



POPULATION INDICATORS

Data and Commentary 


Report as at July 2017

 **Forward Together**

Dorset Outcomes Framework

People in Dorset are

SAFE



People in Dorset are SAFE



01: Rate of children subject to a child protection plan



02: Rate of children in care



03: The rate of children who are persistent absentees from school



04: The number of adult safeguarding concerns



05: Total crime in Dorset



06: Rates of antisocial behaviour in Dorset



07: Number of domestic abuse incidents



08: Number of domestic abuse crimes



09: Number of people killed or seriously injured on Dorset's roads



10: Rate of hospital admission due to injury (aged 0 to 14 years)

People in Dorset are **SAFE**



People in Dorset are
SAFE

- Children and vulnerable adults are safe wherever they are
- Crime, antisocial behaviour and domestic abuse is minimised
- There are fewer accidental injuries and deaths
- People and communities are better able to cope with environmental change


Our Values



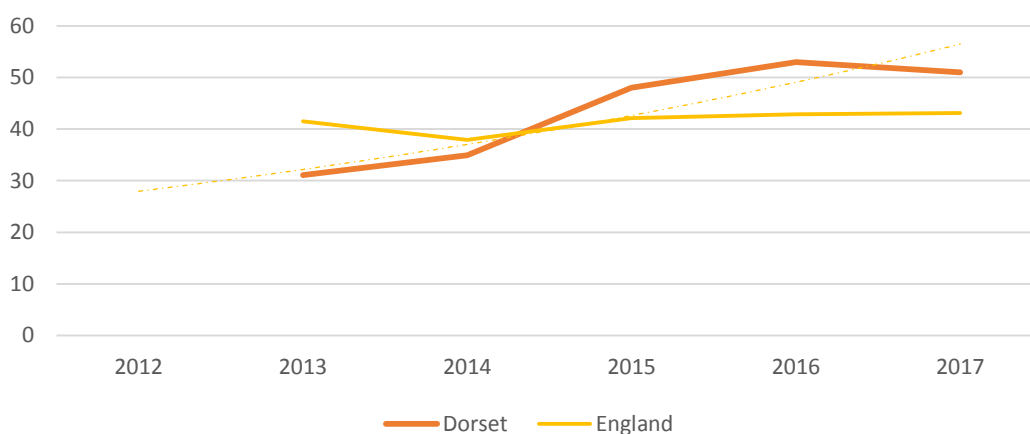
Please note that with regard to the graphs taken direct from the [Dorset Outcomes Tracker](#) the green line shows Dorset whilst the black line shows the available benchmark. The dotted line are trend lines showing the direction of travel if nothing changes.



01: Rate of children subject to a child protection plan

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Claire Shiels		
Latest (March 2017)	51 per 10,000	Direction of Travel	 Improved	Benchmark (England)	WORSE 43.1 (Average)

01: Rate of children subject to a child protection plan




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 increased between 2013 and 2016 but has now begun to reduce. The rate remains higher than nationally. 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.

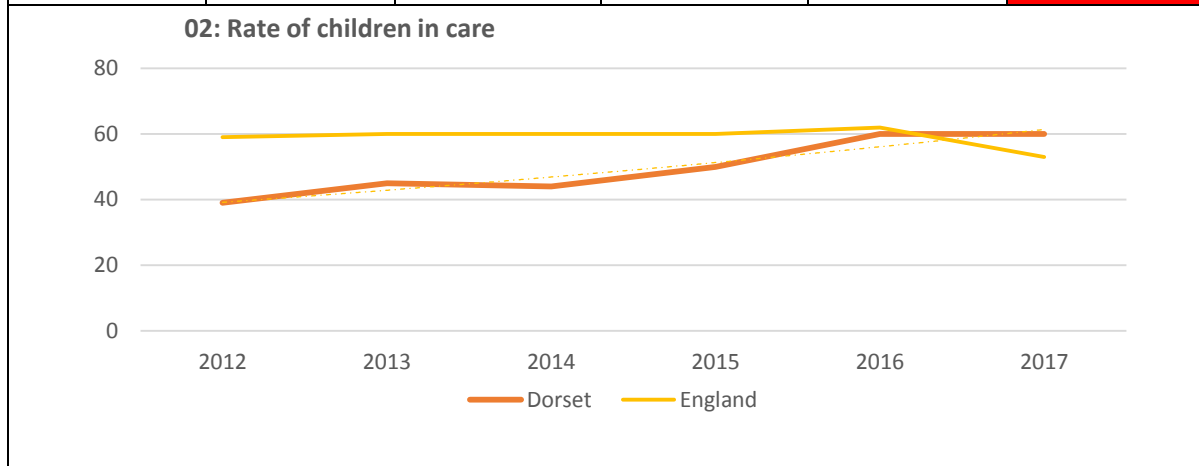
The latest data on children protection can be found on the [children's services performance and statistics page](#).

