



Department
for Work &
Pensions

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Rt Hon Stephen Timms MP
Chair
Work and Pensions Select Committee
House of Commons
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Th September 2020

Dear Stephen,

Thank you for your letter of 30th July 2020 which contained a number of questions following the evidence session on 22nd July that the Permanent Secretary and I attended. The answers to the questions are attached in the annex below. The additional information you requested is contained in the separate annexes which accompany this reply.

*Yours sincerely,
Theresa*

The Committee has asked a number of questions using the term “safeguarding”. As stated in oral evidence, DWP does not have a duty of care or statutory safeguarding duty, which is usually attributed to local authorities. The Department uses the term “safeguarding” as a general reference as it interacts with other agencies who lead on safeguarding.

Annex – Replies to Questions 1-19

1. Peter Schofield said that the meetings of the Serious Case Panel had led to changes in safeguarding guidance when DWP has lost contact with a claimant. Please can you provide a full copy of DWP’s safeguarding guidance, highlighting the areas that have been updated? We would also be grateful to know what proportion of frontline DWP staff have been trained in the new policies.

The revised visiting guidance that the Permanent Secretary referred to is attached at **Annex A**. As explained during the Oral Evidence session, in cases of concern, a decision to stop a payment will only be made after we have tried every reasonable route - including the escalation process to Safeguarding Leads. Relevant staff have been made aware of the need to follow the updated guidance through an implementation update. While the Department does not have a duty of care or statutory safeguarding duty, escalating can help to direct our claimants to the most appropriate body to meet their needs.

2. Please can you send us the guidance DWP has on suicide or self-harm prevention, and how many frontline DWP staff have been trained in this area to help protect claimants? Might you also let the Committee know when this guidance was last updated?

Comprehensive guidance is available for all work coaches and case managers on how to deal with customers who discuss harming themselves. When a threat of self-harm is identified, staff follow a six-point plan, which helps them take the right action at the right time, which could include alerting the emergency services where appropriate.

The six-point plan is attached at **Annex B** and forms part of the wider ‘Keeping Safe’ training which all customer-facing staff have to complete. Local leaders have discretion to roll-out bespoke plans using this template.

In addition to this we introduced mental health training for UC Work Coaches in late 2017; this has better equipped them to identify customers’ mental health issues or vulnerability, and take appropriate action to support them – around 30,000 staff received this training. We are currently converting these training products to allow them to be delivered virtually and all new UC Work Coaches will receive this training.

In July 2019, we complemented this work with a further mental health training programme for customer facing roles other than Work Coaches. When the roll out was paused due to the COVID-19 pandemic, 18,000 staff had completed the learning programme.

3. Given that one of the key findings of the NAO’s report was that recommendations from Internal Process Reviews were not tracked to make sure that they were implemented, please can you confirm again the role the Serious Case Panel will have in this and, in the interests of transparency, ensure that the Terms of Reference are updated accordingly and that future meeting minutes provide an update on the recommendations?

The Serious Case Panel (SCP) will not directly track the recommendations that result from individual Internal Process Reviews (IPRs). The Panel has a broader remit to consider systemic issues and themes. These include (but are not limited to) formal complaints, Independent Case Examiner (ICE) reports and other customer insight.

The SCP makes recommendations to address these systemic issues and will track these to ensure they are implemented. As the Permanent Secretary described to the Committee, we are considering publishing an update on the Panel in the Department's annual report and accounts – including a summary of what has been implemented over the previous year.

A new Internal Process Review Group (IPRG) has been formed to track and monitor recommendations arising from individual IPRs.

4. Has the guidance provided to staff on Internal Process Reviews been updated since the NAO report? How has this been communicated to frontline staff? Please can the Committee receive a copy of any new Internal Process Review guidance, and can you highlight the improvements that have been made?

Our IPR guidance has been updated to ensure operational leaders across the Department understand the purpose of the IPR as a critical source of insight and learning into some of the most serious cases.

Individual IPR reports will be considered by the IPR Group, which is chaired by the Customer Experience Director, with a membership of Senior Leaders from across Service Delivery. This will ensure suitably empowered leaders are reviewing customer cases, assuring quality of reviews and driving forward changes where needed. Dedicated resource has been given to the IPR team to support this. The team is learning from best practice by collaborating with the Independent Case Examiner (ICE).

5. Do you have any written guidance on how families of people involved in serious cases, including those where an individual has died, should be treated? Please can you provide this guidance?

6. Peter Schofield spoke about talking to families of those who have died, but said that this was “not part of a process” within DWP. Are you planning to make this part of your regular process, to make sure that you can learn from these cases? Shouldn't all families of people who have died have the right to speak to senior DWP officials, if there is something they would like to raise in person? Aside from the ad hoc face to face meetings, how else does DWP learn from families of people involved in serious cases?

Treating families with integrity and respect is integrated into systems across service lines. For example, the Tell Us Once facility which aims to ensure that relatives should only be required to inform us once about a claimant's death for our systems to adjust to reflect this and cease to contact the claimant about their benefits.

If a deceased claimant's family are unhappy with the service provided by the Department - either to the claimant themselves, or our handling of matters after they died - a formal complaint can be made. Complaint findings and conclusions are shared with the complainant, who if dissatisfied with the outcome may consider taking it further. If appropriate, the complainant may decide to escalate the matter to the ICE and then ultimately the Parliamentary and Health Service Ombudsman.

On a broader point, it is of course our objective to minimise the number of complaints we receive and resolve those we do receive as efficiently and effectively as possible.

As part of an on-going review into complaints, we have comprehensively changed our complaints process to a centralised system effectively independent from internal departments. This is managed by a national team in the Customer Experience Directorate, and staffed by experienced complaints handlers from across the country. The aim of the single complaints management system is to ensure a high quality first response so that the complaint is resolved without the need for further escalation. It will also enable us to gain insight into the complaints received, which we will feed back into the business to improve services.

Aside from the complaints process, families and claimants are able to write to the Department with feedback on their experiences. Sometimes a bereaved family requests a meeting with a representative of the Department. Senior officials sometimes exercise their judgement and have written to the families of individuals involved in some cases to offer to meet.

7. Please can you provide the full job description and person specification for the safeguarding leads, and let the Committee know when you expect to have 25 safeguarding leads in place?

8. You also suggested that DWP might look to appoint more safeguarding leads in the future. How did you decide that 25 was the appropriate number of safeguarding leads now? Would it be for the Serious Case Panel to discuss whether more funding is needed for safeguarding leads?

Twenty-five Safeguarding Leaders have now been appointed. This number was reached in consultation with area managers earlier this year to appropriately balance resource with geographical coverage. Attached at **Annex C** is the job description and key tasks for the Safeguarding Leaders. They will work across all services and with key partners, to support and deliver a consistent service to vulnerable customers. Our Safeguarding Leaders will provide national coverage, ensuring all areas of Great Britain are supported. We are also recruiting a Senior Civil Servant to oversee this network of safeguarding leaders at a national level.

As set out in our response to earlier questions these roles are so named to provide a clear point of contact to other public bodies and agencies with a statutory responsibility for safeguarding, such as local authorities.

9. Peter Schofield said that the level of partnership between local organisations and DWP differs in different areas, and that this “probably represents the biggest gap” in how DWP safeguards people. Aside from appointing safeguarding leads, what are you doing to close this gap? What are you doing to facilitate the sharing of best practice to make sure that vulnerable people receive the same level of safeguarding, wherever they are based?

