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**Manchester City Council  
Report for Resolution**

**Report to:** Children and Young People Scrutiny Committee – 6 December 2016

**Subject:** Annual Report of Manchester Safeguarding Children Board April 2015 – March 2016

**Report of:** Strategic Director of Children’s Services  
Julia Stephens-Row, Independent Chair of Manchester Safeguarding Children Board

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**Summary**

This is a covering report providing an overview of Manchester Safeguarding Children Board Annual Report which is for the period from April 2015 - March 2016. This document reports on the work of the partnership.

**Recommendations**

The Committee is asked to:

- a) Note the publication of the Manchester Safeguarding Children Board (MSCB) Annual report 2015 – 2016
  - b) To promote the importance of safeguarding of children and young people across all the partners and in the services they commission ensuring that safeguarding is at the heart of all that is delivered.
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**Wards Affected:** All

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

[http://www.manchestersafeguardingboards.co.uk/wp-content/uploads/2016/06/MSCB-Annual-Report-2014\\_15-Published-230316.pdf](http://www.manchestersafeguardingboards.co.uk/wp-content/uploads/2016/06/MSCB-Annual-Report-2014_15-Published-230316.pdf)

<http://www.manchestersafeguardingboards.co.uk/wp-content/uploads/2016/10/2016-10-04-annual-report-with-photos-Version-2.pdf>

## 1.0 Introduction

- 1.1 The Manchester Safeguarding Childrens Board (MSCB) annual report covers the period from April 2015 - March 2016. This report demonstrates the significant amount of work undertaken across a range of organisations and in partnerships to safeguard children and young people in Manchester.
- 1.2 This report contains information from many of the partners on the Board of the work they have undertaken in the last year in this area. It also provides information on the work of the various sub groups which report to the Board. The information in this report pre dates my appointment as chair in July 2016 however I am keen to ensure that the work undertaken by previous chairs is built upon and taken forward.
- 1.3 Throughout this report there is information on the performance and effectiveness of local services to safeguard children and young people. There is also information on how the Board has focussed on issues which are important to children and young people, such as Child Sexual Exploitation. The Board is starting to develop its expertise and understanding of the issues behind child neglect and early help, which are two of the priorities for Manchester. The Board has also been successful in revising the Multi-agency Decisions Framework which defines levels of need across all services operating outside universal provision. More details of this and other work is contained within the executive summary and the main report.

## 2.0 Background

- 2.1 Safeguarding Children's Boards are in place across the country and have a legal duty "to co ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area and to ensure the effectiveness of what is done by each such persons or body for those purposes".

## 2.2 Principles and Priorities

Identified responsibilities and principles for the Board from the business plan 2105-2017 will continue to underpin the work of the Board these are:

**Leadership:** Through clarification of Board members' responsibilities and commitment, clear business planning, quality assurance and performance improvement framework, to drive change and demonstrate the leadership role of the MSCB.

**Challenge:** Through a multi-agency audit programme of focussed, themed audits, Section 11 audits and QA & Performance Improvement Framework, to identify areas of concern and seek improvement plans.

**Learning:** Through publication of Serious Case Reviews (SCRs) and dissemination of associated learning, development of the multi agency training

programme and integration of learning from the audit programme, to learn from, and change, practice.

In addition, to focus on scrutiny and seeking reassurance about the effectiveness of integrated working arrangements, with the emphasis on quality and impact, the following priority areas were agreed by the MSCB in August 2016.

**Early Help:** To assess the effectiveness of the preventative services being provided to children and families, with an emphasis on Early Help.

**Complex Safeguarding:** To ensure the effectiveness of thematic strategies, plans, developments and provide a challenge and support role within the context of operational delivery in the following work streams: Child Sexual Exploitation; Missing from home, care and education; Gangs and violence; Modern Slavery and Trafficking; Radicalisation and extremism; Female Genital Mutilation / Honour based violence; and Understanding / identifying emerging areas of risk e.g. Cyber crime

**Domestic Violence & Abuse (DV&A):** To ensure the focus of the impact of domestic violence and abuse on children and young people is enhanced and is in line with the DV&A Strategy, with emphasis on understanding and responding to underlying causes.

**Neglect:** To develop and assess the impact of the Neglect Strategy and use the learning from SCRs where neglect is a significant factor, identify themes and integrate that learning into the multi-agency training programme.

**Serious Case Review learning:** To ensure that the learning and recommendations from SCRs, Domestic Homicide Reviews (DHRs) and other local and national reviews are identified and tracked and that action plans are followed up in order to make sure that learning has changed practice.

**Partnership engagement with Children and Young People (CYP):** To share examples of good practice and assure the effectiveness of partnership engagement with CYP. In addition, to ensure that the Board itself is informed of and responds to the priorities and concerns of CYP in Manchester.

### 2.3 Challenges

The MSCB through a self assessment which was concluded in August 2016 has identified a number of challenges going forward which include:

- The role of the different sub groups and some members of the Board Leadership Group could be strengthened and made clearer.
- A renewed and clear focus on discussions leading to impact for the child or young person would be helpful.

- Whilst the protocols between the different partnership Boards has a strong memorandum of agreement, more cross referencing of priorities and active tasking between the activities and impact of each may assist.
- The Serious Case Review subgroup needs to bring learning from Serious Case Reviews systematically into the learning and development activities of the Board.
- A focus on the Early Help offer, all be it relatively new in Manchester, could give rise to good learning about children and family voices.
- Recently improved performance data and information could increasingly involve all agencies.
- Evaluation of training could be carried out in a way that demonstrates more impact and improving outcomes for children and young people
- Improved communications, with more definitive actions and a summary of outcomes from Board meetings
- More focussed agendas
- Changes to the size of and representation on the Board
- Engagement with the views of children and young people
- Improved engagement with other local Boards, Partnerships and faith groups
- Improved Board visibility, both with the public and by engagement with frontline services.

Work has started to address a number of these challenges and by doing so we will ensure that the MSCB is a strong partnership, focussed on challenge and improvement; and with a constant emphasis on the impact for children and young people.

### 3. Conclusion

As a new chair I am looking forward to developing the work of the MSCB and I intend that in my other role as the Independent Chair of the Manchester Safeguarding Adults Board to ensure that closer working is able to take place across both Boards. The work and reach of the MSCB, as evidenced in this report is considerable, however there is much more to do if as a partnership we are to achieve the vision of the MSCB that ***Every child and young person in Manchester should be able to grow up safe; free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential.***

# Manchester Safeguarding Children Board Annual Report 2015-16

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***“Every child and young person in Manchester should be able to grow up safe; free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential.”***



**Table of Contents**

1. Introduction .....	1
2. Executive Summary.....	2
3. Local Context.....	4
3.1 The Manchester context – where do our children and young people live and study?...4	
3.2 What do we know about the children and young people who live and study in Manchester? .....	5
3.3 How do we determine the vulnerability and needs of children and young people who live and study in Manchester? .....	6
3.4 What do we know about the children and young people in Manchester who have been identified by the Local Authority and other agencies, as in need of support, statutory intervention or protection? .....	8
3.5 What do we know about children and young people who access education and training in Manchester and the establishments they attend? .....	14
3.6 What do we know about the health and well being of children and young people in Manchester? .....	15
4. Partnership Progress.....	18
4.1 Local Authority services .....	18
4.1.1 Manchester City Council Children’s Services.....	18
4.1.2 Manchester City Council Education and Skills .....	26
4.1.3 Manchester City Council Strategic Housing.....	27
4.1.4 Manchester City Council Public Health.....	28
4.2 Health Services.....	31
4.2.1 NHS England North .....	31
4.2.2 Manchester’s Health Economy .....	32
4.2.3 Central Manchester University Hospitals NHS Foundation Trust (CMFT).....	34
4.2.4 The Pennine Acute Hospitals NHS Trust .....	35
4.2.5 University Hospital South Manchester (UHSM) .....	39
4.2.6 Manchester Mental Health and Social Care Trust (MMHSCT) .....	40
4.3 Police, crime and court services .....	42
4.3.1 Greater Manchester Police .....	42
4.3.2 Manchester Youth Justice.....	43
4.3.3 National Probation Service .....	43
4.3.4 Cheshire & Greater Manchester Community Rehabilitation Company (CRC) .....	45
4.3.5 Children and Family Court Advisory and Support Service (Cafcass).....	46
4.4 Voluntary and Community Sector .....	47
4.4.1 Manchester Community Central (Macc) .....	47
4.4.2 Barnardo’s.....	47
5. Governance and Accountability Arrangements.....	49
5.1 The Statutory and Legislative Context .....	49
5.2 Governance and Accountability of the MSCB.....	50
5.2.1 MSCB Board .....	52
5.2.2 MSCB Executive.....	52
5.3 MSCB Subgroups.....	52
5.3.1 Safeguarding Practice Development Group (SPDG) and Local Safeguarding Fora	52
5.3.2 Serious Case Review Subgroup .....	53

5.3.3 Case Review Outcome Monitoring Subgroup (CROM).....	54
5.3.4 Child Sexual Exploitation and Related Issues Subgroup.....	54
5.3.5 Quality Assurance & Performance Improvement (QAPI) subgroup.....	55
5.3.6 Child Death Overview Panel .....	57
5.3.7 Learning and Development Subgroup .....	57
5.3.8 Greater Manchester Safeguarding Policies subgroup .....	58
6. Child Deaths & Serious Case Reviews .....	59
6.1 Serious Case Reviews and Learning Reviews.....	59
6.2 Child Death Overview Panel .....	59
7. Learning and Development.....	61
8. Voice of the Child.....	65
9. Challenges and Future Priorities.....	66
9.1 Introduction .....	66
9.2 Challenges for the Board and Emerging Themes.....	67
9.3 Review and consultation on priorities going forward .....	68
Appendix 1: MSCB Business Plan 2015/17 'on a page' .....	70
Appendix 2: Member attendance .....	71
Appendix 3: MSCB Structure - April 2015 - March 2016.....	72
Appendix 4: MSCB Financial Statement 2015/16 .....	73
Appendix 5: Glossary.....	74

**Note:**

*This report covers the period April 2015- March 2016 and was compiled by Julia Stephens-Row the Independent Chair of the MSAB and the MSCB in conjunction with Edwina Grant OBE, Edwina Grant Associates and Gail Stott, MSAB / MSCB Media & Communications Manager.*

*Our thanks go to all the partners who contributed to the report.*

*The report was circulated for comment to Board members and finalised on the 18<sup>th</sup> August 2016. It will be presented to the Manchester Health and Wellbeing Board, the Manchester Safeguarding Adults Board (MSAB), Manchester City Council's Scrutiny committee and the Clinical Commissioning Group. It will be sent to the Chief Executive or equivalent of all member agencies, including the Police and Crime Commissioner.*

The full published MSCB Business Plan 2015/17 can be found on our website  
[www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

Or contact the MSCB Business Unit:

Tel: 0161 234 1332 or email [mscb@manchester.gov.uk](mailto:mscb@manchester.gov.uk)



## 1. Introduction

As the recently appointed Chair of the Manchester Safeguarding Children Board I would like to introduce this annual report which covers the period April 2015 to March 2016. In presenting this report I would like to thank the two previous Chairs who contributed to the work of the Board, Jane Booth and David Ashcroft.

Every year, the LSCB (Local Safeguarding Children Board) publishes a report accounting for its work.

Through this report we are intending to provide a rigorous and transparent assessment of performance and effectiveness of local services to safeguarding children and young people. We aim to describe the challenges we have identified and their context and causes. We have set out what we are doing about these challenges and what we have learned from our reviews of practice across all our participating agencies. We have also focused on nationally important issues which are important to children and young people, such as Child Sexual Exploitation.

This last year has been a challenging and an exciting time for the Board. Since taking on the role of Chair at the end of June 2016 I have been interested in hearing that we have developed our expertise and understanding of the issues behind child neglect and early help, which are two of our priorities in Manchester. We have also been successful in revising the Multi-agency Decisions Framework which defines levels of need across all services operating outside universal provision.

This report also details the priorities for the Board in 2016/17 and beyond; and I am looking forward to working with you all in the year to come. I also hope that my role as the Independent Chair of the Manchester Safeguarding Adults Board will enable closer working to take place across both Boards.

**Julia Stephens-Row**

**Independent Chair of Manchester Safeguarding Adults and Children Boards**

**August 2016**

## 2. Executive Summary

The work of the Board has developed considerably in the year and in this Executive Summary we point to areas of progress and broader themes where the Board has given particular attention to progressing its work on behalf of children and young people in Manchester.

Alongside these themes, the report shows the extent to which learning, development and the attendance at training courses has increased in the year. This also supports the learning from our work on serious case reviews.

The contributions made by partners of the Board are evidenced in the report on an agency by agency basis.

Where appropriate, partners have pointed to particular areas of priority that they wish to develop in the forthcoming year. This work will be undertaken alongside their contribution to the broader board priorities for the whole Board next year, which have been summarised at the end of the report.

The analysis of themes from the report shows that our work on supporting children and young people who have been identified as being at risk of Child Sexual Exploitation (CSE) has progressed well and communications have improved in the year. We acknowledge that there is still more work to do in ensuring that the communications between partners, particularly those in the voluntary sector is as effective as it needs to be.

Our work on listening to the voice of children and young people has also developed and our work with our partners is evidenced in the report. There is more work to be done with all partners to make sure that we are listening to what our children and young people are saying and that the learning from what they are telling us is linked back to our learning and development plan; also that these themes are taken forward into our training offer.

We have made progress with public health profiles and have referred to our work on understanding our position in Manchester relating to the Public Health England Child Health Profile. During the year there was ongoing work developing the Joint Strategic Needs Assessment (JSNA) that is being used to provide even more insight and detail to inform the commissioning of services for children and young people in Manchester.

Our understanding of the thresholds for access to children's social care services has developed throughout the year. Work on the Multi-agency Decisions Booklet being made available to partners has been a priority. We know that partners are increasingly working together to understand thresholds and we will continue to test this by way of our multi agency audits.

This understanding and use of thresholds will be supported by our work continuing to develop the Early Help Services. Our plan to ensure that there is a good early help

assessment wherever possible before families are referred to social services will continue next year.

We have held a successful conference on Prevent and have developed our training offer. We have been pleased to see that the take up of our training offer has improved. Next year we will once again review the feedback from our training evaluation to ensure that the programme continues to reflect the needs of our partners.

We continue to learn from Serious Case Reviews in Manchester and also from those that report on serious issues that have happened in other parts of the country. In the report we have referred to the themes that have arisen out of our reviews and we will take account of the learning from this to inform our work next year.

We have made some progress on the development of our partnership and have reviewed some aspects of our governance. We think that our governance is now clearer.

We know that our meetings are worthwhile only if they have impact. Our challenge next year will be to ensure that our meetings do lead to outcomes that will bring real improvement in the areas we have set out for priority action next year.

Finally, we have identified the data that show how our population in Manchester is made up and some of the challenges faced. We have set this against the legislative framework and guidance in Working Together to Safeguard Children 2015 which is the main reference point for our work. We have also included some detail of our partner activity and some training analysis which we hope is helpful.



### 3. Local Context

An understanding of the context of the city in which the Manchester Safeguarding Children Board (MSCB) and its partners operates is an important starting point for our annual report.

#### 3.1 The Manchester context – where do our children and young people live and study?

Manchester is a city in North West England. It is the sixth largest city in the United Kingdom and is the largest borough within Greater Manchester, which is the United Kingdom's second most populous urban area with a population of circa 2.685 million. The city is notable for its architecture, culture, music scene, media links, scientific and engineering output, social impact, sports clubs and transport connections. Known through time for radical ideas, Manchester was the site of the world's first railway station and is where scientists first split the atom, and developed the first stored-program computer. Manchester is also regarded as the birthplace of Women's suffrage in the United Kingdom and both capitalism and communism. As a centre for learning, the city benefits from a large transitory student population.

The city covers some 116sq km, and is densely populated, with a population density of 49 persons per hectare which is almost nine times the average for the North West (NW) region. Manchester's population in 2015 was estimated at 530,300. The number of people living in the city is growing rapidly and the city is becoming younger and more diverse. Between 2003 and 2014 the population grew by 1.13%, compared to the 0.84% average rate of growth in England. This makes Manchester one of the fastest growing conurbations in the UK and much of this growth has been driven by increases in working people and their young families. Migration (internal and international) accounted for a net increase of 1,300 people between 2013 and 2014 (ref: [2014 MYE summary \(A02a\)](#)).

The current [State of the City Report](#) provides an annual snapshot of Manchester's progress towards its vision for a world class city as set out in its [Community Strategy](#). Since 2006, the context in which the city is operating has changed substantially. Whilst Manchester's economy has been resilient during the economic downturn, the current economic and fiscal environment presents significant challenges for Manchester and as a city it has recognised the need to focus its efforts both on investment in growth and reducing dependency through early intervention and integrated delivery and commissioning.

### 3.2 What do we know about the children and young people who live and study in Manchester?

The [2016 Manchester Fact sheet \(A01\)](#) offers some of this context. The 2015 mid-year population estimate for Manchester is 530,300. Of this population, children and young people represent around a third, with one fifth being under 16 years old. In addition the numbers of younger residents is inflated by the 70,750 students who live and study in the city.

Despite periods of economic growth and reductions in deprivation during the last few years, there continues to be significant and persistently high levels of deprivation and worklessness in the city. The Index of Multiple Deprivation (IMD) 2015 ranks Manchester as England's fifth most deprived local authority (rank of average scores). This indicates that Manchester has improved relatively from the fourth most deprived local authority (rank of average scores) in IMD 2010. However, Manchester has been ranked as first in the proportion of Lower Super Output Areas (LSOAs) that are in the most deprived 10% nationally in the Health Deprivation and Disability domain (ref. [2015 Indices of Deprivation \(F1\)](#)).

On the Income Deprivation Affecting Children index, Manchester is ranked fifth; making Manchester much more deprived on this index than the other Greater Manchester districts. The next most deprived neighbour is Salford (30<sup>th</sup>) followed by Rochdale (41<sup>st</sup>). By contrast, Stockport is at 180<sup>th</sup> and Trafford at 198<sup>th</sup> with both districts falling into the least deprived half of the country's ranking (ref. [2015 Indices of Deprivation - children \(F2a\)](#)).

Manchester is rightly proud of its diverse and welcoming population. Black and minority ethnic (BME) residents make up 33.4% of Manchester's population as a whole and the proportion of children and young people from a BME background is far higher. Many communities are long-established in the city, but there are also significant numbers of new residents and a changing richness in Manchester's diversity (ref. [2011 Ethnic Groups profile \(A17\)](#)).



