



Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: Tuesday, 8 September 2015
:

**Committee:
Young People's Scrutiny Committee**

Date: Wednesday, 16 September 2015
Time: 10.00 am
Venue: Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Head of Legal and Democratic Services (Monitoring Officer)

Members of the Committee

Joyce Barrow (Chairman)
Peggy Mullock (Vice Chairman)
Andy Boddington
Hannah Fraser
Vince Hunt

Kevin Pardy
John Price
Robert Tindall
Kevin Turley
David Turner

Co-opted Members (Voting):

Austin Atkinson
Vacancy
Vacancy
Vacancy

Diocese of Shrewsbury (RC)
Diocese of Hereford (CE)
Parent Governor – Secondary Schools
Parent Governor – Primary & Special Schools

Co-opted Members (Non-Voting):

Mark Hignett

Voluntary and Community Sector Assembly

Substitute Members:

Charlotte Barnes
Dean Carroll
Peter Cherrington
Roger Evans
Jane MacKenzie

William Parr
Stuart West
Michael Wood
Tina Woodward
Paul Wynn

Your Committee Officer is:

Tim Ward Committee Officer

Tel: 01743 257713

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AGENDA

1 Apologies and Substitutions

To receive apologies for absence from Members of the Committee

2 Disclosable Pecuniary Interests

Members are reminded they must not participate in the discussion or vote on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

3 Minutes (Pages 1 - 4)

The minutes of the last meeting, held on 15 July 2015, are attached for confirmation.

4 Public Question Time

To receive any questions, statements or petitions of which members of the public have given notice.

Deadline for notification is: 5.00pm on Friday 11 September 2015

5 Members' Question Time

To receive any questions of which Members of the Council have given notice.

Deadline for notification: 5.00pm on Friday 11 September 2015

6 West Mercia Youth Justice Plan 2015 - 16 (Pages 5 - 54)

Report of the Director of Children's Services is attached

7 Special Educational Needs Hub Provision (Pages 55 - 124)

The report of the Service Manager SEND is attached

8 Peer Review

To receive a verbal update from the Director of Children's Services

9 Childhood Obesity Task and Finish Group (Pages 125 - 170)

The final report of the Childhood Obesity Task and Finish Group is attached

10 Child Health Data (Pages 171 - 178)

To consider the information contained in the Child Health Profile 2015 which is attached. The 2013 data is also attached as a comparison.

11 Transfer of Commissioning for 0 - 5

The report of the Associate Director Public Health is to follow

12 Work Programme (Pages 179 - 192)

The Current Scrutiny Work Programme and Cabinet Forward Plan are attached

13 Date of Next Meeting

Members are reminded that the next scheduled meeting will take place on Wednesday 4 November 2015 at 10.00am at the Shirehall



YOUNG PEOPLE'S SCRUTINY COMMITTEE

Minutes of the meeting held on 15 July 2015

10.00 - 11.35 am in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Tim Ward

Email: tim.ward@shropshire.gov.uk Tel: 01743 257713

Present

Shropshire Councillors

Councillor Joyce Barrow (Chairman)

Councillors Peggy Mullock (Vice Chairman), Andy Boddington, Hannah Fraser, Vince Hunt, Kevin Pardy, John Price, Kevin Turley and David Turner

Co-Opted Members (Voting)

Austin Atkinson

17 Apologies and Substitutions

17.1 Apologies were received from Mark Hignett and Robert Tindall.

18 Disclosable Pecuniary Interests

18.1 There were no declarations of pecuniary interest.

19 Minutes

19.1 The minutes of the meetings held on 14 May 2015 and 24 June 2015 had been circulated.

19.2 Resolved: -

That the minutes of the meeting held on the 14 May 2015 be approved and signed as a true record by the Chairman.

19.3 A Member made reference to paragraph 12.12 of the minutes of the meeting held on 24 June 2015, and commented that it was their understanding that the budget for infrastructure support was set by the Council rather than through the tendering process. The Director of Children's Services confirmed that this was the case.

19.4 Resolved: -

That subject to the above, the minutes of the meeting held on the 24 June 2015 be approved and signed as a true record by the Chairman.

20 Public Question Time

20.1 There were no questions from members of the public

21 Members' Question Time

21.1 There were no questions from Members

22 Provision of Childcare and Early Years Education

22.1 A report providing information on the provision of childcare and early year's education in Shropshire had been circulated.

22.2 The Early Years Education & Childcare Manager outlined the statutory requirements for the provision of childcare and early year's education. He reminded Members that currently there was an entitlement for all children to receive 570 hours of free childcare each academic year from the term after their third birthday until the point that they start school. The same entitlement is also available for two year olds whose families meet the free school meals eligibility criteria, for children with disabilities and for looked after children. He advised that currently around 95% of three and four year olds accessed all or some part of their free entitlement, with around 80% of eligible two year olds taking up their entitlement. He added that work was ongoing to identify eligible two year olds and to encourage their parents to use their entitlement.

22.3 Linda McMurray, the proprietor of Frankwell Tots to 12s Nursery advised that the shortfall between what the council paid and the true rate was subsidised by what other parents paid. She commented that there were concerns regarding the extra financial pressures caused by the proposed increase in the number of free hours and also the proposed increase in the "living wage" which had been announced in the budget. She invited members of the Scrutiny Committee to visit her nursery. The Chair thanked her for this offer and asked Members to let the Committee Officer know if they were interested in a visit.

22.4 A Member queried the difference in payments to school nurseries and private nurseries. The Early Years Education & Childcare Manager advised that the higher rate paid to schools settings reflected the fact that they were required to have a qualified teacher leading the provision whereas private nurseries only needed someone qualified to NVQ Level 3.

22.5 The Chair thanked Ms. McMurray for attending the meeting and explaining the situation from a provider's point of view.

23 Schools Sustainability

23.1 A report providing an overview of the issues affecting the sustainability of schools in Shropshire had been circulated.

23.2 The Deputy Portfolio Holder for Children's Services advised that the number of children on the school roll had fallen by 10% over recent years and was set to fall a further 4% by 2019 – 20; this would result in a significant fall in the dedicated schools grant (DSG) as the amount of grant received was linked to pupil numbers.

He reminded Members that the Schools Forum had set up a group to look at School Sustainability and that this had worked alongside an Administration group looking at the subject. Both groups had advised Governing Bodies to look very carefully at the projected pupil numbers for their school and the impact that was likely to result on funding for the school and to look closely at the different options for ensuring the future of their schools.

23.3 A Member commented that the situation differed over the County as there were some areas where the school roll was set to rise. The Business Manager advised that the figure of 4% was an aggregated figure for the whole of the county. He added that there were a number of areas where the school population was forecast to rise and also there were areas of the county where the projected fall in the school roll was significantly more than 4%.

23.4 A Member commented that it was important that schools had sufficient information to enable them to plan ahead. The Director of Children's Services advised that schools had been provided with an interactive mapping tool and that Officers were working with schools to be "part of the solution". She added that the role of Governors was key to the process and that there was an expectation that schools would work in a more collaborative way.

23.5 In response to a query regarding actions taken to update Governing Bodies the Business Manager advised that the annual meeting with Head Teachers and Chairs of Governing Bodies would consider this topic and that workshops would be held to look at sharing best practise.

23.6 Resolved: -

That the Committee accept the position as set out in the report.

24 Compliments and Complaints

24.1 A report summarising the complaints data in relation to the service areas covering, Children's Social Care, Education and Skills for the year 2014 – 15 had been circulated.

24.2 The Director of Children's Services informed Members that during the year 2014 – 15 there had been 109 formal complaints, the majority of which were in relation to Children's Social Care and Safeguarding.

24.3 A Member welcomed the report the information contained in it and commented that as the majority of complaints centred on communication which should be easily addressed.

24.4 In response to a query the Director of Children's Services advised that a lot internal queries that were not dealt with as formal complaints were also dealt with by Officers.

24.5 The Chair thanked Officers for a very informative report.

25 Peer Review

25.1 The Director of Children's Services updated Members on the recent LGA peer review. She advised Members that the Peer Review had taken part in 55 meetings and had reviewed 60 cases. She then drew some highlights out of the initial report -

25.2 The Director of Children's Services advised Members that following receipt of the formal findings of the Review a small group would be set up to oversee an Action Plan based on the findings of the Review. Regular updates would be brought to future meetings of the Scrutiny Committee.

25.3 The Chair thanked the Director of Children's Services for her update

26 Work Programme

26.1 Members received copies of the Committees work programme and the Cabinet Forward Plan.

26.2 The Chairman asked Members to let her know of any other topics they would like added to the Committee's Work Programme.

27 Date of Next Meeting

27.1 Members were reminded that the next scheduled meeting would take place on Wednesday 16 September 2015 at 10.00am at the Shirehall.

The Chair advised Members that this was the Head of Education Improvement & Efficiency's last meeting as she was retiring from the Council. She thanked her for all the work she had done and wished her all the best in her retirement.

Signed (Chairman)

Date:



<u>Committee and Date</u>	<u>Item</u>
Young People's Scrutiny 16 September 2015	<u>Public</u>

WEST MERCIA YOUTH JUSTICE PLAN 2015-16

Responsible Officer

e-mail: karen.bradshaw@shropshire.gov.uk Tel: (01743) 254201

1. Summary

- 1.1 The Youth Justice Plan sets out how youth justice services across West Mercia are structured and identifies key actions to address risks to service delivery and improvement
- 1.2 The Youth Justice Plan is endorsed by Council annually and was last endorsed on 23 July 2015.

2. Recommendations

- 2.1 That the Youth Justice Plan as attached at Appendix A be noted.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1 The principal aim of the Youth Justice System is the prevention of offending and re-offending by children and young people. The Youth Justice Plan sets out an action plan to address the significant risks identified to future service delivery and improvement.

4. Financial Implications

- 4.1 These are covered by the existing budgetary contribution.

5. Background

- 5.1 Under section 40 of the Crime and Disorder Act 1998 each Local Authority has a duty to produce a Youth Justice Plan setting out how Youth Justice Services in their area are provided and funded and how the Youth Offending Service for the area is funded and composed, the plan is submitted to the Youth Justice Board for England and Wales (YJB).
- 5.2 The Youth justice Plan is prepared on an annual basis on behalf of Herefordshire Council, Shropshire Council, Telford and Wrekin Council and Worcestershire County Council. The basic plan preparation is undertaken by West Mercia Youth Offending Service according to the deadlines and guidance from the YJB.
- 5.3 The West Mercia Youth Justice Plan was agreed at the West Mercia Youth Offending Service Management Board on 1st June 2015 and is due to be submitted to the YJB by 31st August 2015. A provisional copy was sent to the YJB in June 2015.

6. Additional Information

- 6.1 The Youth Offending Service is subject to three national indicators. Performance against the indicators is outlined in the plan and actions identified to address risks to performance improvement. The Shropshire specific information is set out on pages 29 to 33 of the plan.
- 6.2 The first time entrant (FTE) indicator which is expressed as the number of first time entrants to the youth justice per 100,000 youth population was 364 for Shropshire in the year ending September 2014. The Shropshire rate for the year is lower than for West Mercia, 408 and for England, 417.
- 6.3 The second indicator is the use of custody indicator, which is measured as the number of custodial sentences per 1,000 youth population. The use of custody performance for 2014/15 was 0.21, this is in line with the West Mercia performance of 0.20.
- 6.4 The third indicator is re-offending. There are two measures both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency rate, is the average number of re-offences per young person in the cohort. The second is the percentage of the young people in the cohort who have re-offended.
- 6.5 The frequency measure for Shropshire for 2012/13 is 1.07 and this represents a slight decrease in performance from 2011/12 when the frequency rate was 0.92.

- 6.6 The percentage of young people re-offending in Shropshire for 2012/13 was 33.5%. Although this rate is slightly worse than for West Mercia it is better than for England at 36%.
- 6.7 During 2015/16 the YOS will be implementing the Youth Justice Board re-offending tracking tool in order to better understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Crime and Disorder Act 1998 Section 40

West Mercia Youth Justice Plan, Council 23 July 2015

Cabinet Member (Portfolio Holder)

Cllr Ann Hartley

Local Member

All Members

Appendices

Appendix A West Mercia Youth Justice Plan 2015/16

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WEST MERCIA YOUTH OFFENDING SERVICE

YOUTH JUSTICE PLAN

2015/16



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1.0 INTRODUCTION

1.1 Purpose

Youth offending partnerships have a statutory duty to produce an annual youth justice plan which must be submitted to the Youth Justice Board for England and Wales (YJB) in accordance with the directions of the Secretary of State. It is the duty of the Local Authorities, after consultation with partner agencies, to formulate and implement the youth justice plan which sets out how youth justice services in their area are to be provided and funded.

This plan and its content have been prepared in accordance with the guidance “Youth Justice Plans: YJB Practice Note for Youth Offending Partnerships” published in March 2015.

1.2 Context

West Mercia Youth Offending Service (YOS) is partnership between the Local Authorities, National Probation Service, West Mercia Police and NHS organisations across West Mercia, supported by the Office for the West Mercia Police and Crime Commissioner. The service is accountable to the West Mercia YOS Management Board comprised of senior officers from each partner agency.

West Mercia Youth Offending Service was established on the 1st October 2012 and replaced the previous Shropshire, Telford and Wrekin Youth Offending Service and the Worcestershire and Herefordshire Youth Offending Service following a review of how youth justice services were provided across the West Mercia area. The YOS was initially hosted, on behalf of the youth justice partnership, by West Mercia Probation Trust, but following the dissolution of the Trust at the end of May 2014, is being hosted on an interim basis by Worcestershire County Council pending the completion of a review of the future delivery arrangements for youth justice services.

The YOS and YOS Management Board do not work in isolation in reducing offending by children and young people and improving the outcomes for children and young people who have entered or at risk of entering the youth justice system. Other key relevant plans are the Children and Young People’s Plans, Community Safety Strategies and the Health and Wellbeing Plans for each area and the Police and Crime Plan for West Mercia. In respect of this the YOS Management Board recognise the need to make strategic alliances with other relevant boards and governance bodies and the YOS recognises the need to develop more integrated working with other services for children and young people at a local level.

The YOS is subject to three national indicators, the number of young people entering the youth justice system for the first time, the use of custodial sentences and the proportion of young people receiving youth justice sanctions who re-offend .

- The rate of first time entrants in West Mercia is at its lowest level since it was first measured in the current way in 2008/09, and the rate is lower than for England.
- The rate of custody in West Mercia is at its lowest level since the current measure was introduced in 2009 and the rate has fallen each year since then. The rate is significantly below the rate for England.
- The proportion of young people re-offending in West Mercia has fallen over the past year and is significantly below the rate for England.

More detail on the service performance against these indicators including comparative data can be found in section 1.8 of the plan.

A joint Management Board and Management Team planning day was held in March 2015 where the priorities and actions within this plan were developed, based on a needs analysis and service user feedback.

1.3 Plans for 2015/16

The YOS Management Board have agreed four main overarching priorities for 2015/16, key priorities for each local area are identified in area profiles (appendices 1 to 4).

(i) Improving Performance and Developing Practice

- In response to the findings of internal and external audits work to improve identified areas of practice and quality
- Implementation of the Short Quality Screening (SQS) Inspection action plan
- Re-establishing the Worcester Junior Attendance Centre (JAC) and developing the programme for the Telford JAC
- Developing service guidance and screening tools for child sexual exploitation (CSE)
- Implementation of a single ICT system and new case management system
- Review the management of risk processes and implementation of a single integrated intervention plan for young people

(ii) Understanding our Young People

- Implementation of tracker tools for re-offending, first time entrants, education, training and employment and victim work
- Further analysis of first time entrants to gain a greater understanding of journey of the child into the youth justice system
- Work to understand the nature and extent of harmful sexual behaviour by young people
- Reviewing and revising methods of collecting and the use of feedback from service users
- Building and developing the needs assessment and evidence base

(iii) Improved Joint Working and Integration

- Continued focus on joint issues between YOS and social care for looked after children and care leavers through the LAC and Care Leavers sub group of the Management Board
- Developing better joint work, information and integration with relevant children services
- Ensuring linkages with the Troubled Families and early help developments in each local authority
- Strengthening transition work with NPS, particularly through the implementation of the Y2A case transfer arrangements

(iv) Governance and Communication

- Complete the service review and agree future delivery arrangements for youth offending services across West Mercia
- Developing a more integrated approach to leadership and management of the YOS between the management team and management board
- Further development of the communications strategy
- Review of health participation in the YOS governance structure

1. REVIEW OF 2014/15

1.1 Changes in Service Delivery Arrangements

West Mercia YOS was based on a model of a YOS delivering a defined core service supported by commissioned non-core activities. Until June 2014 the non-core activities that had not been out sourced were delivered by a centrally managed provider services team within the YOS whilst subject to a commissioning process. The resulting decision from the commissioning process was that a cluster of specific youth justice activities including bail and remand services, provision of reparation and unpaid work, Intensive Supervision and Surveillance, resettlement, mentoring and programme and activity requirements would be integrated into the YOS. A revised YOS structure was implemented in June 2014 to accommodate most of these activities within the area teams aligned to the Local Authority areas, with the provision of reparation and unpaid work and mentoring co-ordinated centrally. A structural diagram of the YOS is included in section 3 of this plan.

1.2 Review of Key Developments 2014/15

(i) Priority 1 – Reduce Offending and Protect Communities from Harm

- In recognition of increasing numbers of young people entering the service with sexual offences the YOS implemented the strategy of providing harmful sexual behaviour (HSB) assessments and interventions within the service. Twenty six practitioners in the area teams have been trained to undertake AIM2 assessments, a nationally recognised assessment tool for adolescents demonstrating HSB, and twenty two practitioners trained to deliver the Good Lives (AIM2) intervention programme. Co-working arrangements have been put in place along with a service wide support group.
- Restorative Justice training was provided across the service throughout 2014/15, with 95 staff and volunteers now trained in RJ conferencing. The service RJ policy and guidance was reviewed, updated and adopted by the Management Board.
- Intensive Supervision and Surveillance, which was partly outsourced, was brought in house and consistent arrangements implemented across the five area teams. Reparation activities across the service became centrally co-ordinated under a single manager.

(ii) Priority 2 – Enabling Staff to Deliver Now and Into the Future

- New supervision policy implemented
- Communications group established and internal communications framework agreed

(iii) Priority 3 – Finish the Job

- The responsibility for the provision of Unpaid Work for 16 and 17 year olds transferred to the YOS on 1st June 2014. The decision was taken to manage Unpaid Work within the YOS and the YOS has worked towards meeting the national specification, this has included providing the following training for staff involved in service delivery; health and safety, motivational interviewing, pro-social modelling and restorative justice. Key staff are undertaking the level three award in education and training. Young people undertaking unpaid work are able to gain an ASDAN accredited qualification.
- A comprehensive Operational Manual was developed which is supported by an exemplar record on the case management system.

(iv) Priority 4 – Get Connected, Stay Connected

- The work of the Management Board reference group on Looked After Children and Care Leavers has continued throughout 2014/15, and a work programme developed.
- Remand protocols have been developed between the YOS and each Local Authority and a PACE transfer protocol developed between the Police, YOS and Local Authority Emergency Duty Teams. Work has commenced on developing a multi-agency protocol to reduce the need to criminalise looked after children.

(v) Priority 5 - Know the Right Thing

- A number of key case audits were undertaken during 2014/15 including a mock inspection, national standards audit and an independent audit of key practice standards. These have led to revised quality assurance and performance frameworks being implemented.

1.3 Innovative Practice

The YOS has been working with a multi-disciplinary academic team from Middlesex University and Royal Holloway University of London in piloting the Mobile Application for Youth Offending Teams (MAYOT). MAYOT is a smart phone application that provides a common platform for engagement and dialogue between the case worker and young person. The application allows communication around key activities, reminders for appointments, the provision of information and an activity meter/progress chart. Team members and young people from the South Worcestershire Team have been involved during 2014/15 in the iterative co-design and testing of the application. There are now twelve YOTs either using or planning to use the MAYOT application.

1.4 Thematic Inspections

During 2014/15 the YOS Management Board has considered the findings from the following thematic inspections; The Work of Probation Trusts and Youth Offending Teams to Protect Children and Young People, Girls and Offending and The Contribution of Youth Offending Teams to the Work of the Troubled Families Programme. An action plan in relation to the findings and recommendations of the report on the work of the YOT to protect children and young people has been put in place, and reports on this have been considered by two of the LSCBs. More detailed plans are to be developed in response to the other two reports.

1.6 Youth Offending in West Mercia

More detailed information on offending types, offenders by age and gender and numbers and offenders by proportion of youth population for each local authority area are contained in appendices 1 to 4 of this plan.

- There has been a considerable reduction in the number of young people committing offences over the past ten years from 3997 young people offending in 2005 to 1295 in 2014.
- The majority (82.5%) of young people entering the youth justice system are aged 14 or over
- Nearly a quarter (23%) of first time entrants to the youth justice system are female
- The four most prevalent offence types are violence against the person, theft and handling, criminal damage and drug related offences.
- Just over a third of young people (37%) receiving outcomes that require YOS interventions are children in care
- Whilst there are some variations across the local authority areas the four most prevalent assessed areas of risk and need are thinking and behaviour, family and personal relationships, lifestyle and mental health and wellbeing.
- Young people from outside of West Mercia have a significant impact on the levels of youth crime in West Mercia. Out of area young people were responsible for 16% of all offending resulting in a substantive outcome in 2014.
- Just under half (48%) of young people receiving outcomes that require YOS interventions have mental health or emotional well being issues
- Two fifths of young people receiving outcomes that require YOS interventions have substance misuse needs

1.7 Views of Young People

The following data is taken from a ViewPoint survey of 122 young people during 2014 who were subject to court orders managed by West Mercia YOS.

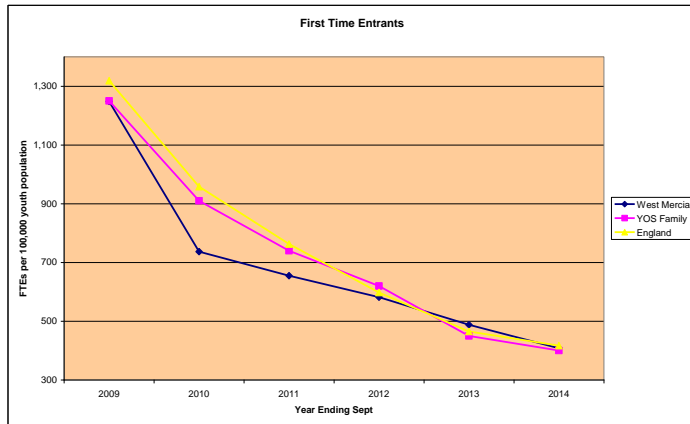
- 79% said that the work with the YOS has made them less likely to offend
- 94% said that the service given to them by the YOS was good most or all of the time
- 81% said they had enough say what went into their intervention plan
- 49% said they needed help with school, training or getting a job, of those needing help 86% said they received the help needed
- 25% said they needed help to cut down drug use and of those needing help 76% said they received the help needed.
- 31% said they needed help with relationships or things about their family, of those needing help 87% said they received the help needed.
- 24% said they needed help to deal with strange or upsetting thoughts, of those needing help 79% said they received the help needed
- 61% said they needed help to understand how to stop offending, of those needing help 93% said they received the help needed

1.8 Performance Review

Youth Justice Partnerships are subject to three national indicators;

- First Time Entrants (FTE) to the Youth Justice System
- Use of Custody
- Re-Offending

(i) First Time Entrants to the Youth Justice System (FTE)



The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (Youth Caution, Youth Conditional Caution or Conviction). A lower figure denotes good performance.

The rate of FTEs across West Mercia for the year ending September 2014 was 408, which is an improvement on the performance for year ending September 2013 when the FTE rate was 488. The performance for the year ending September 2014 is better than the national rate of 417. The average for the family group is 400.

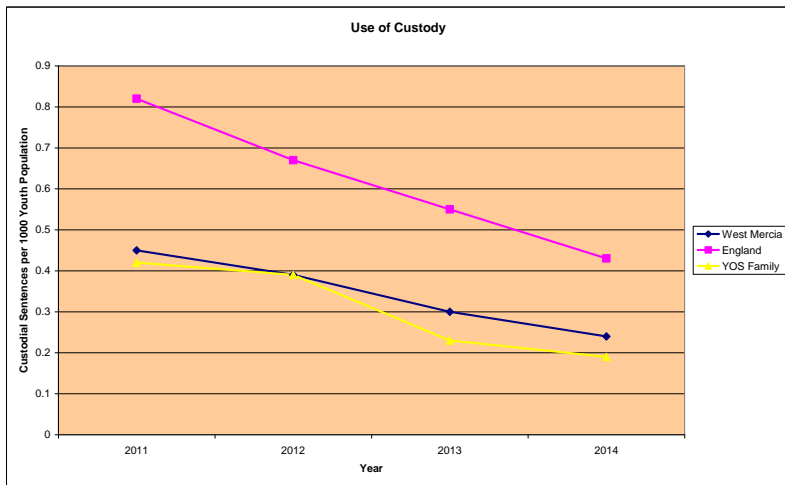
The percentage reduction in FTEs in West Mercia over the three year period between the year ending September 2009 and the year ending September 2014 was -67% compared to -68% for England and -68% for the family group.

Within West Mercia there are differing FTE rates between the four Local Authority areas, with the highest being 525 and the lowest 364. Some initial analysis undertaken in 2014 demonstrated that the highest rate was in part, a result of higher detection rates and a lower proportional use of the informal disposal of Community Resolution. Further analysis will be undertaken during 15/16 in order to better understand what works in preventing FTEs.

(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population. West Mercia has, historically, had a low rate of custodial sentences. A lower figure denotes good performance.

For the year ending December 2014 the use of custody rate for West Mercia was 0.24 against the rate for England of 0.43, West Mercia performance is, therefore, significantly better than the national performance but slightly worse than the family group rate of 0.19. The West Mercia rate for 2014 has improved from 2013 when it was 0.30.

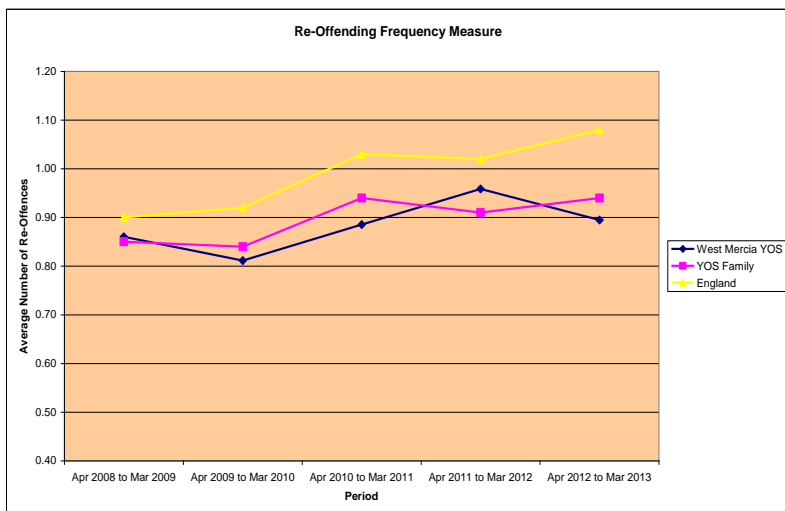


Over the three year period of 2011 to 2014 the rate has reduced from 0.45 to 0.24, a reduction of -47% which is in line in the reduction nationally over the same period.

The actual fall in custodial sentences was from 54 in 2011 to 27 in 2014, a reduction of -32%.

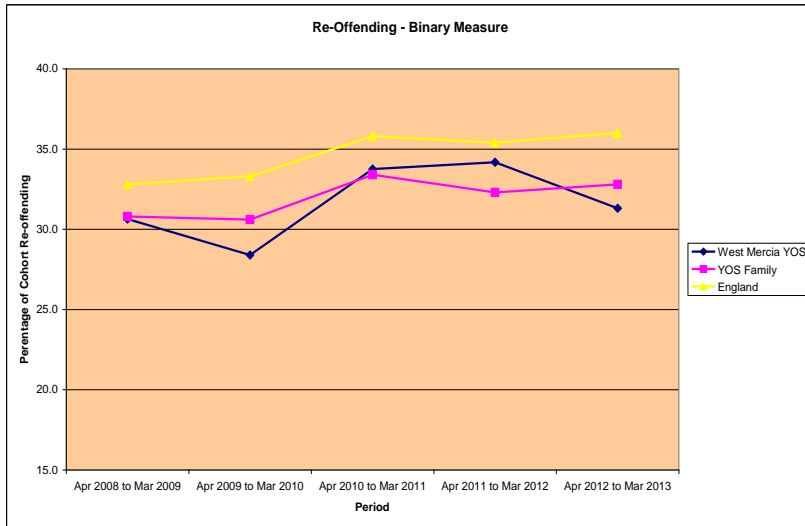
Intensive supervision and surveillance (ISS) is a community based alternative to custodial disposal. During 14/15 the YOS established a single and consistent ISS scheme for West Mercia. In 15/16 the service will develop a consistent approach to bail and remand work as part of the strategy to divert, where appropriate, young people from custodial remands and sentences.

(iii) Re-Offending



There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. The most recent data for the re-offending measure is for the cohort identified in the year ending March 2013. In both measures a lower figure denotes good performance.

For the year ending March 2013 the frequency measure performance for West Mercia was 0.89, compared to national performance 1.08. The West Mercia performance is slightly better than for the family group which is at 0.94.



A comparison over the three year period of the year ending March 2011 and the year ending March 2013, shows no change in the rate. Over the same period the rate for England increased from 1.03 to 1.08. There was no change in the family group performance over this period.

The binary measure performance for the year ending March 2013 for West Mercia is 31.3% compared with national performance of 36.0% and a family group performance of 32.8%.

A comparison over the three year period of the year ending March 2011 and the year ending March 2013, shows improvement in the rate from 33.8% to 31.3% a decrease of 2.5 percentage points. Over the same period the performance of the family group improved by 0.6 percentage points, and the national performance worsened by 0.2 percentage points.

It should be noted that the cohort size is falling, from 3039 young people in the March 2009 cohort compared to 1150 young people in the March 2012 cohort. The number of re-offences has therefore decreased over the same period from 2614 to 1029 a decrease of -61%.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending

3. RESOURCES AND STRUCTURE

3.1 Income

The Youth Offending Service has a complex budget structure comprising of partner agency cash, seconded staff and in kind contributions and the Youth Justice (YOT) Grant from the Youth Justice Board for England and Wales. The table below outlines the agreed contributions for 2015/16.

Agency	Staffing costs Seconded (£)	Payments in kind – revenue (£)	Other delegated funds (£)	Total (£)
Local Authorities ¹		68,000	1,426,470	1,494,470
Police Service	237,892		63,000	300,892
National Probation Service	168,088 ²		62,043	230,131
Health Service	139,705		66,036	205,741
Police and Crime Commissioner			180,293	180,293
YJB Youth Justice (YOT) Grant			1,410,784	1,410,784
Total	545,685	68,000	3,208,626	3,822,311

In addition to the YJB Youth Justice Grant outlined in the table there are three additional ring fenced YJB grants for 2015/16 , £2,000 for Restorative Justice, £27,571 for the provision of Unpaid Work and £54,798 for the provision of Junior Attendance Centres.

¹ Where YOTs cover more than one local authority area YJB Youth Justice Plan guidance requires the totality of local authority contributions to be described as a single figure.

² This represents four Probation Officers, however there are currently only two Probation Officers deployed in the YOS, the cash difference has been made available and used to directly employ two case managers. Practice is that whole Probation contribution, i.e. £230,131 is transferred to the YOS and then the YOS recharged for salary and expenses of officers deployed in the YOS.

3.2 The YJB Youth Justice (YOT) Grant

The YJB Youth Justice (YOT) Grant is provided for the provision of youth justice services with an aim of achieving the following outcomes; reducing re-offending, reducing first time entrants, reducing the use of custody, effective public protection and effective safeguarding. The grant will form part of the overall pooled partnership budget for the YOS, which is used to deliver and support youth justice services across West Mercia. The outline budget for 2015/16 is provided below, the expenditure against the Youth Justice Grant is included in this budget.

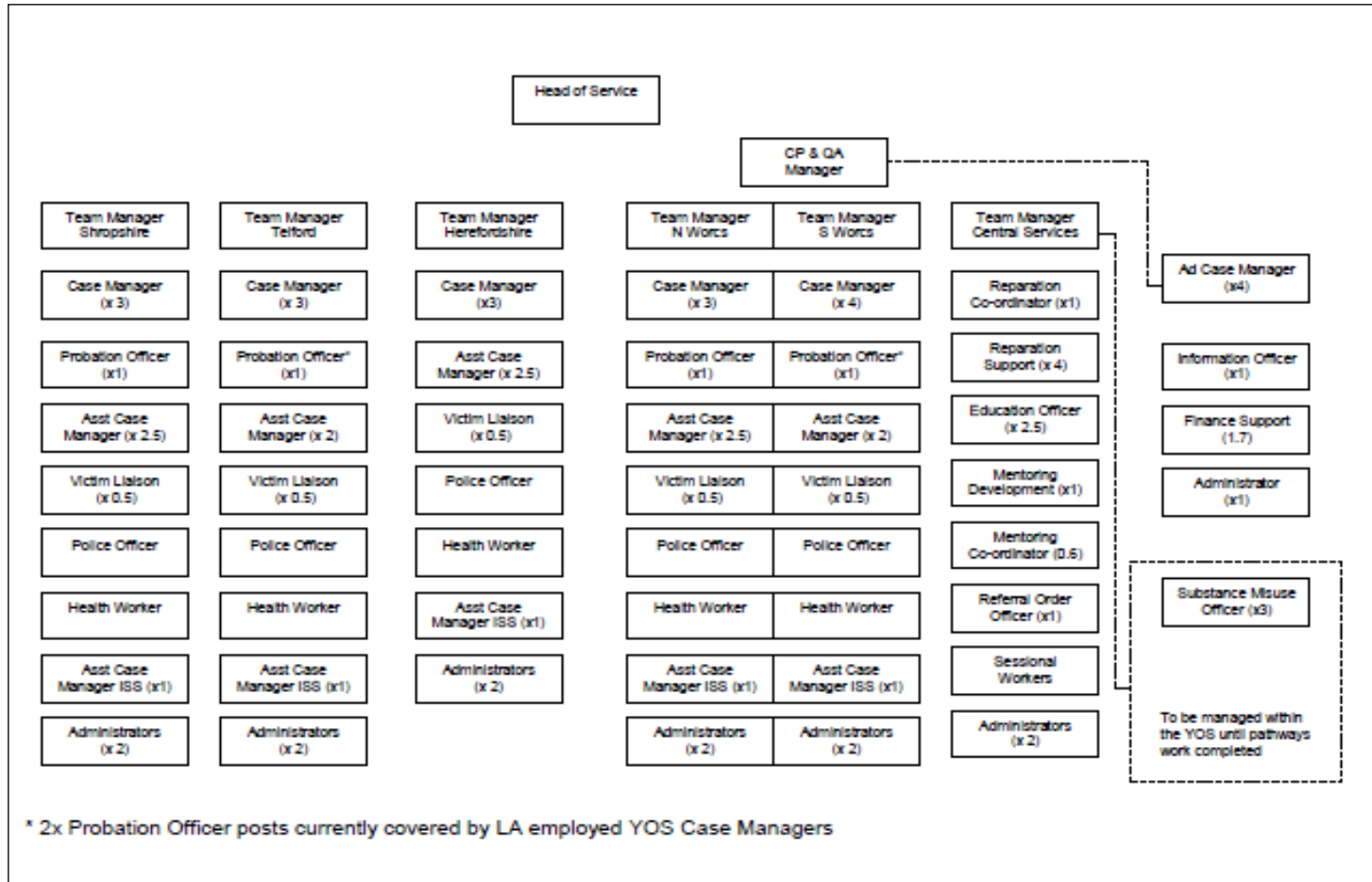
Category	Budget (£)
Salary and Wages	2,643,491
Travel and Expenses	163,685
Training and Development	28,386
Accommodation	186,323
Voluntary Associations	94,697
Commissioning	80,982
ICT	155,605
Other	107,914

West Mercia YOS is not due to implement AssetPlus, the new national assessment tool for YOTs, until 2016/17 and most of the resources required for implementation will not be required until early in 2016/17. It is expected, however, some training in advance may be required in the latter part of 2015/16 and this will be supported from part of the training and development budget.

3.3 YOS Structure and Staffing

The West Mercia Youth Offending Service comprises five multi-agency service delivery teams, aligned to the Local Authority areas (two teams in Worcestershire) to deliver the majority of services. These services are court facing services including the preparation of pre-sentence reports and remand management, and case management which includes assessment, planning interventions, the

management of risk, monitoring and review of intervention plans and where necessary the enforcement of court orders. A central services team supports the area teams in providing some services that are co-ordinated across the whole service including reparation and unpaid work, mentoring, and the co-ordination of Referral Order work, including the recruitment, training and management of Community Panel Members. A support team provides quality assurance, commissioning, data and finance support functions. There are 88 full time equivalent salaried posts in the YOS. The structure is given below.



The YOS is compliant with the minimum staffing requirements outlined in the Crime and Disorder Act 1998, as can be seen from the structural diagram above. There are four HCPC registered Social Workers within the staffing group.

3.4 Staff and Volunteers by agency, gender and ethnicity

The tables below show staff and volunteers by agency, gender and ethnicity. This data is at 1st April 2015.

PAID STAFF BY AGENCY							
Agency	Local Authorities	National Probation Service	Police	NHS Trusts	Voluntary Sector	Agency	Total
No of Staff	84	2	5	3	5	3	102

PAID STAFF BY GENDER AND ETHNICITY						
GENDER		ETHNICITY				
Male	Female	White	Mixed/Multiple Ethnic Groups	Asian/Asian British	Black/African/Caribbean/Black British	Other Ethnic Group
42	60	96	0	1	3	2

VOLUNTEERS BY GENDER AND ETHNICITY						
GENDER		ETHNICITY				
Male	Female	White	Mixed/Multiple Ethnic Groups	Asian/Asian British	Black/African/Caribbean/Black British	Other Ethnic Group
23	54	73	0	3	0	1

3.5 Staff and Volunteers Trained in Restorative Justice

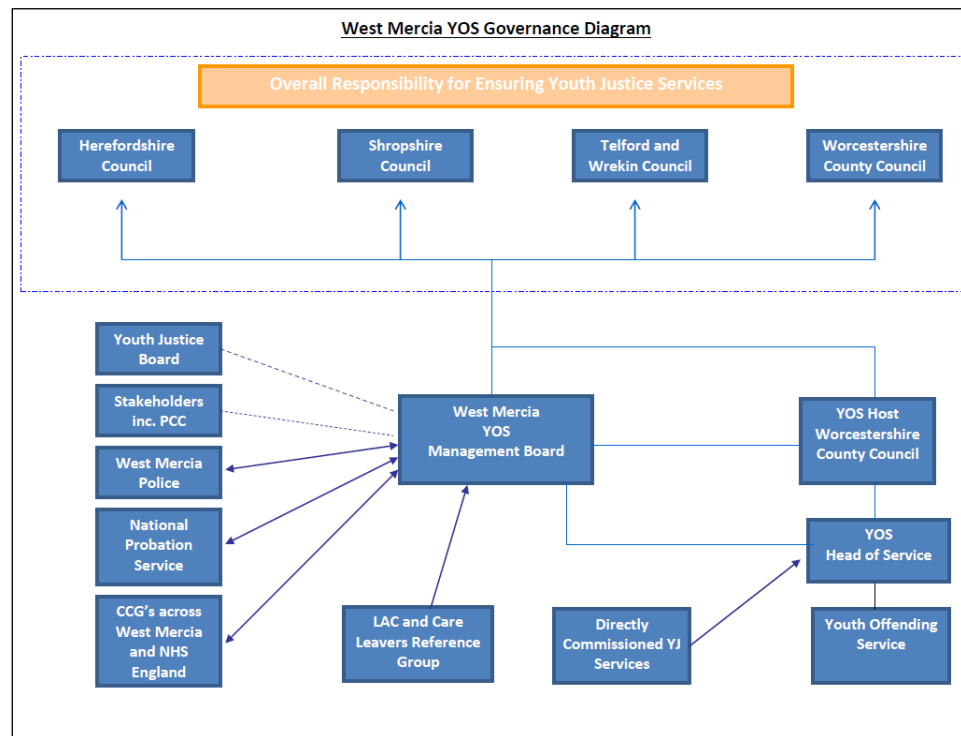
There are 63 staff and 32 panel members trained in Restorative Justice (RJ) conferencing, 8 staff are trained in managing complex cases and 5 managers have training in RJ supervision and management. There are 4 members of staff who are trainers in RJ, and 5 staff have received specific training in victim liaison and contact.

4. GOVERNANCE AND PARTNERSHIPS

4.1 Governance

The YOS is managed on behalf of the Local Authorities and the YOS partnership by Worcestershire County Council. Day to day management of the Head of Service is provided by the DCS of Worcestershire County Council. The Youth Offending Service is accountable to the YOS Management Board and the Management Board is accountable to each of the Local Authorities for the commissioning and delivery of youth justice services.

The partnership Youth Justice Plan is approved by the Management Board and approved by each of the four top tier Councils. The diagram below outlines the governance arrangements of West Mercia Youth Offending Service.



The YOS Management Board is currently chaired by the Director of Children Services for Worcestershire County Council. The Membership of the Board at 1st April 2015 is outlined in the table below:

Agency	Representative	Role
Worcestershire County Council	Gail Quinton	Director of Children Services
Shropshire Council	Karen Bradshaw	Director of Children Services
Telford and Wrekin Council	Laura Johnston	Director of Children and Family Services
Herefordshire Council	Jo Davidson	Director of Childrens Wellbeing
National Probation Service	Tom Currie	Head of West Mercia
West Mercia Police	Amanda Blakeman	Assistant Chief Constable
Local Area Team – NHS England	Becki Hipkins	Project Manager
Office for the West Mercia Police and Crime Commissioner	Glyn Edwards	Commissioning Manager

The Board has adopted the following purpose and underlying principles:

Purpose

- To focus collaborative multi-agency effort on work to improve outcomes for Young Offenders by offering an exemplary service, with timely interventions and strong links and partnership across all local services including Children's Services, criminal justice and community safety sectors.
- To set strategic direction for the Youth Offending Service across West Mercia and agree and review local youth justice planning
- To provide support and challenge to the West Mercia YOS on operational performance.

Underpinning Principles

- To demonstrate effective leadership, support and challenge to the West Mercia YOS.
- To ensure that the YOS is compliant with relevant national standards, including Youth Justice Board and local arrangements, and deals with exceptions/risks appropriately
- To ensure available resources are used efficiently to run an effective YOS.
- To ensure that Local Authorities jointly and singly manage the arrangements with the host agency.
- To provide the necessary governance to effectively steer the delivery of the service

The Management Board meets every six to eight weeks and monitors the performance and quality of the service through regular reporting. Where necessary the Management Board will monitor compliance with the YJB Grant conditions through exception reports. There is an agreed process of reporting community safeguarding and public protection incident reviews into the Management Board and the Board monitors the progress of critical learning review action plans as a standard agenda item

The Management Board ensures that, where relevant, commissioning across partner agencies take account of the needs of young people in or at risk of entering the youth justice system, and where appropriate explore joint commissioning arrangements.

4.2 Priorities for 2015/16

The Management Board have agreed four main priorities for 2015/16

1. Improving Performance and Developing Practice
2. Understanding our Young People
3. Improved Joint Working and Integration
4. Governance and Communication

1. Improving Performance and Developing Practice

Various service audits undertaken during 14/15 identified areas of performance, quality and practice that needed to be improved and plans are in place in address the findings of these audits. Early in 2015/16 a SQS Inspection Report on the service will be published and an action plan will be developed to address the findings in that report. During 2015/16 the service will further embed restorative justice, including contributing to development of local RJ strategies where appropriate. Through the LAC subgroup it is planned to promote the use of RJ in children homes, and a funding bid is to be made to provide training for children homes, with the intention of having at least one trained practitioner in each home. The service will also work to further develop and embed harmful sexual behaviour work. The service will take over the responsibility for Junior Attendance Centres and will re-establish the Worcester centre and review and develop the programme of both the Worcester and Telford centres. Implementation of a single ICT system for the service and the migration from the YOIS+ case management system to the ChildView case management system in preparation for the implementation of the new assessment framework will also be undertaken in 2015/16. The YOS will incorporate, in practice, the work around children harming children that has resulted from a MAPPA serious case review. Revised remand management and resettlement frameworks will be developed. Specific actions under this priority are outlined on section 5 of this plan.