To reiterate, DWP does not have any statutory safeguarding responsibilities, as I explained to the Committee, but we do recognise that engaging with other public authorities (including those which do have a statutory safeguarding responsibilities) can help us to gather and share information about claimants who may be particularly vulnerable.

10. How was the complex needs tool, “a catalogue of local partners, local experts, local provision, which can provide support and be signposted to for anyone who is in a particular vulnerable group” put together? What proportion of DWP frontline staff have received training and guidance on how to use it?

Every Jobcentre has a complex needs toolkit containing links to local organisations who can help provide support to those who require it. The toolkit was developed by a range of experienced officials across the Department, to support staff to identify, signpost, support and raise awareness of claimants with various complex needs. Designated contacts from each jobcentre attended a training session where they were coached on how to use the toolkit. The toolkit is now covered within UC training for all new starters.

11. Peter Schofield said that DWP was looking at how arrangements vary across different benefits and seeing whether changes need to be made. Please can you let the Committee know how DWP is progressing this work, and when a decision on any potential changes would be made? What outputs do you expect there to be from this work?

Regularising and integrating welfare support streams was one of the key aims of UC and, as the Permanent Secretary made clear, this has done a considerable amount to improve the cohesion and clarity of working-age benefits.

The Customer Experience Directorate was established in 2019 to take a deliberately cross-cutting approach. It aims to address issues that recur across working-age, disability and retirement-age benefits and to identify where consistency could be improved. This is why the SCP takes a thematic approach, examining issues that may have been present in a number of serious cases, affect multiple services.

An example of this is the changes to guidance relating to safeguarding visits where a vulnerable customer has ceased to engage with the Department (as described above).

12. Peter Schofield also said that it was not the role of DWP to be a safety net for people, and that it does not have the resources to fulfil this role. Whose responsibility is it, within government, to ensure that the most vulnerable people in society are safeguarded, what is the role of DWP in this, and how do you liaise with other bodies to make sure that the people DWP serves are protected?

We particularly want to ensure that chances to flag concerns to agencies with statutory safeguarding responsibilities are not missed. Safeguarding Leaders will work to refer claimants to the necessary safeguarding services but I would reiterate that DWP does not have a statutory responsibility for safeguarding.

The Department frequently collaborates with these agencies. For individual claimants, we can liaise with health and social services at case conferences to consider next steps, contact GPs for evidence for disability benefits decisions, or access HMRC salary records to calculate Child Maintenance.

Our Trusted Partner scheme allows social landlords to play a key role in engaging with their tenants who are on Universal Credit, helping those who cannot manage their housing payments to access the support available and to request that managed payments are in place where appropriate.

13. The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. How many adult safeguarding reviews has DWP been involved in since 2015, and how many has DWP requested?

A Safeguarding Adult Board (SAB) may invite organisations, such as DWP, to participate in meetings where they are relevant to its specific focus, or able to participate in its work more generally. However, DWP would not form part of a Board's core statutory membership. We do not hold data centrally on our involvement with adult safeguarding reviews held since 2015.

14. Peter Schofield spoke about “stepping back and looking at the causes of vulnerability”, and where DWP can link with other organisations and Government Departments to look at the sorts of issues that lead to someone coming to DWP for support. Were these comments referring to a particular piece of work? If so, please can the Committee receive some information on the aims, timetable and likely outputs from this work?

The Permanent Secretary was not referring to a specific piece of work, but acknowledging the Committee's point that our reach within communities can sometimes help us to support people beyond ensuring claimants receive the correct benefit payments in a timely fashion.

We already know that our partnerships at local level, across the country, result in significant interventions in the lives of claimants. For example, jobcentre participation in the Wigan Hub, a multi-agency solution forum for individuals with complex needs, has demonstrated the success of addressing vulnerable claimants' needs at the earliest point of escalation. This work was showcased by Wigan Local Authority to the Mayor of Greater Manchester's Reform Board.

Another instance where jobcentre teams' insight and intervention have proved invaluable involved alerting local police in Essex to concerns about claimant welfare. When claimants' UC journal entries suggested modern slavery practices, this was passed on to the police, helping them to build a case against a criminal gang involved in human trafficking.

15. You mentioned a “Find help” tool available on .gov, and said that it was “intended as a signpost for people looking for help on a variety of issues who might not know where to turn”. Were you talking about the coronavirus find help tool?

a. If not, please can you let the Committee know where the tool you were discussing is located, how it can be made more accessible and better publicised, and whether DWP offers similar services for those who cannot get access to a computer and internet connection, as is the case for many of the most vulnerable people in society?

b. If you were talking about the coronavirus tool, do you plan to produce a separate tool, not related to coronavirus, which can be maintained to help signpost people to different sources of support beyond the pandemic?

I was referring to the Coronavirus (COVID-19) Guidance and Support webpage, which is available at [gov.uk/find-coronavirus-support](https://www.gov.uk/find-coronavirus-support). Our telephony services and the majority of our jobcentres have remained open throughout the pandemic, available to answer queries from customers with no access to the internet. Additionally, further support that is available from Local Authorities can be found at www.gov.uk/coronavirus-local-help.

We have no plans to create a separate online tool to signpost people to different sources of support. The gov.uk website has been built to direct citizens and residents to the pages relevant to their enquiries, enabling them to quickly access information and services. More information is available at [gov.uk/government/publications/govuk-proposition](https://www.gov.uk/government/publications/govuk-proposition).

16. Please can you update the Committee on the results of the proof of concept for a sanction warning system, and let the Committee know what the next steps will be in evaluating and rolling out such a system?

The Department committed to look at processes to give claimants a written warning, instead of a sanction, for a first sanctionable failure to attend a Work-Search Review and to undertake a series of small-scale Proof of Concepts of this warning system.

We have now gathered internal staff and claimant feedback on the first Proof of Concept and have made a number of recommendations for subsequent Proof of Concepts. To be able to proceed, we need IT functionality and operational capacity that is currently not available due to new priorities resulting from the Coronavirus pandemic. We will keep this decision under review.

17. You said that DWP has not been actively seeking to impose sanctions since they were re-imposed on 30 June. How many sanctions have you imposed since 30 June, and how does this compare to the same period last year?

Prior to legislation changes made on 30 March 2020, 2.12% of Universal Credit Full Service claimants subject to conditionality at the point where the sanction was applied had a deduction taken from their UC full service award as a result of a sanction, a near record low at the time. In May 2020, this proportion was 0.73%, which is a record low.

The Department will publish benefit sanction statistics on the period after 30 June 2020 in its November quarterly release.

In the meantime, our work coaches continue to ensure that all requirements are appropriate for the "new normal". We don't set out to sanction anyone and sanctions will only be applied where the claimant did not have good reason for failing to meet their agreed requirements.

18. How many cases is DWP currently defending which involve an allegation of disability discrimination in how someone's benefit has been processed or paid? What actions do you take to ensure that sanctions imposed are not unfairly applied to disabled people if they fail to meet requirements through no fault of their own?

Neither the DWP nor the Government Legal Department holds data in such a form as to be able to fully answer the question. Upper tribunal cases are recorded in DWP against the benefit type, which reflects the focus in the process on whether the benefit decision was correct. This means that we are unable to identify any discrimination issues that may be associated with the claim unless the case has come to our attention for a special reason e.g. where we are

asked to advise on the strength of a discrimination claim. There is also no available data for first tier tribunal cases.