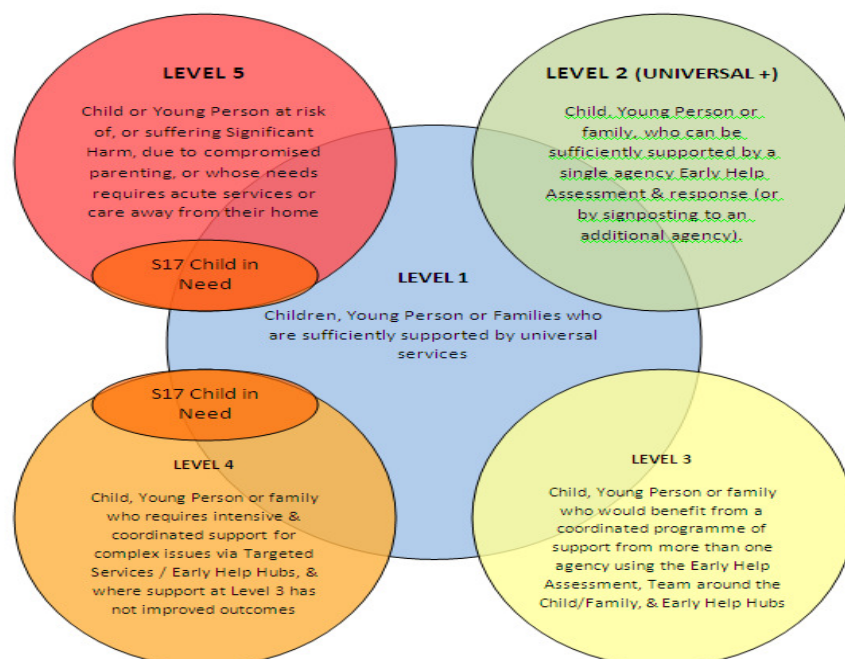


The City Council annually produces a report (ref. [2015 Profile of Children \(A11\)](#) ) which gives a detailed summary of Manchester's children aged 0-16, using ONS mid-year and census statistics. The reports look at the higher than predicted number of children aged 0 to 16 in Manchester and details some of the key characteristics of children living in specific areas around the city. The report also considers the impact the increase in numbers could have on children's social wellbeing, education and services provision. It is noted that the growth in Manchester's child population has not been equally spread across the age groups; the number of children aged 0 to 4 has risen substantially.

The Public Health England [Child Health Profile \(March 2016\)](#) provides a snapshot of child health in Manchester. Children and young people under the age of 20 years make up 25.4% of the population of Manchester; some 59.3% of school children are from a minority ethnic group. The health and wellbeing of children in Manchester is generally worse than the England average. The infant mortality rate is similar to and the child mortality rate is worse than the England average. The level of child poverty is worse than the England average with 32.4% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

### 3.3 How do we determine the vulnerability and needs of children and young people who live and study in Manchester?

The [Multi Agency Decisions Framework](#) defines the levels of need across all services operating outside universal provision. This framework describes the varying levels of need and gives detailed guidance to partners when assessing a child's level of need and considering what other services are available to support families when children and young people have needs within the categories falling short of statutory intervention.



The Framework seeks to improve support to families by promoting an approach whereby needs are responded to and met at the lowest possible level to avoid difficulties escalating into crisis and by intervention from the least number of practitioners as possible. There are however some children, for example those at risk of significant harm with immediate need for protection, who need an immediate statutory intervention without going up through each level.

#### *Universal Services (Level 1)*

Universal services are those which are available to all children for example: Early Years and Play Outreach Services, Schools and School Nursing, Health Visiting, GPs and Midwives. At level 1 most children's needs are being met by parents, carers, communities and universal services.

#### *Early Help Services (Level 2-4)*

Early Help Services encompass three levels of service:

- Level 2 - child, young person or family, who can be sufficiently supported by a single agency Early Help Assessment (EHA) and response; or by signposting to an additional agency.
- Level 3 - child, young person or family who would benefit from a coordinated programme of support from more than one agency using the EHA and a Team around the Child/Family meeting.
- Level 4 - child, young person or family who requires intensive and coordinated support for complex issues via Targeted Services / Early Help Hubs and where support at Level 3 has not improved outcomes.

[Manchester's Early Help Strategy](#) outlines how all partner agencies will work together to support children, young people and their families. The emphasis is on working 'with' rather than 'doing to'.

#### *Specialist Intervention (Level 5)*

Child or young person at risk of, or suffering significant harm, due to compromised parenting, or whose needs requires acute services or care away from their home. These children will receive a Statutory/Specialist Assessment.

These levels are not exhaustive and many factors such as going missing from home and living in households where there is domestic violence and abuse, substance misuse and/or parents who are mentally ill can place children at increased risk of harm from abuse and/or neglect.



### **3.4 What do we know about the children and young people in Manchester who have been identified by the Local Authority and other agencies, as in need of support, statutory intervention or protection?**

Headline figures tell us:

- In 2015/16 11,368 children were referred to Children's Social Care (compared to 13,163 in the previous year).
- In the 2015/16 return to the DfE there were 4,937 children in need at 31<sup>st</sup> March 2016 (compared to 4,758 at March the previous year).
- At the end of March 2016 there were 840 children subject of a Child Protection Plan (compared to 903 at the end of March 2015).
- At end of March 2016 there were 1,239 Looked After children (compared to 1,291 at the end of the previous year).
- In 2015/16 255 young people were referred to the specialist multi-agency team due to concerns around child sexual exploitation; this compares to 307 the previous year.

#### *Early Help Services*

There has been a slight decline in the number of Early Help Assessments (EHA) registered in 2015/16 compared with the number of Manchester Common Assessment Framework (MCAFs) or EHAs carried out in previous years:

- 2011/12 = 472
- 2012/13 = 898
- 2013/14 = 1305
- 2014/15 = 1953
- 2015/16 = 1834

#### *Children with a Child Protection Plan (CPP)*

Children who have a Child Protection Plan are considered to be in need of protection from either neglect, physical, sexual or emotional abuse, or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce these concerns and by whom, and how we will know when progress is being made.

The number of children on a CPP at the end of 2015/16 was 840, which is down from 905 at the end of 2014/15. Comparator figures with other local authorities for 2015/16 will not be available until December 2016, but previous figures suggest Manchester will be an outlier compared to its statistical neighbours, Core Cities, and other North West authorities.

#### *Looked After Children (LAC)*

The term 'looked after children and young people' is generally used to mean those looked after by the Local Authority and includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care.

The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as 'children in care'. Only after exploring every possibility of protecting a child at home will the Local Authority seek a parent's consent or a Court



decision to move a child away from their family. Such decisions, whilst incredibly difficult, are made when it is in the best interest of the child.

At 31<sup>st</sup> March 2016, 1,239 children (down from 1,291 in 2014/15) were reported as being 'looked after' in Manchester (a rate of 108 per 10000 children); this compares to a statistical neighbour average of 94 per 10000 and the England average of 60 per 10000 (2014/15 data). The majority, 79.9%, are subject of care orders following court proceedings, with 10% being accommodated by agreement with their parents. The single biggest reason recorded is abuse or neglect, followed by family dysfunction.

Placement stability is good, with provisional 2015/16 data indicating that only 7.5% (up from 6% in 2014/15) of children experience three or more placements during the year. However, timeliness of adoption showed poor performance in 2015/16 (most recent data available) at 40.5% (measured over a 3 year period) against an England average of 47% of children being placed for adoption within the thresholds set by the Department for Education (2014/15 data). This does, however, reflect a change in the threshold between the two datasets used here from 487 to 426 days which makes the target more difficult to achieve; the figure is also an improvement on the 48% achieved in 2014/15.

At 31<sup>st</sup> March 2016:

- 77.9% of LAC were placed in foster care or placed for adoption; this is down 2% from last year.
- 27 children and young people (CYP) are accommodated in the four children's homes run by Manchester City Council; up by eight from last year.
- 520 are in a looked after placement in Manchester; up by 10 from last year.
- 1080 are in a looked after placement in Greater Manchester; up by 10 from last year.
- 159 are placements elsewhere in the country; up by four from last year.

During the year 90.2% of reviews incorporated the views of looked after children (compared to 96.3% last year).

There are 15 independent children's homes located in Manchester (one more than last year) which provide placements for children and young people who are 'looked after' by other local authorities. These young people remain the responsibility of the council who have placed them but they look to local resources for education and health care. The high level of need these children often present, and the consequent demand on local resources is not generally anticipated and it is not uncommon for young people to arrive here without any consultation with local public service providers.

Considering the age and gender of the LAC population, the profile remains consistent with last year:

- under fives represent 16.1% (cf. 19.5% last year);
- children between the ages of 5 and 10 equal 29.9% (cf 27.9%);
- children aged between 11 and 15 represent 34.3% (cf 33.4%);
- 16 plus age group equates to 19.6% (cf 19.2%);
- 55.8 (cf 55.7%) were male and 44.2 (cf 44.3%) female.

Looking at the ethnicity of the LAC population, the profile remains consistent with last year:

- the majority 60.9% (cf 61.9% last year) of children are White;
- the second highest 17.4% (cf 17.0%) is Mixed;
- 13.5% (cf 11.9%) were Black or Black British;
- 5.7% (cf 6.7%) Asian or Asian British;
- 2.3% (cf 1.1%) from other ethnic groups; and
- 0.2% (cf 1.5%) not known.

Further population data can be found in the [2015 Profile of Children \(A11\)](#) .



### *Children who are Privately Fostered*

Private Fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

Manchester's rate of Private Fostering Arrangements remains higher than the national, regional and statistical neighbour averages. During the January 2015 to January 2016 there were 59 children and young people known to have been privately fostered. At the end of December 2015 there were 34 open cases, although five of these cases were due to close as the young people had reached 16 years of age.

The vast majority of the children and young people living in private fostering arrangements in December 2015 were aged between 11 and 15 years; with young people aged 15 years of age being the most prevalent.

Whilst there has been three younger children aged five years and under assessed under Private Fostering Arrangements within the 2015 cohort, which is concerning; permanence

plans for these three children are being progressed in recognition of their need for longer term security and stability. Private fostering is not a suitable permanency option for children of this age who require legal security and permanence.

The country of origin for the majority of the children and young people who are currently privately fostered is the United Kingdom; 13 children originate from a variety of countries, five of these being from African Countries, three from Pakistan and the remaining three are from Angola, China and France.

Unfortunately nine children's country of origin is not recorded and remedial work is currently underway to bring records up to date and enable more accurate reporting.

Private Fostering has been identified as an area of practise requiring a focused quality assurance framework given that a small number of children are privately fostered within each locality. They have a particular level of vulnerability as Children in Need. The statutory requirements for social workers are complex and include assessment, reference checks for carers, background checks, visiting requirements and a robust case planning process.

#### *Children who are at risk of or who are victims of Child Sexual Exploitation*

Child Sexual Exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or 'grooming' process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim's options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited. (*Barnardo's 2012*).

The Phoenix Protect Team, Manchester's multi-agency CSE team, support 100+ young people at any one time; referrals remain at around 25 per month and 40% of the work carried out by the Team is preventative. Reporting and monitoring of the cases within Protect is facilitated by the team. These figures are the young people known to Protect and do not reflect the valuable awareness work with young people carried out by the Protect Team, NSPCC, Children's Society and universal services.

#### *Children who are reported missing from home or care*

A child is defined as missing when their whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.

The recording methods changed in August 2015. From August 2015 to March 2016 there were 2,810 missing episodes and 1,736 Independent Return Interviews (IRI) completed.

New guidance was issued in 2014 which resulted in an increased focus on the vulnerability of children missing from home and a revision of the multi-agency procedures for

responding. Information about the extent to which agencies were fulfilling their statutory safeguarding duties was found either to be unavailable or inaccurate. The Board presented challenge to both the Police and to the Local Authority and interim manual systems were established. This task proved to be complex and difficult and by the year end the systems had only just been established. However the police systems for ensuring Safe and Well checks were completed brought about a dramatic improvement with a completion rate of 98% being achieved by the year end.

In addition to the Safe and Well checks performed by the police, all children must be offered an interview with someone independent of their care arrangements. The purpose of this is to enable an assessment of risk to be completed and to offer support to reduce the risk of future harm.

#### *Disabled Children*

The needs of many children and young people with disabilities and special educational needs (SEN) are met within their family, school and community without the involvement of children's social care.

At 31<sup>st</sup> March 2016:

- 339 (cf 280 last year) children were receiving social care support, including:
  - 119 (cf 34) looked after children;
  - 13 (cf 16) children on a child protection plan.

Note: These figures reflect an improvement in recording.



#### *Young People who Offend or are at Risk of Offending*

There are fewer children and young people coming into the formal criminal justice process; however those that do tend to be prolific and committing serious (usually violent) offences.

The data provided is from the Youth Justice Board (YJB) and is collated using data from the Police National Computer (PNC).

The numbers of First Time Entrants (FTE) in Manchester between October 2014 and September 2015 is 234; this is lower than the previous 12 month period, continuing the recent downward trend and is now in line with national trends. (The most recent PNC data for FTE's is to September 2015.)

There are two measures of re-offending, a frequency rate which considers the number of re-offences per young person, and a binary rate which considers whether a young person has re-offended or not.

For the frequency rate, Manchester's performance remains higher than the national, YOS family and Core City average rates but has now decreased to the same level as the regional average. The increasing trend between September 2012 and September 2013 has turned into a decreasing trend over the last two 12 month periods. (Data is published by the YJB two years in arrears.)

The percentage of offenders re-offending had been fairly stable between 42% and 43% for six 12 month periods in a row and above comparator groups. There has since been a decrease in the last two 12 month periods and Manchester's performance is now better than the YOS Family average but remains higher than the national, regional and Core City averages.

Whilst First Time Entrants and re-offending rates are dropping, custody numbers have recently started to increase. Provisional data shows an increase in the rate of custodial sentences in the 12 month period April 2015 to March 2016. After nine 12 month periods in a row of decreasing rates, there has now been an increase in two consecutive periods. Manchester's rate remains higher than the national, regional, Core City and YOS Family averages although the gap has narrowed considerably since 2012.

### *Young Carers*

A young carer is a carer who is aged under 18. Many young carers are happy to help look after their mum, dad, sister, grandma etc, but when a young person takes on things that an adult would normally do, they can struggle to keep up at school; friendships can also suffer and their general health may be affected.

There could be as many as 18,000 young carers in Manchester, and as many as 200,000 in the UK.

### 3.5 What do we know about children and young people who access education and training in Manchester and the establishments they attend?

There are 179 schools in Manchester, three more than last year. Within these schools:

- In January 2016, 80,651 children were enrolled in Manchester schools; compared to, 77,490 children in January 2015.
- In 2015, 47.5% of Manchester pupils achieved 5 or more GCSEs A\*- C including English and Maths compared to 53.8% nationally. This is a drop from 2014 when 51.4% of Manchester pupils achieved 5 or more GCSEs A\*- C including English and Maths compared to 53.4% nationally.
- There were 11.5% NEET (young people not engaged in education, employment or training) in Manchester in January 2016; which compares badly to the national average of 6.4%. This shows a rise from 5.67% NEET in Manchester in November 2014; when the national average was 7.6%
- In January 2016 there were 12,207 children with special educational needs which represent 15.1% of Manchester pupils. This percentage is higher than the North West average of 14.3% and the England average of 14.3%. This is down from January 2015 when there were 12,820 children with special educational needs, representing 16.5% of Manchester pupils; higher than the then North West average of 15.6% and England average of 15.4%.
- In January 2016, 27.5% of children were accessing free school meals compared with a North West average of 16.4% and England average of 14.3%. This is a drop from January 2015, when 30.5% of children were accessing free school meals compared with a North West average of 17.4% and England average of 15.2%.
- On both levels of development at age five and achievement in GCSE the local picture is below the England average. The gap has closed at age five, however widened at age 16 for achievement at GCSE. Previously, both levels of development were below the England average but the gap was reducing.

At the end of March 2016, of the 179 schools, 41 schools were judged to be outstanding, 108 good, 15 require improvement and 3 inadequate. This compares to the 43 Manchester schools inspected by Ofsted during 2014/15; of which 4 were judged to be outstanding, 27 good, 8 require improvement and 4 inadequate (note changes in inspection regime provide differing data set).

Type of school across the city of Manchester (as at January 2016):

	LA Maintained Jan 2016 (2015)	Academy Jan 2016 (2015)	Total Jan 2016 (2015)
Nursery	2 (2)	0 (0)	2 (2)
Primary	102 (106)	32 (26)	134 (132)
All through	1 (1)	1 (1)	2 (2)
Secondary	7 (8)	17 (15)	24 (23)
Sixth Form	0 (0)	1 (1)	1 (1)
Special	11 (12)	2 (1)	13 (13)
PRU	2 (2)	1 (1)	3 (3)
Total	125 (131)	54 (45)	179 (176)

*Acknowledgement and thanks to the MCC Performance, Research & Intelligence Team for data.*





### **3.6 What do we know about the health and well being of children and young people in Manchester?**

The Public Health team coordinate the stand alone Joint Strategic Needs Assessment (JSNA) for children and young people in Manchester. There is a safeguarding section within this and it can be found on the JSNA website at [www.manchester.gov.uk/joint-strategic-needs-assessment](http://www.manchester.gov.uk/joint-strategic-needs-assessment)

The 2016 Manchester Child Health Profile provides a broad overview of the health and wellbeing of children and young people in Manchester:

- Children in Manchester have worse than average levels of obesity; 10.8% of children aged 4-5 years and 24.3% of children aged 10-11 years are classified as obese.
- The rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm in 2014/15 is similar to 2009/10- 2011/12 and is slightly lower than the England average. Nationally, levels of self-harm are higher among young women than young men.
- 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 lower in 2011/12- 2013/14. However, the admission rate in the 2011/14 period is higher than the England average.
- The under 18 conception rate for 2014 was 32.3 (per 1,000 15-17 year old female population). Whilst this is higher than the national rate it is on a downward trend.
- 67.6% of mothers in the area initiate breastfeeding when their baby is born; the area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%.

- Less than 90% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (89.1%). By the age of five, only 87.6% of children have received their second dose of MMR immunisation.
- In 2014/15, there were 31,415 A&E attendances by children aged four years and under. This gives a rate which is higher than the England average.

(Source: [Public Health England Child Health Profile \(March 2016\)](#) [www.chimat.org.uk](http://www.chimat.org.uk))

### *Suicide Prevention*

During 2015/16 Public Health has led a partnership approach to the development of a local suicide prevention action plan for the city. Every suicide is both an individual tragedy and a loss to society. For every death by suicide around 60 people are seriously and negatively affected by that death including family, friends, work colleagues, health professionals, police, neighbours and so forth. Those bereaved and affected by suicide are at heightened risk of developing suicidal thoughts and behaviours themselves and the economic costs are immense – it has been estimated that the cost of completed suicide is £1.67m. For every year that a suicide is prevented, £66,797 costs are averted. It is vital that children and young people affected or bereaved by suicide are given appropriate support and that prevention work starts early with young people to build resilience, to reduce stigma associated with mental distress and suicidal thoughts, and to ensure help is available and accessible for children and young people who need it - including for self harm which is a risk factor for suicide. The local plan will be implemented over the next two years with these areas included as priorities.

### *Domestic Violence and Abuse*

Public Health is working in partnership with the three Clinical Commissioning Groups (CCGs) to commission IRIS (Identification and Referral to Improve Safety) a GP based training and support service with the aim of training all GP practices in the city by March 2018 to identify people experiencing domestic violence and abuse and provision of a support service for victims / survivors. Public Health also funds a specialist Independent Domestic Violence Advisor (IDVA) to work with pregnant women and staff at St Mary's midwifery unit. Pregnancy is a time when domestic abuse may start or intensify. This project has been supporting positive outcomes for women for a number of years and as a result funding has been identified via the Police and Crime Commissioner's Office to expand the scheme to North Manchester General and South Manchester University Hospitals delivered by Women's Aid.

### *Teenage Pregnancy*

Giving young people access to accurate, age appropriate information and advice and to dedicated young people's sexual health services is part of the approach to Teenage Pregnancy Prevention.