2. Understanding our Young People

Further work will be undertaken during 2015/16 to better understand the cohort of young people that the YOS are working with in order to better direct resources and target interventions that will reduce the risk of re-offending, the risk of harm to others and the risk of harm to the young person. It is planned to devise and implement a number of tracking tools, in particular for re-offending, first time entrants and for education training and employment. Further analysis is planned to understand first entrants to inform the evidence base for what works in preventing offending, in particular there is specific analysis planned in Herefordshire and Telford. There will be some analysis undertaken to provide a better understanding of the nature and extent of young people perpetrating sexual offence. Specific actions under this priority are outlined on section 5 of this plan.

3. Improved Joint Working and Integration

Promoting greater integrated and joint working between the YOS and other services is a key priority. Initially in 15/16 there will be a continued focus on the joint issues with LAC and care leavers, ensuring linkages with the Troubled Families and Early Help developments and information exchange with the social care services. A revised case transfer protocol between the YOS and the providers of probation services will be developed following the implementation of the web based Y2A case transfer portal. The pilot process of developing working agreements with children homes will be rolled out across the service. Specific actions under this priority are outlined on section 5 of this plan.

4. Governance and Communication

During 2015/16 the Management Board will complete the service review and agree on the future delivery arrangements for youth offending services across West Mercia. This will include ongoing communication and engagement with the staff group to ensure the service is continued to be delivered during the change process. There will be further development of and a more integrated approach to leadership and management of the service between the Management Board and Management Team. To achieve this more regular joint workshops between the Board and Team will be arranged and terms of reference agreed. The YOS will further develop the internal communications framework and put in place an external communications plan. The Management Board will seek to develop strategic alliances with other relevant boards and governance bodies. Specific actions under this priority are outlined on section 5 of this plan.

4.3 Safeguarding

Although safeguarding is not one of the four main priorities identified for 2015/16, it nevertheless remains a key area of focus for the service. The YOS has a key role in safeguarding young people, in terms of assessing and reducing the risk of harm to the young people either from their own behaviour or the actions of others and reducing the risk of harm they may pose to others.

There are specific actions under each of the four main priorities which address safeguarding within service delivery, these include the implementation of a single integrated intervention and risk plan, the development of a service statement and guidance on child sexual exploitation (CSE) and developing CSE screening tools, work to understand better the extent and nature of children harming children, in particular those demonstrating harmful sexual behaviour and improvements to vulnerability assessment and planning. There is an action plan in place which addresses the findings from the thematic inspection report on the work of YOTs in protecting children and young people.

4.4 Partnerships

The Youth Offending Service only has one outsourced service, the provision of Appropriate Adults for young people in Police custody. The service is provided by a local voluntary sector organisation YSS. Due to previous contracting arrangements with YSS, the organisation currently second 4 staff into West Mercia YOS who are deployed in the delivery of ISS, reparation and assistant case manager roles.

The YOS is a member of the four Safeguarding Children Boards and several of the board's sub groups and the Children's Trusts or equivalent partnerships. The YOS is represented on the Crime and Disorder reduction partnerships at the unitary or top tier authority level. The YOS is an active member of the West Mercia Criminal Justice Board and the MAPPA Senior Management Board.

The YOS is represented on the strategic planning groups of Troubled Families programmes across three areas and has been contributing to all four programmes mostly through the exchange of data and information. It is recognised that stronger links at the practice level need to be developed and this will be progressed during 2015/16.

The National Police Chiefs Council (NPCC) has a children and young peoples strategy which has four priority areas; Children in Care, Detention, Custody and Criminalisation, Stop and Search and Engagement

Locally Warwickshire and West Mercia Police have established a Children and Young Peoples Board to take forward a local plan based on the national priorities above, and the YOS are participants within this. A joint protocol regarding the PACE transfer of young people charged and denied police bail between the Police YOS and Local Authorities has been agreed. Work, through the YOS LAC and Care Leavers Group has commenced on developing a protocol to reduce the criminalisation of children in care. Further work in finalising the protocol will be managed jointly between the LAC and Care Leavers group and the Police Children and Young Peoples Board.

5. RISKS TO FUTURE DELIVERY – THE ANNUAL ACTION PLAN

Risk to Future Delivery	Action	Key Priority	Owner	Timescale (by end of quarter)
Priority 1 – Improving Performance and Developing Practice				
Intervention plans not sufficiently addressing assessed risks leading to increased risk of re-offending, increased risks of harm to other or increased risks of harm to self.	Implement a single integrated plan	1	APIS Lead	Q3
	Implementation of Asset Plus – Prepare service for Asset Plus Implementation	1	APIS Lead	Q4
Gap in knowledge in what promotes engagement and compliance leading to increased levels of breach	Implementation of a compliance review process	1	APIS Lead	Q1
Inconsistent risk planning processes across the service leading to increased levels of risks	Commission a review of the service's management of risk processes	1	CPM	Q2
JACs not meeting the national specifications	Re-establish the Worcester JAC	1	CSTM	Q2
	Review and develop the JAC programmes		CSTM	Q3
Lack of coherent remand strategy risks increasing the number of remands to custody	Development of a remand management strategy	1	CPM	Q2
	Staff to be trained in bail and remand work to ensure consistent approach across the service	1	CPM	Q3
Restorative processes not embedded in practice	Launch the service RJ policy and guidance	1	RJ Lead	Q2
	Devise and implement a victim tracking tool	1	CPM	Q2
Insufficient risk management and planning with respect to vulnerability and safeguarding	To put in place service statement on CSE	1	TMW	Q3
	Develop and implement CSE screening tools	1	TMW	Q3
Inconsistent arrangements for resettlement leading to increase risks of re-offending on release from custody	Development of resettlement framework and action plan	1	TMH	Q4
YOS does not implement improvements identified from the SQS Inspection	Inspection improvement plan to be put in place	1	HOS	Q2

Risk to Future Delivery	Action	Key Priority	Owner	Timescale (by end of quarter)
Two ICT systems create barriers to performance monitoring and management oversight	Implement the WMP/YOS project plan to roll out the WMP hosted ICT system across the service	1	CPM	Q2
YOIS does not support the new assessment framework	Upgrade Client/Management Information system to ChildView	1	CPM	Q4
Priority 2 – Understanding Our Young People				
Insufficient risk management and planning with respect to vulnerability and safeguarding	Commission analysis to understand the nature and extent of HSB	2	HSB Lead	Q3
Insufficient understanding of reasons for differential FTE rates	Analysis of reasons behind YPs entry into YJS	2	CPM	Q2
	Analysis of previous service provision to young people entering the YJS	2	YJB SPA	Q3
	Devise and implement a FTE tracking tool	2	CPM	Q2
Not understanding matters affecting re-offending performance	Implementation of the re-offending live tracking tool	2	CPM	Q1
	Develop and implement an ETE tracking tool	2	CPM	Q3
Service development not informed by user feedback	Review and revise service user feedback process across the service	2	CPG	Q2
	Service user views to be built into Management Board performance reporting framework	2	CPM	Q3
Future planning not informed by relevant data and information	Further development of the annual assessment	2	CPM	Q4
Priority 3 – Improved Joint Working and Integration				
Disproportionate criminalisation of LAC affecting FTE and re-offending rates	Agreement of multi-agency protocol to reduce criminalisation of LAC	3	HOS	Q3
	Roll out the pilot of working agreements with children homes	3	TMS	Q2
Inconsistent decision making across West Mercia in respect to out of court disposals	Establish joint YOS/Police out of court disposal protocol	3	HOS	Q3
Unplanned transition between youth and adult services leading to increased risks of re-offending	Review and revise the case transfer arrangements between the YOS and the providers of probation services	3	HOS	Q2
	Implement the use of the Y2A portal for case transfer	3	HOS	Q2

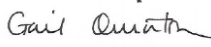
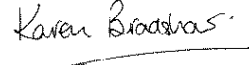



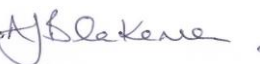


Risk to Future Delivery	Action	Key Priority	Owner	Timescale (by end of quarter)
Lack of joint working with other agencies and services leading fragmented planning and case management	Development of protocols with social care	3	HOS	Q3
	Developing better links and joint working with other relevant services for children and young people at a local level	3	ATMs	Ongoing
Robust arrangements not in place for some key areas of discretionary practice	Review commissioning work regarding the delivery arrangements for Substance Misuse and Parenting with the Management Board	3	CPM	Q4
Assessments not taking account of full range of information sources	Develop access to Children Social Care information systems in areas where this does not exist	3	CPM	Q2
Priority 4 – Governance and Communication				
Inconsistent communication and West Mercia identity	Development of an external communications policy	4	CGC	Q2
	Staff workshop to communicate key achievements but also to communicate where improvements are required	4	HOS	Q2
	Implement a new service logo	4	CGC	Q2
Uncertain delivery arrangements for 2016/17	Complete the YOS review and agree future delivery arrangements	4	CMB	Q4
Leases coming to an end	Relocation of N Worcestershire and Shropshire Teams	4	CPM	Q2 – Q3
A disconnect between the management board and management team	Joint management board and management team workshops at 6 monthly intervals	4	CMB/ HOS	Q2/3
	Agreement of the ToR as to how the management board and management team work together	4	CMB	Q3
Health services not fully engaged in YOS governance leading to health needs of young offenders not being met	Review of health participation in the YOS Governance structure	4	CMB	Q4
	Management Board ensure that pathways are in place to access speech, language and communication assessments and service in each area	4	CMB	Q4

Key to Action Owners

HOS	Head of Service	CPM	Commissioning and Performance Manager	ATMs	Area Team Managers
APIS Lead	Lead Manager for APIS	HSB Lead	Lead Manager for HSB		
CSTM	Central Service Manager	CGC	Communication Group Chair		
RJ Lead	Lead Manager for RJ	CPG	Chair Participation Group		
TMW	Team Manager South Worcs	CMB	Chair of the Management Board		
TMH	Team Manager Herefordshire	YJB SPA	YJB Partnership Advisor		

6 MANAGEMENT BOARD APPROVAL

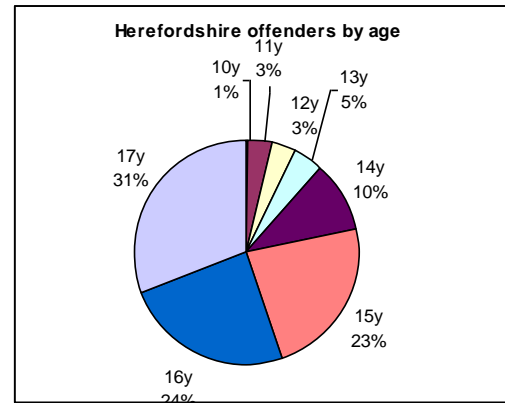
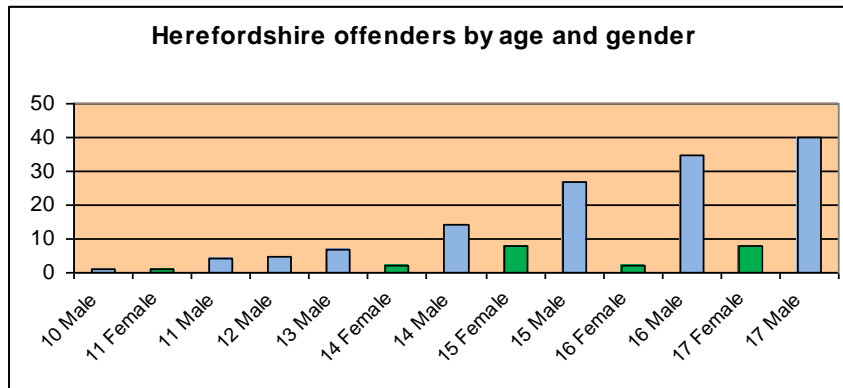
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Agency	Agency	Signature	Date
Gail Quinton	Worcestershire County Council		1 st June 2015
Karen Bradshaw	Shropshire Council		1 st June 2015
Laura Johnston	Telford and Wrekin Council		1 st June 2015
Jo Davidson	Herefordshire Council		1 st June 2015
Tom Currie	National Probation Service		1 st June 2015
Amanda Blakeman	West Mercia Police		1 st June 2015
Becki Hipkins	NHS England		1 st June 2015
Andy Champness	Office of the West Mercia Police and Crime Commissioner		1 st June 2015

APPENDIX 1 - AREA PROFILE – HEREFORDSHIRE

Youth Offending Population – all Young People

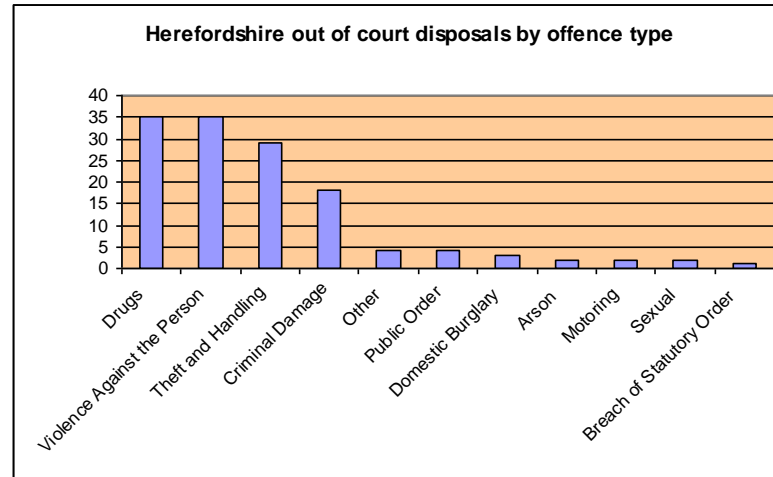
There are 16,423 young people aged 10 to 17 in Herefordshire. In 2014/15 there were 215 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Herefordshire young people. A total of 154 individual young people accounted for these 215 outcomes, 0.94% of the youth population.



Of the 154 young people entering or in the youth justice system in 2014/15, 86% were male. The majority, 78%, were aged 15 to 17 years. The peak age of offending for both young males and young females was 17 years.

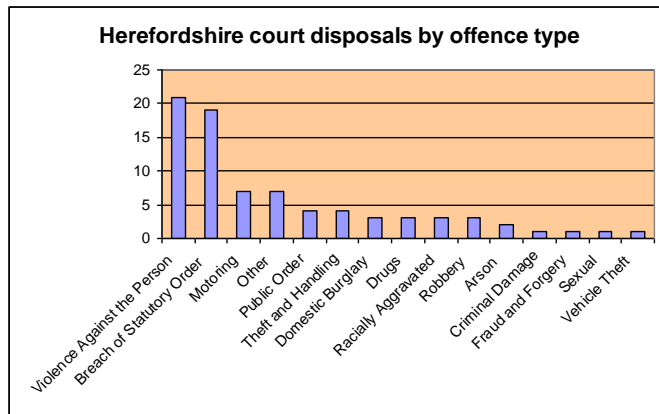
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 135 pre-court disposals made on Herefordshire young people, 123 of these were Youth Cautions and 2 Youth Conditional Cautions. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 22 pre-court disposals.



The most frequently occurring primary offences for out of court disposals were drug offences and violence against the person both at 26% followed by theft and handling, 21% and criminal damage, 13%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 46 Herefordshire young people accounted for 80 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 47 of the 80 court outcomes.

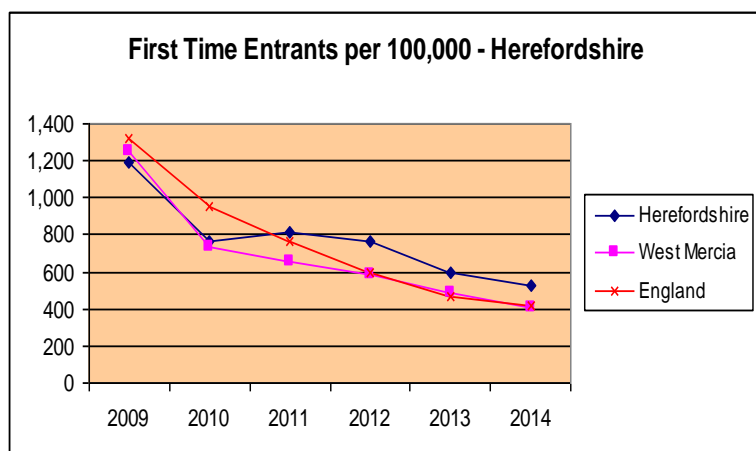
The majority, 92% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 38% of young people receiving a court sentence.

The most frequently occurring primary offence for court sentences was violence against the person, accounting for 26% of all outcomes. Breach of a statutory order was the next frequently occurring offence, 24%, followed by motoring, 9% and criminal damage 8%. These four categories of offences accounted for 67% of all sentencing outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (Youth Caution, Conditional Caution or Conviction). Good performance is indicated by a lower rate.



In the twelve month period October 2013 to September 2014 there were 525 first time entrants per 100,000 youth population in Herefordshire, representing a reduction of -56% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 86, compared to 217 in 2009.

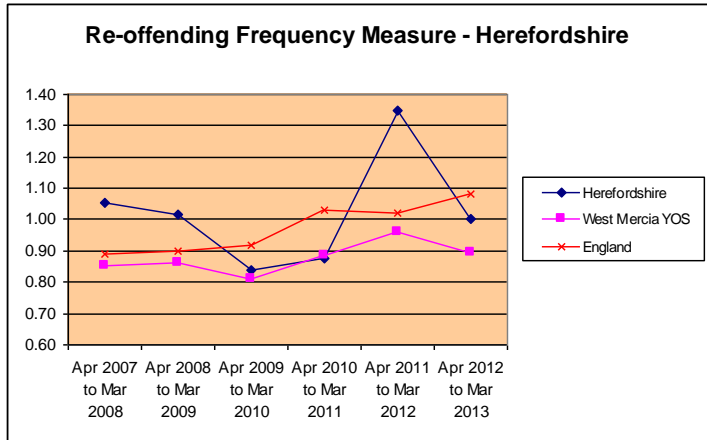
At 525 Herefordshire has the highest rate of FTEs across West Mercia, the next highest rate being 490. Some analysis into reasons for the higher has been undertaken, and it has been found that in part it is due to a higher detection rate and a lower proportional use of informal disposals. Further analysis on FTEs across West Mercia is planned for 2015/16.

(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Herefordshire has, historically, had a low rate of custodial sentences.

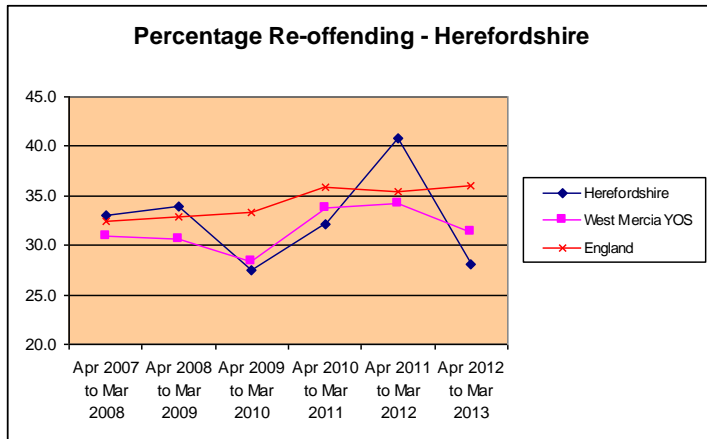
There were 4 custodial sentences during 2014/15, equating to a rate of 0.24 custodial sentences per 1000 youth population this represents a reduction in custodial sentences from 2013/14 where there were 5 custodial sentences equating to a rate of 0.30. The 2014/15 rate of 0.24% compares to a West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of writing but in 2013/14 it was 0.52. Custodial sentences accounted for 5% of all court outcomes in Herefordshire, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending



There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Herefordshire for the year ending March 2013 is 1.00, compared to the West Mercia performance of 0.89 and national performance of 1.08. Herefordshire is, therefore, performing less well than for West Mercia but better than England. The performance is an improvement from the year ending March 2012 when the frequency rate was 1.35.



For the year ending March 2013 the binary measure for Herefordshire is 28.1% compared with a West Mercia performance of 31.3% and a national performance of 36.0%. In terms of the binary measure Herefordshire is performing better than West Mercia and significantly better than England. It should also be noted, however, that the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 617 offenders in the cohort and 575 re-offences compared to a cohort size of 221 with 222 re-offences in 2013. The number of actual re-offences has therefore decreased by -61% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

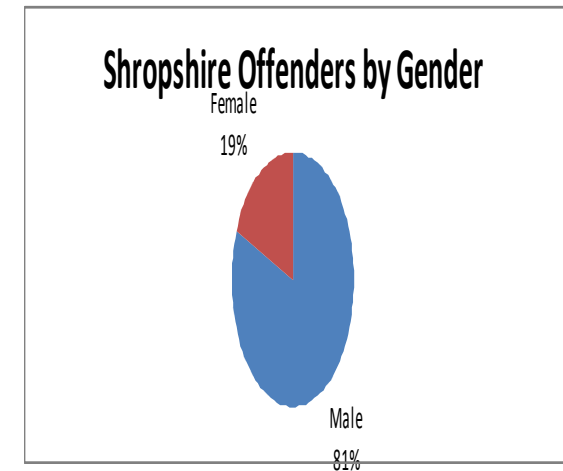
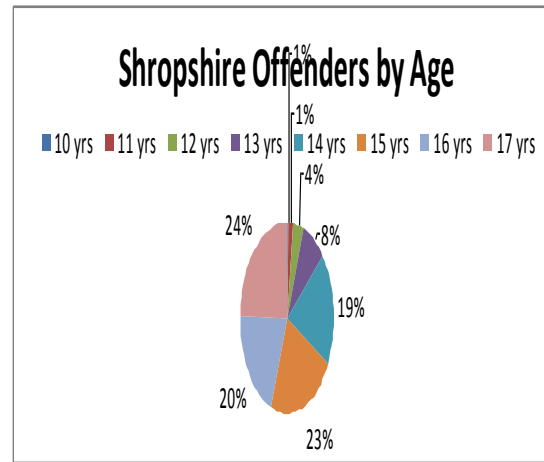
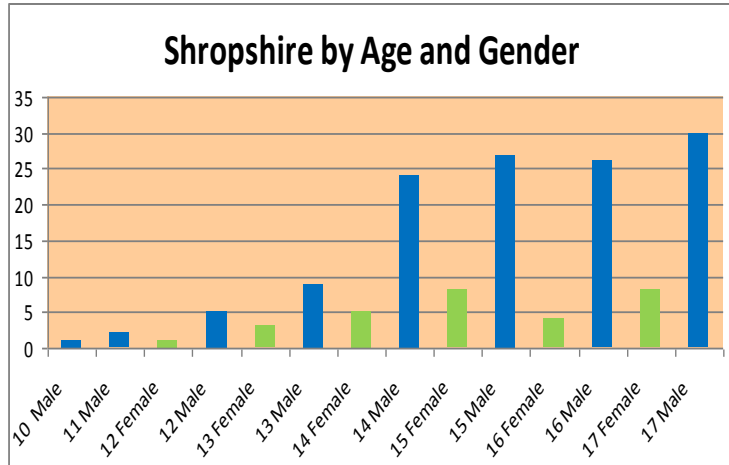
The Children, Young People's Plan 2015 - 2018 has a section on "Managing Challenges to Young Peoples Social Inclusion". Within this section the reduction of first time entrants to the youth justice system, reducing the rates of re-offending and repeat anti-social behaviour and ensuring the education, employment and training and accommodation needs of young offenders are addressed and met are priorities. Key planning priorities include developing the evidence base for effective intervention programmes to tackle crime and anti-social behaviour, ensuring capacity for accommodation for remands and PACE beds and developing pathways to meet the additional needs of young people who are in the youth justice system.

The Community Safety Strategic Plan for 2014 -2017, contains the priority to reduce offending and re-offending and bring offenders to account, under which success measures are reducing first time entrants to the youth justice system and re-offending by young people. Another priority in the plan is reducing the harm caused by alcohol and drugs, this has a particular link across as 40% of young people receiving YOS interventions have assessed substance misuse needs.

APPENDIX 2 - AREA PROFILE – SHROPSHIRE

Youth Offending Population – all Young People

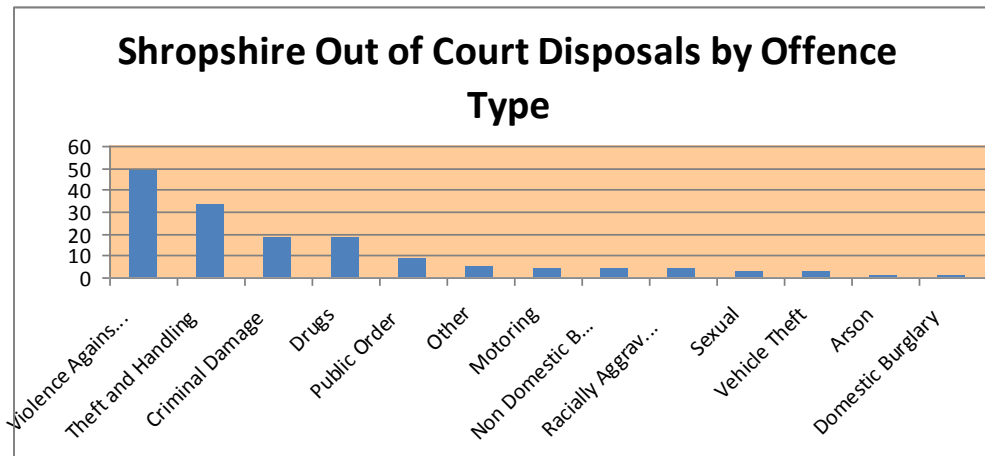
There are 28,588 young people aged 10 to 17 in Shropshire. In 2014/15 there were 204 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Shropshire young people. A total of 153 individual young people accounted for these 204 outcomes, 0.54% of the youth population.



Of the 153 young people entering or in the youth justice system in 2014/15, 81% were male. The majority, 68%, were aged 15 to 17 years. The peak age of offending for both young males and young females was 17 years.

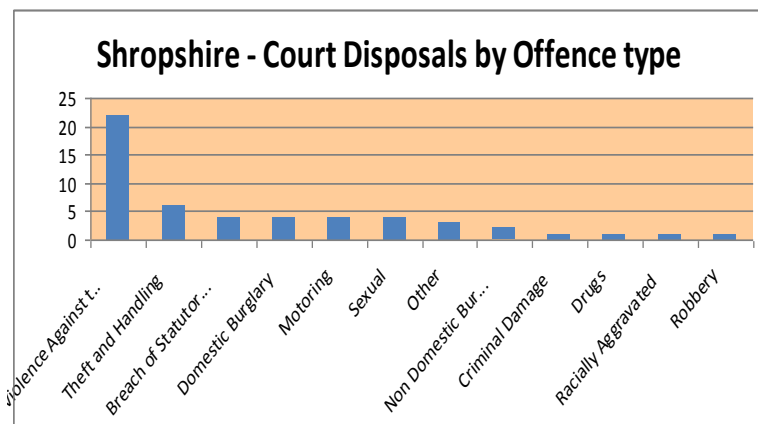
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 150 pre-court disposals made on Shropshire young people, 144 of these were Youth Cautions and 6 Youth Conditional Cautions. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 83 pre-court disposals.



The most frequently occurring primary offences for out of court disposals were violence against the person, 33%, followed by theft and handling, 22%, criminal damage 12% and drug offences 12%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 40 Shropshire young people accounted for 53 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 45 of the 53 court outcomes.

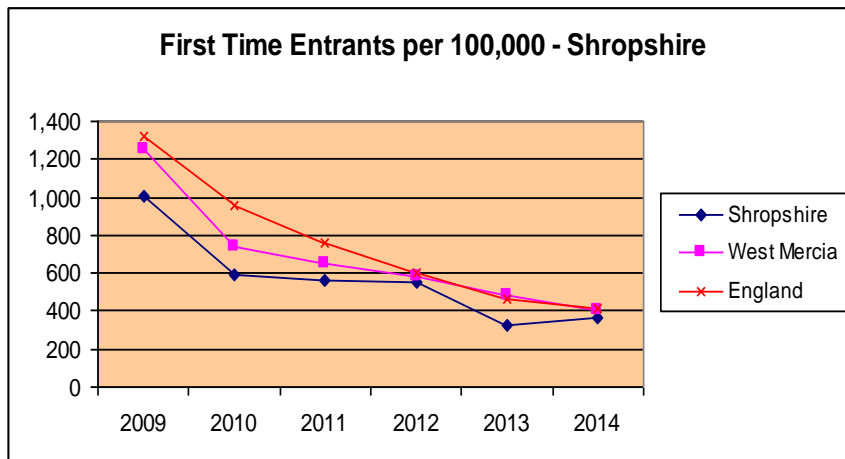
The majority, 77% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 28% of young people receiving a court sentence.

The most frequently occurring offence for court sentences was violence against the person, accounting for 42% of all outcomes. Theft and handling was the next frequently occurring offence, 11%, followed by breach of a statutory order, burglary, motoring and sexual offences, each accounting for 8% of court outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (a Youth Caution, Conditional Caution or Conviction). Good performance is indicated by a lower rate



In the twelve month period October 2013 to September 2014 there were 364 first time entrants per 100,000 youth population in Shropshire, representing a reduction of -64% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 103, compared to 311 in 2009.

At 364 Shropshire has the lowest rate of FTEs across West Mercia, the next lowest rate being 369 and the highest 525. Some analysis into reasons for the differential rates has been undertaken, and some further analysis is planned for 2015/16.

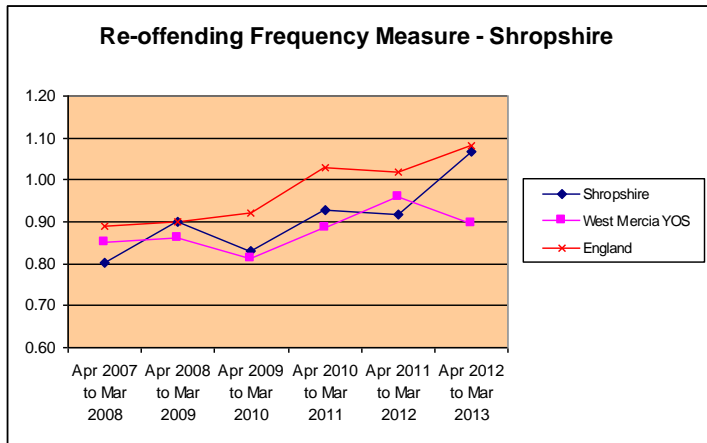
(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Shropshire has, historically, had a low rate of custodial sentences.

There were 6 custodial sentences during 2014/15, equating to a rate of 0.21 custodial sentences per 1000 youth population this represents an increase in custodial sentences from 2013/14 where there were 3 custodial sentences equating to a rate of 0.10. The 2014/15 rate of 0.21% compares to a West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of

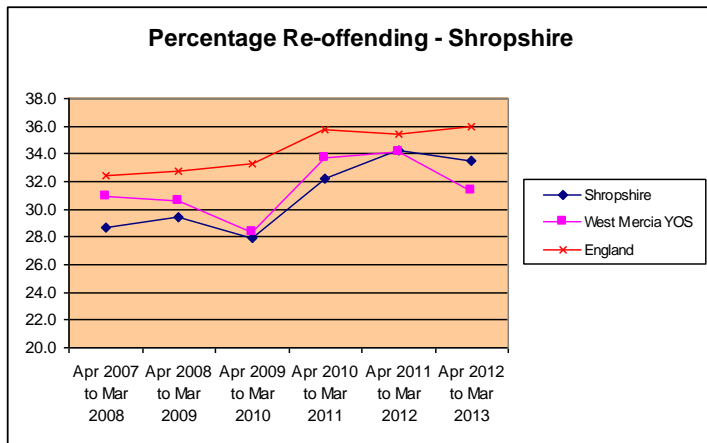
writing but in 2013/14 it was 0.52. Custodial sentences accounted for 11% of all court outcomes in Shropshire, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending



There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Shropshire for the year ending March 2013 is 1.07, compared to the West Mercia performance of 0.89 and national performance of 1.08. Shropshire is, therefore, performing less well than for West Mercia but slightly better than for England.



For the year ending March 2013 the binary measure for Shropshire is 33.5% which is higher than the West Mercia performance of 31.3% but is significantly better than the national performance of 36.0%. It should also be noted, however, that the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 709 offenders in the cohort and 570 re-offences compared to a cohort size of 239 with 255 re-offences in 2013. The number of actual re-offences has therefore decreased by -55% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

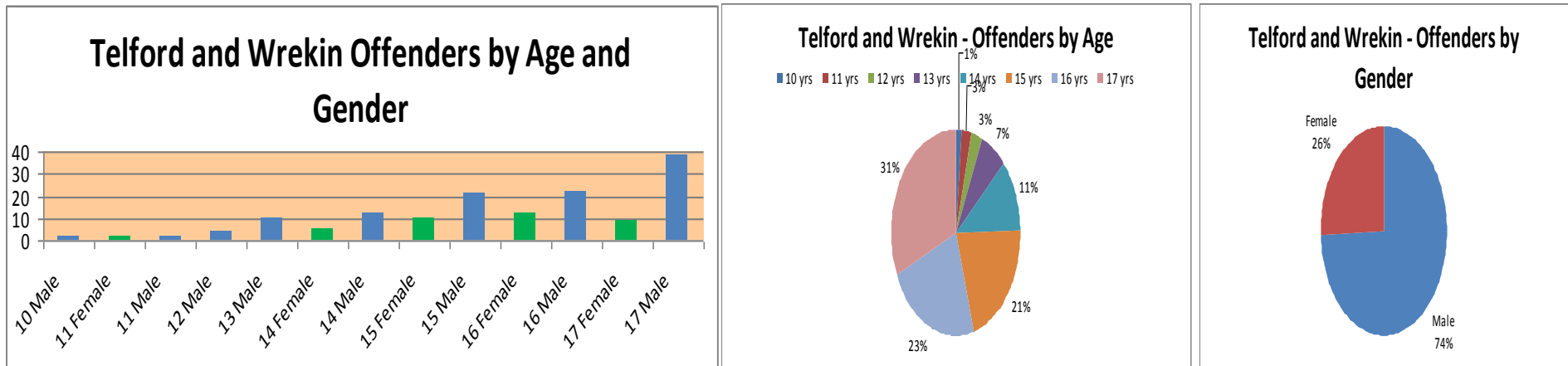
The Children, Young People and Families Plan 2014 has a key outcome area of ensuring the emotional wellbeing of young people by focusing on prevention and early intervention. Within this outcome area reducing the involvement of young people in the criminal justice system and addressing mental health and substance misuse issues are specifically referenced. Within the population of young people receiving YOS interventions in West Mercia 47% have mental health issues and 40% substance misuse issues. A key area of focus for the Children's Trust is transition planning and arrangements, and within this a key outcome is reducing the number of young people who are NEET. This will make a contribution to reducing the risks associated with offending behaviour as 38% of 16 and 17 year olds receiving YOS interventions are receiving less than 16 hours ETE.

There are direct links between the Youth Justice Plan and the priorities in Crime Reduction, Community Safety and Drug and Alcohol Strategy 2014 – 17. In particular priority one, reducing serious harm, and the sub priorities reducing offending and re-offending and alcohol and drug misuse. The YOS directly contributes to these two sub priorities in the direct work undertaken to reduce re-offending and in the delivery of substance misuse interventions to young people who are in the youth justice system, 40% of young people in the youth justice system have substance misuse issues. One of the key strands under reducing re-offending is increasing compliance, and the YOS is establishing a process of compliance reviewing during 2015/16

APPENDIX 3 - AREA PROFILE – TELFORD AND WREKIN

Youth Offending Population – all Young People

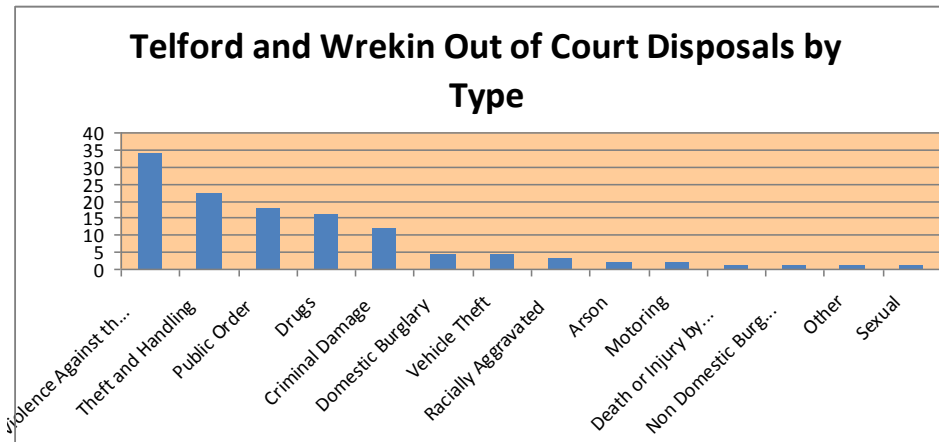
There are 16,578 young people aged 10 to 17 in Telford and Wrekin. In 2014/15 there were 175 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Telford and Wrekin young people. A total of 149 individual young people accounted for these 175 outcomes, 0.9% of the youth population.



Of the 149 young people entering or in the youth justice system in 2014/15, 74% were male. The majority, 76%, were aged 15 to 17 years. The peak age of offending for young males was 17 years and young females 16 years.

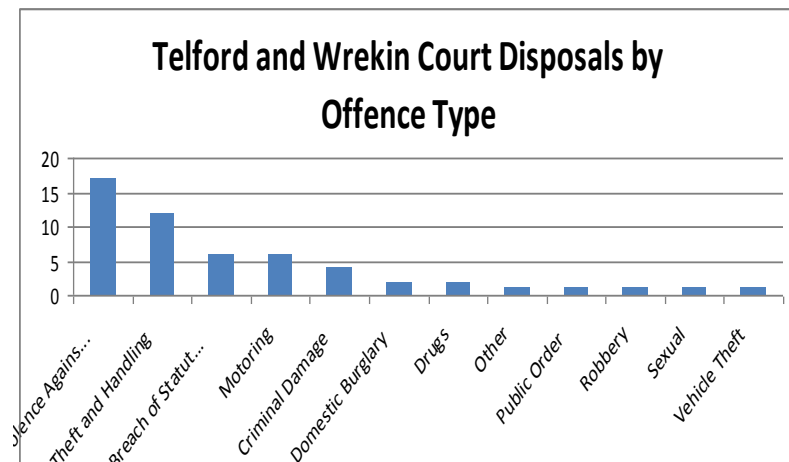
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 121 pre-court disposals made on Telford and Wrekin young people, 120 of these were Youth Cautions and 1 Youth Conditional Caution. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and all Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 44 pre-court disposals.



The most frequently occurring primary offence for out of court disposals was violence against the person, 28%, followed by theft and handling, 18%, theft and handling, 22%, public order offences 18% and drug offences 13%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 43 Telford and Wrekin young people accounted for 54 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 40 of the 54 court outcomes.

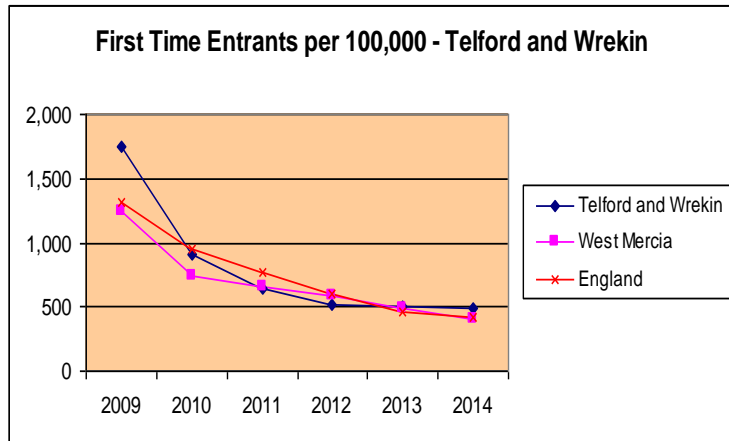
The majority, 95% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 60% of young people receiving a court sentence.

The most frequently occurring offence for court sentences was violence against the person, accounting for 31% of all outcomes. Theft and handling was the next most frequently occurring offence, 22%, followed by breach of a statutory order, 11% and motoring offences 11%. These four categories of offences accounted for 75% of all sentencing outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (a Youth Caution, Conditional Caution or Conviction). Good performance is indicated by a lower rate.



In the twelve month period October 2013 to September 2014 there were 490 first time entrants per 100,000 youth population in Telford and Wrekin, representing a reduction of -72% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 82, compared to 317 in 2009.

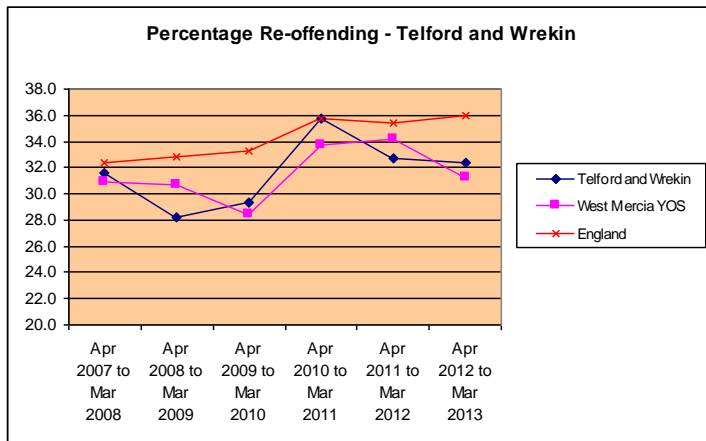
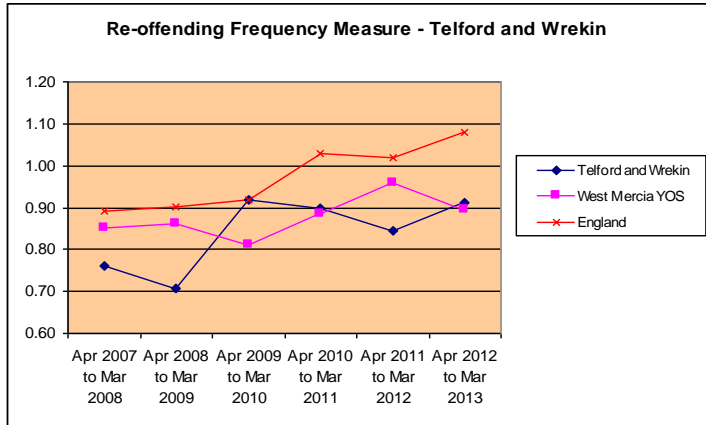
At 490 Telford and Wrekin has the second highest rate of FTEs across West Mercia, with the highest rate at 525 and lowest at 364. Some analysis into reasons for the differential rates has been undertaken, and some further analysis is planned for 2015/16, this will particularly focus on Telford and Wrekin.

(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Telford and Wrekin has, historically, had a low rate of custodial sentences.

There was 1 custodial sentence during 2014/15, equating to a rate of 0.06 custodial sentences per 1000 youth population this represents a decrease in custodial sentences from 2013/14 where there were 9 custodial sentences equating to a rate of 0.54. The 2014/15 rate of 0.06 compares to a West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of writing but in 2013/14 it was 0.52. Custodial sentences accounted for 1.8% of all court outcomes in Telford and Wrekin, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending



There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Telford and Wrekin for the year ending March 2013 is 0.91, compared to the West Mercia performance of 0.89 and national performance of 1.08. Telford and Wrekin is, therefore, performing in line with West Mercia and better than England.

