services, an independent housing advice centre. She has provided specialist management consultancy to legal service providers, including those in the violence against women and girls sector in England and Scotland, for over twenty five years.

She has been a trustee of four legal/advice charities for over thirty years.

Vicky was a founder member of the Civil Justice Council and served two terms. She was a member of the Low Commission (2012-15) on legal advice and support in England and Wales<sup>19</sup>, which carried out extensive research and developed a strategy for funding social welfare law advice and support.

Vicky is co-author/editor (with Sue James, Itpal Dhillon and others) of the LAG Legal Aid Handbook, which is being updated for 2024-25). She has co-authored a complaints handling toolkit and client care toolkit (with Fiona Westwood) for the Law Society of England and Wales. Vicky is a Chartered Quality Professional and an approved Lexcel Consultant.

She has carried out many reviews of legal and advice services, internally for organisations themselves, on behalf of network organisations and in partnership with funders. Previous projects include; Luton Access, Advice for All in Blackburn with Darwen, Tower Hamlets Advice Network and the Scottish Women's Rights Centre.

She also worked with the Solicitors Regulation Authority (SRA) on a guide to the Standards and Regulations 2019 for the not-for-profit sector.

Vicky is a founder member of the international Law Consultancy Network.



Independent  
Law Firm Consultants

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<sup>19</sup> <https://www.lag.org.uk/about-us/policy/the-low-commission-200551>



## Appendix 2 – Overview timeline of events relevant to the review<sup>20</sup>

### 2020

#### March

First Covid lockdown in Scotland<sup>21</sup>.

#### April

Scottish government issues guidance on closure of non-essential businesses and social distancing.

#### August

Children start to return to schools.

#### November

Scotland's regional protection levels commenced.

### 2021

#### January

Mainland Scotland went into lockdown.

#### February

Michella West and Katherine McGough resigned from the Trustee Board.

#### April

'Stay at home' replaced by 'stay local'. Hospitality and tourist accommodation re-opened.

Sabiha Vorajee resigned from the Trustee Board.

Katie Horsburgh, Niamh Crossan, Mari Redman, Bethany Reid, Sarah Russell and Elke Cradden appointed to the Trustee Board.

Caroline Burrell resigned as CEO. Margaret Chapman appointed as Interim CEO.

#### July

Mridul Wadhwa appointed as CEO.

#### August

Mridul Wadhwa guest on Guilty Feminist podcast.

Elke Cradden resigned from the Trustee Board.

#### September

Legal restrictions on social distancing and limits on gatherings removed.

#### December

1 metre physical distancing was reinstated in all hospitality and indoor leisure settings.

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<sup>20</sup> For detailed information on events concerning the tribunal case, see the judgment: Employment Tribunals (Scotland) Case No: 4102236/2023

<sup>21</sup> All Covid milestones, Scottish Covid19 Enquiry <https://www.covid19inquiry.scot/covid-19-pandemic-scotland-timeline-key-dates>



## 2022

### April

Kathryn Dawson and Rowena McIntosh resigned as trustees. Miren Ochoa Sagues appointed as a Trustee.

The legal requirement to wear face coverings on public transport and most indoor settings, removed.

### June

Carolyn Fox-McKay, Mairi Rosko, Elaine Cameron appointed as Trustees.

### July

Fatime Krasniqi resigned as a trustee.

### October

ERCC starts to offer services to men and all genders.

### November

Ariadna Guerra-Grenot resigned as a trustee.

## 2023

### February

Sarah Russell resigned as a trustee

### March

RA, (the claimant in the Employment Tribunal case), submitted her resignation.

### April

Elaine Cameron resigned as a trustee

### May

Mairi Redman resigned as a trustee. Molly Little and Gracie Lee appointed as trustees.

The World Health Organization announced that Covid19 no longer constituted a health emergency of international concern.

### August

Trustees took legal advice concerning RA's claim. Trustees met twice. Both parties attempted to settle RA's claim. Trustees considered how otherwise to limit damage to ERCC and support staff and themselves through the controversy caused.


### September

Trustees took legal advice concerning RA's claim. Trustees met once. Also considered how otherwise to limit damage to ERCC and support staff and themselves through the controversy caused.

### October

Nico Ciubotariu resigned as COO.

Expected date of the Employment Tribunal hearing. Not heard until January and April 2024.



13 October – the CEO of RCS recommended that an urgent review should be carried out of ERCC’s processes and guidance in relation to the NSS.

17 October – ERCC’s HOS emails the SMT stating that ERCC is considering re-instating spaces/times which are protected as women only.

**November**

Amrita Dash appointed as interim COO.

**December**

Trustees develop a plan in the period leading up to the employment Tribunal hearing including, communications, preparation of the legal case, staff and volunteer wellbeing. SMT first point of contact for staff; but invited to contact trustees direct if they wished. Trustees asked SMT for weekly updates.

**2024**

**January**

8 hearing days in RD’s claim to the Employment Tribunal.  
Miren Ochoa Sagues resigned as a Trustee (Convener/Chair).

**February**

Mairi Rosko agreed to act as interim Convener/Chair of the Trustee Board.

**April**

2 hearing days in RD’s claim to the Employment Tribunal.

**May**

Judgment issued in RD’s claim to the Employment Tribunal.  
Katie Horsburgh resigned as a Trustee.

**June**

The CEO took leave.

**July**

Interim Centre Manager appointed.

## Appendix 3 – Reviewer’s questions for COO 02.07.24

### Standard 0

What does a dedicated/protected space for women and girls mean at ERCC?

Women only service <https://www.ercc.scot/faqs/> Mondays 5pm -7 pm, Tuesdays 9am – 1pm, Fridays 9am – 12pm/noon

How long has this been running for?

Who uses the service for women and girls? How is this monitored? It does not seem to be included in the CEO’s report to trustees 08 05 24.

### Standard 1

You mentioned that survivors had been involved in developing the values. Please can you tell me about that? (Report to East Lothian Council only gives a few quotes from survivors and mentions the values being informed by survivors. Does not set out the process).

What was the process for developing the Strategy 2023-28?

How is the strategy reviewed?

You mentioned that there is a draft business plan, please may I see a copy of that? How is that developed/authorised?

Do you have an annual/impact report? If so please may I have a copy

Is there a document/documents which shows which decisions can be made by the CEO/staff and which have to be authorised by the trustees eg TOR for sub committees, finance procedures?

A copy of a support and supervision policy was uploaded to Sharepoint but this is not dated and it is unclear how it was authorised. How is it used? Is there any evidence of that?


A staff induction checklist was on the Sharepoint but not completed, dated or referred to in the welcome document. Is it being used? Is there any evidence of that?

Has the risk register been updated since the tribunal judgment?

What procedure is followed if the CEO may have a conflict of interest? It does not seem to be covered by the procedure.

Annual accounts provided 2022-23. Do you have quarterly and management accounts? Are these reported to trustees?