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.



02: Rate of children in care

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Claire Shiels		
Latest (March 2017)	62 per 10,000	Direction of Travel	 No change	Benchmark (South West)	WORSE 53 (Average)



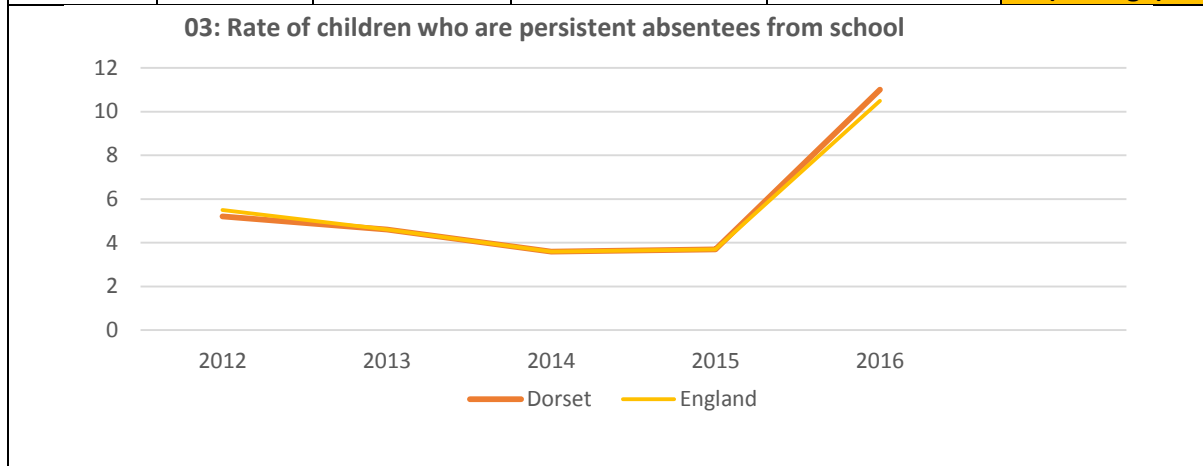
Story behind the baseline: Children come into care when parents are unable to care for them adequately or because they are at risk of significant harm. We have a statutory duty to provide a safe, alternative “family” home. This applies to any child who is outside of the family home setting for more than 70 days in a year. They may be living with foster parents; at home under the supervision of children’s services; in residential children’s homes or other residential settings like schools or secure units. A child will stop being ‘looked after’ when they are adopted, returned home or turn 18, although the local authority will continue to support children leaving care until they reach 21. The rate of children in care increased steadily until 2016. The actual numbers in March 2017 were lower than the same time in the previous year, however this has not affected the rate per 10,000 population. The most recent data for the end of May 2017 suggests that rates are now beginning to slowly fall. The decision about whether a child should enter care is an important one as outcomes for children in care can be poorer than those of their peers. As a result of their early experiences they are more likely to have poor mental health. They are less likely to achieve at GCSEs, are more likely to not be in education, employment or training; are more likely to be involved with the criminal justice system and to be in unsuitable accommodation later in life. The impact of childhood trauma or abuse can last into adulthood. Multi-agency provision of early help is critical to reducing the numbers of children in care through the provision of whole family support. The latest data can be found on the [children’s services performance and statistics page](#).

Partners with a significant role to play: The following partners will be critical to delivery Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of CAMHs, community mental health services, health visiting), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers, Pan-Dorset Youth Offending Service and Residential children’s homes/foster carers; schools and education settings, adult services, police, probation services.



