

Agenda

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Dorset County Council



Meeting: Safeguarding Overview and Scrutiny Committee
Time: 10.00 am
Date: 19 January 2017
Venue: Committee Room 1, County Hall, Dorchester, Dorset, DT1 1XJ

Pauline Batstone (Chairman)	Mike Lovell (Vice-Chairman)	Steve Butler
Mike Byatt	Toni Coombs	Beryl Ezzard
Peter Hall	Susan Jefferies	David Mannings
Daryl Turner		

Notes:

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Public Speaking

Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 16 January 2017, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

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Date of Publication:
Wednesday, 11 January
2017

1. Apologies for Absence

To receive any apologies for absence.

2. Code of Conduct

Councillors are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the member or other relevant person has a disclosable pecuniary interest.

- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

The Register of Interests is available on Dorsetforyou.com and the list of disclosable pecuniary interests is set out on the reverse of the form.

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|---|-----------|
| 3. Minutes | 3 - 8 |
| To confirm and sign the minutes of the meeting held on 5 October 2016. | |
| 4. Public Participation | |
| (a) Public Participation | |
| (b) Petitions | |
| 5. Update on Ofsted Recommendations | |
| To receive a verbal update from the Director for Children's Services. | |
| 6. Progression of Early Health Care Plans (EHCPs) and Post 16 residential placements | 9 - 26 |
| To consider a report by the Director for Children's Services. | |
| 7. Apprenticeships in respect of Looked After Children and Care Leavers | 27 - 34 |
| To consider a report by the Director for Children's Services. | |
| 8. Family Partnership Zones | 35 - 54 |
| To consider a report by the Director for Children's Services. | |
| 9. Personal Independence Payments | 55 - 74 |
| To consider a report published by the Citizens Advice Bureau. | |
| 10. Domestic Abuse - Key Areas of Challenge | 75 - 84 |
| To receive a report from the Interim Director for Adult and Community Services. | |
| 11. Corporate Plan: Outcomes focused monitoring report | 85 - 108 |
| To consider a report from the Lead Director. | |
| 12. Work Programme | 109 - 112 |
| To consider the Work Programme for the Safeguarding Overview and Scrutiny Committee. | |
| 13. Questions from County Councillors | |
| To answer any questions received in writing by the Chief Executive by not later than 10.00am on Monday 16 January 2017. | |



Safeguarding Overview and Scrutiny Committee

Minutes of the meeting held at County Hall, Dorchester, Dorset,
DT1 1XJ on Wednesday, 5 October 2016

Present:

Pauline Batstone (Chairman)
Steve Butler, Toni Coombs, Beryl Ezzard, Mike Lovell and Daryl Turner

Members Attending

Rebecca Knox, County Councillor for Beaminster

Officer Attending: Vanessa Glenn (Assistant Director for Care and Protection), Jay Mercer (Assistant Director for Prevention and Partnerships), Patrick Myers (Assistant Director for Design and Development), Claire Shiels (Commissioning and Procurement Manager, Children's Services), Mark Taylor (Group Manager - Governance and Assurance), Sally Wernick (Strategic Lead for Safeguarding and Quality - Adults), Tom Wilkinson (Children's Services Group Finance Manager) and Fiona King (Senior Democratic Services Officer).

- (Notes:(1) In accordance with Rule 16(b) of the Overview and Scrutiny Procedure Rules the decisions set out in these minutes will come into force and may then be implemented on the expiry of five working days after the publication date.
Publication Date: **Thursday, 13 October 2016**
- (2) These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Cabinet to be held on **Thursday, 19 January 2017.**)

Apologies for Absence

- 11 Apologies for absence were received from Mike Byatt, Susan Jefferies and David Mannings.

Code of Conduct

- 12 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Minutes

- 13 The minutes from the meeting held on 14 June 2016 were agreed and signed.

Public Participation

14 Public Speaking

There were no public questions received at the meeting in accordance with Standing Order 21(1).

There were no public statements received at the meeting in accordance with Standing Order 21(2).

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petitions Scheme.

Post Ofsted Progress

- 15 Following the Cabinet meeting on 7 September 2016, members received an update on the progress of the Ofsted Action Plan.

The Assistant Director for Care and Protection highlighted to members the 18 actions from Ofsted which needed to be addressed and that each are now had a lead officer and deadline for completion.

Following a question from a member about the Multi agency hub in Poole which was due to open on 8 January 2017, the Assistant Director for Care and Protection advised that Bournemouth and Poole would also move in shortly afterwards. In respect of communications, each authority had their own IT systems and in terms of families there was a statutory responsibility for authorities to advise neighbouring authorities. This was not about joining together at present but co locating into the same space. Each Local Authority had a statutory responsibility for their own children.

In response to a question regarding licencing and child sex exploitation, the Manager for Design and Development confirmed that there was a strategy in place regarding working with taxi firms.

One member asked if officers were struggling to implement all or any of the recommendations. The Assistant Director for Care and Protection advised they were not struggling just realising that some actions would take longer to deliver than others in respect of training and development. Some actions required partners to do some of the work so there was not an immediate fix in some areas.

Following a discussion about those leaving care and the difficulties of finding job opportunities, the Assistant Director for Care and Protection advised that the Cabinet Member for Learning and Skills was leading in this area and was engaging directly with partners to take on apprenticeships for looked after children and care leavers. Officers undertook to provide members with a report on apprenticeships for their next meeting in January 2017.

One member asked for clarification in relation to broadening the range of children and young people who were able to participate in the Children in Care Council and Dorset Kidz. The Assistant Director for Care and Protection advised that the view from Ofsted was that there should be a broader range of younger children and this has now been taken forward and a Corporate Parenting Officer had been appointed to work through a strategy. It was also noted that there was some research work that was being carried out with Loughborough University, based on evidence, with a view to looking at costs and how much decisions made in relation to children in care cost.

Following a question about how the integration of the new county youth workers, in the light of the cuts to youth service would work, the Assistant Director for Care and Protection advised that in the context of development of a new structure within the new family partnership zones there were discussions around a new Overview Board for each specific zone and partner agencies would be invited to join the Board to develop a joint strategy about how to deliver support to young people in specific areas. The Assistant Director for Design and Development undertook to provide members with further information on family zones at their next meeting in January 2017. Members highlighted the importance of keeping Local Members involved and officers agreed to share the profiles with members.

In response to a question regarding a link between youth centres and the County Council, the Assistant Director for Care and Protection advised that the Strategic Lead Officer for 12-25 year olds' responsibility was to make those connections around this area of work, this would be one of his key actions.

One member suggested that a Facebook page holding all this information would be really helpful. The Head of Families and Children undertook to include a reference to

social media in her report.

The Head of Families and Children advised members that they had not yet been notified when the Ofsted team would be returning but would advise members when the date was known.

Resolved

That a report on Apprenticeships and a report on Family Partnership zones be presented to members in January 2017.

Looked After Children

16 Members received a feedback report from the Chairman, following the first meeting of the Looked After Children Task and Finish Group, which was held on 8 September 2016. Her report focused on the County Council's approach to Children in Care, how to keep as many children as possible safely out of care and how to improve the situation of those children that came into care. The Chairman highlighted the impressive amount of preventative work that was being done in this area.

The Assistant Director for Care and Protection highlighted the longer term work with looked after children and noted that staff were committed to working with younger people.

One member felt it would be useful to have a list of acronyms included with the report.

Following discussion members were satisfied that everything was being done that could be done in this regard. The Assistant Director for Care and Protection commented that it was clear that this was an ongoing piece of work and officers were constantly looking at developments and research to make improvements, this report was a working document and officers would continue to work with children and families.

Noted

Educational Health Care Plans (EHCP) - Timelines

17 The Committee considered a report from the Director for Children's Services which highlighted that Dorset had been under-delivering on Education, Health and Care Plan (EHCP) timescales for new assessments or transfers from Statements of Special Educational Needs. Members were advised that specific actions had been taken to resolve the situation, including changes to staffing structures and levels, process and decision-making.

The Assistant Director for Prevention and Partnerships highlighted the new responsibilities for the Authority in respect of EHCPs. To illustrate the significant increase in requests he advised that requests for EHCPs in 2014/15 were 238, with 160 being made into Plans, and for 2015/16 there were 497 requests, with 316 being converted to Plans. It was noted that not all requests were met, it depended on the thresholds of the Plan. The timescales for Plans had now changed from 28 weeks to 20 weeks and more staff had now put into these areas to prioritise the backlog. Members were advised that Dorset was not the only area experiencing problems, the same issues had been identified in other areas of the Country. Plans had already been put in place for next year to avoid this happening again.

Following a question from a member about the size of the backlog, the Assistant Director for Prevention and Partnerships advised it stood at about 126 requests with approximately 95 decisions pending which he estimated could take about 3/4 weeks to clear.

One member highlighted some tension between the service and the schools, from a school governor point of view. Schools felt they were not getting the support required for children with identified problems which had resulted in some forced temporary exclusions. The Assistant Director for Prevention and Partnerships noted the issue around mainstream children, in a small primary school and highlighted the threshold which was about whether provision was needed. He accepted there had been difficulty around delays and the high needs budget but officers were making a major effort towards training within schools and were reviewing Special Educational Needs (SEN) bases. The re-provision of learning centres was also ongoing and officers undertook to circulate more specific dates to members. One member felt that any report brought to the Committee in future should have timelines included within the detail.

The Strategic Lead for Safeguarding and Quality for Adults considered if there were any issues around capacity and deprivation of liberty for any of the young people. The Assistant Director for Prevention and Partnerships added that officers were very much aware of this in regard to post 16 residential placements. The Chairman felt that as this was an area of concern for members she asked that a report be brought to the next meeting of this Committee.

Resolved

That an update report be considered by the Committee at its next meeting on 19 January 2017 and to include information about Post 16 residential placements.

Domestic Abuse Scoping Paper

18 The Committee considered a scoping paper on Domestic Abuse from the Director for Children's Services. The document provided background information on domestic abuse in Dorset to aid members' discussion. Current governance arrangements, service responses and the evidence of what worked was also highlighted.

In response to a question about falling numbers of domestic abuse incidents, the Manager for Design and Development noted there was an element of incidents not being reported but there was a distinction between incidents and domestic abuse crimes, when the Police were involved. Two thirds of domestic abuse incidents had children present.

One member highlighted the relationship with schools and how there was quite often a trusted adult in school that an abused child could turn to. There was a need for recognition of the behaviour of a child and questioned whether the training of staff to better recognise the impact that schools had as the first line of defence should be a priority. The Assistant Director for Design and Development recognised that this training need could be wider than schools, officers needed to equip a wider range of people who came into contact with children. It was also highlighted that school nurses were aware of police reports and could then reach out to a particular child.

Following a question about whether there was any effect on those children in rural locations with the situation being created through the lack of rural transport, especially in regard to Post 16 young people, the Manager for Design and Development advised that while this was not known, information on a postcode basis was known and would also give this consideration in respect of assessment.

The Strategic Lead for Safeguarding and Quality for Adults, noted that in respect of the Care Record there would be an opportunity for information sharing and linking with new Integrated Case Management System (iCMS). In respect of adults there was an issue around capacity in that officers were unable to make decisions for adults. She highlighted that there was more work to be done with adults and children in conjunction with the Community Safety Partnership.

The Group Manager for Governance and Assurance reminded members of the importance that the Committee looked across the Board in respect of children and adults.

Members were satisfied that the work that needed to be done was being done and asked that a follow up report in six months be brought to this Committee for members to see if there were any additional measures that had been put in place.

Resolved

That an update report be brought back to this Committee in six months' time.

Work Programme

19 The Committee considered its Work Programme and gave consideration to the inclusion of the following items:-

- SEN Reorganisation
- An update on the Ofsted recommendations
- Progression with Early Health Care Plans (EHCPs)

It was noted that if update information was ready prior to the next committee meeting, it should be circulated electronically to all members.

Questions from County Councillors

20 No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00 am - 11.50 am

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Safeguarding Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	19 January 2017
Officer	Director for Children's Services
Subject of Report	Progression of Education, Health and Care Plans (EHCPs) and Post 16 residential placements
Executive Summary	There has been significant improvement in the 2016-17 academic year on timescales for new Education, Health and Care Plans and development work is still continuing.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: Not applicable
	Use of Evidence: Data used in this report have been drawn from the SEN Synergy database.
	Budget: Funding for EHCP provision is from the High Needs Block of the ring-fenced Dedicated Schools Grant. The HNB continues to be under considerable pressure and is forecast to overspend by £5.1 million in 2016/17.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: MEDIUM Residual Risk MEDIUM <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i>
	Other Implications: Although at a lower level, there continue to be reputational, financial and service criticality risks to this service.

Recommendation	The Committee note the progress made and the further actions required.
Reason for Recommendation	The improvement of this area of service will continue to be a priority
Appendices	Appendix 1 – SEND Development Plan Appendix 2 – HNB Sufficiency Working Group Action Plan
Background Papers	Previous report to this committee at its meeting of 5 th October
Officer Contact	Name: Jay Mercer Tel: 01305 224770 Email: Jay.Mercer@dorsetcc.gov.uk

1. Background

- 1.1 An initial report on this area was brought to the Committee's meeting of 5th October which identified the difficulties of delivering the new Education, Health and Care Plans within the reduced 20-week timescale set by recent legislation. In parallel, reports have also been made to the Schools' Forum meetings in September and December 2016, identifying the risk of significant overspends on the High Needs Budget, the apparent drivers for these and what control actions had been taken and were proposed.
- 1.2 The drivers for both these areas of difficulty have been higher volumes of referrals, assessments and students, particularly post16, caused by demography and the changed legislation.
- 1.3 Control and improvement work has been taking place in the context of the SEND Strategic Development Plan which continues to be the vehicle for significant change.

2. The National Picture

- 2.1 There is continued recognition by Government that the reforms put in place by the Children and Families Act 2014 have required significant additional resource on behalf of local authorities to be delivered. As a result, transitional reform grant funding has been available in each year, and this will continue into 2017/18, for Dorset at a level of £269,367. In recognition of local authorities' need to reduce costs by securing a local sufficiency of appropriate school places, there is also a new SEN Sufficiency Grant to support strategic review work. For Dorset, this will be £154,677.
- 2.2 It has also been announced that the Government will be adding to the High Needs Budget next year to cover the costs of additional post 16 places. The budget will be based on the "Baseline + uplift" and will include £125 million that is to be transferred from the DfE's post-16 budget to the high needs block baseline. This is a transfer of place funding for high needs places in FE colleges and post-16 charitable and commercial providers (CCPs). DfE said that there would be no losers. This is welcome, but could be said to be coming one year too late, as these places are part of the pressures on spend this year.

3. The Dorset Picture

3.1 Growth in Numbers

As with the overall population in Dorset, which is increasing by about 1.5% per year, the number of children with an SEN Statement or EHC Plan also continues to grow. Up until 2015, the proportion of the pupil population with a statement or plan has remained steady at 2.5%, just below the national average, with about 250 new requests for assessment per year. However, in 2016, the volume of requests for formal assessments more than doubled to 517, of which 350 resulted in an EHC Plan (68%). This is likely to be a result of additional post-16 cases and reduced availability to schools of Educational Psychologist time.

3.2 **Control measures**

As part of the actions needed to improve performance on processing timelines, meetings of the SEN Panel have been held more often and more regularly, to deal with the increased work load. These include school head teacher colleagues. In addition, all recommended decisions of each meeting are scrutinised by both the Senior Manager, SEND 0-25, and the Assistant Director for Prevention & Partnership. This is intended to moderate the proportion of requests that result in an EHCP. Since September 2016, 14 out of 30 requests (47%) have resulted in a formal assessment and an EHCP, with 21 cases still pending, which will help provide a bigger sample.

3.3 **SEND Strategic Development Plan 2016-2019**

The updated version of this plan is attached as Appendix 1 to this report. It has six main long term outcomes:

- Meeting SEND timescales
- Local sufficiency of high quality SEND provision
- Effective signposting and communication around the SEND system for young people, their parents/carers and partners
- Development of an integrated 0-25 SEND service
- Preparation for SEND Area Inspection
- Reduction in the cost of specialist placements

3.4 **SEN Timescales**

All the backlogged requests for assessments had initial decisions before the end of October and are processing through the system as quickly as possible. New requests are now on track to be processed within the twenty week timescale. The statement data has been cleaned up and this has led to a reduction in cost estimates for some placements. The volume of statements to be transferred into plans is being processed as quickly as possible by a dedicated team of Transfer Review Officers. Management data is much improved.

3.5 **Sufficiency**

The draft strategy for SEMH and the use of alternative provision is in place and being worked through with partners. The timeline and action plan for the base provision review has been published, visits to Special School Heads have been completed, a workshop has been held with Special School leaders and the Special School Review is about to get under way. Targeted Annual Reviews will include LA officers from appropriate teams in 2017. An action plan is in place to work with schools on expectations and standards around SEND and visits have commenced.

3.6 **Signposting**

Improved Local Offer content is being published on Dorset for You on a rolling basis. There is a draft Children's Services Communications Strategy with officers for comment currently and this area will receive some investment. A new workstream group has been set up to promote the Voice of the Child.

3.7 **Integrated 0-25 SEND Service**

Children's services have brought together under one manager the SEN Assessment Team, the County Educational Psychology Service, the Specialist SEN Teaching and Advisory Services, and next year, the Children Who Are Disabled team. Many of these are due to be co-located at Prince's House, Dorchester in due course. The monthly Steering Group driving this continues with its work.

3.8 **SEN Inspection Preparation**

Data collection is nearly complete and a review is underway with an audit tool successfully used in Bournemouth. Meetings alerting and briefing internal partners have taken place and further meetings with stakeholders and partners are set for early 2017.

3.9 **Reducing High Cost Placements**

This is the focus of the High Needs Budget Sufficiency Group which has been established and written its own Action Plan which is attached as Appendix 2. The data cleanse of the Synergy database has also been very successful in reducing costs.

3.10 **High Needs Budget Sufficiency Group Action Plan**

This developing Action Plan is attached as Appendix 2 to this report and consists of the following key outputs:

- High cost placements reviewed for impact and value for money
- Accurate management forecasts
- Contract reviews to reduce costs with large scale providers
- Specialist services to provide packages of pre-assessment support
- Delivery and implementation of the Specialist Provision Review

3.11 **Placement Review**

The Senior Manager and Assistant Director scrutinise all SEN Panel recommended decisions and placements. The membership and terms of reference for the new Complex Case Panel have been identified. Desk review of the most high cost existing placements is still under way. All high cost placement annual reviews need to be attended by Local Authority representatives focused on continued appropriateness, alternatives and outcomes.

3.12 **Accurate Management Forecasts**

The Synergy database is being cleaned up and reports are beginning to provide clearer, more accurate pictures. This has resulted in a £600,000 reduction in some areas of forecast costs as a result of improved data accuracy.

3.13 **Contract Reviews**

Regular contract review meetings with major providers will restart in 2017. An accurate provision map is in development so that commissioners and placing officers have a much clearer picture of local alternatives to high cost provision.

3.14 **Specialist Services Prevention Packages**

The focus group to develop short term specialist packages for crisis situations regarding complex needs has been established, the business case written and appropriate processes agreed with other agencies.

3.15 **Specialist Provision Reviews**

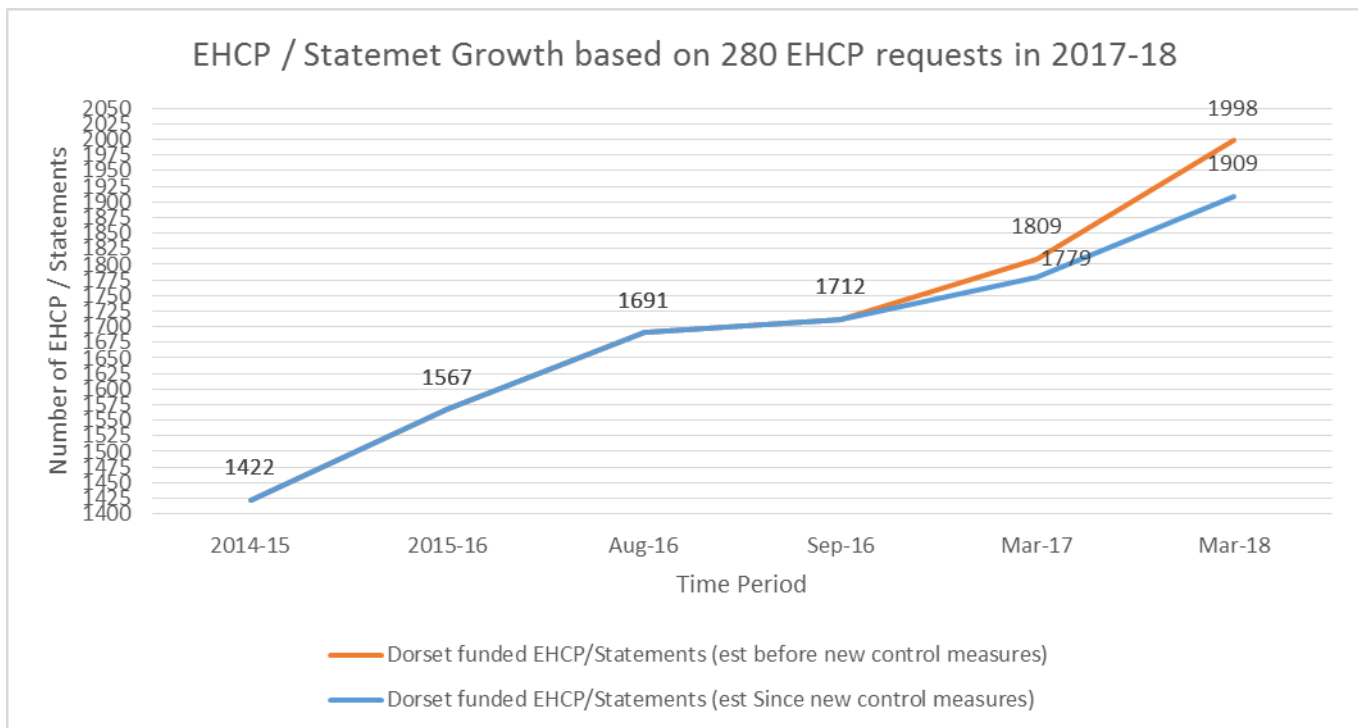
The base review has been completed in Dorchester and nearly everything is in place for September 2017 start. School visits are taking place to identify base sites in the rest of the county. More information will be available for stakeholders in December in the form of an updated position statement.

3.16 **Financial Projections**

We have been seeking to project for the full financial year, based on the September 2016 number of SEN Statements/EHCPs of 1712 and using the

previous trend data compared with the most recent trend data. Based on these profiles and information there would be around 280 requests for EHCPs in 2017-18. Average requests are approximately 250pa, but there were 517 requests for EHCPs in 2016-17 so more work would be required to assess the strength of the 280 figure. This is shown below in table and graph form:

	ACTUAL (Dorset Funded) September '16	Estimated @ 31/3/2017	Growth - EHCP Requests (2017-18 estimate)									
			150	200	250	280	300	350	400	450	550	
EHCP / Statements - 68% of requests receive plans (before control actions)	1712	1809	1910	1944	1978	1998	2012	2046	2079	2113	2181	
EHCP / Statements - 47% of requests receive plans (Since control actions)	1712	1779	1849	1872	1895	1909	1919	1942	1965	1989	2035	



The significance of this is critical. In September 2016, out of the 1712 Statements / EHCPs, 9.4% attended an Out of County provision at an average cost of £62,200.