You provided a case study – Francesca (not a real name) – this shows how a survivor benefitted from inclusive services but doesn’t show how she influenced the development of services through feedback. What processes exist for this and where is the evidence?



Health and Wellbeing policy. Dated May 2016. Annual review. No records of annual reviews until January 2024, when 'contacts updated'. No record of authorisation by the TB.

- Requires annual stress audit in March each year. When was this last conducted? Please may I see a copy?

Volunteering policy. Dated April 2017 No records of annual reviews until January 2024, when 'contacts updated'. No record of authorisation by the TB.

## Appendix 4 – Reviewer’s questions for COO 05.07.24

### Standard 2

Referral lists – are any of the organisations on the referral and signposting list ‘by and for’ organisations so that survivors have a choice?

Is there a referral and signposting policy that provides guidance on when it might be appropriate to refer or signpost to another organisation?

Are there any formal agreements with agencies you might refer to?

Is there an Equality, Diversity and Inclusion action plan?

#### 2.1b Monitoring – VAWG Q4 monitoring.

- Do you have a characteristics breakdown of service users?
- How is this obtained?

There was a big drop in numbers using the service in Q3 and Q4 of 2023/4 and yet the waiting time was steady at 6 weeks. Do you know why this was? Was this reported to trustees?

- I note a reference in the CEO’s report to trustees on 8 May (due to funding uncertainty it was not possible to provide ongoing support).

What was the training session on 8 May about? Who did it?

## Appendix 5 – Questions for the COO and Head of Services 11.07.24

### Standard 3

Are there any training plans? I have only been given training records.

Are there any records of data protection and confidentiality training?

Do you have a document which lists all personal data held and retention periods? I can see there are retention periods listed in the staff data protection information.

Has ERCC carried out a data privacy impact assessment?

The safeguarding policies were adopted in December 2023. I cannot see records of safeguarding training on the records I have been given access to. How is this training provided/recorded?

Do you have evidence of safeguarding being discussed in meetings?

Do you have evidence of risk assessments being undertaken?

Please can I see a copy of the Public Liability Insurance and Professional indemnity?

Do you have a Risk Management policy?

Do you have a Workplace Violence policy?

I'm sorry I can't find the support and supervision policy on the Sharepoint. Please could you re-send it to me?

Do you have Professional Boundaries policy/guidance?

Do you have an internal complaints policy/procedure? I have received the information provided for service users.



## Appendix 6 – Questions for the COO and Head of Services 16.07.24

Do you have an outcomes framework which you use to assess services?

Do you have outcomes monitoring records/reports?

Can you provide a case study showing how service user feedback is used to inform and improve service planning, development / campaigning priorities?

Do you have an example or report showing how need and demand are identified and responded to?

Are there clear service performance measures that support continuous quality and improvement?

How do you keep staff and volunteers updated on relevant developments?

Can you provide a case study showing how a complaint was responded to?

May I have a meeting with the volunteer co-ordinator?



## Appendix 7 – Questions for the COO 02.08.24

The following questions were areas where evidence had been requested and not yet provided. The questions were sent in advance of the meeting. However, the COO had recently returned from holiday and it was not expected that she would be able to provide examples and/or evidence at the meeting itself.

### Planning and use of data

Please could you provide an example of how national data has fed into the planning and development of ERCC's services?

Does ERCC have evidence of comparing its own performance against national performance data for RCCs?

### EDI

Are there records for equity, diversity and inclusion training?

Please can you send the equalities breakdown paper prepared for the Trustee Board referred to elsewhere? Some EDI information was sent by email on 9<sup>th</sup> July 2024; but an equalities breakdown was not attached.

Please could you provide a case study showing how measures have been taken to remove barriers that impact on the opportunities for minoritised survivors to contribute feedback?

### Data protection

Do you have data processor agreements in place with eg the company that hosts the ERCC website, ERCC's IT consultant?

Please may I have data protection training records?

Please may I have the data breach log?

### Feedback

The impact assessment at the end of the HAN sessions is completed jointly by an ERCC worker and the survivor. How does this work?

Have survivors contributed to responses to consultations by ERCC?

Does ERCC have any feedback from organisations to which it refers service users?

### Service user involvement

Is there an agreed approach to recruiting service users (past or present) to trustee, staff or volunteer positions?

### Complaints

Please could you provide a case study showing how a complaint was handled from start to finish? Evidence of the complaints process was provided but not an actual case study.

## Women

What definition of woman/female is used by ERCC?

Please can I have TB minutes endorsing the policy on not advertising women only services and only providing them on request (formulated in an email exchange HOS, COO, SSW September 2022).

## Safeguarding

Is there an agreed approach to the provision of specialist sexual violence support for current volunteers, trustees and staff?

Is there a DBS/PVG policy?

The HOS has provided certificates for 3 members of staff who had completed NHS adult protection and support training to level 2 (skilled) in June 2023. Also a copy of an email to all contracted staff requesting that they complete the training and notify their manager that they had done so by the end of July. Please confirm:

- how many staff this would apply to
- how many completed the training

## Volunteers

Do volunteers have training records?

## Health and safety

What health and safety training have staff and volunteers done post-induction? (I note that one of the back office team has done fire warden training recently).

Have working with display screen equipment (DSE) checks been carried out?

Have working from home risk assessments been done?

Are incidents reported and logged in your health and safety accident book (if so, what were these over the last 12 months)?

Has there been any learning as a result of a health and safety incident? Was this reported to trustees?

## Financial procedures and processes

I would like to speak to the Finance Manager, please.



## Appendix 8 – Questions for the Finance Manager 04.08.24

Please could you send me the finance procedures if they are documented?

Please could you talk me through the procedures?

## Appendix 9 – Questions for the Trustee Board 07.08.24

What was the process for developing the Strategy 2023-28?

What sources of guidance have the trustees been using?

Do trustees have role descriptions?

Trustees do not seem to have training plans or records. Is this correct?

When did the previous Convener/Chair of Trustees resign?

When did the current Convener take up the post?

Who is the Treasurer now?

Were the trustees aware of the attached iterations of how a 'woman only' service was being provided?

- emails attached showing that from 01 October 2022 until at least February 2024, there were no protected women only spaces available through ERCC unless they were specifically requested

Have all trustees done safeguarding and data protection training?

## Appendix 10 – Questions for the volunteer coordinator 12.08.24

How do you keep volunteers updated on relevant developments?

Is there an agreed approach to recruiting service users (past or present) to volunteer positions?

Is there an agreed approach to the provision of specialist sexual violence support for current volunteers, trustees and staff?

What health and safety training have volunteers done post-induction?

What data protection training have volunteers done post-induction?

What safeguarding training have volunteers done post-induction?

Do volunteers have training records?