03: The rate of children who are persistent absentees from school

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Claire Shiels		
Latest	11% (2016)	Direction of Travel		Benchmark (South West)	SIMILAR 10.7% (Average)



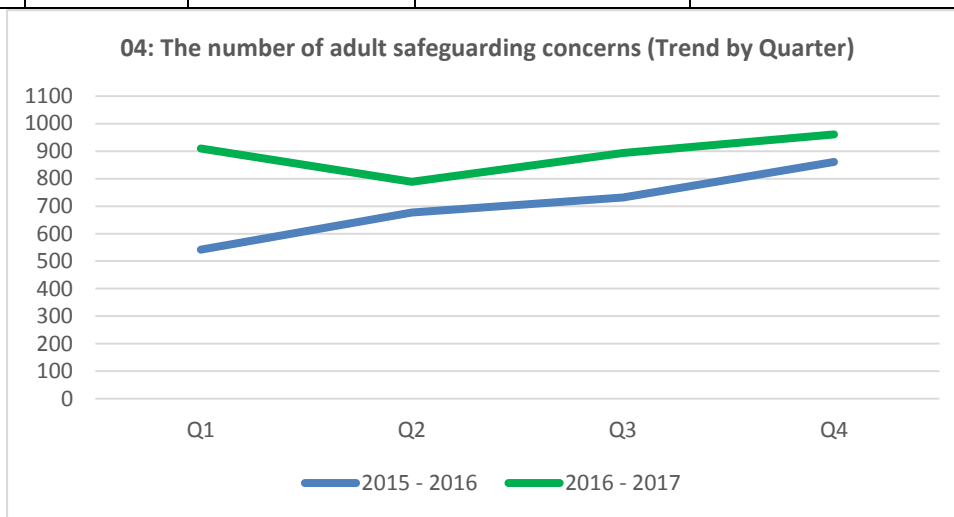
Story behind the baseline: In 2016, the definition of persistent absence changed. Up until 2015, persistent absentees were defined as those who have an overall absence rate of 15% of school sessions. From 2016 this definition has changed to include those who have an overall absence rate of 10%. This means that data for 2016 is not comparable. 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 year's settings, children's centres, health visitors, police, youth offending service.



04: The number of adult safeguarding concerns

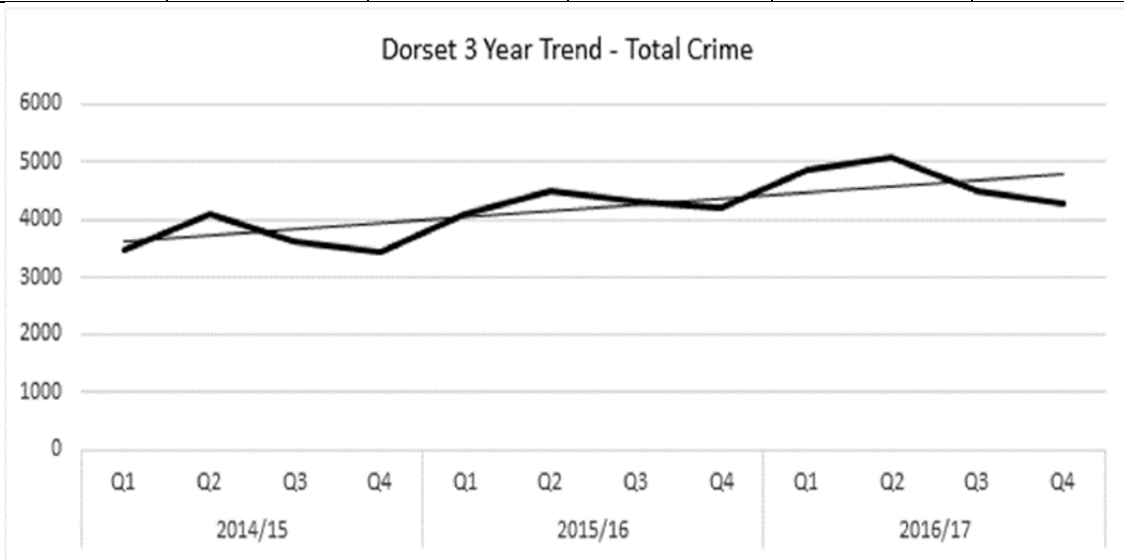
SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Sally Wernick		
Latest	3,552 (2016-17)	Direction of Travel	↑	Benchmark (England)	