We have a number of safeguards in place to ensure disabled claimants are not unfairly sanctioned. Work-related requirements are agreed in discussion with the claimant and will always be tailored in light of the impact of the claimant's health condition, disability and circumstances (including mental health conditions or vulnerabilities) ensuring they are realistic and achievable.

Where a claimant has no good reason for failing to undertake a requirement, a case conference takes place between the work coach and site leader prior to making a referral for a sanction. The case conference provides an additional layer of assurance that our most vulnerable claimants are only having requirements placed upon them which are reasonable and achievable.

When considering whether a sanction is appropriate, a Decision Maker will take all the claimant's individual circumstances, including any health conditions or disabilities and any evidence of good reason, into account before deciding whether a sanction is warranted. The decision maker invites those referred for a sanction to explain why they failed to meet the requirement(s) as agreed in their Claimant Commitment. If a claimant disagrees with a decision, they can ask for the decision to be reconsidered and subsequently can appeal against the decision to an independent tribunal.

19. Please can you set out how the opportunities guarantee, the sector based work academy, and the Kickstarter Scheme will work together, and when you expect each of the initiatives to be in place?

At the start of September, the government launched the new Kickstart Scheme. This £2 billion programme will fund the creation of thousands of additional jobs for young people at risk of long-term unemployment, to improve their chances of progressing to find long-term, rewarding and sustainable work. Large and small employers from all industries and across the private, public and voluntary sectors are eligible for funding if they can meet our simple criteria on the provision of roles. Interest in the Kickstart Scheme has so far been very positive and we expect the first young people to start their Kickstart jobs in the Autumn.

The sector-based work academy programme (SWAP), which has been in place since August 2011, helps employers to fill current job vacancies whilst supporting claimants to apply for jobs they may not have considered before, including those created by Kickstart. SWAP placements offer pre-employment training, work experience and a guaranteed job interview (or other help with an employer's recruitment process) to those ready to start a job. We are currently increasing participation including in priority areas, e.g. construction, infrastructure and social care.

Our new youth offer also includes a new 13-week programme, the introduction of youth hubs and the expansion of the youth employability coaches model. The Government has added support for apprenticeships and traineeships. Our network of trained Work Coaches, as part of our guaranteed foundation of support, will work with young people and provide tailored support, directing them to the provision that best fits their individual circumstances and their employment goals, whether that's the Kickstart Scheme, sector-based work academies or other offers such as apprenticeships, our new youth offer, work experience, mentoring circles or work related training.

Core Visits – ESA Guidance

(Revision 140920F following full QR Process)

Guidance will be evolving as we continue to develop these processes. You should therefore ensure that you are using the latest version when considering any action.

106. If DWP knows that a claimant has a condition that could affect their ability to understand or comply with their obligations or conditionality, or to understand the implications of not so complying, a Core Visit to their home must be considered prior to any sanction or disallowance decision being made.

In such cases, consideration should be given to the following:

- the context of the interview or assessment and whether the interview or assessment should be deferred;
- notifying the claimant of the date, time and place of the interview or assessment and asking them to get in touch if they cannot make it;
- encouraging advocacy support if needed;
- identifying any relevant issues where known that might impact on attendance;
- contacting the claimant before the interview or assessment to remind them that it is due;

To mitigate the risk of hardship to claimants where we have safeguarding concerns, consideration should also be given to contacting (where relevant and appropriate):

- the claimant's appointee, Power of Attorney (POA) or next of kin
- the claimant's Community Psychiatric Nurse (CPN)
- social services
- the police

Any steps taken should be noted to inform those who interact with the claimant.

Note: The General Data Protection Regulation (GDPR) does not allow for these people or organisations to report back to DWP the outcome of any investigations they choose to undertake.

Data protection laws do not prevent you from disclosing personal data to the relevant authorities when you are acting in good faith about a genuine safeguarding concern.

For more information, refer to DWP's policy and procedures regarding sharing data with relevant authorities when we have concerns about a person's safety or wellbeing. For more information [see disclosing personal data for safeguarding](#).

107. A Core Visit will not necessarily be undertaken in every case where a claimant has failed to interact with the DWP. The considerations relevant to the decision as to whether to undertake a Core Visit are discussed further at paras 111 and 112 below.

Check if there are any indicators, such as a mental health marker and consider if further action is required before any sanction is applied or disallowance decision made.

This can include the following situations:

- Fails to attend (FTA) a mandatory interview
- Fails to attend (FTA) a Work Capability Assessment (WCA)
- Fails to provide medical evidence or further evidence to continue their claim to ESA
- Contributory benefit is due to exhaust and there is no response from the claimant following issue of a claim form
- fails to undertake (FTU) Work-Related Activity (WRA)

This list is not exhaustive.

Note: DWP Visiting will not conduct visits to a 'care of' address. If you are unable to trace a confident address, please take action as if two ineffective visits have taken place (see para 123 onwards below).

108. A Core Visit is undertaken by a Visiting Officer from DWP Visiting to help the claimant understand why they have to attend and take part in an interview or assessment, or undertake any WRA agreed with their Work Coach, and the implications of not doing so. The Visiting Officer will record good cause for non-attendance / participation reasons if applicable. The Visiting Officer does not conduct any mandatory interviews.

109. If the claimant has an Appointee or someone with Power of Attorney (POA), assume that the Appointee/POA fully understands the mandatory requirements and is therefore being proactive in assisting the claimant to comply. Core Visits should still be undertaken in these cases and include the Appointee/POA.

110. Consider the possibility that the claimant's non-attendance at mandatory interviews, assessments or providing evidence might be an indication that the Appointee/POA is not fulfilling their responsibilities, in which case take the appropriate action - see the [Agents, Appointees, Attorneys and Deputies Guide](#) (link is external).

111. If a claimant has not responded to any correspondence from the DWP, the member of staff checks whether the claimant has a mental health condition or learning difficulty that might affect their understanding of their obligations and the consequences of failing to comply, or that might affect their ability to act on that understanding.

Refer to the [ESA Incapacity Reference Guide](#) if they are unsure whether the claimant's condition is a mental health condition or learning disability.

Note: If contact has been made with a claimant suffering from one of the appropriate conditions and the member of staff is confident that the claimant has understood the process and is able to comply, make a note in the relevant systems to that effect, and that they consider a Core Visit is not required. However, if the member of staff has any doubt they should refer for a Core Visit.

112. If para 111 above applies a Core Visit should be arranged as soon as possible, and no further action should be taken regarding the claimant's non-attendance at mandatory interviews, assessments or missing evidence until the outcome of the Core Visit is known.

The member of staff should refer the case to the Visiting Officer in accordance with Core Visits process, detailed in the Core Visits Guide using the DWP Referral tool. The referrer is required to include, if known, the following information:

- Claimant's condition
- Claimant's representative/third party (these could include social worker, health visitor, family member/friend and so on)
- Details of action taken to contact the claimant or representative
- If a previous visit has been undertaken
- If good cause has been considered
- For Failure to Undertake WRA, details of the activity the claimant was directed to undertake must be included, and the date it was to be completed by
- Request the Visiting Officer to check if the claimant is a Lone Parent with a child under one if this information is not already known.

A follow up of 10 working days should be set on the relevant system to check the outcome of the visit. If this matures and the [DWP Referral tool](#) has not been received, follow up the referral in line with local procedures and consider extending the review date.