Appendix 11 – ERCC evidence mapped onto the NSS

<p><b>Standard 0: Specialist Service Provision</b>  Rape Crisis specialist services are independent, community-based services, which work from a trauma-informed, gendered analysis and empowerment perspective to provide confidential specialist services to survivors of sexual violence.</p>		
<p><b>Core Standard</b></p> <p>The organisation meets and adheres to Rape Crisis England &amp; Wales or Rape Crisis Scotland membership criteria and is defined as a specialist Rape Crisis service.</p>	<p><b>Core Indicator</b></p> <p>The organisation is a Registered Charity, Company Limited by Guarantee (not for profit), Community Interest Company, Charitable Incorporated Organisation or Industrial and Provident Society – Community Benefit Society and so adheres to the principles and expectations of The Charity Commission (England &amp; Wales) or The Office of the Scottish Charity Regulator (Scotland).</p> <p>The organisation has as its primary or major purpose to deliver services to women and girls who have experienced any form of sexual violence at any time in their lives.</p>	<p><b>Indicative evidence</b></p> <p>ERCC is a charity registered in Scotland.</p> <p><i>Extract from the Memorandum and Articles</i>  <i>In particular the Objects shall be: 5.2.1 to relieve the distress of women, men, boys and girls aged over 12 years who have been raped or who have experienced sexual violence and of their partners, friends and families through the provision of emotional and practical support, information, advice and advocacy; and 5.2.2 to advance education, through the provision of information, advice and advocacy, among professional bodies and the general public about the causes, nature, extent and effects of rape and sexual violence against women, men, boys and girls aged over 12 years, and ways of preventing or relieving the suffering it causes.</i></p>

	<p>The organisation is women led and is committed to remaining women led.</p>	<p>The organisation being women-led was mentioned in the advertisement for a Chair of its board in November 2021 - women only need apply s9 Pt1 EA 2010. Also when advertising for the CEO in February 2021.</p>
	<p>The organisation strives to maintain and develop services that meet the needs of survivors in their area who have experienced any form of sexual violence at any time in their lives.</p>	<p>This is covered in the 'who we support and our services' on the website.</p>
	<p>The organisation works from a feminist perspective that recognises sexual violence as a crime of violence, an abuse of power, and as a cause and consequence of gender inequality.</p>	<p>The feminist perspective is included in the trans inclusion statement On the website 'what is sexual violence' refers to 1:4 women being estimated to experience sexual violence at some point in their lives.</p>
	<p>The organisation provides and protects dedicated spaces and times for women and girls to access services.</p>	<p>On 09.07.24, the COO sent an email thread edited into a Word document referred to as a Women Only Times Process document) between herself and the HOS and a Senior Support Worker (SSW) on the issue. From 01 October 2022 until at least February 2024, there were no protected women only spaces available through ERCC unless they were specifically requested.</p> <p>There is no mention of dedicated spaces/times for women and girls in the strategy.</p> <p>There is no mention of dedicated spaces/times for women and girls in the 'who we support and our services' on the website.</p>

	<p>The organisation has a clear commitment to anti-racism and is working towards or already takes an actively anti-racist approach to working with survivors, staff and volunteers.</p>	<p>At the date of the review the ERCC website gave information on women only times and said you can change your support worker (in the FAQs).</p> <p>Not mentioned explicitly on the website; but ERCC has services designed for minoritised groups see eg information concerning the FEM project in which ERCC was a partner at 1.3a below.</p> <p>Anti racism was explicitly mentioned in CEO recruitment in Feb 2021:  <i>'You will have a clear understanding of and commitment to trauma-informed, feminist management and leadership, incorporating principles of anti-racism, trans inclusion, equality and anti-discriminatory practice.'</i></p>
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<p><b>Standard 1: Strong Leadership</b>  Rape Crisis specialist services have strong leadership and governance that ensures services are survivor-centred and delivered to the highest quality. There are robust strategic plans and frameworks in place to ensure that organisations are safe, sustainable and values driven. Strong leadership should also be evident in the way that intersectional feminist values operate in centres, driving anti-oppressive practices, to the benefit of survivors, staff and volunteers.</p>		
<b>Core Standard</b>	<b>Core Indicator</b>	<b>Evidence</b>
1.1 Strategic plan, values and	a) The organisation has clear and transparent	Strategy 2023-28 is on the website.

<p><b>professional frameworks</b></p> <p>The organisation has a clear strategic plan that outlines the aims and objectives of the organisation and promotes values supporting empowerment, dignity and respect.</p>	<p>aims and objectives that are clearly communicated to trustees, staff and volunteers. All trustees, staff and volunteers are aware of their part in achieving these aims and objectives.</p>	<p>Priorities:</p> <ol style="list-style-type: none"> <li>1. Invest in our people, culture and systems.</li> <li>2. Reach and include survivors.</li> <li>3. Build community, networks and solidarity.</li> <li>4. Empower people to influence change.</li> </ol>
	<p>b) The organisation has clear values, which are defined by being survivor-centred, trauma-informed, gender-informed, empowerment-orientated, embodying a culture of belief, actively anti-racist, and employing an intersectional feminist approach.</p>	<p>Values statement is on the website and in the strategy: <i>Loving, empowering, inclusive, accountable, brave</i>. Values are not fully consistent with NSS. Evidence provided does not show how 'loving' and 'brave' were selected to be included when values more consistent with the NSS were not.</p> <p>There was an Equality, Diversity and Inclusion policy.</p> <p>There were induction training plans and other evidence of training and development which included values.</p> <p>There was promotional material online and in print publicising ERCC's values.</p>
	<p>c) The organisation has a written strategic plan that supports the long-term sustainability of high-quality service provision. The strategic plan is reviewed regularly and updated in</p>	<p>Strategic Plan</p> <p>Business Plan dated 15.04.24 had not been fully developed. It was not clear whether it had been authorised by trustees. Further investigation showed it had not been.</p> <p>There was a documented finance policy (including finance control procedures) dated April 2021. They are currently being reviewed, using Scottish Council for Voluntary Organisations guidance. The Finance</p>

	<p>line with changing circumstances.</p>	<p>Manager is hoping that the Finance Sub-Committee will be start to meet again.</p> <p>There was not a fundraising policy as such although it was clear that fundraising and financial sustainability were being actively considered.</p> <p>The reserves policy was documented in the annual report and accounts.</p> <p>There was no annual/impact report on the website. There were individual impact reports on projects where required by funders.</p>
	<p>d) The organisation's approach and delivery are in line with relevant professional ethical frameworks, legislation and evidence-based good practice guidance appropriate to specialist service provision.</p>	<p>ERCC has a copy of BACP ethical framework 2018 and procedures to support professional practice.</p> <p>The documented support and supervision policy/procedure was in draft although it was clear that support and supervision was being provided. Examples of external support and supervision logs were provided for 7 members of staff in various roles across the organisation.</p> <p>A copy of a support and supervision form was provided but this was not dated and it is unclear how it was authorised.</p>
<p><b>1.2 Good governance</b> The members of the governing body are aware of their legal duties and responsibilities; quality, performance and risks are understood and managed.</p>	<p>a) Trustees are provided with sufficient information and training about their legal duties, responsibilities and liabilities to enable them to govern effectively, fostering a culture of accountability.</p>	<p>An organisational chart (showing governance structure) was provided but it was unclear.</p> <p>Recruitment and induction process for trustees – there is a pack but it is not up to date (eg it refers to 'outgoing convener' who has since left. Newer trustees said they had not had an induction.</p> <p>Conflict of Interest policy – guidance (and decision in the case of staff members) is made by the CEO. The policy does not deal with a potential COI by the CEO.</p>