Story behind the baseline: In 2016 -17 the number of concerns received totalled 3552 and equates to a 22% increase overall on last years (2015-16) figure of 2811. In 2013-14 the number of concerns raised was 1331. Whilst the continued increase may suggest a rise in prevalence, a significant shift in the way concerns are responded to evidences that there is considerably more preventative work undertaken at an earlier stage than previously recorded. There has been a significant rise in the number of concerns raised by providers of care and support services, indicating improved levels of transparency and a willingness to work together to improve outcomes for adults at risk. The specialist Triage service within Dorset enables concerns to be received through a single point of contact. Making Safeguarding Personal is an integral part of practice and the safeguarding team strive to ensure that each individual is consulted and supported to achieve their identified outcomes. The use of the **Multi-Agency Risk Management Meeting (MARMM)** model is well embedded that helps for enabling work to be undertaken alongside vulnerable adults who are sometimes reluctant to engage in the safeguarding process but who are assessed to be at risk. Positive engagement and a focus on outcomes has created a collaborative approach replacing what was previously considered a very prescriptive, remote process. The number of alerts leading to full investigation (Section 42 enquiries) has reduced from 21% to 9%. This in part reflects the value of having a skilled team who are able to respond in a confident timely manner to the range of safeguarding concerns. The number of contacts which, result in the safeguarding team providing Information and Advice has increased by 41% over the last two years.

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 Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Andy Frost		
Latest Qtr 4 2016-17	4,271 (Apr 2017)	Direction of Travel	Worse	Benchmark (England)	




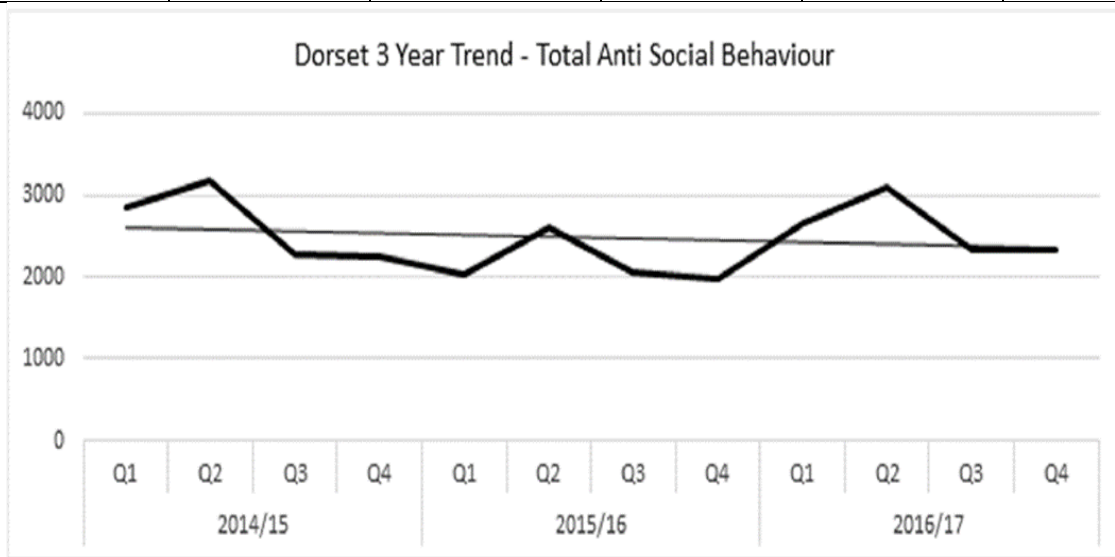
Story behind the baseline: The total crime figure comprises a large number of crime types so should be used as a broad measure only and the 3 year trend indicates that total crime is increasing. The increases can to a large extent be attributed to improved Police recording standards which give us a better picture of crime levels across the County. Crime levels are not uniform across Dorset with some areas such as the Melcombe Regis Ward in Weymouth, showing significantly more problems than other areas. The County Council and its partners work together through the Dorset Community Safety Partnership and pan-Dorset Community Safety & Criminal Justice Board to address issues of crime and community safety in the County. Despite the increases, 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.