The projection of numbers of statements/plans for March 2018 suggests that the new senior officer scrutiny and panel arrangements could have the effect of reducing the number of them by 89. This would mean nearly 8 fewer Out of County Placements, or an additional cost of £498,000 prevented by the new arrangements. It is early days with the new controls (and data), but the signs are positive.

Of course, this does not reduce the numbers of EHCPs, which can only be ceased after an annual review process, including recourse to the SEND Tribunal, or when a young adult turns 25. The more involved and proactive approach to annual reviews which will be taken will mean there will be some

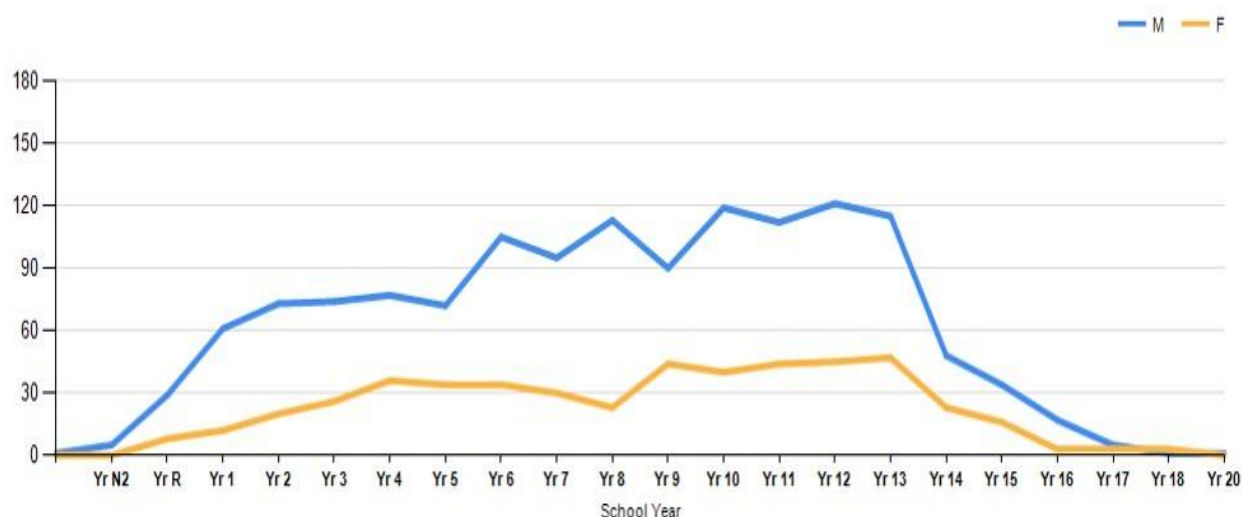
appropriate opportunities to change support arrangements or placements or cease the plan altogether, However, this is difficult to predict at this stage.

SEN Statistical Information

ALL ECHP / STATEMENTS, INCLUDING NON-DORSET FUNDED

From Synergy (21/11/2017)

Gender and National Curriculum Years for Statemented / EHCP



	Yr N2	Yr R	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 20	Total	
M	1	5	29	56	72	73	77	70	104	93	112	90	119	111	118	111	48	34	17	5	1	1	1347
F	0	0	8	12	20	26	36	34	34	30	23	44	39	42	44	47	23	16	3	3	3	0	487
Total	1	5	37	68	92	99	113	104	138	123	135	134	158	153	162	158	71	50	20	8	4	1	1834

The above figures show the current age and gender distribution but will not yet show the full effect of the new specific rights to an EHCP for post 16 young people.

4. Current Financial Projections and Recovery

- 4.1 The most recent forecast outturn suggests a High Needs Block overspend of £5.1m. The major driver is the growth in the number of pupils with EHC Plans. Major pressures continue around the independent sector placements budget (£2.6m forecast overspend), SEN Top Ups (£1.1m forecast overspend) and the Post 16 placement budget (£0.76m forecast overspend).
- 4.2 Any HNB overspend will need to be managed as per a school in deficit. A recovery plan is being created, detailing when the deficit will be recovered and against which parts of the Dedicated Schools Grant. Previous year's surpluses will be used first to address the overspend; however, if this is not sufficient (and it is predicted that it is not), the deficit will be carried forward as a deficit grant, so that DCC will effectively provide cash flow support for the overspend. This position is not viable in the long term.
- 4.3 It is an absolute priority that this situation is resolved through the creation, and delivery, of a robust recovery plan including the evaluation and mitigation of risk. The recovery of this situation as quickly as possible is within everyone's interest to protect future funding levels as we all move towards a

more sustainable future. The draft Recovery Plan is being produced, but will take time, and needs to coexist with the Development Plan (Appendix 1). More work is required around understanding the expected growth in pupils in receipt of an EHC Plan for 2017-18 and beyond, and the impact this would have on the HNB.

- 4.4 In addition, the HNB government funding allocation for 2017-18 is still being analysed and fully understood. This is the basis for the Recovery Plan. We are still finalising our places, and certain types of provision, for 2017-18. This also significantly impacts the Recovery Plan.

5 Possible financial control actions

- 5.1 Dorset County Council's responsibility in relation to the High Needs Block of the Dedicated Schools Grant is to manage and steward that funding on behalf of all Dorset's state-funded schools and children with higher levels of need. Inevitably this is a role that has to balance the tension between satisfactorily and fairly supporting the needs of any one individual or any one school in relation to the needs of others. The level of the HNB is set by the Government; it is the local authority's responsibility to ensure that it is not overspent, even though it is demand driven. Therefore there are a number of control actions to be considered:

- **Tipping Point** - This budget, designed to support schools who have received disproportionate numbers of students with SEN, could be cash limited for the rest of 2016-17 and for 2017-18 use the £400k to support the other SEN Top Up budgets (Dorset, OLEA and Exceptional).
- **Focus on High Cost Providers** - A focused renegotiation of costs across all the DCC placements should be able to achieve a better unit price for the high volumes of placements of all types that we purchase.
- **Focus on the Out of County budget** - To make sure resource is focused in the right area, we could reduce the Out of County budget to make the other budgets structurally sound and accommodate the planned growth.
- **Invest any new resources to save** - We need to be clear about how much leeway we have to invest the new post 16 funding and the continuation of the SEND reform grant, perhaps in better review capacity.
- **SEN Top Up** - We should move to a banding system for 2018-19, but for next year create a rate that balances.
- **Use of Capital** - At a time of low interest on capital, we need to review what opportunities there are to make local provision, particularly for those placements shared with social care and/or health as these would make the most savings.

6. Post 16 Placements and the Mental Capacity Act (MCA)

- 6.1 At the committee's meeting on October 5th, following discussion, the Chair requested details of how any mental capacity and deprivation of liberty issues were being addressed for post-16 students. A pilot Mental Capacity Act procedure for the Children's Service was put in place by the Children Who Are Disabled team last year

after the case law ruling that the deprivation of liberty of a 16-17 year old young person was deemed beyond the remit of parental responsibility, meaning that parents could no longer agree to such a placement on behalf of the young person if he or she were felt to lack capacity to make an informed decision. We are unaware that there is yet any statutory guidance on this matter setting out local authority duties in the light of the case law, so effectively Dorset County Children's Service is being proactive in anticipation of this.

- 6.2 Social care mandatory responsibilities relate to decisions to provide young people with accommodation where DCC is the 'decision-maker'. For health-related decisions the 'decision-maker' is a medical practitioner. It would usually be the responsibility of the decision-maker to identify whether the young person lacks capacity to consent and whether a decision needs to be made in partnership with them in their 'best interests'. This involves parents and professionals. If the proposed accommodation involves the deprivation of the young person's liberty then the capacity assessment and best interests decision needs to be made, following which an order from the Court of Protection should be sought. A young person is deemed to be deprived of their liberty if they are not 'free to leave' [the placement] and they are under 'constant supervision and control' by carers.
- 6.3 Legal advice on whether to prioritise children in care or children living at home with their parents has required further clarification, which is pending. The advice awaited relates to local authority responsibilities to young people who are deprived of liberty while living at home under parental care. This is sometimes the case where young people are judged to pose risk of harm to themselves or others, hitherto within the realm of parental responsibility.
- 6.4 All new cases go through the draft procedure and one case has so far reached the point of court application. There have been MCA general awareness workshops and in June there was a more comprehensive training day on deprivation of liberty issues for social workers. The plan is to develop this further as a rolling programme. All of the appropriate existing cases will have been reviewed by the end of May 2017. Thereafter, the draft procedure needs to be discussed with Adult Services, updated and put into place.

7. Conclusion

- 7.1 In the relatively short period of time since the last meeting, the LA has consolidated the management of the whole SEND function, developed both strategic and tactical plans to reduce expenditure, and taken control actions which have reduced the increase in the volume of work and stripped out £600,000 of projected costs.
- 7.2 Since the groundbreaking court case about mental capacity of 16-18 year olds last year, in the absence of national guidance, a pilot procedure has been put in place and necessary review work is underway to be completed by the end of May 2017
- 7.3 There is of course much more to do, by both the LA and schools, to continue to improve SEN processes and provision, contain HNB expenditure within budget through a recovery plan and implement the full implications of the case law on mental capacity.

SEND STRATEGIC DEVELOPMENT PLAN- SEPTEMBER 2016-SEPTEMBER 2019

SEND Strategic Priorities:
* Great Provision close to home
* Early action for inclusion
* Excellent service delivery
* Value for money

Long Term Outcomes/Deliverables	Key pieces of work/current action	Leads	Success Criteria/Performance Measures	By When	Comments	RAG
Page 19 The processes and timescales for the identification, assessment and review of needs for children with SEND are met	Achieve statutory assessment timescales	Lanie Caines	100% statutory assessments completed within 20 weeks	Sep-17	All EHC assessments agreed since Sept 16 completed within 20 weeks.	G
	Complete transfer reviews. New transfer review paperwork and systems. Completed transfer review paperwork signed off.	Lanie Caines	100% transferred to EHCPs for YP in Special Schools or moving to a new education setting from Sept 2017.	Apr-17	Transfer review team data improving but still not meeting timelines due to volume to complete.	R
			100% statements of SEN transferred to EHCPs within timeframe set by DfE.	Apr-18	Data cleanse complete.	G
	Improve regular publication of SEND data to show number of CYP in categories of need, numbers of statements/EHCPs in EY/school/post 16/independent schools and colleges.	Lanie Caines/Steve Pitcher	Data published is used to inform business plan for HNB/SEN budget spend and to measure outcomes.	Dec-16	Proposal agreed at Schools Forum. Places mechanisms for April 2017 to be agreed.	A
Sufficient high quality school, special school and alternative provision for children with SEND is available locally and needs/outcomes are met	Alternative Provision Review – Learning Centres to have dual function as short stay/outreach provision for AP and as an SEMH base/delegation of top funding to schools.	Sylvie Lord/Jackie Groves/Gerri Kemp	Referral routes for short stay and outreach work embedded and schools understand process. SEMH base provision. Reduction in number of out of county placements for SEMH. SEN team data shows greater number of CYP returning to mainstream school following LC short stay placement.	Apr-19	Draft strategy being written.	A

SEMH strategy – expectations set out regarding inclusive approaches by universal through to specialist providers	Miriam Leigh	Strategy document agreed with stakeholders. Consistent practice at a universal level as reflected in auditing framework. Consultation/clinic sessions in place. Sufficient specialist places.	Apr-19	Draft in place.	A
SEND specialist CCN base provision timeline and implementation	SEND lead Commissioner	Timeline and action plan published. Dorchester CCN specialist base through provision operational. North and West specialist base provision for CCN operational. East CCN specialist base provision operational.	Dec-16 Sep-17 Oct-16		A
Special Schools Review Consultation and engagement Workstream development and Implementation.	Tatra Simpson	Meet local needs – Reduction in out of county placements. Wider needs addressed through local offer from special schools. Capacity building role to mainstream increased. Evidence of greater interagency working and joint commissioning.	Nov-16 Dec-16 Jan-17 Apr-17	Special School visits to HT complete. Workshops with specialist school and provision reps started.	A
Delivery plan finalised, commence implementation.	Tatra Simpson				
Early Help and support for CYP with learning disabilities whose behaviours challenge. Short breaks provision.	Tim Wells /Ed Kopecky	Parents and Carers of children who are disabled know who to ask for help and are easily able to access a range of support and suitable short break services. At home arrangements are sustainable and there is a reduction in the need for out of county specialist provision.	Jul-17	Agreement with specialist teams to attend ARs in these provisions from April 2017	A
Communication, participation and QA of Independent Schools, free schools, out of county provision, post 16 placements not in LA control but where Dorset CYP may be placed.	Gerri Kemp	Reduction in OOC specialist provision spend. Outcomes focused reviews. Easy access data to plan for future demand.	Apr-17		A

	Quality assurance approaches re inclusive provision for SEND in schools/settings Production and implementation of QA approach re effective inclusive provision.	Jackie Groves/Marie Harris	Schools/settings clear on expectations and standards re SEND provision and reflect this in their planning. School leaders/SENCOs see Inclusion and SEND as a priority in school development planning and demonstrate progress. VA data for vulnerable groups improving.	Apr-17	Action Plan agreed. Visits to schools/settings in progress.	A
	'The provision that the LA expects schools, early years and post 16 providers to be made available for SEND' document	Gerri Kemp/Jackie Groves	Stakeholders and service users recognise document as clear provision map for SEND	Apr-17	Document in draft	A
Support children, young people and parents to navigate local SEND arrangements and local SEND policies, service commissioning and delivery	Dorset's Local Offer Steering Group – action plan. Three sections of LO published online by Oct 16 with all sections completed by December 16.	Gerri Kemp/Tina Ironside	Feedback from users (parents/carers and young people) via website show increased confidence regarding navigation and accessibility of information	Dec-16	Information and Guidance sections published on Dorset for You	G
	Establishment of Communications Strategy	Michael Carhart-Harris	SEND related communication in its widest form is timely, transparent and accessible	Jul-17	CS communications strategy complete	G
	Participation and Engagement Person Centred Approaches The voice of the child/YP	Lindsey Howell/Deborah Gill		Jul-17	New workstream group agreed and terms of reference written	G
	Transition to adulthood	Claire Eveleigh	Feedback from users (parents/carers and young people) demonstrate increased confidence in the total transition processes between Children's and Adult Services.	Jul-17	Post 16 events for stakeholders held (Nov 16)	A

Establish an integrated 0-25 service for children and young people with SEND that will support excellent outcomes for CYP and their families	0 to Adulthood steering group - Design - Analytics - Person Centred approaches - Joint decision making panels	Jay Mercer (chair) Gerri Kemp Lee House Lindsey Howell Claire Eveleigh	Parental confidence measure. Speed of decision making increased. More efficient use of resources. Reduction in number of out of county place CYP see positive difference in the services and support they receive.ments made.	Apr-19	Monthly 0-Adulthood steering group established across CS and AS and PID written. Subgroups established and ToR written.	G
Prepare for Local Area SEND inspection	<ul style="list-style-type: none"> Establish steering group Nominate business steer Consult with stakeholders Joint plan with CCG Identify successes and gaps Prepare action plan 	Gerri Kemp Graham Albertella	Readiness and confidence increased across services, schools and settings. Parents and YP engaged in process. Evidence collated.	Mar-17	Data collection and Audit in progress. Meetings with internal partners complete.	A
Reduce the cost of high needs funded specialist placements	<ul style="list-style-type: none"> Data cleanse to ensure accurate reflexion of HNB investment Contracts review to consider value for money Review of individual cases that are the highest cost including LA presence at annual review meetings Review and enhance short term preventative high needs packages of support from specialist SEND services prior to statutory process 	Lanie Caines/Gerri Kemp/Gary Binstead	Total cost of specialist placement reduced Specialist short term packages in place and demonstrating good outcomes. Keeping support for complex needs local	Jul-17	HNB Budget Sufficiency Group established. Action Plan written.	A

Action Plan re HNB sufficiency group (controls on expenditure activity)

Outcome	Objective/Activity	Lead	By When	Success Measure	Progress Update	RAG
Individual high cost specialist placements are reviewed, judged to be effective and deliver the identified outcomes for the child/young person.	Annual reviews for high cost placements are attended by local authority officers. Complex case panel established with multi-agency advisers to review and agree high cost places. Desk review to identify most expensive placements. Local alternative provision is considered. Where there is significant health or social care needs, shared cost placements will be agreed at JCP.	Lanie Caines	Apr-17	All high cost placements are deemed still appropriate at AR and costs reviewed. The most expensive placements are agreed and responsibilities shared at a multiagency level. Reduction in number of high cost placements long term.	Complex panel attendees identified and terms of reference written. Desk review not yet complete.	A
	All SEND panel decisions signed off by Leadership team within 24 hours.				Assistant Director/SMT Line of authority for sign off in place re panel decision making.	G
Synergy system used for more effective forecasting. Data held by SEN Assessment team regarding total cost of specialist placements is accurate.	Ensure that current package costs reflect current contracts and that Synergy reports are accurate and useful. Carry out data cleanse to ensure current commitments are accurately reflected in budget totals.	Steve Pitcher	Dec-16	Current forecast outturn reduces for year end.	Data cleanse completed Nov 2016. £600K reduction in identified costs.	G
Contracts Review meetings evidence value for money regarding provider and quality of provision	Re-establish Contract Review meetings. Report to SEND Board regarding activity and QA.	Gary Binstead	Jan-17	Specialist placement budget spend is reduced.	Contract review meetings are taking place, and we are developing further monitoring with the service.	A
	Provision map drawn up re local services offer so that commissioning team know alternatives to private contracts/providers.	Julie Oliver	Jan-17		Initial meeting between SEND and commissioning completed and provision map format agreed.	A

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High needs funding for short term specialist packages of support from specialist services are reviewed re impact and are used prior to statutory assessment for those in mainstream provision with the greatest needs	Focus group of specialist SEN services established.	Gerri Kemp/Lanie Caines	Nov-16	Specialist SEN services are commissioned promptly to meet urgent need so as to prevent specialist provision and ensure inclusion close to home. Schools/settings/families receive high quality support in order to meet need.	Focus group established	G
	Business case written and costed.		Nov-16		Business plan written	
	Processes agreed.		Dec-16		Processes agreed with agencies.	
	Pilot carried out with three cases and reviewed.		Mar-17			
	Establish approach.		Apr-17			
The Specialist Provision Review Strategy is a key strategic tool to address imbalances in the provision network, ensures better outcomes and value for money.	CCN: Dorchester through provision agreed and in place for Sept 2017.	Tatra Simpson/Rachel Harris/Gerri Kemp	Dec-16	Panel placements agreed. Contracts signed. Capacity build completed.	Dorchester Schools	G
	School visits completed (potential base provision sites) for west/ north and east and initial agreements made for Sept 2018		Dec-16	Agreements on site of new CCN provision in place.	Five schools visits completed- further visits in January	A
	Timeline and position statement to partners and parents published.		End Dec16	All stakeholders aware and understand strategy in place.	Training in progress	G
					Statement being prepared for December publication	A

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Safeguarding Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	19 January 2017
Officer	Director for Children's Services
Subject of Report	Apprenticeships in respect of Looked After Children and Care Leavers
Executive Summary	<p>The Ofsted inspection report of Dorset County Council looked after children and care leavers included a recommendation concerning the development of a full range of opportunities for work experience, traineeships and apprenticeships for care leavers to increase the number who are in employment, education or training.</p> <p>DCC currently offers work experience to looked after children and care leavers and has agreed a small pilot cohort to undertake traineeship. Looked after children and care leavers are guaranteed an interview for an apprenticeship, but the final decision on which applicant to employ is determined by the recruiting manager.</p> <p>A pilot project was completed in summer 2016 that offered four 16 year old looked after children DCC work experience. Two successfully completed the work experience. The pilot established a Dorset model of work experience that accounts for the complex and vast range of needs of the young people and can support them appropriately to make it a successful experience for the young person and also for the managers who offer work experience.</p> <p>This academic year the scheme has been expanded; sixteen Year 11 Virtual School pupils will shortly be approached with an offer of DCC work experience with in July 2017. During the Spring term Year 10 pupils will also be approached with an offer of work familiarisation in preparation for their Year 11 work experience. The 13-25 Care & Support team and Ansbury Guidance have started to assess and identify NEET 16 -21 year olds who are either looked after children or care leavers who would find DCC work experience or a Traineeship as a suitable next step. Progress on this work is reported to the Virtual Schools Governing Body on a termly basis with report back to Corporate Parenting Board every six months.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>N/A</p>

APPRENTICESHIPS IN RESPECT OF LOOKED AFTER CHILDREN

<i>Please refer to the protocol for writing reports.</i>	Use of Evidence: Local evidence used appropriately. No national data available.
	Budget: N/A
	Risk Assessment: N/A
	Other Implications: Corporate Parenting
Recommendation	The Committee note the information in this report, consider and debate those issues highlighted and decide how it would like to progress matters going forwards.
Reason for Recommendation	The purpose of this report is to provide an update on the activity taking place to promote apprenticeship opportunities to Care leavers and Looked After Children. The SOSC endorse the established reporting process.
Appendices	None
Background Papers	A guide to Apprenticeships Project plan for Work Experience and Apprenticeships for Dorset Looked After Children (v4 14/12/16)
Officer Contact	Name: Jane Edwards Tel: 01305 225809 Email: j.edwards@dorsetcc.gov.uk
	Name: Rosie Knapper Tel: 01305 225614 Email: r.knapper@dorsetcc.gov.uk

1. Background

1.1 The Ofsted inspection of looked after children and care leavers report included a recommendation concerning the development of a full range of opportunities for work experience, traineeships and apprenticeships for care leavers to increase the number who are in employment, education or training.

1.2 DCC are currently able to offer work experience to looked after children and care leavers and have agreed a small pilot cohort to undertake traineeship. Looked after children and care leavers are guaranteed an interview for an apprenticeship, but the final decision on which applicant to employ is determined by the recruiting manager. This is in line with usual HR recruitment practices. DCC are not currently employing any looked after children or care leavers as Apprentices. Whilst the scheme has been running for some years we have not

APPRENTICESHIPS IN RESPECT OF LOOKED AFTER CHILDREN

collected information on the number of care leavers or looked after children who were employed via this route.

2. Development of DCC opportunities for Looked After Children and Care Leavers

2.1 A pilot project was completed in summer 2016 that offered four 16 year old looked after children DCC work experience, two successfully completed the work experience. One of the young people has since progressed to Kingston Maurward College where she is following a Public Services course, she is then expected to be offered an apprenticeship with Dorset Police.

This academic year the scheme has been expanded; sixteen Year 11 Virtual School pupils will shortly be approached with an offer of DCC work experience in July 2017. During the spring term the Virtual School will be identifying Year 10s to take part in DCC Work Familiarisation planned for the Easter holidays. The 13-25 Care & Support team and Ansbury Guidance have begun to assess and identify NEET 16 -21 year olds who are either looked after children or care leavers who would find either DCC work experience or a Traineeship as a suitable next step. Progress on this work is reported to the Virtual Schools Governing Body on a termly basis with report back to Corporate Parenting Board every six months.

2.2 The Head of the Virtual School and the Cabinet member for Learning and Skills have met a number of Public Sector organisations who have pledged to support Apprenticeships for looked after children and care leavers.

2.3 The pilot has established a Dorset model of work experience that accounts for the complex and vast range of the needs of young people. The model ensures that appropriate support is available for the young person, and their manager, to make it a positive and successful experience. The opportunity must facilitate the development of the young person's skills and attitude towards future employment to maximise their positive life chances. It is essential that we are confident that this model works before opportunities in DCC and other organisations can be offered.