Sex and Relationships Education (SRE) which is high quality and age appropriate is known to be a strong protective factor. It contributes to keeping children and young people safe in relation to early parenthood, protecting them from sexual exploitation and / or coercion, online abuse and social/peer pressure. A good SRE programme will empower young people to keep themselves safe, to be able to recognise healthy and positive friendships and relationships, instil an understanding of consent, and help to develop positive self esteem.



Public Health commissions a number of services that contribute to this. As SRE is not compulsory for schools we work with our partners to ensure that young people receive consistent messages across different settings, and target those who might be particularly vulnerable:

- Healthy Schools Team- working with schools to develop and deliver the SRE curriculum as part of PSHE, 'Growing and Changing Together' for Key Stages 1 and 2 (Primary Schools) and the newly developed 'I Matter' safeguarding curriculum for Key Stages 3 and 4 (High Schools and Academies).
- Sexual Health Education Outreach- delivering SRE across a wide range of formal and informal settings, including PRUs, Sixth Form and FE Colleges, Supported Housing, Residential Care Homes, to reach as many young people as possible. One to one referrals as well as group work.
- Dedicated young people's sexual health services- health professionals providing young people with a prompt, non-judgemental, confidential service. All sexual health services have adopted a Child Sexual Exploitation (CSE) assessment tool developed with partners across GM.
- All commissioning specifications for sexual health services include awareness, identification and notification of CSE and FGM, in addition to the overarching safeguarding responsibility.



## 4. Partnership Progress

Under its Performance Management Framework the MSCB expects to receive a headline report from each of its key partners for inclusion in the annual report.

### 4.1 Local Authority services

#### 4.1.1 Manchester City Council Children's Services

Since the Ofsted inspection in September 2014, the Council has demonstrated a strong commitment and focus to delivering the changes and improvements required to address the failings outlined in the inspection. Its first priority has been to evidence that the service has improved sufficiently to be judged as 'Requires Improvement' by the end of September 2016. This will be the first milestone towards achieving a good and then an excellent service through the delivery of a four year Single Service Plan.

Significant investment has already been released to the wider Children's Services, specifically related to improvements in the Looked After Children Service (LAC) and also to improve the Early Help offer. More recently the Council has provided a further £10 Million investment to substantially increase the number of front line social work and team manager posts within the service.

#### *Initial Improvement*

The senior leadership team is focused on setting and maintaining a high level of pace and traction to the improvement work. Since the Ofsted inspection Children's Services have been working to an improvement programme and can evidence a number of positive changes in the first half of 2016:

- Strengthened 'Front Door' contact centre and multi-agency safeguarding hub (MASH).
- Average caseloads for workers have reduced initially from 30 to 27 in 2014/15 and by June 2016 to the level of 23 per social worker.
- LAC numbers have been reduced from 1,400 in 2014/15 to 1,380 in August 2015 and then to 1,225 in June 2016.
- Launch of new Early Help service – new strategy, revised thresholds; and three new hubs were launched in October 2015.
- Child's Voice being strengthened to put children at centre of social work practice, including a new Child's Voice framework due to launch mid 2016.
- Adoption performance improved for the numbers of children adopted and timeliness of adoptions.
- Foster carer recruitment is increasing.
- Enhanced Child Sexual Exploitation (CSE) service with partners has been launched.
- The city councils work on domestic violence and abuse is being reviewed and overhauled with key partners.

- Signs of Safety practice model is being rolled out bringing a new 'strengths based' approach.
- All children's services policies, procedures and practice standards have been reviewed and implemented.

These improvements amount to substantial progress; lay the foundation for sustained improvement and contribute towards building a sense of confidence within the Council and with key partners.

#### *Priorities for Improvement*

Children's Services are not complacent and acknowledge that it faces significant challenges before being confident the service is safe, effective and efficient.

There are a number of challenges that must first be addressed to ensure that the service can evidence a robust and sustainable improvement. These are related to the effectiveness of the Early Help offer; reduction of high caseloads within social care teams; social work practice is still not consistently good; and the need to improve the level of management grip within social care. The aim is to provide this evidence within the first two quarters of 2016/17 and then build on this to make sustained improvement across the service.

#### *Creating a safe effective and efficient service*

The Children's Single Service Plan will outline the service priorities and timeline for improvement including the specific social work improvement actions over the coming year, 2016/17. The immediate issues to be tackled are:

1. Addressing high caseloads by implementing manageable workloads through increased productivity and extra frontline social work posts.
2. Building a body of evidence to demonstrate good management grip through the embedding of a comprehensive performance and practice management system.
3. Improving the quality of social work practice through further training, improved supervision as evidenced through better compliance with the Quality Assurance Framework.
4. Improving the quality and accuracy of data and management reports through the business process reviews in MiCare; delivery of the national statutory children in need/LAC returns; and use of the extra capacity from the data analyst posts.

#### *Addressing High Caseloads*

Manageable caseloads of 18 will be central to the Service's ability to attract the right staff and will bring about a more stable workforce with higher moral. This will be phased in by reducing cases to 20 and then by the end of the financial year to 18 using a bespoke recruitment approach utilising the extra resource provided by the Council over the four-year duration of the plan.

Using agency staff to initially build up capacity to reduce average caseloads as quickly as possible, the service will focus on recruitment of permanent, highly motivated and competent staff through an enhanced 'Manchester Offer' which will include:

- Manageable caseloads;
- Regular and supportive professional supervision and developmental opportunities;

- A remuneration package which is in the top quartile;
- Promotion of Manchester as a place to live and the City Council as an employer of choice.

Recruitment activity is well underway and will continue throughout the summer and autumn months of 2016 before being reviewed as in early 2017.

#### *Demonstrating Good Management Grip*

A rigorous performance challenge is being built into the day to day running of the service and is monitored through a set of performance meetings at different levels within the organisation. Chaired by the Director of Children's Services, all areas of activity are scrutinised and specific actions agreed to implement improvement and consistency of practice.

This has already resulted in improvements in the standard of management grip across the service.

#### *Improving the quality of social work practice*

The performance clinic and practice improvement approach will also look in a more detailed level at data covering outcomes, quality of practice, and quality of management oversight and workforce capacity. These sessions have already started to identify a number of practice improvements such as, tracking and monitoring of practice supervision, better and improvement support for children missing, and reducing repeat referrals.

All case work will be monitored routinely for accuracy, activity and timely outcomes. Performance clinics will be held at departmental, service and team level to ensure services continually improve and their appropriate accountability across the whole service.

#### *Improve the quality and accuracy of data and management*

Work is ongoing to systematically improve the quality and reliability of the data held within the electronic social care record system, MiCare. A new social care record system (MOSIAC) has been purchased and is in the process of being implemented across Children's and Adult Services. All business processes have therefore been reviewed and changed to match 'best practice' models as part of the future design of MOSIAC. The new system will go live in November 2016.

The Performance Framework through the iterative approach to monitoring and reviewing of performance data will also focus on improving the accuracy and reliability of information within the MiCare system which will in turn inform reliability in strategic planning

#### *Key achievements*

##### *Looked After Children*

The service has refreshed its LAC strategy during 2015/16 and strengthened the approach to corporate parenting. There is now a well engaged corporate parenting panel with a subgroup set up that tracks children's progress in health, education, voice and influence and other key areas. The Pledge to young people will be refreshed in the next few months.

### *Children with Disability*

Children's Services are in a transformation phase and plan to introduce an integrated 'Children with Disability' Team. Links to adult services have been strengthened through the Transitions Board and a Complex High Level Needs Panel has been developed to consider multi-agency commissioning arrangements for children and young people with more complex needs.

The [SEND Local Offer](#) offers information for parents, in a single place, which helps them to understand what services they and their family can expect from a range of local agencies - including their statutory entitlements. This includes national and local services and organisations which can offer support to Manchester families. There are also details of clubs, groups and activities especially for children and young people with disabilities and special educational needs (SEN). In addition there are lots of mainstream clubs and activities which are accessible to disabled children, known as 'universal services'.

### *Missing from home and care*

Independent Return Interview (IRI) figures have steadily improved over the past year. At the beginning of 2015, there were only two or three completed per month; that figure has increased to the point where an offer of IRI is made on over 95% of young people who go missing where an IRI is appropriate currently at 74% of missing reports and including Manchester LAC placed out of authority.

Manchester currently has two parallel Missing from home (MFH) services offering IRI; the in-house team and the Children's Society. This arrangement is not efficient and is difficult to manage. The current contract with the Children's Society covers non-statutory work, in addition to IRI. The contract is due for renewal on 30th June 2016.

All missing reports are now coming through the Contact Service and are screened by the multi-agency safeguarding hub (MASH) or referred to the allocated SW to ensure effective safeguarding.

The process for recording MFH has become out dated and the MFH and IRI data is currently recorded outside of MiCare (Manchester's Integrated Care and Recording Environment) to ensure data capture. Development work is beginning on a MFH process for the new social care record system (MOSIAC).

An analysis of the missing from home service is being undertaken which will deliver the following objectives:

- Providing assurance that current processes for missing from home and care are robust and in line with Greater Manchester arrangements.
- Identifying potential risks and gaps and providing recommendations for future missing from home arrangements.

An analysis has also been undertaken to support the development of a Manchester Children's Services Missing from Home strategy; this addresses:

- current processes around missing from home;

- analysis of independent return interviews;
- analysis of data on missing from home episodes;
- the development of options for change.

The recommendations from the analysis are presented in two phases.

Phase One: Immediate strengthening work:

- utilise capability on MiCare to record current performance information using agreed processes and roles;
- review and update the MFH Protocol within the Greater Manchester Safeguarding Partnership (GMSP) safeguarding procedures;
- update MFH procedures to align with the Signs of Safety approach;
- Plans to move the location of the MFH high risk panel to work alongside the Protect team based at Greenheys Police station will support the multi-agency response to MFH and Child Sexual Exploitation (CSE).

Phase Two: Future development of the MFH service:

- develop information collection, systems and processes to support wider 'trend analysis' of MFH in the city;
- improve the accuracy and earlier identification of MFH and links to CSE with partners to ensure better understanding and consistent risk assessment across the city by producing an interagency framework for classifying and identifying the degree of risk associated with MFH cases;
- develop a longer term strategy for Missing from Home that will articulate the longer term aspiration of how Manchester will address MFH, through: Prevention, Protection and Provision.

The service is developing its Missing from Home and Care Strategy with the support of a multi-agency reference group. The group will support the design and development of the strategy, will provide expertise and feedback and ensure children and young people's experiences inform the strategy.

#### *Phoenix Protect – multi-agency CSE Team*

This year has seen the Protect Team continuing to develop and strengthen as a service with a great deal of work delivered with young people living in and/or placed in Manchester.

The configuration of the team, its policies and processes has been shared with other local authorities, which again highlights that the team is part of a regional approach to CSE.

Notwithstanding the partnership progress made to date there is a lot more to do, to capture the full extent of the CSE problem profile across the city and the full breadth of work being undertaken in response to it.

Protect needs to be in a position to respond to new and emerging challenges such as the growth in exploitation via social media, the younger age of victims and peer to peer dynamics.



What has been achieved must be maintained and built upon to in order to improve consistency and effectiveness. The key priorities and challenges are set out in the CSE strategy and action plan and effective delivery from Protect will be essential to achieve the required impact.

A review of Protect has been commissioned from the region and terms of reference agreed that will now focus upon the refresh of the CSE Strategy, governance arrangements, the current operating model, performance, leadership, partnership arrangements, staffing and capacity and future requirements.

The review has commenced and findings will be reported by the end of September. The review will enable Manchester to be able to respond to the emerging work from the GM Review of Children's Services; particularly the Complex Safeguarding work stream.

Going forward the service will continue to invest in its partnerships and ensure that young people's voices and experiences inform and shape the delivery and quality of the service.

#### *Private Fostering*

Review of private fostering arrangements identified a number of regulatory compliance issues, including a number of outstanding Disclosure and Barring Service (DBS) checks on household members over the age of 16. These are being progressed and monitored to ensure all are in place as quickly as possible.

The Children (Private Arrangements for Fostering) Regulations 2005 outlines statutory timescales for visiting new private arrangements and subsequent visits. Following notification of a new or proposed arrangement, the Local Authority must visit within 7 working days. In regard to ongoing visits to a privately fostered child they should take place at least every six weeks in the first year of the private fostering arrangement, and at least every 12 weeks in the second or subsequent years.

Timeliness of visits has remained a challenge this year with performance falling in some areas. Initial visits within 7 days have been of particular concern and of the 18 new notifications received in 2015; only 6 initial visits were achieved within the 7 day timescale.

Whilst the Local Authority is required to report on the end of Private Fostering arrangements this data is not currently available. A new data performance report is being custom-built that will address the deficit within the capacity to report on compliance.

Action plan to improve practice around private fostering:

- Audits to be undertaken on each case to ensure that arrangements are appropriate and to identify the areas of practice that require improvement (February 2016).
- Child Friendly Information Pack to be developed to provide all children and young people with the information they require about the service they can expect (March 2016).
- Update Leaflets (March 2016).
- Private Fostering Campaign Week (TBC).

- Devise and Implement Training programme on a rolling basis for Social Workers and Managers (March 2016).
- Mandatory training for all levels of Social Workers and their Line Managers to be delivered on a rolling basis and included in The Workforce Development Training Programme( commence April 2016).
- Refresher briefings to be provided by the Social Work Consultants on a yearly basis to those staff who have undertaken the training to ensure practice remains current and is embedded.
- Champions roles and responsibilities to be clearly defined within the Localities (March 2016).
- Attendance on the mandatory training to be included in the Induction of all new staff who have responsibility for Private Fostering.

### *Children's Rights Service*

Coram Voice was commissioned by Manchester City Council to deliver its Children's Rights Service in November 2015.

The Children's Rights Service provides advocacy to children and young people under the care of Manchester City Council, care leavers up to the age of 21 and up to 25 where young people are either in education or wish to return to education and where young people have a disability. The Children's Rights Service takes a child focussed approach to supporting children and young people to address identified issues. Examples of ways the service can support children and young people include:

- Making a complaint;
- Understanding their rights and entitlements;
- Support at meetings;
- Mediate with social workers and personal advisors.

Children and young people can self refer through Coram Voice's national helpline where the advocacy work can begin immediately with helpline advocates. Advocates are then allocated locally on the request of the child or young person based on the identified issues not being able to be dealt with via the helpline. Where a child or young person is unable to self refer other professionals can refer via the helpline with the consent of the child or young person.

Since the commissioning of the Children's Rights Service (from November 2015 up to the end of the financial year 2016) 58 children and young people were helped through the helpline. Of these 58 children and young people; 44 were allocated a local advocate. Issues on presentation are varied but common issues are concerns around contact, problems with a social worker and young people requesting support to make a complaint.

The Children's Rights Service currently also supports the six commissioned children's homes within Manchester with regular visits. The Change Group (care leavers) and the C2CC (Care to Change Council) participation groups are also supported by the service through regular visits.

In addition to the advocacy support for Looked After children, the service also supports children and young people subject to child protection proceedings. This provides support for



children and young people in preparation for conference, during conference and on reflection of the conference. The aim of this is to ensure children's thoughts wishes and feelings are fully expressed with the support of a fully independent service.

The Children's Rights Service provides the Independent Visitor scheme for children and young people Looked After under the care of Manchester City Council. This scheme currently has 25 children and young people matched with an Independent Visitor. For more information visit [www.coramvoice.org.uk](http://www.coramvoice.org.uk)

#### *Management of Allegations against Adults who work with Children*

During 2015/16 the majority of allegations against adults who work with children cases were concluded within three months and no case exceeded 12 months. There is evidence of the local authority's Designated Officer (LADO) having robust oversight and follow up of cases to avoid drift.

There have been a total of 204 allegations against adults who work with children during 2015/16; approximately 36% of these led to a multi-agency strategy meeting or discussion.

In over half of contacts the threshold for LADO involvement was not met, which suggests that the threshold for allegations may not be well understood.

The majority of findings were substantiated which is a good indicator of the right decisions to progress to a strategy/allegations meeting; the remainder were unsubstantiated or unfounded; none were found to have been malicious.

Seven cases led to dismissal and were also referred to the Disclosure and Barring Service (DBS). Four cases resulted in resignation; and four to deregistration. Note that not all employers provide feedback on the conclusion of actions so this does not reflect the conclusion for all cases. Also more than one outcome can apply i.e. dismissal and referred to DBS.

The majority of contacts came from Education (teachers, teaching assistants and lunchtime supervisors); Social Care (residential child care workers, foster carers and social workers) and Early Years.

The highest category of harm was physical abuse; the next largest related to allegations against adults who may pose a risk a risk to children, which often related to activities or behaviours outside of the work environment.

A new referral form and process was implemented in April 2016; this is a significant change and it is anticipated it will take some time to fully embed.

A protected workflow has been developed on the Children's Information System MiCare which will improve recording of allegations and provide more robust systems for oversight and tracking of cases.

Feedback in relation to how well the Designated Officer has fulfilled their responsibilities has been positive. The Designated Officer is highly regarded across the partnership and their advice, guidance and support has been valued. In particular colleagues have valued their ability to provide a timely response.

Key priority development areas for 2016/17 are:

- Embed the new referral form and process.
- Ensure the workforce has up to date knowledge and understanding of management of allegations against professionals and the criteria for making a referral to the Designated Officer.
- Review the multi agency training provision, as there is currently no specific training on managing allegations against those that work with children.
- Work with the MSCB to consider following up the workforce analysis to give a better approximation and therefore measure the number of referred allegations per sector; this information would equally be beneficial for measuring the impact of the MSCB multi-agency training.
- Ensure advice and guidance offered by the Designated Officer is captured consistently. This will help to develop improved understanding about the issues professionals need assistance with and address any gaps.
- Develop a set of service standards and performance indicators for the Designated Officer.
- Adopt the North West Regional leaflets in relation to the management of allegations aimed at the adults about whom an allegation has been made, professionals and children and families.
- Consider the impact on children and how this can be better measured and demonstrated.
- More robustly consider and capture learning for agencies within and at the end of the allegation process and consider how this learning can be used to drive continuous development and improvement in practice.
- Put in place feedback mechanisms from the adults involved in the allegation process to quality assure service standards and learn how services could be further improved.

#### *Young Carers*

Manchester offers young carers opportunities to meet up and take a break, as well as take part in activities, trips away and sports. In Manchester, there are also specialist workers who understand the things young carers experience and on hand to offer support. Services are detailed on the [Manchester City Council website](#).

Learn more about Children's Services on the website [www.manchester.gov.uk](http://www.manchester.gov.uk)

#### **4.1.2 Manchester City Council Education and Skills**

Safeguarding is generally a strength of schools in Manchester. In September a new Ofsted Framework for inspection was introduced. All of the maintained schools that were inspected between September and March were judged effective in their safeguarding arrangements. There are many positive comments about the high priority placed on

safeguarding by leaders and governors and examples of children learning to keep themselves safe, including from online dangers, CSE and Radicalisation.

Schools engage positively with partners to improve safeguarding policy and procedures in the city. Head teachers sit on the MSCB Board. Schools have taken a lead on areas such as Prevent and Female Genital Mutilation (FGM). They have actively contributed to the review and development of multi-agency approaches e.g. Early Help. Together with the local authority, the Manchester Schools Alliance has set up a Strategic Safeguarding Group with the aims of supporting the ongoing development of effective safeguarding practice in Manchester Early Years settings, schools and colleges and of contributing to local authority and MSCB safeguarding strategy.