Note: It is essential that the [DWP Referral tool](#) is fully completed and that the telephone number is included in the Referring Officer contact details. The Visiting Officer may need to use this to rearrange the interview during the visit so it must be staffed. This number can also be given to the claimant for them to get in touch direct.

113. The Visiting Officer will undertake the Core Visit to establish whether the claimant understands:

- The requirements regarding attendance and participation in the mandatory interview or assessment
- The requirements to undertake WRA
- The requirement to provide evidence and / or information requested

114. The Visiting Officer should contact the referrer to have any mandatory interview or assessment rebooked, book an interview to review the WRA and/or inform of the next steps regarding the missing evidence by agreeing a date and time with the claimant and the referrer.

The Visiting Officer will not undertake any mandatory interview activity or make any decisions relating to deferral, good cause and so on.

115. The Visiting Officer should contact the referrer immediately if it appears deferring a mandatory interview might be appropriate. Where possible this should be by telephone at the time of the visit.

116. Where the referrer confirms the appointment has been booked, the Visiting Officer should complete an appointment letter.

117. Once the visit is completed, the Visiting Officer should return the referral and all the information to the referrer for good cause consideration.

118. Where the claimant is not at home or refused to cooperate see details of Ineffective Visits. For more information on Core Visits, see the [Core Visits Guide](#).

Ineffective Visits

119. An ineffective visit is one where the claimant either:
- is not at home
 - refuses to cooperate, or
 - lives in an area that DWP Visiting deems unsafe.

First Visit Ineffective

120. In the event of an ineffective visit, the Visiting Officer will leave a letter at the claimant's address asking the claimant to contact the referrer within five working days.

121. If the claimant makes contact within five working days of the ineffective visit, the referrer notifies DWP Visiting so that they do not make an unnecessary second visit.

122. If the claimant does not make contact within five working days of the ineffective visit, the Visiting Officer must attempt another visit to see the claimant face to face.

Second Visit Ineffective or where Core Visits cannot take place

123. A Core Visit may not be possible where the claimant lives in an area that DWP Visiting deem unsafe.

124. In these cases the HEO should continue to take the action as if two ineffective visits have taken place.

Next steps

125. Where two Core Visits have been ineffective, the claimant's details must be referred to the HEO of the person who made the referral to discuss the case in more detail as part of the case conference. Pending the outcome of the case conference, the claimant's award will not end and payments will not be stopped.

Case conferencing will take place between the HEO and the referrer to determine all the facts of the case following two ineffective visits prior to making a decision on the claim.

The case conference will review the information available to them and provide an assurance check. This will include reviewing, for example:

- the circumstances prompting the referral for a visit to be made
- previous interactions with the Department, including attendance at any interventions as part of the conditionality to receive ESA
- any documentation or notes available regarding the claimant, for example a medical report following attendance at a WCA
- any information we currently hold from third parties (this may include a next of kin or organisations such as social services)
- whether a deferral of the original intervention/appointment is appropriate at this stage until safeguarding enquiries are made

The case conference will also consider whether to involve the local partnership manager who may be aware of local organisations who can offer support.

The case conference participants must be satisfied that agreed actions have been taken and all relevant information has been adequately considered.

The HEO must review the information and note on the relevant systems the actions considered/agreed.

Following the case conference, if it is recognised that there is still a safeguarding concern, the claimant's award will not end and payments will not be stopped. You **must not** suspend or stop the claimant's benefit payment until further action has been taken and further advice given. The case will then be referred to a Senior Safeguarding Leader to liaise with the relevant agencies including but not limited to social services, the Local Authority or the police.

For more information and contact details of the Senior Safeguarding Leader in each region see [Safeguarding Leaders](#) page.

A review date will be set to consider the next steps following the referral to the Senior Safeguarding Leader.

126. Once all reasonable steps have been taken as outlined above, the referrer will then gather the relevant documentation so that the case can be sent to the DM, including details of safeguarding steps taken, such as referrals to other organisations for example the police, the outcome of the case conference and any subsequent actions.

This will enable the DM to make an informed decision as to whether to disallow entitlement or apply a sanction taking into account the full circumstances of the case.

What to do – customer declares an intention to attempt self-harm or suicide

Face to face or telephony

1.

1. Take the statement to self harm or suicide seriously	<ul style="list-style-type: none"> • Remain calm and listen carefully. • Make sure that you are safe. • Stop what you are doing - give the customer your full attention.
2. Summon a colleague	<ul style="list-style-type: none"> • Do not put the caller on hold. • Use your local signal to get help from a colleague who will act as your 'support partner'. • Your support partner will assist you as you help the customer, for example by finding contact numbers for you and will act as a witness to the conversation.
3. Gather information	<ul style="list-style-type: none"> • Speak to the customer to gather information to help you to assess the degree of risk. This could include finding out: • Do they have specific plans? What are they? • Have they already taken action, e.g. have they taken tablets? • If so, find out what, when and how many? • Do they have the means to carry out the plans to hand? • Have they tried to harm themselves before? • Have they received, or are they currently receiving treatment? • Where the customer or claimant is and if they intend to go anywhere else • How imminent the intention is • Try to find out if they have any friends or family members who could provide support • You and your support partner should make notes of the conversation, if possible • Record key information including the customer's location and any plans they have for going elsewhere to harm themselves. This will be important if you need to inform other services <p>Hints on managing the conversation with the customer</p>
4. Provide referral advice	<p>If the discussion suggests that the customer is not in immediate danger but there is a risk that they may attempt suicide or self harm you should encourage them to seek help. You could suggest they:</p> <ul style="list-style-type: none"> • make an emergency appointment with their GP. • contact the local Community Mental Health Team (CMHT). • contact friends or family who could provide support. • With the customer's permission you may contact their GP or CMHT on their behalf. It is important to stress to the GP or CMHT that the customer is talking about suicide. • You could offer the customer one or more telephone numbers from the list of National Support Organisations.

		<ul style="list-style-type: none"> You can use the 'Specialist Support' section of the relevant District Provision Tool to find contact details for appropriate support organisations local to the customer.
5.	Summon Emergency help	<ul style="list-style-type: none"> Contact the emergency services if you consider the customer to be at serious risk or in immediate danger. For example if they have taken tablets or cut themselves badly, or they are in a dangerous situation such as next to heavy traffic or near a railway line For customers living abroad, contact: FCO King Charles Street London SW1A 2AH Email fcocorrespondence@fco.gov.uk General enquiries switchboard 020 7008 1500 Consular assistance 020 7008 1500 - for use should the customer abroad require the support of the emergency services Website: https://www.gov.uk/government/organisations/foreign-commonwealth-office (link is external) You do not need the customer's consent to contact the emergency services, but it is important to tell them what is happening and why when this is possible Your office will have arrangements for calling emergency services. You should follow these arrangements whenever possible, but in some cases this may not be practical. You are in the best position to decide the action to take given the circumstances and information you have available Do not delay in contacting the emergency services if you think this is appropriate Let the emergency services know the customer's location and any other relevant details you have uncovered Tell the emergency services if you are calling from a Contact Centre or other virtual network  Record of customer declaration and the action you took as soon as you are able to.
6.	Review	Discuss the incident with your line manager