For the year ending March 2013 the binary measure for Telford and Wrekin is 32.4% compared with a West Mercia performance of 31.3% and a national performance of 36.0%. It should be noted the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 629 offenders in the cohort and 479 re-offences compared to a cohort size of 173 with 158 re-offences in 2013. The number of actual re-offences have therefore decreased by -67% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

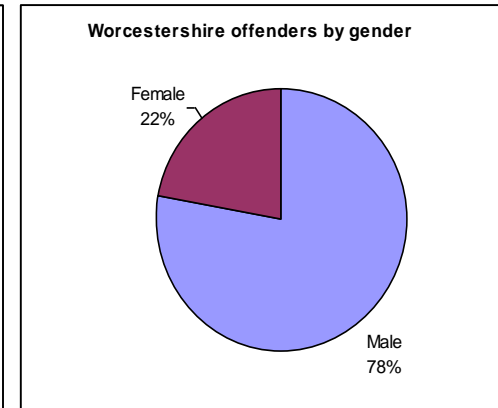
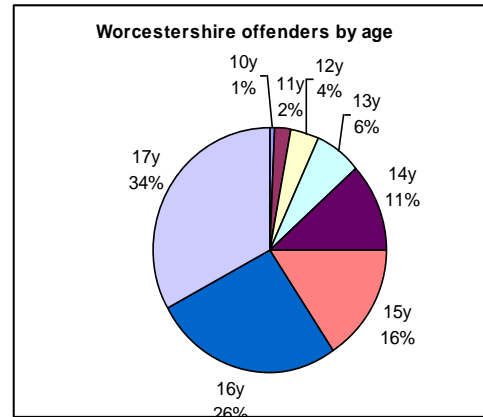
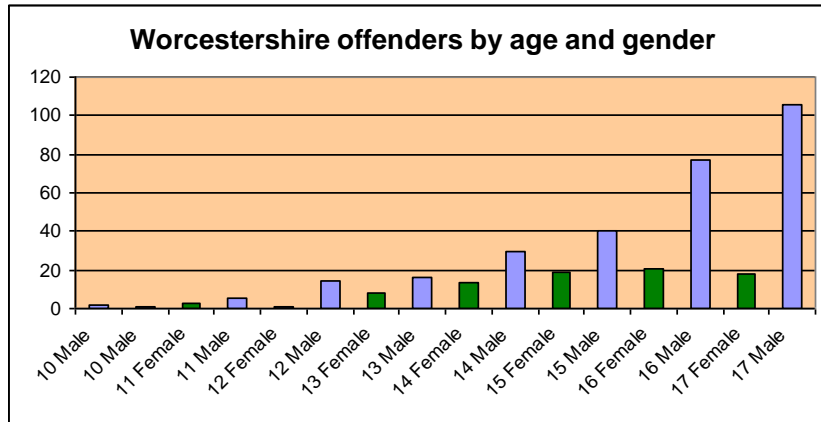
Two of the targeted areas for improved outcomes in the Children, Young People and Families Plan 2013 – 2016 that are relevant to this plan are Live Well and Work Well. Within Live Well reduced offending and re-offending is outcome measure. In Work Well the reduction of young people who are NEET is an outcome measure. NEET 16 to 18 year olds are over represented on the youth offending population with 41% of 16 and 17 year olds YOS clients in West Mercia receiving less than 16 hours ETE. There is an outcome measure to reduce the number of children in care entering the youth justice system for the first time and for those in the system reducing re-offending.

Two of the year three priorities in the Community Safety Plan 2013 -16 are; identify and tackle harm associated with all offending types and reduce the impact of anti-social behaviour has on people, places and communities. Under the first of these priorities is the reduction of offending and re-offending and tackling child sexual exploitation.

APPENDIX 4 - AREA PROFILE – WORCESTERSHIRE

Youth Offending Population – all Young People

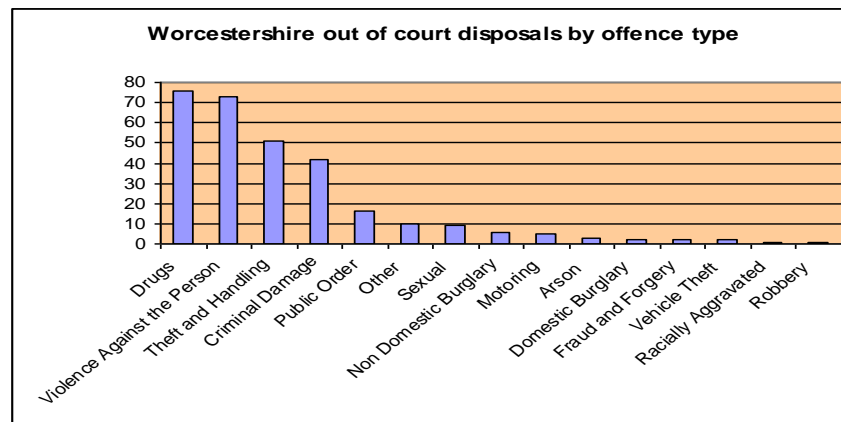
There are 51,282 young people aged 10 to 17 in Worcestershire. In 2014/15 there were 476 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Worcestershire young people. A total of 374 individual young people accounted for these 476 outcomes, 0.73% of the youth population.



Of the 374 young people entering or in the youth justice system in 2014/15, 78% were male. The majority, 75%, were aged 15 to 17 years. The peak age of offending for young males was 17 years and young females 16 years.

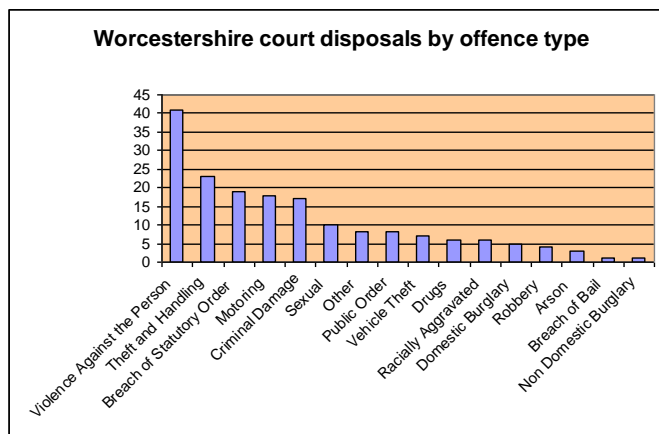
Youth Offending Population – Young People Subject to Out of Court Disposals

During 2014/15 there were a total of 299 pre-court disposals made on Worcestershire young people, 282 of these were Youth Cautions and 17 Youth Conditional Cautions. The YOS is required to assess all young people made subject to second or subsequent Youth Cautions and all Youth Conditional Cautions and if assessed appropriate provide a programme of intervention, in 2014/15 intervention programmes were provided for 64 pre-court disposals.



The most frequently occurring primary offence for out of court disposals were drug offences, 25%, followed by violence against the person, 24%, theft and handling, 17% and criminal damage 14%.

Youth Offending Population – Young People Subject to Court Outcomes



In 2014/15 a total of 125 Worcestershire young people accounted for 177 court outcomes. Orders requiring YOS interventions (Referral Orders, YROs and Custodial sentences) accounted for 136 of the 177 court outcomes.

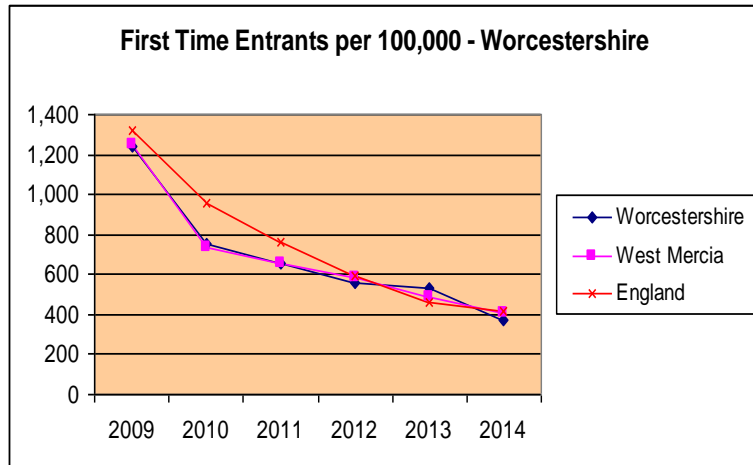
The majority, 86% of young people receiving court sentences were aged 15 to 17, with 17 year olds accounting for 39% of young people receiving a court sentence.

The most frequently occurring primary offence for court sentences was violence against the person, accounting for 23% of all outcomes. Theft and handling was the next frequently occurring offence, 13%, followed by breach of a statutory order, 11%, motoring 10% and criminal damage 10%. These five categories of offences accounted for 67% of all sentencing outcomes.

Performance Against National Indicators

(i) First Time Entrants

The first time entrant measure is expressed as the number of first time entrants per 100,000 of 10 to 17 year old population. First time entrants are those young people receiving a first formal youth justice sanction (a Youth Caution, Conditional Caution or Conviction). Good performance is indicated by a lower rate.



In the twelve month period October 2013 to September 2014 there were 369 first time entrants per 100,000 youth population in Worcestershire, representing a reduction of -70% since the year ending September 2009. This compares with a reduction for England of -68% and for West Mercia of -67% over the same period. The actual number of first time entrants in the year ending September 2014 is 190, compared to 698 in 2009.

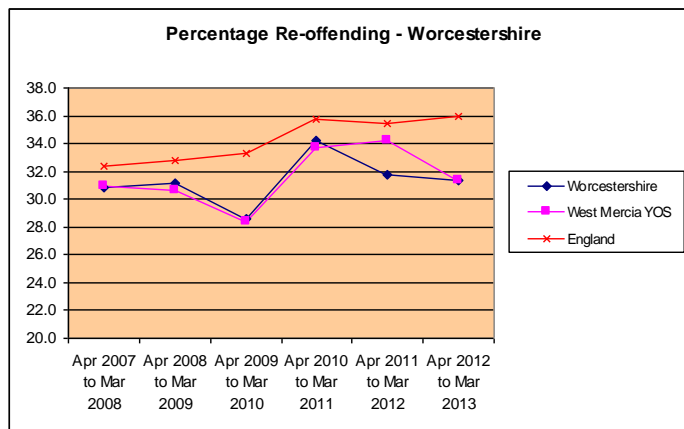
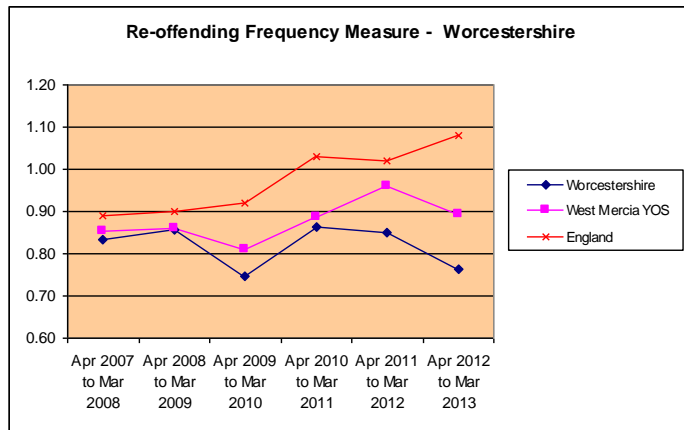
At 369 Worcestershire has the second lowest rate of FTEs across West Mercia, with the highest rate at 525 and lowest at 364. Some analysis into reasons for the differential rates has been undertaken, and some further analysis is planned for 2015/16.

(ii) Use of Custody

The use of custody measure is expressed as the number of custodial sentences per 1,000 of 10 to 17 year population, a lower rate indicates better performance. Worcestershire has, historically, had a low rate of custodial sentences.

There were 12 custodial sentences during 2014/15, equating to a rate of 0.23 custodial sentences per 1000 youth population this represents a reduction in custodial sentences from 2013/14 where there were 15 custodial sentences equating to a rate of 0.29. The 2014/15 rate of 0.23% compares to the West Mercia rate of 0.20. The national rate for 2014/15 was not available at the time of writing but in 2013/14 it was 0.52. Custodial sentences accounted for 6.7% of all court outcomes in Worcestershire, compared to 6.3% of all court outcomes across West Mercia.

(iii) Re-Offending



There are two re-offending measures, both measuring re-offending in the same cohort of offenders over a 12 month period following the youth justice sanction that placed the young person in the cohort. The first, the frequency measure, is the average number of re-offences per offender in the cohort. The second measure, the binary measure, is the percentage of the offenders in the cohort re-offending. In both cases a lower rate denotes better performance. The most recent data for the re-offending measure is for the year ending March 2013.

The frequency measure performance for Worcestershire for the year ending March 2013 is 0.76, compared to the West Mercia performance of 0.89 and national performance of 1.08. Worcestershire has, therefore, better performance than for West Mercia and England. The performance is improved from 2012 when it was 0.85.

For the year ending March 2013 the binary measure for Worcestershire is 31.3% compared with a West Mercia performance of 31.3% and a national performance of 36.0%. This represents slightly improved performance since 2012 when it was 31.8%. It should also be noted that the overall cohort sizes are decreasing year on year. In the year ending March 2008 there were 1142 offenders in the cohort and 1331 re-offences compared to a cohort size of 517 with 394 re-offences in 2013. The number of actual re-offences has therefore decreased by -70% between 2008 and 2013.

Locally the West Mercia YOS is implementing the Youth Justice Board re-offending tracking tool during 2015/16 in order to understand the characteristics of the re-offending group and inform the services approach to reducing re-offending.

Links to Other Plans

Worcestershire's Children and Young People's Plan 2014 – 17 has two linked priorities to the youth justice plan; children and young people have a healthy lifestyle and children and young people are helped at an early stage. In terms of the healthy lifestyle priority, key areas of focus are reducing the harm caused by drugs and alcohol and improving the emotional health including access to mental health support. Within the group of young people receiving YOS interventions in West Mercia, 33% have substance misuse issues and 40% mental and emotional health issues. Under the priority that children and young people are helped at an early stage the main focus is the early help strategy. It is through the early help strategy that those young people who are at risk of entering the youth justice system for the first time are targeted for intervention.

The Worcestershire Community Safety Board's Community Safety Agreement 2015 – 16 has three directly relevant strategic priorities; reducing re-offending, harm reduction which includes safeguarding and alcohol and drug misuse. The YOS will directly contribute to these priorities through work to reduce youth re-offending, ensuring that young people are protected from harm and in the direct delivery of substance misuse interventions to young people in the youth justice system.



Committee and Date

Young People's Scrutiny

16 September 2015

10.00 am

Item

7

Public

SPECIAL EDUCATIONAL NEEDS – HUB PROVISIONS

Responsible Officer Julia Dean

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1. Summary

1.1 In February 2013 Shropshire Council approved the development of “hub” provision to meet the special educational needs of children and young people in Shropshire. The focus was on enabling more access to suitable, cost effective specialist provision within, or close to their home community, for some children whose prime area of need is Social Interaction and Communication and who may have a diagnosed Autistic Spectrum Condition (ASC).¹

1.2 This supports the Local Authority in its duty to:

‘keep under review its education provision.... made in its area for children and young people who have special educational needs or a disability.’
(DfE. (2014). *Children and Families Act 2014 c. 6 Part 3 Section 27*)

1.3 This paper updates Scrutiny on the hub developments, and on the early evidence of impact

2. Recommendations

2.1 Scrutiny is asked to note the details given in the update, and the evidence of early impact both on the quality of provision and its cost-effectiveness and to comment on potential future developments.

REPORT

3. Background

3.1 Data analysis undertaken by Shropshire Council's Public Health Intelligence Team in 2014 (Appendix B) projects that Speech Language and Communication Needs (SLCN) and Autistic Spectrum Disorders (ASD) are both forecast to increase significantly as a result of earlier identification and diagnosis. Forecasts also predict an increase in the number of children with Severe Learning Difficulties (SLD) and complex medical needs which is considered to be a consequence of improved medical treatment and increased survival rates.

¹ Autistic Spectrum Condition (ASC) may also be referred to as Autistic Spectrum Disorder (ASD)

- 3.2 More generally this data demonstrates that whilst the overall numbers of children/young people with SEN are not projected to increase more intensive support will be required for those children and young people who have or will have an Education Health Care Plan (EHCP).
- 3.3 There are currently two specialist schools serving the whole of Shropshire. Severndale Specialist Academy in Shrewsbury is a 2 to 19 provision for children with severe and complex learning needs and who have a significantly low level of cognitive functioning. Woodlands School in Wem (11 -16) and the Acorns hub based at Holy Trinity School in Oswestry (9-12) is for pupils whose main area of need is Social Emotional and Mental Health (SEMH) and whose cognitive functioning falls within the average range. In addition The Tuition Behaviour Medical Support Service (TMBSS) provides some capacity for joint placements for children who may be finding it difficult to access a mainstream placement on a full time basis and whose needs are being assessed in order to determine the most appropriate future provision.
- 3.4 Historically it is recognised that prior to the development of the Kettlemere Hub, Shropshire did not have any provision for pupils with ASC whose cognitive ability falls within the average to above average range. This resulted in some children being placed inappropriately in mainstream provision without their needs being fully met, and in some cases pupils being placed in very expensive out of county independent specialist provision.
- 3.5 In September 2011 a satellite to Severndale Specialist Academy was established on the Mary Webb site. The intention was to provide a small hub for secondary aged children who would benefit from some integration with children in a mainstream setting and access to a mainstream curriculum as part of an individual learning programme supported by Severndale staff. This has been successful for Severndale pupils who demonstrate a higher level of independence than the majority of their peers as well as a small number of pupils who have attended mainstream primary settings but who would find it difficult to access a full time mainstream curriculum in a secondary setting. This provision is for children whose cognitive levels are in the below average range. Progress made by pupils as well as feedback from children and families demonstrates the effectiveness of a 'hub' model of provision. One of the strengths of the provision has been the opportunity that it has created for specialist staff to share their skills and expertise with mainstream staff and has enabled children within the mainstream setting to benefit significantly as a result of joint CPD and awareness raising.
- 3.6 The cabinet paper submitted in February 2013 (see Appendix D) sought approval for the development of three hub provisions co-located on existing mainstream sites with secondary schools being identified as the most likely locations. It was identified that Shropshire needed to develop in-county provision to accommodate the needs of a growing number of learners with ASC and to reduce the expenditure on out of county placements via the 'spend to save' initiative. This would support more appropriate and sustainable use of resources across both children's and adult services.
- 3.7 It was recommended that cabinet approve the creation of local specialised hubs located on mainstream school sites. This would ensure that Shropshire Council was able to meet one of the key objectives of *The Shropshire Children and Young People's Strategy 2012*; the council should 'enhance local provision and develop mainstream support including the development of specialist hubs'.

3.8 Kettlemere:

In 2013 a data mapping exercise was undertaken following the identification of a lack of suitable and cost-effective in county provision to meet the needs of a growing number of learners with ASC. The intention was to provide up to date information with regard to prevalence of ASC across the Local Authority.

3.9 It was identified that out of 298 students (academic year 2012/13) who had Statements of SEN who presented a primary need of ASC, 27 were attending out of county, specialist provision. It was estimated that the cost per annum of these placements to the LA was approximately £688, 644.

3.10 Following a tendering process Lakelands Academy was chosen to host the Kettlemere Centre as it was suitably located and had a positive reputation for supporting children with SEN, which was recognised through the Specialist Schools programme. The location of the first hub in the north of the county was supported by data that demonstrated that geographically there was a significantly higher proportion of pupils with Statements of SEN, whose difficulties related to ASC, residing in the north of the county. The Academy has a positive ethos on inclusion and provides a suitable environment to support learners with ASC.

3.11 There was a high level of consultation throughout the project and to ensure its successful completion a working group was established and included representatives from all the stakeholder groups, namely:

- Local Authority (Education, Health, Planning, Finance)
- Lakelands Academy
- Parents/carers

As well as the input from parents/carers into the working group, there was also a series of consultation events that were well attended by representatives from the voluntary sector, parents and professionals.

3.12 The Kettlemere Centre has been designed to accommodate 24 of secondary age when at full capacity. From September 2015 there are 16 pupils on roll covering all 5 year groups. Each pupil is given an individualised timetable to suit their specific needs with varying degrees of access to mainstream lessons. Specialist subject and intervention programmes are delivered within the centre either individually or in small groups (Sometimes incorporating SEN pupils from the mainstream). There are currently 7 teaching assistants who support pupils accessing mainstream, with the specialist teaching within the centre being delivered by 2 Higher Level Teaching Assistants (HLTA) and the Lead teacher. With numbers constantly changing and the changing needs of each individual being difficult to predict there are 2 temporary, part-time teachers working within the centre from September 2015. This is to be reviewed during the first term.

3.13 There is close collaboration between the centre and the academy to ensure a consistency of approach with regular meetings being held between members of the Senior Leadership Team (SLT) to discuss development opportunities and issues. There is close liaison between the centre and the Academy's SEN department to share resources, provide shared training opportunities and to disseminate good practice. The Head of Hubs attends Academy SLT and governor meetings.

3.14 In the short period of time the Kettlemere Centre has been open there has been very positive feedback received from parents/carers through the review process. Pupils are demonstrating greater independence and are making good progress across all subject areas. There has been significant improvement with attendance from their previous settings with a number of pupils achieving 100% attendance since starting at the Kettlemere Centre.

- 3.15 A case study of one of the current pupils attending the hub demonstrates the positive impact that the Kettlemere Centre has had both for the pupil and their family. (See Appendix C).
- 3.16 Developing in-county provision in the form of the Kettlemere Centre has provided positive financial implications for the local authority (para 5.1).
- 3.17 In addition to the Kettlemere Hub there have been recent developments to existing provisions to support the council's policy of providing more localised specialist provision to include a younger age range.
- 3.18 **Oakmeadow:**
This is linked to the Tuition Behaviour and Medical Support Service (TMBSS) and aims to provide children without a host school to have the experience of a mainstream setting during an assessment period with TMBSS. This provision has the capacity to accommodate up to four pupils in any one academic year. This provision facilitates more effective transition to the secondary phase with local providers.
- 3.19 **The Meadows:**
This is a provision linked to TMBSS that opened during the academic year 2014/15. It serves the North of the region and aims to provide children with a host school with a dual placement whilst undertaking assessment through TMBSS. This provision has the capacity to accommodate up to eight pupils in any one academic year. This has meant that pupils have been able to access more local and appropriate provision which has resulted in a saving with regard to transportation.
- 3.20 **Acorns:**
This is a cross phase provision (Year 5 to 7) linked to the Woodlands School. It was set up in January 2015 in response to an increase in identified need amongst this younger age group. It provides exclusive provision for children with a statement of SEN or an EHCP who present with a primary need in the area of Social Emotional or Mental Health (SEMH). The aim is both to provide specialist support for younger children and to enable successful transition either to a mainstream secondary provision or to the Woodlands School. This provides more cost effective alternatives to the private sector as well as supporting longer term planning for pupils with Social Emotional and Mental Health Difficulties whose behaviour prevents them from accessing mainstream provision.
- 3.21 In 2014 a further provision mapping exercise was undertaken (see Appendix A and Appendix E), which reviewed current capacity commissioned at all the LA's existing specialist provisions as well as their potential to expand. All statemented and non-statemented children with an identified SEN were mapped geographically according to where they reside in the county. This data analysis exercise has allowed the LA to identify where the most prevalent needs currently are, thus helping to identify current gaps in provision across all areas of SEN.
- 3.22 One of the outcomes of this exercise was confirmation of the previously identified need for a further ASC hub provision attached to a secondary school in the south of the county. This will complement the newly established Kettlemere hub situated in the north. The project group responsible for developing this piece of work then put together the project brief and invited secondary schools within the target area to express an interest in being considered for this development.

The local authority received a number of proposals; these have now been evaluated and a final decision will be made public by the end of September 2015.

- 3.23 In April 2015 Shropshire Council developed its own Educational Psychology Service (EPS). This had previously been a joint arrangement with Telford & Wrekin. As a core Shropshire Council service working closely with the SEN Team it can be more responsive to the needs of children and young people. Shropshire EPS will support and inform the council in decision making around all aspects of SEND and place planning through the joint assessment pathway. They will provide cost effective provision for children/young people who may need to access therapeutic services. In addition they will deliver a substantial non-core traded service to both mainstream schools and other educational settings.
- 3.24 It is important to ensure that the Local Authority is able to make the best decisions possible about efficient education for children and young people with SEN. The Specialist Placement Panel (SPP) has been formed to provide a forum for discussion and decision-making between the Local Authority as commissioner and its specialist providers.
- 3.25 The Inclusion Officer chairs the panel and membership consists of headteachers (or their representatives) of all LA specialist provisions and headteachers from mainstream provisions who attend on a rotating basis. There is also representation from EPS, Child and Adolescent Mental Health Services (CAMHS) and appropriate LA casework officers (SEND). In addition, by invitation as/when necessary, there will be representation from Health and Social Care.
- 3.26 There is a published terms of reference to support the decision making process.

4. Risk Assessments and Opportunities Appraisal

4.1 Opportunities:

The development of local specialist education provision will increase the opportunity for children and young people to be educated within their local communities; it is anticipated that this will have an ongoing benefit of delivering localised provision as children/young people transition into adulthood.

- 4.2 Potential savings on Independent Specialist Provision (ISP) as local mainstream settings are better supported to provide appropriate support and intervention. For those children/young people who are unable to maintain a mainstream placement, there will be access to local specialist provision within a hub.

- 4.3 Developing provision which is personalised and that will enable access to a mainstream curriculum taught by subject specialists will help to narrow the achievement gap for children/young people with SEND. This will support the LA in meeting one of the key outcomes within the *Shropshire Children, Young People and Families Plan 2014* to narrow 'the achievement gap in education and in work'.

- 4.4 There will be opportunity to utilise the knowledge and skills of staff employed within the hub to provide support to mainstream settings in order to maintain placements where appropriate.

4.5 Risks:

A lack of localised and suitable provision will increase risk of a tribunal directing the LA to name an ISP within an EHCP. This could result in the necessity of accessing expensive independent specialist provision that may not be in the child/young person's best interest. For some families this will increase anxieties as the child/young person will need to reside away from their family home.

5. Financial Implications

- 5.1 The establishment of hub provision has enabled more efficient use of financial resources. The annual cost of a pupil placed at the Kettlemere Centre is £14,393. This includes both staff and running costs. The average approximate cost for a secondary aged ASD pupil attending (on a day placement) an Independent Specialist Provision (ISP) is £52,655. However, individual placement costs can exceed £90,000 p.a. This represents an annual saving of up to £40K per pupil. For Kettlemere alone, this represents a total annual saving of up to £960K when at full capacity.
- 5.2 For all students, funding ultimately comes from the Dedicated Schools Grant (DSG). When students attend out-of-county provision, a proportion of the DSG goes out with that child to their placement. With costs of out-of-county placements continuing to rise this means a greater proportion of the DSG is taken out of the county each year. Educating these young people within maintained provision ensures that the DSG funding stays within Shropshire schools.

6. Additional Information

- 6.1 Potential areas for development:
Provision mapping demonstrates that there is a gap in local provision for pre-school aged children who present with severe and complex learning needs. The only specialist provision for this group of children is at Severndale Specialist Academy and for some children this may mean travelling time of over two hours per day. The estimated annual transport cost for infant and nursery pupils attending Severndale and who reside outside of Shrewsbury is approximately £630K.
- 6.2 Provision mapping also demonstrates that there are gaps in post 16 provision across the authority. Following the implementation of The Children and Families Act 2014, the SEND 0 to 25 remit means that further work will need to be undertaken in this area.

7. Conclusions

- 7.1 Recent changes to legislation has provided Shropshire with the opportunity to work with a range of stakeholders to review current education provision for children and young people who have special educational needs. The work completed to date includes a full review of current need which has then been mapped to available provision across the LA. Data analysis undertaken by both Shropshire Council's Public Health Intelligence Team in 2014 and by the SEN team has been used to inform this process. One of the conclusions reached from this process is that ASC is a growing area of need which Shropshire has historically had very little capacity to meet through appropriate specialist provision.
- 7.2 This has meant that some groups of children/young people have underachieved as outcomes have not reflected academic potential. For others the LA has been able to provide appropriate provision but this has been at a very high cost both in terms of monetary value and social impact when moving children away from their families and local communities.
- 7.3 The development of in-county specialist provision for pupils with ASD will have positive financial implications for the local authority, by reducing the reliance on expensive independent provision and ensuring that DSG funding stays within maintained Shropshire schools and academies.
- 7.4 The satellite provision for Severndale at Mary Web School has provided a model for hub developments and has demonstrated the effectiveness of specialist settings and mainstream provisions working in partnership to deliver high quality learning experiences

for children in Shropshire. This has been further developed more recently at Kettlemere with much joint working/shared CPD and mainstream children accessing some of the facilities within the Kettlemere Centre.

- 7.5 In the process of continuing to review provision for children and young people with SEND gaps have been identified in post 16 provision to support preparation for adulthood, specialist early years provision and ASC provision for primary aged pupils.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Shropshire Council. (2014). *Shropshire Children, Young People and Families Plan*.

Department for Education (2014). *Children and Families Act 2014*.

Cabinet Member (Portfolio Holder)

Ann Hartley

Local Member

All Members

Appendices

Appendix A – Special Educational Provision in Shropshire: Provision Mapping

Appendix B – Needs Analysis by Public Health Intelligence Team

Appendix C – Case Study: Kettlemere

Appendix D – Cabinet Paper February 2013 – Specialist Hubs

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Special Educational Needs Provision in Shropshire

Provision Mapping

**January 2015
Shropshire Council**

Introduction

Section 14 of the Education Act 1996 stipulates that local authorities must ensure there are sufficient schools for providing primary and secondary education, and also requires in particular for them to have regard for the need to ensure that specialist provision is made for pupils with SEN¹; section 315 of the act also requires local authorities to keep their arrangements for SEN provision under review.² Therefore it is important for local authorities to develop the best possible provision they can for children with special educational needs and disabilities, whilst regularly working to identify any potential gaps in need and altering/developing their provisions accordingly.

Further to this, Section 9 of the Education Act 1996 places stipulates that local authorities should have regard to the general principle that children are educated in accordance with their parents' wishes, so far as that is compatible with the provision of efficient education and training and the avoidance of unreasonable public expenditure.³ Therefore, whilst specialist provision must always try to meet any gaps in need which are identified, it must also be cost-effective and efficient.

In addition to the mainstream provision which is available for children with SEN in Shropshire, the council commissions' places in specialist settings for those children where a place in a mainstream setting would not be sufficient in meeting their needs. The following data has been collated and analysed in order to map out the continuum of specialist provision in Shropshire, by identifying where particular children are geographically located/are residing in the county and also identifying areas of the county in which types of SEN of particularly prevalent. It is hoped that this information will enable the right steps to be taken in moving forward to develop new SEN provision in Shropshire.

¹ *Education Act 1996, Chapter III, Section 14.* Department for Education, London.

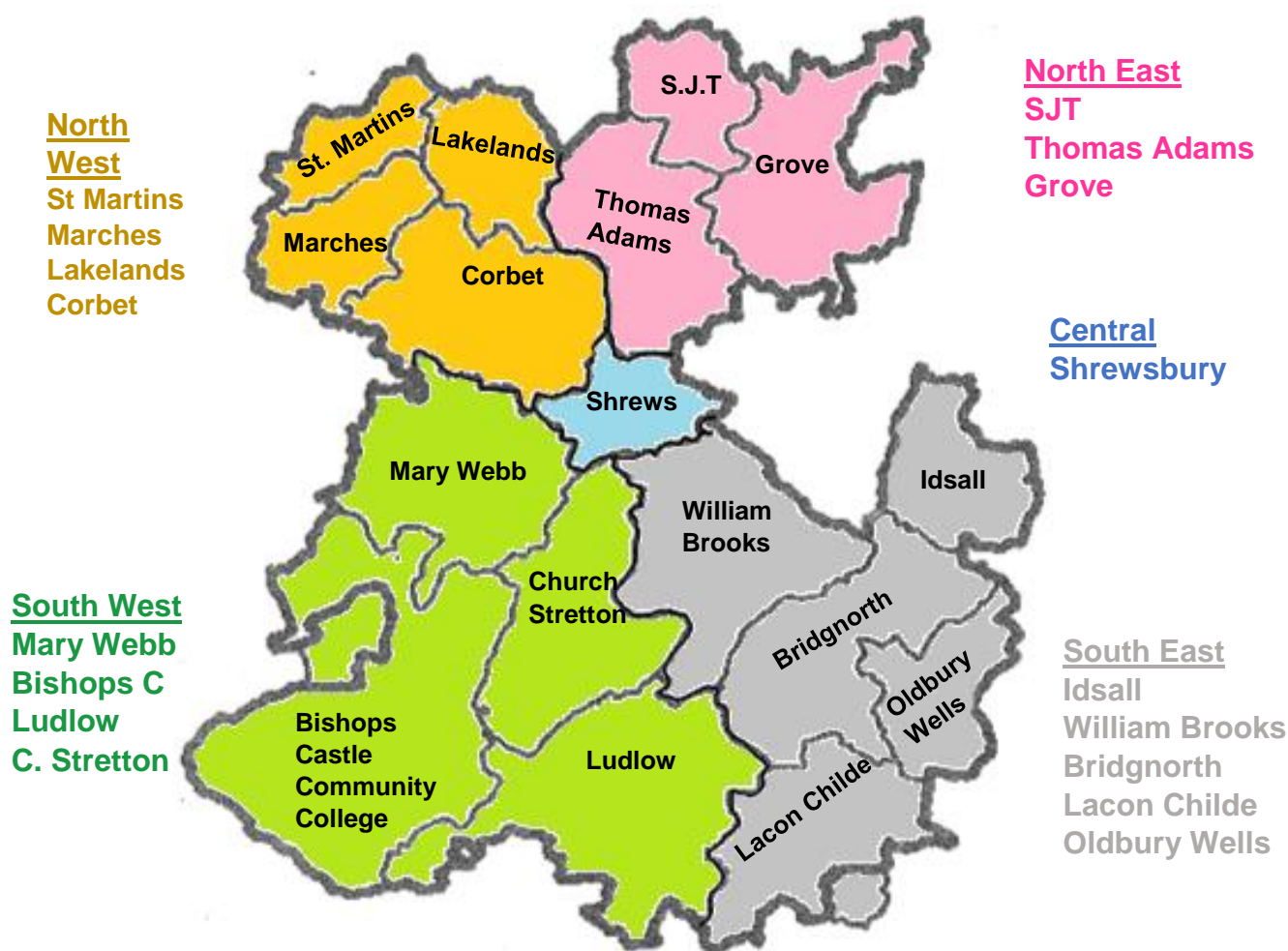
² *Education Act 1996, Chapter III, Section 315.* Department for Education, London.

³ *Education Act 1996, Chapter III, Section 9,* Department for Education, London.

Methodology

The data which has been mapped has been collated from records which exist within one of the Local Authority's information management systems – the ONE system. The addresses that have been used to plot the geographical location of where children reside have been acquired through information collected during school census data from 2014.

For this particular exercise of provision mapping, the county has been split up into its secondary catchment areas, as the ONE system can allocate a child's record to a catchment area based on the address attached to that child;



Mary Webb was left outside of Shrewsbury and has formed part of the South West of the county for this particular task – primarily due to the fact that if split in half to form part of both sections of the county, it would require manually deciding where such a line would fall and then allocating individual addresses to either half. A similar principle was applied when allocating Ludlow to the South West of the county.

Any 'unknown records' are as a result of no information recorded on ONE in that instance, i.e. no address recorded for a particular child, therefore they cannot be mapped in this way.

Specialist Provisions: Current Placement Numbers

(As of 21/01/15)

P = Primary

S = Secondary

	Current numbers
Severndale @ Nursery @ Academy (P+S) (including Mary Webb)(S) @ Futures (Post 16) Total =	 41 269 69
Woodlands @Wem (S) @HT – Oswestry (P/S) Total =	 39 2 41
TMBSS @ Oswestry (S) @ Sundorne (S) @ Harlescott (P) (@ The Meadows) (P) @ Hook-a-gate (S) @ Oakmeadow (P) @ Ludlow (S) @ Bridgnorth (S) Taught individually Total =	 20 24 38 (3) 23 1 19 17 5 147
Kettlemere @Lakelands (S) Total =	 3 (Inc. 1 home educated) 3

Provisions: Number of places Commissioned

(As of 25/01/15)

	0 - 5	5 - 11	11 - 16	16+
Severndale (Shrews) @ Nursery @ Academy (@ Mary Webb) @ Futures/ Sixth form	40		30 – Mary Webb	69
		281 – Academy		
Woodlands @ Wem @ HT - Oswestry		12 <i>(Years 5 and 6 - to act as transition into Woodlands school)</i>	44	
TMBSS @ Oswestry @ The Meadows @ Sundorne @ Harlescott @ Hook-a-gate @ Oakmeadow @ Ludlow @ Bridgnorth		42	86	
		140 in total as of April 2015		
Kettlemere @ Lakelands		16 (Will be 24)		

Types of primary SEN need;

1. Number of children living in each secondary catchment area, with a statement of SEN, by which primary SEN need they have;

The data mapped consists of the addresses (recorded on the ONE system of **children who currently have a statement of SEN** who are funded by Shropshire Council, in order to plot where they live in the county. The overall numbers have been plotted, then broken down into primary aged children and secondary aged children. The (six) most prevalent types of primary SEN need within this group have been used. There are a small number of unknown records – this indicates that there is not currently a record of address on the ONE system.

2. Number of children living in each secondary catchment area, who do not have a statement of SEN, but have an identified primary SEN need, by which primary SEN need they have;

The data mapped below consists of the addresses of children who are funded by Shropshire Council **who do not currently have a statement of SEN**, but have SEN needs i.e. School Action or School Action Plus (this data has been derived from the **January 2014 census**) in order to plot where they live in the county. The overall numbers have been plotted, then broken down into primary aged children and secondary aged children. The (four) most prevalent types of primary SEN need within this group have been used. There are a small number of unknown records – this indicates that there is not currently a record of address on the ONE system.

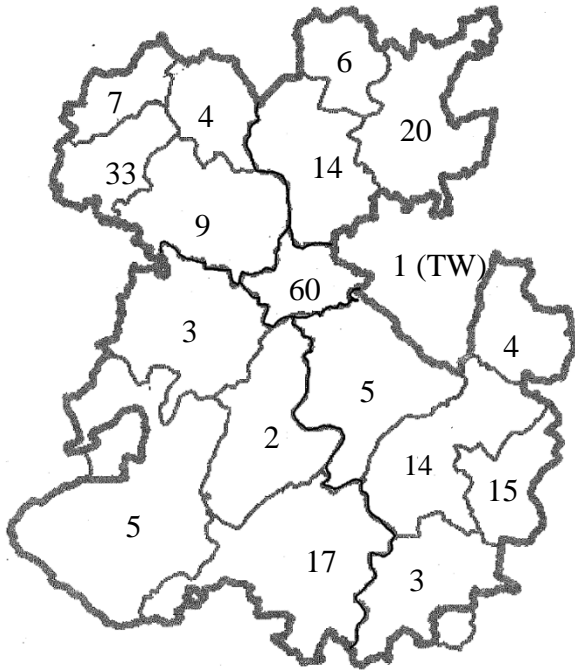
1.Types of primary SEN need mapped by secondary catchment area:-

Children with statements

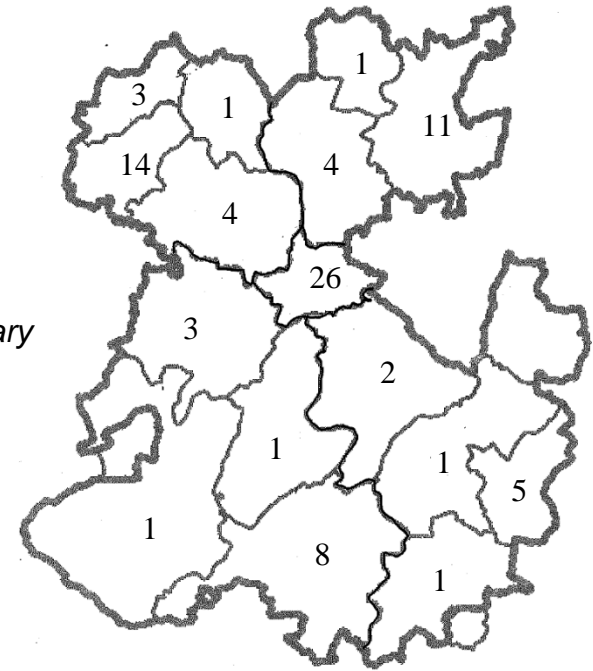
	ASD	BESD	SLD	SPLD	MLD	SLCN
North East	40	44	24	24	65	49
North West	53	60	36	34	30	48
Central	60	81	45	36	70	66
South East	41	50	18	29	38	52
South West	27	32	18	31	24	49
Unknown	2	3	1	2	1	4
Out of County	1	7	3	0	0	1
Totals	224	277	145	156	227	269

Autistic Spectrum Disorder (ASD)

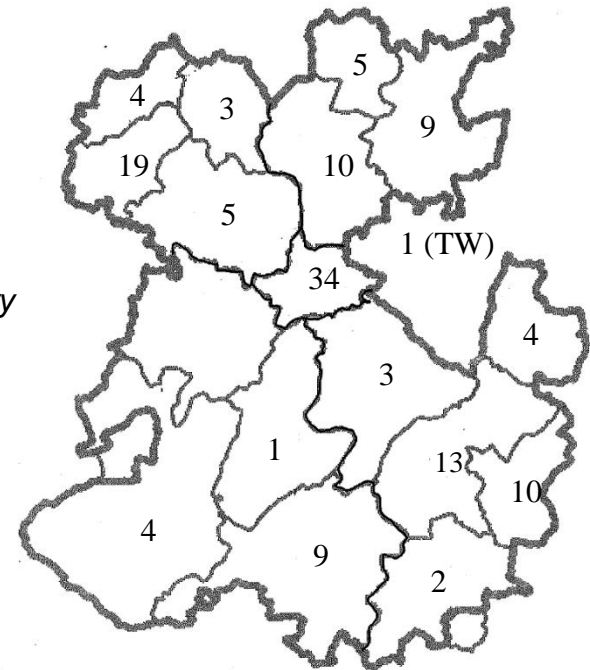
Total
(Prim and Sec)



Primary



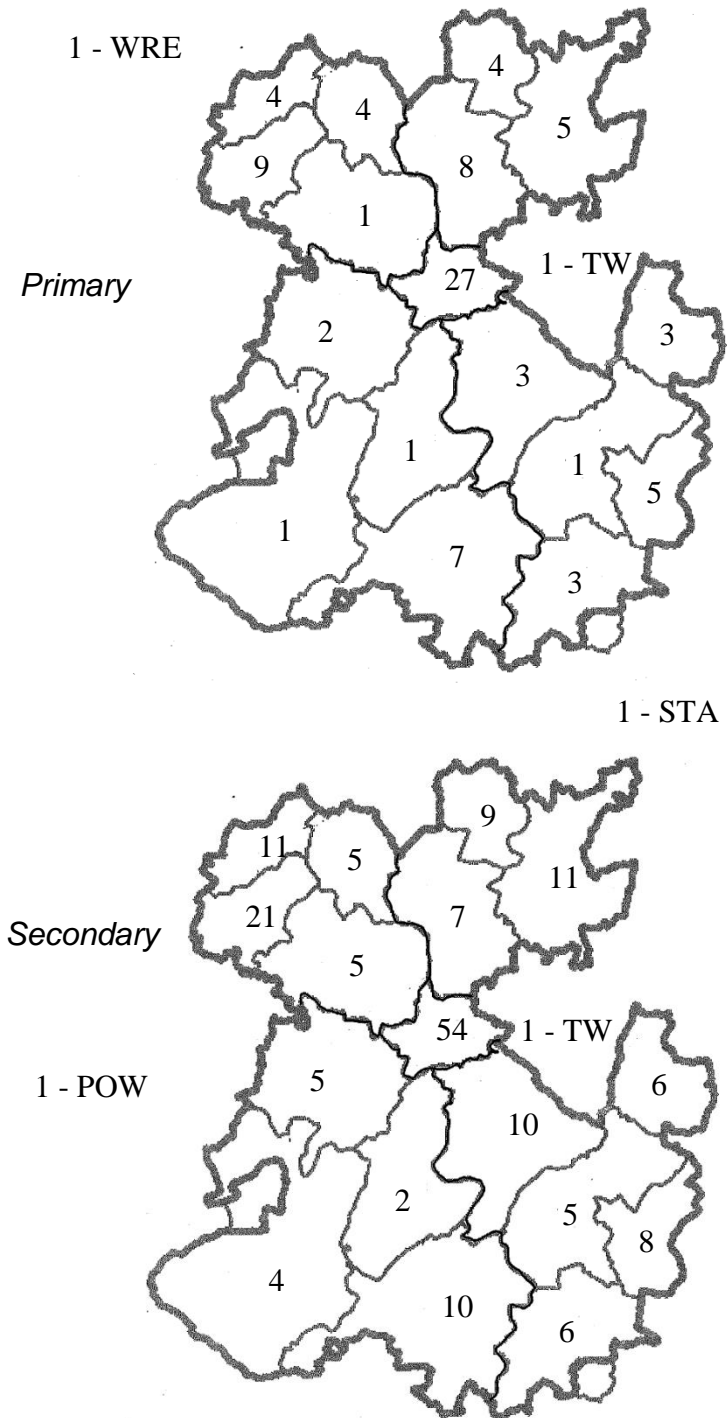
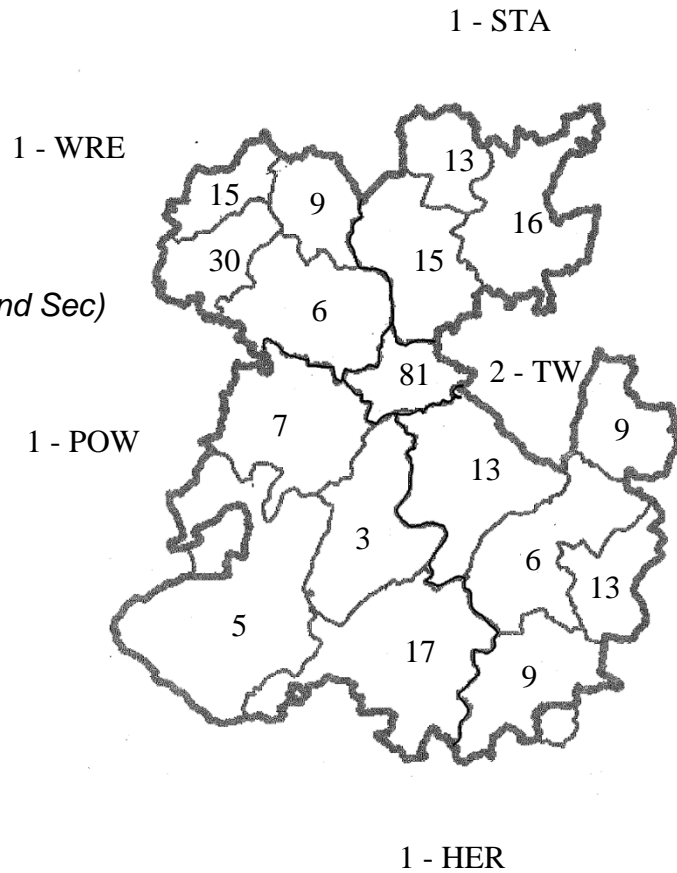
Secondary