The local authority has promoted good practice e.g. through the development of a safeguarding audit which Early Years settings can use to evaluate their systems and practices. This has led to a noticeable improvement in practice and often an improvement in grades at their next inspection.

Building on work done in previous years, schools have considerably developed their confidence in implementing the new Prevent Duty. This was supported by the LA through a self-evaluation framework, a programme of training for staff and a number of projects with pupils.

In addition to schools and Early Years settings, the local authority has supported a wide range of voluntary and community groups to develop their practice eg through Quality Assurance visits and bespoke safeguarding training for Supplementary Schools, Madrassahs, Play and Youth providers.

Priorities going forward:

- Support schools and Early Years providers to engage fully with embedding new strategies and processes e.g. Early Help, Signs of Safety and the Domestic Violence and Abuse Strategy.
- Further develop trust and positive working partnerships between schools and multi-agency partners.
- Continue programme of audits and self-evaluation to inform the improvement of practice.
- Further develop the safeguarding training offer to meet the needs of both statutory and voluntary organisations working with children in Manchester.

Learn more about Education and Skills on the website [www.manchester.gov.uk](http://www.manchester.gov.uk)

#### **4.1.3 Manchester City Council Strategic Housing**

Strategic Housing continues to provide on-going support and advice to the Registered Housing Providers across Manchester in all matters relating to safeguarding. The Project Officer with safeguarding responsibilities links into and conveys the messages that come from the Board, via the Strategic Housing's Board members, to the network of social housing 'Safeguarding Champions'.

On the recommendation and guidance from Strategic Housing, many of the Registered Providers in the city have now had safeguarding audits completed in the last 18 months. This includes the largest providers and all have been graded to have "reasonable assurance" or above. This can therefore offer the Board a level of assurance about policies, procedures and commitment to safeguarding within their organisations. Strategic Housing will continue to support the housing providers with providing this level of assurance on a regular basis.

The Project Officer with safeguarding responsibilities has a regular agenda item at the Connecting People work stream of the Manchester Housing Providers Partnership. Various topics have been covered in the last twelve months including learning from the Child Z Serious Case Review, updates on the MASH and Early Help Hubs and the multi-agency domestic violence and abuse toolkit.

In the last twelve months the Registered Providers have played a key part in the MASH by being involved in a pilot run to see how housing can contribute. Some are also now included in the Early Help Hubs. All Registered Providers provide information and analysis of individual cases that have come under the spotlight via the random case audits.

All of the above has helped to strengthen the relationships between housing and other agencies and also helped to create a greater understanding about what RP's do and some knowledge of the scope of support that they provide. In summary, Registered Providers across Manchester satisfy their "duty to cooperate" and above.

Strategic Housing has identified Domestic Abuse as a priority for the coming twelve months. Strategic Housing will work with the Registered Providers around this area which will tie in with 'Delivering Differently', the Early Help Hubs and MASH. It will involve understanding what policies, procedures and knowledge and understanding of the impact on the child the Registered Providers currently have. The aim will be to strengthen and improve upon any findings made.

Learn more about Strategic Housing on the website [www.manchester.gov.uk](http://www.manchester.gov.uk)

#### **4.1.4 Manchester City Council Public Health**

The Public Health team commission a number of universal and targeted public health services that have a role in safeguarding children. These include the following.

##### *School Nurse Service*

The School Nurse Service is a universal public health service for children and young people of school age. The aim of the service is to ensure children, young people and their families have access to a core programme of preventative health care, with additional care based on need. The school nurses work collaboratively to ensure there is clarity regarding respective roles and responsibilities as identified within local protocols and policies in line with Working Together to Safeguard Children and using the Safeguarding Pathway for Health Visitors and School Nurses and the GM Safeguarding Partnership Procedures Manual to provide clarity on roles and responsibilities by:

- Providing universal public health interventions and preventative measures to reduce risk;
- Working in partnership with other key stakeholders to safeguard and protect children and young people;
- Working collaboratively to support children and young people where there are identified health and development needs, that require input from the school nurse or where they are in the child protection system, providing therapeutic public health interventions for the child and family and referring children and families to specialist medical support where appropriate;
- Working together to provide support for vulnerable groups, including Children in Care, young carers, children with disabilities, NEET and young offenders;
- Supporting, and leading where appropriate early help assessments;
- Facilitating access and contributing to targeted family support, including active engagement in the Troubled Families Programme;
- Adhering to the GM Sexual Health pathway for Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) alongside local safeguarding procedures. It is vital that the service provider works with colleagues across Greater Manchester to report FGM and CSE in line with Department of Health guidelines;
- Working collaboratively to identify, support and refer children who are at risk of and/or experiencing domestic violence and abuse.

#### *Health Visiting Service and Homeless Families Health Visiting*

The Health Visiting Service is a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing.

The Homeless Families Health Visiting Service provides a city wide service to homeless families in Manchester where there is a child in the family who is under 4.5 years or a pregnant woman. The homeless families' service is provided by a combination of home visits and facilitated multiagency drop in sessions, including safeguarding. These services provide the following to safeguard children and families:

- Identifying and working with complex or vulnerable children and families where additional ongoing support is required to ensure early intervention and early referral to targeted support. This includes utilising the early help assessment and health visitors undertaking the role of Lead Professional where appropriate;
- Ensuring appropriate safeguards and interventions are in place to reduce risks and improve future health and wellbeing of children for whom there are safeguarding and/or child protection concerns (*Universal Partnership Plus Offer*). This includes maintaining accountability for babies and children for whom there are safeguarding concerns;
- Working with other agencies as part of a multi-agency intensive care package for children and families requiring intensive support, particularly children for whom there are safeguarding or child protection concerns (*Universal Partnership Plus Offer*). This includes the statutory duty to share information and communicate with other health professionals and agencies where there are safeguarding concerns;

- A duty to communicate effectively with other agencies including attending initial and review case conferences and other safeguarding meetings as appropriate to the needs of the child.

#### *Family Nurse Partnership*

The Family Nurse Partnership (FNP) is an evidence-based, preventive programme for first time young mothers. FNP is a targeted programme which complements the *Healthy Child Programme* (HCP), the universal clinical and public health programme for all children and families from pregnancy to 19 years of age. It is also an integral part of a local authority's early help offer. FNP provides the following in relation to safeguarding:

- If a client with significant risk or safeguarding factors is not receiving programme visits for any reason, local safeguarding processes should be implemented;
- Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse instead of by health visitors as part of delivering the FNP programme. The family nurse plays an important role in any necessary safeguarding arrangements, alongside statutory and other partners, to ensure children are protected;
- Develop referral pathways to and collaborative working with non-NHS services including safeguarding, social care etc.

#### *Healthy Schools*

Manchester Health Improvement Service for Children and Young People work citywide to support schools to adopt a whole school approach (through healthy schools programme) to improving the health and wellbeing of children and young people, by encouraging and supporting schools to contribute to key public health priorities for the city. The service has recently developed a new safeguarding resource (I Matter) to enable schools to deliver lessons to pupils on female genital mutilation, child sexual exploitation, safe relationships and consent, domestic abuse, arranged marriage, sexting and radicalisation. This resource is designed to keep children and young people safe from harm.

#### *A Better Life*

A Better Life (ABL) is commissioned to provide an evidence based multi-component lifestyle children and family weight management service in the community (tier 2), that will assist children and young people between 2 and 18 years of age, who have a Body Mass Index (BMI) equal to or greater than the 91st centile to reach and maintain a healthier BMI. The programme delivered is called FAB (Food Activity Balance) and is delivered in groups or one to one for vulnerable children. The team are working closely with safeguarding colleagues in MCC for children who are severely obese and have complex needs.

Find out more about Public Health Manchester at [www.manchester.gov.uk](http://www.manchester.gov.uk)

## 4.2 Health Services

### 4.2.1 NHS England North

NHS England North is committed to the work of Greater Manchester Safeguarding Children's Boards and working with partners to ensure that all health services safeguard and promote the welfare of children and young people.

NHS England as the commissioner of primary care (GPs, Dentists, Pharmacists and Opticians) and specialised services is responsible for ensuring these services meet all required safeguarding standards. These standards include essential safeguarding training for all staff and how staff must listen to children and young people to improve the services they deliver. NHS England monitors these standards regularly and works with organisations to make improvements to the care they deliver.

Work undertaken by NHS England North during 2015/16 includes:

#### *Child Sexual Exploitation*

- Inclusion of CSE within standard national contract from April 2016 requires all NHS Trusts to have an identified CSE lead to support implementation of national guidance and ensure voice of child is central to health services.
- Distribution of 100,000 NHS England CSE pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.

#### *Female Genital Mutilation*

- Development and implementation of health pathway regarding FGM and mandatory reporting.
- Distribution of 200,000 FGM NHS England pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.
- Nine regional events regarding FGM and role of health services. Over 2,000 delegates attended all events.

#### *Looked After Children*

- Completion of NHS England North Region benchmarking tool to assess CCG compliance with the statutory guidance in relation to discharging their safeguarding responsibilities for commissioning of LAC health services.

#### *Prevent*

- A north regional Prevent conference was held in December 2015 to raise awareness of Prevent with evaluation from attendees being very positive.
- Development of communication and awareness-raising materials (banners, posters, notebooks) across NHS England North region.
- Delivery of a series of executive master classes to raise awareness of Prevent; modern slavery and human trafficking at a senior level within organisations and ensure that there was confidence in understanding the requirements under the new statutory duty.

*Management of Allegations against Staff*

- North regional event held to share learning from [Bradbury Investigation](#) with 90% of health providers from across North Region being represented.
- Dissemination of all information relating to [Goddard Inquiry](#) to all NHS organisations to ensure aware of duties in relation to the inquiry and management of allegations.
- Communication to LADOs to ensure that allegations involving those professions managed via NHS England (GPs, Pharmacists, Dentists and Opticians) are referred to the NHS England Safeguarding Lead for investigation in accordance with safeguarding policies and procedures.

There is a requirement that NHS England North supports the delivery of the NHS England National Children Safeguarding priorities for 2016/17 in relation to Looked After Children; Child Sexual Exploitation and Female Genital Mutilation. However, confirmation is still required regarding these priorities and deliverables and will include commissioning of health services to support those experiencing:

- Child Sexual Abuse/Exploitation (including historic and routine inquiry)
- Female Genital Mutilation
- Trafficking and Modern Slavery
- Unaccompanied children and adults from abroad
- Prevent and embedding this agenda within all safeguarding practice
- Looked After Children and access to health services and payment mechanisms.

Learn more about NHS England on their website [www.england.nhs.uk](http://www.england.nhs.uk)

**4.2.2 Manchester’s Health Economy**

The Accountability and Assurance Framework (2015) sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare. Within Manchester there are three Clinical Commissioning Groups (CCG); North, Central and South. There are 92 General Practitioner (GP) member practices across the city. Central Manchester CCG hosts the citywide safeguarding team whose function includes the safeguarding assurance (including S11) of Manchester’s Health Economy.

*Provider Services*

Located geographically within Manchester are three acute trusts (North Manchester General Hospital, Central Manchester Foundation Trust and University Hospital of South Manchester NHS Foundation Trust), a Mental Health Trust, The Christie, 92 GP practices and a number of smaller and independent healthcare providers.

<b>Key Health Economy challenges and achievements during 2015/16</b>	
<b>Challenges</b>	<b>Achievements</b>
<p><b>Assurance:</b>            With new statutory guidance for vulnerable adults, children and families and Prevent and a revised Accountability and Assurance Framework the standards were revised across GM. Manchester CCGs have contributed to the revision of the assurance document.</p>	<p>The Manchester CCGs were selected to be one of the first to receive an NHSE assurance visit as part of a North of England Review and were found to be fully compliant with safeguarding standards and areas of excellent and innovative practice identified.</p>



<b>Key Health Economy challenges and achievements during 2015/16</b>	
<b>Challenges</b>	<b>Achievements</b>
<p><b>PREVENT:</b>            To deliver Prevent training to CCG staff, to identify CCG lead and build into contracts assurance reporting against Prevent requirements.</p>	<p>Manchester CCGs are fully compliant with Prevent requirements and are committed to offering GP practices the level three WRAP training in the coming year.</p>
<p><b>Domestic Abuse/ IRIS:</b>            A key challenge to the work of the MSCB and MSAB is the number of Domestic Homicide Reviews (DHR), Serious Case Reviews and prevalence of Domestic Abuse for children subject to a CP plan.</p>	<p>Manchester CCGs have demonstrated their commitment to providing a preventative and Early help offer for victims of Domestic Violence and Abuse and their children.</p> <p>Identification and Referral to Improve Safety (IRIS) is a general practice based DVA training and a business case has been successfully progressed via the three Manchester CCGs to expand the current service to every GP practice in the City.</p>
<p><b>OFSTED Improvement:</b>            A key challenge is the alignment of the health economy to the new safeguarding structures across the partnership.</p>	<p>Manchester CCGs have continued to demonstrate their support to improving outcomes for children and young people. The key achievement has been the development of a model to align specialist health professionals with the Early help Hubs and MASH.</p>
<p><b>Primary care Developments:</b>            CCGs are required to provide a Named GP or Named professional with the capacity to support primary care services in discharging their safeguarding duties. This is a recognised challenge across Greater Manchester.</p>	<p>The programme that has been implemented across the Manchester CCGs has been recognised as an area of excellent and innovative practice.</p>

<b>Health Economy Operational plan for 2016/2017</b>	
<p><b>Safeguarding Children and Vulnerable adults as per the principles and guidance set out in the Accountability and assurance Framework: safeguarding people in the NHS (2015)</b></p>	<p>To embed the refreshed safeguarding assurance toolkit to reflect learning from SCRs/ DHRs, new strategic priorities and in particular to respond to the changes in legislation, statutory guidance, health service structures, partnership priorities, principles of the Framework. To support and develop our Primary care workforce across Manchester.</p>
<p><b>Improving Services to Safeguarding Children as required by Working Together (2015)</b></p>	<p>Ensuring high level attendance and active participation at Citywide Safeguarding Governance Committee, Manchester Safeguarding Children Board (MSCB), MSCB Executive and NHSE Area team Safeguarding Collaborative. To implement an outcome based model of health input into the Early Help Hubs and MASH.</p>
<p><b>Improving Services for Looked After Children as required by Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015).</b></p>	<p>To increase the performance and quality of LAC health input by regularly monitoring the timeliness and quality of all health LAC reviews. To implement the Integrated LAC Strategy to improve general outcomes for LAC in Manchester.</p>
<p><b>Domestic Violence and Abuse and IRIS</b></p>	<p>Domestic Violence and Abuse is an adult and children's safeguarding priority. To ensure that the commissioning of services reflects local, national, strategic and operational guidance produced in response to the growing recognition of the detrimental effects of domestic abuse. The safeguarding quality assurance toolkit will reflect this principle.</p>

Health Economy Operational plan for 2016/2017	
Radicalisation/ Prevent	To fulfil CCG statutory responsibilities to protect vulnerable people who may be susceptible to radicalisation by violent extremists or terrorists. This will be embedded into training programmes, contractual monitoring and policy and procedure.

Learn more about the CCGs on the website [www.manchesterccgs.nhs.uk](http://www.manchesterccgs.nhs.uk)

#### 4.2.3 Central Manchester University Hospitals NHS Foundation Trust (CMFT)

Although 2015/16 has been a busy year for safeguarding, the safeguarding teams and Trust staff have continued to rise to the challenges and excelled in many areas.

2015/16 has seen some CMFT teams and individuals achieve internal and national accolades in recognition for their work in safeguarding. The Trust also hosted a visit from the Cabinet Office this year to share the good practice that has been developed to identify and respond to Female Genital Mutilation (FGM).

The Trust Safeguarding Teams continue to support staff in all aspects of safeguarding spanning acute, community and maternity services for adults and children and Looked After Children across Manchester.

During November 2015, safeguarding practice and governance was scrutinised and challenged as part of the CQC Trust wide inspection of hospital and community services and assurance was subsequently provided. The Trust was also able to declare compliance in all areas of the annual statutory section 11 Audit. Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Operational and strategic safeguarding practice continues to align with both the Trust's strategic objectives and those of Manchester Safeguarding Children and Adults Boards. Trust staff strive to ensure that every patient whether adult, child or young person is afforded safe, high quality care underpinned by the Trust values and behaviours framework. Ensuring that the voice of the child and vulnerable adult is central to care decisions remains a key priority, alongside ensuring that all staff across the Trust can recognise and respond effectively to safeguard the most vulnerable.

This work continues to change and evolve; embracing new ways of working and continuously improving to ensure the most robust systems and processes are in place to support staff. In the coming year, and in collaboration with partner agencies, the Trust will look to embrace new ways of working in the context of Devolution in Manchester, Integrated Health and Social care adult teams and new commissioning arrangements for children's services in the community. The Trust will support the further development of the Manchester MASH (Multi Agency Safeguarding Hub) and the development of adult safeguarding services within the MASH. CMFT will also continue to support delivery of the city's Early Help Strategy with a view to reducing complexity and improving opportunities for the children and young people

of Manchester. All of this work is against a background of increased poverty and deprivation and a growing population with increasing demands on the Trust's services.

Safeguarding remains the 'Golden thread' through the practice of all the Trust's staff.

Learn more about the CMFT on their website [www.cmft.nhs.uk](http://www.cmft.nhs.uk)

#### 4.2.4 The Pennine Acute Hospitals NHS Trust

##### *Delivering the Safeguarding Strategy*

Walkround activity has amounted to a total of 51 visits being undertaken throughout the year. The safeguarding walkrounds that happen on every site each quarter include questions that address staff response, challenge and escalation to issues such as poor care and dignity, inappropriate behaviour of staff and visitors and whistleblowing. The walkrounds provide assurance that there is:

- A gradual improvement in understanding regarding assessment of mental capacity and best interests.
- Consistent awareness and willingness to challenge inappropriate behaviour by staff or visitors.
- Recognition of the need to improve awareness of different communication methods for children with learning disabilities.
- An improvement in the percentage of staff that recognise the legal age of a child.

##### *Serious Case Review activity*

During the year there have been five Serious Case Reviews commissioned relating to children and two relating to adults. Outcomes from the lessons learned have included:

- Increased awareness about the need to report inflicted knife wounds to the Police in the same manner as gunshot wounds are reported.
- Increased awareness about the risks associated with a combination of factors related to domestic abuse, mental illness and alcohol use – known as the toxic trio.

##### *Information sharing and referral activity*

<b>Table 1: Information Sharing/referral activity by site per quarter</b>					
<b>SITE</b>	<b>Q1 TOTAL</b>	<b>Q2 TOTAL</b>	<b>Q3 TOTAL</b>	<b>Q4 TOTAL</b>	<b>GRAND TOTAL</b>
Fairfield General Hosp	136	147	137	253	<b>673</b>
North Mcr General Hosp	351	398	393	612	<b>1754</b>
Rochdale Infirmary	129	200	182	162	<b>673</b>
The Royal Oldham Hosp	641	570	697	686	<b>2594</b>
<b>TOTAL</b>	<b>1257</b>	<b>1315</b>	<b>1409</b>	<b>1713</b>	<b>5694</b>
TOTAL 2014/15	1251	1120	1113	1155	4639

The information above shows an overall upward trend in the generation of Information sharing forms/referrals and that the numbers of referrals for 2015/16 show a 23% increase from 2014/15.