3. Apprenticeship Policy

3.1 The Governments drive for more Apprenticeships is clearly identified in the Post 16 Skill Plan, DfE and DBIS, July 2016. Apprenticeships are to reach 3 million starts by 2020 and employers are to sit at the heart of the system. To realise this target a number of changes to the system have been identified.

3.2 The Institute for Apprenticeships will begin operating in April 2017. This is to be an independent statutory body responsible for ensuring the high quality of apprenticeships in England.

3.3 The introduction of an Apprenticeship Levy from 1 April 2017 for employers with a pay bill of over £3m.

3.4 A public sector duty will come into force that will require employers in the public sector to employ at least 2.3% of its workforce as apprenticeships. HR have identified that this will be approximately 92 apprentices within DCC. Maintained schools will also be included which will increase the number to 203 apprentices.

3.5 The DCC proposed model to be presented to DCC Staffing Committee for approval in January 2017 identifies upskilling the existing workforce plus a very small cohort of supernumerary apprentices at entry level 2 or below.

APPRENTICESHIPS IN RESPECT OF LOOKED AFTER CHILDREN

3.6 DCC currently employs 41 apprentices on its internal programme, none of whom are looked after children or care leavers. They are employed in a range of departments; many of whom are Level 2 and Level 3 Business and Administration apprentices who work at County Hall within various different departments. Other current apprenticeships include: Level 2 & Level 3 ICT & Customer Services – Working at County Hall; Level 3 Children and Young People Workforce – Working at Shaftesbury Children’s Centre; Level 3 Vehicle Maintenance and Repair – Working at DWP; Level 2 & Level 3 Conservation Diploma – Working across the Rangers Services at Avon Heath Country Park, Durlston Country Park and Dorchester; Level 2 Leisure, Travel & Tourism – Working at Weymouth Outdoor Education Centre.

3.7 The Dorset Apprenticeship Forum was established in December 2016 to identify and promote opportunities for partnership working between agencies in the wider Dorset. It will assist the development of an Apprenticeship Scheme through a network of work placements within agencies across Dorset to encourage the entry of young people into public services and provide increasing employment opportunities enabling young people to remain in the county area. This is chaired by the Cabinet member for Learning and Skills.

4. Dorset looked after children and care leavers

4.1 Dorset looked after children and care leavers (including CWAD) at 1 January 2017

13 year old looked after children	28
14 year old looked after children	29
15 year old looked after children	37
16 year old looked after children	51
17 year old looked after children	64
18-21 year old care leavers	222

4.2 Dorset County Council does not currently have any looked after children or care leavers employed as apprentices.

4.3 As of 2 January 2017: 16 Dorset looked after children and care leavers are currently apprentices.

12 Dorset care leavers are currently on level 2 and level 3 apprenticeships. They are wide ranging and include: recruitment agency, engineering, business admin, bricklaying, retail, garage, compliance and finance, customer service, construction, plumber, hairdresser. One is a returner to the 13-25 Care & Support service who went to FE College and completed a level 2 course before progressing on to an apprenticeship while parenting.

There are four looked after children on Apprenticeships; these include working as a Nursery assistant, hairdresser, childcare and one at a special school.

4.4 National data on looked after children and care leavers who are Apprenticeships is not collated or published.

Director: Sara Tough
Director for Children’s Services
January 2017

A guide to apprenticeships



What is an apprenticeship

An apprenticeship is a real job with training which would allow you to earn while they learn, whilst gaining a nationally recognised qualification. Apprenticeships take between one and five years to complete and are available in 1,500 occupations across 170 industries varying from construction to manufacturing through to IT and the creative and digital sectors.

Benefits of doing an apprenticeship

- Earning a salary;
- Training in the skills employers want;
- Excellent progression opportunities, whether looking to study further or climb the ranks within the workplace;
- Increased future earning potential – apprentices enjoy marked salary increases when they complete their training, and those completing a higher apprenticeship could see increased earnings of an estimated £150,000 over their lifetime;*
– Learning at a pace suited to the individual with the support of a mentor;
- Paid holiday.

Apprenticeship levels

There are various levels of apprenticeship you could apply for depending on their current skills and qualifications. Apprenticeships have equivalent educational levels:

Name	Level	Equivalent educational level
Intermediate	2	5 GCSE passes at grades A* to C
Advanced	3	2 A level passes
Higher	4,5,6 and 7	Foundation degree and above
Degree	6 and 7	Bachelor's or master's degree

All apprenticeships will include elements of on the job and off the job training leading to industry recognised standards or qualifications. Some apprenticeships will require an assessment at the end of the programme to assess the apprentice's ability and competence in their job role.

Entry requirements

Apprenticeships are available to anyone over the age of 16, living in England. There are different entry requirements depending on the sector and job.

Salaries

The minimum wage for apprentices is £3.40** per hour, but many employers pay more than this. This is dependant on the sector, region and apprenticeship level e.g. some higher apprenticeships can pay as much as £300 – £500 per week.

More details on salaries and entry criteria in specific apprenticeship occupations can be accessed by looking at the vacancies on 'Find an apprenticeship'.

Applying for an apprenticeship

At any one time there are up to 28,000 apprenticeship vacancies available on the 'Find an apprenticeship' site in a variety of careers and industries across England. Visit gov.uk and search 'Find an apprenticeship'. You can search by keyword (job role, occupation type or apprenticeship level) and by location.

Once the right job comes up, you can simply register on the website and follow the step by step instructions to apply for the role.

Our "How to apply" film has useful hints and tips on applying. To see this and other films on apprenticeships visit YouTube and search apprenticeships/NAS.

Not quite ready for an apprenticeship or job? You could try a traineeship with a local employer to gain valuable work experience and the opportunity to improve their English and maths, if needed. Visit gov.uk and search 'traineeships' for more information or to apply for traineeship opportunities.

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Work Experience and Apprenticeships for Dorset Looked After Children (v4 14/12/16)

Implementation timeline – Academic Year 2016/17

'Ready to Work' = 2 groups of 8 Year11 pupils

Month/Year	Actions/Activity	Who? Reporting to?
November 2016	<p>Richard Osment (Virtual School) for Year 10s and 11s and Kaye Wright (13 to 25 Team) for Year 12s and possibly Kirsten Hallett (13 to 25 Team) identify/work out which of the young people in these year groups are ready for work experience/possible apprenticeship route or are "under pressure" in their current college placements or potentially NEET and would benefit from work experience to re-stimulate them in terms of aspirations/goals, etc.</p> <p>Video content created from last years work experience 'graduates'. Lucy (V School) to work with young people. To be used to promote work experience offer to parents and young people at Jan meeting. (DELAYED UNTIL JAN)</p>	<p>Richard and Kaye Sharing outcomes with David and Kirsten and respective teams</p> <p>David / Lucy</p>
December 2016	<p>Information about numbers of young people and their interests to be shared with Helen Sotheran.</p> <p>Once have information - Resolve Yr12 work experience – for whom and when Work placement offers from Helen Southeran (DCC) and Yvonne Surman (Dorset Police) are worked out, in terms of number, location and nature and described in summary written form ready to share with foster carers and young people</p>	<p>Richard</p> <p>David / Rosie Helen and Yvonne sharing this with David and Kirsten</p>
January 2017	<p>Write out to identified young people and their foster carers explaining the work experience offer (and possible apprenticeship route) and invite them to an explanatory event</p> <p>Identify Y10 for work familiarisation</p> <p>Identify 16-21yr old care leavers for whom work experience would be appropriate</p> <p>Meet Bournemouth University about Care Leaver offer</p> <p>Video content created from last years work experience 'graduates'. Lucy (V School) to work with young people. To be used to promote work experience offer to parents and young people at Jan meeting.</p>	<p>David / Richard</p> <p>David / Richard Ansbury / Kaye David, Jane, Rosie, Kaye Lucy</p>
(end of) January 2017	<p>Young Person & Carer explanatory event. To include: Destination Education briefing of 'Ready for Work', Simon Leach (experienced foster carer) and others explaining how important this opportunity, video content of last years graduates, DCC Apprenticeship pathway</p>	<p>Richard, Kaye, Kirsten, David Simon Leach (foster carer) Destination Education</p>

February/Spring half term 2017	<ul style="list-style-type: none"> - Possible Year 12 work experience week of activities/tasters? (If young people are identified) ?Targeted Y11 visits to BU? - Year 10 and 11 ½ day Destination Education ‘Ready for Work’ session at Carey Camp for Y11 work experience group (16 feb) Followed by LAC informal Careers/Options event or drop-in run by Ansbury (yp and foster carers), perhaps with exam prep session, that also highlights the importance of work experience (DCC and Dorset Police present/feature?) & other routes to s6f, v school team & tutors? 	<ul style="list-style-type: none"> - Helen and Yvonne - Lucy Benham - Richard and Kaye David and Kirsten and respective teams Destination Education
Easter holiday April 2017	<ul style="list-style-type: none"> - Possible Year 10 work familiarisation sessions with DCC and Dorset Police - Possible Year 12 work experience week of activities with DCC and Dorset Police 	<ul style="list-style-type: none"> Helen and Yvonne Richard and Kaye David and Kirsten and respective teams
Beginning of July	<ul style="list-style-type: none"> - Destination Education ‘Ready for Work’ ½ day session at RockReef for Y11 work experience group 	<ul style="list-style-type: none"> Helen and Yvonne Richard and Kaye David and Kirsten and respective teams
From July	<ul style="list-style-type: none"> - Year 11 work experience sessions/weeks take place - Possible further Year 12 work experience sessions take place 	<ul style="list-style-type: none"> Destination Education & supported by Virtual School & 13-25 team Ansbury Transition Mentors – Maureen and Neil
End August	<ul style="list-style-type: none"> - 2 hr Celebration event organised by Destination Education, attended by young people & carers - Evaluation of the work experience sessions with both young people and various partners/staff – identify potential apprentices and work out programme for new academic year 	<ul style="list-style-type: none"> Destination Education Helen and Yvonne Richard and Kaye David and Kirsten and respective teams Ansbury Transition Mentors – Maureen and Neil
September / October	<ul style="list-style-type: none"> Children in Care awards 	

Safeguarding Overview and Scrutiny Committee

Dorset County Council

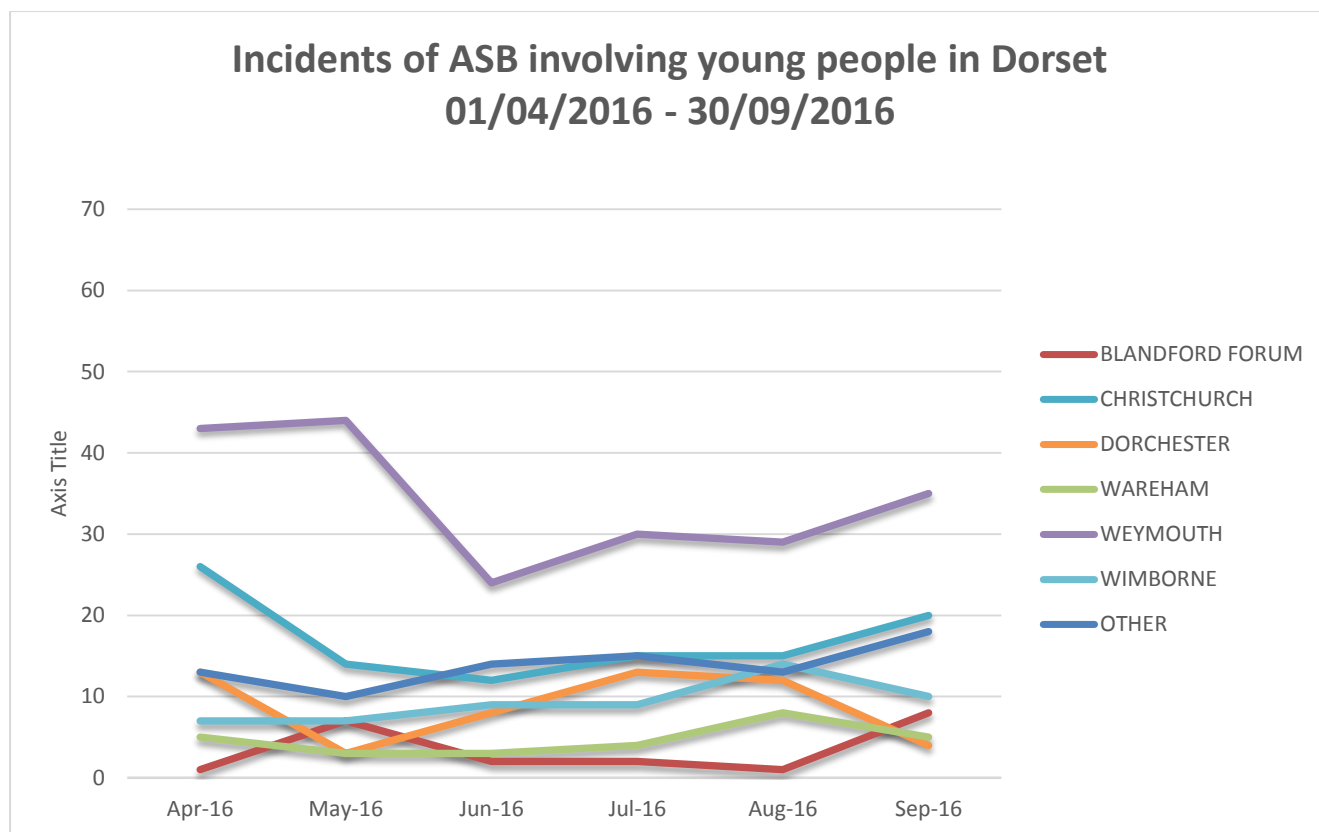


Date of Meeting	19 January 2017
Officer	Director for Children’s Services
Subject of Report	Family Partnership Zones
Executive Summary	<p>In September 2016 a new structure began to operate in Children’s Services. As part of the structure, Family Partnership Zones were established. The seven Family Partnership Zones are geographical areas linked to Dorset school pyramid areas. As the name suggests, each zone takes a multi-agency partnership approach in proactively identifying the need for help and working with vulnerable young people and their families. Each of the zone teams has been established and information has been provided to partners such as schools around the remit of the zones and what the contact arrangements are.</p> <p>Children’s Services and ICT have jointly worked on a business intelligence tool that helps with the early identification of children and young people who may be vulnerable and at risk. The proactive approach will mean that services in the zone are able to take early action to address the issues that are the causes for concern. This tool has been shared with schools who are enthusiastic about how the application can help with attendance and attainment. This will enable each zone can target resources and activity to those children and young people who would most benefit from our services.</p> <p>A programme of engagement within each zone areas is underway.</p> <p>The background papers provided here are intended to provide members of the Cabinet with information about the vision of the zone and the operation of them through the information pack relating to Dorchester.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>The restructure was subject to an EqIA.</p>

<p><i>Please refer to the protocol for writing reports.</i></p>	<p>Use of Evidence:</p> <p>Zone structures and services are based on very detailed information from sources such as the Early Intervention Foundation. Additional reports by Graham Allen and Frank Field have contributed to the rationale for these changes.</p>
	<p>Budget:</p> <p>The new service arrangements are seeking to prevent the need for entry into statutory service provision and as such will have a positive impact on budgets. With demands for our statutory services high this may lead to a lack of financial resource for the preventative aspects of the zones business.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: MEDIUM</p> <p>The highest risk is that the arrangements do not create the necessary reduction in demand and the costs to the county council remain high for statutory intervention.</p>
	<p>Health and Wellbeing Assessment: The Family Partnership Zones actively will directly support the prevention at scale agenda as well as early action that creates wellbeing outcomes for children and families. The multi-agency aspects of the delivery model should enable partners to join together to achieve meaningful outcomes for particular communities and cohorts.</p>
<p>Recommendation</p>	<p>Cabinet are asked to comment on the background papers and ask for any clarification</p>
<p>Reason for Recommendation</p>	<p>Background papers are supplied for information</p>
<p>Appendices</p>	<p>None</p>
<p>Background Papers</p>	<ol style="list-style-type: none"> 1. Dorchester Zone Information Page 2. Dorchester Zone Structure 3. Early Action Management Structure 4. Family Partnership Zones Map 5. Prevention and Early Action – Vision and Initial Strategy Document
<p>Officer Contact</p>	<p>Name: Patrick Myers & Tim Wells Tel: 01305 228302 Email: p.myers@dorsetcc.gov.uk/tim.wells@dorsetcc.gov.uk</p>

1. Background

- 1.1 Forward Together for Children is an innovative programme of transformation that is currently shaping services provided by Children's Services.
- 1.2 The programme has a range of work streams that are seeking better outcomes for children and young people whilst achieving the necessary financial savings to enable the council to fulfil its duties within the resources available.
- 1.3 Some changes have already taken place such as the renewed focus of our youth work on targeted support to those who are most vulnerable. This is part of an overall strategy that is seeking to reduce the numbers of children who require statutory interventions by working proactively to prevent needs escalating.
- 1.4 Family Partnership Zones are a vital component in the system that will seek to reduce demand for our statutory services. They are zones where all those who work with and for children, young people and their families can come together to deliver different services and deliver differently from the previous ways of working. Family Partnership Zones are areas where together local providers of services can work with communities to change the outcomes that matter to those communities.
- 1.5 As an example, Family Partnership Zones play a vital part in delivering outcomes that benefit a range of communities and organisations, including for example, anti-social behaviour (ASB). There has been an increase in police reported ASB across Dorset since April this year. For context, there were a total of just over 9000 incidents reported in 2015/16.
- 1.6 Analysis of historical comparisons to establish causal links in relation to changes in anti-social behaviour is difficult and the way that this data is recorded means that it is difficult to understand the type or perpetrator of the incident. Textual analysis to understand the involvement of children and young people in ASB in Dorset's towns has been undertaken and is shown in Fig 1.
- 1.7 There is insufficient information to draw robust conclusions about the reasons for these changes at this stage as the numbers are too small. The targeted youth service has identified a lead youth worker for anti-social behaviour across the county and will work with the partners to ensure that the zone can respond to incidents through group work programmes and detached youth work.



- 1.8 The attached documentation provides the necessary information about the implementation and development of the zones. Further work is underway to scope further the governance arrangements for the zones and the interagency working that will be required.

Family Partnership Zones – Delivering Early Help

Dorchester Zone

Our seven Family Partnership Zones are geographical areas linked to Dorset school pyramid areas. As the name suggests, each zone takes a multi-agency partnership approach in proactively identifying the need for help and working with vulnerable young people and their families.

Within each Zone, Children's Centres, Locality/Family Workers and Targeted Youth Workers have come together under one management structure. However, the a zone's workforce is seen as that of the whole of the partnership agencies (including the DCC staff) where there is a common aim to stop things getting worse when a problem is identified.

The Dorchester Family Partnership Zone Team is based within Dorchester (Monkton Park) and The Dorchester Children's Centre. We serve Dorchester, the surrounding towns, the school pyramid and communities. We recognise the need to be using community knowledge and building relationships with our key partners in a

collaborative way, to ensure we can provide effective Early Help for vulnerable children and their families. Providing the right service, at the right time, for the right families will help achieve the outcome we all want:

That people in Dorset are Safe, Healthy, Independent and Prosperous

Our partnerships will also be working to ensure

Children are ready for School

Children attend their School or Education Setting regularly

Children do well in their Education

Families make good choices

Young People are ready for Adulthood

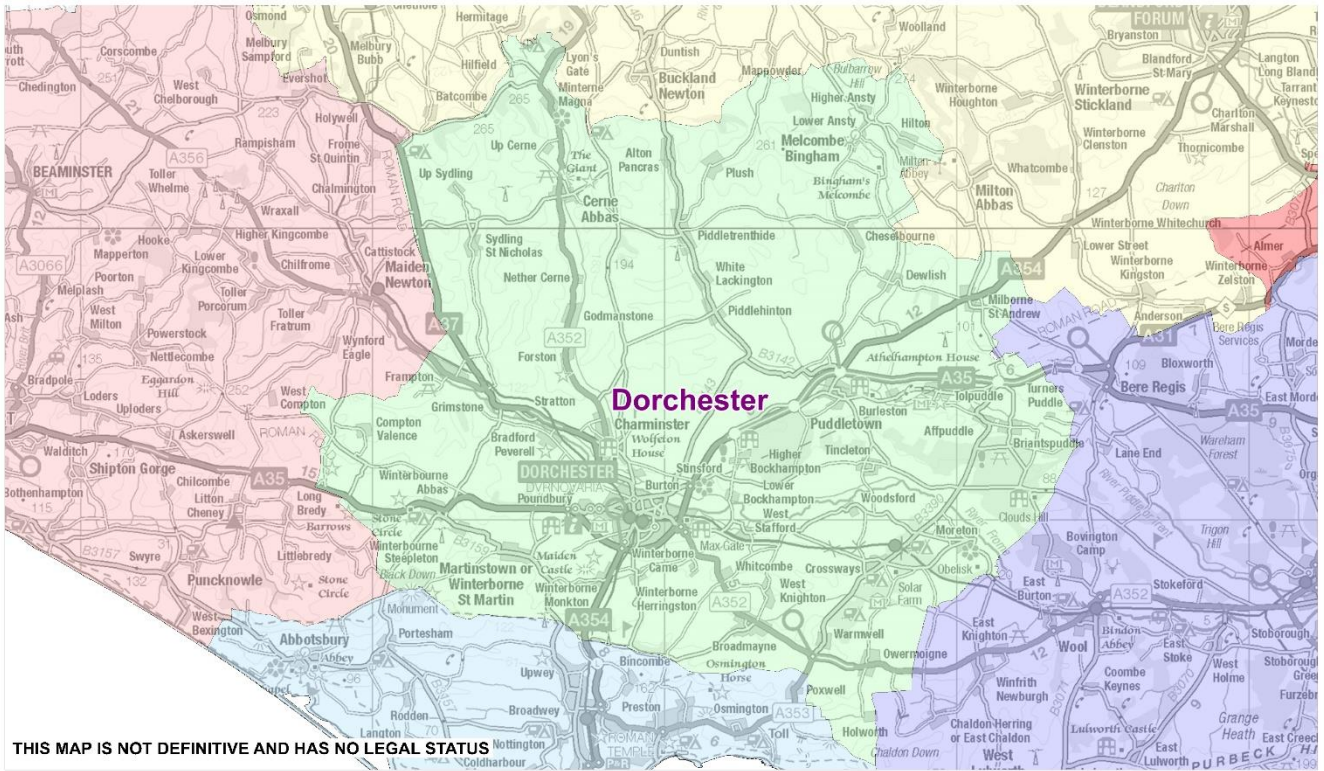
How do we do this?

- By following the Dorset Families Matter principles and the proactive and early identification of difficulties for children and young people that are emerging within their family, school and/or their wider community. We will use predictive measures and data to support this.
- By ensuring there are range of opportunities to work in partnership with schools, health professionals and voluntary and community organisations.
- By using a partnership approach to build resilience in children, young people and their families and helping them to effect sustainable change.
- By using the vision & values of Dorset Families Matter ensure a whole family approach to engaging with and meeting the needs of vulnerable children and other family members.
- By empowering partners to work in ways which provide early solutions to difficulties that prevent escalation and enable sustainable change.
- By using an evidence based approaches to problem solving which includes practical solutions alongside creativity and innovation.

Requests for help can come either via the Single Point of Contact & MASH or direct contact into the Zone from a partner agency of young person, parent or carer. We operate a 'no wrong door' principle to enabling requests for help to be actioned accordingly, be this by signposting, by advice and assistance, by facilitating & enabling a partner agency to take action or by undertaking direct work.