Behavioural, Emotional and Social Difficulties (BESD)

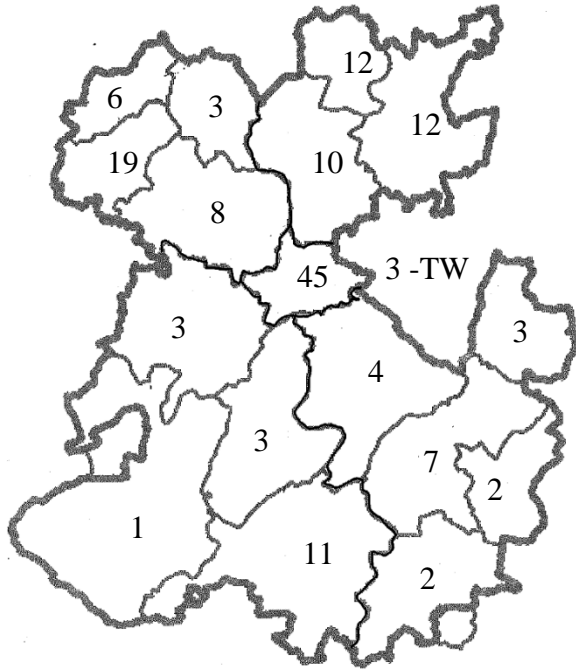
Page 74

Total
(Prim and Sec)

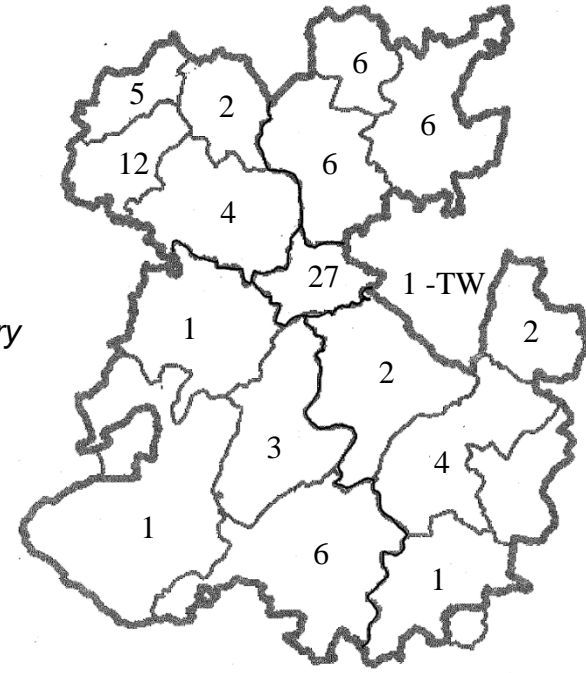


Severe Learning Difficulties (SLD)

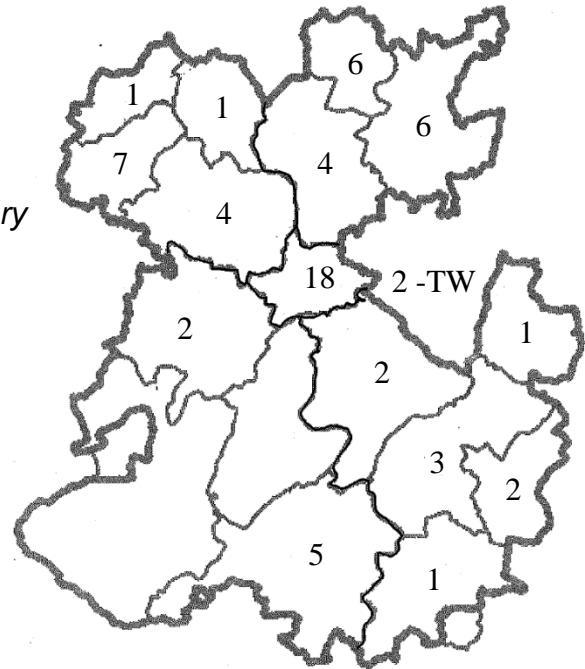
Page 75
Total
(Prim and Sec)



Primary



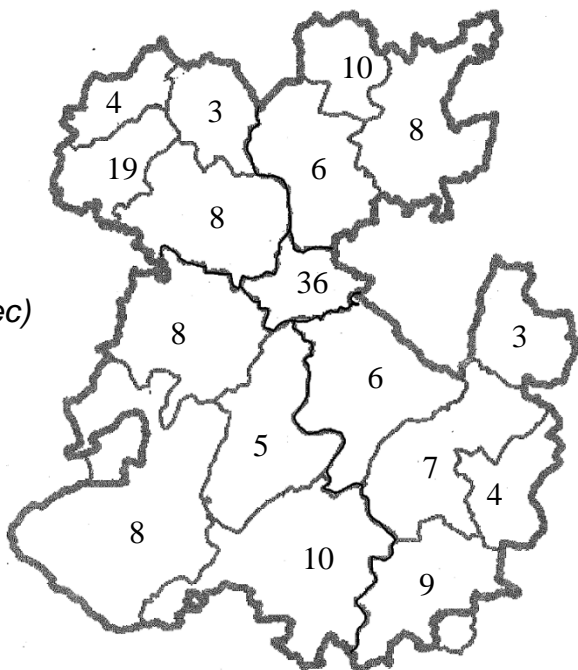
Secondary



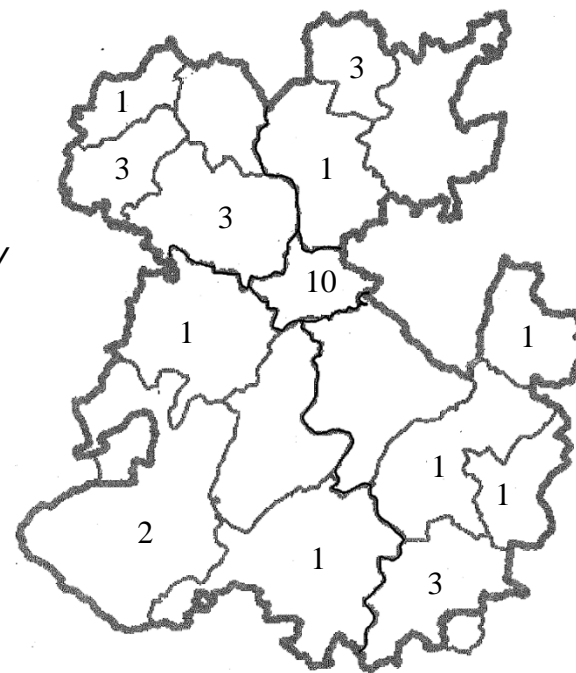
Specific Learning Difficulties (SPLD)

Page 76

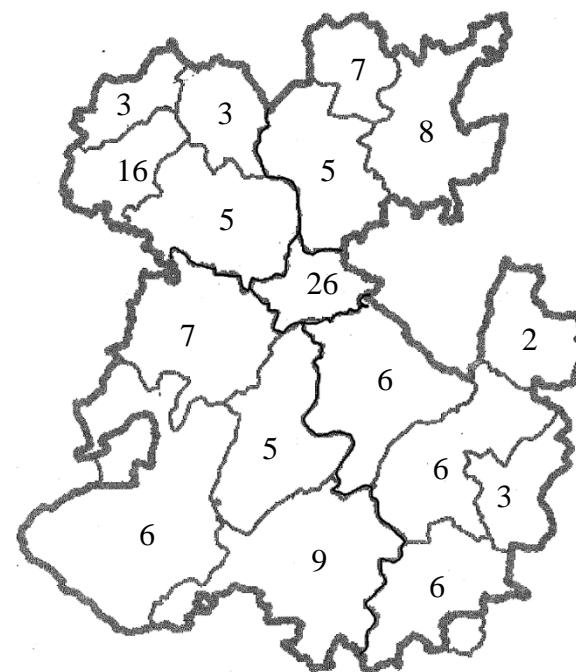
Total
(Prim and Sec)



Primary

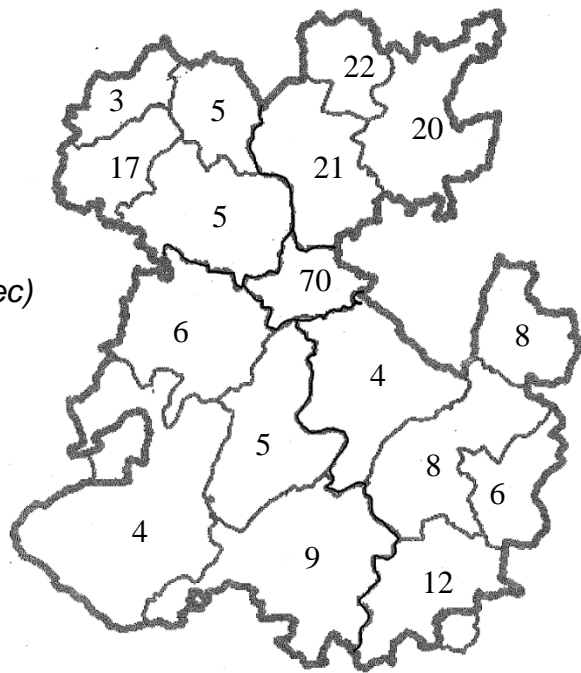


Secondary

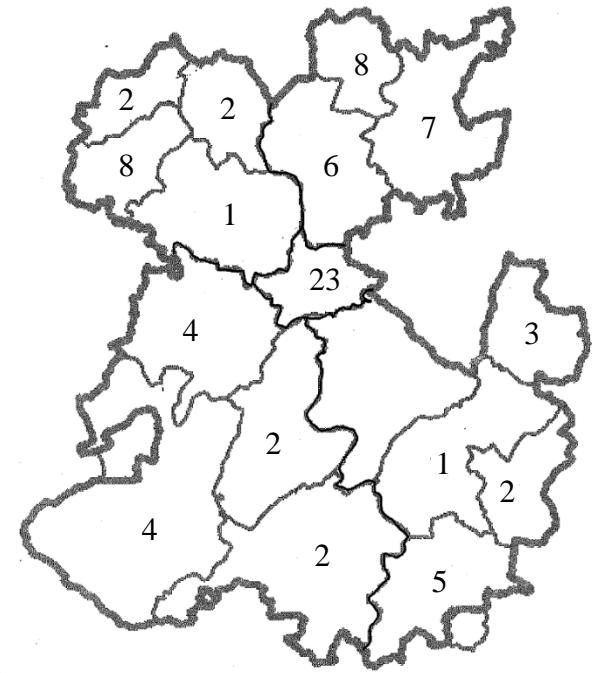


Moderate Learning Difficulties (MLD)

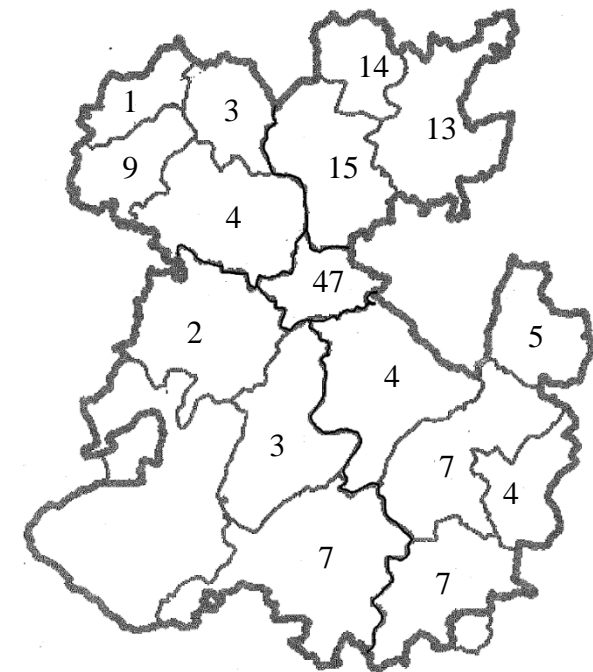
Total
Prim and Sec)
Page 77



Primary



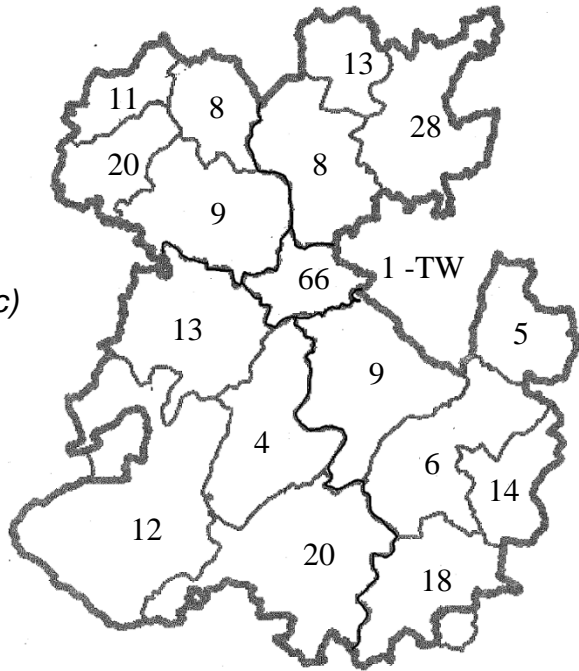
Secondary



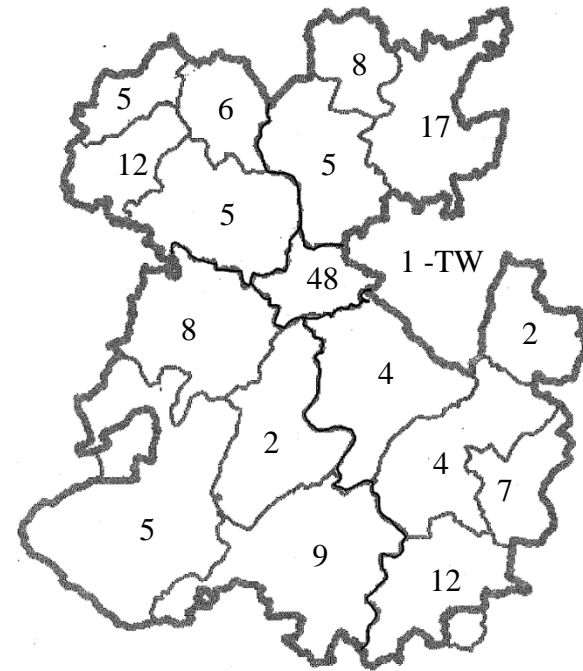
Speech, Language and Communication Needs (SLCN)

Page 78

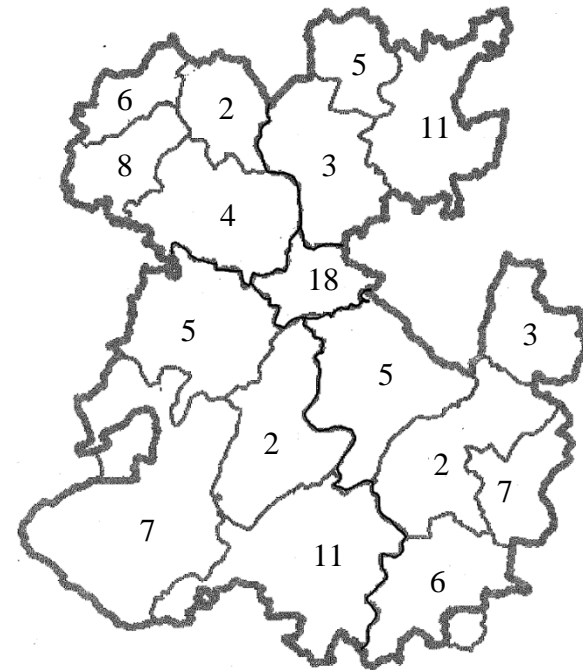
Total
(Prim and Sec)



Primary



Secondary



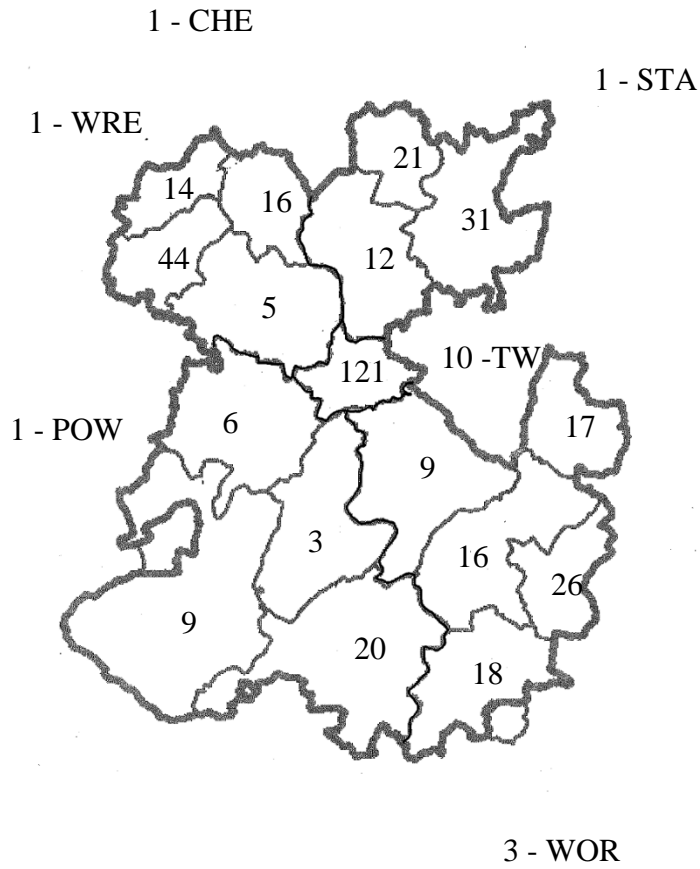
2.Types of primary SEN need mapped by secondary catchment area:-

Children without statements

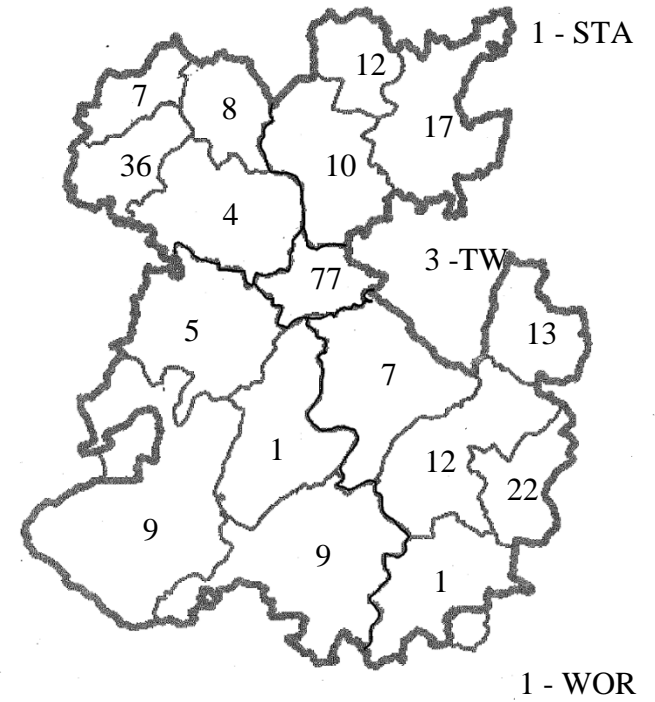
	BESD	SPLD	MLD	SLCN
North East	64	49	125	126
North West	79	64	119	115
Central	121	133	206	124
South East	86	99	150	105
South West	38	75	110	73
Unknown	3	2	2	3
Out of County	16	10	10	8
Totals	407	432	722	554

Behavioural, Emotional and Social Difficulties (BESD)

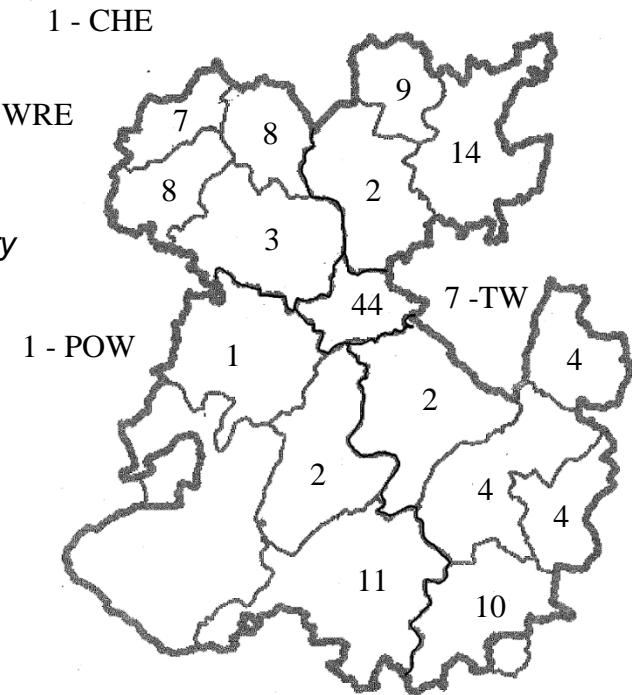
Page 80
Total



Primary



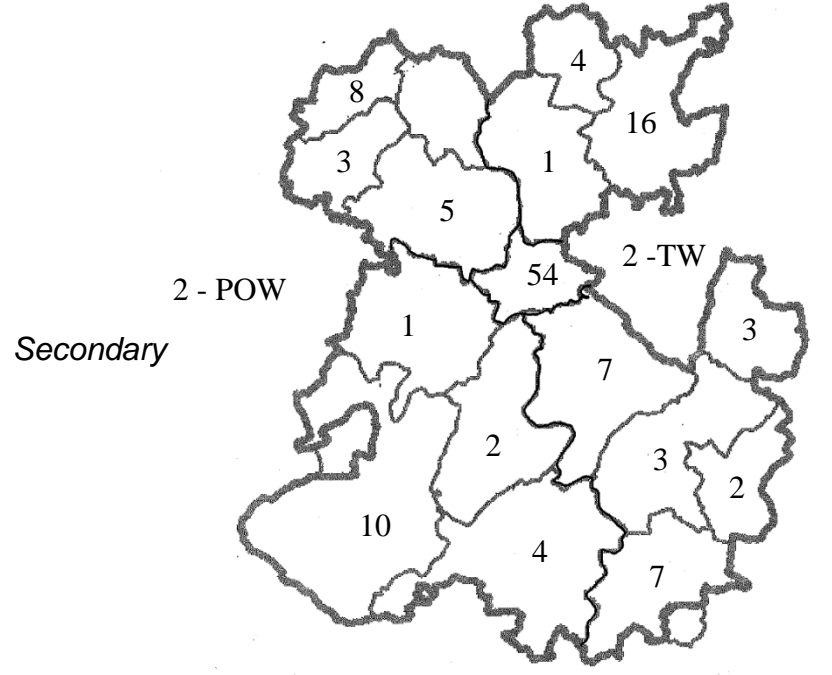
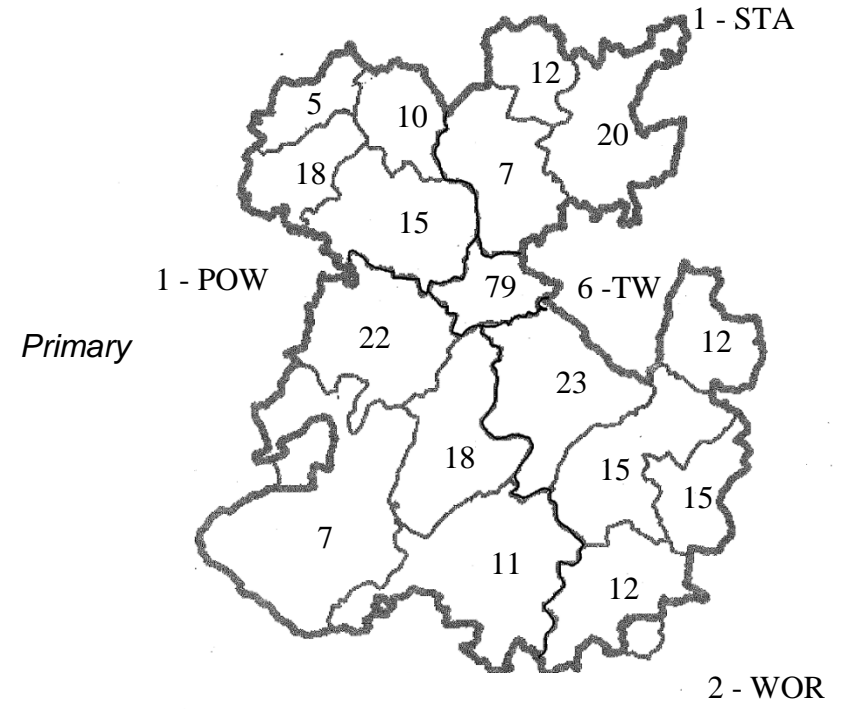
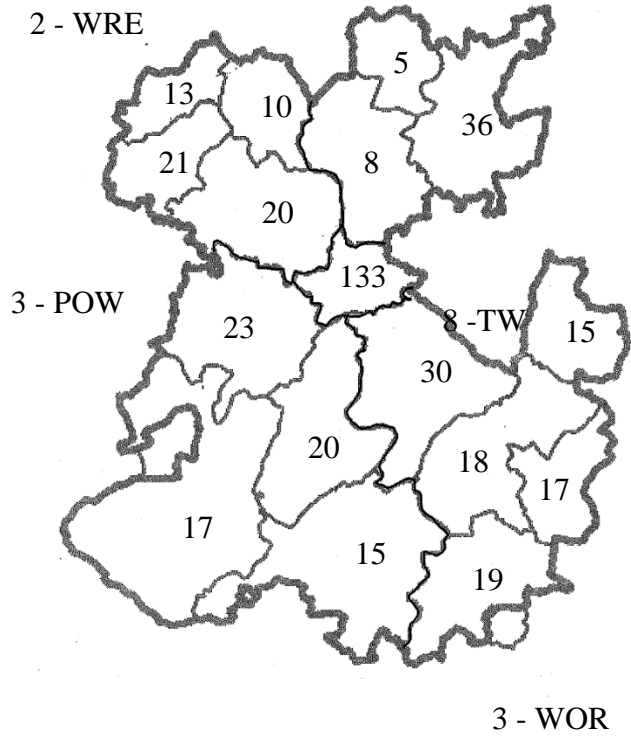
Secondary



Specific Learning Difficulties (SPLD)

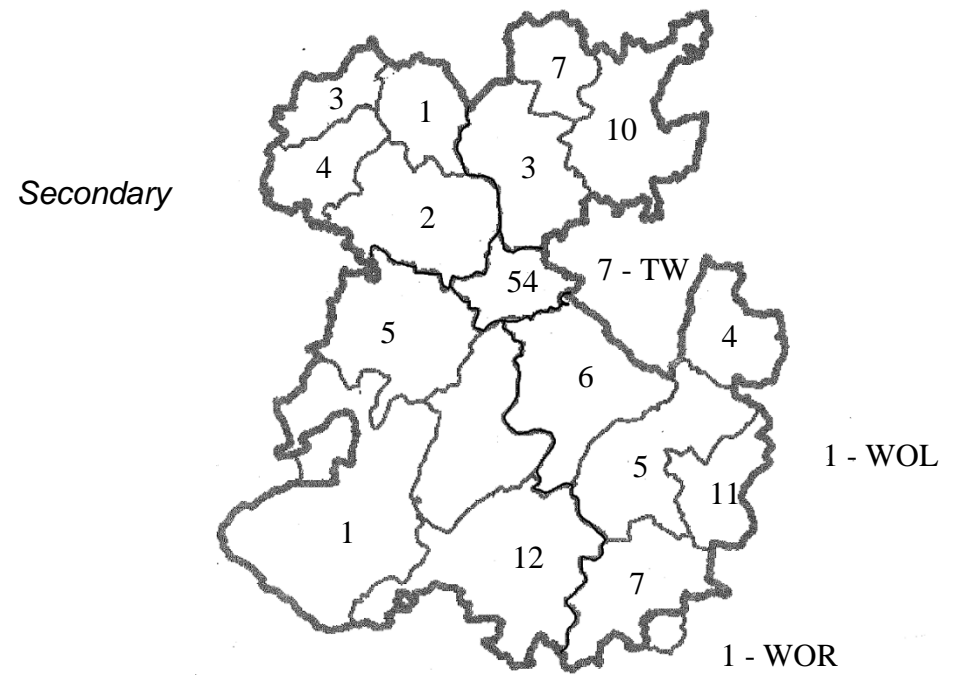
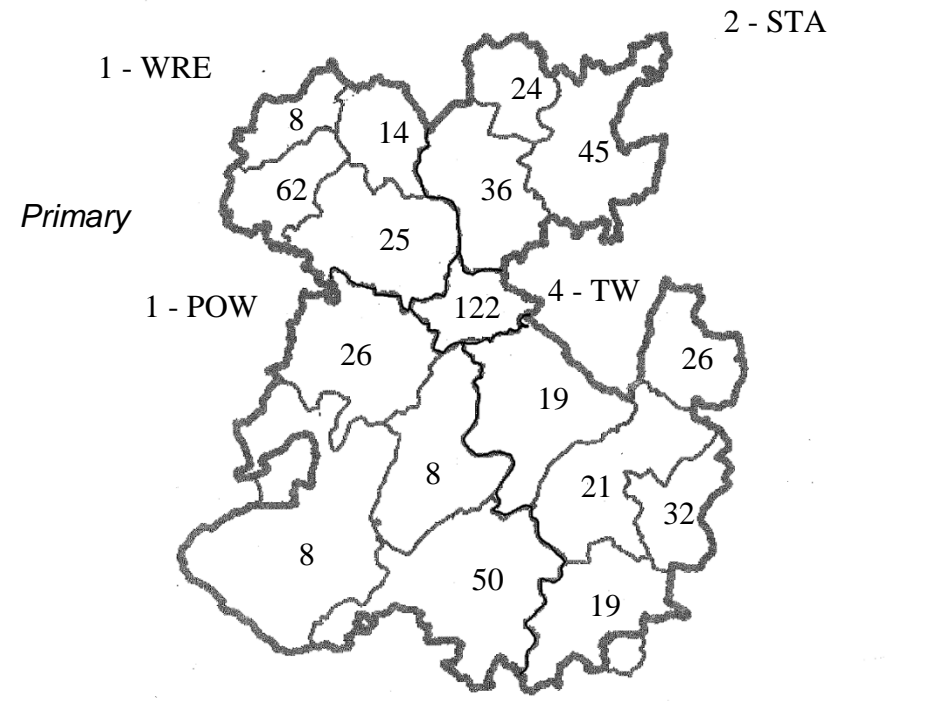
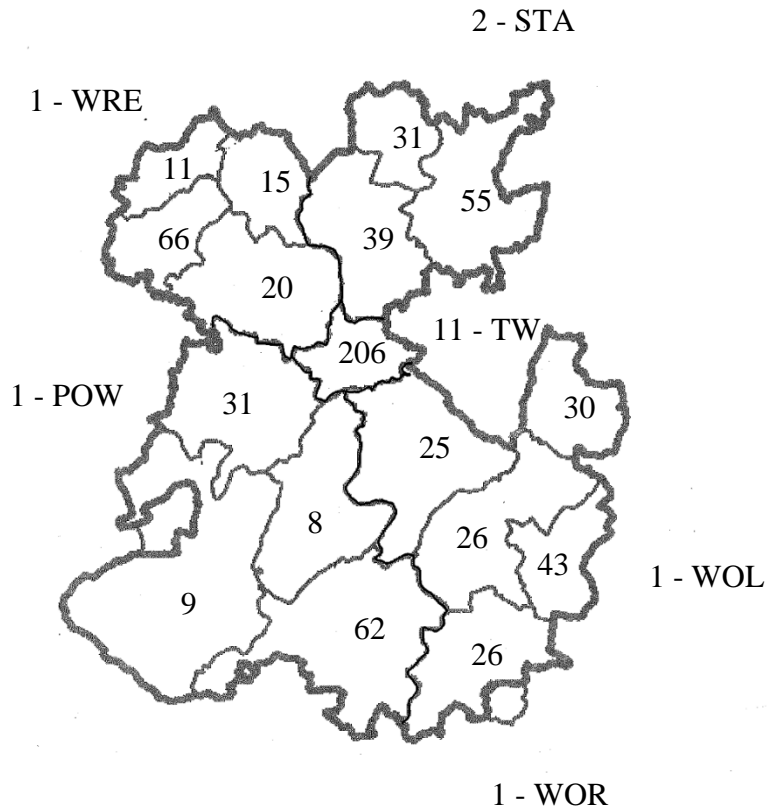
Page 81

Total



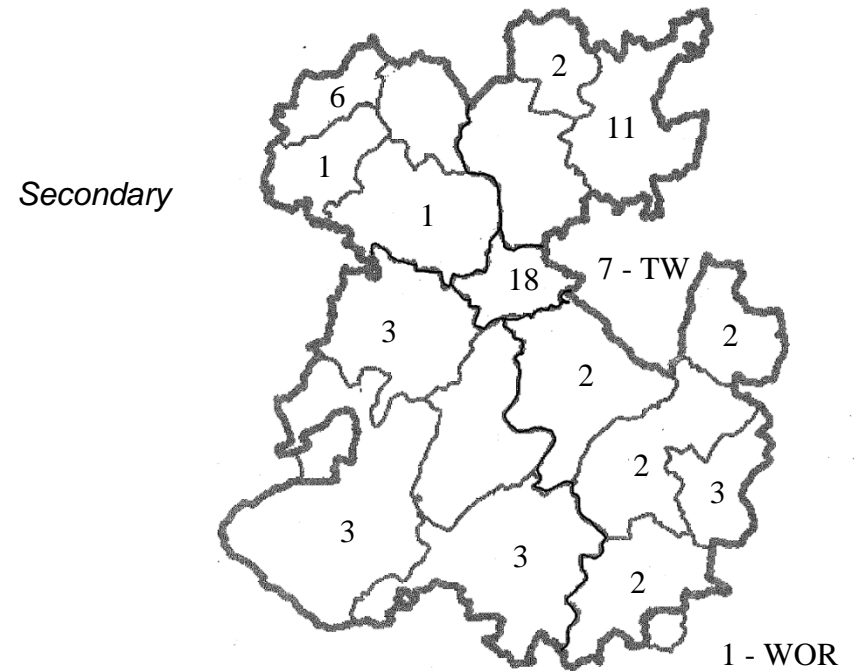
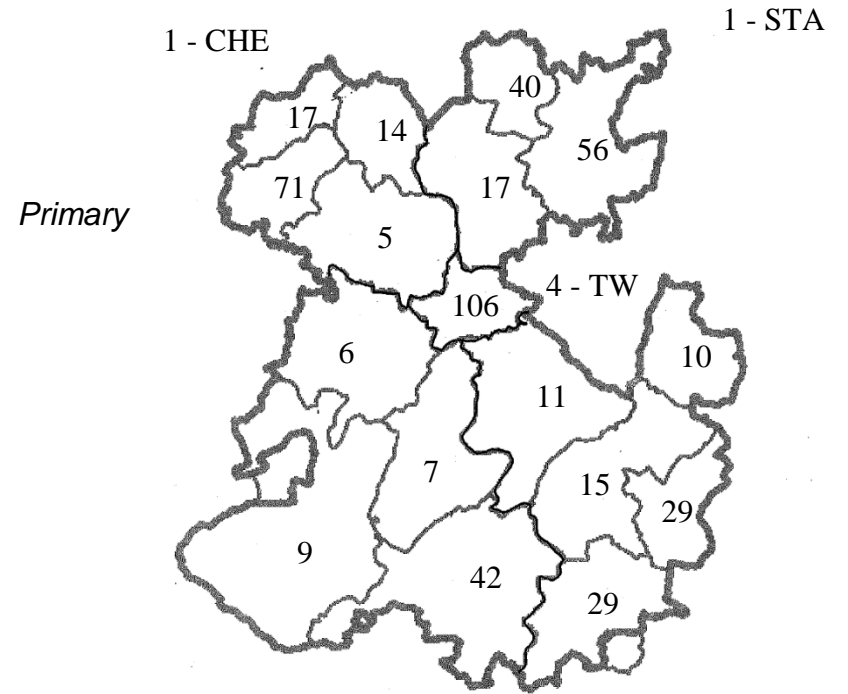
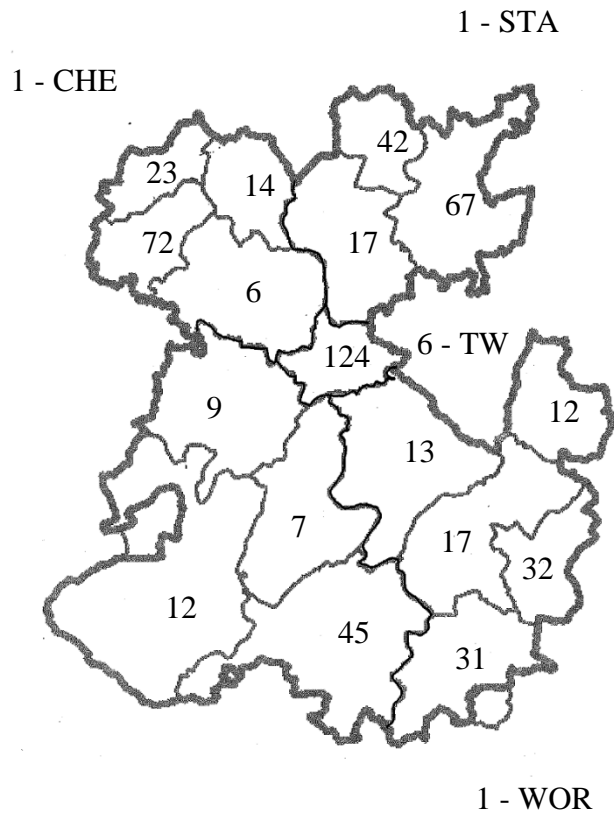
Moderate Learning Difficulties (MLD)

Page 82
Total



Speech, Language and Communication Needs (SLCN)

Page 83
Total



Specialist Provisions;

Each specialist provision has been mapped, displaying the numbers of children at each provision and in which secondary catchment area they reside in using addresses recorded on the ONE system. For TMBSS, the census data was used as there is a higher turnover of pupils, therefore the addresses used were for those pupils on role at the time the school census was taken.