*Midwifery 'Special Circumstances Forms' (SCFs)*

The number of SCF (midwifery information sharing/referral forms) has remained fairly stable as the tables below show. There has been a 15% increase in 2015/16 on the previous year.

<b>Table 2: SCFs per site per quarter</b>					
<b>SITE</b>	<b>Q1 TOTAL</b>	<b>Q2 TOTAL</b>	<b>Q3 TOTAL</b>	<b>Q4 TOTAL</b>	<b>GRAND TOTAL</b>
<b>NORTH MCR</b>	338	323	302	350	<b>1313</b>
<b>OLDHAM</b>	252	246	179	202	<b>879</b>
<b>BURY</b>	120	119	111	85	<b>435</b>
<b>ROCHDALE</b>	307	326	281	320	<b>1234</b>
<b>SALFORD</b>		52	62	-	<b>114</b>
<b>TOTAL</b>	<b>1017</b>	<b>1066</b>	<b>935</b>	<b>957</b>	<b>3975</b>
Total 2015/16	910	795	836	902	3443

*Common Assessment Framework (CAF) /Early Help Assessment (EHA) activity*

The tables below show a sharp dip in CAF/EHA activity in Q3. The position at Q4 is showing some improvement and return to start of year figures. The Named Midwife has been in touch with Clinical Matrons to organise further training. The dip in activity in Q3 is aligned to the dip of SCFs during the same period.

<b>Table 3: CAF/EHA activity per site per quarter</b>					
<b>Local Authority</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>TOTAL</b>
<b>Oldham</b>	5	3	1	1	<b>10</b>
<b>Rochdale</b>	10	15	6	18	<b>49</b>
<b>Bury</b>	7	0	0	0	<b>7</b>
<b>Manchester</b>	9	20	8	11	<b>48</b>
<b>TOTAL</b>	<b>31</b>	<b>38</b>	<b>15</b>	<b>30</b>	<b>114</b>

*Training activity*

The combined Safeguarding Adults and Children Level 2 mandatory training remains constant at 94% exceeding the CQC target of 80%. The Safeguarding Children Level 3 has fallen dramatically from 82% in 2014/15 to 63%. This is the lowest level since the training was introduced. It has risen slightly from last month by 2%. The explanation for the fall is uncertain as the same number of courses is being offered. Staffing pressures will almost certainly be having an impact. The divisions with the lowest percentage uptake for Level 3 safeguarding children training are Women and Children and Surgery & Anaesthesia. A recovery plan to increase uptake is currently in place for Women and Children's Division. The situation is being monitored by the Safeguarding Committee.

*Audit Activity*

<b>Table 4: Audit Activity</b>		
<b>Audit Title</b>	<b>Date</b>	<b>Action plan status</b>
Record Keeping Audit	April 2015	Completed. Results disseminated
13-17 year old re-audit	April/ June 2015	Completed
When is a child legally an adult	March 2015	Completed Awareness raising campaign launched and continuing
MSCB – Multi agency audit	May 2015	Audit complete
Powers of Police Protection audit	June 2015	Completed
Toxic Trio and assessment of caring responsibilities	December 2015	Completed
Use of Information Sharing Forms	December 2015	Completed. Training delivered.
Safeguarding Internal Audit	February 2016	Completed and presented to Q&P Action plan in progress.

*S47 Service*

The number of s47 medicals completed during 2015/16 as part of the in hours service has seen a 14% decrease from the previous year. The numbers of medicals completed per local authority are given below.

<b>Table 5: s47 medicals per LA per quarter</b>					
<b>Local Authority</b>	<b>Q1 Total</b>	<b>Q2 Total</b>	<b>Q3 Total</b>	<b>Q4 Total</b>	<b>Total</b>
Oldham	13	28	20	21	82
Rochdale	20	26	15	19	80
Bury	16	11	3	23	53
Manchester	3	2	0	0	5
<b>Total 15/16</b>	<b>52</b>	<b>67</b>	<b>38</b>	<b>63</b>	<b>220</b>
<b>Total 14/15</b>	<b>63</b>	<b>60</b>	<b>63</b>	<b>69</b>	<b>255</b>

20% of all medicals are out of hours and out of these, 61% are between 5pm and 9pm which are likely to account for those who were unable to book an appointment during the day.

<b>Table 6: Distribution of medicals during out of hours service</b>								
<b>2015/16</b>	<b>Before 5pm</b>	<b>5pm to 9pm</b>	<b>9pm to 1am</b>	<b>1am to 5am</b>	<b>5am to 9am</b>	<b>Weekend/Bank Holiday</b>	<b>Total</b>	<b>% of total medicals</b>
Q 1	4	14	0	0	0	0	<b>18</b>	<b>34%</b>
Q 2	1	11	4	1	0	3	<b>20</b>	<b>30%</b>
Q 3	2	3	2	0	0	3	<b>10</b>	<b>26%</b>
Q 4	0	5	0	1	0	0	<b>6</b>	<b>10%</b>
<b>Total</b>	<b>7</b>	<b>33</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>54</b>	<b>25%</b>

**PREVENT**

Compliance remains good and on track to meet the requirements set out in the NHS England competency framework.

Rolling total year end 2015/16	Number of staff requiring WRAP over 3 year period (2015 -2018)
1632	2483

*Female Genital Mutilation (FGM)*

Practitioners report cases of FGM directly to the Safeguarding Team by the online information sharing system. Since 31/10/15 there is a statutory duty for health professionals to report directly to the police anyone under the age of 18 who disclose they have been subject to FGM or it is seen by a practitioner that they have been subject to FGM. This new change in law has been disseminated across the Trust. Since November 2015 there has been one patient under the age of 18 years reported as having suffered FGM. Police and social care were informed.

The table below breaks down the number of FGM cases per local authority area. There is no real pattern emerging and the number of new cases identified per quarter is at an average of 33.

Area	Q1	Q2	Q3	Q4
Oldham	4	3	7	6
Manchester	22	13	21	20
Bury	2	3	2	4
Rochdale	0	0	8	5
Salford	3	5	6	0
Grand total	31	24	44	35

*Children and Young People Experience Group (C&YPEG)*

This group met for the first time in July 2015. The aims of the group are to:

- To promote the participation of children and young people (up to the age of 18 years) in decision-making, service and policy development.
- To establish an operational and strategic focus on the understanding and realisation of children’s participation as an embedded feature of PAHT decision-making and policy development.

The key areas of work for C&YPEG include:

- Environmental Assessment in partnership with a local school involving children and young people between 10 and 12 years of age. (Appendix One for feedback poster).
- Challenge Event between children and young people involved in the environment assessment and executive/non-executive directors.
- Radio takeover: Broadcasting the NGY radio show at Unity radio via hospital radio.
- Undertaking a nutritional summit with a summit team consisting of staff/ executive/non-executive directors and talking with patients and parents.

- Consider feedback from paediatric FFT.
- Improving the care and experience for children and young people with a LD 2 year project with University of Salford.
- Developing children and young people's participation – service development project with University of Huddersfield.

### *Conclusion*

The Trust continues to ensure representation on all LSCBs and SABs within its footprint. The enclosed report provides evidence to the LSCBs of the safeguarding work undertaken within the Trust to enable it to discharge its duty against national guidance. The Safeguarding Team continues to develop systems and processes and work with staff and patients and other agencies to ensure the potential to protect adults at risk is maximised.

Learn more about the PAT on their website [www.pat.nhs.uk](http://www.pat.nhs.uk)

### **4.2.5 University Hospital South Manchester (UHSM)**

The UHSM Safeguarding Children's Service consists of a multi-disciplinary team who provide expert advice and support to all staff employed by UHSM. During the reporting period the Safeguarding Children's service have managed a significant increase in the number of reported safeguarding children cases across both midwifery services and the paediatric department, and have continued to support a partnership approach to safeguarding across the health economy. This support includes the development and function of the Multi Agency Safeguarding Hub in which UHSM has seconded a Specialist Midwife and clerical support.

Safeguarding Children and young people remain a key aspect across the organisation and following publication of several serious case reviews, UHSM have implemented recommendations to improve service delivery. This include the delivery of a new Level 3 training package, which following review now incorporates contributions by partner agencies, Manchester IDVA Service and Independent Choices Women's Domestic Violence Helpline support group. In addition to training delivery, UHSM have re-launched both its internal and external web pages associated with safeguarding children, with the external site now providing essential information relating to children's basic life support and first aid.

During Quarter 3, UHSM held its annual learning event organised by the safeguarding children team, open to UHSM Trust staff and partner agencies across Manchester and Trafford. The theme was raising awareness of Child Sexual Exploitation and the impact this has on children and young people. Excellent evaluations were received from attendees. The programme included speakers from Barnardos, Phoenix Protect, Survivors Manchester, 42<sup>nd</sup> Street and a performance of the MaD Theatre Company's *Black Eyes and Cottage Pie* drama raising awareness about Domestic Abuse within intimate teenage relationships.

The Trust, continued to be an active participant in partnership working with the Named Nurse Safeguarding Children supporting the development of a customised Early Help Assessment document for implementation within acute health services, and the Named Midwife was involved in widely promoting the Safe Spot initiative based in Wythenshawe for Manchester residents subjected to Domestic Violence & Abuse.



During Quarter 4, the organisation developed an internal Executive Safeguarding Committee chaired by the Chief Nurse, to which both the Safeguarding Children Sub Committee and Safeguarding Adult Sub Committee report. This is seen as a positive development within the organisation and enables safeguarding issues to be directly reported into the senior organisational structure.

Moving into 2016/17, UHSM continue to develop the safeguarding service with the board approving the recruitment of a Head of Safeguarding to bring together the children's and adult safeguarding teams. This will enable a whole of life service to work to support staff to safeguard individuals of all ages.

Learn more about UHSM on their website [www.uhsm.nhs.uk](http://www.uhsm.nhs.uk)

#### **4.2.6 Manchester Mental Health and Social Care Trust (MMHSCT)**

MMHSCT are committed to meeting our responsibilities as per Section 11 of the Children Act (2004). We continue to promote a strong organisational understanding of the important role of adult mental health services within the safeguarding children agenda and we are committed to being a key partner in the work of Manchester Safeguarding Children Board (MSCB) and taking forward the objectives of the Board.

##### *The Safeguarding Team*

- The Executive Director Chief Nurse and Director of Quality Assurance (Lead Director)
- Head of Social Work & Safeguarding (Professional Lead for Adult Safeguarding)
- Deputy Chief Nurse and Deputy Director of Quality Assurance (Lead for Children Safeguarding)
- Senior Safeguarding Social Work Practitioner
- Safeguarding Children Named Nurse
- Safeguarding Children Named Doctor
- Safeguarding Link Practitioners (SLP) and Domestic Abuse Marshal's across all community teams / wards.

The role of the SLP and domestic abuse Marshal's is to provide additional support, advice and expertise to their colleagues within ward and community teams, and to help quality assurance of referrals to Children's Social Care, domestic abuse awareness, audit work and other good practice developments.

In addition to these roles the Specialist Peri-natal Nurse and Consultant Psychiatrist for Peri-natal Services offer advice support and guidance on relation to safeguarding concerns of babies' 0-12 months. The role of the team is to provide professional and clinical leadership, advice and support to all staff.

##### *MSCB Audit Programme*

The Trust has contributed to the MSCB rolling audit programme, which focus on the MSCB's key priorities. The learning from the multi-agency case file audit on the theme of neglect has been shared with the Trust's Safeguarding Governance Group and Integrated Risk Management Clinical Governance Committee. The Trust will continue to be involved in the

forthcoming audits focusing on Looked after Children and Child Sexual Exploitation respectively.

#### *MMHSCT Audit programme*

As part of the Trusts responsibility under Section 11 of the Children Act (2004) quarterly internal safeguarding children audits have provided a significant assurance opinion in relation to compliance by the Community Mental Health Teams (CMHT) with the following standards and best practice guidance when working with service users who are involved in the care of children:

- Risk assessment complete
- All information regarding children entered onto the clinical record
- Where risk identified in relation to children follow up action has been taken
- Specific recording on how child care responsibilities will be managed in relation to adult's mental health
- Information shared with other health/local statutory professionals
- Where a referral is made to Children's service evidence of joint assessment or detailed information sharing.

#### *Learning from Practice*

A priority of the Trust is to learn from cases and situations that challenge us as a multi-agency partnership. Whenever a safeguarding incident arises, there is opportunity for learning to:

- Understand how well the incident was managed
- Use information to understand wider themes and trends & improve prevention

MMHSCT audits encompass the safeguarding core elements:

- Prevention
- Responses
- Outcome and Learning
- Improved Standards and Outcomes.

In January 2016 the Local Authority (LA) & Trust Internal Auditors provided MMHSCT with Substantial Assurance in relation to the effectiveness of their Safeguarding QA Process and the level it was embedded.

#### *Improving Practice Annual Conference*

The Trust Improving Practice Annual Conference was held on 18th June 2015 and was organized by the Safeguarding Nurse Trainer and focused on safeguarding children and young people who have parents experiencing mental health problems and child sexual exploitation. The agenda comprised of contributions from partner agencies across the city to promote joint working and 80 individuals from multi-agency partners attended the event.

The GW Theatre Group came along and delivered their production 'Somebody's Sister, Somebody's Daughter' which went behind the front page mug-shots to the human stories of three young people who are caught up in the web of a vicious grooming gang.

#### *Future Work*

- Signs of Safety Model to be implemented within child safeguarding work.
- Continue to support the delivery of the Early Help strategy.
- Lessons from local Serious Case Reviews will be disseminated via Serious Case Review learning programs.
- Redesign the Child and Family events record, which captures safeguarding children activity.
- Continue to support further developments of both Children and Adult Multi-Agency Safeguarding Hub's (MASH).

#### *Trust Governance Arrangements*

At the start of this reporting period the Trust Safeguarding Children Governance Group merged with the Safeguarding Adults and it is now known as the Safeguarding Governance group. The group meets monthly and the agenda ensures that the requirements of the MSCB and MSAB are progressed and that wider safeguarding issues are identified and resolved.

During 2015/16 the Trust has continued with the compliance framework to ensure that all CQC standards were met.

Learn more about the MMHSCT on their website [www.mhsc.nhs.uk](http://www.mhsc.nhs.uk)

### **4.3 Police, crime and court services**

#### **4.3.1 Greater Manchester Police**

Prior to 2016, two separate Policing Divisions were responsible for providing safeguarding activity in Manchester. This created elements of duplication and the potential for confusion amongst partners. Recognising this, Greater Manchester Police (GMP) allocated specific safeguarding responsibility to key individuals, ensuring that one person was able to provide clarity, consistency and a clear line of communication. This will be further enhanced with negotiations at an advanced stage to merge the two Policing Divisions, providing further clarity of command.

GMP works to objectives set by the Police and Crime Commissioner and has set objectives of 'Protecting society and helping to keep people safe.' GMP does this by:

- Continuing to drive down crime and Anti Social Behaviour (ASB)
- Keeping people safe
- Delivering a good service.

The Chief Constable has set a Policing philosophy that includes keeping people safe from harm and hatred. The safeguarding of children is an integral part of the objectives and philosophy of GMP.

GMP are key stakeholders in the protection of children at risk from child sexual exploitation (CSE) which is delivered through multi-agency activity as part of Operation Phoenix. In

Manchester this is known as Phoenix Protect. The complexity of the cases held within Phoenix Protect requires daily management from multi-agency partners. The daily sharing of information is crucial to this role and ensures that all agencies are briefed so that timely interventions can be completed.

Since June 2015 a 'Night time economy' worker has been based within Operation Phoenix Protect. The purpose of the work was to train the many different participants in the night time economy to recognise the signs of CSE and to understand their role as a business or employee in safeguarding young people at risk with the training very well received.

Evidence of the positive contribution it has made is shown in an incident where the CCTV operators in Manchester were able to spot signs of CSE and work with the police to locate a car and safeguard the young people and arrest the offenders. The feedback from the manager of the CCTV company indicated a very high level of satisfaction in the joint working and the success of the training.

#### **4.3.2 Manchester Youth Justice**

The Head of Youth Justice regularly attends the Safeguarding Board and raises issues about safeguarding children in custody, police stations and courts.

Manchester Youth Justice officers participate in multi-agency case file audits and are heavily involved in the CSE/MFH amalgamated Complex Safeguarding subgroup and work plan. They are also active members of the Safeguarding Practice Development subgroup, Integrated Communications subgroup and the Learning and Development subgroup. Youth Justice officers have led safeguarding training for other teams.

The Service has undertaken a Section 11 audit and the findings were discussed in a meeting with the chair of the Board.

The team also works at a Greater Manchester level with the Police, Courts and custody. The Head of Youth Justice has worked with GMP to establish an improved system of Police and Criminal Evidence Act (PACE) beds for young people arrested to avoid them staying overnight in the Police cells. This follows the death of Keisha Leatherbarrow in December 2013 and was a recommendation from her inquest.

The Head of Youth Justice has also worked with HMYOI Wetherby to establish a new post (provisionally to start in September 2016) of a GM Safeguarding Practitioner in the prison who will sit on the Leeds LSCB (responsible authority) and be a Greater Manchester contact for safeguarding in the prison.

Learn more about Manchester Youth Justice on the website [manchester.fsd.org.uk](http://manchester.fsd.org.uk)

#### **4.3.3 National Probation Service**

The NPS North West Divisional Safeguarding lead, Nisha Bakshi established a regional Safeguarding Practice Development Group of Senior Probation Officers safeguarding lead

representatives in January 2015. The purpose of the group is to drive the implementation of the Divisional delivery plan to achieve national, regional and local consistency in meeting the requirement of the National Offender Management Service (NOMS) Interim Safeguarding Policy (September 2015). In Manchester the National Probation Service (NPS) has achieved its actions within the six main themes identified in the delivery plan which include:

1. Revised Safeguarding Guidance - The NOMS Interim Safeguarding Policy (September 2016); the revised 2015 Working Together along with the supplementary guides 'Information Sharing for Safeguarding Practitioners'; and 'What to do if you are worried about a child being abused' have been issued to all practitioners and administrative staff. There has been a drive, via briefings at team meetings, to ensure key safeguarding documents and safeguarding processes are fully understood by all practitioners and administrative staff including new staff as part of their induction.

2. Training and Development - CSE briefings have been delivered to all practitioners between December 2015 and May 2016. Bespoke Child Safeguarding briefings have also been delivered to administrative staff in January 2016. All practitioners are currently undertaking a national online learning and class room based Safeguarding and Domestic Violence training. Further to this all practice staff have been reminded of their responsibility to complete refresher Safeguarding LSCB training every three years. An NPS training record is currently being developed to capture and monitor both internal and LSCB training events attended by all staff.

3. Role of Court staff and Offender Managers - All staff have been re-issued guidance on undertaking safeguarding checks, MSCB referral/threshold process and access to the MASH as well as the Early Help offer in Manchester. Safeguarding Champions are located in each of the NPS teams and they continue to be an important source of support and expert knowledge for Offender Managers. Furthermore within the city, the NPS has an established risk management and quality assurance arrangement in place to ensure management oversight of Child Protection cases and sentence plans are driven by objectives related to safeguarding.

4. LCSB meetings and subgroups - The NPS has continued to demonstrate its commitment to the MSCB priorities by achieving consistent representation and active participation at the MSCB board and subgroup meetings. Furthermore, the NPS achievements in meeting its statutory requirements were fully evidenced in the comprehensive section 11 Audit completed in February 2016.