		<p>Trustees been using OSCR and SCVO guidance. They have taken and followed legal advice on legal issues. The board have sourced support through Inspiring Scotland's Specialist Volunteer Network to help them to conduct a new skills audit and create a training and development plan for the Trustees. They will also assist the board to source Safeguarding, Sexual Violence and Feminist Governance training.</p> <p>The NSS lists a Scheme of Delegation as possible evidence of good governance. ERCC had 3 sub-committees. 2 had terms of reference, 1 did not. The terms of reference were unclear. The sub-committees had large numbers of staff members.</p>
	<p>b) Trustees regularly review and respond to relevant internal and external developments, identifying, assessing and taking steps to mitigate organisational risks, including those that might impact the wider movement.</p>	<p>There was a risk management strategy. There was a risk register. It was unclear whether it had been reviewed after the Tribunal outcome as minutes of the relevant Trustee Board meeting were not agreed.</p> <p>There were notes of trustee meetings (showing discussion of risks)</p> <p>Recruitment and induction process for trustees – there is a pack but it is not up to date (eg it refers to 'outgoing convener' who has since left. The induction pack does not mention reporting to OSCR. Newer trustees said they had not had an induction.</p> <p>There was a business/Emergency Continuity policy.</p>
	<p>c) The organisation has transparent policies and procedures to support effective governance, including the lawful and relevant use and control of its funds. Governance</p>	<p>There were quarterly and annual management accounts.</p> <p>The finance policy (including finance control procedures) was documented. See 1.1c for more information.</p> <p>Conflict of Interest policy – see comments above at 1.2 a)</p>

	<p>policies and procedures are reviewed regularly.</p>	<p>Induction programme for trustees (including policy awareness). See comments under 1.2 b) above.</p> <p>There was no annual/impact report on the website. There were individual impact reports on projects where required by funders.</p> <p>Trustees have role descriptions but these are not consistent.</p> <p>Financial control policies and procedures were not documented.</p> <p>Most policies and procedures were dated in (May) 2016. Very few had been reviewed since except for 'contacts updated' in January 2024. They did not have clear document control logs showing when they were drafted and when authorised by the Trustee Board. It was difficult to tell which policies and procedures were supposed to be in effective operation and which were in draft.</p>
	<p>d) Trustees periodically review their efficiency and effectiveness and take steps to develop, adapt and improve where gaps are identified.</p>	<p>There were no training plans or overall training plan for trustees. Records were provided for two Trustees. The type and amount of training was very different for the two individuals.</p>
<p><b>1.3 Survivors as organisational leaders</b> The organisation works in a way that centres survivor voice and recognises the value of lived experience.</p>	<p>a) The organisation ensures it is addressing barriers faced by service users to enable them full access to participate in feedback and involvement opportunities in a way that is appropriate and relevant to their needs.</p>	<p>ERCC participated in the FEM project (a 2022-23 collaboration between ERCC, Forth Valley Rape Crisis and Moray Rape Crisis). The final report discussed how centres performed in providing first language support in Mandarin, Polish and Arabic as well as a learning needs specialised team.</p> <p>Feedback was gathered from survivors provided with long term support to assess impact. Feedback was also gathered by ERCC worker and</p>

Survivors of sexual violence and service users have opportunities to be involved at all levels of the organisation, from evaluation of services to strategic developments.		<p>survivor together at the end of ‘here and now’ sessions. Survivors were also able to provide feedback outside the sessions on their own if preferred.</p> <p>ERCC is developing its approach to gathering feedback and has an IT philanthropy agreement with Morgan Stanley to develop a digital solution for feedback.</p>
	b) Service users are informed about a range of opportunities to give feedback on all aspects of the service they receive. There are opportunities to respond to relevant external consultations and campaigns in relation to wider social issues affecting their lives.	<p>There was a Service User Involvement policy dated 25 May 2016 saved as a draft document. Point 7 referred to friends and family receiving services from ERCC being asked to provide feedback on their experiences. It did not raise issues of confidentiality or conflict of interest within the policy although other policies were cited as relevant, this could cause confusion.</p> <p>Service users were systematically requested to provide feedback on their experiences and this feedback was taken into consideration when re-designing services to try to reduce waiting times.</p> <p>ERCC delivered a project as part of the Justice Beyond Criminal Justice group. This enabled survivors to consider what justice meant to them and what they would need to make justice a reality for them.</p>
	c) The organisation has a policy for actively involving service users and survivors in strategic planning, and in the planning of specific services.	See 1.3b above.
	d) There are clear opportunities for service users and survivors to	Senior managers stated that service users and survivors had influenced ERCC’s strategy. However, it was difficult to identify how this had taken place.

	influence decisions within the organisation (for example, survivor reference groups feeding into strategic decision making).	
	e) The organisation recognises that service users may wish to become trustees, staff or volunteers, and that trustees, staff and volunteers may themselves need access to specialist sexual violence support – and has an agreed approach to this.	There was a Service User Involvement policy – see 1.3b for comments.  There was an informal approach to the provision of specialist sexual violence support for current trustees and staff. An outline approach was included in the volunteer code of conduct.
<b>1.4 Leading healthy work environments</b> Trustees and the senior leadership team in the organisation create a healthy work environment where feminist leadership and anti-oppressive principles are put into practice.	a) Organisations foster empowering work environments that embrace feminist leadership, anti-oppressive and anti-racist practices. Power dynamics are reflected on, with active efforts to dismantle bias, discrimination, and privilege within the organisation taking place.	There was evidence that the work environment was not a healthy one (Tribunal finding, high sickness rates), but efforts were being made to address this, eg the ‘Whole Service Day’ on 08.05.24, Trustees’ assurances that they wanted to put things right on 21.06.24.
	b) Organisations embrace a mindset that values and celebrates staff and volunteers, nurturing their growth and their personal	There was no organisational Training and Development policy.  There was a volunteering policy dated April 2017 No records of annual reviews until January 2024, when ‘contacts updated’. No record of authorisation by the TB.