1. **Woodlands** – Acorns & Woodlands main school

2. **Kettlemere ASD hub**

3. **Severndale** – Nursery, Infants and Junior
- Daily transport costs for this group of children

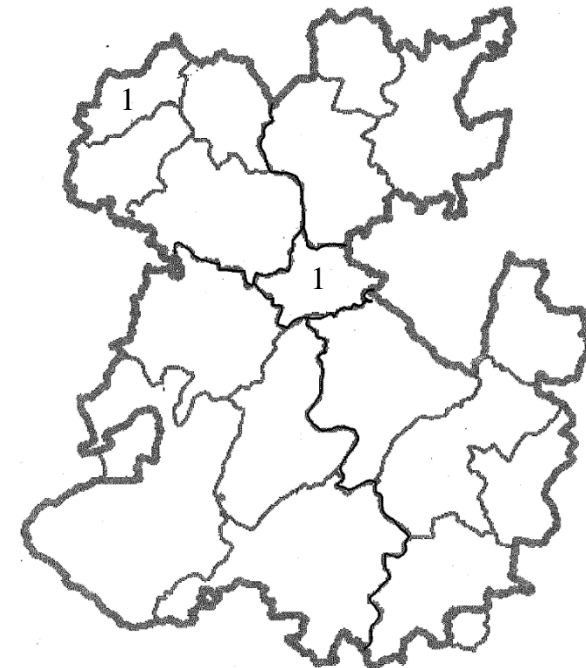
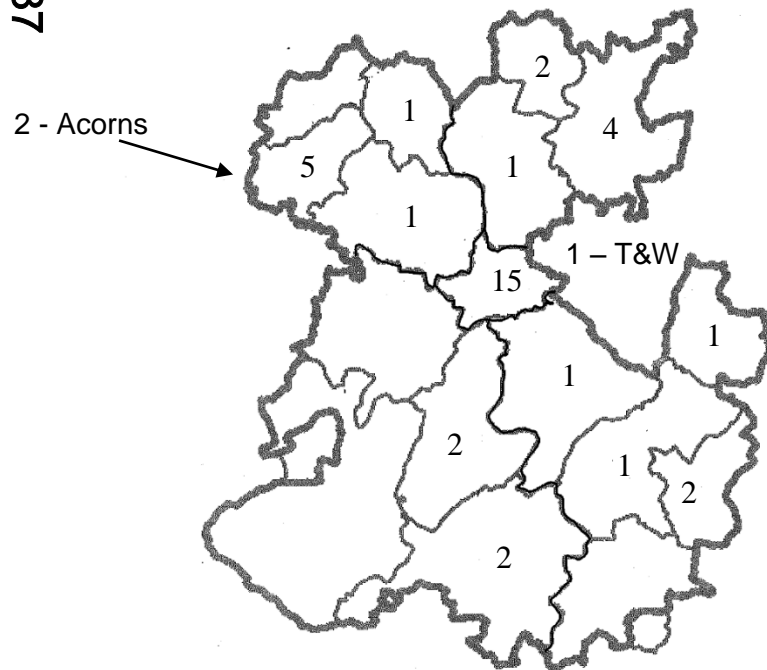
4. **TMBSS** – Primary and Secondary

Specialist Provisions in Shropshire

WOODLANDS		
	Acorns	School
North East		7
North West	2	7
Central		15
South East		5
South West		4
Out of County		1
TOTALS	2	39

KETTLEMERE	
	ASD Hub
North East	
North West	1
Central	1
South East	
South West	
Unknown	1
TOTALS	
<i>Note: Unknown addresses due to lack of information on ONE</i>	

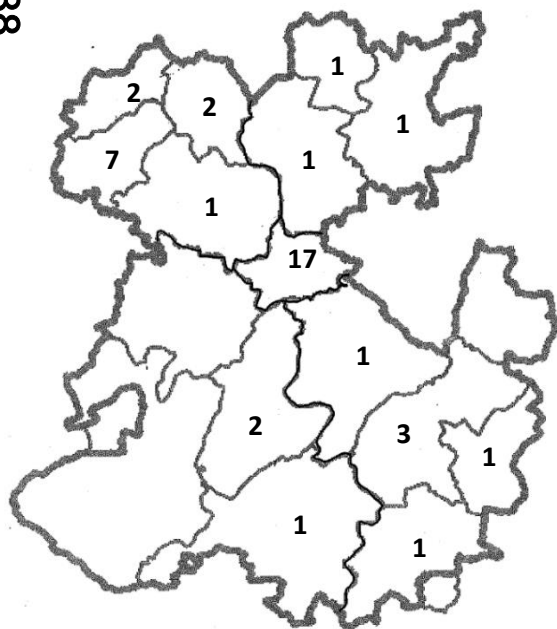
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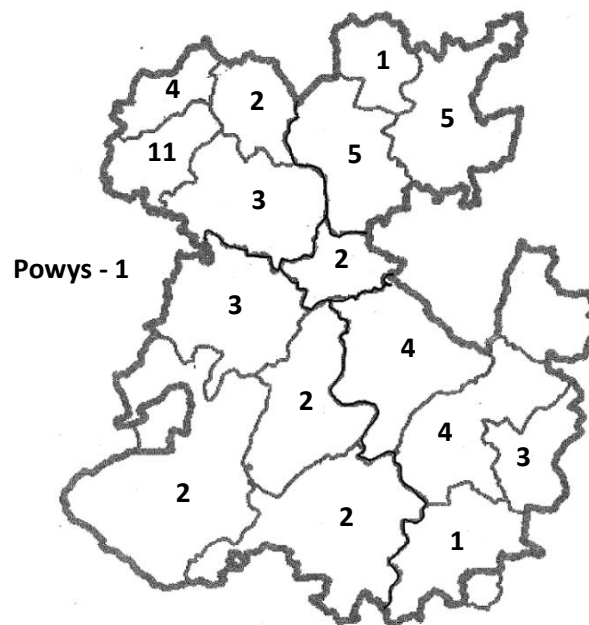
SEVERNDALE (NURSERY, INFANTS AND JUNIOR)			
	Nursery	Infants	Junior
North East	3	11	12
North West	12	20	22
Central	17	27	37
South East	6	12	5
South West	3	9	10
Out of County		1	3
Unknown		1	
TOTALS	41	80	89

Note: Unknown addresses due to lack of information on ONE

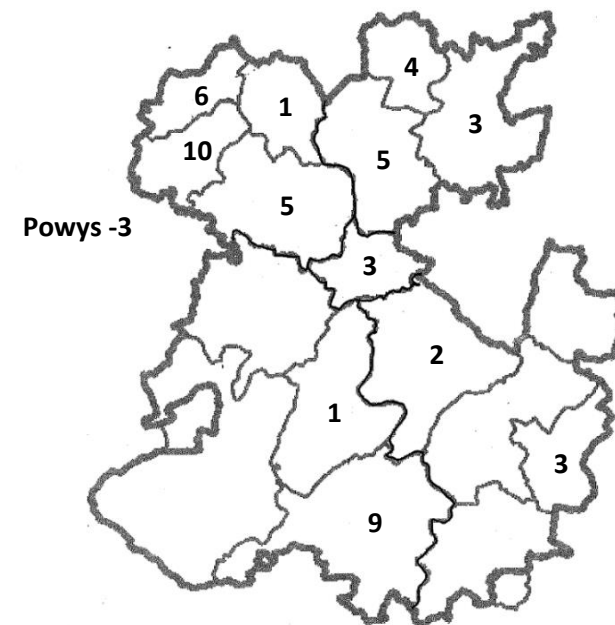
Nursery



Infants



Junior

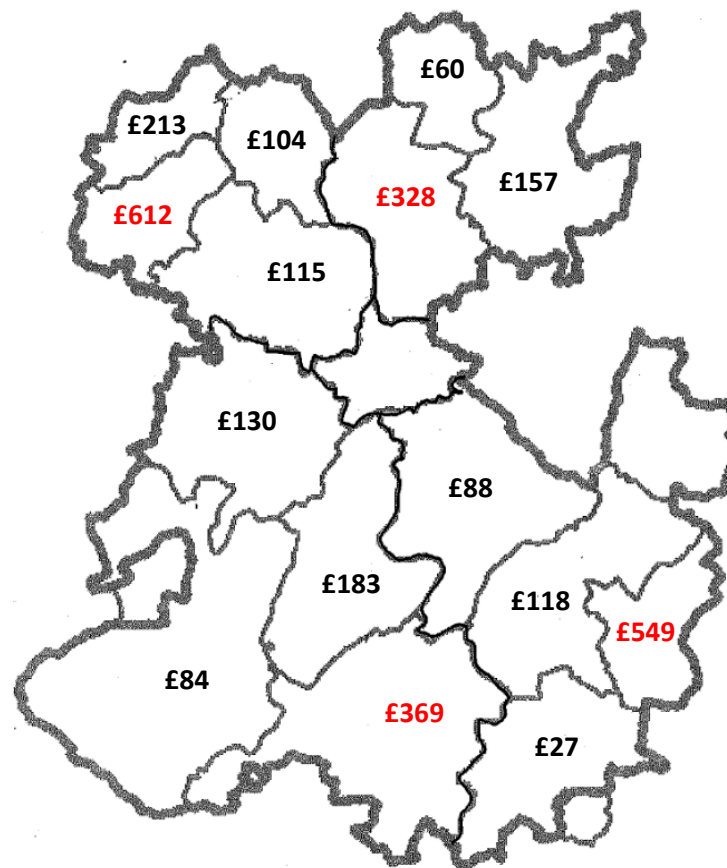
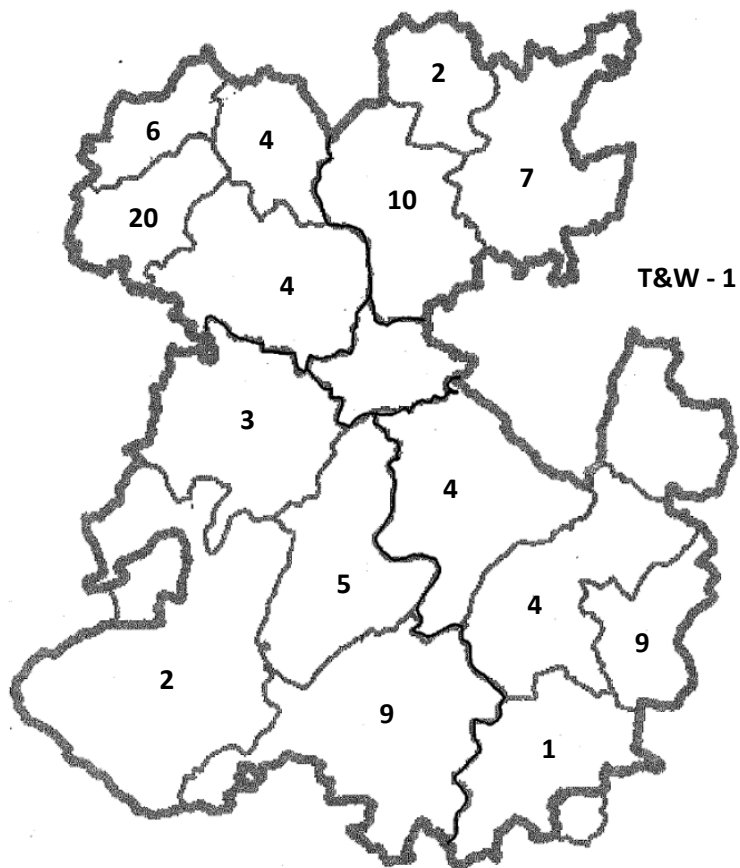


Severndale Nursery, Infants and Junior - Daily cost of transport funded by Shropshire Council

Total pupils per catchment area - Nursery, Infant and Junior Severndale pupils travelling from outside of Shrewsbury catchment area

Total daily average cost per day, per catchment area - Nursery, Infant and Junior Severndale pupils travelling from outside of Shrewsbury catchment area

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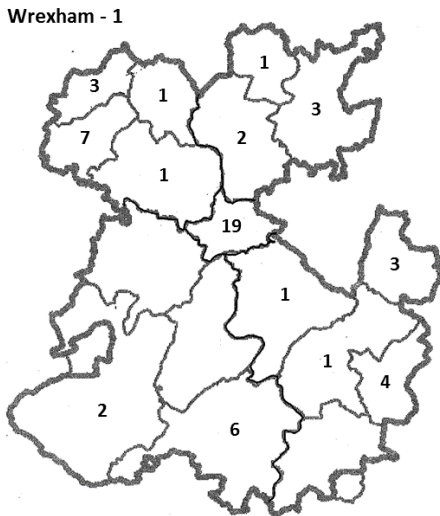


TMBSS

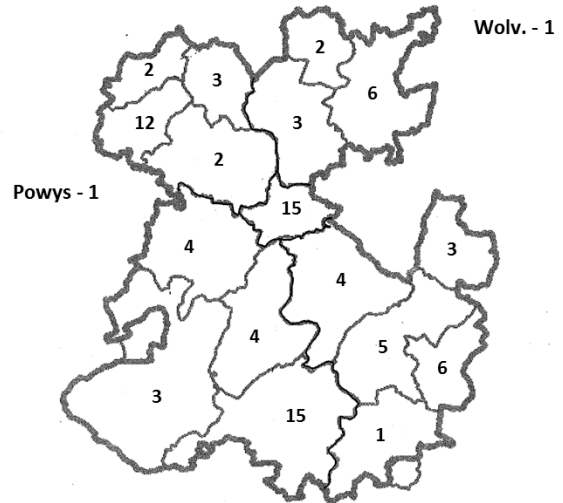
	Primary	Secondary
	2013/2014	2013/2014
North East	6	11
North West	12	19
Central	19	30
South East	9	19
South West	8	26
Out of County	1	4
Unknown	3	15
TOTALS	58	124
	Oct 14 - Now	Oct 14 - Now
North East	6	10
North West	8	16
Central	15	21
South East	9	19
South West	6	16
Out of County	0	8
Unknown	0	7
TOTALS	44	97
<i>Note: Unknown addresses due to lack of information on ONE</i>		

Data for the Tuition, Behavioural and Medical Support Service (TMBSS) has been mapped from both the January 2014 school census (2013/2014) and the October 2014 school census (Oct 14 – Now) for its primary and secondary age pupils. This was done due to the fact that throughout the academic year the registers are frequently changing due to the nature of TMBSS as a referral unit. The total numbers indicate how many pupils were registered at this provision at the time the respective school census was taken.

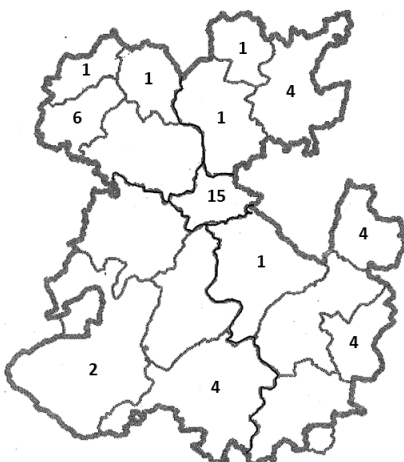
Primary 2013/2014



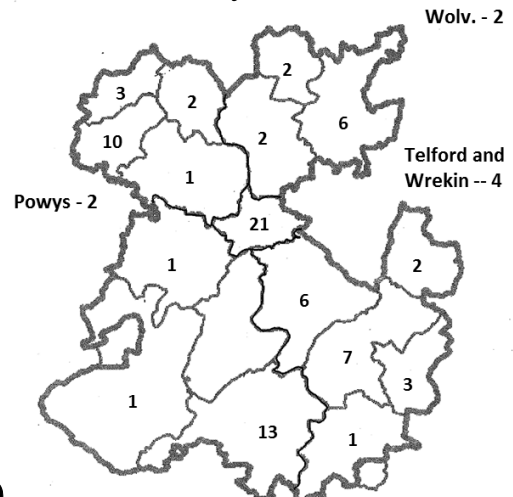
Secondary 2013/2014



Primary Oct 14 - now



Secondary Oct 14 - now



High Needs ASD Children;

Children with a statement who have ASD as their primary need, and have high needs;

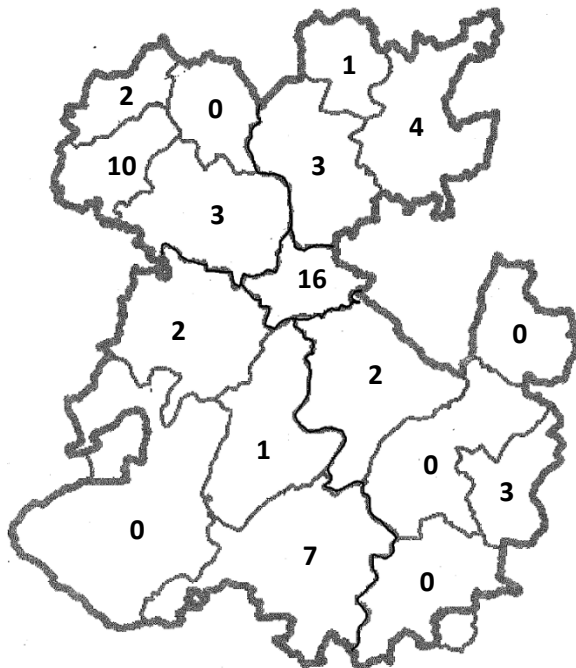
Once again, addresses recorded on the ONE system have been used to map the number of children within this profile who live in each secondary catchment area. 'High needs' in this instance was defined using bandings; bandings 5, 6, 7 and 8 for mainstream pupils, bandings A, B, C and D for Severndale pupils, bandings A, B, C and D for Woodlands pupils, and Tuition (TMBSS) banding A.

High needs children with an ASD profile (with statements)

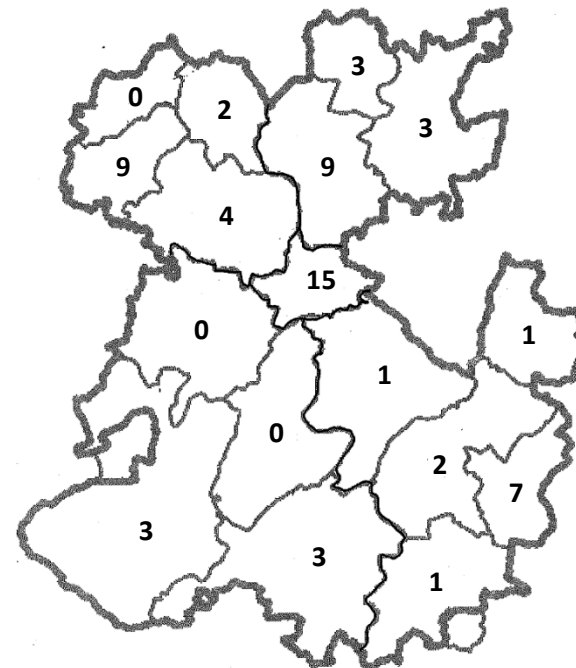
High Needs - ASD Profile (with statements)		
	Primary	Secondary
North East	8	15
North West	15	15
Central	16	15
South East	5	12
South West	10	6
Unknown	0	2

Note: Unknown addresses due to lack of information on ONE

Primary



Secondary



St. Giles' CE Primary School, Shrewsbury								2									2
St. John the Baptist CE Primary School, Ruyton							1										1
St. Peter's CE Primary School, Wem			1														1
St. Thomas & St. Anne's CE Primary School									1								1
Stoke-on-Tern Primary School	1																1
Stokesay Primary School													1				1
Trefonen CE Primary School						1											1
West Felton CE Primary School							1										1
Whittington CE Primary School						2											2
Woodside Primary School, Oswestry						1											1

High Needs - ASD Profile (with statements) – Secondary school totals

Area of the county:	N.E			N.W				C	S.E			S.W				TOTAL FOR EACH SCHOOL			
	School	Grove	SJT	Thomas Adams	Lakelands	St. Martins	Marches	Corbet	Shrewsbury	Mary Webb	B.C.C.C	Church Stretton	Ludlow	Williams Brookes	Bridgnorth Endowed		Oldbury Wells	Idsall	Lacon Childe
Belvidere School								1											1
Bridgnorth Endowed School														1					1
Church Stretton School													1						1
Grove School	2																		2
Idsall School																1			1
Lacon Childe School															1		1		2
Lakelands School Sports & Language College				2		2		1											5
Ludlow CE School												2							2
Meole Brace School								3											3
Oldbury Wells School															3				3
Priory School								4											3
Severndale Specialist Academy	1		5			4		9				1			4				24
St Martins School					1														1
The Community College, Bishops Castle										3									3
The Corbet School							3												3
The Marches School					1	4													5
Thomas Adams School	1		5					1											7
TMBSS			1			1	1	3				1		1					8

Summary points

- **Severndale (Nursery, Infants and Junior)** – there is a higher number of children residing in the North of the county who attend Severndale within these age groups. There is a possibility that this is due to the fact that Shrewsbury is located slightly more towards the North of the county. When analyzing this information against the number of children of this age who attend out of county provision, there is an indication that children, particularly of Infant age, are attending expensive provisions out of county in the South – therefore a provision in the South could potentially alleviate these costs. The daily costs of transport for children in this group who travel from outside of Shrewsbury into Severndale indicates that there is money that can be potentially saved in developing a satellite provision for this particular group of children.
- **TMBSS (Primary and Secondary)** - This data indicates that, outside of the central Shrewsbury area, there are particularly higher numbers in the North West (Oswestry) area and in the South East (Ludlow) area. This shows that The Meadows, a hub provision of TMBSS, is correctly placed in the Oswestry area and therefore future primary provision may be best situated in the South of the county. This would be particularly positive for those children in the South who have a longer distance to travel, and as a result the local authority may avoid expensive out of county placements just across the border.
- **High needs children with an ASD profile (with statements)** – the number of children who fit this profile who reside in either the North or South of the county is fairly similar, with slightly higher numbers in the North of the county. This would suggest that the Kettlemere hub is well situated in the North and therefore a new provision in the South would be beneficial.
- **Independent provisions in Shropshire** - the largest proportion of placements/costs is for children of secondary school age, with the most expensive placements being at Cruckton School.
- **Out of County provisions** – similarly there is a large number of placements/costs for children of secondary age. In addition to the large number of infant aged children in the South, there is also a large number of post-16 out of county placements, with some costing in excess of £100,000 a year – an exercise in mapping the post-16 provision currently in Shropshire must be done in order to identify gaps in provisions and to provide effective provision in county to accommodate needs and save money.
- **Types of SEN** – for children with statements, BESD is the most prevalent need, with a large number of these children living in the North of the county. This is followed by SLCN in both the North and South, MLD in the North and ASD in the North. For children who do not have a statement but have an identified SEN need, the most prevalent type of need is MLD in across the whole county, followed by SLCN in the North, SPLD in the South and BESD in the North

Information on SEN need in Shropshire 2014

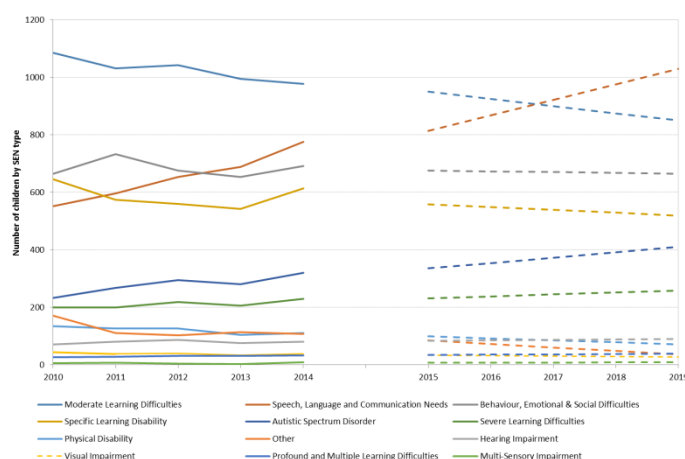
The following report will look at information from various sources to determine need for children with special educational needs (SEN). It will identify what current need is, where in the county the need is greatest and possible future need. The information included comes from the school census and the ONE system. The ONE system records children with a statement of Special Educational Needs or those currently under assessment for a statement in Shropshire. The data includes all children funded by Shropshire and those in Shropshire funded by other areas. The data from the school census includes all children on the school roll in January when the census was taken in Local Authority or Academy schools. There will be some difference between the two datasets as the ONE system includes children educated in private education and out of county placements.

Population characteristics of SEN children in Shropshire

The school census records all children who are classed as having SEN that are school action plus and who have a statement. The following demographic and socio-economic characteristics have been identified from the school census:

- Children and young people classed as having SEN are most likely to be aged between 10-14 years old
- They are more likely to be boys than girls
- They are more likely to live in the most deprived fifth of areas in the county
- In terms of numbers Shrewsbury & Atcham has a higher number of children that have a SEN
- The rate of children with a SEN is higher in the north of the county, meaning that they account for a higher proportion of the general population than in other areas
- The most common SEN needs for children in Shropshire were moderate learning disability, speech, language and communication needs, behaviour, emotional and social difficulties and specific learning disabilities.
- Shropshire has a higher rate of SEN children classed as having learning disabilities compared to the national figure
- Forecasts based on the past five years of data from the school census show that overall there has not been any significant change in the number of children with SEN.
- However, there was expected to be a change in some of the SEN types, with projections showing an increase in children with speech, language and communication needs, autistic spectrum disorder and severe learning difficulties.
- There were also SEN types projected to decrease including moderate learning difficulties, specific learning difficulties and other.
- Most of the other SEN types were projected to remain similar to the current figures.
- Projections were also calculated based on current figures and applied to population projections. As the population projections showed a slight decrease year on year, each SEN type was forecast to decrease very slightly using this method.

Figure 1 Trends and projections for numbers of children by SEN type in Shropshire



Source: School Census, Shropshire Council, 2010-2014

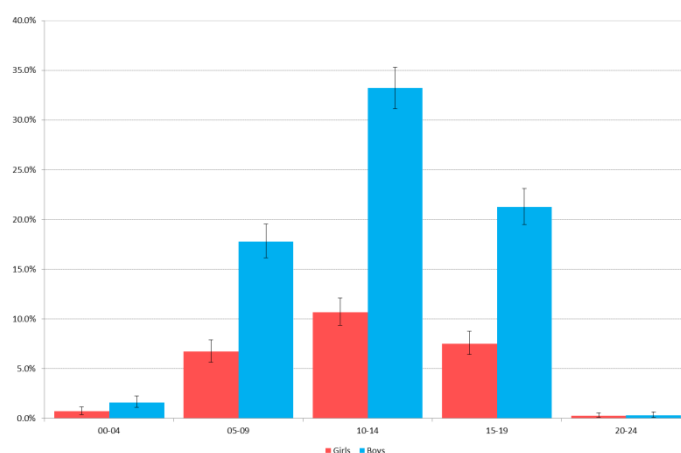
Children and young people with a SEN statement

The following information is from data collected by the ONE system and looks at children and young people with a statement or those that are under assessment for a statement.

Demographics

Overall there were 1,896 children and young people with a SEN statement in Shropshire and 112 under assessment. The following chart shows the age and gender breakdown on the children and young people. There were significantly more boys than girls with a statement or under assessment, which is similar to the school census. The age group with the highest proportion was the 10-14 year olds which was significantly higher than all the other age groups; again this was similar to the school census data. Similar proportions of children and young people aged 5-9 years and 15-19 years had either a statement or were under assessment and both the 0-4 years and 20-24 years age groups were significantly less likely than other are groups to have a statement or be under assessment.

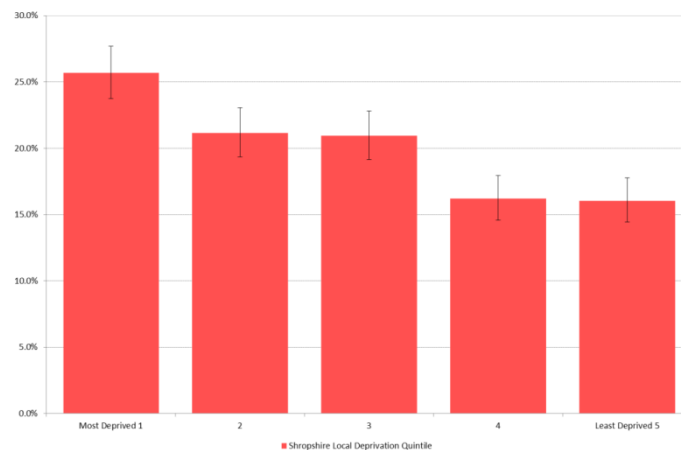
Figure 2 Age and gender of children and young people with or being assessed for a statement in Shropshire



Source: ONE System, Shropshire Council, August 2014

The following chart shows that there were significantly more children from the most deprived areas in Shropshire that had either a statement or were under assessment for one. More in depth analysis of the primary need for a statement reveals that in all but three statement categories there was no significant difference between the most and least deprived areas in Shropshire. The three categories that were more prevalent in the most deprived areas were behavioural, emotional and social difficulties, moderate learning difficulties and speech, language and communication needs.

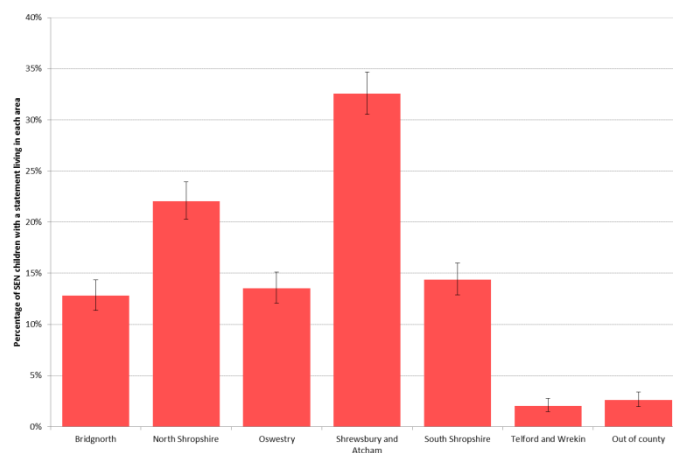
Figure 3 Deprivation quintile of children and young people with or being assessed for a statement in Shropshire



Source: ONE System, Shropshire Council, August 2014

The following chart shows which former local authority children and young people with a statement or being assessed live. The highest proportion was in Shrewsbury & Atcham, as this is the area with the highest population and was significantly higher than all the other areas. North Shropshire was significantly higher than the other areas, with the exception of Shrewsbury & Atcham. This was similar to the findings from the school census data that included both children and young people with a statement and those that were school action plus.

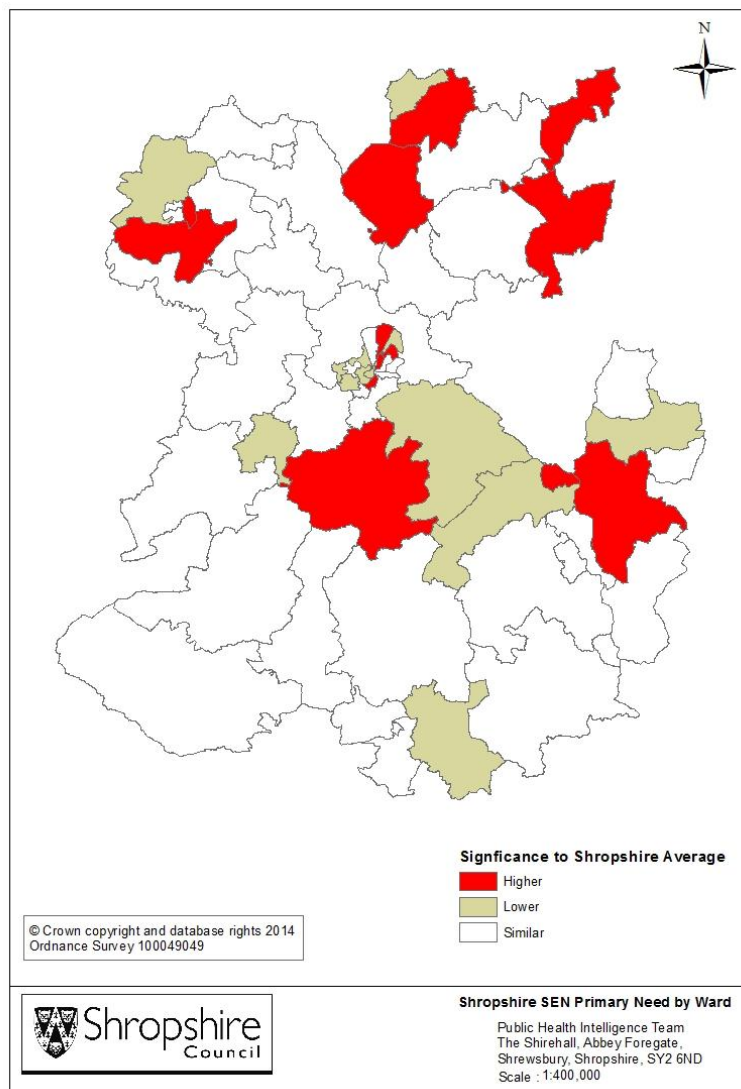
Figure 4 Former LA children and young people with or being assessed for a statement in Shropshire live



Source: ONE System, Shropshire Council, August 2014

The following map highlights wards with the highest rates of children and young people with a statement or under assessment for SEN. The wards in red are those that have a significantly higher rate of children and young people with a statement or under assessment for SEN compared to the Shropshire average and wards in beige significantly lower. As rates are based against the local population this is an indicator of where there is a greater amount within that population and does not just reflect the fact that there is a higher number of children due to their being a higher overall population. The north of the county has the most wards where the rate is significantly higher than the Shropshire average.

Figure 5 Map of rates per 1,000 children and young people with or being assessed for a statement in Shropshire by ward



Source: ONE System, Shropshire Council, August 2014

Type of SEN

For the purpose of this report the primary SEN type was used in order to make sure that there was no double counting of pupils. The following table highlights the data from the ONE system. This is different from the school census data as it includes a wider age range, children educated in private schools, children educated out of county and those from out of

county educated in Shropshire. Therefore the order of the SEN classification is slightly different. There is a gender difference in some of the categories, with more males likely to have behaviour, emotional and social difficulties and more females likely to have moderate learning difficulties.

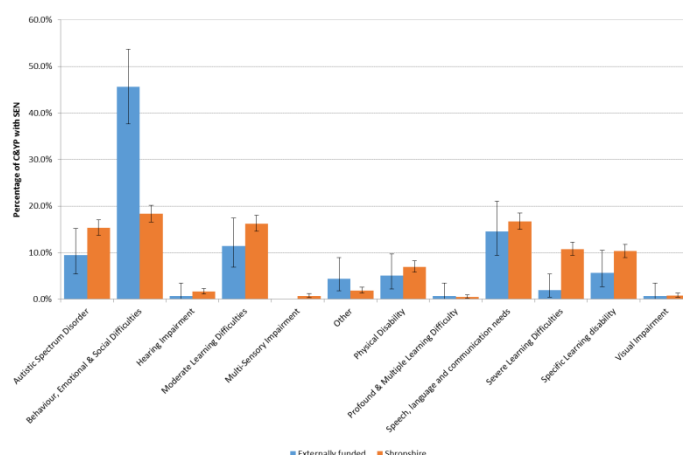
Table 1 Primary SEN type of children and young people with or being assessed for a statement in Shropshire

Learning Disability	Female	Male	Total	Total number
Behaviour, Emotional & Social Difficulties	12.9%	23.1%	20.5%	411
Speech, language and communication needs	15.6%	16.9%	16.5%	332
Moderate Learning Difficulties	21.4%	13.9%	15.8%	318
Autistic Spectrum Disorder	9.6%	16.7%	14.8%	298
Severe Learning Difficulties	11.9%	9.4%	10.1%	202
Specific Learning disability	7.9%	10.7%	10.0%	200
Physical Disability	10.2%	5.6%	6.8%	137
Other	3.3%	1.6%	2.0%	41
Hearing Impairment	2.7%	1.1%	1.5%	31
Visual Impairment	1.5%	0.5%	0.7%	15
Multi-Sensory Impairment	1.5%	0.3%	0.6%	13
Profound & Multiple Learning Difficulty	1.3%	0.2%	0.5%	10
Total	100.0%	100.0%	100.0%	2,008

Source: ONE System, Shropshire Council, August 2014

The following chart looks at the differences in SEN type for the proportions of pupils funded externally that are accessing services in Shropshire and those funded by Shropshire. In all but one category there are similar proportions of pupils, although the numbers in some of the categories for externally funded pupils are very small. However, there were significantly more externally funded pupils in the behavioural, emotional and social difficulties category compared to the Shropshire funded pupils.

Figure 6 Percentage of SEN type by externally funded and Shropshire funded pupils

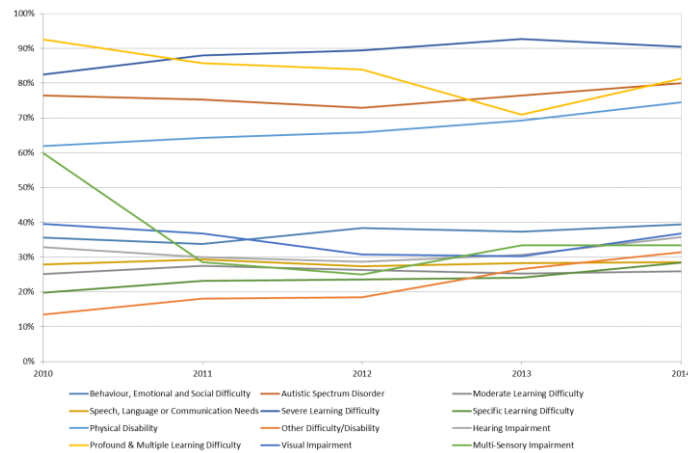


Source: ONE System, Shropshire Council, August 2014

The following chart highlights the percentage of all SEN types from the school census (school action plus and statement) that have a statement. In all but three types (profound and multiple learning disability, multi-sensory impairment and visual impairment) there has

been an increase in the proportion that have a statement. The largest increase was in the other category, with 18% more pupils likely to have a statement in 2014 compared to 2010.

Figure 7 Trends in percentage of all SEN types that have statement

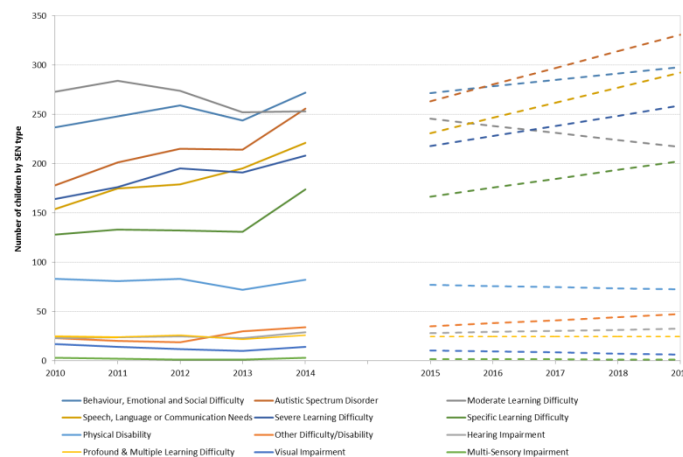


Source: School Census, Shropshire Council, 2010-2014

Projections have also been calculated based on children and young people with a statement. Again these projections were based on the past five years of data from the school census and project the forward five years. The following points were highlighted about projections for children and young people with SEN:

- Both trends and projections highlight an increase in the number of children with a statement in Shropshire or requiring one in the future.
- Statements for most SEN types are predicted to increase, particularly autistic spectrum disorder, speech, language or communication needs, severe learning disability, behavioural, emotional and social difficulty, specific learning disability and other difficulty.
- There were also some types projected to decrease including moderate learning disability, physical disability and visual impairment.
- Other SEN types were forecast to remain at a similar level.

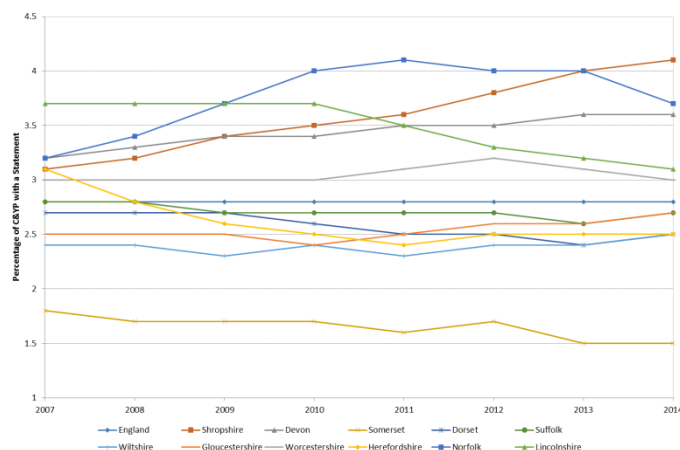
Figure 8 Trends and projections for numbers of children by SEN type with a statement in Shropshire



Source: School Census, Shropshire Council, 2010-2014

The following chart shows the percentage of statements in Shropshire, England and similar local authorities. The proportion in Shropshire has increased year on year since 2007 and is higher than the national figure and the other local authorities in the comparator group. Shropshire has the second highest proportion nationally.

Figure 9 Percentage of children and young people with a statement by local authority



Source: *Statistics on Special Educational Need, Department for Education, 2007-14*

The following chart highlights trends and forecasts for statements for different SEN types in the Bridgnorth area. Calculations were made in the same way that the previous data for Shropshire was made. The following points summarise the trends and forecasts:

- There are projected increases in statements for behaviour, emotional and social difficulties, severe learning disabilities, autistic spectrum disorder, speech, language and communication needs and specific learning disabilities.
- There were forecasted decreases in moderate learning difficulties, physical disabilities and other conditions.

Figure 10 Trends and projections for numbers of children by SEN type with a statement in Bridgnorth

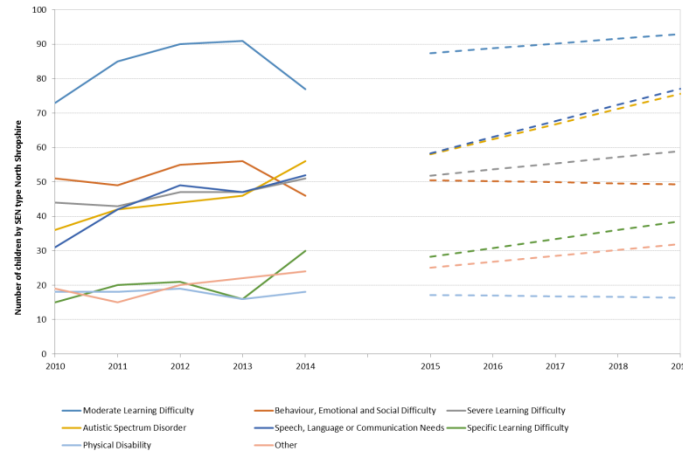


Source: *School Census, Shropshire Council, 2010-2014*

The following chart highlights trends and forecasts for statements for different SEN types in the North Shropshire area. The following points summarise the trends and forecasts:

- Forecasts suggest that there will be an increase in statements for all SEN types, with the exception of behavioural, emotional and social difficulties and physical disabilities, which are forecast to decrease.

Figure 11 Trends and projections for numbers of children by SEN type with a statement in North Shropshire

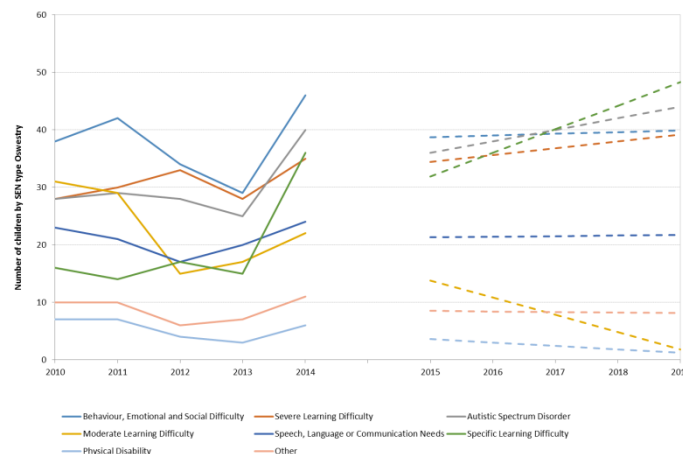


Source: School Census, Shropshire Council, 2010-2014

The following chart highlights trends and forecasts for statements for different SEN types in the Oswestry area. The following points summarise the trends and forecasts:

- There is forecast to be increases in behaviour, emotional and social difficulties, severe learning difficulties, autistic spectrum disorder and specific learning disabilities.
- Forecasts suggest that numbers for speech, language and communication needs and other SEN are likely to be similar.
- It is likely that there will be a decrease in moderate learning disabilities and physical disabilities.

Figure 12 Trends and projections for numbers of children by SEN type with a statement in Oswestry

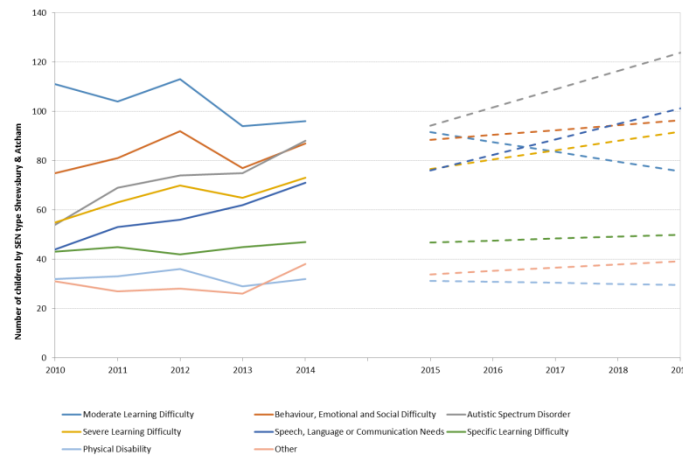


Source: School Census, Shropshire Council, 2010-2014

The following chart highlights trends and forecasts for statements for different SEN types in the Shrewsbury & Atcham area. The following points summarise the trends and forecasts:

- There are forecast to be increases in autistic spectrum disorder, speech, language and communication needs, behaviour, emotional and social difficulties, severe learning difficulties, specific learning difficulties and other needs.
- There is forecast to be a decrease in moderate learning disabilities and physical disabilities.

Figure 13 Trends and projections for numbers of children by SEN type with a statement in Shrewsbury & Atcham

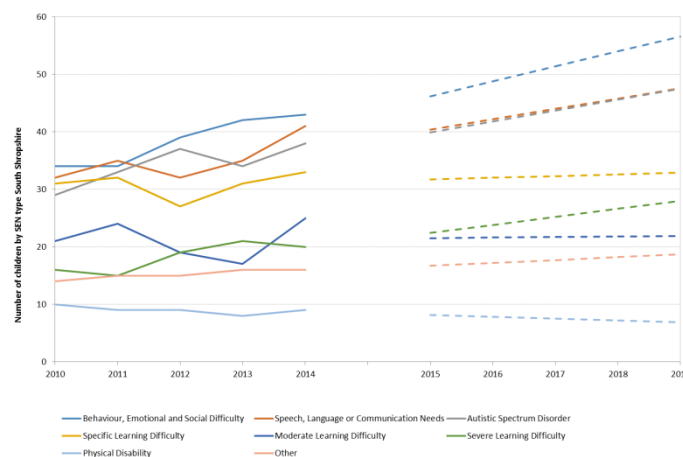


Source: School Census, Shropshire Council, 2010-2014

The following chart highlights trends and forecasts for statements for different SEN types in the South Shropshire area. The following points summarise the trends and forecasts:

- There is projected to be an increase in statements for all SEN types with the exception of moderate learning difficulties, which is forecast to remain the same and physical disabilities which are projected to decrease.

Figure 14 Trends and projections for numbers of children by SEN type with a statement in South Shropshire



Source: School Census, Shropshire Council, 2010-2014

Summary

- Data from current trends and future projections of SEN types show that although there is no increase or projected increase in overall need in the population there is an increase and also a projected future increase in the intensity of support required as more children and young people are requiring a statement.
- Projections show that the types of SEN (both school action plus and statement) that are forecast to increase the most are speech, language and communication needs and autistic spectrum disorders. Moderate learning difficulties are forecast to decrease significantly.
- There is a gender difference in children and young people receiving statements, with significantly more boys than girls requiring statements. Children aged 10-14 years old are the age group most likely to have a statement.
- Significantly more children from the most deprived fifth of areas in Shropshire have a statement compared to those from all other areas.
- Overall there is a higher rate of children and young people with SEN in the North of the county compared to other areas.
- The type of SEN varies by gender. Boys are more likely to have behavioural, emotional and social needs and autistic spectrum disorder, whereas girls are more likely to have moderate or severe learning difficulties.
- Some SEN types are more likely to receive a statement than others, a higher proportion of children with severe learning difficulties, profound and multiple learning difficulties, autistic spectrum disorder and physical disability have a statement compared to those with other SEN types.
- Forecasts highlight that currently the most prevalent SEN type is behavioural, emotional and social difficulty. However, forecasts highlight that it will be autistic spectrum disorder in the future.
- Shropshire has the highest proportion of children with a SEN statement compared to comparator local authorities. It also has the second highest proportion nationally.
- Different SEN types are more prevalent in different parts of the county. In Bridgnorth, South Shropshire and Oswestry emotional, behavioural and social difficulties are the most prevalent and are forecast to continue being the most prevalent in Bridgnorth and South Shropshire. However, in Oswestry specific learning difficulties are forecast to be the most prevalent. Currently in North Shropshire moderate learning difficulties are the most prevalent SEN type and are forecast to continue being the most prevalent. In Shrewsbury and Atcham area moderate learning difficulties are the most prevalent type, with autistic spectrum disorder forecast to be most prevalent in the future.
- Some of the most common SEN types are largely preventable; efforts should be made to prevent emotional, behavioural and social difficulties and speech, language and communication needs getting to the point where they require a statement.

Kettlemere ASD Hub: Case Study

Pupil A

Primary SEN: Autistic Spectrum Disorder (Asperger's Syndrome)
Current School: The Kettlemere Centre at Lakelands Academy

Pupil Background

In 2007 Pupil A was diagnosed with Autistic Spectrum Disorder (Asperger's Syndrome). This had a significant impact on Pupil A's ability to cope with change, particularly in the school environment. Pupil A, as do other children with a diagnosis of Asperger's Syndrome, finds difficulty in being motivated to work if the activity does not seem relevant to their view of the world and experiences significant levels of insecurity, anxiety and low self-esteem.

Despite intensive support from a range of agencies Pupil A still found difficulty in interacting with their peers. Following a Statutory Assessment in 2009, it was decided to issue Pupil A with a Statement of Special Educational Needs (SEN) which mainly addressed the social interaction, social communication and rigidity of thought associated with a diagnosis of Asperger's Syndrome which is a considerable barrier to independent learning.