06: Rates of antisocial behaviour in Dorset

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Andy Frost		
Latest Qtr 4 2016-17	2,344 (Apr 2017)	Direction of Travel	 Improved	Benchmark (England)	




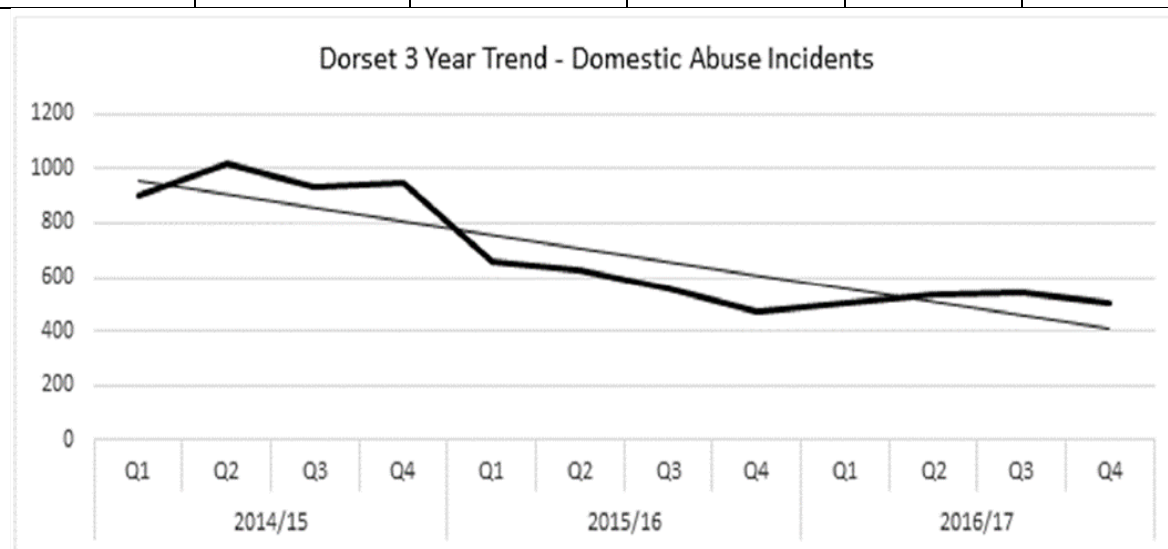
Story behind the baseline: After many years of reductions, incidents of Anti-social Behaviour (ASB) rose in 2016-17. The County Council has been working closely with partners in the Police and the Dorset district and borough councils to understand the changing picture and put measures in place to address issues of concern. Work is being undertaken to gather information about issues from Town and Parish Councils, develop shared processes and protocols for tackling ASB and engage a wide range of services in finding solutions to local issues. Despite the increases, ASB levels in Dorset remain low compared with other areas in the region and nationally.

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.



07: Number of domestic abuse incidents

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Andy Frost		
Latest Qtr 4 2016-17	506 (Apr 2017)	Direction of Travel	 Improved	Benchmark (England)	