	<p>and professional development.</p>	<p>Health and Safety policy &amp; Health and Wellbeing policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>The documented support and supervision policy/procedure was in draft although examples of external support and supervision logs were provided for 7 members of staff in various roles across the organisation.</p>
	<p>c) Organisations cultivate open communication, fairness and respect. There are comprehensive support systems that empower staff and volunteers to consider their wellbeing as well as self and collective care.</p>	<p>Health and Wellbeing policy. Dated 2016, requires annual review. No records of annual reviews until January 2024, when 'contacts updated. Requires annual stress audit in March each year.</p> <p>August 2023 Research undertaken as part of MSC degree (University of Strathclyde). Included quantitative and qualitative data (staff questionnaires). Stressors were identified as the responsibility of the work, dealing with severe subjects. Funding uncertainty was also highlighted. Noted that ERCC was putting mitigating actions in place. Additional measures recommended: To use the HSE indicator tool, stress talking toolkits and specialised training for managers, project management tools, email alerts to deadlines and time management training for staff.</p> <p>02 05 24 PHW mins – Policy review by McKinney HR paused. Recommendations from August 23 research not implemented yet due to staff insecurities over potential redundancies due to funding insecurity.</p> <p>There was no Employee handbook covering all relevant policies and procedures. The induction checklist included a number of important policies and procedures. The reviewer was informed at a late stage of the review that there was a folder named '1 Strategy and Governance' where all policies are kept and is available to staff members.</p>

		<p>There was a Volunteering policy dated April 2017 No records of annual reviews until January 2024, when 'contacts updated'. No record of authorisation by the TB.</p>
	<p>d) Organisations implement recruitment practices that actively dismantle biases, creating opportunities for marginalised groups and fostering genuine inclusion, fairness, and a sense of belonging.</p>	<p>There was a Recruitment and Selection policy dated April 2016, contacts updated January 2024, review date April 2024.</p> <p>Equity, Diversity and Inclusion policy dated March 2021, states will be reviewed annually, and contacts updated January 2024, review date April 2024.</p> <p>Equity, Diversity and Inclusion action plan. The COO stated ERCC does not have this in an email dated 09.07.24. Two copies of redacted minutes of the anti-racist committee from 10.10.23 and 12.06.24 were provided. The role and membership of the anti-racist committee was not clear.</p>

<b>Standard 2: Responsive to Survivors</b>		
Rape Crisis specialist services are responsive to the diverse needs of survivors and actively working towards ensuring that services are relevant, accessible and survivor led.		
<b>Core Standard</b>	<b>Core Indicator</b>	<b>Indicative evidence</b>
<b>2.1 Designing services for survivors</b> The organisation understands and responds to diversity of need within the population it serves, and uses this knowledge to inform service planning, delivery and partnerships.	a) The organisation understands the complexity of sexual violence, and its impact on marginalised groups. Staff and volunteers respond to the specific and diverse needs of service users through planning and delivery of services.	<p>The Equity, Diversity and Inclusion policy dated March 2021, states will be reviewed annually, and contacts updated January 2024; but also states review date April 2024.</p> <p>Two copies of redacted minutes of the anti-racist committee from 10.10.23 and 12.06.24 were provided. The role and membership of the anti-racist committee was not clear.</p> <p>Lack of an organisational training plan meant that there was not a systematic approach to training and development on issues such as equality and diversity.</p> <p>ERCC had modified its service provision as a result of needs analysis which enabled them to develop the 'here and now' sessions, which better meet survivor needs with better targeting of resources.</p>
	b) The organisation conducts equalities monitoring of its service users and takes positive steps to listen and respond to needs identified by lesser heard or underrepresented voices in the service.	Monitoring records were maintained where required by funders and reported to the Trustee Board.

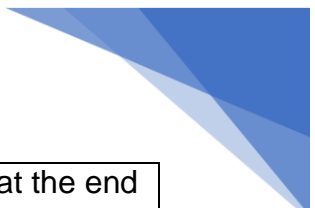
	<p>c) The organisation has processes in place to ensure that its services recognise and respond to changing needs and demand regarding demographic changes, using robust data.</p>	<p>ERCC's Strategic plan did not include demographic data. The draft business plan was not agreed by Trustees.</p> <p>However, ERCC does use national demographic data in funding applications. An example of the STAR project was provided.</p> <p>Demographic data is also collected when required by funders, for example in year 2 of the Equally Safe project.</p>
	<p>d) The organisation seeks to work in partnership to meet survivor need and to develop robust referral pathways, where available and appropriate. Staff and volunteers have reliable and up-to-date information and are enabled to effectively signpost or refer service users to relevant organisations.</p>	<p>ERCC Protocol for making external referrals and signposting. April 2016 v2 marked review date: April 2017</p> <p>A partnership agreement was provided for the delivery of specialist, trauma-informed support by ERCC on an outreach basis at the following institutions, from 1 August 2020 to 31 July 2022; Edinburgh Rape Crisis Centre ("ERCC") and the University Court of the University of Edinburgh, Edinburgh Napier University, Heriot Watt University and Queen Margaret University.</p> <p>Some ERCC teams attend partner agencies' team meetings and explore any issues around support. The advocacy team meets with the police quarterly to discuss partnership working and feedback on survivor's experience of engaging with the police.</p> <p>Also, The Advocacy team meets with the police quarterly to discuss partnership working and feedback on survivor's experience of engaging with the police. I have attached a copy of the last meeting notes.</p>



		Referral/Signposting directory. A list was provided of 'by and for' organisations to which service users might be referred.
<p><b>2.2 Service users are well informed</b> Service users are informed about the scope, independence and any limitations of the services being provided.</p>	a) Service users are informed about the scope, independence and provision of services available to them and systems are in place to enable appropriate access.	<p>Services information (online or in print) – including information about accessing services and the management of waiting lists:</p> <p>Online service leaflet warns of long wait for F2F. Service user agreement(s) Support agreement no document control issue date. Each service user would sign and date also worker. There was a tailored version for young people (STAR project).</p> <p>Also initial meeting checklist provides info on different waiting times for different services.</p>
	b) The organisation supports children and young people in accessing the service, in their own right, in a way that is accessible, empowering and appropriate to them.	<p>There was services information (online and in print) – for young service users and parents/carers.</p> <p>There was good practice guidance for staff and volunteers working with young service users</p> <p>Young people's service agreement (STAR project).</p>
	c) The organisation follows an 'empowerment model' – working alongside all service users in an holistic, flexible and person-centred way to enable them to re-establish control and direction in their own lives.	<p>ERCC had service delivery procedures/documentation including a Counselling/ Advocacy policy and service user agreements. However, these had no document control issue date. Each service user would sign and date also worker. There was a tailored version for young people (STAR project).</p>