Family Partnership Zone	Contact Details	Location
Dorchester	01305 224026 dorchesterfamilypartnershipzone@dorsetcc.gov.uk	Monkton Park, Winterbourne Monkton, Dorchester DT2 9PS

Family Partnership Zones



THIS MAP IS NOT DEFINITIVE AND HAS NO LEGAL STATUS

<p>Dorchester Family Partnership Zone</p>	<p>Ref: Date: 08/11/2016 Scale: 1:250111 Drawn By: Cent X: 370799 Cent Y: 95333</p>	<p>GEOGRAPHICAL INFORMATION SYSTEMS</p>  <p>Dorset County Council</p> <p><small>© Crown copyright and database rights 2016 Ordnance Survey 100018790. You are permitted to use this data solely in relation to the product for which it was provided, or to interact with, the organisation that provides you with the data. You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form. Aerial Photography © LIDAR Perspectives 2012. © Getmapping 2006, 2008 & 2014.</small></p>
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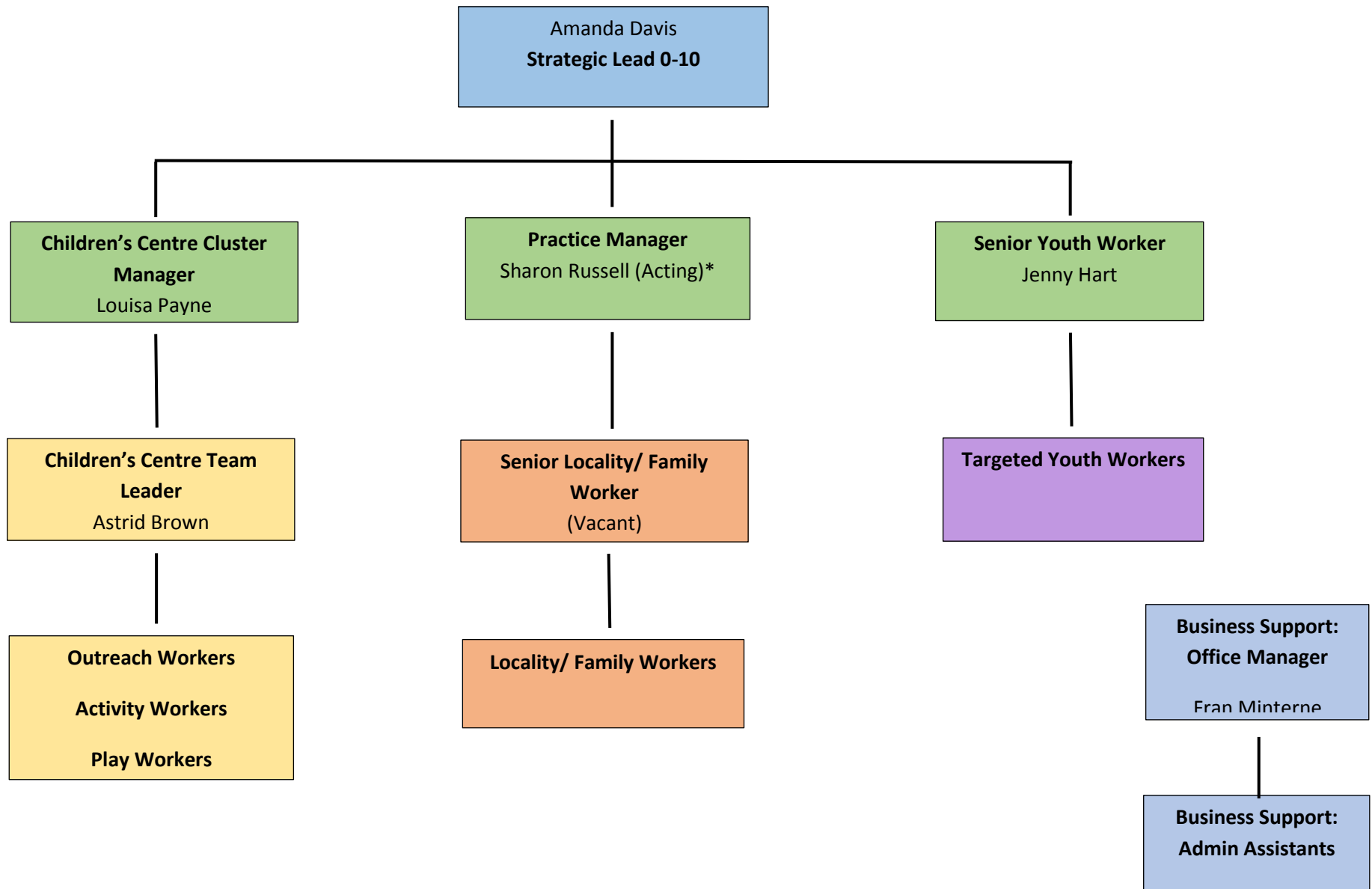
Schools in Dorchester

School Pyramid	Schools
Dorchester (6112)	Thomas Hardye School Dorset studio School Dorchester Middle School St. Mary's CE Middle School St. Osmund's CE Middle Broadmayne First Cerne Abbas First Cheselbourne Village School Damers First School Frome Valley First Manor Park First Millborne St. Andrew First Piddle Valley First Prince of Wales First Puddletown First St. Mary's RC First St. Mary's First School Winterbourne Valley First



Dorchester Family Partnership Zone

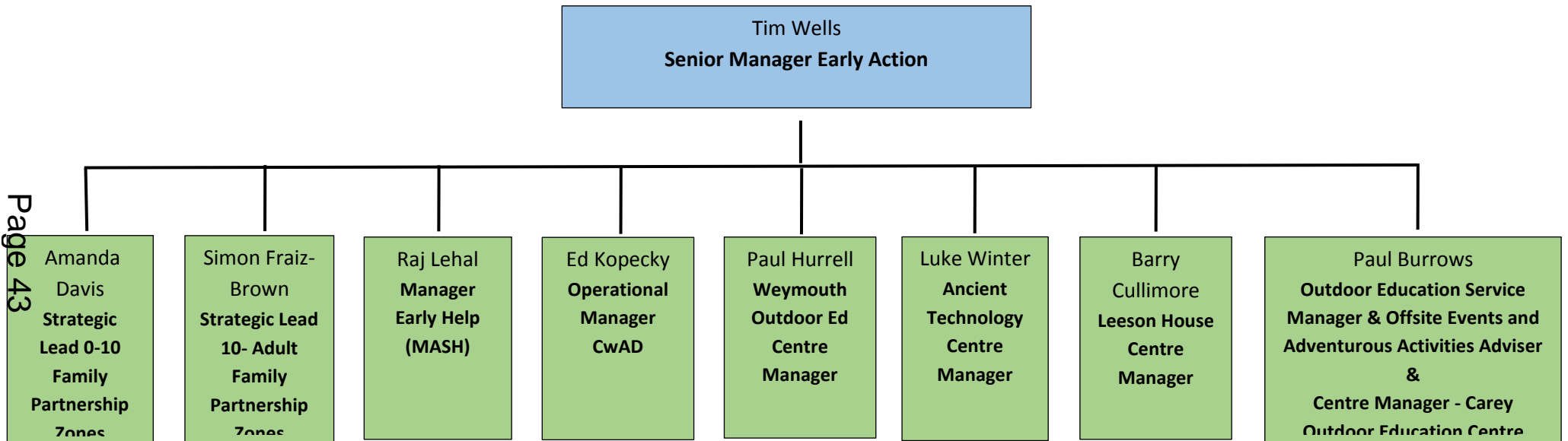
Children's Services





Early Action Management Structure

Page 43



Family Partnership Zones



Family Partnership Zones



THIS MAP IS NOT DEFINITIVE AND HAS NO LEGAL STATUS

Dorset's Family Partnership Zones

Ref:
Date: 14/09/2016
Scale: 1:302700
Drawn By:
Cent X: 377453
Cent Y: 99795

GEOGRAPHICAL INFORMATION SYSTEMS



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Prevention and Partnerships - Early Action

Delivering Early Help through Family Partnership Zones

Vision and Initial Strategy Document

Children and young people growing up in Dorset are strong and resilient. Their families have the support, resources and information they need to care for and guide them from cradle to career.

Children, young people and families that need help receive it in a timely way and difficulties are resolved at the first time around.

September 2016



Vision

This document sets out our vision of how we will deliver prevention and early help within our Family Partnership Zones. Our vision is that:

The **prevention** strand of this work will be about strong local provision based upon effective partnership working with universal services. These will include schools, health, police, housing providers and the voluntary and community sector.

This work will be focused on outcomes across the whole population of children and young people. It will develop the resilience of families and help them to identify relevant support in their community. It will support innovative partnerships, such as the example below, to create and build on firm community foundations. It will pay attention to key milestones in the journey through childhood. We recognise that the successful delivery of early help can

empower families and build independence and resilience. This will prevent the need for many families to come into contact with statutory services and reduce need for higher level interventions in the future.

The **early action** strand of this work is the reason for the creation of 'Family Partnership Zones'. Children's Services has aligned staff and services, including Children's Centres, Early Intervention Teams and Targeted Youth Support workers around seven geographical areas of Dorset loosely based upon school pyramids.

The Zone teams will both deliver direct work with children, young people and their families, and support **universal** services in delivering preventative work. The Family Partnerships Zone workforce will look to work with children, young people and their families at an early point in an emerging difficulty and seek to provide the right help to resolve problems the first time around.

Children's Services staff will not always lead the work or be part of it, but should seek to empower and support other providers within their zone to make a difference at the right time in a child's life.

The children's centre was asked to give a talk at the local Women's Institute in order to inform them of the work that children's centres do locally. The children's centre used the opportunity to recruit some WI volunteers to deliver programmes such as "Baking Buddies" to the local community. The Baking Buddy scheme links a volunteer WI member with a family who would like to improve their cooking skills and knowledge. The family work with the Buddy until their confidence in cooking improves and they can learn to cook healthy, nutritious meals.

We want people living in Dorset be **Safe, Healthy, Independent and Prosperous**.

The Prevention and Early Help Strategy will work towards these objectives and to the following principles:

- **Working with Families**– We will listen to and involve families in finding the right support for them and produce solutions together through building effective relationships
- **Think Family** – We recognise that children live in families, therefore the support we provide will look at the needs of whole family
- **Supporting Independence** – We want children, young people and families to be empowered to support themselves
- **Partnership Working** – We will develop strong working relationships with other professionals and organisations that families encounter.
- **Sensible Information Sharing** – We will sign up to and use the Dorset Information Sharing Charter to ensure partners feel safe to share information - with parental consent- to ensure action can be taken in a timely manner.

- **Smarter Services** – We will use the information to plan services based on evidence. We will also simplify our processes and make better use of technology to ensure best use of resources
- **Empowered People** – We will value the professional development of our own staff and wider partners in the zone to ensure they have the knowledge and skills they need to meet the needs of the local community
- **Outcomes** – We will be clear about what we are aiming to achieve and can demonstrate that the support we have provided to children, young people and families has led to measurable change.

Our Overarching Outcomes are:

- ❖ **Children are ready for school**
- ❖ **Children regularly attend their school or educational setting**
- ❖ **Children do well at their school or educational setting**
- ❖ **Families make positive choices**
- ❖ **Young people are ready for adulthood**

How these outcomes can be realised across the Zones and locally within the Zones, will be determined by the Governance and Partnership arrangements using local and county wide data, intelligence and evidence based service delivery.

Governance and Partnership

Strong local governance arrangements will be established and maintained for each of the seven Family Partnership Zones. A local Partnership & Governance Group will be chaired by a Zone Partnership representative, not solely by the Local Authority. The Chair will be agreed by the group who will include representation from the following:

- Family Partnership Zone leadership team
- Elected Members
- School Pyramid (cross phase)
- Early years
- Parents, carers, children and young people
- Voluntary and Community Sector
- Healthcare providers
- Police
- DCC Children's Social Care
- DCC Adult Services
- Housing providers
- Borough and district councils, parish and town councils

The Zone Partnership Governance Group has the responsibility to ensure that Family Partnership Zones can meet local needs based upon shared responsibility, shared resources, strong data analysis and good local intelligence. The Governance Group will have the power to set local outcomes within the overarching framework, target resources where need is most evident and where the greatest effect will be. A key objective is to use the information

Family Partnership Zones

available through the Dorset Families Matter programme, locally sourced data and business intelligence, to enable a proactive approach to identifying the need for early help.

The levels of reporting and governance responsibility for the outcome and wellbeing of children and families in the Zones is as follows:

The Dorset Safeguarding Children Board – DSCB

Local Zone Partnership & Governance Group (Key Stakeholders)

The Zone Teams and Zone Partnership Workforce

Family Partnership Zone Teams:

The Leadership Team:

- Early Intervention Practice Manager
- Children’s Centre Cluster Manager
- Senior Youth Worker

Other team roles include:

- Family Worker
- Activity Worker / Play Worker
- Youth Worker

However, the importance of partnership working cannot be overemphasised and the Zone workforce is much greater than that of the local authority services. A Zone’s wider children’s workforce, working together will be instrumental in successfully identifying the need for, and delivery of, Early Help.

The Strategy for Children aged 0 – 10

In the early and primary years, we want all children to:

- Have capable, confident parents
- Have positive attachments to their parents / carers
- Have families with good emotional and physical health
- Be ready for transition to school, primary school, middle school, upper school or secondary school
- Have good attendance and engagement in early learning and school

It is widely acknowledged that the Early Years are a critical time in a child's life in terms of establishing secure attachments, developing attitudes to learning and in supporting families to engage with relevant services to ensure their child is happy, safe and secure.

Support for very young children should begin in the ante-natal stage, to ensure parents have access to the information and help they may need. Becoming a parent, whether for the first time or not, often leads to a significant change in finances, physical and emotional health and lifestyle. Family Partnership Zones will therefore incorporate ante-natal support.

Our aim to provide services for children from cradle to career will be realised through bringing communities and partners together as children move from birth to the end of their primary years. The work will be both preventative and, in some cases, will require early action.

Children can be described as being in need of services that are:

- Universal
- Universal plus
- Universal partnership plus
- Specialist

We aim to ensure very young children in need of additional support are identified at the earliest opportunity. Very young children are not seen every day in a school or a setting. Rather, a range of professionals are involved, often with a gap between contacts. Therefore, early years' professionals need to *make every contact count* to ensure the child's needs are assessed and suitably supported, by the appropriate people. Health services play a vital role in enabling parents to make informed choices. There are already strong partnerships between Children's Centres and Midwifery and Health Visitors. The case study (above) illustrates the benefits of Health Visitors and Children's Centre teams identifying children and families in need of additional support and working with partners to act as soon as a need is identified.

P is currently going through the assessment process for a potential diagnosis of an Autistic Spectrum Condition.

A Team around the Family came together, (Health Visitor, Children's Centre, Pre-School and School) to help support P and his family. Workers from the team:

- *supported P's mother to learn techniques to coach his emotional skills and discussed approaches for managing P's sensory processing difficulties;*
- *helped P's mum create Social Stories;*
- *supported P's mother to register with Coping with Chaos;*
- *planned for P's educational progress, especially concerning his transition to school in September.*

As a result:

- *P's emotional development is better supported. P has had more opportunities to socialise with peers in his home environment and is increasing his social networks;*
- *P's Nursery are aware of his needs, especially concerning his transition to school in September. A Team Around the Family continues to ensure P is supported through this transition;*
- *P's mother can access further support.*

Additionally, cohorts of children may be identified in order to develop targeted group support. There has been some innovative and effective work to help children prepare for primary school. Teams in Family Partnership Zones will be able to draw on best practice and evidence-based interventions to ensure every family in their zone is ready for the transition to school.

We need to develop support systems for primary aged children and their families. We know more children in Dorset are experiencing a variety of challenges that are not limited to the early years or adolescence. We want to better understand how to help young children develop resilience, independence and access to all their community offers. Where there are gaps in the community offer, Zone teams will seek to develop services, with others, to meet the needs of its young population.

We know that some children are subject to “late intervention”. But a co-ordinated approach may still enable a family to make positive changes and improve their children’s life chances. In Christchurch, the Children’s Centre formed part of the core group in delivering a Child in Need Plan. A menu of support was planned alongside the family to ensure the three young children experienced a better start.

“Getting it right as parents with professional help and public resource to support where needed has the potential to make a huge difference to how that child will grow into an adult contributing to society.”

(Tim Loughton MP for East Worthing & Shoreham and Co-chair of the All Party

Family Partnership Zones provide an exciting way of bringing existing good practice together and building on it, to ensure any child and family can access a consistent offer of help, shaped around local need. It requires teams across professional disciplines to come together on behalf of children in their zone.

It also requires us all to think differently. The emphasis on prevention and early action relies on the person first aware of the difficulty *doing something* to make a positive change for the

A Social Worker Reflects:

Working together to support these very vulnerable children has been key to achieving very positive outcomes. I think back to this family as it reminds me that there can be light at the end of the tunnel. The mother telling me that she values the support I gave when she used to think of me so badly makes it all worthwhile. Seeing how well these children are doing and the parent keeping me updated with progress reports and photos reminds me of why I do this job.

child. The child and their family will have a say in who is involved, what needs to happen and how progress will be measured.

Children's Centres and their partners already utilise data and local intelligence to identify children at risk of needing expensive intervention. This is used to develop the Children's Centre offer.

Additionally, primary schools are aware of which children and families in their school require extra support. The Family Partnership Zone model takes this further by ensuring such data is shared with everyone who needs to know. Partners will regularly come together to share local intelligence. There will be an emphasis on what can collectively be done to support children and on what already exists in the community to ensure there are both preventative and supportive offers.

Children of different ages living in the same family will have the same key worker, informed by all the professionals working with the family.

The Strategy for Children and Young People from 10-Adulthood

As children grow and develop into adulthood we want all young people to:

- Be prepared for living independently
- Be ready for parenthood
- Be ready for work
- Understand what a healthy lifestyle and relationship means
- Be able to assess and manage risk
- Have capable confident parents

Our 10-Adulthood Strategy will lay the foundations for most children to make a successful move from childhood to adolescence. However, we know that a significant proportion of young people will not. Research and data tells us that there are key risk factors for young people which may contribute to the need for more intensive late interventions.

Following the vision and principles laid out above, the 10- Adulthood strategy will work in two strands.

An effective approach to prevention must include all partners working together to ensure young people have the information and skills they need to make informed choices.

Partners will have an agreed approach as to how young people can learn to manage risk, the messages they should receive, and the support they need as they make key choices. Clearly schools will be crucial to this, but around that will be advice and input from the Family Partnership Zone workforce, public health, health providers, police and the voluntary and community sector.

Early action for young people means a focus on key risk indicators. A complete list is clearly not possible but it is likely that work within Family Partnership Zones will focus on some of following:

- Poor school attendance

Family Partnership Zones

- Poor school attainment, or exclusion from school
- Parental or household breakdown
- Issues with emotional health and self-esteem
- Parental issues with housing, unemployment or crime
- Parental issues with substance misuse, mental health or domestic violence

Good local data based upon the risk indicators shown above, complimented by sound local intelligence will ensure we can identify young people in need of early action and to intervene effectively with the right young people at the right time.

This work will be led by the new Targeted Youth Support service based within each Family Partnership Zone and delivered through evidence based group work programmes. These programmes will be outcome focused, characterised by strong working relationships with young people, enabling young people to identify their own needs and aspirations, and track their own progress.

A wider aspect of the Targeted Youth Service role will be liaison with both parents and other professionals, especially schools, potentially acting as an advocate for young people to ensure that outcomes are understood and approaches and strategies are followed through and reinforced.

Continued support for parents will also enable the achievement of the outcomes outlined above. This support might be informal liaison and advice but may also include a more intensive intervention for a family with a package of support around them, bringing in specific services and professionals where necessary and access to an evidence based parenting programme if required.

Whilst it is vital that our long-term aims are clear and understood it is also helpful to define some key medium term ambitions which act as barometers to success. These will be:

- Young people make a successful move into secondary school
- Young people are emotionally well, with a range of coping strategies and are resilient to change
- Young people make sensible health choices
- Young people achieve good GCSE grades, including English and Maths
- Young people complete their post 16 choice in education and training.

This

We have found schools to be very welcoming of the Zone Partnership approach, acknowledging that what we are offering is complementary to what they are doing. All the schools we have approached have been keen to discuss their specific needs and so far issues identified for future work include, self-harm, behaviour, anger management, smoking and the financial implications, students whose parents are living with PTSD (Post traumatic stress disorder) and how that affects their everyday life and- common to all our schools - confidence boosting and self-esteem.

Vision and Initial Strategy Document is designed to aid understanding of the work of the Zone

Family Partnership Zones

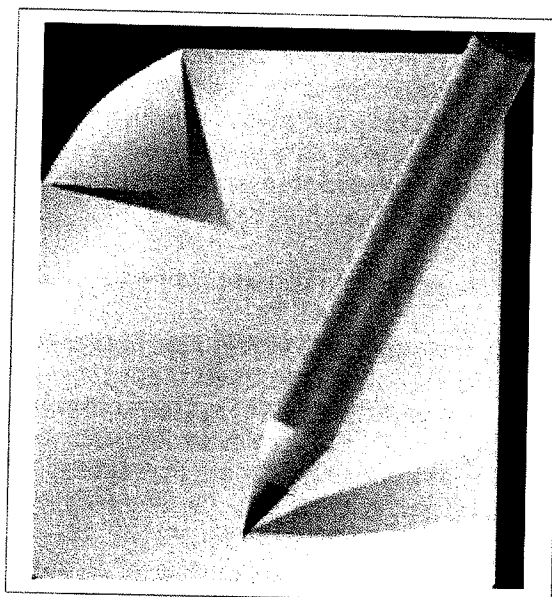
Teams and the partnership approach. As the Family Zone Partnerships and Governance Groups are established it is expected that they will contribute to an early review of this document and set both local and county wide strategic objectives based upon early analysis of the progress.

Patrick Myers
Assistant Director - Design and Development
January 2017

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Personal Independence Payment

An investigation into current practice



**citizens
advice**

**Dorchester,
Sherborne
& Districts
Citizens Advice**

Personal Independence Payment – an investigation

Executive Summary

- 1.1 Personal Independence Payment (PIP) is a financial benefit which helps people with an illness, disability or mental health condition cope with everyday life. This includes people with a terminal illness. The benefit replaces Disability Living Allowance (DLA).
- 1.2 An analysis of the issues presenting to Dorchester, Sherborne and Districts Citizens Advice over the last year demonstrated that the majority were benefit queries and that at least half of these were related to Personal Independence Payment.
- 1.3 It was therefore decided to look in more detail at the problems that were being encountered to see what the key issues were. Over a period of eight months fifty four cases were looked at.
- 1.4 The key findings were:
 - The test for PIP appears to be much more difficult than that for DLA, both for daily living and mobility but particularly in regard to mobility. Claimants who previously relied on their cars to give them a degree of independence face not being able to work or socialise, leading to a significant reduction in the quality of their lives if they lose entitlement to a car.
 - Unacceptable delays can be experienced at all stages of the process.
 - In many cases the process for medical assessments is unacceptable. Claimants should not have to travel many miles to an assessment centre when there is one more locally. In some cases assessors appear to be inadequately trained or lack relevant knowledge and experience, particularly in mental health issues. It appears that assessors do not always listen to claimants and can have an uncaring and punitive attitude.
 - The process for Mandatory Reconsideration does not appear to be working effectively. Often additional medical evidence is ignored and claimants are forced to escalate their case to a tribunal, which is costly in time and money.
 - The majority of appeals are successful and the difference between the initial assessment and the appeal judgement can be significant.
- 1.5 The recommendations are:
 - 1 The DWP should review the criteria for receiving the mobility element of PIP. If the current criteria means that disabled people are losing their Motability cars this will have a severe impact on their ability to be independent and to contribute to society, thus undermining the whole point of a benefit designed to promote independence.
 - 2 The DWP should ensure that there are enough trained staff to process PIP applications in a reasonable timescale. Service standards for all stages of the process should be clearly stated and adhered to.