Following the incident

- As soon as possible after the incident  record details of the incident and the action you took. Refer to the Six Point Plan to ensure any required forms are completed. The generic intranet version gives general information (replace with your local site plan if you have one). Staff in PIP offices must follow PIP procedures and contact the 'Customer Champion' in the benefit centre who will take further action after the call

What to do – Home visits

- A customer may declare an intention to attempt suicide or self harm during a home visit. In this situation it is likely that the member of staff will be alone and unable to summon a colleague to be physically present.
- When dealing with this type of incident, the safety of the member of staff must always come first. Staff must ensure that they do not put themselves at risk in attempting to help or advise the customer.
- The principles of the Six Point Plan apply if a customer declares an intention to attempt suicide or self harm during a home visit. Managers of staff who work away from the office must ensure that staff are equipped to develop strategies that enable them to manage the 'one off' situations that may arise.
-

1.	Take the statement to self harm or suicide seriously	<ul style="list-style-type: none"> Listen carefully and remain calm Stop what you are doing and give the customer your full attention If you have other visits booked you may need to contact your home office so that the following visits can be rearranged or cancelled Think about your own safety. If at any time you feel unsafe, or if there is any sign of a weapon, such as a knife, gun or petrol, leave the property, ensure you are in a safe place and contact the emergency services. DWP will support your decision to do this.
2.	Summon a colleague	<ul style="list-style-type: none"> If possible, contact the person within your part of the business who is aware of the action to take in such incidents and available to support you.
3.	Gather information	<p>Talk to the customer to gather information that will help you to assess the degree of risk that they will attempt suicide or self harm. This could include finding out:</p> <ul style="list-style-type: none"> Do they have specific plans? What are they? Have they already taken action, e.g. have they taken tablets? If so, find out what, when and how many? Do they have the means to carry out the plans to hand? Have they tried to harm themselves before? Have they have received treatment or are they currently receiving treatment? If they intend to go anywhere else How imminent the intention is Try to find out if they have any friends or family members who could provide support If possible, record key information including any plans the customer has for going elsewhere to harm themselves. This will be important if you need to inform other services.

		Hints on managing the conversation with the customer
4.	Provide referral advice	<p>If the discussion suggests that the customer is not in immediate danger but there is a risk that they may self harm or attempt suicide you should encourage them to seek help. You could suggest they:</p> <ul style="list-style-type: none"> • Make an emergency appointment with their GP • Contact the local Community Mental Health Team (CMHT). • Contact friends or family who could provide support. • With the customer's permission. you may make the contact on their behalf. • It is important to stress to the GP or CMHT that the customer is talking about suicide. • You could offer the caller one or more telephone numbers from the list of national support organisations [link to para 92] below. It is good practise for staff who are working away from the office to carry a list of contact numbers or to have numbers programmed into a mobile phone. • As soon as you are safely able to, record details of the incident and the action you took.
5.	Summon Emergency help	<p>If you consider the customer to be at serious risk or in immediate danger, for example if they have taken tablets or cut themselves badly contact the emergency services.</p> <p>Do not delay in contacting the emergency services if you think this is appropriate.</p> <p>You do not need the customer's consent to call the emergency services but it is important to tell them what is happening and why when this is possible.</p> <p>As soon as you are safely able to, record details of the incident and the action you took.</p>
6.	Review	Discuss the incident with your line manager

Following the incident

7. As soon as possible after the incident:

- make notes whilst the incident is still fresh in your mind. This will help you in completing a [record of the incident](#) on your return to the office;
- contact your line manager to inform them of the incident and the action you took
- refer to the Six Point Plan to ensure any required forms are completed. The generic intranet version gives general information (replace with your local site plan if you have one)

8. Think about your own well-being. Dealing with this type of incident can be distressing and stressful. Let your line manager know if you need to take a break from your activities or if you feel unable to carry on with the visits you had planned. Your line manager will make arrangements for these to be postponed and rearranged.

What to do – home working

9. It is possible that a member of staff who is home working to take a call from a customer who declares an intention to attempt suicide or self-harm. It is therefore essential that home working colleagues set up a Skype support group at the start of their working day so they can quickly alert somebody should they have to invoke the Six Point Plan unexpectedly.

Managers of staff who work away from the office must ensure that staff are equipped to develop strategies that enable them to manage the 'one off' situations that may arise.

1. Take the statement to self - harm or suicide seriously	<ul style="list-style-type: none"> • Remain calm and listen carefully • Stop what you are doing - give the customer your full attention.
2. Summon a colleague via Skype Call.	<ul style="list-style-type: none"> • Alert a support partner within the support group via Skype call • The support partner will provide support throughout the call • Where possible the support partner will access the case so they are able to view the customer's address/location and if there are any named people who may be able to help (if required) • Whilst contacting the support partner via Skype, make sure you manage the silences with the customer effectively, for example you are taking down details to get them some support. The support network is there for two reasons: <ul style="list-style-type: none"> • To support you as you deal with the customer • To act as a witness to what is said • Whilst using Skype your support partner will not be able to hear the conversation or act as a witness but can still support you throughout the call
3. Gather information	<ul style="list-style-type: none"> • talk to the customer to gather information. This could include asking: <ul style="list-style-type: none"> • do they have specific plans? What are they? how imminent are they? • do they have the means to carry out their plans to hand? • have they already taken action? If so, find out what and when? • have they tried to harm themselves before? Have they received treatment or are they currently receiving treatment? • where is the customer? Do they intend to go anywhere else?

	<ul style="list-style-type: none"> • record key information such as the customer's location and any plans they have to go elsewhere to harm themselves • you may need to share this information with the support partner • it is important that we keep the customer talking, whilst recording as much key information as possible. <p>It is understandable that people may feel uncomfortable when asking these questions, however, it is vital that they gather as much information as possible, in order for us to get the right help for the customer.</p> <p>You must make sure you provide all information the customer gives you to your support partner in the messages.</p>
4. Provide referral advice	<p>If the situation is non-urgent, for example general distress but no immediate plans or means to attempt suicide or self-harm:</p> <ul style="list-style-type: none"> • encourage or help the customer to seek help from GP or Community Mental Health Team immediately • share contact details for appropriate support organisations such as: <ul style="list-style-type: none"> • Samaritans - a confidential emotional support service available 24 hours a day - 116123 • MIND - mental health charity providing confidential mental health information services - 0300 1233393 • Breathing Space - a free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety - 0800 838587 • Get Connected - a free, confidential helpline service for young people under 25 - 0808 8084994 • Bereavement Trust – helps people to overcome the grief and sorrow that can follow bereavement - 0800 435455 • Cruse Bereavement Care - national charity set up to offer free, confidential help to bereaved people - 0844 4779400 • ask the customer if there is anyone they would like us to call for example, a family member or friend • ask the customer about their health care team, find out about their location and contact arrangements. (Some of this information may also be on the system) Your Team Leader/Deputy Support can look this up whilst you are on the call and contact them if necessary • if the situation is non-urgent (for example, general distress but no immediate plans or means-to-hand) help the customer to contact their support team and encourage them to seek help immediately.