		<p>ERCC had a tradition of an empowerment model used to support survivors to take control, eg the Rising Free creative writing project in 2019 and subsequent service user feedback, eg from the STAR project.</p>
	<p>d) The organisation recognises that some survivors may be best served or may prefer to use specialist services run 'by and for' marginalised groups outside of the Rape Crisis Centre, and actively signposts where asked.</p>	<p>ERCC Protocol for making external referrals and signposting. April 2016 v2 marked review date: April 2017</p> <p>Referral/Signposting directory. A list was provided of 'by and for' organisations to which service users might be referred.</p>
<p><b>2.3 Service users shape the individual services they receive</b> Services are informed by the needs of service users and each service user is an active partner in the service they receive.</p>	<p>a) The organisation seeks explicit and informed consent from service users, in line with relevant consent and decision-making guidance and legislation, to enable service users to engage meaningfully with services provided.</p> <p>b) Service users are enabled to make their own choices about the support and interventions they receive and who provides them.</p>	<p>Service user agreement(s). There were support agreement no document control issue date. Each service user would sign and date also worker. There was a tailored version for young people (STAR project).</p> <p>There were case studies showing how service users are engaged as active partners in service delivery.</p> <p>There was services information (online or in print) about women only services, (available at Claremont Cres), and information that you can change your support worker is given in the FAQs information on ERCC's website.</p> <p>See 1.3b for comments on the Service User Involvement policy</p> <p>Service users were systematically requested to provide feedback on their experiences and this feedback was taken into consideration when re-designing services to try to reduce waiting times.</p>

		<p>There were service user agreement(s)</p> <p>The ERCC Protocol for making external referrals and signposting was dated April 2016 v2 marked review date: April 2017.</p> <p>ERCC provided feedback to the Police based on information gathered from work with survivors.</p> <p>Referral/Signposting directory. A list was provided of 'by and for' organisations to which service users might be referred.</p>
	<p>c) The organisation ensures that children and young people are enabled to be active partners in the support they receive and are empowered to make their own decisions in line with their age and development stage.</p>	<p>Service user agreement (for children and young people) Has a policy for accepting referrals of RRSA young people which included dealing with safeguarding concerns.</p> <p>ERCC has list of over 10 agencies which may be referred to for young people eg. LGBT Youth, Support for Autism.</p> <p>Case studies were available showing how young people felt empowered and had more control.</p>
	<p>d) Individual support needs are understood, and plans are in place that are tailored to meet service users' specific needs – and are flexible to meet these needs. Service users are active partners in their development and review.</p>	<p>ERCC was able to provide case studies showing how a service user agreement has been tailored to meet the specific needs of a service user and how support has been reviewed and modified, as necessary, over time, eg changing the days/times of sessions.</p> <p>Feedback was gathered from survivors provided with long term support to assess impact. Feedback was also</p>



		<p>gathered by ERCC worker and survivor together at the end of 'here and now' sessions.</p> <p>ERCC is developing its approach to gathering feedback and has an IT philanthropy agreement with Morgan Stanley to develop a digital solution for feedback.</p>
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<p><b>Standard 3: Safe Practice</b> Rape Crisis specialist services seek to expand the safety and wellbeing of all survivors (as well as staff and volunteers) and work within safe, trauma-informed models of practice that facilitate this.</p>		
<p><b>Core Standard</b></p>	<p><b>Core Indicator</b></p>	<p><b>Indicative evidence</b></p>
<p><b>3.1 Safety for service users</b> The organisation has robust and reliable systems and practices in place to keep people safe and safeguarded from harm.</p>	<p>a) The organisation has in place robust policies, procedures and practices that reflect good practice guidance for safeguarding children and adults, which adhere to legislation and local statutory frameworks.</p>	<p>Safeguarding policies (Children and Vulnerable Adults) both dated December 2023. States training should be refreshed every 2 years.</p> <p>ERCC did not have an organisational training plan.</p> <p>There was evidence of safeguarding training for some staff in training records for safeguarding but this was not universal or refreshed regularly.</p> <p>There was evidence that safeguarding was included in volunteer training in August 2023.</p> <p>Most Trustees had received safeguarding training but not through ERCC.</p> <p>Recruitment and Selection policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log</p> <p>The documented Support and Supervision policy was in draft but there were examples of external support and supervision logs were provided for 7 members of staff in various roles across the organisation.</p>

		<p>Whistleblowing policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log Privacy statement for service users – undated. Also easy read version.</p> <p>However, the reviewer was provided with some information from a confidential source that some survivors did not feel safe using the centre.</p>
	<p>b) The organisation has robust risk assessments in place that reflect and respond to specific risks to service users and client-facing staff, and these are reviewed and updated at regular intervals.</p>	<p>There was a Service User Risk Assessment and Management policy (and supporting documentation). In safeguarding policy and appendices.</p>
	<p>c) Staff, volunteers (and where relevant, trustees) are supported to carry out needs and risk assessments and receive sufficient training and information to do so safely within the remit of the service.</p>	<p>There was evidence of risk assessments being carried out in relation to service delivery and appropriate follow-up actions being taken.</p>
	<p>d) The organisation keeps up to date with knowledge and good practice in relation to changing legislation, forms that abuse may take, and potential risks related to service users and this learning is incorporated into the service's policies, training and response to safeguarding issues.</p>	<p>The Safeguarding policy dated December 2023 states training should be refreshed every 2 years. However there was as yet no documented evidence that this had been provided.</p>

<p><b>3.2 Safety for staff</b> The organisation ensures a safe working environment for staff, volunteers, trustees and service users.</p>	<p>a) Robust policies and procedures are in place to assess and manage the physical safety and emotional wellbeing of staff, volunteers and service users, both within the centre and when working off site, and action is taken to provide and maintain a safe place of work.</p>	<p>Employer's Liability Insurance - cover to 25.03.25 Public Liability Insurance - cover to 25.03.25</p> <p>There was evidence of procedures to manage risks associated with service delivery.</p> <p>Health and Safety policy &amp; Health and Wellbeing policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>There was a new and expectant mothers workplace assessment checklist.</p> <p>Lone Working policy V2 April 2021 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>Home Working policy V1 26.04.2017I review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>Bullying and Harassment policy V2 effective 30 March 2020. as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log</p> <p>Grievance policy V2 30.03.2020 review date as March 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>Disciplinary policy V1 26.05.2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p>
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		<p>The documented support and supervision policy/procedure was in draft although there were examples of external support and supervision logs provided for 7 members of staff in various roles across the organisation. There was also an internal support and supervision form.</p>
	<p>b) The organisation prioritises robust recruitment practices, and implements comprehensive systems of training, support and supervision to ensure a culture of safe and reflective practice.</p>	<p>There was a Recruitment and Selection policy dated April 2016, contacts updated January 2024, review date April 2024.</p> <p>The minutes of the Trustee Board meeting on 08.05.24 recorded a discussion between Trustee Board members and SMT members which revealed a difference of approach on recruitment and that the SMT had to be reminded in the strongest terms of the need to follow ERCC's policy.</p> <p>A PVG <a href="https://www.mygov.scot/pvg-scheme">https://www.mygov.scot/pvg-scheme</a> and ex-offenders policy exists. The COO confirmed that all members of staff delivering any form of support / all frontline workers have completed the training other than 5 members off on sickness /maternity leave.</p> <p>There was no organisational Training and Development policy.</p> <p>The documented support and supervision policy/procedure was in draft although examples of external support and supervision logs were provided</p>