- 3 The DWP should ensure that ATOS uses health care professionals who are appropriately trained to undertake assessments fairly and in a non-judgemental way, particularly where mental health issues are concerned.
- 4 The DWP should ensure that ATOS provides sufficient assessment centres to offer claimants a medical assessment at a reasonable distance from their home and, where necessary, be prepared to undertake home visits.
- 5 The DWP should review its procedure for Mandatory Reconsiderations and take more account of medical evidence provided by the medical staff who know their patients and have a good understanding about the impact that their condition has on their daily life. The seeming reluctance of DWP staff to do this suggests an attitude that is inappropriate when dealing with sick and disabled people.

Personal Independence Payment – an investigation

1 Introduction

- 1.1 Personal Independence Payment (PIP) is a financial benefit which helps people with an illness, disability or mental health condition cope with everyday life. This includes people with a terminal illness.
- 1.2 The benefit replaces Disability Living Allowance (DLA). Everyone receiving Disability Living Allowance has to make a new claim for PIP as if they are a new claimant.

2 Aim of project

- 2.1 To raise awareness of the impact of Personal Independence Payment on claimants in the catchment areas of Dorchester, Sherborne and Districts Citizens Advice.

3 Background

- 3.1 An analysis of the issues presenting to Dorchester, Sherborne and Districts Citizens Advice over the last year demonstrated that the majority were benefit queries and that at least half of these were related to Personal Independence Payment.
- 3.2 It was apparent that many disabled and ill clients were experiencing problems in claiming the benefit and that this was having a severe impact on their lives, both financially and emotionally.
- 3.3 It was therefore decided to look in more detail at the problems that were being encountered to see what the key issues were.

4 Personal Independence Payment

- 4.1 PIP is made up of two components called daily living and mobility, and each can be paid at either a standard or enhanced rate. The daily living rate is for the extra help needed with everyday tasks. This can include preparing food, washing, getting dressed or communicating with other people. The mobility rate will depend on the level of help the claimant needs with his or her mobility.
- 4.2 Under the Motability Scheme claimants on the enhanced rate of the mobility component can lease a car, scooter or powered wheelchair in exchange for their mobility allowance.
- 4.3 In order to be eligible for PIP claimants have to meet strict criteria. The process of claiming PIP is complicated and details of the process, including the current rates, are set out in Appendix 1. Appendix 2 gives a glossary of terms.
- 4.4 The key stages in the claims process are:
 - Initial application (usually by phone)
 - Receipt of the claims pack and completion of the very lengthy application form including supporting evidence

- Face to face assessment by a health care professional (HCP), where the claimant is awarded points against each of the criteria (called “descriptors”). In this area the assessments are carried out by a company called ATOS (NB – claimants who are terminally ill do not have to undergo a medical assessment)
- Decision by a decision maker at the Department of Work and Pensions
- If refused the claimant can ask for a Mandatory Reconsideration. This is where the DWP is asked to reconsider the decision in the light of new evidence or because the initial evidence was not fully or properly considered. Additional medical evidence from the claimant’s GP or consultant is often provided at this stage
- If refused again, the claimant can appeal to a tribunal and make their case in person at an appeal hearing.

4.5 There is also a process called a “Supersession”, whereby if the original decision was correct but the client’s condition has got worse since the decision was made an application can be made for a review on the grounds of change of circumstances. The whole award will be re-assessed, even the parts that aren’t disputed. If the supersession request is refused, the client can then apply for a Mandatory Reconsideration and (if necessary) appeal.

5 Methodology

5.1 Research staff and volunteers in the Dorchester, Sherborne and Districts offices collected information on clients who came to their local office for help with any aspect of PIP between 1st September 2015 and 29th April 2016.

5.2 The information was then analysed to identify if, where and how clients were experiencing problems and what these problems were. As far as possible the analysis focused on where in the application, assessment and decision making process the main problems were occurring. Note was also taken as to whether the client was a new claimant or whether s/he was being transferred from Disability Living Allowance.

5.3 It should be noted that because of the long time it often takes to process PIP claims many of the cases had not reached an outcome at the time of writing. The report reflects the situation as it was on 31 May 2016. Appendix 3 gives a brief update on the outcome of cases as of 22nd August.

6 Client analysis

6.1 Overall the project looked at fifty four cases where some aspect of PIP was involved in the client’s request for help from Citizens Advice. However one client, who had recently been diagnosed with MS, decided after looking at the criteria that he would not be eligible for PIP at the moment, so his case has been excluded. A further case, where a PIP form was requested in November but the client has not returned to the bureau for further assistance has also been excluded but it should be noted that there was a delay of over two weeks for the claim pack to arrive.

6.2 Of the fifty two cases looked at in detail twenty two were men and thirty women.

6.3 The age range of the clients was as follows:

	Men	Women
16	0	1
18 - 29	2	4
30 - 39	1	3
40 - 49	3	4
50 - 59	6	9
60 - 69	8	9
Unknown	2	
	22	30

6.4 23 or 44% of the cases were people who had previously been receiving DLA but who were having their benefit transferred (although one of them had chosen to apply for PIP rather than re-apply for DLA as her care needs had increased).

6.5 Of these only one client was awarded PIP within a reasonable timescale but her DLA payment was stopped six weeks before the PIP payment started, leaving her significantly short of money during that period.

6.6 Four claimants who had previously received DLA were still in the process of making a claim or awaiting the outcome of an assessment. Because of his age one of these had been given to believe that he had a lifetime award of DLA but was then told that he had to apply for PIP.

6.7 Five (10%) cases were PIP renewals. Only one had her award confirmed with no problem, with the process taking a month.

6.8 The other twenty four cases (46%) were new claimants. Of these, eight people are still in the process of claiming or awaiting the outcome of their assessment so we do not know the outcome of their claims. Only one new claimant had PIP awarded with no problem.

6.9 Looking at all claimants, whether they are transfers from DLA, PIP renewals or new claimants, we do not know the outcome for four people who are currently in the process of applying for a Mandatory Reconsideration.

6.10 Three clients are at the stage of having their claim turned down after a Mandatory Reconsideration. One lives outside of the area so her case has been transferred to a Citizens Advice office nearer to her home in order to help her appeal against the decision. The second cannot face going through the appeals process and the third cannot appeal because she has left it too long after the Mandatory Reconsideration decision.

6.11 We also do not know the outcome for ten claimants who are at some point in the formal appeals process.

6.12 Twenty two clients received an award during the period of the research. However, as stated above, in only two cases was the application and award process straightforward. In the other twenty cases the outcome was as follows:

- 8 awards made after unacceptable delays
- 6 awards following an appeal
- 3 awards following a Supersession
- 2 awards made following a Mandatory Reconsideration
- 1 award made but reduced from the amount of benefit previously received.

6.13 One client was rejected after an appeal. The process was very stressful for the client and was made more difficult by the fact he received two letters inviting him to the appeal hearing, both with the same date but with different venues identified. This confusion about venues also happened for another client.

7 Findings

7.1 The client analysis demonstrates that there can be problems at all stages of the application process. The main findings are set out below. Case studies are included to illustrate the issue being highlighted although it should be said that most cases studies demonstrate more than one issue. The names of the clients in the case studies have been changed to ensure confidentiality.

Loss or reduction of support provided by DLA or previously awarded PIP

- 7.2 Of the fifty two cases analysed, twenty eight or 54% were either transfers from DLA or PIP renewals. These are people already deemed to have a disability sufficient to merit a benefit designed to support them with the extra costs of disability.
- 7.3 Twenty four of these twenty eight people (86%) were assessed as not needing the support they were previously getting. Five clients were refused PIP outright. One of these had been receiving DLA for mental health issues but now has physical problems following an accident so is arguably more in need of the benefit than previously.
- 7.4 Others were deemed to need less support than previously. This is particularly the case with regard to the mobility component of PIP, where people who did not meet the criteria for the higher rate of mobility payment are not able to keep their mobility cars. Eight clients, all of whom were previously on the higher rate for mobility under DLA experienced this. Two of these were also deemed to need less care and were awarded standard rate rather than the higher rate they had previously received.
- 7.5 One client had the daily living component reduced from the enhanced rate to the standard rate, despite medical evidence that shows he needs constant and substantial help with daily living from his wife.
- 7.6 Having been refused a mobility award one client was going to appeal but in the event the DWP agreed to award the standard rate mobility if the appeal was dropped.

Case Study 1 – Charlotte

Charlotte is a widow with two young children. She has Multiple Sclerosis, which affects all her limbs – she uses crutches and a zimmer frame indoors and a wheelchair outside but is able to drive a car, which she leases under the Motability scheme. She has problems with bladder and bowel control and suffers from extreme fatigue so has a carer for 22 hours a week, mainly to help her with the children. Charlotte was receiving higher rate mobility and middle rate care Disability Living Allowance until the end of last year when she had to apply for PIP. She was awarded standard rate care and standard rate mobility, which means that she will lose her car. With two young children her car is a lifeline to her. Charlotte asked for a Mandatory Reconsideration but the decision was upheld. At the time of writing she is awaiting an appeal hearing.

Delays

- 7.7 Unacceptable delays were experienced in a large number of cases at all stages of the process. For new clients this can mean a considerable loss of financial support.
- 7.8 One client requested an application form at the beginning of April and was told she should receive it within 14 days but had still not received it by the end of May.
- 7.9 One client who had been receiving DLA applied in December, had his assessment in March and at the end date of the project had still not heard the outcome. A further DLA transfer client made a claim four months ago and has not yet had a date for a medical assessment.
- 7.10 A further client who was on DLA and is awaiting an appeal has made two claims with long delays involved in each.
- 7.11 Four new claimants had to wait an exceptionally long time before they received an award. One was not called for a medical until 11 months after the claim and it took 16 months between the claim and the decision. The second started a claim in October but the form didn't arrive so he had to apply for another one. This was completed in December but he did not get a decision until the following May, a wait of 8 months.
- 7.12 The third person, who was very ill and bed bound, made a claim in May but was not assessed till September and the award not made until October, a delay of 5 months. Following an appeal the fourth person was awarded the mobility component a year after he had applied.
- 7.13 One client, who was on DLA and is currently appealing against the decision to refuse PIP made her application in September and did not hear that she had been turned down until March. The client cannot work because of illness and cannot survive on her Employment Support Allowance (ESA) so is currently having to rely on regular parcels from the food bank.

- 7.14 Delays are also being experienced in the Mandatory Reconsideration (MR) process. One client has had her assessment and is waiting to hear the outcome of an MR but was told it would take 8 to 9 weeks to get a decision.

Case Study 2 - Peter

Peter has leukaemia and is about to start intensive treatment. He has been advised he cannot work as he will be vulnerable to infection. Peter is very worried about finances as the family have dependent children and a mortgage, and he will only be getting Statutory Sick Pay.

Peter asked for an application pack for PIP in September 2015. It had not arrived three weeks later and the PIP helpline said it had no record of the request. Another was sent and completed in early November. The adviser asked for an extension to the time limit because of the initial delay in receiving the form. The client telephoned in mid December to check progress and was told that the claim had been disallowed as it was out of time. Eventually the case manager at the DWP overturned this decision.

As Peter was so ill a home visit for the medical had been requested but this didn't happen until early February 2016 in spite of several phone calls. PIP was finally awarded in March giving the enhanced rate for both elements. It had taken over 5 months for a very sick person to get the award they urgently needed.

Assessments

- 7.15 Clients often experienced problems with the medical assessment they have to undergo before being awarded PIP.
- 7.16 Often there are significant delays in waiting for an assessment or getting the result of an assessment and this has been touched on in the section above.
- 7.17 Another issue is that claimants can be asked to attend assessment centres that are a long way from their home and difficult to get to. One client, who had previously been receiving DLA, was twice unable to attend on the date allocated for the medical assessment and was told the claim would be cancelled. She was awarded enhanced rate care and standard rate mobility only after the intervention of her MP.
- 7.18 A further problem is the quality of the assessments. Clients complained that they had not been listened to or that their comments were misinterpreted. One client, who had been receiving DLA at the higher rate for mobility and medium rate for care said at her assessment that she could walk 60 feet. However this was written down as metres, which gave an entirely false impression of her ability and she was refused PIP outright.
- 7.19 Clients with mental health problems can be assessed by health care professionals with no experience of mental health. This is particularly significant as claimants can present with no obvious problems and often tell the assessor that they are OK. Tribunal judgements have made it clear that claimants with mental illness should be assessed by professionals who are appropriately qualified in mental health and are able to understand the complexities involved.

Case Study 5 - Susan

Susan is a single mother with several dependant children. Her eldest daughter aged 17 is disabled and was receiving DLA higher rate care and lower rate mobility. She was called for reassessment for PIP. The first medical assessment clashed with a hospital appointment and she asked for it to be rearranged. The second appointment was for 10am in Bournemouth, 25 miles away, which would be impossible to get to as Susan had younger children to get to school. When she contacted ATOS she was told only one change was allowed. If she did not attend the claim would be stopped and the DLA would no longer be paid.

A Citizens Advice adviser phoned ATOS and asked for a home visit to be carried out instead, but before this was set up Susan received a 'failure to attend' letter and notification that her daughter's DLA was stopping. Phone calls to both ATOS and the PIP helpline failed to resolve matters and eventually the local MP was involved. He contacted the DWP and managed to get the assessment done based on the paper information. Susan's daughter was finally awarded the PIP enhanced rate for daily living and standard rate mobility. It is difficult to believe that so many phone calls and the involvement of a MP were needed to resolve a fairly simple matter.

Case Study 6 – Joan

Joan is 67 and lives alone. Following a stroke she has been left with physical and mobility problems and also has mild dementia and cannot concentrate for any length of time. This makes her very anxious.

Joan had been receiving the higher rate of Disability Living Allowance for both care and mobility but was awarded only the PIP standard rate for care and no mobility. Joan asked for a Mandatory Reconsideration but was again turned down and the original decision upheld.

Although Joan was more worried about the mobility element she also felt unhappy about losing the higher rate for daily living. Joan has a carer who helps her to prepare food and she cannot get in and out of the bath on her own. She has to have someone wash her hair for her. Joan gets breathless and cannot move more than 20 metres without a rest, which could mean having to lie down. These factors do not appear to have been taken into account by the assessor.

The health care professional who carried out the assessment said in her report that Joan "coped well at interview" and was not "anxious, agitated or tense". Joan on the other hand said she was so worried she had no sleep the night before and described herself in "a total panic". She did not understand what she was being asked by the health care professional and felt uncomfortable as the assessor didn't make eye contact but concentrated on inputting into the computer, which meant the Joan didn't know whether to continue talking or not. This was particularly so when she was asked about hobbies. She meant to say that she liked reading and jigsaws but now lacked the focus and concentration needed to do this. She only got as far as she liked reading and puzzles. The healthcare professional had recorded that Joan could walk between 50 and 200 metres, which was not what Joan said in her claim. The HCP made no attempt to find out how far Joan could walk without having to rest. Joan is taking her case to appeal and at the time of writing the outcome of this is not known.

Case Study 3 - John

John is a young man aged 36, who has suffered from paranoid schizophrenia and Post Traumatic Stress Disorder for 15 years. He was seen by a Citizens Advice adviser while he was in the acute ward of the psychiatric hospital. He is in the support group of Employment Support Allowance and had been receiving DLA until February 2015 when he was reviewed and reassessed for PIP. He was only awarded 1 point at the medical and told he did not qualify. He said the health care assessor gave no chance for him to really explain his condition.

The adviser requested copies of the paperwork relating to the original decision. The decision appeared difficult to justify as it had been noted at the medical that he had needed five hospital admissions for acute episodes in the last few years, that he had a chaotic lifestyle, had difficulty managing everyday events and regularly had suicidal thoughts. The assessor did not seem to recognise the significance of John's mental health issues. A late revision was requested with details of the descriptors he fitted and additional evidence from his psychiatrist. However the decision was not changed at Mandatory Reconsideration.

The decision was appealed. John was not well enough to attend the tribunal but it was agreed that our adviser and his psychiatrist would represent him. The tribunal was very critical of the DWP's decision and awarded John 19 points for the daily living component and 9 points for mobility. This gives him the enhanced rate for daily living and the standard rate for mobility.

Case Study 4 – Jane

Jane is on the autism spectrum and suffers from depression and claustrophobia. She is in the support group of ESA and had been getting DLA higher rate care and lower rate mobility. She was told her DLA was stopping and invited to apply for PIP. She tried to start the claim herself by phone but got confused. Citizens Advice helped Jane to get her claim registered and to complete the PIP application form. This was sent with medical evidence and a description of her condition, explaining she could not travel to unfamiliar places and suggesting a paper assessment should be possible.

Two months later Jane was called for a medical in Axminster which is 31 miles from home and somewhere she does not know at all. Jane came to Citizens Advice in a panic and, much to Jane's relief, ATOS agreed that they would cancel the appointment and do a paper assessment. A few weeks later she had another letter advising they would call to conduct a medical at her home which caused another panic - she said she would 'go and hang herself' if a stranger came to her house.

After more phone calls it was finally agreed to do a paper assessment and Jane was awarded enhanced rate daily living but no mobility. We felt she should have had at least standard rate mobility because of her problems in travelling to unfamiliar places, but she could not face an appeal.

Mandatory Reconsideration and Supersessions

- 7.20 Only two clients had the decision changed following a Mandatory Reconsideration. Given the success rate after an appeal this indicates that insufficient care is taken at the Mandatory Reconsideration stage as to whether or not the client has a good case.
- 7.21 One client was turned down for PIP in August 2015 after applying in June 2015. In September 2015 a revision was requested as the client had spent two spells as an in-patient in a psychiatric hospital in the previous three months so the decision seemed unreasonable. However she was again refused in September 2015. After an official complaint about the poor quality of the ATOS assessment the client was awarded the PIP enhanced daily rate in December 2015 backdated for two years from May 2015.
- 7.22 Two clients were awarded PIP following a Supersession but in both cases this was after significant delays and setbacks.
- 7.23 The first of these, who was receiving the care element of PIP, applied for the mobility element as his mobility needs were increasing. A Supersession was requested in September, he was re-assessed in February and he finally received the backdated award in April.
- 7.24 In the second case an application was made in January 2015. Despite additional medical evidence being provided the DWP insisted on a re-assessment and the client was then turned down in May. He was finally re-assessed at home in September and an award made in October. This case also demonstrated extremely poor administrative processes at the DWP, with staff failing to comply with its five day call back policy.

Case Study 7 - Richard

Richard is a vulnerable single man with both mental health and physical problems. He is in the support group for Employment Support Allowance and needs help in managing his daily life. Richard damaged his leg in an accident four years ago meaning he can only walk a few paces unaided. His support worker helped him apply for PIP a year ago and he was awarded standard rate daily living but no mobility, which was strange as he can hardly walk and uses a mobility scooter out of doors.

Richard came to Citizens Advice on a different matter but after talking about his situation requested a Supersession in September 2015. Nothing was heard for three months so the Citizens Advice adviser contacted the PIP helpline. It transpired that Richard had been contacted in December to discuss his condition but no further action had been taken. The DWP apologised and said they would contact ATOS for another medical. A revised decision was finally made in April 2016, keeping the standard rate for daily living and adding the enhanced rate for mobility. Richard received £1666 in backdated payment because of the delays.

Appeals

- 7.25 Of the seven clients in the study who went to a tribunal to appeal and we know the outcome, only one was rejected.
- 7.26 One client who had previously been on DLA but was awarded only one point at the medical assessment was awarded 19 points at a tribunal (which he could not attend as he was in hospital).
- 7.27 A client was awarded 0 points in the medical assessment but was given 11 points for both care and mobility at the appeal.
- 7.28 A client who was receiving lower rate care and higher rate mobility was awarded enhanced care and higher rate mobility at appeal.

Case Study 8 - Ann

Ann has a number of medical conditions. She suffers from COPD (Chronic Obstructive Pulmonary Disease), which leaves her very breathless and unable to walk far without stopping. She has severe shoulder problems that mean she cannot use her right arm, causing problems with cooking, washing, dressing, lifting and carrying. This has resulted in her becoming depressed and needing antidepressants. Her daughter is her main carer. Ann applied for PIP in September 2015 but was turned down. With the help of Citizens Advice she requested a Mandatory Reconsideration. Additional medical evidence was submitted that confirmed she could not walk more than 25 metres without stopping. However the decision was unchanged. At appeal she was awarded standard rate PIP for both daily living and mobility.

8 Summary of Key Findings

- 8.1 The test for PIP appears to be much more difficult than that for Disability Living Allowance, both for daily living and for mobility but particularly in regard to mobility. Claimants who previously relied on their cars to give them a degree of independence face not being able to work or socialise, leading to a significant reduction in the quality of their lives if they lose entitlement to a car.
- 8.2 Unacceptable delays can be experienced at all stages of the process.
- 8.3 In many cases the process for medical assessments is unacceptable. Claimants should not have to travel many miles to an assessment centre when there is one more locally. In some cases assessors appear to be inadequately trained or lack relevant knowledge and experience, particularly in mental health issues. It appears that assessors do not always listen to claimants and can show an uncaring and punitive attitude.
- 8.4 The process for Mandatory Reconsideration does not appear to be working effectively. Often additional medical evidence is ignored and claimants are forced to escalate their case to a tribunal, which is costly in time and money.

- 8.5 The majority of appeals are successful and the difference between the initial assessment and the appeal judgement can be significant.

Recommendations

- 1 The DWP should review the criteria for receiving the mobility element of PIP. If the current criteria means that disabled people are losing their Motability cars this will have a severe impact on their ability to be independent and to contribute to society, thus undermining the whole point of a benefit designed to promote independence.
- 2 The DWP should ensure that there are enough trained staff to process PIP applications in a reasonable timescale. Service standards for all stages of the process should be clearly stated and adhered to.
- 3 The DWP should ensure that ATOS uses health care professionals who are appropriately trained to undertake assessments fairly and in a non-judgemental way, particularly where mental health issues are concerned.
- 4 The DWP should ensure that ATOS provides sufficient assessment centres to offer claimants a medical assessment at a reasonable distance from their home and, where necessary, be prepared to undertake home visits.
- 5 The DWP should review its procedure for Mandatory Reconsiderations and take more account of medical evidence provided by the medical staff who know their patients and have a good understanding about the impact that their condition has on their daily life. The seeming reluctance of DWP staff to do this suggests an attitude that is inappropriate when dealing with sick and disabled people.

APPENDIX 1

What is PIP?

Personal Independence Payment (PIP) is a benefit to help with some of the extra costs caused by long-term ill-health or a disability for those aged between 16 and 64.

The rate depends on how the claimant's condition affects them, not on the condition itself.

Who can claim?

People who are ill or disabled. Claimants have to fulfil two qualifying tests – they must have had the problem that has caused them to apply for PIP for three months and expect the problem to last for a further nine months.

All people receiving Disability Living Allowance (DLA) will be invited to claim PIP even if they have an indefinite lifetime award of DLA.

How does it work?

The application form for PIP says:

“There are two components to Personal Independence Payment:

- *Daily Living*
- *Mobility*

If you qualify for PIP you'll get money for one or both components. The amount you get is based on how your health condition or disability affects how well you carry out everyday activities, the difficulties you face and the help you would need to do them – even if you don't actually get any help.

For each component of PIP there is a list of activities. For each activity there is a list of “descriptors”. Descriptors are sentences which describe how much support and the type of support you need to do the activity.