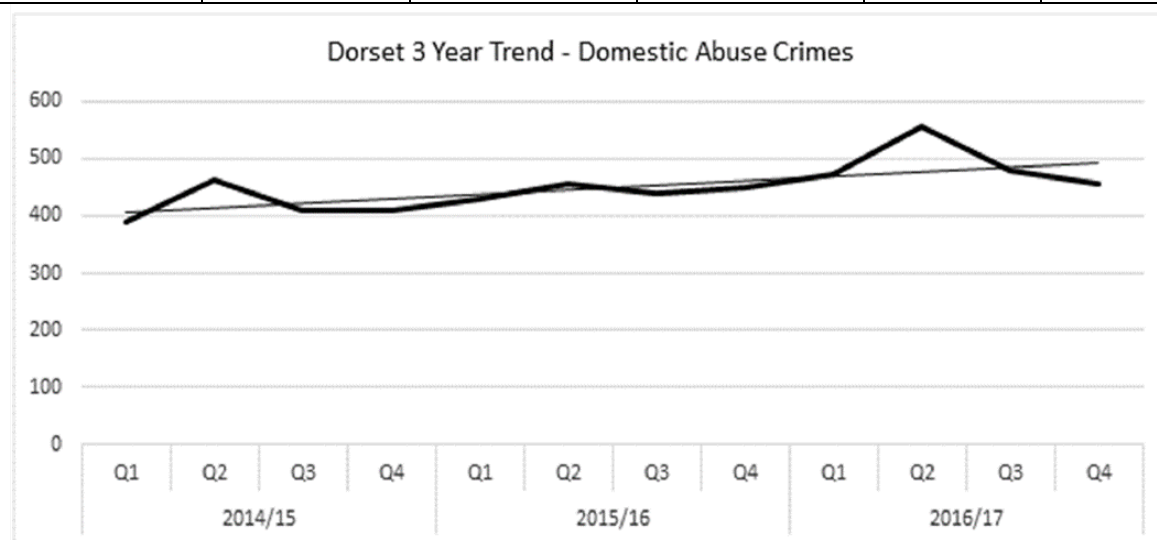
Story behind the baseline: Domestic abuse is known to be under reported so an increase in recorded incidents and crimes should not automatically be considered as a concern as it may indicate that victims are more willing to report issues. Tackling domestic abuse remains a key priority for the County Council and its partners who have recently developed a three year Domestic Abuse Strategy. A number of services are in place to help tackle domestic abuse including outreach and refuge provision and work is undertaken to ensure these are effective in meeting victims' needs. Recently the County Council helped win funding from the Department for Communities and Local Government to extend current outreach services to engage victims of domestic abuse in isolated communities.

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.



08: Number of domestic abuse crimes

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Andy Frost		
Latest Qtr 4 2016-17	455 (Apr 2017)	Direction of Travel	↑ Worse	Benchmark (England)	




Story behind the baseline: Domestic abuse is known to be under reported so an increase in recorded incidents and crimes should not automatically be considered as a concern as it may indicate that victims are more willing to report issues. Tackling domestic abuse remains a key priority for the County Council and its partners who have recently developed a three year Domestic Abuse Strategy. A number of services are in place to help tackle domestic abuse including outreach and refuge provision and work is undertaken to ensure these are effective in meeting victims' needs. Recently the County Council helped win funding from the Department for Communities and Local Government to extend current outreach services to engage victims of domestic abuse in isolated communities.

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.

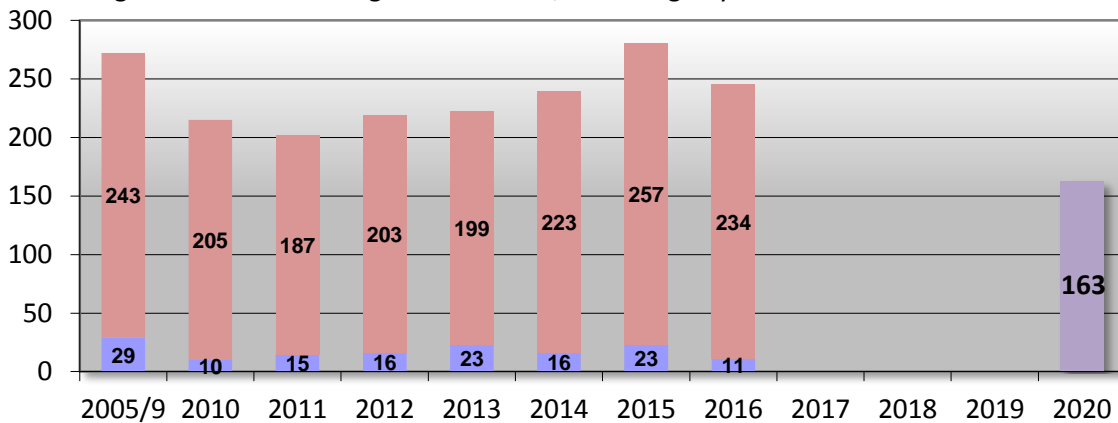


09: Number of people killed or seriously injured on Dorset's roads

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Michael Potter		
Latest Quarter 2 2016	245	Direction of Travel	 Improved	Benchmark (Target)	Please see note below