	<ul style="list-style-type: none"> • you can ask if they have any pending appointments and advise that these be brought forward. <p>The 'Specialist Support' section of the District Provision Tool (link is external) for your area holds details of local organisations that can provide support for customers at risk of suicide or self-harm in each district</p> <ul style="list-style-type: none"> • Please bear in mind that some of these organisations may not be available due to the current situation, however your support partner should still attempt contact if requested by the customer.
5. Summon Emergency help	<p>Customer is distressed at serious risk or in immediate danger</p> <ul style="list-style-type: none"> • you do not need the customer's consent to contact the emergency services - but you should tell them what is happening and why • For customers living abroad, contact: FCO King Charles Street London SW1A 2AH Email fcocorrespondence@fco.gov.uk General enquiries switchboard 020 7008 1500 Consular assistance 020 7008 1500 Website: https://www.gov.uk/government/organisations/foreign-commonwealth-office (link is external) <p>You can use the following statement.</p> <p>I have a duty of care and because you have told me that you intend to harm yourself (or others) I will need to inform the emergency services.</p> <ul style="list-style-type: none"> • do not delay in contacting the emergency services if you think this is appropriate • notify the support partner - they will contact the emergency services for you • share the customer's location and any other relevant details you have uncovered with your support partner, so they can pass this on to the emergency services <p>The support partner contacts the emergency services by calling 999 and requesting the appropriate service. They need to state that they are calling from a contact centre. They then tell them the area the customer lives in. It is important that they provide this information immediately as the call will route to the area from which the call is made.</p>

	<p>Let the emergency services know the location of the customer and any other relevant details you have uncovered; they may have additional questions they wish to ask you. This is why it is important to gather as much information during the call as you can and ensure you have provided all key details via skype to your support partner.</p> <p>You then need to try to keep the customer on the line until the emergency services arrive.</p> <p>Although this is rare if the emergency services state they cannot get to the customer immediately, you can look up the number for the Mental Health crisis team for the customer's local area and ask them to provide assistance to the customer.</p>
6. Review	<p>This experience can be upsetting for you. You need to look after yourself and reassure yourself that you did all you could and what you did was 'right'.</p> <p>You must ensure that you receive support from your line manager and have some down time from making further calls and a break if needed.</p> <p>A referral to welfare support can also be arranged and you can sign post staff to employee services.</p> <p>You should ensure that your line manager arranges a call with you to complete a peer review (on the review template) of the incident, to consider if all has been done to support the customer at that time and that office procedures and guidance were operational and useful.</p> <p>Record of customer declaration of intention to attempt suicide or self-harm</p> <p>Review of incident</p> <p>You and your manager need to keep these documents in a secure place.</p>

Managing the conversation with the customer

10. You are not expected to counsel the customer. The purpose of your conversation with the customer is to identify their needs and encourage or help them to seek appropriate support

DO	DON'T
Do stay calm	Don't attempt to resolve the customer's personal crisis or offer counselling

Do listen to the customer and be non-judgemental	Don't tell the customer that you know how they feel
Do express concern for the customer	Don't dismiss the customer's problems or feelings
Do let the customer talk about their feelings and plans	Don't be sworn to secrecy
Do ask the customer about their plans: you may be gathering important information	
Do try to be yourself. If you are at ease it will help reassure the customer	
Do reassure the customer that help is available	

What to do – Declarations made in writing or by electronic (UCFS Journal, email) or social media

11. Occasionally a customer may say they intend to attempt suicide or self harm in a letter or by electronic or social media. In such cases it can be difficult to assess the level of risk to the customer and to decide an appropriate response.

If possible, discuss the appropriate course of action with your line manager and agree required steps. Should this involve contacting the customer, where practically possible this should be handled by an office based colleague, as this will ensure the best level of support should the Six Point Plan need to be invoked.

If the call cannot be made by an office based colleague, it is recommended that you have your support partner available with you either in person or via Skype when you make the outbound call, and this is done as a 3-way Conference Call.

If a situation arises, setting up a Skype group at the start of the working day allows you to quickly alert a site colleague that you need to invoke the Six Point Plan unexpectedly. Remember, even if someone else is not on the line with you, they may still be able to offer support, for example, checking details or making phone calls while you are speaking to the customer.

As with telephony instructions make a Skype call to the site colleague/manager if a situation develops during a call. They can hear and support you during a call.

12. If you receive a declaration made by letter or electronic or social media you must consider whether the declaration is specific and urgent.

There is a separate Six Point Plan for handling declarations made through social media. Such incidents should be referred to the [Regional Social Media Manager](#) for action in accordance with the [DWP Social Media Six Point Plan](#) and the [Jobcentre Plus Twitter Operation Instructions](#).

13. If you consider that there is a specific risk that the customer may attempt suicide or self harm you must consider the Six Point Plan and what is appropriate and reasonable in the circumstances. If you are sufficiently concerned about a customer

you may contact the emergency services. You must tell your Line Manager that you are considering doing this and  [record details of the incident and action you took](#) .

14. In some cases a customer may mention thoughts of attempting suicide or self harming to support a benefit claim. Our procedures and actions must be organised around the assumption that the customer will take action on their declaration. Specific questioning for example, asking a customer if they have any thoughts on killing themselves would help decide whether specific intentions lie behind the general information provided.
15. If you consider the customer has provided general information and is not specifically declaring an intention to attempt suicide or self harm, you do not need to take any further action in connection with these statements as this will form part of the benefit assessment process. If you are unsure about what to do in a specific case, talk to your Line Manager. [Support material](#) used in Work Psychology Services can help colleagues undertake a risk assessment when a customer indicates they are going to harm themselves.

What to do – a third party tells us a customer intends to attempt suicide or self harm

16. Occasionally a third party might tell DWP that a customer intends to attempt suicide or self harm. A third party could include: customer representatives, family members, friends, organisations or someone with a connection to the customer such as a landlord or neighbour. This is not an exhaustive list.
17. In these circumstances it is reasonable to expect the third party to manage the situation, for example, you may suggest that the third party encourages the customer to contact their GP or CMHT. You may provide contact details and numbers to the third party. If the third party considers the customer to be at serious risk or in immediate danger, suggest that they call the emergency services.
18. You must inform the third party that you will not be taking any further action and you must  [record details of the incident](#) and your discussion with the third party.
19. If you doubt that the third party is capable of managing the situation and you believe the customer to be at serious risk or in immediate danger you may call the emergency services. It is good practice to tell the third party that you are doing this. You must  [record your discussion](#) with the third party and action taken.

Managing the conversation with the customer

20. Hearing a customer express an intention to harm themselves or attempt suicide may come as a shock and can be upsetting for you. Dealing with this type of incident can cause distress and you may have concerns about how to speak to a person who has said they intend to attempt suicide or self harm. You may be concerned about making the situation worse or causing the customer more distress. These types of worries are understandable.
21. The shock and upset can be reduced if you are prepared and know how to make an appropriate response to the individual as the conversation progresses. Using the

Work Psychology Services [risk assessment](#) may help you decide whether the threat is imminent or non-imminent as the conversation progresses