Pupil A began attending a mainstream secondary school in 2011. Pupil A had struggled since year 7 with punctuality. Pupil A needed a significant amount of support in order to help them get ready for school in the morning – a part of the school day which they found particularly difficult.

Following a permanent exclusion from the mainstream secondary school, a placement in another mainstream secondary school would not have been suitable; it was clear that Pupil A found a mainstream setting highly challenging and required very personalised and sustained support in order for their needs to be met. Without a specialist provision for ASD pupils such as the Kettlemere Centre, Pupil A's option would have been relatively limited. It is likely that they would have been placed out of county at an independent specialist provider, resulting in Pupil A being educated away from their family and their local community.

Kettlemere ASD Hub

The aim of the Hub is to create a safe, happy and stimulating environment in which pupils progress academically and develop as confident and resilient members of the community. Provision is built around individual needs and pupil's attending the hub are provided with a personalised curriculum that may involve, small group teaching, specialist 1:1 support and integration into mainstream classes where appropriate to the individual needs of the pupil.

The Kettlemere Hub provides support strategies to assist children in overcoming their difficulties, along with coping strategies for anxieties related to their special educational needs, and supports them in their journey to adulthood. Pupils attending the hub are encouraged to develop both self and group awareness, increasing their self-esteem, emotional stability and acceptability. The team of staff who work at the hub are committed to providing a structured, supportive and controlled learning environment in which they can help nurture each pupil to develop their own unique talents.

Pupil A's experience at Kettlemere

Since attending Kettlemere since September 2014, Pupil A is currently meeting all of their target grades for GCSE and has made great progress; recently achieving an A for a controlled English assessment and top grades for a physics exam. Pupil A's attendance is currently 100%. According to staff at the hub, Pupil A's work output and motivation during lesson time have improved considerably. Although initially being very anxious about doing tasks on their own, Pupil A has grown in confidence and is now becoming a more independent learner.

Pupil A's social and life skills have also improved significantly. Through regular sessions, Pupil A has developed skills such as meal planning, shopping and cooking, personal hygiene, planning for the future and social interaction skills. Whilst attending the hub, Pupil A has had the opportunity to practice these skills across a range of settings both at home and in school, such as visiting a local shop and going out for lunch. Pupil A also has regular sessions for developing both outdoor skills such as swimming and communication skills such as turn-taking and initiating conversations.

Pupil A's family are very pleased with the progress being made at the Kettlemere Centre. They are particularly pleased that Pupil A has been able to improve their social and communication skills, make friends at school and become more independent both at school and at home. Most importantly, they are pleased because Pupil A is happy and smiling more.



Committee and Date

Cabinet
20th February 2013

12.30 pm

Item

20

Public

SPECIAL EDUCATION NEEDS (SEN) STRATEGY

Responsible Officer

e-mail: Karen.Bradshaw@shropshire.gov.uk Tel: 01743 254201

1. Summary

This report seeks Cabinet approval for the development of a range of provisions to meet the needs of some children and young people with Special Educational Needs (SEN) in mainstream schools via a 'spend to save' initiative.

This development will see a series of local, specialist hubs located within mainstream schools. Initially, one hub is to be open by September 2014 specifically for children with Autism Spectrum Disorder (ASD). This will be followed by further, similar provisions located around the County over the following two years.

This will improve localised, specialist resources for young people enabling some children to remain with their families in Shropshire, and will enable the Dedicated Schools Grant (DSG) to be used more efficiently. It is likely to lead to non-residential solutions for young people as they move into adult services.

2. Recommendations

It is recommended that Cabinet:

- (1) Support the proposed strategy in order to meet one of the key objectives of the *Shropshire Children and Young People's Strategy 2012*; that the Council should 'enhance local provision and develop mainstream support including the development of specialist hubs'.
- (2) Approve the creation of local, specialised hubs located on mainstream school sites. This would provide the best solution to allowing some young people with SEN to access suitable, specialist provision, within, or close to, their home community in the most cost-effective manner.
- (3) Agree that such a provision should be managed through a specialist provider (independent or maintained).

REPORT

3. Background

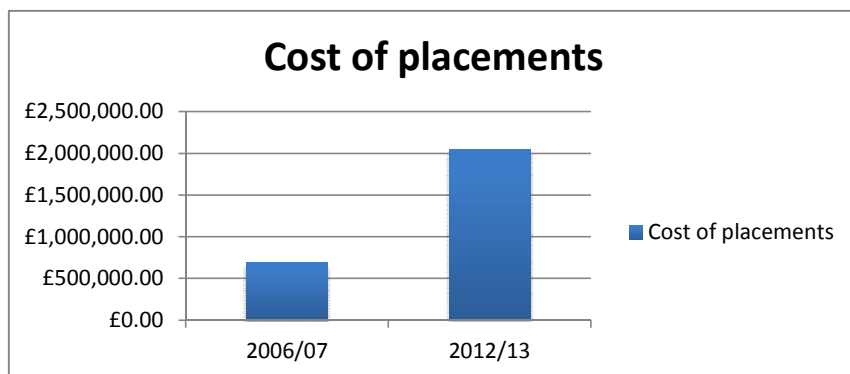
- 3.1 Nationally, the number of children and young people identified with SEN is increasing year on year. There are approximately 2 million children and young people with SEN in England (around 16.5% of all those aged under 16). In Shropshire there are approximately 7,287 young people with SEN (around 22% of all those aged under 16).
- 3.2 ASD is the area of SEN with the greatest increase in numbers, with a 61% increase in diagnosis nationally between 2005 and 2010¹. In 2006 there were 107 young people in Shropshire with statements of SEN with ASD as a primary need. As of January 2013 in Shropshire there are 298 young people up to school Year 11 whose primary or secondary need is ASD. This is of the statutory school age population of around 32,500.
- 3.3 According to the Audit Commission's 2007 report *Out of Authority Placements for Special Education Needs*, over 11,000 pupils with a statement of SEN are placed in out of authority special schools in England and Wales. Of these placements, the majority are children and young people with Behavioural, Emotional and Social Difficulties (BESD) or with ASD.
- 3.4 Of the 298 Shropshire students with ASD, 27 attend specialist, non-maintained provision, the rest attend mainstream schools. Although this appears only a small number in out-county provision, these placements are very expensive, as highlighted in the table below.

	Number of students with statements of SEN attending out-county placements	Number of students with statements of SEN relating to ASD	Average cost of an out-county placement for ASD	Total cost per annum (approx.)
2006/07	40	12	£57,387	£688,644
2012/13	56	27	£75,928	£2,050,056

- 3.5 Whilst the number of placements in out of authority schools is rising, the cost of these placements is also increasing rapidly. Costs for sending young people to out of authority special schools have increased by 79% since 2000/01².
- 3.6 Out of authority placements for those with ASD needs in Shropshire are amongst the highest cost arrangements. The graph below indicates the increase in expenditure on out-county placements.

¹ DfE. (2011). Support and aspiration: A new approach to special educational needs and disability. www.education.gov.uk

² Audit Commission. (2007). Out of Authority placements for Special Education Needs. www.audit-commission.gov.uk



3.7 Research indicates that Shropshire has considerably less specialist provision for ASD than its statistical neighbours (see Appendix A). Whilst Severndale, one of Shropshire's two LA maintained special schools, does have provision for young people with ASD, these pupils also have complex and severe learning difficulties. There is no LA specialist provision for pupils with ASD whose cognitive ability falls within the average/above average range.

3.8 Although students with ASD and other SEN are often placed in out of authority provision, many more students continue to struggle in mainstream schools and would benefit from increased and more specialised resources in their local areas. Nationally, the government is in support of such strategies that improve localised provision³.

4. Why ASD provision?

4.1 Although it is recognised that there has been an increase in the number of those diagnosed with all types of SEN, it is ASD that has witnessed the biggest growth (both nationally and locally). See 3.2, 3.3 and 3.4.

4.2 Whilst Shropshire has specialist provision for those with Behavioural and Emotional Spectrum Difficulties (BESD) via maintained, specialist schools (Woodlands and Severndale), in relation to ASD, one of the largest areas of SEN need, there are identifiable gaps in provision in Shropshire.

4.3 Developing in-county, provision would therefore reduce reliance upon more expensive, out-county school placements. The total cost of provision for a small number of young people in independent school places is disproportionately high in comparison to the majority of pupils placed in mainstream provision. An average placement for a day pupil with ASD needs is £75,928, but individual placement costs can exceed £90,000 p.a. This would not remove the need for some young people to continue to access specialist residential provision.

4.4 Once the costs of 3 hubs, including staff costs and running costs have been considered, a placement for a child at a hub provision is estimated to be approximately £14,500 p.a. This excludes capital set up costs.

4.5 Developing in-county provision will significantly benefit those pupils with ASD who currently attend mainstream provision. It is likely that providing more

³ DfE. 2012. Draft legislation on the reform of provision for children and young people with SEN. www.education.gov.uk

specialised support at secondary schools will prevent some of Shropshire's more vulnerable learners needing to attend independent placements in the future reducing strain on adult social care.

- 4.6 It is envisaged that these hub resources will help to develop a continuum of seamless support that meets the needs of Shropshire's children and young people, whilst simultaneously providing an education that is best value for money and that facilitates the education of young people within their own community. This therefore supports the vision described in Shropshire's *Children and Young People's Strategy 2012* of 'moving towards more localised services'.

5. Strategy

- 5.1 It is suggested that in order to address the needs of a growing number of learners with ASD, and to reduce the expenditure on out-county placements, Shropshire must develop in-county provision.
- 5.2 The intention is to provide accommodation that is appropriate to the pupils' needs, fit for purpose and geographically located so that, as far as possible, pupils can access local provision (see Appendix B). This means that more young people with ASD or other SEN are not removed from their local communities: the very communities many will return to at the end of their school career.
- 5.3 A "hub" is an enhanced resource base, co-located on an existing mainstream site, in which pupils receive specialist teaching. It is our intention that the SEN hub will be an enhanced resource base in which students with special education needs are able to access specialist teaching and a more responsive and tailored curriculum in order to meet their particular needs. The hub will be located upon a mainstream site, utilising many of the site's existing resources. It is intended that through the hub's location, students will also be able to access mainstream teaching where this is suitable. The design of the hub would be based upon other successful models of UK local authority specialist provision. A hub developed for use by pupils with ASD would have particular design requirements in order to create the quiet, calm and low distraction environment that is conducive to meeting the young people's specialist needs. All these factors will be considered when developing our hubs'.
- 5.4 Hubs will be located on existing school sites making use of many of the schools' resources and existing capacity. This would encourage cohesion and a sense of affiliation and community within the school allowing students to receive specialist input, whilst also accessing mainstream provision in an appropriately supported way, as well as proving most cost-effective by reducing the need for duplication of site resources. Provision will be developed by refurbishing existing school buildings.
- 5.4 Secondary school sites are likely to be chosen as the most suitable locations for the provision in order to address the difficulties that are traditionally associated with the transition period from Year 6 to Year 7. In many cases the needs of those with ASD often can be more readily met in primary schools and as such, their difficulties are less apparent until the student moves to secondary school.
- 5.5 Hubs will allow those with ASD access to specialist provision and at the same time access to mainstream schooling where appropriate. This gives flexibility to

children and young people ensuring that their differing needs are met and that they are able to achieve their full potential within a local authority maintained provision.

- 5.6 In consultation with schools, governors and other agencies a decision will be made as to the most suitable location for the first provision. Further provisions over the following two years will be developed following additional consultation.
- 5.7 It is the recommendation of the officers from the SEN strategy group that the hubs be overseen and managed by a specialist provider (independent or maintained).
- 5.8 It is recommended that this strategy is implemented as soon as possible so as to maximise the potential to reduce spending on out of county placements. There is evidence of genuine need for this provision within the county. Delaying implementation of the strategy would result in increased spending on out-county resources without any return of investment to Shropshire or the potential for any future savings.
- 5.9 The proposed timeline for the strategy is as follows:

September 2014 - Opening of first hub
(This is subject to consultations, tendering and commissioning processes).

Further hubs will follow.

6. Risk Assessment and Opportunities Appraisal

- 6.1 An EINA has been undertaken. This is about enhancing opportunities for children and families, allowing some children to remain in Shropshire to receive education. Children and young people who require specialist residential provision would be able to access it.

7. Financial Implications

- 7.1 This strategy is a 'spend to save' initiative.
- 7.2 For all students, funding ultimately comes from the Dedicated Schools Grant (DSG). When students attend out-county provision, a proportion of the DSG goes out with that child to their placement. With the rising cost of out-county placements, this means a greater proportion of the DSG is taken out of the county each year. Educating these young people within maintained provision ensures that the DSG fund stays within Shropshire schools, and as such is not removed from the Shropshire education system. This will benefit mainstream schools.
- 7.3 Until the exact hub locations have been decided it is difficult to predict the financial implications of developing the provisions.
- 7.4 The cost in setting up and running the hubs will in the long-term be addressed by reduced expenditure on independent, out-county placements.

- 7.5 In the short-term, and for initial development, there is a dedicated capital resource of £850,000 available. This is funding that is ringfenced to school provision in order to meet the needs of young people with SEN in the county.
- 7.6 Initial costs: It is estimated that refurbishment of existing buildings will cost in the region of £1500 per m² (excluding external works), fees would be at 12.5% and loose furniture and equipment would cost in the region of £45,000 per hub. Based on a hub size of 160m², refurbishment costs would be around £270,000.
- 7.7 Staffing costs (all figures are estimates):
£312,000 per hub
- Utility costs:
Based on 160m² - £6,000
- Equipment costs:
Educational equipment costs (for 24 pupils) - £24,000.
- Therefore, total costs for a pupil placement (once three hubs are established) would be approximately £14,500 p.a. (excluding transport costs).
- 7.8 Using these estimates a placement in hub provision would be approximately £61,500 less expensive per pupil, per year than the average cost of an out-county placement.
- 7.9 After initial expenditure upon setting up the hubs, much of the revenue costs will be addressed by reduced spending on out-county placements for Shropshire children and young people (see Appendix C for estimated individual case study savings and financial predictions).

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

DfE. (2011). Support and aspiration: A new approach to special educational needs and disability. Shropshire Council. (2012) Shropshire Children and Young People's Strategy 2012

Audit Commission. (2007). Out of Authority placements for Special Education Needs. DfE. 2012. Draft legislation on the reform of provision for children and young people with SEN.

Shropshire Council. (2011). Council Plan 2011-13.

EINA

Cabinet Member (Portfolio Holder) Cecilia Motley

Local Member All Members

Appendices

Appendix A – Comparisons with statistical neighbours

Appendix B – Map of Shropshire ASD need

Appendix C – Individual case study savings and financial predictions

Appendix A – Comparisons with statistical neighbours

Research 2010

Shropshire has considerably less specialist provision than its statistical neighbours. In other local authorities the ratio of specialist places to the pupil population is generally around 1:60-70. In Shropshire this figure is 1:150.

Lincolnshire: 1:59	Dorset: 1:66
Gloucestershire: 1:69	Norfolk: 1:67
Worcestershire: 1:61	Suffolk: 1:75

Our statistical neighbours have invested in resource bases for ASD provision, many of which are components of mainstream schools.

Lincolnshire has an ASD special school.

Gloucestershire has 4 ASD resource units attached to mainstream schools. These provide places for a total of 50 pupils.

Worcestershire has 14 ASD resource bases, catering for 119 pupils.

Norfolk has 14 ASD specific bases.

Suffolk operates a resource with 6 places and has an ASD outreach service that supports 70 schools in the local area, with satellites in 3 other schools.

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Appendix C – Individual Case Study Savings

CASE STUDIES 1-3 – Future Hub Users

These case studies indicate 3 pupils who (without intervention in the form of mainstream specialist provision) will be going to independent settings in 2013/2014.

These pupils would meet the criteria for admission to the mainstream hubs.

All pupils in case studies 1-3 live in the centre or south of the county and would benefit from a hub in this location.

Case Study 1: Pupil A

Pupil A is a year 6 child living in **Ludlow** and attending a mainstream school in the town. Pupil A has ASD needs and it is becoming unlikely that provision in a mainstream school will be able to meet his needs. Therefore, it is likely that we will be looking for a place at either **Location 1** or **Location 2** from Sept 2013.

If Pupil A attends **Location 2** as a day pupil, fees will be in excess of £90,500 per year. The placement will incur transport costs of around £50 per day. Based on a Monday-Friday school week and a standard school year of 38 weeks, travel costs come to a total of £9500 a year. The total cost for this placement would be **£100,000**.

If Pupil A attends **Location 1** as a day pupil, fees will be around £13,125. Daily transport would be up to £100 per day. Based on a Monday-Friday school week and a standard school year of 38 weeks, travel costs would come to a total of £19,000. The total cost for this day placement would be **£32,125**.

If Pupil A attends **Location 1** as a weekly boarder, fees will be around £34,125 and £390 for meals. Based on boarding for the school week and returning home for weekends, travel costs would be around £200 per week. Based on a standard school year of 38 weeks, this would incur travel costs of £7600 per year. The total cost of this placement would be **£41,725**.

Pupil A will attend **Location 2** or **Location 1** for at least the next 5 years of his education (Year 7-11). Over these 5 years, the placement and transport will incur costs of:

Location 2 - £500,000 (+ any increases)

Location 1 (day) - £160,625 (+ any increases)

Location 1 (weekly boarder) - £208,625 (+ any increases)

Case Study 2: Pupil B

Pupil B lives in **Shrewsbury** and is currently in Year 6 attending a TMBSS placement. Due to his ASD needs it is likely that he will require an independent

school special placement in September 2013. It is likely we would be looking for a placement for him at **Location 3**.

If pupil B attends **Location 3** as a weekly boarder fees will be around £64,725 per school year. Based on boarding for the school week and returning home for weekends travel costs will be around £400 per week. Based on a school year of 38 weeks, this would incur travel costs of £15,200. The total cost of this placement would be **£79,925**.

Pupil B would attend **Location 3** for at least the next 5 years of his education (Year 7-11). Over these 5 years, the placement and transport would incur costs of:

Location 3 - £399,625 (+ any increases)

Case Study 3: Pupil C

Pupil C lives in **Shrewsbury** and is currently in Year 4 attending a mainstream primary school. Due to his ASD needs it is likely that he will require an independent school special placement in September 2013. It is likely we will be looking for a place for him at **Location 2**.

If Pupil C attends **Location 2** as a day pupil, fees will be in excess of £90,500 per year. The placement will incur transport costs of around £47 per day. Based on a Monday-Friday school week and a standard school year of 38 weeks, travel costs come to a total of £8930 a year. The total cost for this placement would be **£99,430**.

Pupil A will attend **Location 2** for at least the next 5 years of his education (Year 7-11). Over these 5 years, the placement and transport will incur costs of:

Location 2 - £497,150 (+ any increases)

CASE STUDIES 4-6 - Students currently attending independent placements

Case Study 4: Pupil D

Pupil D lives in **Oswestry** and is currently in Year 5. He attends **Location 2** as a day pupil. He has been in his current placement since Year 4 as a result of his requirement for specialist ASD provision.

Currently, the annual cost of his placement is £90,494. The daily transport cost to take him to his placement is £61.57. Over a standard school year this incurs transport costs in the region of £11,698. This brings the total cost of his placement in 2013 to **£102,192**.

Having started his education at **Location 2** in Year 4, Pupil D will attend the school for a total of 8 years. Using this figure for total costs in 2013, Pupil D's entire school placement (Year 4-11) will incur costs of **£817,536 (+ any increases)**.

Although Pupil D is currently attending Location 2, it is possible that if there were a mainstream hub (attached to a secondary school) built in the **North** of the county, Pupil D would be able to attend this facility from Year 7. This would mean we would save **£452,470** on placement fees alone, as well as make savings on transportation costs.

Case Study 5: Pupil E

Pupil E lives in **St. Martins** and is currently in Year 5. He attends **Location 2** as a day pupil. He has been in his current placement since Year 4 as a result of his requirement for specialist ASD provision.

Currently, the annual cost of his placement is £90,494. The daily cost to take him to his placement is £105.57. Over a standard school year this incurs transport costs in the region of £20,058.30. This brings the total cost of his placement in 2013 to **£110,553**.

Having started his education at **Location 2** in Year 4, Pupil E will attend the school for a total of 8 years. Using this figure for total costs in 2013, Pupil E's entire school placement (Year 4-11) will incur costs of **£884,418** (+ any increases).

Although Pupil E is currently attending **Location 2**, it is possible that if there were a mainstream hub (attached to a secondary school) built in the **North** of the county, Pupil E would be able to attend this facility from Year 7. This would mean we would save **£452,470** on placement fees alone, as well as make savings on transportation costs.

Case Study 6: Pupil F

Pupil F lives in **Shrewsbury** and is currently in Year 8. He attends **Location 2** as a day pupil. He has been in his current placement since Year 7 as a result of his requirement for specialist ASD provision.

Currently, the annual cost of his placement is £90,492. The daily cost to take him to his placement is £47. Over a standard school year this incurs transport costs in the region of £8930. This brings the total cost of his placement in 2013 to **£99,422**.

Having started his education at Location 2 in Year 7, Pupil F will attend the school for a total of 5 years. Using this figure for total costs in 2013, Pupil F's entire school placement (Year 4-11) will incur costs of **£497,110** (+ any increases).

Although Pupil F is currently attending Location 2, it is possible that if there were a mainstream hub (attached to a secondary school) built in the **South** of the county, Pupil F would have been able to attend this facility from Year 7. This would mean we would have been able to save **£452,460** on placement fees alone, as well as make savings on transportation costs.

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<u>Committee and Date</u>
Young People's Scrutiny Committee
16 September 2015

<u>Item</u>
9
<u>Public</u>

Report of the Childhood Obesity Task & Finish Group

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1. Summary

1.1. The Childhood Obesity Task and Finish Group was established, on behalf of the Young People's Scrutiny Committee, to undertake a time-limited piece of work to inform local efforts to address child obesity. The group's work, which drew upon its members' understanding and knowledge of local communities, will also inform and support Shropshire's Healthy Weight Strategy and Joint Strategic Needs Assessment (JSNA).

1.2. Pregnancy and the first five years are a crucial time in establishing healthy eating patterns into adulthood. The Task & Finish group therefore sought to understand the role that breastfeeding and weaning play in supporting Shropshire families to reduce their risk of obesity. Two discreet work-streams were identified for breastfeeding and weaning. For ease, the findings of both work-streams have been consolidated within this report. The following objectives were identified and are discussed below:

To understand:

- the benefits of breastfeeding and appropriate and timely weaning
- current infant feeding guidance
- Shropshire's performance against regional and national counterparts
- current infant feeding support mechanisms available to families in Shropshire

And to gain:

- local insights into infant feeding in Shropshire

2. Recommendations

As a result of research undertaken and insights gained, the members of the Task & Finish group identified two key priority areas to support efforts to address childhood obesity in Shropshire County.

2.1. Scrutiny Committee members recommend that Shropshire Council acts as a leader in supporting local breastfeeding communities and workplaces. It will do this through:

- Shropshire Public Health identifying a lead to co-ordinate and promote the Shropshire Welcomes Breastfeeding scheme (see Appendix A) across public and commercial sector premises. This includes ensuring that all public-facing Shropshire Council staff are aware of the scheme. All Shropshire Council

premises will work towards Shropshire Welcomes Breastfeeding accreditation.

- Shropshire Council amending its 'Maternity, Adoption and Surrogacy Adoption Leave' Policy to include additional policy statements in respect of breastfeeding at work. These statements support Shropshire Council employees continuing to breastfeed following return to work.

2.2. That Scrutiny Council members recommend that Shropshire Council supports positive infant feeding practices through:

- Supporting the development of and access to evidence-based training for professionals engaging with families, and parents through Shropshire's local 'Eat Better Move More' (EBMM) programmes; and
- Supporting continued local access to evidence-based parenting programmes including 'Understanding Your Child' (Solihull approach)

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

None

4. Financial Implications

There may be financial implications attached to the continued development and delivery of EBMM which relate to officer time and supporting training resources/materials necessary for continued development and delivery of EBMM programmes."

5. Background

5.1. Obesity is a major risk factor for long term conditions such as diabetes, cardiovascular disease and cancer and is placing an increasing burden on health and social care services. It is also a key driver of health inequalities, with obesity prevalence highest in deprived communities. One quarter of Shropshire adults is clinically obese, and two thirds overweight. Rates of obesity have trebled in the past 30 years and the trend continues upwards. Overweight and obesity is also occurring at a young age, with 1 in 10 children entering primary school in Shropshire already obese, rising to 1 in 6 by age 10-11 years.

5.2. Tackling obesity is challenging and individuals need support to develop and sustain healthy eating and physical activity habits. This includes supporting access to healthy foods at an affordable price and creating a food environment which supports healthy choices and inhibits promotion of unhealthy choices. Providing a wide range of physical activity opportunities for people to enjoy; increasing knowledge of key

healthy eating and physical activity messages and skills in choosing, preparing and cooking food from an early age; and providing structured weight management support are also important. Local policies, initiatives and services including licensing, active travel, education and Healthy Child Programme have an impact on the wider determinants of obesity as well as national programmes such as Healthy Start and Change4Life.

5.3. Being above a healthy weight can have a detrimental effect on the health and well-being of children and young people. It increases children’s risk of developing diseases in later life and can often lead to bullying and discrimination by peers, low self-esteem, anxiety and depression. Growth patterns in the first few weeks and months of life affect the risk of later obesity and chronic disease. Children who maintain a healthy weight through eating a healthy balanced diet, being physically active and reducing sedentary behaviour are more likely to grow into healthy adults.

5.4. Shropshire is committed to reducing childhood obesity. Its Joint Strategic Needs Assessment (JSNA)ⁱ emphasises Shropshire’s commitment to giving every child the best start in life and encouraging healthy eating and physical activity from an early age. The Children’s Trust’s Children, Young People and Families Planⁱⁱ and Shropshire’s Health and Wellbeing Strategyⁱⁱⁱ highlight encouraging healthy lifestyles (including reducing sedentary behaviour) and reducing childhood obesity as key priorities. Supporting healthy weight in families (particularly in early years) involves a range of partners and agencies including GPs, midwives, health visitors and Shropshire Council staff. It is important that the issue of healthy weight is raised before, during and following pregnancy.

The benefits of breastfeeding and appropriate and timely weaning

5.5. The importance of positive early feeding practices is well-evidenced, including its long-term effect on the risk of chronic disease in adulthood. Breastfeeding is described as ‘the normal way of providing young infants with the nutrients they need for healthy growth and development’^{iv}. Its benefits and effects on both infant and maternal health are both wide-reaching and long-lasting^v. These include:

Protective benefits for infant	Health/other benefits for mother:
<p>Reduced risk of :</p> <ul style="list-style-type: none"> • gastroenteritis • constipation • respiratory and ear infections • sudden infant death syndrome • diabetes (type 1 and 2) and obesity • allergies (such as asthma, lactose intolerance, eczema) 	<p>Reduced risk of:</p> <ul style="list-style-type: none"> • cancer (breast, ovarian) • hip fractures • supports post-pregnancy weight loss • free and convenient • promotes mother-infant bonding • promotes sense of achievement • reduces stress as a result of infant illness

5.6. Weaning, also known as ‘introducing solids or complementary feeding’ is the process of introducing solid foods. Until the age of around 6 months, babies should still be getting most of their nutrition from breast or formula milk^{vi}. Appropriate and timely weaning is vital and should entail a slow, gradual and responsive process which introduces infants and toddlers to a range of tastes and textures. The emphasis should be less about filling babies’ tummies or helping them to sleep for

longer and more about supporting them to develop eating and drinking skills as well as healthier food and drink preferences for life.

5.7. 'Baby-led' weaning has been adopted by Shropshire's Health Visiting Service and Children's Centres as the approach most likely to correspond with an infant's natural ability to take food into their mouth, move it around and swallow it safely. This is unlikely to occur before 6 months of age. Further information on baby-led weaning and 'signs of readiness' can be found in Appendix A.

Current breastfeeding and weaning guidance

5.8. It is recommended that mothers should initiate breastfeeding within the first hour after birth and that they should continue to breastfeed exclusively up until the baby is 6 months old. Breastfeeding should be 'responsive'; as often as the baby wants for successful feeding to be established. The longer a woman breastfeeds, the longer the protection lasts and the greater the health benefits.

5.9. Almost all women are physically able to breastfeed with appropriate and effective support, however it may take some women longer to establish breastfeeding. With support and guidance, the vast majority of women can breastfeed comfortably and confidently, providing enough milk for their baby's needs. Health professionals should offer information, support and guidance to parents on how to initiate and maintain breastfeeding, including raising awareness of the benefits of breastfeeding and overcoming barriers.

5.10. The most common barrier for not continuing to breastfeed is experiencing pain and discomfort. In most cases, this can be easily rectified with support from a trained professional around positioning of the baby whilst feeding or ensuring correct attachment. Other barriers to breastfeeding include:

- sexualisation of breastfeeding
- fear that breastfeeding will affect body image
- fear of social intolerance
- pressure from partner or family to bottle feed

5.11. Women who are least likely to initiate breastfeeding include young mothers, those with low educational achievement and those from disadvantaged groups^{vii}.

5.12. There is evidence^{viii} to support a possible link between the incidence of insulin-dependent diabetes and formula-fed babies. Evidence also supports a link between breastfeeding and reduction in risk of type 2 diabetes for the baby and a reduction in maternal type 2 diabetes.

5.13. It is not recommended that babies are given solid food (including purees and cereals or baby rice with milk) before they are 6 months old, as their digestive system is not developmentally ready to cope with solids. If parents feel their baby needs solids before this time they should seek the advice of their health visitor^{ix}.

5.14. From 6 months of age, babies are ready to be given pieces of soft, cooked vegetables or finger food and should be baby-led. By 12 months of age, babies should be having three mashed or chopped meals a day and should be eating with the rest of the family. By 5 years of age, their diet should be in line with the 'Eatwell Plate' guidance and should be proportional to their size.

5.15. A parenting style that sets clear boundaries whilst being in charge and responsive to infants and children's emotional and physical needs is more conducive to a healthy lifestyle. Parents and carers who do not recognise their infant's feeding

or fullness cues are more likely to over-feed or give into a child's demands for more high fat, high sugar foods. Locally, an evidence-based programme called Eat Better Move More (EBMM) has been designed to support professionals and parents to enhance their skills and knowledge around healthy lifestyles and obesity prevention for children aged under 5. This was developed and delivered as a joint NHS and local authority programme, however due to recent organisational changes some aspects of the programme are not currently being delivered. For further information on EBMM please see Appendix A.

Local performance against regional and national counterparts

5.16. The group examined Shropshire's performance compared to its regional and national counterparts. Local breastfeeding data is routinely collected however this is not the case for weaning, although data on weaning may be available in the near future^x.

5.17. 'Initiation' of breastfeeding is recorded if a mother has; attempted to breastfeed, put the baby to the breast or the baby is given expressed breast milk within the first 48 hours after birth. Continuation of breastfeeding is recorded at 6-8 weeks.

5.18. Child Health Profiles for Shropshire indicate that 73.8% of women initiate breastfeeding (England average, 73.9%). This figure drops to 41.5% by 6-8 weeks (England average, 47.2%). The biggest drop in breastfeeding levels is by 10-14 days. This is often credited to a lack of support after discharge from hospital when women no longer have access to 24 hour support and guidance. Some women may not have intended to breastfeed in the first instance, but their initiation was recorded after encouragement at birth. Compared to our regional partners, Shropshire performs relatively well (please see table below).

Table 1. Percentage of women recorded as having initiated breastfeeding and maintained breastfeeding at 6-8 weeks

Area	Breastfeeding initiation	Breastfeeding at 6-8 weeks
England	73.9%	47.2%
West Midlands	67.9%	41.0%
Shropshire	73.8%	41.5%
Telford & Wrekin	65.1%	33.2%
Sandwell	61.2%	30.5%
Birmingham	68.4%	51.4%

Infant Feeding Support Mechanisms available to families in Shropshire

5.19. From 1st October 2015, the commissioning responsibility for Health Visiting Services will transfer from NHS England to Public Health departments within Local authorities. All families can expect access to 'Universal services' from a Health Visiting team providing the Healthy Child Programme to ensure a healthy start for children and families. Services will be targeted to those requiring additional support.

5.20. Shropshire Community Trust, Children's Centres and Shrewsbury & Telford Hospitals are working collaboratively towards achieving full UNICEF Baby-Friendly Accreditation (see Appendix A for further information). Breastfeeding support from midwives and health visitors includes:

- Booklets and guides

- Antenatal classes and breastfeeding workshops
- Advice on healthy eating, responsive feeding practices and weight monitoring
- Health Visitor Advice Helpline

Support from Children's Centres includes:

- Family Support Worker within Maternity Units and in the home as required
- Shropshire Welcomes Breastfeeding (SWB) scheme
- Targeted support from professionals or self-referral
- Training courses and signposting
- 'Bumps to Babes' support groups (including breastfeeding)
- 'Introduction to infant feeding' workshops

Additional support from Voluntary and Community Sector and other services include:

- Shropshire Council services including Family Information Service and Healthy Shropshire website
- La Leche League Shropshire – telephone helpline and support groups
- National Childbirth Trust (NCT) – local support groups held at Sure Start Children's Centres
- Home-Start Shropshire – one-to-one and group support to families who may be struggling with a range of issues including healthy eating

Local breastfeeding and weaning insights

5.21. Members of the Task and Finish group attended three sessions and one focus group during February 2015 at Sure Start Children's Centres in Shrewsbury. Members' insights from discussions with parents attending the sessions are summarised below:

Parental priority

- putting their baby first

Support

- antenatal support seen as valuable by parents
- breastfeeding support at 10-14 days considered valuable in supporting mothers to breastfeed for longer
- support welcomed to continue to breastfeed particularly outside of the home

Messaging

- conflicting messages from family and friends to wean early (4 months)
- increasing importance of social media and word of mouth in receiving information

Employer's role

- importance recognised in supporting women during pregnancy and beyond (parents mentioned support including time to attend antenatal support sessions not only medical appointments)

Education

- the value of educating all young people about the benefits of breastfeeding

5.22. These insights are further supported by earlier research^{xi} commissioned by Public Health which found that most parents understand the importance and benefits

of breastfeeding and appropriate weaning. In the main, parents felt they received enough support from midwives and health visitors however they highlighted a number of barriers to breastfeeding, including:

- convenience of bottle-feeding over breastfeeding (i.e. others can take responsibility for feeding the baby)
- pressure from family/partners to bottle-feed
- fear of breastfeeding or lack of confidence in ability to breastfeed
- previous use of formula milk

5.23. In comparison, there appeared to be greater confusion around weaning. Whilst many parents felt confident about weaning, including when to start and what foods to try, barriers to appropriate and timely weaning included:

- family influence and conflicting messages about weaning
- age of mother (younger mothers more likely to be confused about weaning)
- fear of choking with baby-led weaning
- confusion over portion sizes

6. Additional Information

Inclusion of additional policy statements within current Maternity, Adoption and Surrogacy Adoption Leave Policy in respect of breastfeeding at work agreed by Employee Joint Consultative Committee (EJCC) in July 2015 (see Appendix B).

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

See 'References' section below

Cabinet Member (Portfolio Holder)

Ann Hartley

Local Member

All

Appendices

Appendix A – Further information

Appendix B – EJCC Briefing Note - Maternity, Adoption and Surrogacy Adoption Leave Policy (Section 4) July 2015

References

ⁱ Shropshire Council. (2012). *Joint Strategic Needs Assessment Priorities*. Available online at: <http://shropshire.gov.uk/media/73886/Shropshire-JSNA-Summary-Document-2012.pdf>

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^{ix} British Dietetics Association. (2013). Complementary feeding: Introduction of solid foods to an infant's diet. *Policy Statement*. Available online at: https://www.bda.uk.com/publications/professional/complementary_feeding_weaning

^x This is subject to changes to the Health Visiting specification.

^{xi} National Social Marketing Centre research conducted in summer 2014, please contact the Public Health department for further information.

Appendix A to the Report of the Childhood Obesity Task and Finish Group

Young People's Scrutiny Committee

Appendix A Further Information



1.1. Shropshire Welcomes Breastfeeding (SWB)

The aim of this scheme is to develop and maintain a network of quality assured breastfeeding friendly premises in the county. Where the SWB window sticker showing this logo is displayed, mothers will be welcomed and supported to breastfeed their babies comfortably. Staff at accredited premises will be aware of the scheme and receive information regarding how they will positively support breastfeeding mothers and deal with any issues that may arise.

1.2. 'Baby Led' Weaning

This approach has been adopted by a large number of professionals (including Shropshire Health Visiting Service) and parents based on recent evidence suggesting that from the age of 6 months babies are ready be given pieces of soft, cooked vegetables or finger foods and can 'bypass' the puree stage. Baby led weaning is more likely to tie in with their natural ability to take food into their mouth, move it around and swallow safely. Babies should never be left with unsupervised with food or drinks.

For more information visit: <http://www.babyledweaning.com/>

1.3. Signs of Readiness

Readiness to move on to solids

Every baby is different however there are clear '**signs of readiness**' to look out for. It is rare for all three signs below to appear before six months of age:

Baby is able to :

1. stay in a sitting position and hold their head steady independently
2. co-ordinate their eyes, hand and mouth so they can look at, pick up and hold food in their hands putting it to their mouth by themselves
3. swallow food. If not ready, their tongue will naturally thrust food back out to the front of their mouth.



1.4. Eat Better Move More (EBMM)

EBMM has four strands:

1. **EBMM for Under 5s** (training for professionals engaging with families, e.g. Health Visitors, Children's Centre staff, Homestart volunteers).
2. **EBMM Parent Courses** (structured weekly course for parents providing practical support on healthy lifestyles)
3. **EBMM for Early Years settings** (to support and develop food, drink and activity policy and provision within Early Years settings in line with current national guidance). This is currently being delivered by Shropshire Council's Early Years and Childcare team.
4. **Respect Yourself and EBMM in Primary Schools** (teachers' curriculum resource for primary school age children). This being piloted in primary schools by Shropshire Council's Children and Young People's team in collaboration with teaching staff.



1.5. The Baby-Friendly Initiative (BFI)

The Baby-Friendly Initiative was established by the World Health Organisation and UNICEF in 1992. BFI provides a framework for best practice in health and public services to encourage and support breastfeeding and healthy parent-child relationships. The purpose of the programme is to ensure that parents are well-informed to be able to make decisions about how they wish to feed their babies. To do this, health professionals need to be knowledgeable and able to provide the support, information and encouragement that parents require.

EJCC briefing note – Maternity, Adoption & Surrogacy Adoption Leave policy updates & additions

Owned by: Julie Lloyd

Date: July 2015

1. Introduction

1.1 The Maternity, Adoption & Surrogacy Adoption Leave (MASAL) policy was updated 12 months ago. Since the last update a number of queries of have arisen with respect points not considered in the current policy.

1.2 The MASAL policy has therefore been reviewed with respect the following points:

- **Breastfeeding in the workplace** (*Please refer to section 4 of this briefing note*)
- **Leavers due to redundancy** (*Please refer to section 5 of this briefing note*)
- **Undertaking electoral duties and pay** (*Please refer to section 6 of this briefing note*)

1.3 A light touch Equalities Impact Needs Assessment has been completed (*Please refer to section 8 of this briefing note*)

1.4. An information seeking exercise has been undertaken with various internal and external parties. However to date no formal consultation with respect the implementation or the current proposed amendments, has taken place with Employment, Legal Services or the Trade Unions. Upon receipt of feedback appropriate consultation will be implemented.

2. Purpose

To raise awareness and provide support to Managers and employees in respect of additional matters relating to employees on or returning from a period of maternity leave, adoption leave or surrogacy adoption leave.

- Leavers due to redundancy
- Pay and undertaking electoral duties
- Breastfeeding in the workplace.

3. Summary Recommendations/Outcomes required

Approval is sought to update the Maternity, Adoption & Surrogacy Adoption Leave policy as follows (*please see appendix 1*):

3.1 Breastfeeding in the workplace

3.1.1 Update Section 13.2 Nursing Mother in conjunction with Public Health, providing guidance only to breastfeeding employees, (*please see appendix 1, additional draft section 13.2.2 or appendix 2a*)

3.2 Redundancy

3.2.1 Approval is sought to update the MASAL policy, Section 12.2 – Redundancy, and 14.1 – Protection against detriment and dismissal (*please see appendix 1, pages 11- 13*).

3.3 Undertaking electoral duties

3.3.1 Approval is sought to update the following Shropshire Council policies:

- Insert an additional section entitled 'Election duties and Maternity or Adoption Pay in the MASAL policy' (*Please see appendix 1, page 13, Section 15*)
- Special Leave Policy, update section 2 Election Duties (*Please see appendix 3*)

4 Breastfeeding in the Workplace

4.2 Background information

4.1.1 Work has been undertaken by the Childhood Obesity Task & finish Group formed from Young People's Scrutiny committee, chaired by Councillor Joyce Barrow, to take on the challenge of childhood obesity in the county.

Following a presentation from Shropshire Council's Public Health colleagues on obesity in young people, four key areas were highlighted to be addressed in Shropshire, including one key area of breastfeeding.

4.1.2 The Government recommends that babies should be exclusively breastfed for the first six months, and that breastfeeding should continue until they are 12 months old.

In many cases employees returning to work after maternity leave will have stopped breastfeeding. However, some employees may still be breastfeeding at this stage, or expressing breast milk during the day to give to their baby later on - which also counts as "breastfeeding".

4.1.3. Colleagues from Public Health approached us in March with respect to making changes to the Maternity, Adoption & Surrogacy Adoption Leave & Pay policy to include additional policy statements with respect breastfeeding at work.

4.1.4 Both ACAS and Maternity Action recommend that it is good employment practise to have a policy on breastfeeding, this view is supported by the Young People's Scrutiny committee, including a view that as a major employer in Shropshire it should be leading the way and actively demonstrating its commitment to breastfeeding employees.

4.2 Shropshire Council Context

- 4.2.1 Shropshire Council on 1 April 2015 (excluding schools based staff) employed 3,972 staff, of which 3,095 are female.

In the calendar year 2014, 63 occurrences of maternity leave were commenced by current employees, returning to work on average after 44 weeks.

Shropshire Council's current policy statement within the Health & Safety section of the Maternity, Adoption and Surrogacy Leave and Pay policy states only "that the nursing mother will need to inform her manager in writing if she intends to continue to breastfeed after returning to work. The manager will need to conduct a further risk assessment with advice from both a Health and Safety Officer and a HR Officer and in discussion with the employee."

4.3 Legality

- 4.3.1 There is no explicit statutory right to paid breaks from a job in order to breastfeed or to express for storage and later use.
- 4.3.2 Instead employers must meet their obligations to breastfeeding employees under Health & Safety, flexible working and discrimination law. Including:
- Workplace (Health, Safety and Welfare) Regulations 1992 - to provide a breastfeeding mother with a place to rest, this can be the same room provided for the woman to breastfeed or express.
 - Breastfeeding woman can make a request for flexible working if they have worked for their employer for at least 26 weeks. Employers are legally required to give the request serious consideration and can only refuse a request for good business reasons.
 - Failure to assess and take action on health and safety risks for a breastfeeding woman where the work is of a kind that could involve risks and any failure could have serious consequences for mother or baby. May be considered a breach of Management of Health and Safety at Work regulations and in addition unlawful discrimination under the Equality Act.
 - Furthermore, harassment of a breastfeeding employee or failure to take action to stop other staff members from harassing a breastfeeding employee could also be considered as unlawful discrimination under the Equality Act.

4.4 Advantages of supporting mothers to continue breastfeeding

- 4.4.1 The following are considered to be advantages of supporting mothers to continue breast feeding:
- Fewer absences

- Reduced staff turnover
- More flexible return dates
- Higher productivity and increased loyalty

4.5 Recommendation

- 4.5.1 Amend the current MASAL policy in conjunction with Public Health, providing guidance to breastfeeding employees (*please see appendix 2a*).

5 Redundancy

5.2 Background information

- 5.1.1 Shropshire Council undertook a Voluntary Redundancy programme in 2013 due to evolving technology and business process which seeks to improve the provision of services to Shropshire people, as well as economic factors. Shropshire Council continues to experience a higher level of turnover of staff due to reasons of redundancy further to the redesign of business processes and structures.

- 5.1.2 Increasingly advice is sought with respect what entitlements an employee on maternity or adoption leave has when facing dismissal due to compulsory or voluntary redundancy.

5.3 Legality

- 5.2.1 It is not unlawful to dismiss a woman whilst she is on maternity leave and normal rules of dismissal apply.

However the dismissal must not in any way be related to their pregnancy or intention to take maternity. Dismissal because of pregnancy, pregnancy related sickness, birth or maternity leave is an automatic unfair dismissal. Unlike women on maternity leave, pregnant women who have not yet started maternity leave have no special protection in a redundancy situation.