Each descriptor has a point score. The number of points you get will depend on how much help you need. Your scores for the activities are added together to give a total for each component.

If you qualify, you can be paid for each component at either the Standard rate or the Enhanced rate.

For each component, you will get the Standard rate if your scores add up to between 8 and 11 points.

For each component, you will get the Enhanced rate if your scores add up to 12 points or more.”

Appendix 2 –GLOSSARY OF TERMS

ATOS: ATOS Healthcare is a private company that has a contract with the Department for Work and Pensions to provide independent assessments on the Department's behalf in relation to eligibility for PIP.

Autism: Autism is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people. People commonly have difficulties with social communication and interaction.

Department for Work and Pensions (DWP): The Department for Work and Pensions (DWP) is the UK's biggest public service department and is responsible for welfare, pensions and child maintenance policy. It administers the State Pension and a range of working age, disability and ill health benefits to over 22 million claimants and customers.

Disability Living Allowance (DLA): Disability Living Allowance (DLA) was designed to support disabled people who lived independently and had mobility and care needs. It was not subject to an independent medical assessment. The benefit is being replaced by Personal Independence Payment (PIP) and all DLA recipients transferred to PIP. Since June 2013 new claims can only be made if the claimant is under 16.

Employment Support Allowance: Employment and Support Allowance (ESA) is a benefit payable to people who can't work because of sickness or disability, and who are not getting Statutory Sick Pay. There are two types of ESA: contributory ESA, which is for people who have paid enough national insurance contributions, and income-related ESA, paid if a person's income and capital are below certain limits. For both types of ESA, claimants have to undertake various tests to confirm they have limited capability for work.

Health care professional (HCP): Health care professionals are people employed by a private company under contract from the DWP to carry out independent medical assessments of claimants. They can come from a variety of health care backgrounds - doctors, nurses, physiotherapists, occupational therapists etc., and are given training in how to make the assessments. In this area the company that employs them is ATOS. The HCP does not decide whether or not to award the benefit. After the assessment they write a report and send it to the DWP where a decision maker decides whether or not to award benefit on the basis of the evidence provided, including the assessor's report.

Mandatory Reconsideration: Mandatory reconsiderations were introduced from October 2013 for ESA claims. It means that if someone applying for ESA is found fit for work and they wish to appeal against this they could not go straight to appeal but have to ask for a Reconsideration. This is when the original decision is looked at again by another decision maker. This system has also been introduced for PIP claims. While the reconsideration is taking place no benefit is paid. A Mandatory Reconsideration notice is issued once the reconsideration has taken place. If the claimant is still unhappy they can appeal.

Personal Independence Payment: Personal Independence Payment (PIP) is a benefit for people aged 16 to 64 with a long-term health condition or disability. A long-term condition means one which is expected to last 12 months or longer. Getting PIP depends on an assessment of how the disability or health condition affects someone's ability to live independently and has two components – daily living and mobility. Special rules apply if someone is terminally ill. PIP is non contributory and is not means-tested.

Supersession: A benefit decision is a legal decision that can only be changed if the law allows. However if someone is getting a benefit from the DWP and their circumstances change or there is a change in the law the DWP can decide to change the original decision. This is called a Supersession. A supersession decision changes the benefit decision from the date the change happens rather than the date that the decision was made.

Assessment for PIP

PIP claimants have to undergo a medical assessment by a health professional. In this area the assessor will be employed by ATOS.

For each of the descriptors the assessor will consider whether the claimant can carry out activities:

- Safely – *which means in a manner unlikely to cause harm to themselves or another person, whether during or after completion of the activity* **and**
- To an acceptable standard – *given the nature of the activity* **and**
- Repeatedly – *which means as often as the activity being assessed is reasonably required to be completed* **and**
- Reliably and for the majority of the time - *which means no more than twice as long as the maximum period that a person without a physical or mental condition, which limits that person's ability to carry out the activity in question, would normally take to complete that activity.*

In determining what points to award the assessor will take into account whether the claimant uses aids and equipment and how much supervision, prompting and assistance the person needs to undertake tasks.

The DWP will consider what the claimant “can” do rather than what they “do” do.

How to claim

Claimants must call the claim line and answer a number of questions about themselves and their situation in order to ensure that they meet the basic conditions of entitlement. They are then sent a 40 page “How your disability affects you” form, which has to be completed and returned within one month, along with supporting medical evidence.

The form is very long and detailed. The emphasis is not on what condition the claimant has but what they can and can't do, in other words how the condition affects and impacts on their daily life.

There are special rules for people who are terminally ill and expected to die within 6 months. These claimants do not have to complete the form or attend a medical assessment and a claim can be made on their behalf by someone else.

Current rates for PIP

Component	Weekly rate
Daily living - standard rate	£55.10
Daily living - enhanced rate	£82.30
Mobility - standard rate	£21.80
Mobility - enhanced rate	£57.45

APPENDIX 3

The tables set out below provide information on the progress made since 31 May 2016 by those clients where no outcome could be identified in the report as they were part-way through the PIP application process at the cut-off date of 31st May 2016. The tables identify the situation as of 22 August 2016.

Clients who were in the process of making a claim or awaiting the outcome of an assessment

Current situation	Total number
No further information available (clients have made no further contact with CA)	5
Clients now awaiting a Mandatory Reconsideration	3
Clients awarded PIP	2
Client now appealing	1
MR reaffirmed decision but client no energy for appeal	1

Clients who were in the process of a Mandatory Reconsideration

Current situation	Total number
Clients now appealing	3
Client turned down but considering her options	1

Clients who were in the appeals process

Current situation	Total number
Successful appeal	4
Still waiting for an appeal date hearing	4
Partly successful appeal	1
A paper based appeal was held but more evidence was required – the client has now moved to another part of the country so the process will continue from there.	1

Tribunal: An appeal tribunal is an informal hearing of the case by a panel, called a tribunal board. The panel will include a legally qualified judge and up to two other independent people including a doctor. Someone from the DWP might attend but only to make their case – they will not be involved in the decision. The claimant will usually attend and can have someone with them to support them.

Safeguarding Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	19 January 2017
Officer	Helen Coombes - Director for Adult and Community Services
Subject of Report	Domestic Abuse - Key Areas of Challenge
Executive Summary	<p>In October 2016 a Domestic Abuse Scoping Paper, was reviewed by this Committee. It provided background information on domestic abuse in Dorset and it set out local governance arrangements, service responses and some evidence of what works.</p> <p>This paper looks further at the key areas of challenge for Children's and Adult Services and invites members to scrutinise how the County Council collaborates at a local level. It sets out proposed joint plans with key partners, and what further actions may be required moving forward.</p> <p>The Government definition of domestic violence and abuse is:</p> <p>'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or who have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to a wide range of abuse including: psychological, physical, sexual, financial and emotional. It includes so call 'honour' based violence, female genital mutilation (FGM) and forced marriage, by including these elements this definition makes it clear, that victims are not confined to one gender or ethnic group'.</p> <p>The impact of domestic violence and abuse is far-reaching. For children it can result in poor long term emotional and mental health and for communities can carry significant economic cost.</p> <p>Currently an estimated 2.1 million people in the UK suffer some form of domestic abuse each year - around 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population).</p>

	<p>Domestic abuse victims and their children are among the most vulnerable in society; domestic abuse accounts for 10% of all recorded crimes. Each year, more than a 100,000 British adults are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse. Over 130,000 children live in these homes.</p> <p>On 8 March 2016 the government produced a four year strategy '<i>Ending violence Against Women and Girls</i>', which sets out the wide range of actions which underpin a National Statement of Expectations as well as a blueprint for local action. According to the Office for National Statistics (ONS) Dorset is currently 19th highest out of 42 police forces nationally for domestic abuse crimes.</p> <p>In response to this Dorset County Council staff along with partner agencies are seeking to develop an integrated whole family approach to addressing and stopping violence and abuse through the introduction of a Pan Dorset Domestic Abuse Strategy and action plan. This is an ambitious plan to reduce the harm caused by domestic abuse, increase the safety of those experiencing the abuse and provide appropriate intervention to reduce reoffending.</p>
<p>Impact Assessment:</p>	<p>Equalities Impact Assessment: N/A</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population) - Source ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics. • Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse – Source Safe Lives (2015), getting it right first time: policy report. Bristol: Safe Lives. • Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to Marac or accessing an Idva service are women – Source Safe Lives (2015), Insights Idva National Dataset 2013-14. Bristol: Safe Lives. • In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales – Source ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics.

	<ul style="list-style-type: none"> • Seven women a month are killed by a current or former partner in England and Wales - <i>ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics.</i> • 130,000 children live in homes where there is high-risk domestic abuse – <i>Source Safe Lives (2015), getting it right first time: policy report. Bristol: Safe Lives.</i> • 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others – <i>Source Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: Caada.</i> • On average high-risk victims live with domestic abuse for 2.3 years before getting help - <i>Source Safe Lives (2015), Insights Idva National Dataset 2013-14. Bristol: Safe Lives.</i> • 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse - <i>Source Safe Lives (2015), Insights Idva National Dataset 2013-14. Bristol: Safe Lives.</i>
	<p>Budget: N/A</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: Medium Residual Risk : Medium</p>
	<p>Other Implications:</p> <p>Community Safety Partnerships, Safeguarding Adults and Children’s Boards to be regularly consulted and appraised of the work undertaken by the strategic leads group</p>
<p>Recommendation</p>	<p>The Safeguarding and Overview Scrutiny Committee receive updates on the progress of the Pan Dorset Domestic Abuse Strategic group action plan.</p>
<p>Reason for Recommendation</p>	<p>To monitor and comment on the work of Adult and Children’s Services and their partner agencies to be satisfied that they are working together effectively to improve the safety of adults and</p>

	children and to prevent and reduce incidents of violence and domestic abuse.
Appendices	Domestic Abuse Scoping Paper 5 October 2016
Background Papers	Pan Dorset Domestic Abuse Strategy 2017 -2020
Officer Contact	Name: Sally Wernick Tel:01305 251414 Email: sally.a.wernick@dorsetcc.gov.uk

1.0 Prevalence and local context

- 1.1 Historically the data in relation to domestic abuse is unreliable this is in part due to under-reporting as well as a failure to recognise when an incident may be classified as abuse. A distinguishing factor of domestic abuse is that victims are more likely to experience repeat incidents unlike other victims of crimes, which may also be a factor in under reporting.
- 1.2 Recent research has also evidenced that for victims over the age of sixty domestic abuse is often not recognised. The prevailing view is that it affects younger women or women with young children. Many surveys such as the Crime Survey for England and Wales have excluded consideration for older victims and awareness campaigns also tend to focus on younger victims.
- 1.3 This reinforces an assumption that abuse ceases to exist beyond a certain age an assumption, which may encourage professionals to link injuries, confusion or depression to an age related concerns rather than domestic abuse.
- 1.4 Figures held by the Office of National Statistics (ONS) show that between April 2013 and March 2016, 24,200 people aged between 16 and 59 in Dorset were a victim of domestic abuse. This includes 15,200 women and 8,900 men. Almost 7 percent (6.8%) were the victim of domestic abuse at least once. More than 8 percent were women (8.3%) and 5.2 percent were men. In the year ending March 2016 there was 11,109 domestic abuse related incidents and offences recorded in Dorset.
- 1.5 In the scoping paper presented to Committee by Children's Services in October, other relevant indicators demonstrated that on average 61 percent of all incidents of domestic abuse have children present and 97 percent of all child protection plans have domestic abuse as a feature. In Dorset the number and rate of children subject to Child protection plans has increased significantly over the last three years and is higher than the national rate and that of our statistical neighbours.
- 1.6 Whilst a comprehensive data set has been collected over the last five years by the Community Safety Partnerships and provides an analytical framework for determining need and predicting demand, there is an absence of qualitative data to enable an understanding of the impact that actions and services have on outcomes such as education, health and employment. Statistical data indicates that there is a rise in the number of domestic incidents between 16-19 year olds and further work is required to understand the reasons for this. Similarly little is known about the prevalence of domestic abuse amongst older people and other vulnerable adults.
- 1.7 The safety of the victim and the safety of their children are inextricably linked and in order to safeguard both, agencies need a whole picture approach. The aim of the Pan Dorset Domestic Abuse Strategy therefore is to bring together statutory and voluntary partners to ensure a co-ordinated response through an agreed action plan and through continued partnership working.

2.0 The Local Authority

- 2.1 Whilst incidents of domestic abuse remain high, better rates of reporting as well as a co-ordinated response from police, social care, health and non-statutory services have helped to reduce rates of domestic abuse and increase an uptake of services. However more needs to be done to improve the mechanisms for identifying adults and children affected. One example of this would be through training frontline staff

across a range of service areas so they can better identify, where there may be domestic abuse and be more responsive.

2.2 Local authorities do not have a statutory duty to tackle domestic violence but under the Crime and Disorder Act 1998, local authorities have a statutory responsibility to work with other agencies to reduce crime and disorder in their local area. As domestic abuse accounts for a significant proportion of violent crime in Dorset it is included within the crime reduction strategy, delivery plan and joint strategic needs assessment, which feeds into statutory partnerships.

2.3 However domestic abuse cannot be tackled by agencies working in isolation. All agencies need to be involved in appropriate roles and structures to reflect both their contribution and their needs. In Dorset there is a newly established strategic group for developing strategy and an action plan as well as an operational group for management and monitoring of services and outcomes.

3.0 Partnership working and complexity of abuse

3.1 Domestic abuse is a key priority for the three Community Safety Partnerships in Dorset, Bournemouth and Poole. In 2016, the Pan-Dorset Community Safety and Criminal Justice Board was established, which brings together elected members and strategic leads from each of those three partnerships, as well as Independent Chairs from the Safeguarding Adults and Children's Boards and representation from the local Criminal Justice Board. Domestic abuse has become a key thematic area of this Board and it is they who currently have oversight and responsibility for the implementation of the strategic action plan.

3.2 Against a backdrop of reducing budgets and structural change there remains a commitment to reducing the harm caused by domestic abuse across partner organisations. Each Local Safeguarding Children's Board (LSCB) is required to bring key agencies such as police, probation, youth justice, health, education and social care together to make sure local safeguarding is effective.

3.3 A key priority for all boards and local authorities has been in the area of child sexual exploitation, which may feature, domestic violence, sexual violence and street gang related sexual violence. Given the complexities in this area, young people may need support from a wide range of local agencies and one of the challenges for the strategic domestic and sexual violence groups is to ensure joined up working and appropriate information sharing.

3.4 With the introduction of the Care Act 2014, Safeguarding Adults Boards have now been placed on a statutory footing and as with LSCB's have a duty to bring partner organisations together to safeguard adults at risk. The Care Act guidance specifies that freedom from abuse and neglect is a key aspect of a person's well-being and local authorities should not be constrained in their view of what constitutes abuse or neglect. Domestic abuse is a category of abuse which was added following consultation on the draft Care Act Guidance although the experiences of younger and older people are likely to be significantly different and as such require a tailored response.

3.5 Research from *Safer Lives* shows that older victims of domestic abuse are far more likely to have suffered prolonged abuse, are less likely to leave, have an increased fear of change, and are more likely to suffer from health problems which can exacerbate their vulnerability to harm. When trying to access help and support this can be further compounded, as older persons are twice as likely to be living with the

perpetrator of their abuse (Safer Lives National Insights dataset 15-16). It has also been noted in their research that older women are far less likely to identify their situations as abusive which acts as a barrier and a challenge to workers who may try to offer support.

- 3.6 In a conurbation such as Dorset with an increasingly aging population this may pose particular challenges in the area of adult family abuse and service provision. For example there have been a few cases where family members have neglected an adults care needs to avoid costly care packages or for older victims to avoid disclosing abuse for fear of losing a relationship with a child or partner. What is clear is that domestic abuse can feature in a wide range of settings some of which, are hidden, many of which are complex.
- 3.7 The rural nature of Dorset provides further challenges to reaching victims of domestic abuse due to both dispersed populations and a lack of confidential community space. Victims can be isolated not just by location, but also by relationship status and different ethnic backgrounds.
- 3.8 Dorset County Council, in partnership with District Councils, currently commissions You First part of The You Trust to deliver a county-wide Integrated Domestic Abuse service. This includes refuge provision (which is available to people outside of the local area) as well as outreach. Early intervention is at the heart of this provision, playing a key role as a preventative measure to avoid escalation of abuse and prevent serious harm. The budget for this contract is £385,000.
- 3.9 The You First end of year report for 2015/16 highlighted a number of key headlines from their research relating to older persons aged 65 and over.
- 3.10 In Dorset, 28 percent of the population are over 65 yet of the 919 referrals received by the service during that year only 29 (approximately 3%) were for persons in that age bracket.
- 3.11 The proportion of people aged over 65 varies across the county. For example: in East Dorset, only 0.5 per cent of referrals were for older people, yet 31 per cent of the population is over 65. This highlights that referrals to You First are not representative of the demographics across Dorset.
- 3.12 You First also reports that for those referred who are over 65 their abuser is more likely to be their current partner or family member, within other age ranges their abuser is more likely to be an ex-partner, increasing risk further.
- 3.13 Correlating to this is safeguarding data which indicates that older women who live in their own homes are at highest risk of neglect and abuse.
- 3.14 You First also expressed concerns about the potential lack of response to older adults who may be experiencing domestic abuse at the hands of carers and the ability of agencies to respond to this.
- 3.15 In response to this Dorset County Council has entered a bid to the Department for Communities and Local Government (DCLG) for a grant to enable the Council to lead on a project to create an 'Isolated community Engagement Programme'. Through the programme staff trained in domestic abuse will be able to provide support to vulnerable groups that do not usually present to domestic abuse services. This will include: Older people, minority groups, rural populations and other isolated groups that may be highlighted during the development of the work.

- 3.16 The bid is still in the early stages and the outcome will not be known until further into the New Year.

4.0 Domestic Homicides

- 4.1 Poor responses to domestic abuse is not an option as the costs associated with failing to protect vulnerable adults and children continue to mount. Between 2011 and 2016 there have been twelve Domestic Homicides across the Pan Dorset area. Six in Bournemouth, five in Dorset and one in Poole. A Domestic Homicide is one in which:

'the death of a person over 16 has or appears to have resulted in violence, abuse or neglect either by a person he/she was related to or had been in an intimate personal relationship with or a member of the same household'.

- 4.2 The Domestic Homicide Reviews (DHR) held have challenged the stereotypical notion that domestic abuse is perpetrated by a male partner against a female partner. From the homicides that have occurred, seven were female victims and five were male victims. Three involved children murdering their parents and one involved a parent murdering their child.
- 4.3 The Pan Dorset Domestic Abuse strategy and action plan will incorporate learning from the completed DHR's and these will be monitored through local Community Safety Partnerships. Both the Safeguarding Children's and Adults Boards will be responsible for ensuring lessons learnt will be disseminated across their own and partner organisations.
- 4.4 Much has been achieved through partnership working and there continues to be a strong emphasis on improving prevention and response across agencies. However data shows that we have a long way to go to address failings in how we respond to domestic violence and Dorset County Council can take the lead in making sure their area is amongst the best at supporting vulnerable adults and children.

5.0 Key Challenges remaining

- i. Mental health issues and substance misuse are a common feature amongst perpetrators, improved information sharing amongst professionals, including G.P, hospitals, and substance misuse services in order to promote holistic responses and shared pathways is needed
- ii. Understanding more about the victims journey and their perception of risk particularly their perception of danger is crucial
- iii. Providing support to children living within households where domestic abuse is present remains an ongoing challenge
- iv. Understanding the prevalence of domestic abuse amongst older people and vulnerable adults
- v. Meeting the needs of parents who are victims of domestic abuse from their children
- vi. Effective interventions for young people who are abusing their parents and partners

- vii. Reducing reoffending through effective perpetrator programmes
 - viii. Strengthening links across partnerships and Boards
 - ix. Sustaining existing victims services
 - x. Delivery of domestic abuse awareness training/healthy relationship programmes within schools
 - xi. Providing training to all front line staff
 - xii. Ensuring Multi Agency Risk Assessment Conferences (MARAC) are effective in protecting victims and reducing the risk of further harm
- 5.1 The above are included in the Pan Dorset Domestic Abuse Strategy and the action plan will be targeted at achieving these it is recommended that members receive regular updates on the progress of the plan and on the work of the Safeguarding Adults and Children's Boards in response to the issue of domestic abuse.
- 5.2 Finally it is important to breakdown boundaries and promote collaborative working across adult and children's services. Where there are concerns that an adult is experiencing domestic abuse then there should be a concurrent exploration of whether there are any child safeguarding concerns and vice versa. The introduction of the Children's Multi-Agency Safeguarding Hub proactively identifies and supports victims and their families which is a significant step forward in addressing many of the concerns, however there may still be some gaps for vulnerable adults and for those parents who are experiencing child to parent violence.
- 5.3 The Council's own communication teams can continue to help raise public awareness around the dynamics of domestic abuse and specialist support services by linking in with local and national campaigns which challenge widely held myths around domestic abuse. These campaigns should also be tailored to minority groups who may face multiple barriers when accessing services or seeking support. There should also be a full understanding of the emerging issues of so called honour based abuse, female genital mutilation and forced marriage.

Director's name: Helen Coombes
Director for Adult and Community Services

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Safeguarding Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	19 January 2017
Officer	<u>Local Members</u> All Members <u>Lead Director</u> Sara Tough, Director of Children’s Services
Subject of Report	Corporate Plan: Outcomes focused monitoring report
Executive Summary	<p>In April 2016 the County Council adopted a Corporate Plan based on an outcomes focused approach. The Plan is comprised of four outcomes, reflecting the County Council’s commitment to helping people in Dorset be Healthy, Safe and Independent, and benefitting from a Prosperous economy.</p> <p>Alongside this, in February 2016 the County Council agreed a new committee structure to monitor and scrutinise progress against the Corporate Plan, with Overview and Scrutiny Committees for Economic Growth, People and Communities and Safeguarding. The Safeguarding Committee has oversight of the “Safe” corporate outcome.</p> <p>The Corporate Leadership Team has selected a set of “outcome indicators” that will measure progress towards the four outcomes. This indicator set provides the focal point from which we can understand whether or not we and our partners are making a difference to people’s lives in Dorset. A summary of the current status of the “Safe” indicators is provided at Appendix 1 of this report, and a detailed analysis is presented at Appendix 2. Members of this committee are invited to challenge the evidence and commentaries provided, and identify any issues requiring more detailed consideration.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>There are no specific equalities implications in this report. However, the prioritisation of resources in order to challenge</p>

<p><i>Please refer to the protocol for writing reports.</i></p>	<p>inequalities in outcomes for Dorset's people is fundamental to the outcomes approach and the Corporate Plan.</p>
	<p>Use of Evidence: The outcome indicator data in this report is drawn from a number of local and national sources, including the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework (PHOF). Corporate oversight and ownership of performance management information and processes is a key component of the terms of reference of the corporate Planning and Learning Group. There is a lead officer for each outcome on this group whose responsibility it is to ensure that data is accurate and timely and supported by relevant commentary.</p>
	<p>Budget: None in the context of this specific report. However the information contained herein is intended to facilitate evidence driven scrutiny of the interventions that have the greatest impact on outcomes for communities, as well as activity that has less impact. This can help with the identification of cost efficiencies that are based on the least impact on the wellbeing of customers and communities.</p>
	<p>Risk: Having considered the risks associated with this report using the County Councils approved risk management methodology, the level of risk has been identified as: Current: Medium Residual: Low</p>
	<p>Other Implications: None</p>
<p>Recommendation</p>	<p>That the committee:</p> <ul style="list-style-type: none"> i) Considers the evidence of Dorset's position with regard to the outcome indicators in Appendix 1 and 2; and: ii) Identifies any issues requiring more detailed consideration.
<p>Reason for Recommendation</p>	<p>The 2016-17 Corporate Plan provides an overarching strategic framework for monitoring progress towards good outcomes for Dorset. The new Overview and Scrutiny committees provide corporate governance and performance monitoring arrangements so that progress against the corporate plan can be monitored effectively.</p>

Corporate Plan: Outcomes focused monitoring report

Appendices	<ol style="list-style-type: none">1. Population Indicators Summary – Safe2. Population Indicators Full Report – Safe
Background Papers	Corporate Plan Refresh 2016-17 (Report to the Cabinet, 13 April 2016)
Officer Contact	Name: John Alexander Tel: (01305) 225096 Email: j.d.alexander@dorsetcc.gov.uk

1. Background

- 1.1 In April 2016 the County Council adopted a Corporate Plan based on an outcomes focused approach. Its core principle was to articulate the conditions of wellbeing that we are seeking to achieve for Dorset alongside our communities and partners – the “ends” – and work backwards, using the best available evidence, to establish the best “means” of achieving them with the resources available to us. The Corporate Plan is comprised of four outcomes, reflecting the County Council’s commitment to helping people in Dorset be **Healthy**, **Safe** and **Independent**, and benefitting from a **Prosperous** economy.
- 1.2 Alongside this, and following a member “Task and Finish” review of the County Council’s overview and scrutiny arrangements, the County Council, in February 2016, agreed that the future committee structure should be based on the new outcome focused Corporate Plan, with Overview and Scrutiny Committees for Economic Growth, People and Communities and Safeguarding, each having responsibility for monitoring progress with specific Corporate Plan outcomes. The Safeguarding Committee has oversight of the **Safe** corporate outcome.
- 1.3 The Overview and Scrutiny Committees can, if necessary, seek approval via the new Audit and Governance Committee if there are any grounds to invoke formal scrutiny processes (e.g. *Call in*, *Call to Account* or *Councillor Call for Action*). A formal Overview and Scrutiny Management Committee, comprising the Overview and Scrutiny Committee Chairmen and the Chairman of the Audit and Governance Committee, oversees and coordinates the whole process.