22. You are not a counsellor. In the course of your normal working you may hear things from customers that are potentially upsetting but you are not responsible for sorting out their lives. The purpose of talking to the customer is to help identify their needs and encourage them to seek appropriate support or, with their consent, to help contact specialist support on their behalf.
23. Your training and the experience you have developed during your dealings with customers will be helpful for you to draw on if you are in this situation. It is important to be aware of what you are hearing, observing and experiencing.
24. There are some helpful points to aid you in talking to the customer. It is not a script as each individual situation will be different and it is important that you talk to the customer in a natural and engaging way.
 - Give the customer the opportunity to talk about their feelings and plans. If they are given an opportunity to do this, they may feel better by the end of the conversation. However this recovery may be brief and it is important that you advise them to see their GP or other mental health professional as soon as possible.
 - It is important to **listen** and be non-judgemental. You may not need to say very much during the conversation and there are no magic words.
 - Try to be yourself. If you are concerned your voice and manner will show it. It is okay to tell the customer that you are concerned about them.
 - Don't be afraid to talk to the customer about their plans: you may be gathering important information. Encourage the customer to talk to you, for example try to find out if they have attempted this before, how they will do it, if they have the means to do so available, and when they intend to do it – but avoid putting too much emphasis on it.
 - Try to focus on the here and now in your discussion. For example, if you are speaking to a customer who has come to a Jobcentre ask them: what they are going to do when they leave, where are they going, who are they meeting, what they are going to have for dinner that night and plans for the next few days.
 - Do not be sworn to secrecy. If a customer says that they will tell you something only if you will not tell anyone else you can say "I don't know what it is you want to tell me and I cannot promise that", or "I cannot make that promise".
 - Do not try to solve the customer's personal crisis by giving advice or problem solving.
 - Avoid making the customer feel that they have to justify their feelings and belittling their problem. What might seem to be an insignificant issue to one individual may seem insurmountable to another. You cannot assume that because you feel something is not worth feeling suicidal about, others will feel the same way.
 - Reassure the customer that help to manage the way that they are feeling is available. You can signpost the customer to appropriate specialist support or, with their consent, you may contact the specialist support on their behalf.

Recording customer declarations of intention to attempt suicide or self harm

25. You must consider whether it would be appropriate to report the incident using the [Unacceptable Customer Behaviour procedures](#). You must complete a [UCB incident](#)

[report form \(link is external\)](#) if you felt threatened or intimidated by the customer's declaration of intention to attempt suicide or self harm, or if the customer threatened to harm you or another person whilst acting on the intention. You may have felt threatened if, for example, the customer had a knife or similar weapon, or the customer threatened to self harm in the office in such a way that would endanger others, such as by pouring petrol on himself or herself and the surroundings and threatening to set fire to it.

26. Regardless of whether UCB procedures apply or not, you must always record details of the incident on a [customer declaration of intention to attempt suicide or self harm form](#) . It is good practice to do this within a day of the event if possible, whilst details are still fresh in your mind.
27. It is important that the record is as full as possible, detailing what the customer said or did, the customer's behaviour and demeanour, the decision you made and any action you took.
28. Useful things to include in your record include:
- the time and duration of your contact with the customer
 - the customer's behaviour: for example if they were: fidgety; not interested; vacant; fast or slow talking; not replying to you; talking incoherently; not making eye contact
 - key information you provided to the customer
 - any actions the customer said they would take such as contacting their GP, visiting a friend or family member
 - You must give a copy of the record of the incident to your line manager and may wish to keep a copy for yourself.
 - Line managers must [keep these records for six years](#) as they may be needed in future for legal and system review purposes.

Reviewing the incident

31. Following all customer declarations of intention to attempt suicide or self harm you and your line manager must review the incident and record the review discussion on the [incident review template](#). It is good practice to do this within a day or two of the incident if possible.
32. This is an opportunity for you to reflect on the incident, discuss your feelings about it and agree any support to help you deal with your reactions to the experience.
33. You will find it helpful to refer to your record of the incident for this discussion. The discussion should include:
- how you handled the incident
 - whether the local procedures in place for handling these situations worked effectively
 - if there are any lessons to be learned for future handling and responses.
34. This provides a further opportunity to consider whether it would be appropriate to record the event using the Unacceptable Customer Behaviour procedures.
35. The line manager must keep a copy of the review record for six years. They must also send copies of the records to the manager in the office who is responsible for developing and reviewing local plans for managing incidents.

Support for staff following an incident

36. This type of experience can be upsetting and you need to look after yourself and be reassured that you have done what you can to help the customer. Most importantly your well-being is the priority, and your line manager will provide you with support before and after any incident.
37. You are not expected to counsel customers in this situation. You are not responsible for actions the customer might take or if they decide not to seek help. You are not responsible for how agencies such as GPs and CMHTs respond to a referral or approach from the customer. By encouraging the customer to seek help or by calling the emergency services you have done all that could reasonably be expected of you.
38. After the incident you may have thoughts and feelings about the situation. This is all part of the process of coping with what may have been a distressing experience. If you feel the need to discuss your experience seek support from your line manager and colleagues. Individuals will be affected differently. You may be able to deal with the situation well at the time, but may have thoughts about it later on. If so, ask your line manager and colleagues for help and/or contact [PAM Assist.](#)
39. Managers must ensure that any member of staff who has managed an incident in which a customer has declared an intention to attempt suicide or self harm has opportunities to discuss the incident and how they are feeling. Line managers must provide support to the officer, such as giving the member of staff time away from duties and listening support. Managers must ensure that the officer is aware of the counselling services available under the Employee Assistance Programme (EAP).
40. The Employee Assistance Programme can provide an independent, confidential counselling service. You can contact the EAP helpline by calling 0800 028 8763. The service is available 24 hours a day, 365 days a year and all calls are free of charge from landlines. There is no limit to the number of calls you can make to the helpline. The EAP also has a management support service to help line managers deal with these conversations with their members of staff

Annex C – Senior Safeguarding Leader

Job Description/ Key Tasks

- Be accountable for championing safeguarding within your geographical patch. Be the central point of contact for DWP for all service lines, where a Safeguarding issue arises. Delivering improved outcomes for DWPs most at risk customers.
- Represent DWP at Adult Safeguarding Boards in your geography, to give account for any individual customer's experiences through their journey in DWP. This is a critical aspect of the role and will be one where you are supported by the Customer Experience team but you will personally be required to attend Safeguarding Boards.
- Active participation in multi-agency boards in your geography, ensuring all stakeholders are clear about DWPs role and accountabilities, how we can support at risk customers and look for opportunities to create a collaborative approach across your geographical area of responsibility.
- Be the Senior person responsible for leading through to conclusion all Internal Investigations and Internal Process reviews working with the Customer Experience team
- Build a community of support within the Districts/Group and Customer Experience to support our most at risk customers to prevent future Safeguarding.
- Working in partnership with the Safeguarding Centre of excellence team feeding in issues to the central team to make sure that learning from this intelligence is progressed.
- Develop relationships with other agencies such as Local Authorities and regional NHS safeguarding leads to ensure partners understand our role and we have robust processes in place to keep customers safe.
- Provide insight and make recommendations to support organisational learning including influencing at all levels including Senior Leaders.
- Provide support, guidance and coaching to colleagues in your Districts/ Group to protect and deliver a consistent service to all customers at risk across product lines to reduce cases of Safeguarding.
- Be an integral member of the Senior Leadership Team within the Districts/Group, embedding learning and strategic thinking for the Department's safeguarding agenda
- Be a visible and engaging leader across DWP, role modelling the required behaviours and supporting operational colleagues to build capability and support complex cases
- Ensure all service lines have the access and capability to identify, support and signpost customers with complex needs to relevant partner organisations at point of need

Key Skills and Experience

- Demonstration of building strong working relationships with Senior leaders and partner organisations
- Drive to deliver results for internal and external customers
- Emotional intelligence and ability to react, adapt and resolve issues, getting the right result for our customers alongside the resilience to work on sometimes distressing subject matter
- Confident in leading in a virtual environment
- Good understanding of all DWP product lines
- Have strong communication and influencing skills with the ability to deal confidently with senior stakeholders in the department and with partner organisations.
- Working across boundaries
- Confident decision making skills



Work and Pensions Committee

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From the Chair

Rt Hon Dr Thérèse Coffey MP
Secretary of State
Department for Work and Pensions

30 July 2020

Dear Thérèse,

Thank you to you and Peter Schofield for coming to give evidence on 22 July. We were grateful for your undertaking at that session to provide the terms of reference for, and minutes of, the Serious Case Panel, which we have now published.