5. Quality Assurance/Information Sharing - The NPS has continued to contribute to MSCB multi-agency Audits, Serious Case Reviews and to Domestic Homicide Reviews and ensures learning is cascaded to all practitioners. Learning drawn from an internal safeguarding audit completed across the Manchester, Salford and Trafford NPS Cluster has also been shared with all staff. This year the NPS has provided a resource within the MASH and the Early Help Hubs and established an enhanced information sharing provision to support multi-agency interventions to safeguard children. The NPS has continued to ensure compliance with requests for information from Children Services and Fostering departments, as well as

ensuring robust Risk Assessment and Management Arrangements (RAMA) are in place to monitor the management of Child Protection cases and effective information sharing between all relevant agencies.

6. Care Leavers - The NOMS Care Leavers guidance (October 2013) has been re issued to all staff. All staff have been informed of the local resources available and closer working relationships will be supported by a new Care Leavers initiative (funded by the Community Safety Partnership) currently being established by the NPS in the city; offering, mentor and ETE (employment, training and education) support to care leavers supervised by the NPS.

The key priorities for the NPS in the coming year are:

- the implementation and delivery of internal safeguarding audits using a new national quality assurance monitoring tool;
- the development of processes to capture care leavers data for monitoring and quality assurance purposes;
- the development of the information sharing protocols with the Phoenix Protect teams across Greater Manchester; and
- the realisation of the current regional work that will enable Offender Managers to undertake children services checks in domestic abuse cases, or if an offender has caring responsibility for a child.

Learn more about the National Probation Service on their website [www.gov.uk/national-probation-service](http://www.gov.uk/national-probation-service)

#### **4.3.4 Cheshire & Greater Manchester Community Rehabilitation Company (CRC)**

The Cheshire & Greater Manchester Community Rehabilitation Company (CRC); now owned by Purple Futures an Interserve led partnership; has been through a significant transformation programme during the last twelve months and will have implemented its new operating model by the end of autumn 2016. The theory underpinning the 'Interchange Model' is strengths based, with a focus on rehabilitation and the fundamental building blocks for this are: desistance theory, the good lives model, and personalisation. The Interchange Model is built around the principles of the SEEDS 'Skills for Effective Engagement and Development' model which includes desistance based approaches. The desired high level outcomes for service users from the Interchange Model are: Hope and motivation; Something to give; Healthy lifestyle; Place in society; Family and relationships; Positive identity.

Inevitably, safeguarding remains a priority for the CRC and the strengths based Interchange Model is an exciting opportunity for the children and families of service users to benefit from the rehabilitation process. In addition to extensive induction and training for staff to assist with the implementation of the new model, all CRC staff will benefit from a range of safeguarding training from autumn 2016 which will focus on the CRC approach to CSE, FGM and Early Help. Furthermore, the Cheshire & Greater Manchester CRC remains one of the largest providers of domestic abuse interventions for perpetrators in the country and during the course of the last 12 months has provided interventions for hundreds of offenders across Cheshire and Greater Manchester as requested by the Courts.

The CRC has also during the last twelve months been commended by the Ministry of Justice on its robust safeguarding processes, received positive feedback following a safeguarding peer review from the Trafford Safeguarding Children Board and also been praised by several local authorities following completion of the Section 11 Audit which has showcased its extensive processes for safeguarding children.

Learn more about the CRC on their website [cgm-probation.org.uk](http://cgm-probation.org.uk)

#### **4.3.5 Children and Family Court Advisory and Support Service (Cafcass)**

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

The following are examples of work undertaken by Cafcass to promote the continuous improvement of its work and support reform of the Family Justice:

- Revision of both the Quality Assurance and Impact Framework and Supervision Policy which together set out the organisation's commitment to delivering outstanding services and the ways in which staff are supported to achieve this and the quality of work is to be monitored.
- Implementation of the Equality and Diversity Strategy. This entails a network of Diversity Ambassadors who support the development of staff understanding and skill.
- Extending the Child Exploitation Strategy introduced in 2014/15 to include trafficking and radicalisation as well as sexual exploitation.
- The development of innovations that are aimed at improving our practice and supporting family justice reform.
- Contributing to the government review of Special Guardianship Orders, including a small piece of research that was included in the government's response to the consultation.

Learn more about Cafcass on their website [www.cafcass.gov.uk](http://www.cafcass.gov.uk)



## **4.4 Voluntary and Community Sector**

### **4.4.1 Manchester Community Central (Macc)**

Macc is Manchester's Voluntary and Community Sector (VCS) Support Organisation. There are over 3,000 voluntary and community groups (including faith-based groups and social enterprises) in Manchester. About half of these work with children young people and families. A handful of these are familiar national charities: large organisations with multi-million pound budgets. The vast majority are small community groups two thirds of which have an annual income below £10k.

Macc represents the VCS sector on the MSCB and has continued to highlight the need for access to clear and simple information about good practice in safeguarding for local VCS organisations. With ever-increasing pressures on local organisations (rising demand and reduced funding), the need for access to simple cost-effective support around safeguarding has never been greater. Macc has regularly raised this with MSCB as a basic need while also emphasising the contribution of the VCS sector to safeguarding children and young people in all the communities of Manchester.

Learn more about Macc on their website [www.macc.org.uk](http://www.macc.org.uk)

### **4.4.2 Barnardo's**

Barnardo's is a national children's charity and is represented on the Board and in much of its work across the city.

Barnardo's principal focus in 2015/16 has been to develop its input around the Early Help offer. Barnardo's were pleased to be able to contribute a worker to the Early Help hub in North Manchester, with a focus on domestic abuse; they have been involved in helping to contribute and shape the development of the Domestic Violence and Abuse Strategy, drawing on their partnership work with Women's Aid. Barnardo's are looking forward to this shaping services in the future.

Around Child Sexual Exploitation, Barnardo's have developed and implemented prevention programmes that they have delivered in many of Manchester's schools in 2015; working arrangements with Board partners have helped facilitate the delivery of this programme.

The Board has helped Barnardo's to develop its 'Big Manchester' partnership work in North Manchester. For example: there are three local practitioner's Fora organised and supported by the MSCB, in North, South and Central. A Barnardo's manager co-chairs the North group, alongside a children's social care manager and health colleague. They are very enthusiastic about the group, and report "it is built on strong foundations, with great attendance and a lot of organisations are represented. There is vibrancy to the discussion and sharing of practice that has helped us and our partners improve our understanding of issues, and each other. The meetings have seen visiting speakers from the Board, which has brought updates and useful information along. Examples include on areas of work such as children with

disability, and adolescent mental health. I think it has helped to remove barriers to working with each other, and cemented improved working relationships. ”

Learn more about Barnardo’s on their website [barnardos.org.uk/leavingcaremanchester](http://barnardos.org.uk/leavingcaremanchester)



## 5. Governance and Accountability Arrangements

### 5.1 The Statutory and Legislative Context

Chapter 3 of *Working together to safeguard children (2015)* sets out the statutory objectives and functions of LSCBs. The MSCB is established as a statutory requirement and has a range of roles and statutory functions.

Its objectives are set out as follows:

- a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- b) to ensure the effectiveness of what is done by each such person or body for those purposes. (Ref: *S14 Children Act 2004*).

Its statutory functions in relation to these objectives are:

- a) developing policies and procedures for safeguarding and promoting the welfare of children; including those in relation to:
  - the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
  - training of persons who work with children or in services affecting the safety and welfare of children;
  - recruitment and supervision of persons who work with children;
  - investigation of allegations concerning persons who work with children;
  - safety and welfare of children who are privately fostered;
  - cooperation with neighbouring children's services authorities and their Board partners;
- b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- d) participating in the planning of services for children in the area of the authority; and
- e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. (Ref: *Reg 5 LSCB Regulations 2006*).

Working Together states that in order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of WT 2015;

- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

While LSCBs do not commission or deliver direct frontline services (though they may provide training) and do not have the power to direct other organisations; they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

## **5.2 Governance and Accountability of the MSCB**

In order to provide effective scrutiny, the MSCB is an independent body. It is not subordinate to, nor subsumed within, other local structures. It has an independent chair that is mandated to hold all agencies to account.

The MSCB has a wide-ranging membership and senior level representation from all appropriate agencies. MSCB is independent and ultimately accountable to its member organisations, central government and the citizens of Manchester. The board has a good working relationship with the Manchester Children's Board and the Manchester Health and Wellbeing Board. Likewise the MSCB works closely with the Manchester Safeguarding Adults Board (MSAB) and the Community Safety Partnership (CSP).

The work, performance and impact of the Board are tested periodically by Ofsted and Manchester City Council through its scrutiny arrangements. The most recent inspection of the Board in July 2014 (ref. [ofsted.gov.uk/manchester](http://ofsted.gov.uk/manchester) ) rated the MSCB as inadequate. The Board developed an Improvement Plan and is being held to account for its improvement journey by the Improvement Board established at the request of the Minister.

The Chief Executive of the local authority, drawing on other MSCB partners and where appropriate the Lead Member, holds the Chair to account for the effective working of the MSCB. The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area which is submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. The most recent report to the Manchester City Council Young People and Children Scrutiny Committee was in [May 2016](#).

### *Financial Arrangements*

All MSCB member organisations have an obligation to provide the MSCB with reliable resources (including finance) that enable it to be strong and effective. All LSCBs must have a business manager and the MSCB has support from a business support unit dedicated to this function and that of supporting the Manchester Safeguarding Adults Board.

Board partners continue to contribute to the MSCB’s budget, in addition to providing a variety of resources ‘in kind.’ Details of contributions from partners for 2015/16 and the expenditure attributed to the business of the Board can be found in [Appendix 4](#).

*MSCB Membership*

The guidance included in *Working together to safeguard children (2015)* includes details of the composition of an LSCB. The LSCB can include on its Board, or be able to draw on, appropriate expertise and advice from frontline professionals from all the relevant sectors.

Lay members help make links between an LSCB and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB’s child protection work. The contribution of the Lead Member for Children as a participating observer ensures political support.

Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their own organisation to account and hold others to account.

During 2015/16 the following organisations were represented on the MSCB.

<b>Organisation</b>	
MSCB Independent Chair	MCC Neighbourhood & Growth Directorate
Barnardo’s	<ul style="list-style-type: none"> <li>• Strategic Housing</li> <li>• Community Safety Partnership</li> </ul>
Cafcass	
Central Manchester Foundation Trust (CMFT)	Manchester Mental Health & Social Care Trust (MMHSCT)
Connexions	Manchester North, Central & South, Clinical Commissioning Groups (CCG)
Cheshire & Greater Manchester Community Rehabilitation Company (CRC)	NHS England
GM Fire and Rescue Service (GMFRS)	National Probation Service
Greater Manchester Police (GMP)	NSPCC
Homestart South	Pennine Acute Hospitals Trust (PAHT)
Independent Schools	Primary School Heads
Lay member(s)	Secondary School Heads
Manchester Community Care (Macc)	The Christie Foundation Trust
MCC Executive Member	The Manchester College
MCC Children and Families Directorate	University Hospital South Manchester (UHSM)
<ul style="list-style-type: none"> <li>• Strategic Director</li> <li>• Children’s Safeguarding</li> <li>• Youth Justice</li> <li>• Public Health</li> <li>• Adult Safeguarding</li> </ul>	Young People's Support Foundation (YPSF)
MCC Education & Skills Directorate	
	<b>Advisors to the Board</b>
	MCC Legal Services
	Designated Doctor
	MSCB Business Manager
	MSCB Business Support Officers

### **5.2.1 MSCB Board**

Throughout 2015/16 the MSCB Board met every alternate month and was facilitated by the MSCB Business Unit. All members are expected to attend or arrange suitable deputies. The Board receives reports on MSCB business from its subgroups and task and finish groups in addition to updates on the progress of the work contained in the MSCB Business Plan (see [Appendix 1](#) for Business Plan summary and [Appendix 2](#) for Board member attendance chart).

Whilst a number of agencies managed 100% attendance at Board meetings this was not consistently the case. Targets have therefore been set for future attendance and these will be monitored as part of the Performance Management framework.

### **5.2.2 MSCB Executive**

During 2015/16 the MSCB Executive met every alternate month and was facilitated by the MSCB Business Unit; members were:

- MSCB Independent Chair (Chair)
- Senior Strategic Lead Safeguarding, Children & Families, MCC
- Safeguarding Manager, Education, Children & Families, MCC
- Designated Nurse, Clinical Commissioning Group
- Designated Doctor
- Assistant Director Children's Services, Barnardo's
- Superintendent, GMP.

As with the Board, most agencies achieved 100% attendance at the Executive and attendance will be monitored as part of the Performance Management framework.

## **5.3 MSCB Subgroups**

The MSCB revised its governance structure in 2015/16. It has a number of subgroups, on a standing basis (see diagram in Appendix 3) and also commissions 'task and finish groups' as required to carry out specific tasks relating to a specific issue of concern; for example, developing procedures and protocols in relation to Forced Marriage. A brief summary of the work of each subgroup is given below.

### **5.3.1 Safeguarding Practice Development Group (SPDG) and Local Safeguarding Fora**

*The aim of the subgroup is to act as a connection between the MSCB and front-line practice, to ensure that the Board is aware of current practice issues, good practice and areas of improvement.*

SPDG met six times during the year, chaired by the Assistant Director Children's Services, Barnardo's with multi-agency membership from MSCB. SPDG directs the work of the three Local Safeguarding Fora and also commissions audits. SPDG and the Fora therefore provide an effective line of communication between the board and front line workers.

The three Local Safeguarding Fora (North, Central and South) each met four times through the year; they were chaired by a senior manager from MCC or Health and membership included a range of MSCB partners. Both SPDG and the three Fora (18 meetings in total) were facilitated by the MSCB Business Unit.

Headlines from the subgroup:

- Good attendance at meetings and engagement across partner agencies.
- Offers a forum for raising the profile of and understanding of Signs of Safety across a broad practitioner base.
- Commitment from group to progress issues that are identified through MSCB Section 11 Audits.
- Group have committed to looking at developing 'Safeguarding standards for home visits'.
- Provides a good vehicle for feeding up live practice issues and challenges encountered by front line professionals across partner agencies.

Priorities for 2016/17:

- Establish task and finish groups to look at priority work streams including Safeguarding standards, neglect, etc.
- Identify and share resources to facilitate a better understanding of safeguarding.
- Report to MSCB any particular challenges/ practice issues that arise.

### **5.3.2 Serious Case Review Subgroup**

*The Serious Case Review (SCR) subgroup looks at a range of cases when a child dies and abuse or neglect may have been a factor, or a child is harmed and there may be concerns about the way in which agencies worked together. The subgroup decide whether the criteria for a SCR (as laid down in Working Together 2015) have been met and makes a recommendation to the Chair of MSCB. In addition to determining recommendations about SCRs, the group closely examines all cases presented for other learning opportunities, and commissions a range of other learning reviews.*

SCRSG continues to be chaired by the Director of City Wide Commissioning and Quality, Central Manchester CCG; supported by the MSCB Business Unit. During 2015/16, twelve meetings took place and all meetings were well attended by key agencies. Membership includes partners from Greater Manchester Police, Health, Children's Social Care, and Education. Their function includes establishing terms of reference and scope for all SCRs and for quality assuring the Overview Report and Action Plan before these are presented to the Board. The group performs a similar role in relation to learning reviews.

Where cases do not meet the criteria for a SCR but it is felt there are important issues to address, the group can undertake single or multi-agency Management Reviews and make recommendations to the Independent Chair of MSCB and other subgroups.

There has been a fairly steady and consistent flow of notifications requiring screening for SCR or other review action during the year. Development work has taken place in a number of key areas:



- A new SCR form for referrals and/or notifications to act as guide, check list and recording methodology for SCR screening recommendations and decision making.
- Revised interactive tracking system for current SCRs to track key dates and developments of both statutory and non-statutory reviews.

Areas for development in the coming year will include:

- Embedding the extended remit of the SCR subgroup that sees a shift of the functions from the (now defunct) Case Review Outcome Monitoring (CROM) subgroup to the SCR subgroup;
- Consideration of more efficient and timely commissioning of SCRs so that SCRs are conducted with the best fit methodology, are proportionate and that time and resources are not spent on relearning lessons already identified, but on implementing improvements;
- Further development of the SCR process guidance and tracking system to include statutory and non statutory recommendations and actions for all agencies and single agencies. This will require links with the Quality Assurance and Performance Improvement (QAPI) subgroup and its performance management of SCR actions;
- The introduction and embedding of the Social Care Institute for Excellence (SCIE) /NSPCC SCR Quality Markers which sets out 18 quality markers based on established principles of effective reviews /investigations as well as SCR practice experience and expertise.

More information about SCRs undertaken can be found in [section 6](#).

### **5.3.3 Case Review Outcome Monitoring Subgroup (CROM)**

*The purpose of this subgroup was to ensure that all recommendations from serious case and management or learning reviews were fully completed within timescales namely, within six months of review sign off by MSCB.*

This group was chaired by the Deputy Director of Nursing – Safeguarding, City Wide Safeguarding Team (Commissioning & Quality), Central Manchester CCG; and supported by the MSCB Business Unit. Membership included Manchester Safeguarding Improvement Unit; Manchester North, Central & South CCG; MCC Education; GMP; CMFT Community Services.

The subgroup met every two months throughout 2015 until an effective system for monitoring progress on case review recommendations was embedded and the business of the group was transferred to the remit of the Serious Case Review subgroup.

### **5.3.4 Child Sexual Exploitation and Related Issues Subgroup**

*The MSCB facilitates the CSE & RI Subgroup which provides strategic management to implement and support the work that needs to be done to tackle CSE and closely related vulnerabilities across the city and supporting opportunities for cross links and references.*

The CSE & RI subgroup met four times throughout the year and the meetings included a combination of discussion and debate around emerging issues; development of task and

finish groups to achieve agreed outcomes; sharing information and best practice; and sharing emerging information from national sources.

The group was chaired by the Director for Children's Services and membership includes Children's Social Care, Adults Services, Education, NHS, Youth Justice, GMP, Barnardo's, The Children's Society, Licensing, Community Safety and Public Health.

Areas for development in the coming year include:

- Embedding the extended remit of the subgroup to include oversight of strategies/plans, developments (statutory/practice) and provide a challenge and support role within the seven strands of complex safeguarding:
  1. Child Sexual Exploitation (CSE)
  2. Missing from home, care and education
  3. Gangs and violence
  4. Modern Slavery and Trafficking
  5. Radicalisation and extremism
  6. Female Genital Mutilation (FGM)
  7. Honour based abuse (including Forced Marriage).
- To facilitate improved communication and information sharing between professionals including understanding of key terms, definitions and thresholds for actions, acting as a forum for developing effective multi-agency working practice and relationships.
- To provide reassurance to both Children and Adults' Boards ensuring that services are delivered in ways that safeguard and promotes the welfare of children, young people and vulnerable adults.
- To consider and address relevant serious case review recommendations.
- To support the development of information/education programmes for children, young people and vulnerable adults; parents and carers; and the wider community; for use in by all agencies.
- To support engagement with local communities to raise awareness of key issues; how they affect individuals and the wider community; and how to report concerns.