Dorset County Council - All KSI Casualties

Target - 40% reduction against the 2005/09 average by 2020




Story behind the baseline: Despite a reduction during 2016, the number of people killed or seriously injured on Dorset's roads is still higher than previous years, replicating the long term regional and national trend. It is important to consider that there are a wide variety of factors that can influence casualties, many of which are outside the direct control of the County Council. Accountability for reducing casualties is shared with other key partners. For 2017-18 we will look to develop an additional measure to look specifically at those casualties where the highway has played a contributory part (i.e. where we hold some accountability). This will enable us to make more informed decisions and look to develop precise actions in an attempt to reduce casualties, including introducing potential new initiatives during the year. The number of people killed and seriously injured in Dorset in 2016 was 245, which was down from the 2015 figure of 280. This figure has fallen back below the baseline figure (2005 – 2009 average) of 271.4. Figures for 2016 show that all road user group casualties, killed and seriously injured figures are lower than for 2015 apart from older car drivers (aged 65+) which was slightly higher than 2015. The number of cyclists killed or seriously injured has fallen in 2016 but is still higher than the baseline (2005-2009 five year average) figure. Benchmark – there is no existing way of directly comparing benchmarking data in a meaningful way. Please note we will compare trends and reasons against national, regional and similar authorities to look for common themes and good practice.

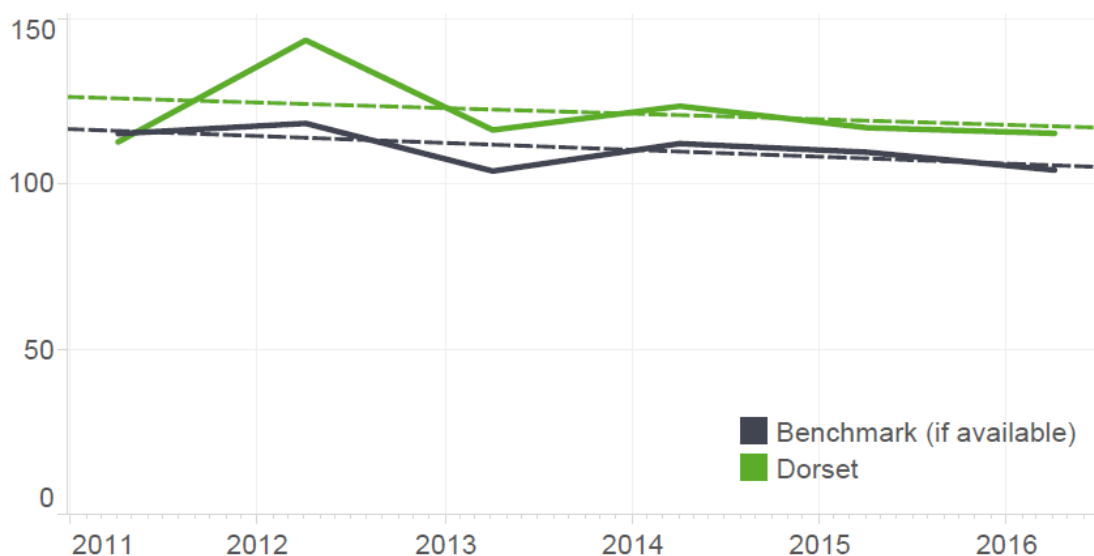
Partners with a significant role to play: Highways, Transport Planning, Trading Standards, Health & Wellbeing, Children Services, Dorset Police, Dorset & Wiltshire Fire & Rescue, South West Ambulance Service, charities, media, local communities, and (perhaps most importantly) the road users themselves.



I0: Rate of hospital admission due to injury (aged 0 to 14 years)

SAFE Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			David Lemon		
Latest	115.3 (2015-16)	Direction of Travel	 Improved	Benchmark (England)	WORSE 104.2 (2015-16)

I0: Rate of hospital admission due to injury (aged 0 to 14 years)



Story behind the baseline: Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experiences. However, some of these cases may only represent admissions for observation due to observed symptoms following an external cause event. There may be also be differences in admission thresholds between areas, as well as variation between hospitals in the way injury admissions are coded. Additionally, whilst the injury rate has been consistently higher than the England average since around 2012, this may be in part related to the rural nature of the area. For example, Somerset, an arear similar to Dorset, shows a comparable pattern in admissions.

Partners with a significant role to play: Health and social care, and education services, as well as the voluntary sector all key partners in this at both strategic and operational levels.