There are several further matters discussed in the session about which the Committee would be grateful for more information.

The Committee was pleased to hear that DWP's safeguarding policy has been updated. On this topic, please can you let the Committee know the following:

1. Peter Schofield said that the meetings of the Serious Case Panel had led to changes in safeguarding guidance when DWP has lost contact with a claimant. Please can you provide a full copy of DWP's safeguarding guidance, highlighting the areas that have been updated? We would also be grateful to know what proportion of frontline DWP staff have been trained in the new policies.
2. Please can you send us the guidance DWP has on suicide or self-harm prevention, and how many frontline DWP staff have been trained in this area to help protect claimants? Might you also let the Committee know when this guidance was last updated?

The Committee would also like to know more about the operation of the Serious Case Panel. We were grateful for sight of the Terms of Reference and minutes, but it is not clear from the papers you have provided whether the tracking of recommendations by the Panel includes ensuring that Internal Process Review recommendations are implemented, as had previously been suggested.

3. Given that one of the key findings of the NAO's report was that recommendations from Internal Process Reviews were not tracked to make sure that they were implemented, please can you confirm again the role the Serious Case Panel will have in this and, in the interests of transparency, ensure that the Terms of Reference are updated accordingly and that future meeting minutes provide an update on the recommendations?

4. Has the guidance provided to staff on Internal Process Reviews been updated since the NAO report? How has this been communicated to frontline staff? Please can the Committee receive a copy of any new Internal Process Review guidance, and can you highlight the improvements that have been made?

There have been many news stories in recent years which criticise the way in which DWP has treated families of people involved in serious cases. Might you please answer the following questions about how DWP liaises with families, and how it can learn from this process:

5. Do you have any written guidance on how families of people involved in serious cases, including those where an individual has died, should be treated? Please can you provide this guidance?
6. Peter Schofield spoke about talking to families of those who have died, but said that this was “not part of a process” within DWP. Are you planning to make this part of your regular process, to make sure that you can learn from these cases? Shouldn't all families of people who have died have the right to speak to senior DWP officials, if there is something they would like to raise in person? Aside from the ad hoc face to face meetings, how else does DWP learn from families of people involved in serious cases?

You also described the safeguarding improvements DWP has made, including the appointment of ten safeguarding leads, whose role is partly to bring together organisations such as adult social services and housing suppliers to better understand the needs of an individual. You said that there was an expectation that there would be 25 safeguarding leads “fairly soon”. On safeguarding, the Committee has the following questions:

7. Please can you provide the full job description and person specification for the safeguarding leads, and let the Committee know when you expect to have 25 safeguarding leads in place?
8. You also suggested that DWP might look to appoint more safeguarding leads in the future. How did you decide that 25 was the appropriate number of safeguarding leads now? Would it be for the Serious Case Panel to discuss whether more funding is needed for safeguarding leads?
9. Peter Schofield said that the level of partnership between local organisations and DWP differs in different areas, and that this “probably represents the biggest gap” in how DWP safeguards people. Aside from appointing safeguarding leads, what are you doing to close this gap? What are you doing to facilitate the sharing of best practice to make sure that vulnerable people receive the same level of safeguarding, wherever they are based?
10. How was the complex needs tool, “a catalogue of local partners, local experts, local provision, which can provide support and be signposted to for anyone who is in a particular vulnerable group” put together? What proportion of DWP frontline staff have received training and guidance on how to use it?
11. Peter Schofield said that DWP was looking at how arrangements vary across different benefits and seeing whether changes need to be made. Please can

you let the Committee know how DWP is progressing this work, and when a decision on any potential changes would be made? What outputs do you expect there to be from this work?

12. Peter Schofield also said that it was not the role of DWP to be a safety net for people, and that it does not have the resources to fulfil this role. Whose responsibility is it, within government, to ensure that the most vulnerable people in society are safeguarded, what is the role of DWP in this, and how do you liaise with other bodies to make sure that the people DWP serves are protected?
13. The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. How many adult safeguarding reviews has DWP been involved in since 2015, and how many has DWP requested?
14. Peter Schofield spoke about “stepping back and looking at the causes of vulnerability”, and where DWP can link with other organisations and Government Departments to look at the sorts of issues that lead to someone coming to DWP for support. Were these comments referring to a particular piece of work? If so, please can the Committee receive some information on the aims, timetable and likely outputs from this work?
15. You mentioned a “Find help” tool available on .gov, and said that it was “intended as a signpost for people looking for help on a variety of issues who might not know where to turn”. Were you talking about the coronavirus find help tool?
 - a. If not, please can you let the Committee know where the tool you were discussing is located, how it can be made more accessible and better publicised, and whether DWP offers similar services for those who cannot get access to a computer and internet connection, as is the case for many of the most vulnerable people in society?
 - b. If you were talking about the coronavirus tool, do you plan to produce a separate tool, not related to coronavirus, which can be maintained to help signpost people to different sources of support beyond the pandemic?

In addition to the above questions, the session touched on numerous other aspects of DWP’s work. Following on from these discussions, might you please answer the following questions:

The predecessor Work and Pensions Committee recommended that DWP explore a “yellow card system” in sanctions. Such a system would mean a warning, instead of a sanction, would be issued in response to any claimant’s first sanctionable failure. In its response, DWP said that it would run a proof of concept into such a warning system in Spring 2019, with further testing then required before deciding whether to introduce it.

16. Please can you update the Committee on the results of the proof of concept for a sanction warning system, and let the Committee know what the next steps will be in evaluating and rolling out such a system?

17. You said that DWP has not been actively seeking to impose sanctions since they were re-imposed on 30 June. How many sanctions have you imposed since 30 June, and how does this compare to the same period last year?

In 2014, it was reported that the Royal National Institute of Blind People (RNIB) was threatening the Department of Work and Pensions with court action for suspending the benefits of a blind man after he missed appointments. He was only informed about the appointment through letters he was not able to read. The same report said that the RNIB had prepared 5 legal cases against the Department and was considering a further 50.¹

18. How many cases is DWP currently defending which involve an allegation of disability discrimination in how someone's benefit has been processed or paid? What actions do you take to ensure that sanctions imposed are not unfairly applied to disabled people if they fail to meet requirements through no fault of their own?

In June, the Prime Minister spoke about an opportunities guarantee for young people. Before the Committee you mentioned a sector based work academy to "get training, work experience, and a guaranteed job interview", as well as the Kickstarter Scheme to subsidise work placements for young people on Universal Credit who are at risk of long-term unemployment.

19. Please can you set out how the opportunities guarantee, the sector based work academy, and the Kickstarter Scheme will work together, and when you expect each of the initiatives to be in place?

We would be grateful for a response by **27 August**.

Yours sincerely,



Rt Hon Stephen Timms MP
Chair, Work and Pensions Committee

¹ [RNIB threatens DWP with court action for failing to cater for blind](#), The Guardian, 19 February 2014