### **5.3.5 Quality Assurance & Performance Improvement (QAPI) subgroup**

*The remit of the QAPI subgroup is to oversee the quality assurance of practice and to seek assurance on the Board's effectiveness. This includes:*

- *Co-ordinating an annual programme of multi-agency case file audits.*
- *Developing and maintaining a quarterly multi-agency dataset.*
- *Co-ordinating an annual Section 11 Safeguarding Self Assessment.*

#### *Multi-agency case file audits*

The group has carried out a programme of multi-agency case file audits during 2015/16, which looked at:

- Missing From Home
- Early Help
- Neglect
- Looked After Children.

The themes for the audits were decided by the QAPI subgroup based on issues that had arisen in SCRs and with guidance from the QAPI subgroup Chair. The in depth multi-agency case file audit was a new method of auditing for MSCB starting in January 2015 and this is the second year of a continual rolling programme. An Audit Team Member is identified from each of the partner agencies and they are expected to operate independently on behalf of the MSCB to complete an in depth questionnaire for five randomly selected cases using Ofsted style grading of Inadequate, Requires Improvement, Good and Outstanding. This can result in up to 30-40 case files being examined in detail for each audit. Instances of both good and poor practice are fed back to practitioners within their agency. The audit team meets to compare findings and to agree on an overall score for each case. Multi-agency recommendations are made based on the findings of the audit and these are monitored by the QAPI subgroup. An overview report is written and presented to the MSCB and then circulated widely to the partnership workforce.

*MSCB Performance Scorecard (quarterly multi-agency dataset)*

Partners are asked to contribute to a quarterly dataset which is based on the agreed North West set of Performance Indicators for LSCBs. Contributions from partners comprise data, an assessment of "what good looks like" and how the statistics compare, plus a written analysis or commentary. Any issues that become apparent from scrutinising the scorecard, e.g. gaps in data or commentary, are raised as a "red flag" to the full MSCB Board.

*Section 11 Safeguarding Self Assessment*

A new Section 11 Self Assessment based on a revised Greater Manchester (GM) template was sent to all Board partners for completion in January. The GM template is now a much shorter document with questions based around three themes:

- A culture of safeguarding children in the organisation.
- A safe organisation.
- Voice of the child, parents and staff.

Partners were asked to "RAG" rate their organisation as follows:

- **Red**- Standard not met (action required)
- **Amber** – Standard partially met (action required)
- **Green**- Standard fully met (no further action required).

Actions to address any gaps were specified and each section ends with an overall evaluation of how well the agency meets the standard.

Partners were then invited to meet with the MSCB Independent Chair on an individual basis to discuss any issues highlighted by the Section 11 self assessment process, as well as any general Board engagement issues. A report of findings was written and will be presented to Board members. The following areas were identified as common themes to be taken forward by MSCB:

- The gaps in provision and a lack of strategic oversight of safeguarding for young people aged 16 - 19 years.
- How to share learning and examples of good practice between agencies.
- How the Board can make the best use of available data.

### **5.3.6 Child Death Overview Panel**

*The Child Death Overview Panel (CDOP) reviews all the deaths of Manchester children aged under 18 years of age. The CDOP is a multi-agency group that meets four times per year with representatives from local NHS hospitals, Health Visitors, Children's Social Care, Housing and GMP.*

The Panel is chaired by a Consultant in Public Health and is facilitated by the MSCB CDOP Officer. The subgroup met quarterly and was well attended by representatives from the NHS, Children's Social Care, Strategic Housing, GMP, Coroner's Officer, SUDC Children's lead for Greater Manchester, Family Nurse Partnership, CAMHS and the Paediatric Critical Care Network.

More information about CDOP can be found in [section 6](#).

### **5.3.7 Learning and Development Subgroup**

*The primary purpose of the subgroup is to assure the delivery of high quality multi-agency training for safeguarding children that reflects local and national priorities.*

The subgroup meets four times a year and is chaired by the Head of Safeguarding, Pennine Acute Hospital Trust with support from the MSCB Business Unit. Membership includes Adults Services; Cafcass; Barnardo's; Manchester CCGs; Education; Early Years; National Probation Service; CRC; MMHSCT; Manchester Youth Justice; CMFT; UHSM; MCC Strategic Housing; Early Help.

Priorities for the group include:

- The completion of an annual multi-agency training needs analysis.
- The continued development of a process for evaluating the impact of multi-agency training on practice.
- The development of an annual multi-agency training programme informed by the training needs analysis, the findings from case reviews and other scrutiny or performance activity under the governance of MSCB.
- Assuring that agencies and organisations support multi-agency training by: providing venues; providing staff who contribute to the planning, delivery and evaluation of inter-agency training; releasing staff to attend inter-agency training courses.
- Assuring that all training places the child at the centre and promotes the importance of understanding the child's daily life experiences, ascertains their wishes and feelings never loses sight of his or her needs.
- Assuring that training creates an ethos that values working collaboratively with others, respects diversity (including culture, race, religion and disability), promotes equality and encourages the participation of children and families in the safeguarding process.
- Assuring that the content of courses are regularly reviewed and updated in the light of changing policy and legislation, research, learning from serious case reviews

(nationally and locally), learning from other case review methodologies, child death reviews and practice experience.

- Assuring that training is delivered by trainers who are knowledgeable about safeguarding and promoting the welfare of children and who have experience of multi-agency training.
- Reviewing single agency training for safeguarding children.
- Assure membership of the group includes people with sufficient knowledge of training needs and processes to enable them to make informed contributions to the development and evaluation of a multi-agency training strategy.

More information about learning and development can be found in [section 7](#).

### **5.3.8 Greater Manchester Safeguarding Policies subgroup**

The MSCB is part of a consortium of Greater Manchester Local Safeguarding Children Boards – the Greater Manchester Safeguarding Partnership (GMSP).

All ten Boards jointly commission a single set of on-line safeguarding procedures. These are updated twice per annum to ensure they are kept in line with current practice and statutory requirements.

More information about the GMSP can be found on the website [www.gmsafeguardingchildren.co.uk](http://www.gmsafeguardingchildren.co.uk) and the procedures can be found at [greatermanchesterscb.proceduresonline.com](http://greatermanchesterscb.proceduresonline.com)

## 6. Child Deaths & Serious Case Reviews

### 6.1 Serious Case Reviews and Learning Reviews

During the course of 2015/16, the Serious Case Review (SCR) subgroup has continued to work with existing cases and to review new cases against the criteria for conducting Serious Case Reviews.

During the course of the year, a total of 11 cases were considered by the SCR subgroup, of which five were considered to meet the criteria for SCR; however only four of these commenced during 2015/16. Three cases had single agency or other reviews conducted; with another three having no further action or being referred for subgroup actions only.

Emerging causes included: teenage concealed pregnancy; neglect, including obesity related issues; sexual abuse; non-accidental injury.

MSCB has published three SCRs during 2015/2016. These reviews were ratified by the Board during the previous year (2014/15), but publication had been delayed due to parallel legal proceedings. The published SCRs for Child B1, D1 and Z can be viewed on the [MSCB website](#).

### 6.2 Child Death Overview Panel

The Child Death Overview Panel (CDOP) reviews all the deaths of children resident in Manchester from taking a breath to one day under 18 years of age. The CDOP is a multi agency group that meets four times a year and is very well attended. Representatives include the SUDC (Sudden Unexpected Death in Childhood) Lead for Greater Manchester, Greater Manchester Police (GMP), Consultant Neonatologist, Coroners Office, Children's Services, Early Years, Housing, Designated Nurse Safeguarding CCG, Specialist Midwife, Vulnerable Baby Service, Family Intervention Partnership, CAMHS (Child and Adolescent Mental Health Service) and NWAS (North West Ambulance Service).

This year CDOP has continued to strengthen and consolidate its data reporting processes however, issues regarding data completeness and quality remain. CDOP have also been working closely with the Chairs of the other Greater Manchester (GM) CDOPs and the GM Safeguarding Partnership; also contributing to the North West Child Death Overview Panel Annual Report which started in 2013/14.

Reports can be found on the GMSP website [www.gmsafeguardingchildren.co.uk](http://www.gmsafeguardingchildren.co.uk)

CDOP have contributed to a shared GM database from 2012/13 to look at patterns and trends on the whole GM footprint; a fourth GM report for 2015/16 is being produced. In

February this year the GM CDOP annual report was presented to the GM Directors of Public Health and it was agreed that a Sector Led Improvement (SLI) Review would examine and assess how to reduce the number of child deaths under one year.

There were 56 child deaths reported in 2015/16. Due to the CDOP review process, there is a time lapse between a death being reported and the case being reviewed and closed. The annual report and the annual submission to the Department for Education (DfE) includes information from the 56 deaths that occurred in 2012/13, 2013/14, 2014/15 and 2015/16 that were reviewed and closed in 2015/16. Of these 56 deaths; one occurred in 2012/13; five occurred in 2013/14; 21 occurred in 2014/15; and 29 occurred in 2015/16.

Of these, 26 cases were girls and 30 were boys. Of the deaths reviewed, 16 were identified as having modifiable factors; 39 had no modifiable factors; and one had insufficient information (died abroad). In terms of ethnicity, White British children seem less likely to die whilst Black/Black British and Asian/Asian British children continue to be over-represented, compared to the numbers in the population. All of the data presented must be viewed with caution as the numbers are small and so may be subject to considerable variation year on year.

CDOP are exploring the possibility of investing in an effective database which will improve efficiency relating to time consuming processes, data analysis and improving the identification of appropriate recommendations.

The national review of LSCBs, SCRs and CDOPs undertaken by Alan Wood has recommended that the responsibility for CDOPs moves from the Department for Education (DfE) to the Department of Health (DoH). It also recommended that CDOPs operate on a larger footprint but as Manchester already cooperates with GM CDOPs it is likely that the current footprint will be sufficient at 616,217 (number of children in GM based on ONS data 2014).

As part of the submission of its 2015/16 child death data to the DfE CDOP provided some qualitative data/narrative about relevant issues affecting, and impacting on, local service provision and population. These were:

- Promote emergency response in communities.
- Lack of cardio thoracic specialist centre in Manchester.
- Lack of information on fathers and safe sleeping advice for fathers and other family members continues to be an issue.
- Smoking in pregnancy continues to be an issue.
- Lack of bereavement support for parents.
- Ongoing health/social care needs arising from some cases of consanguinity.
- Continuing excellent service provided by the Palliative Care Team in the city of Manchester.



## 7. Learning and Development

Effective safeguarding requires a workforce that is appropriately trained, supported, managed and responsive to the needs of children, young people and their families.

The MSCB is able to report that the number of courses and trainees attending training has increased significantly from previous years. The training website has had a number of improvements which include an easier registration and training course application process. Additional improvements to the training website are planned for late 2016 and will include the impact evaluation of all training courses online.

Whilst a fuller training programme was delivered in 2015/16, the number of cancelled courses and trainee non-attendance rates from some agencies has increased. The limited availability of trainers has made organising and rearranging courses difficult. Although the number of trainers joining the MSCB Training Pool has increased, the limited number of subject specialist trainers, particularly for Domestic Violence and Abuse courses, has proved problematic.

The need to commission trainers to deliver some courses has become necessary due to subject specialist knowledge and the fact that funding cuts has meant some agencies now charge for courses that were previously delivered free of charge.

The Learning and Development subgroup has supported the MSCB Training Coordinator in identifying and promoting the need for additional trainers and in supporting the introduction of new courses.

### *Face to Face Training Courses*

In 2015/16 a total of 1,394 trainees attended face to face training courses, on a total of 59 training courses; a significant increase on the previous year and higher than previous years. (In 2014/15, although with a reduced programme, 886 trainees attended 34 training courses). The 2015/16 Training Programme included some new and re-introduced courses which proved popular.

### *Online Learning*

The numbers of trainees and the variety of courses being accessed via MSCB online learning has increased significantly. In total 3,471 courses were completed with a completion rate of 91%.

### *Attendance*

The largest number and percentage of attendees were from Manchester City Council Children's Services at 34% and represents an increase from last year (25%). The Voluntary Sector had the second largest attendance at 23%, which is a reduction from last year (34%). The spread of agencies attending training remains good; however, some agencies remain under-represented, including the police and probation.

The planned improvements to the MSCB training website will include an update of agencies in Manchester and should make reporting on attendance and non-attendance more accurate.

Unfortunately non-attendance on face to face courses remains a concern with a non-attendance rate of 15%. In total 253 places were allocated to delegates who subsequently failed to attend. Once again the highest numbers of non-attendees are from Children's Services. These figures do not include trainees who cancel their place with one week's notice which explains why some courses are not filled to capacity as it is difficult to fill places at short notice. The database does not record the reasons for non-attendance, but anecdotally the most common reason for non-attendance is workload/cover and sickness.

#### *Feedback from face to face MSCB courses*

Trainees are invited to provide feedback after each face to face training course electronically through the MSCB training website, after which they can print off a certificate of attendance. Feedback rates are now high with most courses having at least 70% of attendees providing feedback which is a significant improvement on previous years. Improvements to the training website have enabled feedback reminders to be sent to trainees.

An MSCB Action Plan is now added to the pre-course materials for every face to face course. The Action Plan asks trainees to create a learning log from the training and to record the actions they intend to take to improve their practice. These Action Plans can be used to discuss their learning or training needs with their line managers.

It is anticipated that from autumn 2016 the Impact Evaluation Tool agreed by the Learning and Development subgroup will be inserted into the training website. In addition the MSCB trainers are sent a feedback report from trainees after every course. The trainers welcome the feedback and are keen to read any comments and/or suggestions as this enables them to assess the effectiveness of their training and where needed amend or update their course material. As a result training courses are regularly updated and checked for accuracy.

#### *Cancelled Courses*

A total of eight courses were cancelled. Unlike previous years the main reason for cancellation was due to the unavailability of the trainer, not low numbers of applications.

#### *Impact Evaluation of MSCB Training*

Due to limited resources, no face to face training courses were evaluated in 2015/16 using the Impact Evaluation Tool. However, as noted above, feedback rates for all courses have increased substantially and all trainees are asked to complete an MSCB Action Plan.

Once the Impact Evaluation Tool is inserted into the MSCB training website attendees on face to face training courses will be sent an Impact Evaluation survey three months after they have attended the course to assess the impact on their practice. It is anticipated that future courses will be selected for Impact Evaluation by personal contact either by phone or interview providing resources are available. These methods will enable the MSCB to provide more detailed reports on Impact Evaluation.

#### *Online learning*

The number and variety of courses being accessed via MSCB online learning has increased significantly. This is mainly due to the new contract the MSCB secured with Virtual College in

April 2015 which included unlimited numbers of licences and over 50 online learning courses for the cost of £28,000+VAT for three years plus £3,000 per year for self-registration.

In 2015/16 a total of 3,471 online learning courses were completed, resulting in a course completion rate of 91% (compared to 1,765 in 2014/15).

Virtual College were impressed with the increased number and spread of completed courses and as a result carried out a case study on Manchester which will be published in the national Virtual College bulletin in summer 2016.

#### *MSCB Training Pool*

There are now approximately 30 active members of the training pool, an increase from last year. The number of trainers now able to deliver the basic safeguarding course has increased from two to ten, which has enabled the MSCB to increase the frequency of courses and to reduce the numbers attending from 50 to a maximum of 35; this has been very warmly received by both trainees and trainers.

Whilst the size of the training pool has increased, the number of trainers available to deliver some subject specialist courses such as Domestic Violence and Abuse remains a concern. A train the trainers initiative for at-risk courses is being planned for autumn 2016 and trainers are encouraged to observe existing courses with a view to co-delivery alongside an experienced trainer, in order to build their confidence and expertise.

The development and retention of the training pool has been a priority for the MSCB Training Coordinator. Research articles, information in addition to training feedback and development opportunities are circulated regularly to the training pool.

Some courses have been cancelled due to the unavailability of the trainer/s and therefore the need for improved resilience for some courses, particularly Domestic Violence and Abuse, has been identified.

#### *Annual Spend 2015/16*

The annual cost of delivering the 2015/16 training programme was £72,396 and includes, trainer costs, venue and refreshments and all associated costs. This is an increase from £63,001 last year.

The increase in spending is due to an increased number of courses being delivered (59 courses, compared to 34 in 2014/15); free venues being less available; increase in commissioned courses; improvements and updates to the MSCB training website; and development /confidence building sessions for the training pool. The figure also includes the first instalment of one-third of £28,000 for the new three year Virtual College online learning contract and an additional £3,000 per annum for self-registration which has resulted in a significant increase in learners using online learning.

### *The Future*

The increased numbers of trainees attending face to face training and accessing online learning is noted. It is also recognised that the range of courses delivered has increased and the introduction of manager only courses proved popular.

The resilience of the MSCB training pool has improved in terms of the numbers of active trainers and those now able to deliver the Introduction to Safeguarding Training course. There remains a continuing need to maintain the existing training pool due to staff turnover and work commitments and agencies need to consider requests for subject specialist and generic trainers for the MSCB training pool to ensure the maintenance of the training programme.

There has been an agreement for the Adults and Children Safeguarding Boards to work more closely together and for some of the subgroups to merge including the Learning and Development subgroup. It is hoped that this will be supported by an increase in business support.

An MSCB Executive meeting in June 2016 decided that all MSCB face to face training courses will be free of charge; however, a review of non-attendance fees is being considered due to the increased numbers of non-attendance and the fact that many MSCB courses are oversubscribed.

## 8. Voice of the Child

The Ofsted Inspection in 2014 highlighted the need for the local authority and partners to strengthen the voice of children and young people. In particular, the need to focus on the following was identified:

- ensure learning and change as a result of children's feedback;
- increase the participation for looked after children, including those children and young people placed outside the city;
- listen to the views of children through a more effective IRO service.

Since the inspection, Manchester City Council Children's Services and partners have taken measures to improve the voice and influence of children and young people. Notable improvements include:

- an increase in evidencing of the voice of children and young people in their case files;
- increasing the numbers of children who co-chair their reviews;
- establishing an independent Children's Rights and Advocacy Service. In the first quarter the helpline assisted 55 young people and 42 were allocated an advocate; 27 of the children and young people allocated an advocate had referred themselves to the service. The majority of issues addressed related to placements and family contact.

A key role for the MSCB is to maintain an understanding and have oversight of how children and young people are involved in the decisions that affect their lives. The Board has begun to identify lines of enquiry and is forging links to other boards and subgroups, in particular the Voice and Influence Subgroup which is a subgroup of the Looked After Children and Care Leavers Strategy.

As a priority, the MSCB will seek to secure the necessary evidence to assure itself of the quality and effectiveness of participation and engagement of children and young people in planning, reviews and decision making. The MSCB will play a key role in challenging the local authority and partners in their delivery of strategies to strengthen voice and influence and it will promote voice and influence as central element for safeguarding children and young people.

## 9. Challenges and Future Priorities

### 9.1 Introduction

The MSCB partners agreed to conduct a Self Assessment, which was completed between June and August of 2016, at a pivotal time for the Board. A new Independent Chair had just taken up post and the Board was working to position itself to take a stronger leadership role in driving performance forward in Manchester, in support of the work of the Children's Board and the Ofsted Improvement Board.

The Self Assessment was designed to provide the MSCB with a view of the effectiveness and impact of its work on safeguarding and protecting children, in order to identify achievements as well as areas still requiring development at this stage of the Improvement Journey. It also provided the opportunity to review and to re-set the priorities for the MSCB to support improvements in safeguarding children.