- 5.2.2 Women dismissed during their period of maternity leave are entitled to receive:

- Statutory notice pay when on maternity leave.
- Written reasons for the dismissal and to be paid for any outstanding holiday pay that has accrued during their maternity leave, up to the end of their notice period.

- 5.2.3 Women dismissed during their period of maternity leave may have the right to:

- Contractual notice pay during paid maternity leave.
- Argue they are entitled to notice pay during whole of maternity leave

5.2.4 The employer can offset statutory maternity pay against notice pay for any week of notice period where the employee is in receipt of statutory maternity pay.

5.2.5 The employer may not be entitled to offset statutory maternity pay in circumstance of pay in lieu of notice.

5.3 Current policy

5.3.1 Notice periods policy, section 2 – Statutory notice periods states "where notice is given by the employer to an employee, the employee is entitled to receive full contractual pay during the period of notice (*please see appendix 4, section 2*).

5.4 Recommendation

5.4.1 Approval is sought to update the MASAL policy, with Section 12.2 – Redundancy (*please see appendix 1, page 11- 12, section 12.2 – Redundancy*) to confirm that:

- Employees are entitled to written reasons for the dismissal and to be paid for any outstanding holiday pay that has accrued during their maternity, adoption or surrogacy adoption leave up to the end of their notice period.
- Employees subject to notice of dismissal due to reason of redundancy (**voluntary or compulsory**) are entitled to receive full pay during their notice period
- Where an employee is in receipt of statutory maternity pay (SMP) or Statutory Adoption Pay (SAP) this will be offset against the notice pay for any week in the notice period which the employee would be getting SMP or SAP.

5.4.2 Also section 14.1 – Protection against detriment and dismissal (*please see appendix 1, page 13, section 14.1*) to confirm that:

- It is not unlawful to dismiss an employee whilst on maternity, adoption or surrogacy adoption leave, however employees are protected against being subject to detriment and/or dismissal because of pregnancy, pregnancy related sickness, birth) or from taking or intending to take maternity, adoption or surrogacy adoption leave.

6 Undertaking electoral duties

6.1 Background

6.1.1 Recent elections highlighted a need to provide additional advice and guidance with respect employee's undertaking election duties whilst on maternity leave and the impact on their pay.

6.1.2 Two policies were reviewed as a result:

- Maternity, Adoption & Surrogacy Adoption Leave & Pay. Currently there is no reference to election duties.
- Special leave policy, section 2 – Election duties. States "anyone undertaking election duties as presiding officers, poll clerks or counting assistants in Police Commissioner, European, Parliamentary or Council elections, which take part during their normal working day, will be granted paid time off, up to a maximum of 7.4 hours. In the event that you have been employed to a role for the election, special leave would not be applicable" (*Please see appendix 3*)

6.2 Impact on Pay (SMP/OMP)

- 6.2.1 Employment Services confirm that HRMC regulations determine that where an employee completes election duties, the employee is not eligible for Statutory Maternity Pay (SMP) for the week in which the duties are performed.
- 6.2.2 Individual circumstances including when election duties are completed during the period of maternity leave, would determine the impact on an individual's pay.
- 6.2.3 It is considered that where an employee is in receipt of Occupational Maternity Pay (OMP), it is unlikely that the employee would benefit financially from undertaking election duties i.e. during the first 6 weeks SMP is paid at a higher rate and can on occasions equal or even exceed OMP.

6.3 Other considerations

- 6.3.1 Review and contact with additional sources including local authority policies available on the internet including Pay, Special Leave, Maternity Leave or Other Authorised Leave policies; review of the Green book; contact with West Midlands Employers (WME) have not identified any reference or additional advice with respect to Election Duties and Occupational Maternity Pay.

6.4 Recommendation

- 6.4.1 Approval is sought to update the following Shropshire Council policies:
 - Insert an additional section entitled 'Election duties and Maternity Pay in the Maternity, Adoption & Surrogacy Adoption policy' (*Please see appendix 1, page 13 Section 15*)
 - Special Leave Policy, update section 2 Election Duties (*Please see appendix 3, section 2*)

With the following update:

"Employees who undertake election duties during maternity or adoption leave are not entitled to receive SMP or SAP for the week in which duties were undertaken.

It is recommended that before undertaking election duties during maternity or adoption leave, due to individual circumstances, employees should contact Employment Services to better understand the impact on their pay."

7. Equalities Impact Needs Assessment

7.1 Breastfeeding at work

4.1.1 Consideration has been given to Equality Act 2010 including:

- Section 18, Pregnancy and maternity discrimination: work cases (*Please see appendix 5a*).
- Section 19, Indirect discrimination (*Please see appendix 5b*)
(1) A person (A) discriminates against another (B) if A applies to B a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic of B's.

The relevant protected characteristic in this case potentially being sex.

7.1.2 Also, Shropshire Council's statement with respect diversity in employment (*Please see appendix 5c*) which details that an employee can expect to:

- Be paid fairly and equitably.
- Not be unfairly discriminated against.
- Be supported by fair and clear employment policies and procedures which reflect this.

7.2 Redundancy

7.2.1 Consideration has been given to an employee's entitlement to notice pay as stated within Section 2 of Shropshire Council's, Notice Periods policy which states "where notice is given by the employer to an employee, the employee is entitled to receive full contractual pay during the period of notice pay (*Please see appendix 3, section 2*).

7.2.2 That anything less than an amount equivalent to full contractual pay paid to an employee during her maternity or adoption leave and under notice of dismissal would be in conflict with section 2 of the Notice Periods policy and equalities legislation.

7.3 Undertaking electoral duties

Consideration has been given:

- 7.3.1 That in the circumstance of an employee during maternity or adoption leave, completing election duties that they may potentially suffer a financial detriment (financial detriment would be depend on individual circumstances). When compared to another employee completing elections duties who is not on maternity or adoption leave and has been granted paid leave to undertake election duties which as a result they may earn an additional income.
- 7.3.2 The rules governing an employee's eligibility to OMP/SMP following completion of election duties are determined by HM Revenue & Customs (HMRC). Therefore outside of the control of Shropshire Council.
- 7.3.3 The granting of paid leave would indicate Shropshire Council's intention to support and promote attendance of Election duties, an ethos associated with public duties. However this would appear to be potentially in conflict with HMRC requirements associated with Statutory Maternity Pay and completion of election duties where the employee is on maternity leave.

8.0 Supporting documents

- Appendix 1 – Draft amended 'Maternity, Adoption & Surrogacy Adoption Leave policy'
- Appendix 2a – Proposed amendment to the current Maternity, Adoption and Surrogacy Pay & Leave Policy received from Public Health colleagues.
- Appendix 3 – Draft amended Special Leave policy.
- Appendix 4 – Notice Periods policy.
- Appendix 5a – Section 18, Pregnancy and maternity discrimination: work cases.
- Appendix 5b – Section 19, Indirect discrimination.
- Appendix 5c – Shropshire Council statement – diversity in employment.

Employee Handbook

Maternity, Adoption and Surrogacy Adoption Leave Policy

1.0 PURPOSE

1.1 The purpose of the maternity, adoption and surrogacy adoption leave policy is to:

- Assist with the management of leave for those who are pregnant, seeking to adopt a child or have a surrogate baby
- Provide information about statutory rights

Provide information about additional benefits the Council provides in addition to its statutory obligations.

1.2 The Maternity check list for Line Managers (appendix 1) provides a step by step guide. Please refer to the Managers Maternity pack.

1.3 The Adoption checklist for Line Managers (appendix 1) provides a step by step guide. Please refer to the Managers Adoption & Surrogacy Adoption pack.

1.3 Additional policies & documents which employees may also wish to refer to include:

- Maternity checklist for Managers
- Adoption & Surrogacy Adoption checklist for managers
- Equality and Diversity
- Paternity Leave
- Parental Leave
- Flexible Working Framework
- Taking unexpected leave
- Annual Leave & Public Holidays
- Caring about Sickness

2.0 WHO THIS SCHEME APPLIES TO

This maternity, adoption and surrogacy adoption leave policy applies to all employees of Shropshire Council whose employment falls within the scope of the NJC for the Local Government Service

Staff employed by schools should refer to the Schools Personnel Handbook.

For the purpose of this policy, employees are as defined in Section 230 of the Employment Rights Act 1996 or any substituting or amending legislation.

2.1 Maternity leave

2.1.1 Applies to all pregnant employees of Shropshire Council whose employment falls within the scope of the NJC for the Local Government Service.

2.2 Adoption and Surrogacy Adoption leave

- 2.2.1 Applies to the Adoptive or surrogate parent (male or female) when a child is expected to be placed, through an approved adoption agency and have notified the adoption agency that they agree that the child should be placed with them and on the date of placement.
- 2.2.2 In the case of adoption or surrogacy adoption from overseas the policy will apply when an adopter's child enters Great Britain.
- 2.2.3 The policy applies to individuals who adopt or to one member of a couple where a couple jointly adopt. Where a couple jointly adopt they must choose which partner takes Adoption or Surrogacy Adoption leave.
- 2.2.4 The partner who elects not to take adoption leave jointly may be entitled to paternity leave and pay.

3.0 NOTIFICATION REQUIREMENTS

3.1 Employee - Maternity Leave

- 3.1.1 An employee must provide formal written notification of her pregnancy including the date on which her baby is due and the date on which she would like her maternity leave to start, by the end of the 15th week (the qualifying week) before the expected date of child birth (or as soon as is reasonably practicable).

3.1.2 Formal notification should be provided through the completion of the 'maternity leave intention form – appendix 1, and returning it to the Employment Services team along with the MATB1 form.

3.2 Employee - Adoption & Surrogacy Adoption Leave

3.2.1 An employee must provide formal written notification of their intention to take Adoption or Surrogacy Adoption Leave at least 7 days before the date they wish to commence this leave (or provide as much notice as is reasonably practicable). This formal notification should be provided through the completion of the 'adoption and surrogacy adoption leave & pay options form – appendix 2, returning it to the Employment Services team along with a matching certificate from their adoption agency confirming that the employee has been matched with a child for adoption and must be completed by the adoption agency containing:

- * the name and address of the agency;

- * the date on which the employee was notified that he or she had been matched with the child; and

- * the date on which the agency expects to place the child with the employee

As documentary evidence of their entitlement to take adoption leave.

3.3 Employer – Acknowledgment of Notification of Intention to take Maternity, Adoption & Surrogacy Adoption pay & leave options form.

3.3.1 Within 28 calendar days of receipt of notification the Employment Services team will write to the employee confirming their pay and leave entitlement and informing them of the date on which they are expected to return to work. This will vary depending on the employee's entitlement to pay, leave and their individual circumstances.

3.4 Employee – Changing the Date of Leave

3.4.1 Should an employee wish to bring forward or postpone their leave they must inform their Line Manager and the Employment Services Team in writing at least 28 calendar days before the new start date or as soon as is reasonably practicable.

3.4.2 Where a baby is born early, the employee must inform their Line Manager and the Employment Services team as soon as is reasonably practicable.

4.0 TIME OFF WORK

4.1 Provision for Ante-natal care - Pregnant employees

4.1.1 All pregnant employees are entitled to take paid time off work for antenatal care. Apart from the first appointment pregnant employees' must produce evidence of appointments if requested to do so by their line manager.

4.2 Provision for Ante-natal care - Adopting or Surrogate Adopting employee

4.2.1 All adopting or Surrogate Adopting employees are entitled to take paid time off to attend up to five antenatal care appointments. Apart from the first appointment employee's must produce evidence of appointments if requested to so by their line manager.

4.2.2 Employees who adopt with another (joint adopters) may elect for one of them to take paid time off to attend up to 5 appointments, while the other may take unpaid time off to attend up to 2 appointments.

4.2.3 Antenatal care may include a reasonable amount of parent craft and relaxation classes that the employee's doctor or midwife has advised her to attend, in addition to medical examinations.

4.2.4 Employee's should also endeavour to give their line manager as much notice as possible of antenatal appointments and, wherever possible, try to arrange them as near to the start or end of the working day as possible.

4.2.5 The time off which can be taken for each appointment (whether paid or unpaid) is a maximum of 6 1/2 hours)

5.0 LEAVE

A maximum of 52 weeks' maternity, adoption or surrogacy adoption leave can be taken. There is no qualifying service requirement to take maternity, adoption or surrogacy adoption leave.

Maternity, Adoption and Surrogacy Adoption leave is made up of 26 weeks Ordinary Leave followed immediately by 26 weeks Additional Leave.

5.1 Maternity leave

5.1.1 The minimum compulsory maternity leave is 2 weeks (this period is set for health and safety reasons).

5.1.2 If an employee's maternity leave has not already started it will be triggered by the birth of the child, or pregnancy-related absence from the beginning of the 4th week before the EWC. The earliest date that Maternity leave can start is the beginning of the 11th week prior to EWC.

- 5.1.3 In both these situations the employee must notify her employer (in writing) as soon as is reasonably practicable, that she has given birth or that she is absent wholly or partly because of pregnancy.
- 5.1.4 In the case of a stillbirth or miscarriage, an employee retains her entitlement to leave and pay if this occurs 24 weeks or more into the pregnancy. A stillbirth or miscarriage prior to this date means that the employee will not have the right to maternity leave or pay. She will however, be entitled to sick pay.

5.2 Adoption or Surrogacy Adoption leave

- 5.2.1 An employee's adoption or surrogacy leave can start from the date on which the child is expected to be placed with them, or from a specific date up to 14 days before this date.
- 5.2.2 If the child's placement is terminated during the employee's adoption leave, an employee will continue to be entitled to adoption leave and pay (if applicable) for up to eight weeks after the placement ends. As the employee will be returning to work earlier than intended, he or she should give eight weeks' notice of the early return. In many cases where no notice of the termination of the placement is given this will effectively mean the employee should notify the employer of his or her early return on the day the placement ends.
- 5.2.3 An employee is entitled to only one period of maternity, adoption or surrogacy adoption leave at a time, irrespective of how many children are born to them or placed with them.

5.3 Transfer of leave

- 5.3.1 If an employee proposes to return to work earlier than the maximum 52 weeks, giving proper notification, his/her spouse, civil partner or partner may be eligible to take additional paternity leave (and additional statutory paternity pay) once he/she has returned to work.
- 5.3.2 The earliest that additional paternity leave may commence is 20 weeks after the adopted child's placement and it must end no later than 12 months after the date of placement. The minimum period of additional paternity leave is two consecutive weeks and the maximum period is 26 weeks.

5.4 Parental leave

- 5.4.1 The Council operates a parental leave scheme. This leave is unpaid apart from the first 5 days which is full pay. Further guidance is available in "Parental Leave & Pay" policy.

5.5 Support Leave

- 5.5.1 Support leave, provided by part 2, paragraph 7.6 of the Green Book is a right to one weeks leave paid at normal contractual pay to the nominated carer of an expectant mother at or around the time of birth.

- 5.5.2 Employees who qualify for statutory paternity leave will be paid under the paternity leave scheme. Employees who do not qualify for statutory paternity leave, i.e. a nominated carer, will not be entitled to statutory paternity leave but should apply for support leave.

6.0 RELATIONSHIP WITH SICKNESS AND ANNUAL LEAVE

Maternity, adoption and surrogacy adoption leave shall be regarded as continuous service for the purposes of the NJC scheme and annual leave.

6.1 Sick leave

- 6.1.1 Maternity leave will not be treated as sick leave and will not therefore be taken into account for the calculation of the period of entitlement to sickness leave.
- 6.1.2 If a pregnant employee is sick before the beginning of the 4th week before the EWC the absence will be treated as sickness provided it is covered by self-certification or where appropriate a FIT note. If an employee is sick after the 4th week before the EWC and the sickness is wholly or partly due to the pregnancy they will automatically be required to commence maternity leave. If the sickness is not attributable to the pregnancy they can continue to receive sickness pay until the notified date for commencement of maternity leave.
- 6.1.3 If an employee is sick at any time during their adoption leave, their absence shall be treated as adoption leave and not sick leave.
- 6.1.4 Where due to sickness the employee is unable to return from maternity, adoption or surrogacy adoption leave on the expected date this will still be classed as a return to work and not a postponement of return. The period of sickness must be notified and certified in the same way as for any other period of sickness. Sickness will be recorded and monitored in the usual way.
- 6.1.4 Where an employee is certified as sick during maternity, adoption, or surrogacy adoption leave there is no right to payment of contractual sick pay as this is deemed to be "salary", and maternity, adoption or surrogacy adoption pay will continue to be paid

6.2 Annual leave

- 6.2.1 Annual leave and bank holidays will continue to be accrued throughout the ordinary and additional leave periods. Concessionary days are discretionary to the authority and may not form part of the accrued leave entitlement. Leave should normally be taken within an employee's personal leave year and in accordance with the Council's annual leave guidance. An employee should discuss when their leave can be taken, with their line manager before

they go on maternity, adoption or surrogacy adoption leave. In all circumstances, the employee should take all pro rata leave entitlement up to the time their leave starts and any form of leave accrued during maternity leave to be taken before returning to work i.e. maternity, adoption or surrogacy adoption leave ends and accrued annual leave begins.

- 6.2.2 Where an employee is intending to return to work on reduced hours any outstanding leave based on their full time contract should be taken before they commence their part-time role.
- 6.2.3 In the event that there may be insufficient time available to take all the annual leave entitlement with the same leave year, in exceptional circumstances accrued leave may be allowed to be carried forward into the next leave year in accordance with the annual leave policy, up to a maximum of 5 days.

7.0 PENSION

- 7.1 Where an employee is a member of the Local Government Pension Scheme, employee pensions contributions will continue to be deducted from any employee's maternity pay, adoption pay or surrogacy adoption pay.
- 7.2 An employee who is intending to take a period of unpaid additional leave should consult the pension's team for advice about the possible effects on their pension.

8.0 TERMS AND CONDITIONS OF EMPLOYMENT

- 8.1 The employee's contract of employment remains in force throughout their maternity, adoption and surrogacy adoption leave, continuing to receive all contractual benefits except salary.

8.2 Continuous Service

- 8.2.1 The taking of maternity, adoption or surrogacy adoption leave does not constitute a break in service. An employee's service is regarded as continuous for the calculation of annual leave, sickness payment and redundancy compensation.

9.0 CONTACT

9.1 Keeping in Touch (KIT) Days

- 9.1.1 An employee on maternity, adoption or surrogacy adoption leave is able to work for up to 10 days during their leave without losing any maternity or adoption pay and without bringing their leave to an end. For record keeping purposes working for part of a day will count as one day. Work may include training or any activity undertaken for the purposes of keeping in touch with the Council.

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- 9.1.2 Such days could include staff or team meetings, occasional days of work etc. and should where possible, be agreed in advance by the line manager and employee before the employee goes on leave.
- 9.1.3 Any such work is by arrangement with the manager who will keep a record of the number of days work undertaken during the maternity leave. KIT days are not compulsory and neither party can insist on work been undertaken or being given any work to do.
- 9.1.4 An employee will normally be reimbursed for KIT days in the form of Time off in Lieu (TOIL). However, in certain circumstances, payment for such work can be made and will be paid at the contracted hourly rate of pay for the hours worked which will be offset against the SMP entitlement for that day
- 9.1.5 An employee is prevented by legislation from carrying out any work (including KIT days) in the first two weeks after the birth of her baby (compulsory maternity leave).

9.2 Reasonable Contact

- 9.2.1 In addition to the provision for "Keeping in Touch" (KIT) days there may be "reasonable contact" between the line manager and employee during the employee's leave. This contact does not count as work and does not bring the maternity leave period to an end.
- 9.2.2 Such contact could include issues such as the return to work, significant workplace developments and training opportunities.
- 9.2.3 In some instances, changing circumstances in the Council could mean additional contact may be necessary to ensure that adequate involvement and consultation on key issues is assured.

10.0 PAY

- 10.0.1 Statutory maternity and adoption pay is paid for 39 week. There is no statutory entitlement to surrogacy adoption pay.
- 10.0.2 Any salary increments which occur while an employee is on maternity leave, adoption leave surrogacy adoption leave will affect the amount of statutory or occupational pay received.
- 10.0.3 Maternity pay and adoption pay will commence on the day the maternity or adoption leave commences.
- 10.0.4 Average weekly earnings take into account what the employee has earned in the eight week period ending with the Qualifying Week (QW). Therefore bonuses, pay awards and other ad-hoc payments which fall in that period count in the calculation of SMP.

10.0.5 Tax, national insurance and employee pension contributions are deducted from maternity and adoption pay.

10.0.6 An employee does not have to repay statutory maternity or adoption pay if they do not return to work

10.1 Statutory Maternity Pay

10.1.1 To be eligible for statutory maternity pay an employee must have 26 week's continuous service at the end of the 15th week before the expected date of childbirth and have average weekly earnings, for the 8 week period ending in the 15th week before the EWC, of not less than the Lower Earnings Limit.

10.1.2 Statutory Maternity Pay is paid as follows:

- First 6 weeks at 90% of average weekly earnings with no upper limit.
- Remaining 33 weeks at the standard rate or a rate equal to 90% of average weekly earnings, whichever is lower. Details which can be found at appendix 3.

10.1.3 If an employee is not entitled to SMP the Employment Services team will provide the employee with a SMP1 form so that the employee can claim Maternity allowance.

10.2 Statutory Adoption Pay

10.2.1 To be eligible for statutory adoption pay an employee must have 26 weeks continuous service by the end of the week the adopter was notified as being matched with a child and have average weekly earnings, for the 8 week period ending in the 15 week before the EWC, of not less than the Lower Earnings Limit (£111 they are notified that they have been matched with a child or received official notification that they are eligible to adopt a child from abroad on or after 7 April 2013).

10.2.2 Statutory Adoption Pay is paid as follows:

- First 6 weeks at 90% of average weekly earnings with no upper limit.

Remaining 33 weeks at the standard rate or a rate equal to 90% of average weekly earnings, whichever is lower.

10.2.3 If an employee is not entitled to SAP or who are normally low paid, an employee may be able to get income support while on adoption leave.

10.3 Occupational Maternity and Adoption Pay

10.3.1 An employee with over one year's continuous local government service, at the end of the 11th week before the expected week of childbirth or placement, is entitled to receive occupational maternity and adoption pay if they declare an intention to return to work

Appendix 1

following their leave and subsequently return to work following their leave for a minimum period of 13 weeks to their original contracted hours.

10.3.2 For employees not intending to return to local authority employment employee's entitlement will be to statutory pay only.

10.3.3 Occupational maternity and adoption pay is paid as follows:-

- For the first six weeks of leave an employee is entitled to 90% of their average weekly salary offset against their statutory payments.
- Where an employee declares an intention to return to work following their leave and subsequently returns to local authority employment for a minimum period of 13 weeks and to their original contracted hours they will receive 12 weeks half pay plus any statutory pay due (total payments cannot exceed full pay).
- In respect of maternity and adoption leave the remaining 21 weeks' will be paid at the lower and appropriate statutory maternity or adoption pay rate.

10.3.4 If an employee does not subsequently return to local authority employment for a minimum period of 13 weeks they will be required to repay the 12 weeks' half pay.

11.0 RETURNING TO WORK

It will be assumed, unless previously notified otherwise, that an employee will be returning at the end of Additional Leave (taking the full 52 weeks' entitlement).

Where an employee is unable to return because of sickness or injury the Council's Management of Absence policy will apply. (Refer to caring about sickness policy) [LINK](#)

If an employee wishes to return to work earlier than the expected return date they must provide at least 21 days' written notice of the date of early return. If they do not do this the Council may postpone their return for up to 21 days provided this does not extend the leave beyond the original return date.

11.1 Right to return to work

11.1.2 Subject to paragraph 11.2.3 (below), an employee has the opportunity to return to the job in which she was employed under her original contract of employment and on terms and conditions not less favourable than those which would have been applicable to them if they had not been absent. A "job", for this purpose, means the nature of the work which they were employed to do and the capacity and place in which they were so employed.

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- 11.2.3 Where it is not practicable by reason of redundancy for the authority to permit the employee to return to work in their job as defined above, the employee shall be entitled to be offered a suitable alternative vacancy where one exists, provided that the work done in that post is suitable to them and appropriate to the circumstances, and that the capacity and place in which they are to be employed and their terms and conditions of employment are not substantially less favourable to them than if they had been able to return in the job in which they were originally employed.
- 11.2.4 Suitable alternative employment may also be offered in exceptional circumstances (other than redundancy) e.g. a general reorganisation, which would have occurred if the employee had not been absent, necessitate a change in the job in which they were employed prior to their absence. The work to be done should be suitable to them and appropriate to the circumstances and the capacity and place in which they are to be employed and their terms and conditions of employments should not be less favourable to them than if they had been able to return to job in which they were originally employed. The employee must return with their seniority, pensions rights and similar rights as they would have been if they had not been absent, regardless of whether Additional leave has been taken.
- 11.2.5 For an employee where, because of an interruption of work (whether due to industrial action or some other reason) it is unreasonable to expect them to return on the notified day, the employee may instead return when work resumes, or as soon as reasonably practicable thereafter.
- 11.2.6 For an employee where no date of return has been notified and there is an interruption of work (whether due to industrial action or some other reason) which makes it unreasonable to expect the employee to return to work before the end of the maternity leave period and in consequence they do not notify a date of return, they may exercise their right to return by giving at least 7 days written notice to the authority that they intend to return at any time before the end of 14 days from the end of the interruption.

11.3 Right to request flexible working

- 11.3.1 The Council operates a scheme which allows eligible employees to request to reduce their hours, or change their working pattern. Salary and annual leave entitlements are adjusted accordingly. Further guidance is available in the Flexible Working Policy”.

12.0 NON RETURNERS

In the event an employee does not return to work, the employee will refund the monies paid, or a proportion, as the authority may decide, excluding any statutory payments.

12.1 Resignation

12.1.1 If an employee decides not to exercise their right to return to work, following their leave, they are effectively resigning and must give the required contractual notice. Further guidance is available in the notice period policy.

12.2 Redundancy

12.2.1 Employees away from work will be included in any redundancy consultation process. Further guidance is available in the Redundancy" and" Redeployment" policies.

12.2.2 Employee's dismissed whilst on maternity, adoption or surrogacy adoption leave are entitled to:

- Written reasons for the dismissal and to be paid for any outstanding holiday pay that has accrued during their maternity, adoption or surrogacy adoption leave up to the end of their notice period.
- Employees subject to notice of dismissal due to reason of redundancy (**voluntary or compulsory**) are entitled to receive full pay during their notice period
- Where an employee is in receipt of statutory maternity pay (SMP) or Statutory Adoption Pay (SAP) this will be offset against the notice pay for any week in the notice period which the employee would be getting SMP or SAP.

13.0 HEALTH & SAFETY

13.1 Maternity Risk Assessment

13.1.1 The Council must ensure that a risk assessment of the working environment is carried out to identify any potential risks to an employee while she is pregnant, taking into account any relevant advice from the GP or midwife. Any potential risks should be removed, or if this is not possible, alternative temporary working arrangements made.

Some of the more common risks might be:

- Moving and handling
- Standing or sitting for long periods of time
- Exposure to infectious diseases
- Threat of violence at work
- Long working hours
- Work related stress

13.1.2 If it is not possible to alter the employee's working conditions to remove risk and there is not suitable alternative work available the employee may be suspended from work on maternity grounds, until such time as there is no longer a risk or she goes on maternity leave.

13.1.3 This suspension does not affect any employee's statutory or contractual rights. The employee will be entitled to her normal salary and contractual benefits during the suspension unless she has unreasonably refused an offer of suitable alternative employment.

13.2 Nursing mother

13.2.1 The nursing mother will need to inform her manager in writing if she intends to continue to breastfeed after returning to work. The manager will need to conduct a further risk assessment with advice from both a Health and Safety Officer and a HR Officer and in discussion with the employee.

14.0 Protection against detriment and dismissal

14.1 It is not unlawful to dismiss an employee whilst on maternity, adoption or surrogacy adoption leave, however employee's are protected against being subject to detriment and/or dismissal because of pregnancy, pregnancy related sickness, birth or) or from taking or intending to take maternity, adoption or surrogacy adoption leave. Please also refer to 12.2 Dismissal due to redundancy or other reason for further guidance with respect entitlements.

15.0 Undertaking Election duties

15.1 Employees who undertake election duties during maternity or adoption leave are not entitled to receive SMP or SAP for the week in which duties were undertaken. It is recommended that before undertaking election duties during maternity or adoption leave, due to individual circumstances, employees should contact Employment Services to better understand the impact on their pay.

15.0 ABBREVIATIONS, DEFINITIONS AND TERMS

15.1 Abbreviations

The following abbreviations and terms are used in this policy:

SMP Statutory Maternity Pay

EWC Expected Week of Childbirth

QW Qualifying Week – the 15 week before the EWC

15.2 Definitions

15.2.1 Termination

The word termination in the context of this policy means still birth, miscarriage or abortion after a pregnancy lasting less than 24 weeks.

15.2.2 A week's pay

The term 'a week's pay' for employees whose remuneration for normal working hours does not vary with the amount of work done in the period, is the amount payable by the authority to the employee under the current contract of employment for working their normal hours in a week. Where there are no normal working hours, a week's pay is the average remuneration in the period of 12 weeks preceding the date on which the last complete week ended, excluding any week in which no remuneration was earned.

Nothing in the above provisions shall be construed as providing rights less favourable than statutory rights.

Review of Policy

The policy will be reviewed at regular intervals in conjunction with changes to legislation that may impact upon it. The policy will be reviewed no later than 2 years after its implementation by the Head of Human Resources & Development in consultation with the trade unions.

EINA conducted January 2013

Policy implemented: April 2014

Text to insert into Shropshire Council Maternity, Adoption and Surrogacy Adoption policy

13.2.2 If a breastfeeding mother returns to work whilst still breastfeeding, she may be subject to a change to working arrangements to ensure that suitable rest periods and duties may safeguard her ability and right to continue breastfeeding. To enable any changes to be put in place, the conversation about breastfeeding on return to work should begin early.

This may include making a request for flexible working, which may involve changes to an employee's days, hours or place of work. Managers must give the request serious consideration and should refer to the 'Flexible Working Framework'.

13.2.3 A breastfeeding mother must be provided with the following:

- A suitable space in which to breastfeed: a private or screened area away from view (ideally a room or empty office with a lockable door) with access to an electrical outlet. Toilet facilities should not be suggested as a suitable facility.
- Milk storage facilities such as a fridge or cool box.
- Facilities for washing, sterilising and storing receptacles.
- Breaks to breastfeed (the length and frequency of these breaks will depend upon the mother's individual circumstances)
- Lead times to change a breastfeeding routine (to avoid any pain or discomfort)

13.2.4 It is sex discrimination to harass a breastfeeding employee or to fail to take action to stop other staff members from harassing a breastfeeding employee. Managers should refer to the 'Harassment and bullying policy procedure'.



Employee Handbook Special Leave

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- 1.0 Guidance
- 2.0 Election duties
- 3.0 Time off for Interviews
- 4.0 Time off for Jury Service
- 5.0 Public Duties

1.0 Guidance

Special leave with or without pay may be approved at the discretion of your Manager.

The table below outlines the allowances for Special Leave:

Circumstance	Leave Allowance
Death of close relative <i>(mother, father, sister, brother, spouse or partner, son or daughter, mother-in-law, father-in-law, grandparent or grandchild).#</i>	Up to 5 working days with pay* (including day of funeral) per relative.
Serious illness of close relative <i>(see definition of close relative above) #.</i>	Up to 5 working days with pay* annually. Any time over the 5 working days should be covered by annual leave or annualised hours. In the event that leave has been exhausted the appropriate Manager may grant a period of one month's unpaid leave. Requests for unpaid leave beyond a month should be referred to the Head of HR
Funeral of friend or colleague.	Up to half a day with pay or one day if significant travelling involved.
Attendance at hospital, doctor, dentist, or supporting the visit of a Health Care Visitor with <u>dependent</u> relative. <i>Employees should refer to the Guidance on Hours of work for appointments that relate specifically to themselves.</i>	Time off with pay to attend the appointment, provided that attendance is not possible outside normal working hours (appointment card should be requested).
When a close relative is involved in an accident or is assaulted, and in the case of a child when an incident affecting the child	Up to 3 working days with pay*, when the employee needs to respond to the incident immediately.

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arises at school.	
When unexpectedly, arrangements for the care of a dependent are disrupted or come to an end.	Up to 1.5 days* with pay, per occasion and on no more than two occasions per year.
To attend appointments with support agencies or solicitors, to arrange re-housing, to change child care and court appearances when an employee is experiencing domestic abuse.	Up to 5 working days with pay*
Attendance at Court in order to conclude divorce proceedings	Up to 1 day with pay.
To attend appointments, checks and treatment in relation to Fertility Treatment.	Time off with pay (appointment card should be requested) for appointments, checks and treatment. Any period of rest required after treatment should either be covered by annual leave, credit hours or sick leave if medical certification is provided
To attend a graduation ceremonies in which the training / education has been funded by the Authority.	1 day with pay

* This will be pro-rated for part time workers to their equivalent working week

The list of close relatives detailed within this policy is not exhaustive and managers need to take account of other family members who have had a significant impact in the employee's life, for example an uncle / aunt who acted in the absence of a father / mother. The list of relatives detailed also applies to step or half relatives.

It is likely that some requests for Special leave may be submitted after the time has been taken, for example, emergencies or unplanned disruption to childcare arrangements. Such requests should be approved where possible, giving consideration of the circumstances of the absence and providing that the employee has contacted their manager as soon as is reasonably possible, notifying them of the reason that they are absent from work.

Where a request for Special leave has not been submitted prior to a planned appointment, for example, attendance at court, hospital with a dependant etc... your line manager has the discretion not to approve such requests.

This will apply to all Council employees other than those who are directly employed by a School , on a consistent basis irrespective of length of service.

All requests for Special Leave should be submitted to your line manager on the Special Leave Request Form. All allowances are based on a rolling 12 months period.

2.0 Election Duties

2.1 Anyone undertaking election duties as presiding officers, poll clerks or counting assistants in Police Commissioner, European, Parliamentary or Council elections, which take part during their normal working day, will be granted paid time off, up to a maximum of 7.4 hours. In the event that you have been employed to a role for the election, special leave would not be applicable.

Ultimately, the needs of the service take priority and requests to undertake election duties need to be approved by your line manager.

2.2 Employees who undertake election duties during maternity or adoption leave are not entitled to receive SMP or SAP for the week in which duties were undertaken. It is recommended that before undertaking election duties during maternity or adoption leave, due to individual circumstances, employees should contact Employment Services to better understand the impact on their pay.

3.0 Time off for Local Government or Public Sector Interviews

If you have less than one year's service since taking up your present appointment with the Council, you are required to take annual leave (or where appropriate use credit hours) when attending job interviews.

After one year's service, time off with pay should be granted for any interviews within the local government service or in other public sector areas. For interviews for other posts annual leave should be taken.

4.0 Time off for Jury Service

If you receive a summons to serve on a Jury, you should inform your Line Manager who is required to grant leave of absence, unless exemption is secured.

If you are serving as a Juror, you should claim the allowance for loss of earnings to which you are entitled under the Juror's Allowance Regulations currently in force. An amount equal to the allowance received will be deducted from your pay.

5.0 Public Duties

Approved paid Special leave of up to 18 days in any leave year may be granted (including school based staff) to you in order to undertake public duties and any necessary training. These can be expressed in terms of hours (pro rata) where duties are likely to be over shorter periods than a full day. Duties include:

- As a JP, School or College governor
- As a member of a local authority, statutory tribunal, health authority or trust
- Appointment as a retained fire fighter or special constable.

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- As a volunteer to support the Council in dealing with major events or emergencies

Duties over the 18 days may be allowed at the discretion of your Director and will be on an unpaid basis.

Review of Policy

The policy will be reviewed at regular intervals in conjunction with changes to legislation that may impact upon it.

Policy Agreed:

Policy Forum – 30th April 2013

EJCC – 11th October 2013



Employee Handbook

Periods of Notice

- 1.0 The contractual period of notice required to be given to an employee to terminate their employment, and that required of them on resignation will be clearly stated in the terms of appointment. The following local scheme on contractual notice periods has been adopted for NJC employees:-

Those graded up to and including Grade 8	1 month
Those graded Grade 9 and 10 (scp 29-34) inclusive	2 months'
Band 11 (scp 35 – 39)	2 months'
Band 12 (scp 40 – 44)	3 months'
Band 13 (scp 45 – 49)	3 months'
Band 14 (scp 50 – 54)	3 months'

Where appointments are made to linked grades the contractual notice period will be as at the maximum of the grade advertised.

These periods of notice may be varied in relation to particular posts, when an appointment is being made, at the discretion of the Director, after consultation with the Head of Human Resources & Development.

- 2.0 The statutory provisions relating to minimum periods of notice to be given by the employer to any employee are as contained in the Employment Rights Act 1996-

Period of continuous employment - Minimum notice

One month or more but less than 2 years	Not less than 1 week
Two years or more but less than 12 years	1 week for each year of continuous service
12 years or more	Not less than 12 weeks

Where notice is given by the employer to an employee, the employee is entitled to receive full contractual pay during the period of notice.

- 3.0 The employer's obligation to the employee under the contractual notice agreed must always be read against any additional notice required to be given to the employee under the statutory grade. Therefore an employee with one month's contractual notice entitlement with 5 years service will be entitled to five weeks statutory notice on the termination of their employment by the Council and an additional week's notice for each additional year's service up to a maximum of 12 weeks notice.
- 4.0 The statutory minimum period of notice to be given by an employee who has been employed for one month or more is one week. In instances where a longer period of notice is required from an employee under their contract of employment the contractual requirement prevails, although of course it is always open to the employer to agree to a shorter period of notice being worked by the employee if this is mutually acceptable.
- 5.0 Pay in lieu of notice (which is normally a tax free payment) should only be used where it is unavoidable or reasonable. In cases of redundancy or ill-health retirement, for example, where the timing of the decision makes it impossible for the employee to work their full notice then payment in lieu (for the whole or part of the notice period) will be unavoidable. Where on the other hand it is possible for the employee to work during the normal notice period, there may sometimes be good reasons for waiving the requirement to do so. For payment in lieu to be made in these circumstances, the "good reasons" would have to be clearly demonstrated if the payment was challenged by, for example, the District Auditor.

Payment in lieu of notice is not justifiable in cases where the timetable for retirement or redundancy is known sufficiently well in advance to give normal notice, and there is nothing else preventing this.

Review of Policy

The policy will be reviewed at regular intervals in conjunction with changes to legislation that may impact upon it.

Equality Act 2010 Section 18

(1) This section has effect for the purposes of the application of Part 5 (work) to the protected characteristic of pregnancy and maternity.

(2) A person (A) discriminates against a woman if, in the protected period in relation to a pregnancy of hers, A treats her unfavourably —

(a) because of the pregnancy, or

(b) because of illness suffered by her as a result of it.

(3) A person (A) discriminates against a woman if A treats her unfavourably because she is on compulsory maternity leave.

(4) A person (A) discriminates against a woman if A treats her unfavourably because she is exercising or seeking to exercise, or has exercised or sought to exercise, the right to ordinary or additional maternity leave.

(5) For the purposes of subsection (2), if the treatment of a woman is in implementation of a decision taken in the protected period, the treatment is to be regarded as occurring in that period (even if the implementation is not until after the end of that period).

(6) The protected period, in relation to a woman's pregnancy, begins when the pregnancy begins, and ends—

(a) if she has the right to ordinary and additional maternity leave, at the end of the additional maternity leave period or (if earlier) when she returns to work after the pregnancy;

(b) if she does not have that right, at the end of the period of 2 weeks beginning with the end of the pregnancy.

(7) Section 13, so far as relating to sex discrimination, does not apply to treatment of a woman in so far as—

(a) it is in the protected period in relation to her and is for a reason mentioned in paragraph

(a) or (b) of subsection (2), or

(b) it is for a reason mentioned in subsection (3) or (4).

Equality Act 2010 Section 19

(1) A person (A) discriminates against another (B) if A applies to B a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic of B's.

(2) For the purposes of subsection (1), a provision, criterion or practice is discriminatory in relation to a relevant protected characteristic of B's if—

(a) A applies, or would apply, it to persons with whom B does not share the characteristic,

(b) it puts, or would put, persons with whom B shares the characteristic at a particular disadvantage when compared with persons with whom B does not share it,

(c) it puts, or would put, B at that disadvantage, and

(d) A cannot show it to be a proportionate means of achieving a legitimate aim.

(3) The relevant protected characteristics are—

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- race;
- religion or belief;
- sex;
- sexual orientation.



Employee Handbook

Diversity in Employment Policy

Shropshire Council is committed to one simple, yet important vision:

To improve significantly the quality of life for Shropshire people.

Shropshire Council believes and recognises that the diversity of our population is one of the County's greatest strengths and assets. Our core values commit us to 'Promote Diversity'.

Shropshire Council is committed to the promotion of Equal Opportunities and freedom from discrimination in all aspects of its services. We believe that we should take positive steps to promote equality of opportunity in the delivery of our services and the employment of people.

Shropshire Council values the diversity of its workforce. It will not tolerate less favourable treatment on grounds of: gender, race, colour, ethnic or national origin, disability, marital status, sexual orientation, responsibility for dependents, age, trade union or political activities, religion/beliefs, or any other reason which cannot be shown to be justified.

What you can expect as an employee

Being an equal opportunities employer we are aiming to ensure you:

- Are recruited on merit
- Are not harassed or bullied at work
- Are paid fairly and equitably
- Are not unfairly discriminated against
- Have an annual appraisal and access to appropriate training and development required to do your job
- Are supported by fair and clear employment policies and procedures which reflect this policy

Your responsibilities as an Employee

- To provide a high standard of service to local people, and to those you come into contact with
- To respect others regardless of who they are

- To undertake training and self-development as identified to help improve our service to users, including equality and diversity training
- To promote equality of opportunity and help to build cohesive community relations
- To adhere to all appropriate Council policies, procedures and codes of practice
- To demonstrate these values in the way you work
- To challenge behaviour or attitudes which are contrary to this policy

Legislation underpinning Diversity in Employment Policy includes:

- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- Sex discrimination Act 1975
- Disability Discrimination Act 1995
- Human Rights Act 1998
- The Employment Equality (Religion or Belief and Sexual Orientation) Regulations 2003
- Rehabilitation of Offenders Act 1974
- Equal Pay Act and other appropriate legislation and the European Directive 2000

Review of Policy

The policy will be reviewed at regular intervals in conjunction with changes to legislation that may impact upon it. The policy will be reviewed no later than 2 years after its implementation by the Head of HR & Development in consultation with the trade unions.

EINA conducted:

For further information, visit our Equalities and Diversity web pages



Shropshire

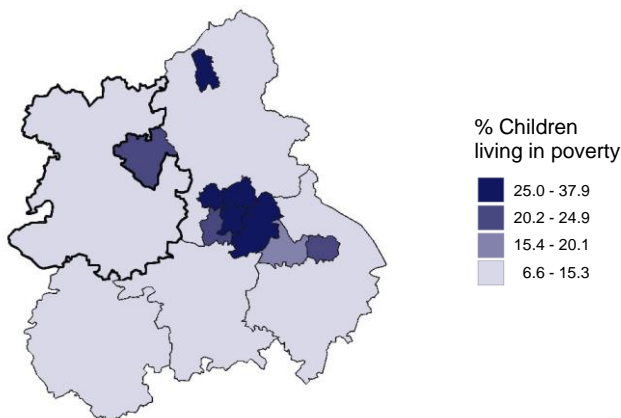
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	West Midlands	England
Live births in 2013	2,843	71,188	664,517
Children (age 0 to 4 years), 2013	15,400 (5.0%)	363,500 (6.4%)	3,414,100 (6.3%)
Children (age 0 to 19 years), 2013	67,100 (21.7%)	1,397,700 (24.6%)	12,833,200 (23.8%)
Children (age 0 to 19 years) in 2020 (projected)	65,700 (20.6%)	1,424,900 (24.2%)	13,325,100 (23.6%)
School children from minority ethnic groups, 2014	2,152 (6.5%)	228,380 (31.2%)	1,832,995 (27.8%)
Children living in poverty (age under 16 years), 2012	12.8%	21.9%	19.2%
Life expectancy at birth, 2011-2013			
Boys	80.0	78.8	79.4
Girls	83.9	82.8	83.1

Children living in poverty

Map of the West Midlands, with Shropshire outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data

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Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2012-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

Key findings

Children and young people under the age of 20 years make up 21.7% of the population of Shropshire. 6.5% of school children are from a minority ethnic group.

The health and wellbeing of children in Shropshire is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is better than the England average with 12.8% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

10.0% of children aged 4-5 years and 16.1% of children aged 10-11 years are classified as obese.

GCSE achievement is similar to the England average. 56.1% of young people gain five or more GCSEs at A* to C grade including maths and English.