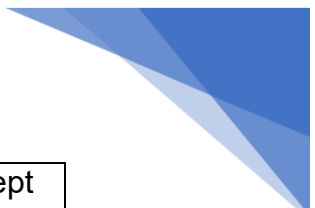


		<p>for 7 members of staff in various roles across the organisation. There was also an internal support and supervision form.</p>
	<p>c) The organisation sets out and observes clear professional boundaries to guide appropriate relationships between service users and staff/volunteers.</p>	<p>There was no Employee handbook covering all relevant policies and procedures. The induction checklist included a number of important policies and procedures. The reviewer was informed at a late stage of the review that there was a folder named '1 Strategy and Governance' where all policies are kept and is available to staff members.</p> <p>A staff Code of Conduct was provided marked draft April 2024. A social media policy is referenced in it but was not provided. The Code mentioned the need for professional boundaries but it was vague.</p> <p>A Code of Conduct for volunteers was provided. There was no date or document control on it. It mentioned the need for professional boundaries with examples.</p>
<p><b>3.3 Secure data</b> The organisation operates policy and guidance on confidentiality and data protection that is compliant with current legislation and good practice.</p>	<p>a) The organisation has clear policy and procedures in place that protect service user confidentiality. Limitations to confidentiality are clearly communicated.</p>	<p>Confidentiality policy V1 26.05.2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>Data Protection policy – Company members undated no authorisation log. Employee, volunteer and trustee recruitment undated no authorisation log. Employee data policy and privacy notice footer June 2018, contacts updated January 2024.</p>

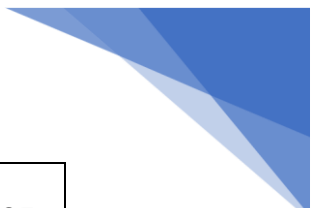
		There were privacy statements.
	b) The organisation has transparent policy and procedures in place that relate to the lawful collection, handling, processing, movement and disposal of data and all trustees, staff and volunteers are aware of their rights and responsibilities in line with current data protection legislation.	<p>Professional Indemnity Insurance - cover to 25.03.25</p> <p>Registration with Information Commissioner's Office (ICO) to 04.12.24</p> <p>Confidentiality policy V1 26.05.2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>Data Protection policy – Company members - undated no authorisation log. Employee, volunteer and trustee recruitment undated no authorisation log. Employee data policy and privacy notice footer June 2018, contacts updated January 2024.</p> <p>Training records provided did not show data protection training beyond induction.</p>
	c) Service users are active partners in the collection and control of their personal information and are made aware of their rights to access, amend or delete data in line with data protection legislation.	<p>Service user agreement(s) Support agreement - no document control issue date. Each service user would sign and date also worker. There was a tailored version for young people (STAR project).</p> <p>Confidentiality V1 26.05.2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>Data Protection policy – Company members undated no authorisation log. Employee, volunteer and trustee recruitment undated no authorisation log. Employee</p>

		<p>data policy and privacy notice footer June 2018, contacts updated January 2024.</p> <p>A Data Retention and Control policy was within the data protection policy. It concerned only employee data. However, there was also a comprehensive list of data with retention periods as a schedule to a data processor agreement of which senior management seemed unaware.</p> <p>There was a Subject Access Request policy. A privacy notice for people accessing support gave information about requesting the data held by ERCC.</p> <p>There were privacy statements.</p>
	<p>d) Where information is shared with a third party, it is relevant and proportionate, and governed by robust protocols that protect the interests and privacy rights of service users.</p>	<p>Service user agreement(s) Support agreement no document control issue date. Each service user would sign and date also worker. There was a tailored version for young people (STAR project).</p> <p>Confidentiality policy - V1 26.05.2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>Data Protection policy – Company members undated no authorisation log. Employee, volunteer and trustee recruitment undated no authorisation log. Employee data policy and privacy notice footer June 2018, contacts updated January 2024.</p>

		<p>The Data Retention and Control policy was within the data protection policy. It concerned only employee data.</p> <p>There was a Subject Access Request policy. A privacy notice for people accessing support gave information about requesting the data held by ERCC.</p>
<p><b>3.4 Implementing learning</b> The organisation has processes in place to support the continuous improvement of safety and protection across the service.</p>	<p>a) The organisation has a process in place to enable the recording, review and learning from safety incidents and relevant staff, volunteers and trustees are involved in this process.</p>	<p>The Health and Safety policy &amp; Health and Wellbeing policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log.</p> <p>There were induction records of health and safety training. Further health and safety training was undertaken by a few individuals. However, four people had done fire warden training. ERCC's external HR advisors are scheduled to carry out an annual health and safety check in September 2024.</p> <p>Incidents reported and logged in the health and safety online record. A 'lessons learned' example was provided from an incident where an individual had needed medical treatment on 10.05.2023. The COO stated that the then Convener had been informed of this.</p>
	<p>b) The organisation has an open, transparent and blame-free culture that encourages reporting, learning and continuous improvement.</p>	<p>There was no Employee handbook covering all relevant policies and procedures. The induction checklist included a number of important policies and procedures. The reviewer was informed at a late stage of the review that there was a folder named '1</p>



		<p>Strategy and Governance' where all policies are kept and is available to staff members.</p> <p>There were induction checklists for advocacy and counsellor volunteers.</p> <p>Induction included health and safety.</p> <p>Individuals did not have training plans although training needs were noted on Support and Supervision records.</p> <p>The Code of Conduct for staff was provided. It was marked draft April 2024. It mentioned the need for professional boundaries but it was unclear and duplicated or partially duplicated other policies and procedures.</p> <p>A Code of Conduct for volunteers was provided. There was no date or document control on it. It mentioned the need for professional boundaries with examples.</p> <p>The documented support and supervision policy/procedure was in draft although examples of external support and supervision logs were provided for 7 members of staff in various roles across the organisation.</p> <p>The whistleblowing policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log</p>
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<p><b>Standard 4: Lasting Impact</b> Rape Crisis specialist services are dedicated to ending sexual violence and abuse, driving the impact and effectiveness of services, and fostering lasting change.</p>		
<p><b>Core Standard</b></p>	<p><b>Core Indicator</b></p>	<p><b>Indicative evidence</b></p>
<p><b>4.1 Setting outcomes</b> The organisation identifies outcomes for its service users that are meaningful to those users and to funders and commissioners.</p>	<p>a) The organisation has an outcomes framework in place that is meaningful and relevant to all of its service users.</p>	<p>In April 2024, ERCC adopted evaluation frameworks for both the Edinburgh Adult Service and the STAR project. These included KPIs relating to increase well-being measures for service users.</p> <p>Outcomes were also recorded and monitored according to funder requirements and reported to funders and the Trustee Board.</p>
	<p>b) The organisation monitors progress towards service user outcomes and uses monitoring methods that give opportunities for all service users to express themselves in their own words.</p>	<p>See 1.3b for comments on the Service User Involvement policy.</p> <p>Service users were systematically requested to provide feedback on their experiences and this feedback was taken into consideration when re-designing services to try to reduce waiting times.</p> <p>There were outcomes monitoring records as required by funders.</p> <p>Feedback was gathered from survivors provided with long term support to assess impact. Feedback was also gathered by ERCC worker and survivor together at the end of 'here and now' sessions.</p> <p>ERCC is developing its approach to gathering feedback and has an IT philanthropy agreement with</p>