2. Outcome indicators

- 2.1 Following the adoption of the corporate plan, the Corporate Leadership Team, having sought advice from senior managers, selected a set of “outcome indicators” that will measure progress towards the four outcomes. This indicator set provides the focal point from which we can understand whether or not we and our partners are making a difference to people’s lives in Dorset. In a small number of cases, efforts continue to be made to find the ‘best fit’ data to meet CLT’s priorities, and it is for this reason that some ‘blanks’ remain in the appendices. Members will be updated on progress with these as soon as possible.
- 2.2 As this is the first round of committees to which these outcome indicators are being presented, the detailed analysis of them is presented here in full at Appendix 2 (A summary is at Appendix 1). For this reason, this report is longer than is the intention for future versions. Live, up-to-date information on all of the indicators that support the corporate plan can be accessed on the [Dorset Outcomes Tracker](#) on *Sharepoint*. Councillors and officers can access this at any time, and it can be made available for real-time interrogation at committee meetings.
- 2.3 Members will note that no specific annual targets are attached to these indicators. In the past, target setting processes have been somewhat arbitrary, particularly in view of the fact that no single agency can be held to account for delivering an outcome such as, for example, reducing the number of people who are killed or seriously injured on Dorset’s roads. Rather, for each indicator, a trend line shows the direction of travel, and anticipated future direction if nothing different is done to influence progress.

3. The role of overview and scrutiny

- 3.1 It is for members (and managers) to challenge the evidence and commentaries provided, and decide if they are comfortable that the forecasts are acceptable. If not, it is the job of members, officers, partners and communities to work together to try to find ways to make improvements (or “turn the curve”) in a more acceptable direction. In effect, the target is to outperform an unacceptable forecast.

3.2 In June 2016, a [Planning and Scoping document](#) was presented to, and discussed by, all of the Overview and Scrutiny Committees as a suggested means for identifying issues requiring more detailed consideration by members and for initiating review processes. This takes members through a process of specifying the purpose of any review, indicators of success and a defined methodology, and other considerations such as resource requirements, risks and timescales. Through such a process it will be possible for members to scrutinise not just progress towards outcomes, but the performance of County Council services in making positive contributions to those outcomes.

4. What are the big issues?

4.1 Members are strongly encouraged to consider all of the indicators within the remit of this committee, and form their own view about whether more should be done to improve particular outcomes. However, each outcome is sponsored by a Director and supported by a senior lead officer, and they will suggest particular areas of concern and future focus.

4.2 The sponsor for the “**People in Dorset are Safe**” outcome is Sara Tough, the Director of Children’s Services. The lead officer for the outcome is Patrick Myers, Assistant Director (Design and Development) in Children’s Services. The current position with all of the “Safe” indicators is summarised in Appendix 1 and analysed in detail in Appendix 2.

4.3 Lead officers have suggested that the “**Safe**” indicators which require the most focus and attention are as follows:

- **The rate of children subject to a child protection plan**

The rate of children subject to a plan in Dorset has been increasing since 2013 and is higher than the national average. Plans are most commonly put in to place due to abuse or neglect. The impact of this abuse and neglect can be long lasting and contribute to poor mental health. If the plan to reduce the risk of harm does not work then the child may become looked after by the local authority. Domestic abuse features in over 95% of all child protection plans in Dorset. Also common are poor parental mental health and or parental substance misuse. Whole family support and good multi-agency working are therefore important in reducing the rate of children experiencing significant harm.

- **The number of domestic abuse incidents and crimes**

Domestic Abuse (DA) crimes have shown an increase whilst DA incidents have declined, probably due to new classifications of Police recording. This has implications for other “safe” indicators such as the rate of children subject to a child protection plan. Tackling DA is a priority for the Dorset Community Safety Partnership (CSP) who have agreed a number of actions to address the issue including maximising awareness of DA issues amongst professionals and the public and ensuring DA victim support services are fit for purpose. A number of DA services are in place including outreach and services designed to support high risk victims and their families.

- **The number of people killed or seriously injured on Dorset’s roads**

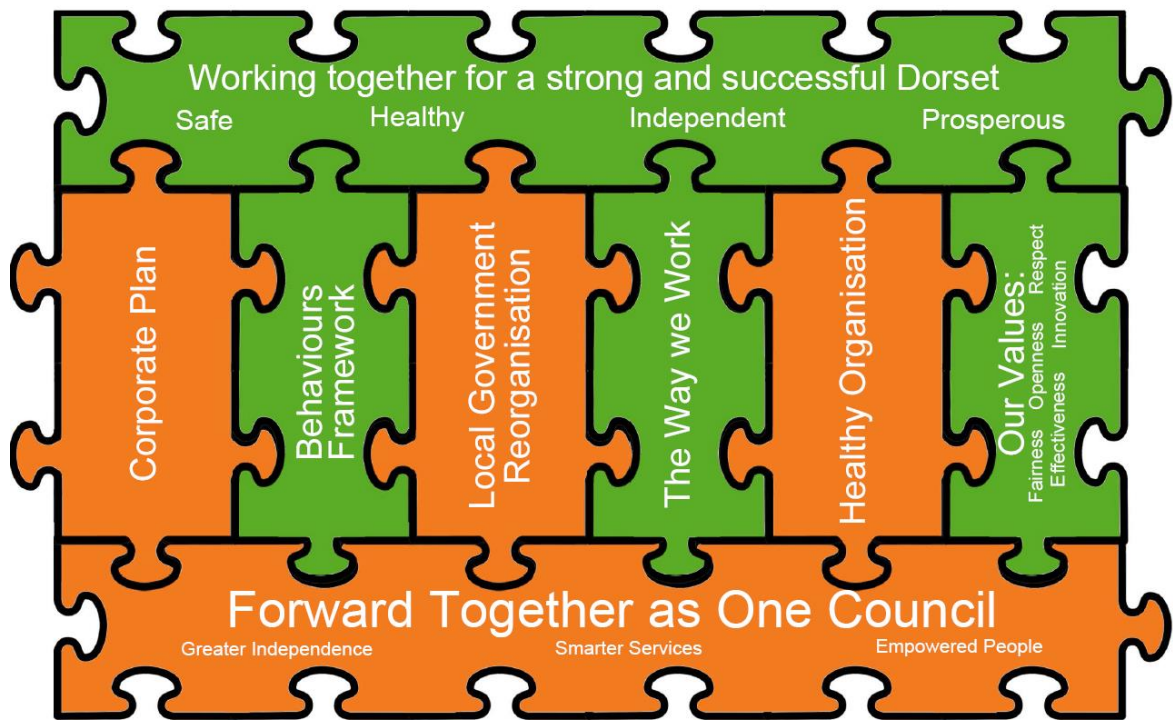
2015 was the first year that the number of people killed or seriously injured on roads in the Dorset County area were above the baseline average (2005-09) and is the highest figure since 2008; 294 people killed or seriously injured. With the exception of pedestrians, each road user group saw an increase in the number of people killed or seriously in 2015 against 2014. Two user groups stand out as having significant increases: cyclists and motorcyclists.

- 4.4 Any criteria could be used for suggesting an indicator is worthy of special attention, but likely reasons include: the situation is getting worse in Dorset; Dorset is worse than other comparable areas; or the situation with the indicator is putting unsustainable pressure on service budgets, to the detriment of our ability to maintain good performance in other areas.

5. Conclusion

- 5.1 Dorset's relentless focus on outcomes, and on seeking to address how to make a real difference to people's lives in Dorset whilst living within our means, demonstrates a significant departure from our previous, more process-driven approaches to performance management. Our outcomes focused overview and scrutiny functions are also new, and genuinely innovative. Making it all work to its full potential will take time, effort, and a degree of cultural change. It is important that members note, and understand, that the processes for scrutiny and overview described in this report are very much not "set in stone". Officers are very committed to making this new and different approach demonstrably effective, and the feedback, insight and suggestions for improvements of members is fundamental to making that happen.
- 5.2 To support members as we develop and refine our outcomes approach, we have organised two half day training opportunities on 8 and 9 February. The seminars are specifically designed to provide members with an increased understanding of outcomes based activity and the tools to effectively scrutinise and challenge this. The courses will be facilitated by David Burnby, an internationally recognised expert in outcomes management. He has a wealth of experience and personally supported the recent development and agreement of a new 'Outcomes Framework' for the Northern Ireland Assembly - entitled 'Programme for Government' - a good example of how outcomes can be used to help different views to unite around a common purpose. We very much hope that you will be able to join us for one of these sessions. If you have not already signed up for one of them, you can do so by contacting the Learning and Organisational Development Manager, Helen Sotheran, h.l.sotheran@dorsetcc.gov.uk, 01305 224088.

Appendix 1



Dorset Outcomes Tracker (DOT)













SAFE

Population Indicators Summary Report





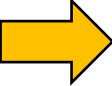



December 2016

People in Dorset are SAFE

Description	Latest position	Direction Of Travel	Benchmark	Progress – direction of travel
Rate of children subject to a child protection plan	53 2015-16	 Worse	WORSE 43.1 England Average	
The rate of children who go missing or are absent from school	3.7% 2015	 Worse	SIMILAR 3.7% England Average	
The number of safeguarding referrals for adults	2811 2015-16	 Worse	No Comparable Data	
Older people feeling safe in the home				
Total crime in Dorset	17144 2015-16	 Worse	No Comparable Data	
Antisocial behaviour in Dorset	8713 2015-16	 Improved	No Comparable Data	
Percentage of adults who feel safe	67.8% 2015-16	 Improved	WORSE 68.2% England Average	

People in Dorset are SAFE (Cont'd)

Description	Latest position	Direction Of Travel	Benchmark	Progress – direction of travel
Number of domestic abuse crimes	1775 2015-16	 Worse	No Comparable Data	
Number of domestic abuse incidents	2321 2015-16	 Improved	No Comparable Data	
Number of people killed or seriously injured on Dorset's roads	276 Qtr 1 2016	 No Change	No Comparable Data	
Rate of hospital admission due to unintentional injury				
Severe weather events				

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Population Indicators

Data and Commentary



As at December 2016



PEOPLE IN DORSET ARE SAFE




Dorset Outcomes Framework - Population indicators

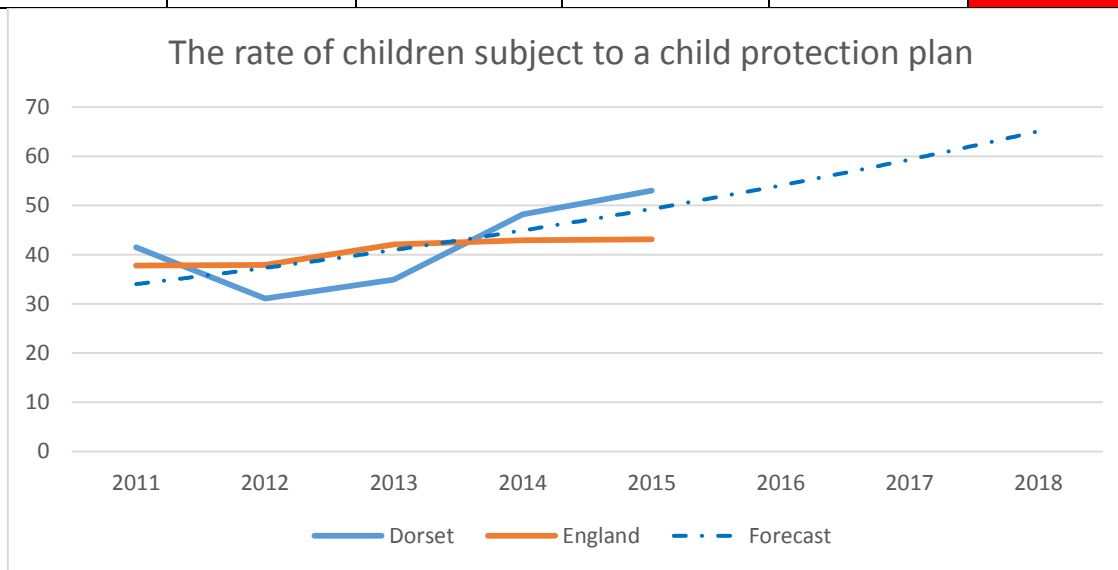
Our Corporate Plan and outcomes framework sets out what we as the county council is doing to meet the continuing challenges of the economic climate while ensuring that our Dorset residents receive the services they need the most. We must continue our drive for efficiency and we need to be ambitious and creative in the way we map out the future.

We are focusing on what we do, but more importantly what we achieve with our residents. We want to make sure that as we join together across the county we continue our efforts to encourage economic growth, and help everyone to be safe, healthy and independent. Our outcomes framework is made up of four outcomes, reflecting the county council's commitment to helping residents be **safe, healthy** and **independent**, with an economy that is **prosperous**. The framework supports a common way of working for a **strong and successful Dorset**, with a relentless focus on making a difference and improving the quality of life of our residents.

People in Dorset are SAFE

Description	Lead Officer	Page
Rate of children subject to a child protection plan	Claire Shiels	3
The rate of children who go missing or are absent from school	Claire Shiels	4
The number of adult safeguarding concerns	Sally Wernick	5
Older people feeling safe in the home	Morag Tyler	6
Total crime in Dorset	Andy Frost	7
Rates of antisocial behaviour in Dorset	Andy Frost	8
Percentage of adults who feel safe	Morag Tyler	9
Number of domestic abuse incidents and crimes	Andy Frost	10
Number of people killed or seriously injured on Dorset's roads	Michael Potter	11
Rate of hospital admission due to unintentional injury	TBC *****	12
A measure of response to severe weather events	TBC *****	13

SAFE : Population Indicator			The rate of children subject to a child protection plan		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Claire Shiels		
Latest	53 (15-16)	Direction of Travel	 Worse	Benchmark (England)	WORSE 43.1 (Average)



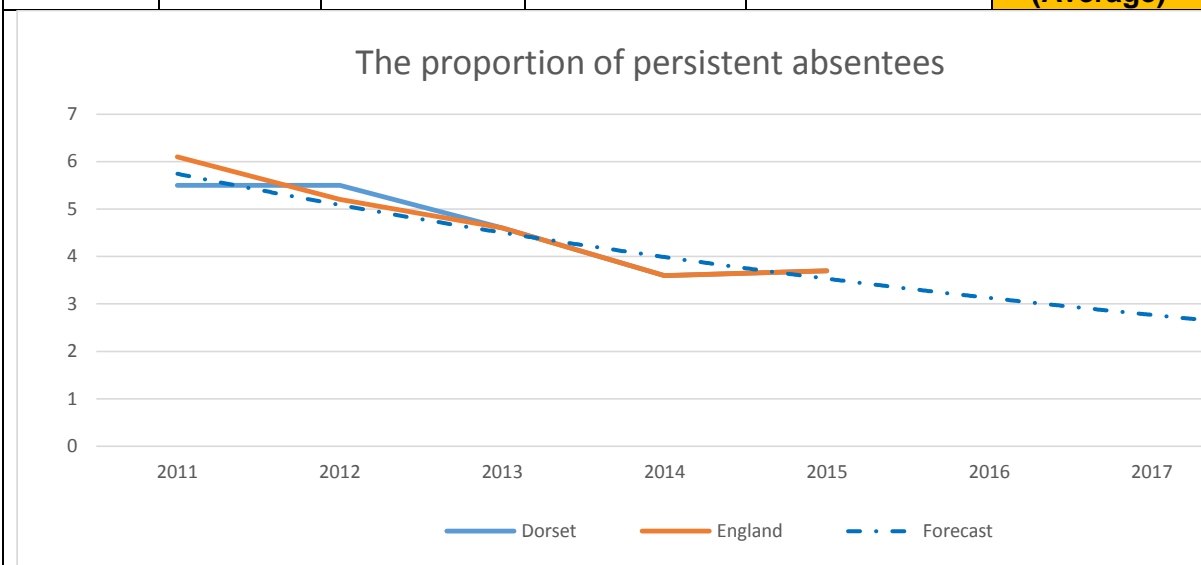
Story behind the baseline: When there is a continuing risk of harm to a child or young person, groups of professionals work together with the family to put a plan in place to try to reduce the risk of harm and keep the child or young person safe. Although the County Council has a statutory duty to investigate, assess and provide a plan to support families to keep their children safe from harm, it is not their sole responsibility.

The rate of children subject to a plan in Dorset has been increasing since 2013 and is higher than the national average. Plans are most commonly put in to place due to abuse or neglect. The impact of this abuse and neglect can be long lasting and contribute to poor mental health. If the plan to reduce the risk of harm does not work then the child may become looked after by the local authority. Domestic abuse features in over 95% of all child protection plans in Dorset. Also common are poor parental mental health and or parental substance misuse. Whole family support and good multi-agency are therefore important in reducing the rate of children experiencing significant harm.

Partners with a significant role to play: Any professional working with a child, young person or family should be able to identify possible signs of abuse and neglect and work together to safeguard children. Key professionals in the police, the health service (including GPs and A&E), health visitors, schools and early years settings, adults services (including mental health services and substance use treatment providers), youth services, criminal justice agencies need to share intelligence and work together to safeguard children and young people.




SAFE : Population Indicator			The rate of children who go missing or are absent from school		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Claire Shiels		
Latest	3.7% (2015)	Direction of Travel	↑ Worse	Benchmark (England)	SIMILAR 3.7% (Average)

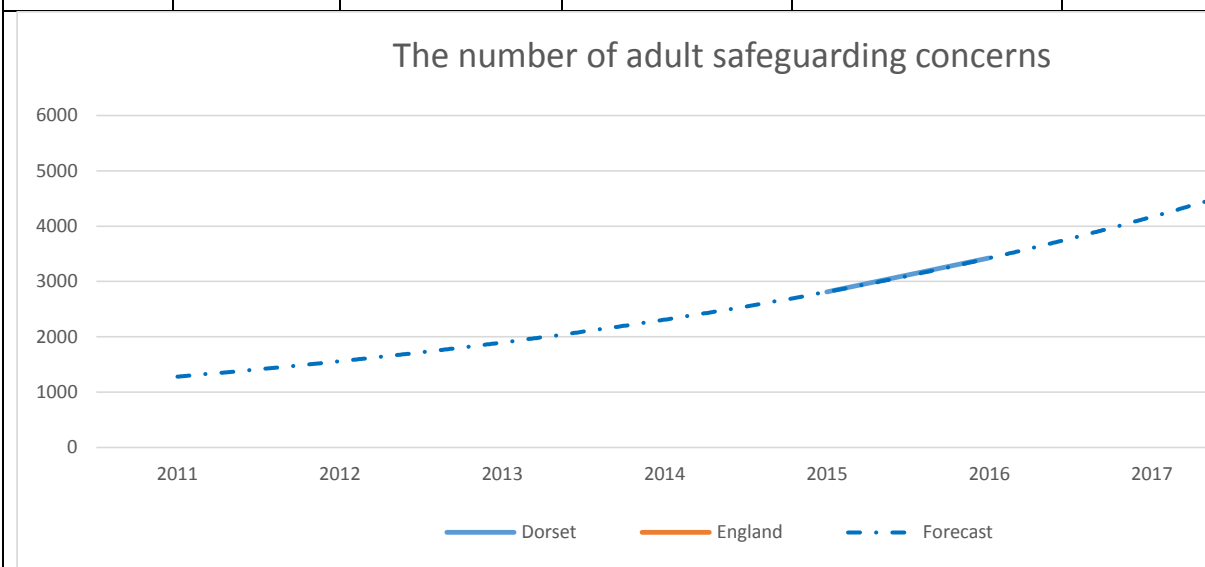


Story behind the baseline: Persistent absentees are those who have an overall absence rate of 15% of school sessions. Persistent absence is a serious problem for pupils. Much of the work children miss when they are off school is never made up, leaving these pupils at a considerable disadvantage for the remainder of their school career. There is also clear evidence of a link between poor attendance at school and low levels of achievement and there are known links between persistent absenteeism, truancy, street crime and anti-social behaviour. Children who are missing from school are more vulnerable to exploitation.

Overall absence rates have been declining nationally and locally. Persistent absence is considerably more common in secondary school age pupils than in primary school. Although there are numerous reasons for non-attendance, those that truant are of particular concern. These children may have become disillusioned by school and by the time they have reached their mid-teens it becomes more difficult for parents and schools to improve attendance. Patterns of attendance are usually established earlier in the school career and those with the worst attendance tend to be from families that do not value education or where parents often missed school themselves. If poor school attendance is addressed in the early years it is more likely to have a lasting impact. Children with low attendance in the early years (prior to mandatory reporting) are more likely to be from the poorest backgrounds. They are likely to start behind their peers, in language acquisition and social development and have little chance of catching up if poor attendance continues.

Partners with a significant role to play: Schools, school governors, parents, alternative education providers, voluntary and community sector, youth providers, early years settings, children’s centres, health visitors, police, youth offending service.

SAFE : Population Indicator			The number of adult safeguarding concerns		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Karen Maher		
Latest	2,811 (15-16)	Direction of Travel	 Worse	Benchmark (England)	



Story behind the baseline: The trend in terms of the volume of Adult Safeguarding Concerns is upwards. However, this needs to be interpreted with caution as it is not necessarily indicative of worsening performance. Rather it is a reflection of two key factors at play. Firstly, there has been a cultural shift in terms of increased awareness of adult safeguarding since the introduction of the Care Act (2014). Secondly as a result of increased awareness this has led to a more informed understanding of when and how concerns should be reported amongst both the general public and key partners (i.e. education, health, police, and providers). Due to the interplay of both these factors there has been increased projected numbers for 16-17.