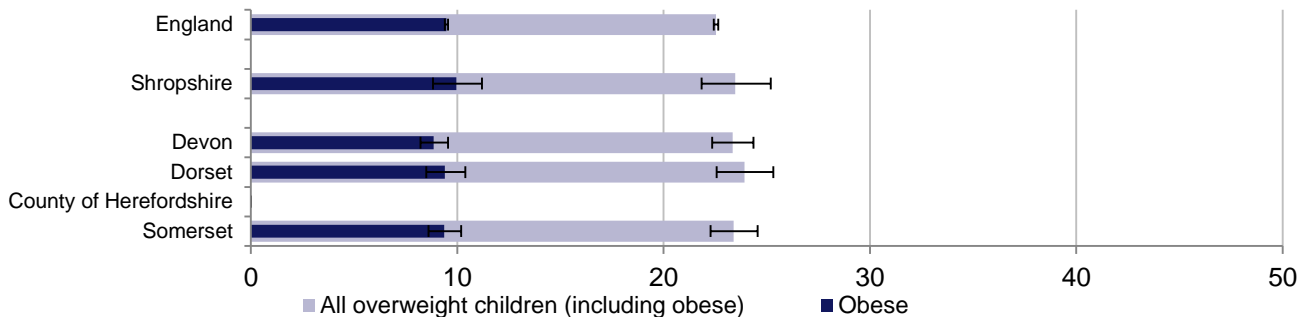
Smoking in pregnancy is known to increase the risk of a baby having a low birthweight. The percentage of women smoking in pregnancy is higher than the England average, with 15.0% of women smoking while pregnant. The percentage of babies being born with a low birthweight is similar to the England average.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

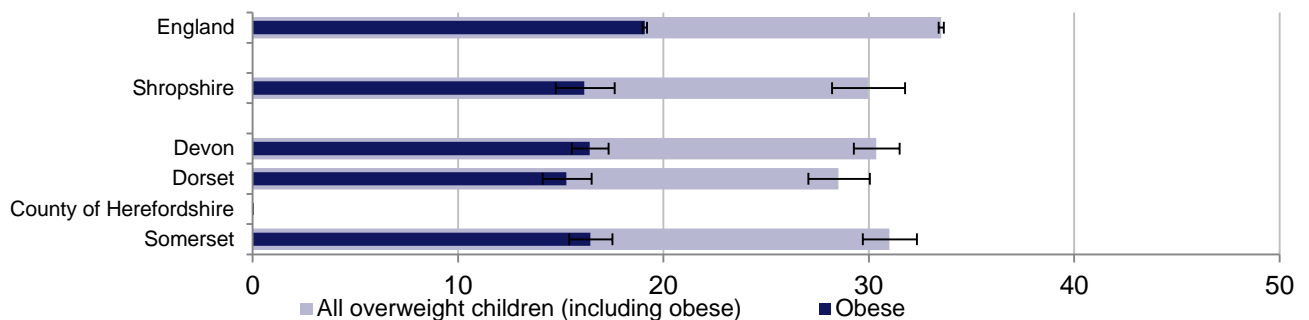
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a similar percentage in Reception and a better percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2013/14 (percentage)



Children aged 10-11 years classified as obese or overweight, 2013/14 (percentage)

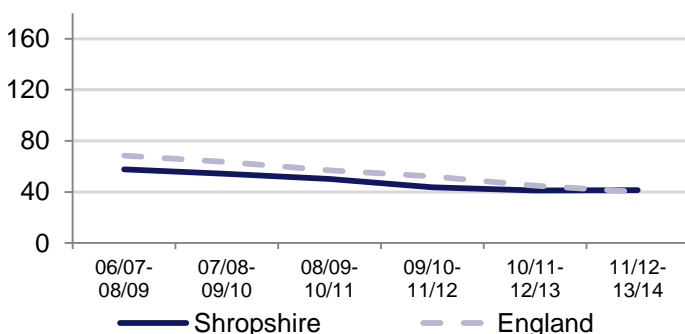


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval. Data source: National Child Measurement Programme (NCMP), Health and Social Care Information Centre

Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is similar in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is similar to the England average.

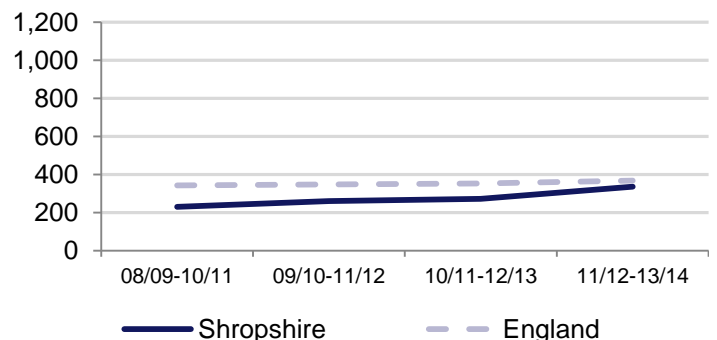
Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)



Young people's mental health

In comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is higher in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is lower than the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)



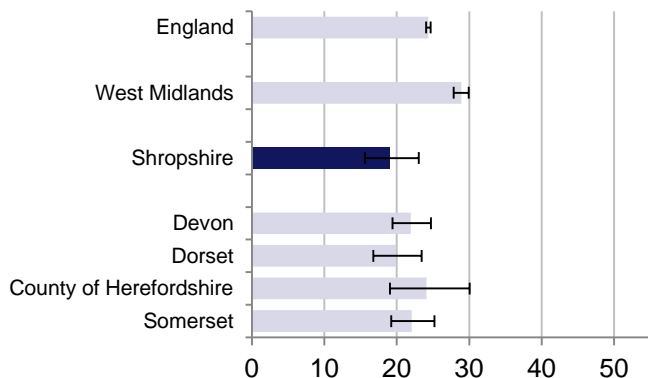
*Information about admissions in the single year 2013/14 can be found on page 4

Data source: Public Health England (PHE)

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

These charts compare Shropshire with its statistical neighbours, the England and regional average and, where available, the European average.

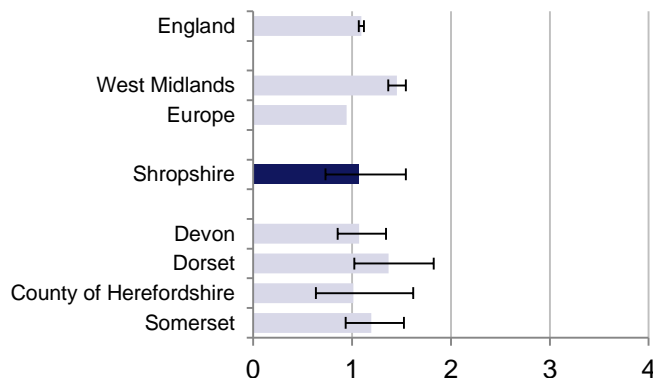
Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)



In 2013, approximately 19 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is lower than the regional average. The area has a lower teenage conception rate compared with the England average.

Data source: ONS

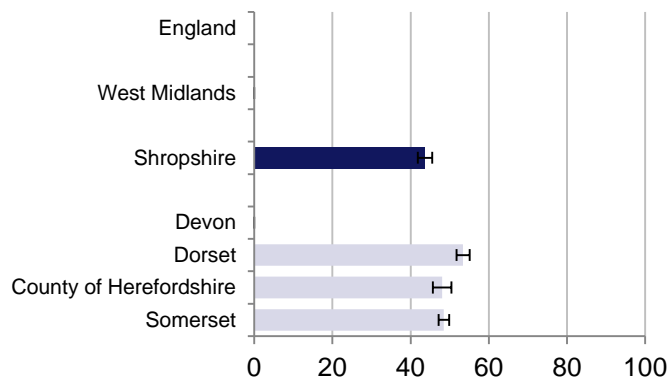
Teenage mothers aged under 18 years, 2013/14 (percentage of all deliveries)



In 2013/14, 1.1% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a similar percentage of births to teenage girls compared with the England average and a similar percentage compared with the European average of 0.9%*.

Data source: Hospital Episode Statistics, Health and Social Care Information Centre
* European Union 27 average, 2013. Source: Eurostat

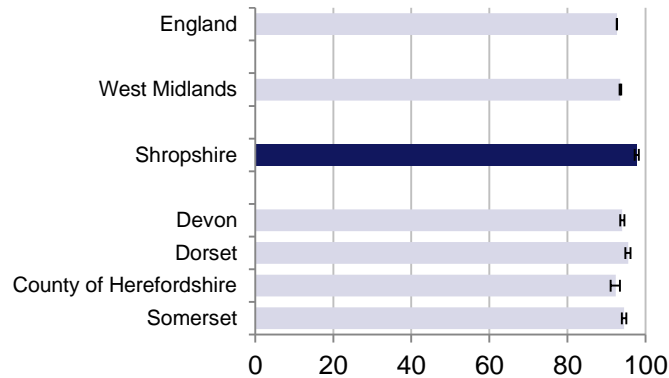
Breastfeeding at 6 to 8 weeks, 2013/14 (percentage of infants due 6 to 8 week checks)



No breastfeeding initiation data is available for Shropshire. By six to eight weeks after birth 43.7% of mothers are still breastfeeding.

Data source: PHE

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2013/14 (percentage of children age 2 years)



Compared with the England average, a higher percentage of children (97.8%) have received their first dose of immunisation by the age of two in this area. By the age of five, 94.6% of children have received their second dose of MMR immunisation. This is higher than the England average. In the West Midlands, there were 46 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data sources: Health and Social Care Information Centre, PHE

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significance not tested
- Significantly better than England average
- ◆ Regional average



	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst		Eng. Best
Premature mortality	1 Infant mortality	9	3.2	4.1	7.5		1.7
	2 Child mortality rate (1-17 years)	5	8.8	11.9	22.8		3.0
Health protection	3 MMR vaccination for one dose (2 years)	2,856	97.8	92.7	78.3		98.3
	4 Dtap / IPV / Hib vaccination (2 years)	2,875	98.5	96.1	81.6		99.1
	5 Children in care immunisations	165	89.2	87.1	27.3		100.0
	6 New sexually transmitted infections (including chlamydia)	673	1,899.8	3,432.7	8,098.4		1,899.8
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	1,878	64.1	60.4	41.2		75.3
	8 GCSEs achieved (5 A*-C inc. English and maths)	1,733	56.1	56.8	35.4		73.8
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0		42.9
	10 16-18 year olds not in education, employment or training	490	5.2	5.3	9.8		1.8
	11 First time entrants to the youth justice system	90	311.9	440.9	846.5		171.0
	12 Children in poverty (under 16 years)	6,295	12.8	19.2	37.9		6.6
	13 Family homelessness	134	1.0	1.7	10.8		0.1
	14 Children in care	270	45	60	153		20
15 Children killed or seriously injured in road traffic accidents	8	15.8	19.1	48.3		8.2	
Health improvement	16 Low birthweight of all babies	191	6.8	7.4	10.4		4.6
	17 Obese children (4-5 years)	245	10.0	9.5	14.2		5.5
	18 Obese children (10-11 years)	409	16.1	19.1	26.8		10.5
	19 Children with one or more decayed, missing or filled teeth	-	22.1	27.9	53.2		12.5
	20 Under 18 conceptions	107	19.1	24.3	43.9		9.2
	21 Teenage mothers	27	1.1	1.1	2.5		0.2
	22 Hospital admissions due to alcohol specific conditions	25	41.3	40.1	100.0		13.7
	23 Hospital admissions due to substance misuse (15-24 years)	19	55.2	81.3	264.1		22.8
Prevention of ill health	24 Smoking status at time of delivery	364	15.0	12.0	27.5		1.9
	25 Breastfeeding initiation	-	-	73.9	36.6		93.0
	26 Breastfeeding prevalence at 6-8 weeks after birth	1,188	43.7	-	19.4		77.4
	27 A&E attendances (0-4 years)	4,465	289.5	525.6	1,684.5		252.7
	28 Hospital admissions caused by injuries in children (0-14 years)	517	106.7	112.2	214.1		64.4
	29 Hospital admissions caused by injuries in young people (15-24 years)	518	148.8	136.7	291.8		69.6
	30 Hospital admissions for asthma (under 19 years)	128	200.4	197.1	509.1		54.6
	31 Hospital admissions for mental health conditions	43	71.6	87.2	391.6		25.6
	32 Hospital admissions as a result of self-harm (10-24 years)	226	432.0	412.1	1,246.6		119.1

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

- 1 Mortality rate per 1,000 live births (age under 1 year), 2011-2013
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2011-2013
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2013/14
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2013/14
- 5 % children in care with up-to-date immunisations, 2014
- 6 New STI diagnoses per 100,000 population aged 15-24 years, 2013
- 7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2013/14
- 8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2013/14
- 9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
- 10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2013
- 11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2013

- 12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012
- 13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2013/14
- 14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2014
- 15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2011-2013
- 16 Percentage of live and stillbirths weighing less than 2,500 grams, 2013
- 17 % school children in Reception year classified as obese, 2013/14
- 18 % school children in Year 6 classified as obese, 2013/14
- 19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
- 20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
- 21 % of delivery episodes where the mother is aged less than 18 years, 2013/14

- 22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
- 23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2011/12-2013/14
- 24 % of mothers smoking at time of delivery, 2013/14
- 25 % of mothers initiating breastfeeding, 2013/14
- 26 % of mothers breastfeeding at 6-8 weeks, 2013/14
- 27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2013/14
- 28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2013/14
- 29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2013/14
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2013/14
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2013/14
- 32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2013/14

Child Health Profile

Shropshire

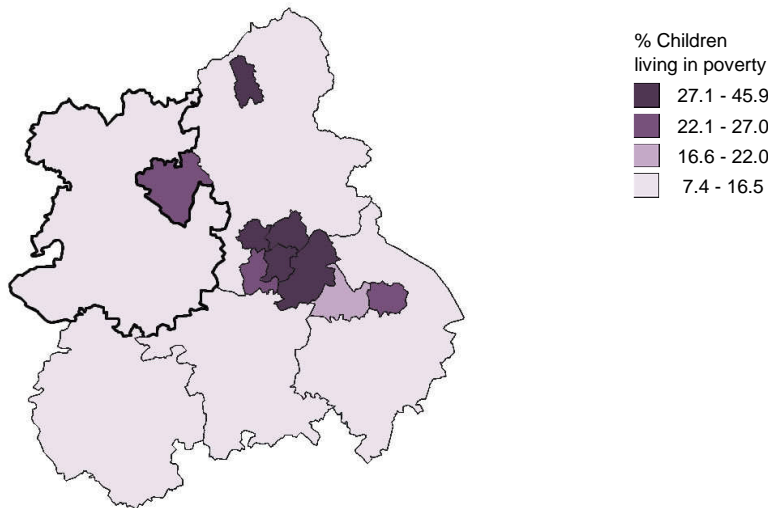
March 2013

This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and well-being of children and tackle health inequalities. This profile is produced by the Child and Maternal Health Observatory (ChiMat) working with West Midlands Public Health Observatory (WMPHO).

The child population in this area	Local	West Midlands	England
Live births in 2011	2,880	73,023	688,120
Children (age 0-4 years), 2011 % of total population	15,700 5.1%	355,700 6.3%	3,328,700 6.3%
Children (age 0-19 years), 2011 % of total population	68,300 22.2%	1,390,900 24.8%	12,710,500 23.9%
Children (age 0-19 years) in 2020 (projected) % of total population	69,255 21.6%	1,458,399 24.5%	13,575,943 23.7%
School children from black/ethnic minority groups % of school population (age 5-16 years)	2,024 6.1%	207,550 28.8%	1,661,440 25.6%
% of children living in poverty (age under 16 years)	13.6%	23.8%	21.1%
Life expectancy at birth			
Boys	78.8	77.9	78.6
Girls	82.9	82.2	82.6

Children living in poverty

Map of the West Midlands, with Shropshire outlined, showing the relative levels of children living in poverty.



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Data sources: Live births, Office for National Statistics (ONS) 2011; population estimates, ONS 2011 Census mid-year estimates; population projections, ONS interim 2011-based subnational population projections; black/ethnic minority maintained school population, Department for Education 2012; children living in poverty, HM Revenue & Customs (HMRC) 2010; life expectancy, ONS 2008-10

Key findings

22.2% of the population of Shropshire is under the age of twenty. 6.1% of school children are from a black or minority ethnic group.

The health and well-being of children in Shropshire is generally better than the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is better than the England average with 13.6% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average.

9.1% of children aged 4-5 years and 17.6% of children aged 10-11 years are classified as obese. 49.2% of children participate in at least three hours of sport a week which is worse than the England average.

A similar percentage of mothers initiate breastfeeding compared to the England average, with 75.6% breastfeeding. By six to eight weeks after birth, the percentage of mothers who breastfeed their babies is lower than the England average, with 43.8% of mothers continuing to breastfeed.

The percentage of babies being born with a low birth weight is similar to the England average. Smoking in pregnancy is known to increase the risk of a baby having a low birth weight. The percentage of women smoking in pregnancy is higher than the England average, with 15.0% of women smoking while pregnant.



YORKSHIRE & HUMBER PUBLIC HEALTH OBSERVATORY



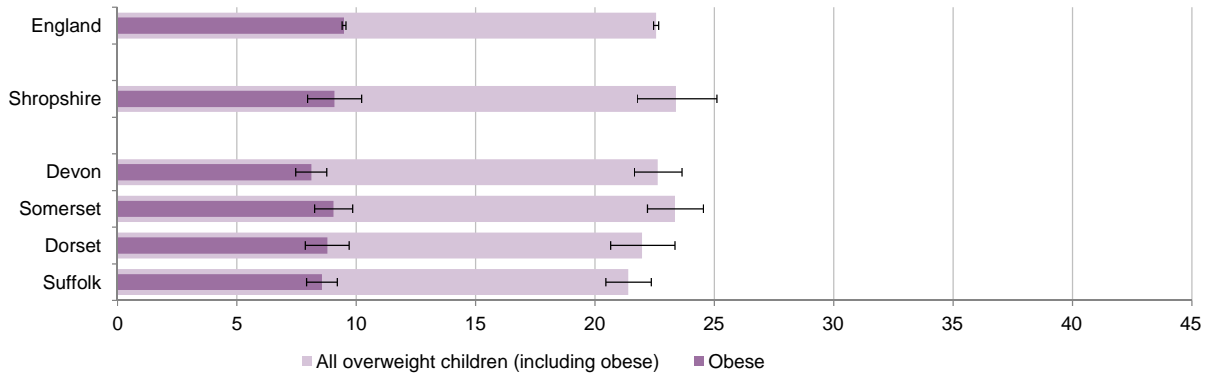
ChiMat is funded by the Department of Health and is part of YHPHO.

This profile is produced by ChiMat working with WMPHO on behalf of the Public Health Observatories in England.

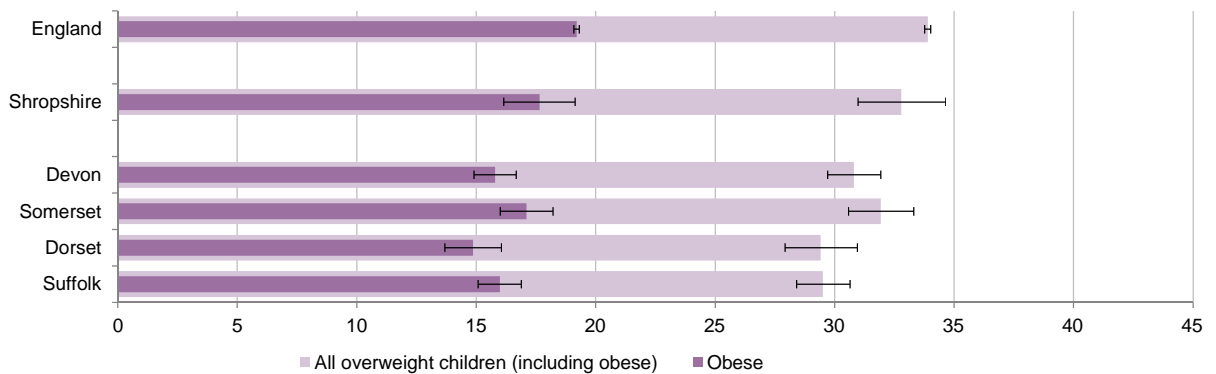
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared to their statistical neighbours. This area has a similar percentage in Reception and a similar percentage in Year 6 classified as obese or overweight compared to the England average.

Children aged 4-5 years classified as obese or overweight, 2011/12 (percentage)



Children aged 10-11 years classified as obese or overweight, 2011/12 (percentage)



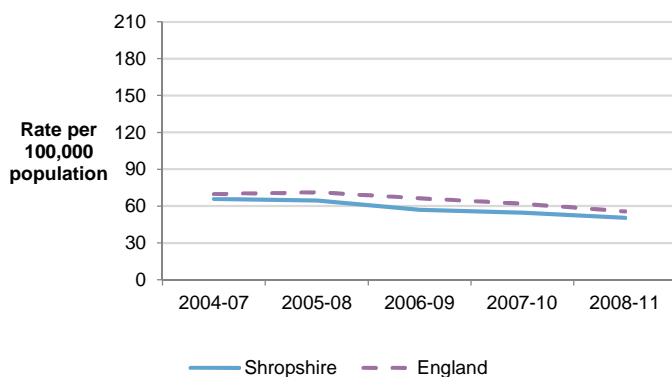
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

Data source: National Child Measurement Programme (NCMP), The Information Centre for health and social care

Young people and alcohol

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

In comparison with the 2004-07 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose has decreased in the 2008-11 period. Overall rates of admission in the 2008-11 period are similar to the England average.

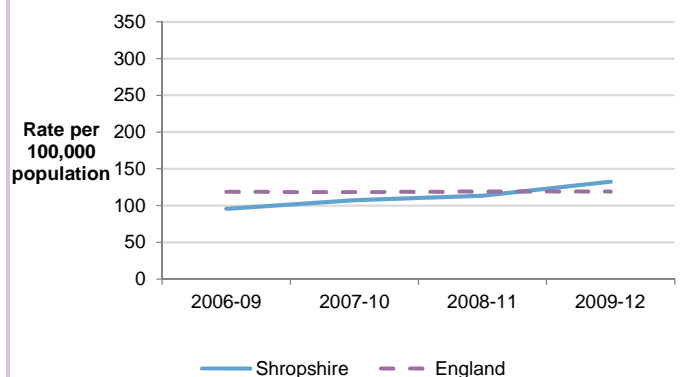


Data source: Local Alcohol Profiles for England, North West Public Health Observatory

Young people's mental health

Young people aged under 18 admitted to hospital as a result of self-harm (rate per 100,000 population aged 0-17 years)

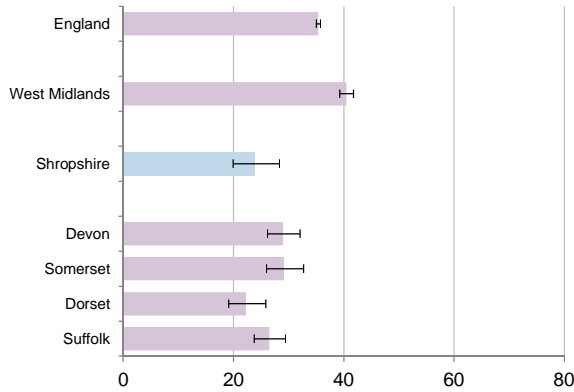
In comparison with the 2006-09 period, the rate of young people under 18 who are admitted to hospital as a result of self-harm has increased in the 2009-12 period. Overall rates of admission in the 2009-12 period are similar to the England average*. Nationally, levels of self-harm are higher among young women than young men.



*Information about admissions in the single year 2011/12 can be found on page 4
Data source: Hospital Episode Statistics, The Information Centre for health and social care

These charts compare Shropshire with its statistical neighbours, the England and regional average and, where available, the European average.

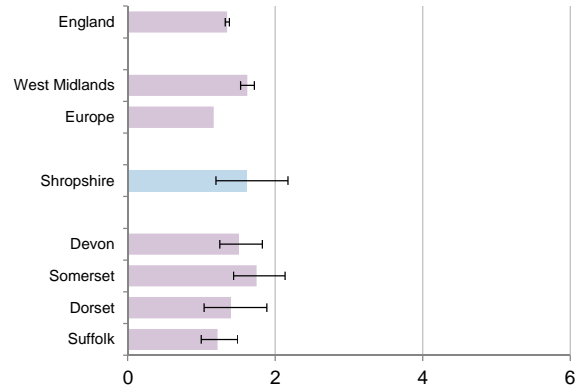
Teenage conceptions in girls aged under 18 years, 2010 (rate per 1,000 female population aged 15-17 years)



In 2010, approximately 24 girls aged under 18 conceived for every 1,000 of the female population aged 15-17 years in this area. This is lower than the regional average. The area has a lower teenage conception rate compared to the England average.

Data source: Department for Education

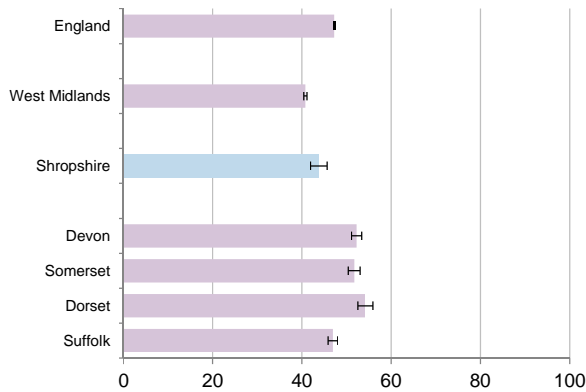
Teenage mothers aged under 18 years, 2011/12 (percentage of all deliveries)



In 2011/12, 1.6% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a similar percentage of births to teenage girls compared to the England average and a higher percentage compared to the European average of 1.2%*.

Data source: Hospital Episode Statistics, The Information Centre for health and social care
* European Union 27 average, 2009. Source: Eurostat

Breastfeeding at 6 to 8 weeks, 2011/12 (percentage of infants due 6 to 8 week checks)

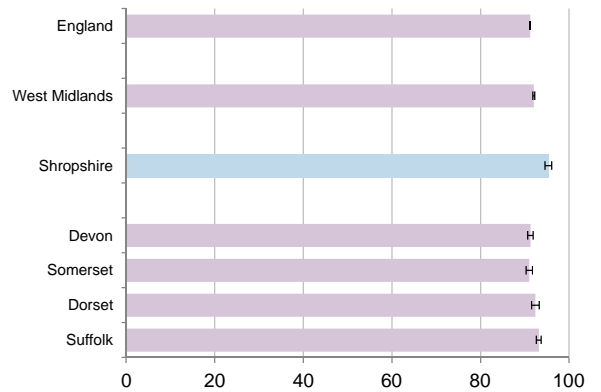


In this area, 43.8% of mothers are still breastfeeding at 6 to 8 weeks. This is lower than the England average. 75.6% of mothers in this area initiate breastfeeding when their baby is born. This area has a lower percentage of babies who have ever been breastfed compared to the European average of 89.1%*.

Data source: Department of Health

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2011/12 (percentage of children age 2 years)



A higher percentage of children (95.4%) have received their first dose of immunisation by the age of two in this area when compared to the England average. By the age of five, the percentage of children who have received their second dose of MMR immunisation is lower with 91.1% of children being immunised. This is higher than the England average. In the West Midlands, there were 31 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data source: The Information Centre for health and social care, Health Protection Agency

Note: Where no data are available or have been suppressed, no bar will appear in the chart for that area.

Summary of child health and well-being in Shropshire

The chart below shows how children's health and well-being in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significantly better than England average
- ◆ Regional average



	Indicator	Local no. per year	Local value	Eng. ave.	Eng. worst		Eng. best
Preventable mortality	1 Infant mortality rate	11	3.8	4.4	8.0		2.2
	2 Child mortality rate (age 1-17 years)	9	13.6	13.7	23.7		7.5
Health protection	3 MMR immunisation (by age 2 years)	2,748	95.4	91.2	78.7		97.2
	4 Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	2,825	98.0	96.1	85.7		98.8
	5 Children in care immunisations	125	89.3	83.1	0.0		100.0
	6 Acute sexually transmitted infections (including Chlamydia)	839	23.6	35.6	75.2		19.9
Wider determinants of ill health	7 Children achieving a good level of development at age 5	1,933	67.7	63.5	51.5		76.5
	8 GCSE achieved (5A*-C inc. Eng and maths)	1,830	58.6	59.4	40.9		79.6
	9 GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	14.6	0.0		40.0
	10 Not in education, employment or training (age 16-18 years)	480	5.2	6.1	11.8		1.6
	11 First time entrants to the Youth Justice System	153	514.3	876.4	2,436.3		342.9
	12 Children living in poverty (aged under 16 years)	6,755	13.6	21.1	45.9		7.4
	13 Family homelessness	206	1.7	1.7	7.4		0.1
	14 Children in care	205	34.0	59.0	150.0		19.0
15 Children killed or seriously injured in road traffic accidents	6	12.1	22.1	47.9		4.4	
Health improvement	16 Low birthweight	186	6.4	7.4	11.0		5.0
	17 Obese children (age 4-5 years)	225	9.1	9.5	14.5		5.8
	18 Obese children (age 10-11 years)	443	17.6	19.2	27.8		12.3
	19 Participation in at least 3 hours of sport/PE	16,850	49.2	55.1	40.9		79.5
	20 Children's tooth decay (at age 12)	-	0.8	0.7	1.5		0.2
	21 Teenage conception rate (age under 18 years)	131	23.9	35.4	64.7		6.2
	22 Teenage mothers (age under 18 years)	42	1.6	1.3	2.8		0.3
	23 Hospital admissions due to alcohol specific conditions	30	50.4	55.8	138.3		16.9
24 Hospital admissions due to substance misuse (age 15-24 years)	23	69.7	69.4	186.3		25.7	
Prevention of ill health	25 Smoking in pregnancy	372	15.0	13.2	29.7		2.9
	26 Breastfeeding initiation	1,876	75.6	74.0	41.8		94.3
	27 Breastfeeding at 6-8 weeks	1,221	43.8	47.2	19.7		82.8
	28 A&E attendances (age 0-4 years)	4,146	276.1	483.9	1,187.4		136.3
	29 Hospital admissions due to injury (age under 18 years)	713	116.4	122.6	211.1		72.4
	30 Hospital admissions for asthma (age under 19 years)	104	159.8	193.9	484.4		73.4
	31 Hospital admissions for mental health conditions	30	49.0	91.3	479.7		22.6
	32 Hospital admissions as a result of self-harm	93	151.8	115.5	311.9		26.0

Notes and definitions - Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box.

- 1 Mortality rate per 1,000 live births (age under 1 year), 2009-2011
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2009-2011
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2011/12
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2011/12
- 5 % children in care with up-to-date immunisations, 2012
- 6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2011
- 7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012
- 8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2011/12
- 9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2011/12 (provisional)
- 10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local Connexions services, 2011
- 11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2010/11

- 12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2010
- 13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2011/12
- 14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2012
- 15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2009-2011
- 16 Percentage of live and stillbirths weighing less than 2,500 grams, 2011
- 17 % school children in Reception year classified as obese, 2011/12
- 18 % school children in Year 6 classified as obese, 2011/12
- 19 % children participating in at least 3 hours per week of high quality PE and sport at school age (5-18 years), 2009/10
- 20 Weighted mean number of decayed, missing or filled teeth in 12 year olds, 2008/09

- 21 Under 18 conception rate per 1,000 females age 15-17 years, 2010
- 22 % of delivery episodes where the mother is aged less than 18 years, 2011/12
- 23 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2008-11
- 24 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2009-12
- 25 % of mothers smoking at time of delivery, 2011/12
- 26 % of mothers initiating breastfeeding, 2011/12
- 27 % of mothers breastfeeding at 6-8 weeks, 2011/12
- 28 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2010/11
- 29 Crude rate per 10,000 (age 0-17 years) for emergency hospital admissions following injury, 2011/12
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2011/12
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2011/12
- 32 Crude rate per 100,000 (age 0-17 years) for hospital admissions for self-harm, 2011/12

YOUNG PEOPLE'S SCRUTINY COMMITTEE

WORK PROGRAMME 2015-16

DATE	TOPIC	PURPOSE
Wednesday 16 September 2015 10.00am	<ul style="list-style-type: none"> • Youth Offending Service Youth justice plan • Childhood Obesity Task & Finish Group Report • Special Educational Needs hob Provision • Transfer of Commissioning for 0 – 5 • Child Health Data • Peer Review 	
Wednesday 4 November 2015 10.00am	<ul style="list-style-type: none"> • Data/quality assurance report • The impact of forthcoming budget reductions on safeguarding services • The oversight of vulnerable groups, including those who are educated at home, or are missing from education • Safeguarding arrangements in independent schools 	<ul style="list-style-type: none"> • Exception reporting on key issues

	<ul style="list-style-type: none"> • Progress in implementing PSHE which addresses issues of sexual exploitation • Peer review 	
Wednesday 16 December 2015 10.00am	<ul style="list-style-type: none"> • Data/quality assurance report • The rate of referrals and re-referrals to children's social care and the rate of children with a second or subsequent Child Protection Plan • The contribution of schools to the Early Help and Child Protection Services and the impact of the early help strategy • Post 16 Provision & funding in schools with 6th Form provision and colleges • Peer Review • Update on changes to the provision of Youth Services 	<ul style="list-style-type: none"> • Exception reporting on key issues
Wednesday 3 February 2016 10.00am	<ul style="list-style-type: none"> • Data/quality assurance report • Promotion of Physical Activity 	<ul style="list-style-type: none"> • Exception reporting on key issues

Wednesday 23 March 2016 10.00am	<ul style="list-style-type: none">• Data/quality assurance report	<ul style="list-style-type: none">• Exception reporting on key issues

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THE CABINET FORWARD PLAN

This Notice, known as the Cabinet Forward Plan, sets out the Decisions, including Key Decisions, which are likely to be taken during the period covered by the Plan by either Cabinet as a whole or by individual members of the Executive. The Plan is updated each month and regularly amended and at least 28 clear days before a key decision is to be taken and is available from Council Offices, libraries and on the Council's Internet site (www.shropshire.gov.uk). This edition supersedes all previous editions.

Further Information

Cabinet is comprised of the following members: Mr K Barrow (Leader); Mr S Charmley (Deputy Leader); Mr T Barker; Mrs K Calder; Mr L Chapman; Mrs A Hartley; Mr S Jones; Mr M Owen; Mr M Price; and Mrs C Wild. To view more details, please click on the following link:

<http://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130>

A Key Decision is one which is likely to result in income, expenditure or savings of £500,000 or greater, or to have a significant effect, on, two or more Electoral Divisions. In two member divisions i.e. Oswestry and Market Drayton, these are to be treated for the purpose of a key decision as two divisions.

Members of the public are welcome to attend full Cabinet meetings and ask a question and/or make a statement in accordance with the Council's Procedure Rules. If you would like further details please email jane.palmer@shropshire.gov.uk or telephone 01743 257712.

Members of the public are also welcome to submit a request to address or to ask a question of the Member making the Portfolio Holder decision. Any request should be submitted in writing to the Chief Executive at the address below by no later than 2 clear working days before the proposed Member Session. This is to ensure that the individual member has sufficient time to decide whether or not to hear such persons and if so the arrangements to be made. If you would like further details please telephone 01743 257712 or email jane.palmer@shropshire.gov.uk.

All Executive including individual member decisions (except in extreme urgency) are subject to call-in and Scrutiny.

Documents submitted for decision will be a formal report, which if public, will be available on this website at least 5 clear working days before the date the decision can be made. If you would like to request such a document, please email jane.palmer@shropshire.gov.uk or telephone 01743 257712.

Documents shown are listed at Shropshire Council, The Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND.

CABINET FORWARD PLAN FOR 3 AUGUST 2015 ONWARDS

DECISION MAKER - Cabinet - 14 October 2015

Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
14 October 2015	Report 2 - Financial Strategy 2015/2016 - 2025/2026	Yes	Portfolio Holder for Resources, Finance and Support		Clare Charlesworth Jones, Manager Financial Advice - Forward Plan Tel: 01743 255937 clare.charlesworth-jones@shropshire.gov.uk	27 March 2015
14 October 2015	Revenue Monitor 2015/2016 Quarter 2	Yes	Portfolio Holder for Resources, Finance and Support		Cheryl Williams, Head of Financial Management and Reporting Tel: 01743 258937 cheryl.williams@shropshire.gov.uk	27 March 2015
14 October 2015	Capital Monitor 2015/2016 Quarter 2	Yes	Portfolio Holder for Resources, Finance and Support		Cheryl Williams, Head of Financial Management and Reporting Tel: 01743 258937 cheryl.williams@shropshire.gov.uk	27 March 2015
14 October 2015	Quarter 1 Performance Report 2015/2016	Yes	Portfolio Holder for Performance		Tom Dodds, Performance Manager Tel: 01743 252011 tom.dodds@shropshire.gov.uk	26 February 2015

14 October 2015	Asset Management Strategy for Highways and Transport	Yes	Portfolio Holder for Highways and Transport		Chris Edwards, Area Commissioner South chris.edwards@shropshire.gov.uk	7 July 2015
14 October 2015	Redesign of Shropshire Libraries	Yes	Deputy Leader and Portfolio Holder for Business, ip&e, Culture and Commissioning (North)		Kate Garner, Locality Commissioning Manager Tel: 07990085506 kate.garner@shropshire.gov.uk	4 August 2015
14 October 2015	Commissioning Out Social Work Practice	Yes	Portfolio Holder for Adult Services and Commissioning (South)	Exempt	Andy Begley, Head of Adult Social Care Operations andy.begley@shropshire.gov.uk	11 May 2015

DECISION MAKER - Special Cabinet - 28 October 2015

Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
28 October 2015	Buildwas Primary School	Yes	Portfolio Holder for Children's Services		Karen Bradshaw, Director of Children's Services Tel: 01743 254201 Karen.Bradshaw@shropshire.gov.uk	30 July 2015

DECISION MAKER - Cabinet - 9th December 2015

Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
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9 December 2015	Treasury Management Update - Quarter 2 2015/2016	Yes	Portfolio Holder for Resources, Finance and Support		Justin Bridges, Head of Treasury and Pensions Tel: 01743 252072 justin.bridges@shropshire.g ov.uk	27 March 2015
9 December 2015	Treasury Strategy 2015/2016 - Mid Year Review	Yes	Portfolio Holder for Resources, Finance and Support		Justin Bridges, Head of Treasury and Pensions Tel: 01743 252072 justin.bridges@shropshire.g ov.uk	27 March 2015
9 December 2015	Report 3 - Financial Strategy 2015/2016 - 2025/2026	Yes	Portfolio Holder for Resources, Finance and Support		Clare Charlesworth Jones, Manager Financial Advice - Forward Plan Tel: 01743 255937 clare.charlesworth- jones@shropshire.gov.uk	27 March 2015
9 December 2015	Capital Strategy 2015/2016 - 2019/2020 Draft	Yes	Portfolio Holder for Resources, Finance and Support		Cheryl Williams, Head of Financial Management and Reporting Tel: 01743 258937 cheryl.williams@shropshire. gov.uk	27 March 2015
9 December 2015	Setting the Council Tax Taxbase for 2016/2017	Yes	Portfolio Holder for Resources, Finance and Support		Clare Charlesworth Jones, Manager Financial Advice - Forward Plan Tel: 01743 255937 clare.charlesworth- jones@shropshire.gov.uk	27 March 2015
9 December 2015	Quarter 2 2015/2016 Performance Report	Yes	Portfolio Holder for Performance		Tom Dodds, Performance Manager Tel: 01743 252011 tom.dodds@shropshire.gov .uk	26 February 2015

9 December 2015	Improved Swimming Facilities for Shrewsbury	Yes	Portfolio Holder for Business Growth, ipe, Culture and Commissioning (North)		George Candler, Director of Commissioning Tel: 01743 255003 george.candler@shropshire.gov.uk	31 July 2014
9 December 2015	Delegation of functions to Birmingham City Council for the purposes of Illegal Money Lending Enforcement	Yes	Portfolio Holder for Regulatory Services, Housing and Commissioning (Central)		Frances Darling Tel: 01743 251715 frances.darling@shropshire.gov.uk	29 June 2015

DECISION MAKER - Cabinet - 10th February 2016

Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
10 February 2016	Revenue Monitor 2015/2016 - Quarter 3	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015
10 February 2016	Capital Monitoring 2015/2016 - Quarter 3	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015

10 February 2016	Financial Strategy 2015/2016 - 2025/2026 - Final	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015
10 February 2016	Capital Strategy 2015/2016 - 2019/2020 - Final	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015
10 February 2016	Robustness of Estimates and Adequacy of Reserves	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015
10 February 2016	Estimated Collection Fund Out-turn 2015/2016	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015
10 February 2016	Fees and Charges 2016/2017	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015

10 February 2016	Treasury Strategy 2016/2017	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015
10 February 2016	Treasury Management Update - Quarter 3 2015/2016	Yes	Portfolio Holder for Resources, Finance and Support		James Walton, Head of Finance, Governance and Assurance (Section 151 Officer) Tel: 01743 255001 james.walton@shropshire.gov.uk	23 April 2015
10 February 2016	Quarter 3 2015/2016 Performance Report	Yes	Portfolio Holder for Performance		Tom Dodds, Performance Manager Tel: 01743 252011 tom.dodds@shropshire.gov.uk	26 February 2015

DECISION MAKER - Deputy Leader & Portfolio Holder for Business Growth, ip&e, Culture and Commissioning (North)

Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
29 October 2015	Cleobury Mortimer Library	Yes	Deputy Leader and Portfolio Holder for Business, ip&e, Culture and Commissioning (North)		Kate Garner, Locality Commissioning Manager Tel: 07990085506 kate.garner@shropshire.gov.uk	19 August 2015

DECISION MAKER - Portfolio Holder for Adult Services and Commissioning (South) - Lee Chapman - no items known to date

Date of	Purpose and Report title	Key	Portfolio Holder	Report	Contact for further	Date
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Meeting		Decision		Exempt / confidential	information re documents / report to be submitted to decision maker	Uploaded onto Plan
DECISION MAKER - Portfolio Holder for Children's Services - Ann Hartley						
Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
Not before 10th August, 2015	Transport Policy for Children's Services <i>(Item previously included in the Forward Plan under the remit of Cabinet.)</i>	Yes	Portfolio Holder for Children's Services		Karen Bradshaw, Director of Children's Services Tel: 01743 254201 Karen.Bradshaw@shropshire.gov.uk	9 January 2015
27 October 2015	West Midlands Young Offenders Service	Yes	Portfolio Holder for Children's Services		Karen Bradshaw, Director of Children's Services Tel: 01743 254201 Karen.Bradshaw@shropshire.gov.uk	4 August 2015
DECISION MAKER - Portfolio Holder for Health - Karen Calder - no items known to date						
Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
DECISION MAKER - Portfolio Holder for Highways and Transport - Simon Jones and/or Area Commissioner (South) - no items known to date						
Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to	Date Uploaded onto Plan

					decision maker	
DECISION MAKER - Portfolio Holder for Performance - Tim Barker - no items known to date						
Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
DECISION MAKER - Portfolio Holder for Regulatory Services, Housing and Commissioning (Central) - Malcolm Price						
Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan
Not before 10th August, 2015	Minor Amendments to the Shropshire Affordable Housing Allocations Policy and Scheme	Yes	Portfolio Holder for Regulatory Services, Housing and Commissioning (Central)		Andy Begley, Head of Adult Social Care Operations andy.begley@shropshire.gov.uk	28 August 2014
Not before 10th August, 2015	Oakland and Glebe Land, Bayston Hill - Planning Brief	Yes	Portfolio Holder for Regulatory Services, Housing and Commissioning (Central)		Steph Jackson, Head of Commercial Services Tel: 01743 253862 steph.jackson@shropshire.gov.uk	17 June 2015
DECISION MAKER - Portfolio Holder for Resources, Finance and Support - Mike Owen						
Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan

25 August 2015	Disposal of property in Shrewsbury	Yes	Portfolio Holder for Resources, Finance and Support	Exempt	Steph Jackson, Head of Commercial Services Tel: 01743 253862 steph.jackson@shropshire.gov.uk	21 July 2015
25 August 2015	Community Asset Transfer for Gatacre Playing Fields	Yes	Portfolio Holder for Resources, Finance and Support		Steph Jackson, Head of Commercial Services Tel: 01743 253862 steph.jackson@shropshire.gov.uk	23 July 2015
Not before 18th September, 2015	Community Asset Transfer - Abbey Railway Station	Yes	Portfolio Holder for Resources, Finance and Support	Exempt	Steph Jackson, Head of Commercial Services Tel: 01743 253862 steph.jackson@shropshire.gov.uk	18 August 2015
DECISION MAKER - Portfolio Holder for University Centre & Shrewsbury BID - Claire Wild - No items known to date						
Date of Meeting	Purpose and Report title	Key Decision	Portfolio Holder	Report Exempt / confidential	Contact for further information re documents / report to be submitted to decision maker	Date Uploaded onto Plan