There were three key outcomes that it was intended that this self-assessment would provide:

- A shared view by partners on the effectiveness and impact of the MSCB across the full breadth of its statutory remit, including its strengths.
- A focus on areas to improve.
- Some suggestions on immediate priorities.

The Self Assessment included a desk top review of MSCB plans, reports and minutes, training strategy and programme, serious case and child death overviews and quality assurance work of the Board, including the audit programme. Leadership Group members and a sample of frontline staff were individually interviewed and all MSCB members were given the opportunity to complete an on-line questionnaire to assess their views about the Board.

The final Self Assessment report provided some consistent messages demonstrating successes and improvements:

- The training strategy was considered generally to be good.
- It was considered that the development of the Leadership Group would drive improvements.
- There was generally good partnership engagement with improvement in linkages back to front line practice.
- Attendance is largely good and there was good progress in the business unit support for the Board.

Challenges and emerging themes were also identified and informed a broader discussion of the Board priorities for the future.

## 9.2 Challenges for the Board and Emerging Themes

From the Self Assessment Desk Top Review, a number of challenges were identified for the Board, as follows:

- The role of the Leadership Group could be strengthened and made clear.
- The role of the schools, voluntary sector and lay members could be strengthened to ensure that active listening to those parts of the sector occurs and there is evidence of changes having occurred as a result of learning about local issues.
- A renewed and clear focus on discussions leading to impact for the child or young person would be helpful. There should be a strong evidence or impact log to capture where service delivery has changed as a result of listening to young people.
- The new Chair should encourage those who have parallel membership with the Improvement Board to help her to bring the debate on suitable performance issues back to the MSCB where possible. This will fit the Board well for the future when the Improvement Board disbands.
- Whilst the protocols between the different partnership Boards has a strong memorandum of agreement, more cross referencing of priorities and active tasking between the activities and impact of each may assist.
- The Serious Case Review subgroup needs to bring learning from Serious Case Reviews systematically into the learning and development activities of the Board.
- A focus on the Early Help offer, all be it relatively new in Manchester, could give rise to good learning about children and family voices.
- A focus on Neglect does not seem to be evident and this would be expected in an area such as Manchester and whilst steps to address this are ongoing neglect may need to remain a clear priority for some time. This links with the prevalence of domestic abuse shown in the performance data.
- Each subgroup could be encouraged to positively impact on practice, drawing on its own collaborative approach.
- More evidence of impact of the work between the different boards, linked to priorities, might assist in ensuring that the priorities of the Board are kept to the forefront.
- Section 11 Audits which are ongoing are helping to hold partners to account with individual meetings and the development of action plans, which will be reported back to the Board in October.
- Recently improved performance data and information could increasingly involve all agencies.
- The Audit Cycle, which is progressing well, could be used to drive the views of the MSCB back to the Improvement Board and so achieve better impact.
- Evaluation of training could be carried out in a way that demonstrates more impact and improving outcomes for children and young people.
- The MSCB has, to date, a relatively low profile and limited influence and this could be improved if individual partners with a key role in sub groups could lead debates alongside the Chair, in the name of the MSCB, both within the main MSCB Board meetings and outside them.

- In addition, emerging themes from questionnaires reflected a similar focus and were endorsed by Board members. These included the need for:
  - Improved communications, with more definitive actions and a summary of outcomes from Board meetings
  - More focussed agendas
  - Changes to the size of and representation on the Board
  - Engagement with the views of children and young people
  - Improved engagement with other local Boards, Partnerships and faith groups
  - Improved Board visibility, both with the public and by engagement with frontline services.

### **9.3 Review and consultation on priorities going forward**

As part of a Self Assessment Process carried out by the MSCB in July/August, Board members reviewed the priorities identified in the 2015/17 Business Plan and added specific priorities for the 2016/17 year. It was agreed that identified responsibilities and principles from the 2015/17 business plan will continue to underpin the work of the Board.

#### **Leadership and Influence:**

- Through clarification of Board members' responsibilities and commitment, clear business planning, quality assurance and performance improvement framework, to drive change and demonstrate the leadership role of the MSCB.

#### **Challenge:**

- Through a multi-agency audit programme of focussed, themed audits, Section 11 audits and QA & Performance Improvement Framework, to identify areas of concern and seek improvement plans.

#### **Learning:**

- Through publication of Serious Case Reviews (SCRs) and dissemination of associated learning, development of the multi agency Training Programme and integration of learning from the audit programme, to learn from, and change, practice.

In addition, the Board agreed to focus on scrutiny and seeking reassurance about the effectiveness of integrated working arrangements, with the emphasis on quality and impact, in the following agreed priority areas.

#### **Early Help**

To assess the effectiveness of the preventative services being provided to children and families with an emphasis on Early Help.

#### **Complex Safeguarding**

To ensure the effectiveness of thematic strategies, plans, developments and provide a challenge and support role within the context of operational delivery in the following work streams:

- Child Sexual Exploitation



- Missing from home, care and education
- Gangs and violence
- Modern Slavery and Trafficking
- Radicalisation and extremism
- Female Genital Mutilation/ Honour based violence
- Understanding/identifying emerging areas of risk e.g. Cyber crime.

**Domestic Violence & Abuse (DV&A)**

To ensure the focus of the impact of domestic violence and abuse on children and young people is enhanced and is in line with the DV&A Strategy, with an emphasis on understanding and responding to underlying causes.

**Neglect**

To develop and assess the impact of the Neglect Strategy and use the learning from SCRs where neglect is a significant factor, identify themes and integrate that learning into the multi-agency training programme.

**SCR learning**

To ensure that the learning and recommendations from SCRs, Domestic Homicide Reviews (DHRs) and other local and national reviews are identified and tracked; and that action plans are followed up in order to make sure that learning has changed practice.

**Partnership engagement with Children and Young People (CYP) and Communications**

To share examples of good practice and assure the effectiveness of partnership engagement with CYP. In addition, to ensure that the Board itself is informed of and responds to the priorities and concerns of CYP in Manchester.

## APPENDICES

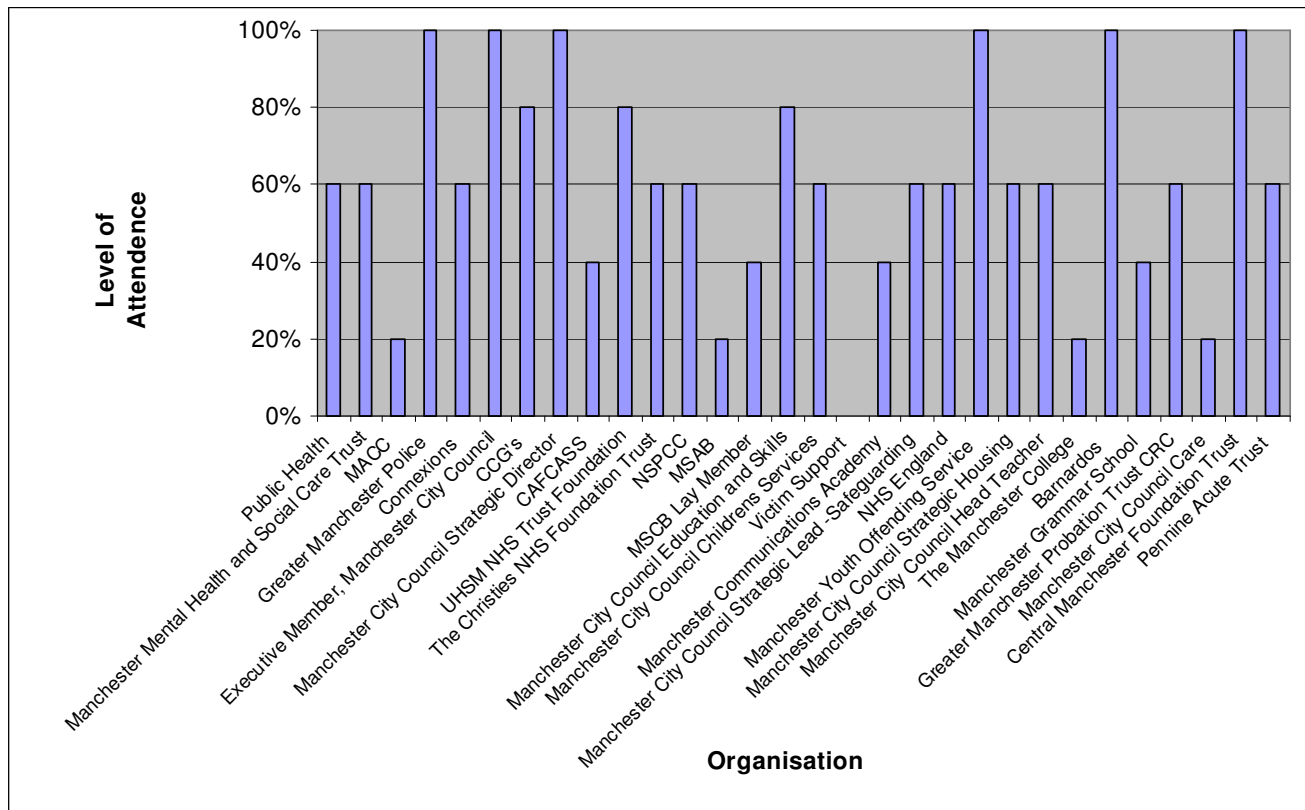
### Appendix 1: MSCB Business Plan 2015/17 'on a page'

***Our vision: "Every child and young person in Manchester should be able to grow up safe; free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential."***

Manchester Challenges	Outcome & Business priorities	Multi-agency Objectives for 2015/17	Multi-agency Actions in 2015/16
Increase in the number of children/ YP subject to Child Protection Plans	Protecting vulnerable children	Ensuring that services are targeted, responsive and efficient for those children/ YP who are already vulnerable, and where we need to make sure that we are doing all we can to achieve the best outcomes for these children / YP, and reduce the risks and challenges they face.	<ul style="list-style-type: none"> <li>Continue to focus on CSE and children missing from home or care.</li> <li>Understand causes and work to reduce the number of children on CP plans or who are Looked After.</li> <li>Develop and implement a neglect strategy.</li> <li>Review and refresh our approach to vulnerable adolescents.</li> </ul>
Higher number of Looked After Children	Preventing harm	Ensuring that we do all we can to ensure children/ YP in Manchester can live happy, healthy and productive lives, including continuing access to universal services, public health programmes, schools and other preventative and early intervention support.	<ul style="list-style-type: none"> <li>Assess the effectiveness of early help being provided to children and families.</li> <li>Support the implementation of the recommendations from the Independent CSE Review.</li> <li>Review and develop our approach to the children of offenders.</li> </ul>
Increase in the numbers of unborn and young babies subject to CP Plans	Leadership	<ul style="list-style-type: none"> <li>Collective leadership across all agencies.</li> <li>Data and analysis to improve understanding.</li> <li>Collective improvement and collective responsibility.</li> <li>Policies, procedures and standards across all organisations.</li> </ul>	<ul style="list-style-type: none"> <li>Deliver and evidence MSCB business plan priorities.</li> <li>Carry out risk analysis to drive priorities.</li> <li>Support Ofsted Improvement Plan actions.</li> <li>Use multi-agency data to inform priorities.</li> </ul>
Significance of neglect and poverty	Challenge	<p>Effective systems, processes and policies through Section 11 audits</p> <ul style="list-style-type: none"> <li>Evidence of impact</li> <li>Audits of practice</li> <li>Case studies</li> </ul>	<ul style="list-style-type: none"> <li>Scrutinise Ofsted Improvement Plan outcomes.</li> <li>Undertake Section 11 and multi-agency themed audits.</li> <li>Embed the QA &amp; Performance Improvement Framework.</li> </ul>
Impact of budget cuts and fewer resources for our partners	Learning	<ul style="list-style-type: none"> <li>Skills and knowledge to be effective.</li> <li>Learning from SCR and other reviews.</li> <li>Views of children / YP used to inform best practice.</li> </ul>	<ul style="list-style-type: none"> <li>Publish SCRs and share learning</li> <li>Continue to develop the Training Programme.</li> <li>Learn from, and change, practice as a result of audits undertaken.</li> </ul>
Pressure to perform, including post - inspection improvement			
National policy and media driven priorities and focus			

**APPENDICES**

**Appendix 2: Member attendance**



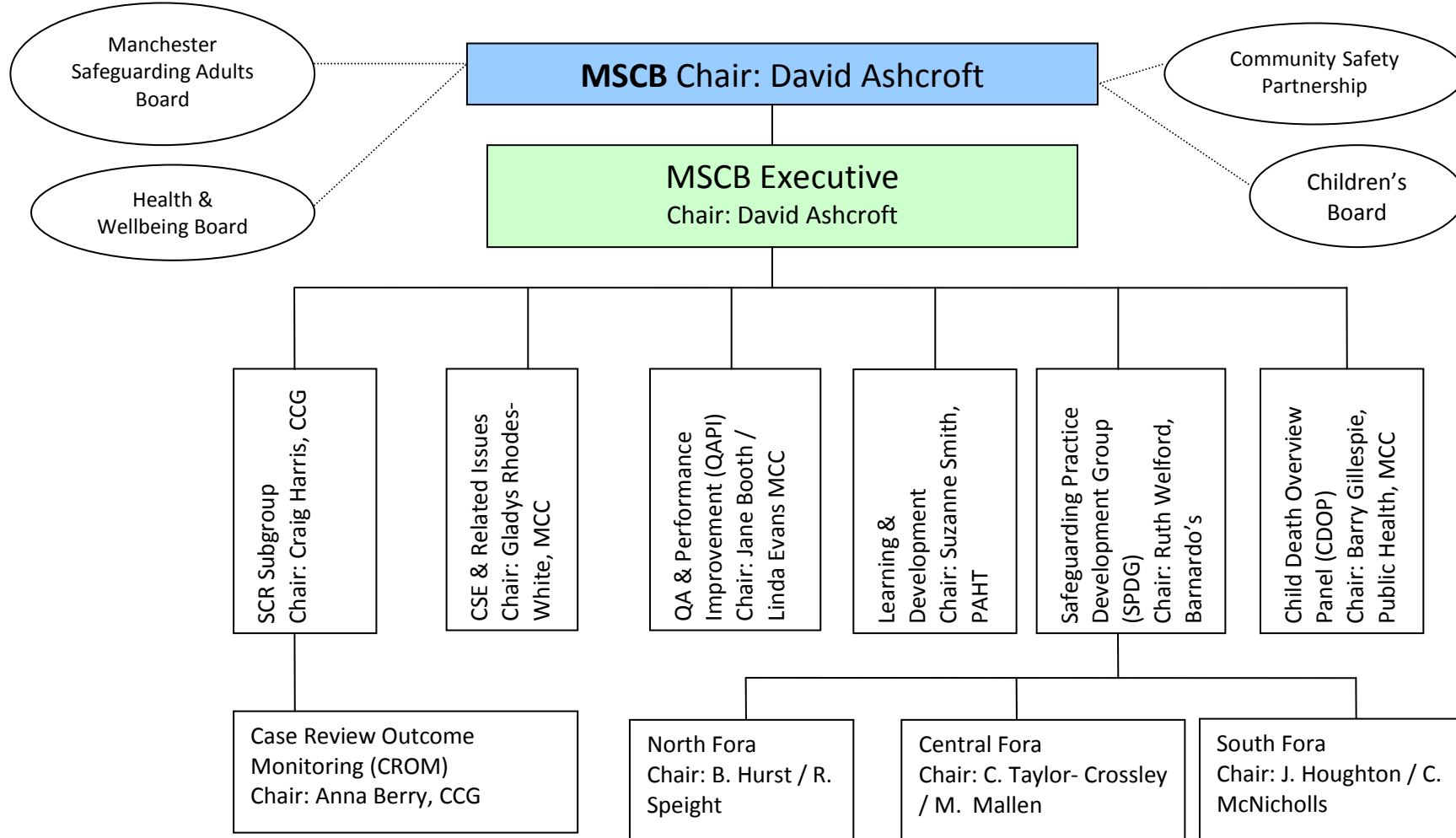
**Partner Attendance at MSCB Board Meeting**

The graph above shows agency attendance at the MSCB board meetings during 2015/16.

Meetings take place bi-monthly; target attendance for MSCB meetings, including subgroups and other groups is 100% for the member agency, through use of designated substitutes only where necessary. Poor attendance is addressed through the MSCB Executive and the Performance Management Framework.

## APPENDICES

### Appendix 3: MSCB Structure - April 2015 - March 2016



## APPENDICES

### Appendix 4: MSCB Financial Statement 2015/16

MSCB FINANCIAL REPORT APRIL 2015 TO MARCH 2016	Actual to 31/3/16
<b>COSTS</b>	<b>£ k</b>
Staffing costs	288
Premises / room hire	5
Transport	1
Multi-agency Training Costs/room hire	25
Miscellaneous internal charges	9
<b>Total all costs</b>	<b>328</b>
<b>INCOME</b>	
MCC Children's Services (Social Care)	94.5
MCC Children's Services (Education)	71
MCC Housing	9.45
MCC Youth Justice	15.75
MCC Mainstream budget (formerly CDOP)	118.955
Manchester Health Economy	50.4
Greater Manchester Police	31.866
National Probation Service	7.5
Cheshire & Greater Manchester CRC	7.5
Cafcass	0.55
<b>Total income</b>	<b>407.741</b>

\* Under-spends are rolled over to following financial year.

## APPENDICES

### Appendix 5: Glossary

GLOSSARY	
BMI	Body Mass Index
C2CC	Care to Change Council
CA	Children Act (1989)
Cafcass	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent mental health service
CCGs	Clinical Commissioning Groups
CDOP	Child Death Overview Panel
cf	compares (to)
CMFT	Central Manchester Foundation Trust
Core Cities	The Core Cities are economically the largest areas outside of London in England, Wales and Scotland; see <a href="http://www.corecities.com">www.corecities.com</a>
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CROM	Case Review Outcome Monitoring
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CYP	children and young people
DBS	Disclosure and Barring Service
DfE	Department for Education
DoH	Department of Health
EHA	Early Help Assessment
FAB	Food Activity Balance
FGH	Fairfield General Hospital (Bury)
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership
GMFRS	GM Fire and Rescue Service
GMP	Greater Manchester Police
GP	General Practitioner
HMYOI	Her Majesty's Youth Offending Institution
HWBB	Health & Wellbeing Board
IDVA	Independent Domestic Violence Advisor
IRIS	Identification and Referral to Improve Safety
LAC	Looked After Children
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
Macc	Manchester Alliance Community Care
MAPPA	Multi-Agency Public Protection Arrangements
MASH	Multi-agency safeguarding hub
MCAF	Manchester Common Assessment Framework
MCC	Manchester City Council

## APPENDICES

<b>GLOSSARY</b>	
MFH	missing from home
MMHSCT	Manchester Mental Health and Social Care Trust
MSAB	Manchester Safeguarding Adults Board
MSCB	Manchester Safeguarding Children Board
NEET	Not in employment, education or training
NMGH	North Manchester General Hospital
NOMS	National Offender Management Service
NPS	National Probation Service
PACE	Police and Criminal Evidence Act
PAHT	Pennine Acute Hospital Trust
PPIU	Public Protection Investigation Unit
PRU	Pupil Referral Unit
RI	Rochdale Infirmary
SCF	Special Circumstances Form
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
TROH	The Royal Oldham Hospital
UHSM	University Hospital South Manchester