		Morgan Stanley to develop a digital solution for feedback.
	c) The organisation recognises that minoritised survivors may face additional barriers due to oppressive and inaccessible systems that affect their ability to contribute feedback, and puts measures in place to overcome these barriers.	<p>ERCC participated in the FEM project (a 2022-23 collaboration between ERCC, Forth Valley Rape Crisis and Moray rape Crisis). The final report discussed how centres performed in providing first language support in Mandarin, Polish and Arabic as well as a learning needs specialised team.</p> <p>The COO was able to produce examples of ways in which ERCC had addressed barriers encountered by minoritised groups which affected their ability to contribute to feedback.</p>
<p><b>4.2 Gathering data and feedback</b> The organisation has a structure in place for collating and analysing service user feedback and using it to inform service provision, quality and improvement.</p>	a) The organisation demonstrates that service user feedback is used to inform and improve service planning, development and campaigning priorities (where relevant).	There were detailed case studies showing how service user feedback is used to plan and develop services.
	b) The organisation has processes in place to ensure need and demand are identified and responded to and there are clear service performance measures that support continuous quality and improvement.	<p>There were detailed case studies of Service Users' needs which had been used to redesign services on two occasions.</p> <p>ERCC has used national prevalence and incidence data analysis in funding applications and to inform partners.</p> <p>There were service performance measures for both the Edinburgh Adult Service and the STAR project.</p>



	<p>c) Service users are informed how and to whom they can complain if not satisfied with any aspect of the service or response they receive.</p>	<p>The complaints policy and procedures were dated 25 May 2016. Annual review date stated as April 2017 with requirement for annual reviews. No record of reviews.</p> <p>Making a complaint about your service document for service users. Undated.</p> <p>A redacted example of a complaint was provided which showed how the organisation learned from the complaint.</p>
<p><b>4.3 Effective staff</b> The organisation ensures that staff and volunteers have the relevant skills, knowledge and experience to deliver effective and high-quality service provision.</p>	<p>a) The organisation ensures that all staff and volunteers are sufficiently skilled, trained and experienced to work effectively within their role and the aims and objectives of the service.</p>	<p>Recruitment and Selection policy dated April 2016, contacts updated January 2024, review date April 2024.</p> <p>ERCC had role descriptions and person specifications.</p> <p>There was an induction policy for staff dated 08 March 2016, review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log. There was a 'Welcome to the Mothership' document.</p> <p>A staff induction checklist was included in the material provided on Sharepoint but not dated. On further enquiry two different induction checklists were provided. One included a list of mandatory training; e.g. Health &amp; Safety, First Aid, Data Protection, Equality and Diversity, Rape and Sexual Violence etc. The other did not.</p>

		<p>It was stated that since 1<sup>st</sup> April 2022, ERCC had 7 new staff members (most recently start was 13<sup>th</sup> June 2023):</p> <ul style="list-style-type: none"> <li>2 Therapeutic Support workers - April 22 and June 23</li> <li>3 Counselling Support Workers - 2x June 22 and 1 Nov 22</li> <li>1 Admin worker- Oct 22</li> <li>1 Senior Support worker - Nov</li> </ul> <p>The COO included example induction plans for 3 of the above.</p> <p>There were induction checklists for advocacy and counsellor volunteers.</p>
	<p>b) The organisation has effective policies and procedures in place to support the on-going training, learning and development of staff, volunteers and trustees to ensure they are sufficiently trained for their specific role and client group.</p>	<p>There was no organisational Training and Development policy.</p> <p>Appraisal/Performance Management policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log</p> <p>There were training records for 13 members of staff on service related issues. Two redacted appraisal records were provided which show training and development plans for the year ahead were discussed (November 2023) but these were suggested by the staff member themselves so no organisation-wide training and development issues were recorded.</p>

		<p>There was no organisation-wide training plan or training needs analysis.</p> <p>Volunteers and trustees received induction training in relation to service delivery.</p> <p>The training programme for an all-day induction event for -volunteers 01.08.23 was provided. No training records were provided for volunteers.</p> <p>The documented support and supervision policy/procedure was in draft although examples of external support and supervision logs were provided for 7 members of staff in various roles across the organisation. There was also an internal support and supervision form.</p>
	<p>c) The organisation sets clear development objectives for all staff, reviews progress against these regularly and takes effective steps to improve performance.</p>	<p>There was an outline Strategy but there was not an agreed Business Plan which could be used when setting individual objectives.</p> <p>There was no annual/impact report on the website. There were individual impact reports on projects where required by funders.</p> <p>Appraisal/Performance Management policy dated 25 May 2016 review date as April 2024. Footer records contacts updated January 2024. No revision history or authorisation log</p> <p>The documented support and supervision policy/procedure was in draft although examples of</p>

		<p>external support and supervision logs were provided for 7 members of staff in various roles across the organisation. There was also an internal support and supervision form.</p> <p>There was no Employee handbook covering all relevant policies and procedures. The induction checklist included a number of important policies and procedures. The reviewer was informed at a late stage of the review that there was a folder named '1 Strategy and Governance' where all policies are kept and is available to staff members.</p> <p>There was a volunteering policy dated April 2017 No records of annual reviews until January 2024, when 'contacts updated'. No record of authorisation by the TB.</p> <p>There was an agreement for volunteers setting out expectations and signposting to an information pack containing:</p> <ul style="list-style-type: none"> <li>• Full details about the volunteer's role</li> <li>• Any health and safety information relevant to the role</li> <li>• The Volunteer Handbook</li> </ul>
	<p>d) Staff and volunteers are equipped with up-to-date information and knowledge, empowering them to deliver specialist support services effectively.</p>	<p>Staff and volunteers are provided with up-to-date information to improve specialist support services through emails, team meetings and one to one supervisions.</p>

<p><b>4.4 Impact on wider society</b> The organisation recognises violence against women and girls as a human rights violation, raising awareness of the impact of sexual violence including challenging misperceptions and social tolerance.</p>	<p>a) The organisation provides anonymous data to their national Rape Crisis membership body on service delivery outputs and outcomes, to enable national pictures around prevalence and demand to be formulated and used in all its work.</p>	<p>ERCC has evidence of output and outcome reporting data, ie monitoring reports. Information is provided to the Trustee Board. Minutes show that Trustees ask questions about service delivery.</p>
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