Until October 2015 only progressed enquiries were recorded but since then all Safeguarding activity is captured and reported in accordance with Care Act guidance. Examples of non-progressed activity now captured includes information and advice only, several other pathways categorised as "no further action" and MARMs (multi-agency risk assessments).

The support provided and outcomes achieved as a result of non-progressed activity has been under the radar until recently. However, current development work on quarterly safeguarding reporting will ensure this information is available and transparent going forward.


Partners with a significant role to play: Local Safeguarding Teams, Children's Social services, Prison service, Youth Offending service, Courts, Probation, Immigration, Community Rehabilitation, Fire and Rescue, Charities, Educational establishments and workplaces, Day centres, Housing, Ambulance service, Care Quality Commission, social workers, mental health staff, Police, primary and secondary health staff, domiciliary staff, residential care staff.

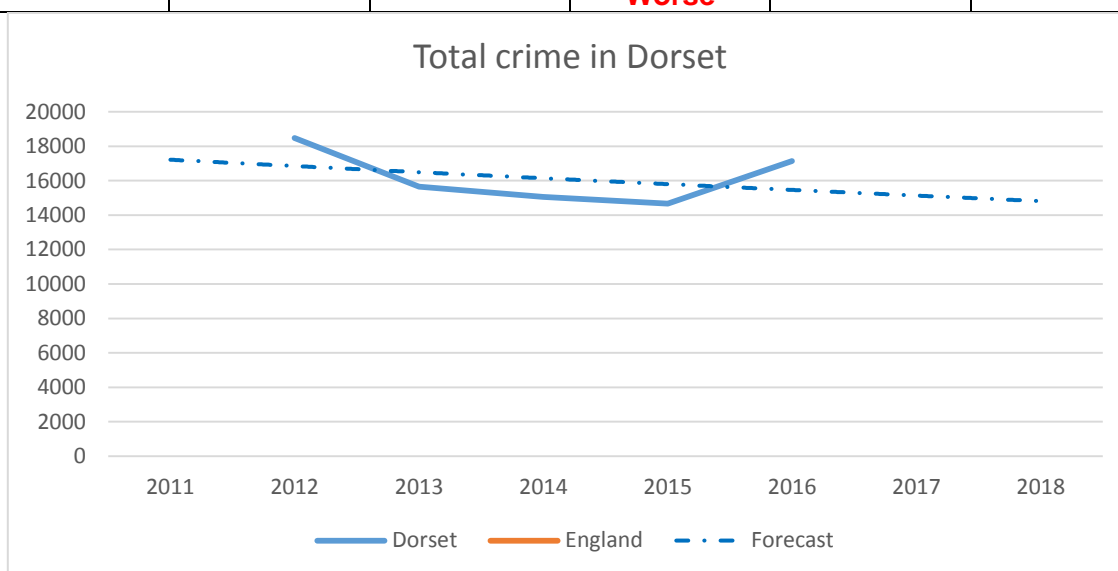


SAFE :Population Indicator			Older people feeling safe in the home		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Morag Tyler		
Latest		Direction of Travel		Benchmark (England)	
TBA					
Story behind the baseline: (Comments please)					
Partners with a significant role to play:					



SAFE :Population Indicator		Total crime in Dorset			
Outcome		SAFE			
Outcome Sponsor		Sara Tough			
Outcome Lead Officer		Patrick Myers			
Population Indicator Lead Officer		Andy Frost			


Latest	17144 (15-16)	Direction of Travel	 Worse	Benchmark (England)	
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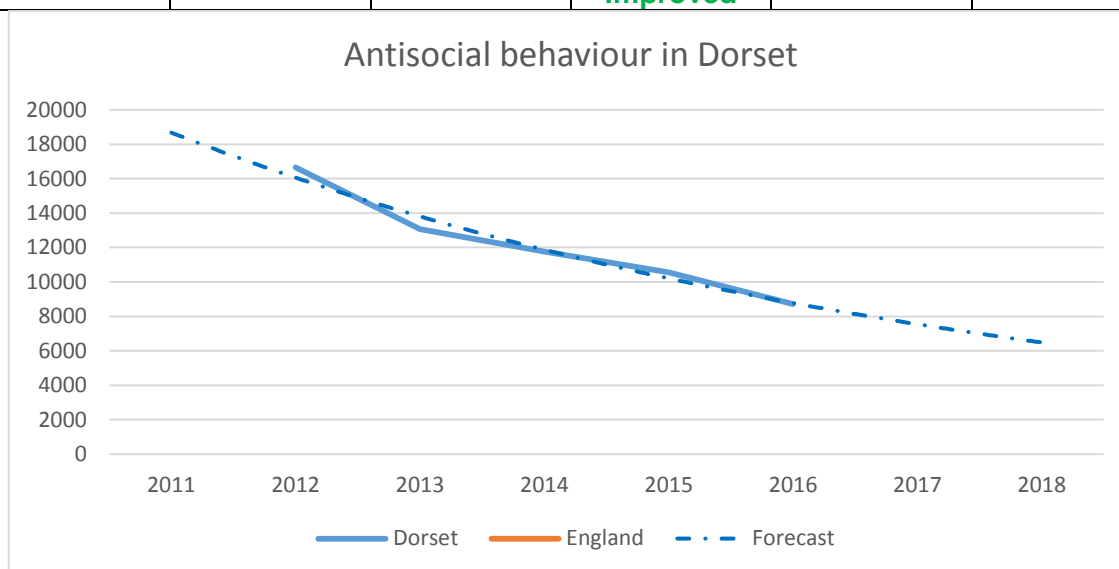


Story behind the baseline: Although the total crime figure comprises a large number of individual crime types and should be used as a broad measure only. Levels remain relatively stable given the high numbers, there has been a 12% increase in total crime in the last year with increases in every district and borough. It is believed the increases are due to improvements in Police recording standards. Weymouth and Portland is the highest crime area in Dorset accounting for 27% of total crime. Within the Borough, the Melcombe Regis Ward is a high priority where total crime rates are 79 per 1,000 population. In the ward, the number of crimes reported to the Police has increased by 18% between the last quarter and the same time last year. The County Council and its partners are required to work through Community Safety Partnerships (CSPs) to help reduce crime. The CSP aims to tackle priority community safety issues at both a neighbourhood level and by working with partners. The Partnership monitors total crime levels quarterly and aims to respond to any new or emerging issues. A multi-agency regeneration Board has been established to tackle the issues in Melcome Regis. The Board provides regular reports to the CSP including identifying areas where the partnership may help address issues. Crime levels in Dorset remain low – total crime per 1,000 population is 40.8 in Dorset compared to 67.8 in England and Wales and 55.9 in the South West region (2015-16 figures). After years of significant reductions it is unlikely that total crime levels will dramatically reduce. Given that it is important for partners to address those crimes of greatest risk and harm and curb any increases to ensure Dorset remains one of the safest areas in the country.

Partners with a significant role to play: The County Council is one of a number of organisations with a statutory responsibility to work in partnership to tackle crime in their area. Those partners include: Dorset Police, the Dorset district and borough councils, Dorset Clinical Commissioning Group, Dorset & Wiltshire Fire Authority, The National Probation Service and The Dorset, Devon and Cornwall Community Rehabilitation Company. A number of other partners including the Youth Offending Service, Public Health Dorset and Dorset Fire & Rescue Service also contribute to this work on a wider scale at a pan-Dorset level.




SAFE :Population Indicator			Antisocial behaviour in Dorset		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Andy Frost		
Latest	8713 (2015-16)	Direction of Travel	 Improved	Benchmark (England)	

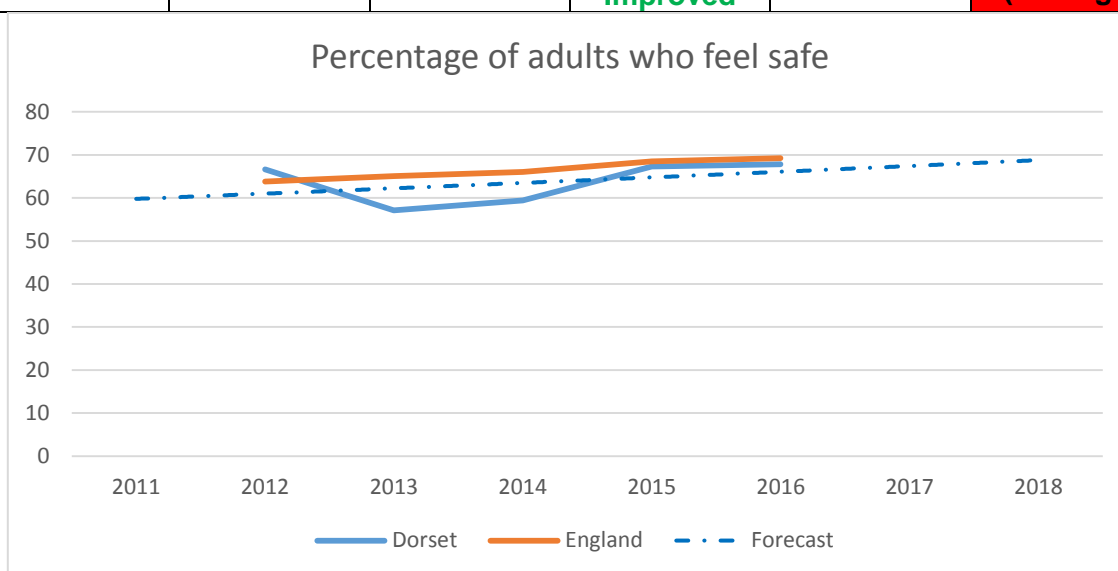


Story behind the baseline: Anti-social behaviour (ASB) in Dorset have decreased year-on-year. In quarters one and two of 2016-17, this trend reversed and numbers have started to increase. There has been a 19% increase in incidents reported to the police. Increases have been in all three categories of ASB; personal, environmental and nuisance. Each district / borough council has experienced an increase in ASB incidents. Weymouth and Portland has the highest number of incidents and currently accounts for 32% of all ASB incidents in Dorset. ASB issues are localised and tackling them requires a local response. The County Council provides monthly ASB data to the Dorset district / borough councils and County Council services contribute to partnership work at a local level to help tackle ASB. Children’s Services have requested that officers from the district and borough council’s inform them of ASB hotspots so they can target the new youth outreach provision to areas of most need. In response to the increases, the Dorset Community Safety Partnership (CSP) plans to look at the issue of ASB in depth at its next meeting in February. This will include looking at the reasons for the increases and the interventions being put in place to address them. Along with local interventions, partners are working together to ensure the best use of all available powers to tackle ASB and share good practice. As with total crime, the number of ASB incidents in Dorset remains low overall at 21.7 incidents per 1,000 population compared to 31.1 incidents per 1,000 population in the South West region (2015-16 figures). It is unlikely that ASB incidents will dramatically reduce given the low numbers in Dorset. However, maintaining those low numbers is a priority for partners and will help ensure Dorset remains a safe County.

Partners with a significant role to play: The County Council is one of a number of organisations with a statutory responsibility to work in partnership to tackle crime. Those partners include: Dorset Police, the Dorset district and borough councils, Dorset Clinical Commissioning Group, Dorset & Wiltshire Fire Authority, The National Probation Service and The Dorset, Devon and Cornwall Community Rehabilitation Company. A number of other partners including the Youth Offending Service, Public Health Dorset and Dorset Fire & Rescue Service also contribute to this work on a wider scale at a pan-Dorset level.



SAFE :Population Indicator			Percentage of adults who feel safe		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Morag Tyler		
Latest	67.8% (2015-16)	Direction of Travel	 Improved	Benchmark (England)	WORSE 69.2% (Average)





Story behind the baseline: From the annual Adult Social Care Survey it was found that over two thirds of vulnerable adults said they feel safe. Performance continues to be below the national average despite a small rise in recent years. Our comparator group average figure of 69.8% is higher than the local figure and slightly higher than the England average of 69.2%. Evidence suggests that feeling unsafe is correlated with age (particularly in the 85+ group), poor physical health and poor suitability of accommodation. Qualitative data shows that fear of falling remains the most common reason for feeling unsafe. This is closely followed by concerns of physical frailty or poor health. We also heard concerns of a lack of continuity of carers which can lead to fears about home security. Isolation and loneliness also impacted upon people’s feelings of safety.

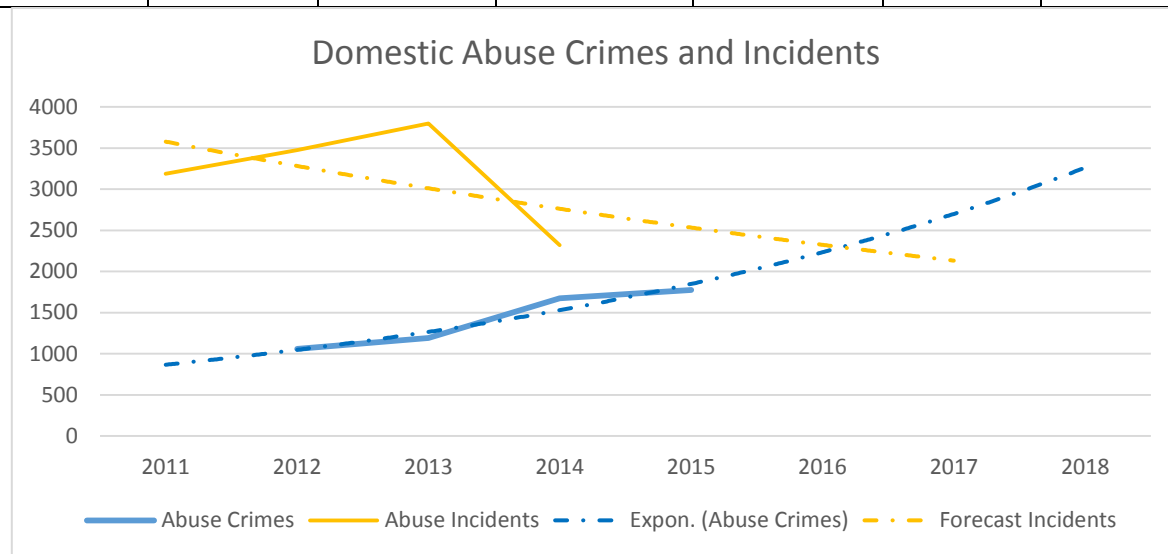
Local investigations suggest there are lots of services which are intended to help people live safe and independent lives but DCC need to better promote how these contribute to living safely. For instance working with colleagues in sheltered housing to ensure care lines, call alarms and other Telecare are promoted amongst vulnerable adults at risk of falls. Continuing ‘Sloppy Slipper’ campaigns and ongoing multiagency ‘Safe and Independent Living’ (SAIL) assessments.

Our contracts team are working to ensure that all new contracts require the provider to include DCC logos in their materials. Also our commissioning team are working closely with care providers to ensure any concerns about home security are taken seriously.

Partners with a significant role to play: DCC Adult and Community Services, Public Health, libraries, GPs, domiciliary care providers, residential care providers, housing, finance team, Police, Trading Standards, SAIL partners including Fire, SWAST.



SAFE : Population Indicator				Number of domestic abuse incidents and crimes		
Outcome				SAFE		
Outcome Sponsor				Sara Tough		
Outcome Lead Officer				Patrick Myers		
Population Indicator Lead Officer				Andy Frost		
Latest (2015-16)	Abuse Crimes 1775	 Worse	Abuse Incidents 2321	 Improved	Benchmark (England)	




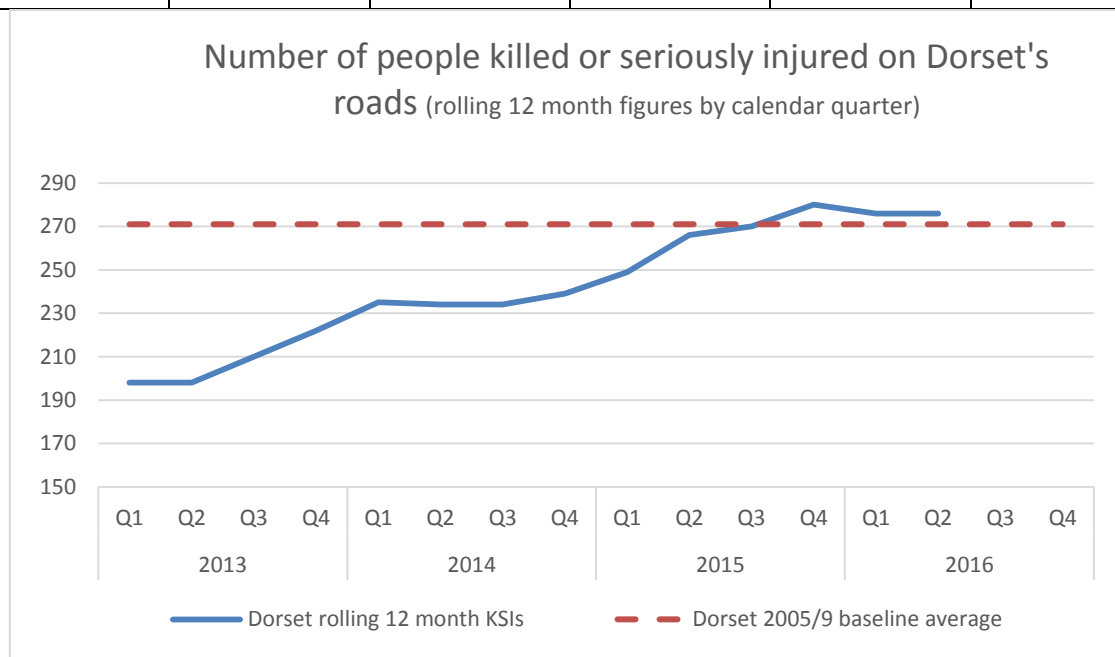
Story behind the baseline: Domestic Abuse (DA) crimes have shown an increase whilst DA incidents have declined. This dynamic is most likely due to new classifications of Police recording. DA is known to be under reported so partners generally consider increased reporting and recording of crimes and incidents as indicative of improved confidence and processes.

Tackling DA is a priority for the Dorset Community Safety Partnership (CSP) who have agreed a number of actions to address the issue. These include maximising awareness of DA issues amongst professionals and the public and ensuring DA victim support services are fit for purpose. A number of DA services are in place including outreach and services designed to support high risk victims and their families. Tackling DA is not the responsibility of any one individual agency and must be addressed by working in partnership.

Partners with a significant role to play: The County Council is one of a number of organisations with a statutory responsibility to work in partnership to tackle crime. Those partners include: Dorset Police, the Dorset district and borough councils, Dorset Clinical Commissioning Group, Dorset & Wiltshire Fire Authority, The National Probation Service and The Dorset, Devon and Cornwall Community Rehabilitation Company. A number of other partners including the Youth Offending Service, Public Health Dorset and Dorset Fire & Rescue Service also contribute to this work.



SAFE : Population Indicator			Number of people killed or seriously injured on Dorset's roads		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Michael Potter		
Latest Quarter 2 2016	276	Direction of Travel	 No change	Benchmark (Target)	Please see note below



Story behind the baseline: The greatest challenge is the wide variety of factors that can influence the number and frequency of road traffic collisions and casualties, many of which are outside the direct control of the County Council. The most significant change in recent years has been the increase in the number of cyclists killed or seriously injured, cyclists are the only road user groups to be consistently higher than County Council baseline (2005-9 average).

2015 was the first year that the number of people killed or seriously injured on roads in the Dorset County area were above the baseline average (2005-9) and is the highest figure since 2008; 294 people killed or seriously injured. With the exception of pedestrians, each road user group saw an increase in the number of people killed or seriously in 2015 against 2014. Two user groups stand out as having significant increases; cyclists and motorcyclists. It is important to recognise that whilst we may not be able to provide precise reasons for why casualty figures have increased, we are equally unable to provide precise reasons for why casualties decrease.

Benchmark – there is no existing way of directly comparing benchmarking data in a meaningful way. Please note that we will compare trends and reasons against national, regional and similar authorities to look for common themes, good practice.

Partners with a significant role to play: Highways, Transport Planning, Trading Standards, Health & Wellbeing, Children Services, Dorset Police, Dorset & Wiltshire Fire & Rescue, South West Ambulance Service, charities, media, local communities, and (perhaps most importantly) the road users themselves.



SAFE :Population Indicator			Rate of hospital admissions due to unintentional injury		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer					
Latest		Direction of Travel		Benchmark (England)	
TBA					
Story behind the baseline: (Comments please)					
Partners with a significant role to play:					



SAFE :Population Indicator			Severe weather events		
Outcome			SAFE		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer					
Latest		Direction of Travel		Benchmark (England)	
TBA					
Story behind the baseline: (Comments please)					
Partners with a significant role to play:					

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Safeguarding Overview & Scrutiny Committee Work Programme

Chairman: Cllr Pauline Batstone
Vice Chairman: Cllr Mike Lovell

Specific issues previously discussed by the Panel for potential further review:

- Items relating to Children:-
- Child Protection
- Child Sexual Exploitation and missing children
- SEN reorganisation

Items relating to Adults:-

- Neglect
- Deprivation of liberty
- Making safeguarding personal
- Hate crime safe places
- Person Centred Care
- Rogue Trading

Work in Progress

- Looked after Children – Task and Finish Group met 08/09/16
- Domestic Abuse – Agenda item 05/10/16, update 19/01/17
- EHCP's – agenda item 05/10/16, update 19/01/17

Schedule a Post Scrutiny Review covering an 'Assessment of outcomes following changes to Youth Service provision'

- This is to proactively understand and consider the resultant impacts 12 months after the councils' decision to change the way in which youth service provision is delivered – (*post decision scrutiny*).

For all items listed to the left members are asked to:

- **Complete the prioritisation methodology**
- **Identify lead Member(s) and lead Officer(s)**
- **Provide a brief rationale for the scrutiny review**
- **Indicate draft timescales**
- **Assign the item to a meeting in the work programme**

Scrutiny Review Prioritisation Methodology:

Q1 - Is the topic/issue likely to have a significant impact on the delivery of council services?

NO

YES

Q2 - Is the issue included in the Corporate Plan (e.g. of strategic importance to the council or its stakeholders / partners), or have the potential to be if not addressed?

NO

YES

Q3 - Is a focussed scrutiny review likely to add value to the council to the performance of its services?

NO

YES

Q4 - Is a proactive scrutiny process likely to lead to efficiencies / savings?

POSSIBLY

NO

YES

Q5 - Has other review work been undertaken which may lead to a risk of duplication?

YES

NO

Q6 - Do sufficient scrutiny resources already exist, or are available, to ensure that the necessary work can be properly carried out in a timely manner?

NO

YES

**INCLUDE IN THE SCRUTINY WORK PROGRAMME
(HIGH PRIORITY)**

**CONSIDER
(LOWER PRIORITY)**

**DO NOT
INCLUDE**

All items that have been agreed for coverage by the Committee have been scheduled in the Forward Plan accordingly.

Date of Meeting	Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
19 March 2017 (10.00am)	Adult Abuse – Carer’s Abuse Killed and Seriously Injured (KSI on Dorset Roads) Emergency Planning (Multi agency and Partnership working) Asylum Seekers and Refugees tbc		Sally Wernick Andrew Martin Simon Parker Vanessa Glenn		
6 July 2017 (10.00am)	Assessment of outcomes following changes to Youth Service provision	This is to proactively understand and consider the resultant impacts 12 months after the councils’ decision to change the way in which youth service provision is delivered – <i>(post decision scrutiny)</i> .	Jay Mercer		
12 October 2017 (10.00am)					

Sara Tough

Director for Children’s Services (Lead Officer for the Safeguarding Overview and Scrutiny Committee)

Date: 19 January 2017