

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 1 November 2017

Subject: Annual Report of Manchester Safeguarding Childrens Board
April 2016 – March 2017

Report of: Paul Marshall Strategic Director of Childrens Services
Julia Stephens-Row Independent Chair of Manchester
Safeguarding Childrens Board

Summary

This is a covering report providing an overview of Manchester Safeguarding Childrens Board Annual Report which is for the period from April 2016 - March 2017. This document reports on the work of the partnership.

Recommendations

The Board is asked to:

- a) Note the publication of the Manchester Safeguarding Childrens Board (MSCB) Annual report 2016 – 2017
- b) To promote the importance of safeguarding of children and young people across the Health and Wellbeing Board partners and in the services that are commissioned ensuring that safeguarding is at the heart of all that is delivered.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Ensuring children and young people are safeguarded supports this priority
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	Vulnerable young people in these families may need to be safeguarded and the work of the board offers assurance regarding this priority.
One health and care system – right care,	

right place, right time	
Self-care	

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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.

https://www.manchestersafeguardingboards.co.uk/wp-content/uploads/2016/06/2017-09-28-MSCB-Annual-Report-2016_17-PUBLISHED-v2.pdf

https://www.manchestersafeguardingboards.co.uk/wp-content/uploads/2016/06/2017-09-28-MSCB-Annual-Report-2016_17-Supplementary-Report-PUBLISHED.pdf

1.0 Introduction

- 1.1 The Manchester Safeguarding Childrens Board (MSCB) annual report covers the period from April 2016 - March 2017. This report demonstrates the significant amount of work undertaken across a range of organisations and in partnership to safeguard children and young people in Manchester.
- 1.2 This report contains a variety of information detailing the work of the partners and some of key pieces of work undertaken by the MSCB. It also provides information on the work of the various sub groups which report to the Board, three of which are integrated with the Adults Safeguarding Board.

2.0 Background

Safeguarding Children's Boards are in place across the country and have a legal duty 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 to ensure the effectiveness of what is done by each such persons or body for those purposes".

Monitoring and evaluating the effectiveness of what is undertaken by the Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve is an important function of the Safeguarding Board. In addition to the various assurance activities carried out throughout the year, such as Section 11 and multi-agency case audits, each Board partner has submitted an assurance statement setting out main developments around safeguarding and work that is ongoing in their agency. **Appendix 1** to this Annual Report sets out the work partners have undertaken during 2016/2017 to ensure that children and young people are safeguarded and to contribute to how this work has contributed to meeting the priorities of the Board.

2.1 Business Priorities

At the beginning of each financial year the MSCB develop a Business Plan setting out its priorities for the coming year. The Annual Report summarises the progress that has been made against these priorities.

Our Priority was: The Board is assured that partners are working together to safeguard children.

The Board and its subgroups have during 2016/17 reorganised our structure and changed how we operate in order to: (i) better focus our work on our key safeguarding priorities; (ii) widen engagement of different partners across the city; and (iii) promote a culture of reflective practice across the partnership.

Our Priority was: Increased awareness in the community and across agencies:

(i) To ensure that children in need of protection are identified and referred appropriately and (ii) To increase awareness of strategies, actions and support that can work to prevent children at risk from significant harm.

The Board has worked hard over 2016/17 to increase awareness of safeguarding risks and guidance for protecting children and young people. In particular, the Board focused on: (i) producing high quality information, guidance, strategies - improving the range of material available to support practitioners, children and families; and (ii) improving the communication and engagement channels so that people can readily access the right information - including an overhauled website and a number of high profile campaigns that took place in the city over the year.

Our Priority was: Ensuring that all partners have a clear understanding of the Serious Case Review referral and decision making process; and that processes for sharing learning and ensuring actions are followed through are in place and monitored:

The Board has embedded improved and robust arrangements for SCR processes, ensuring reviews are effective and timely, and that the learning from reviews is leading to changes in how partners fulfil their safeguarding duties.

Our Priority was: Providing scrutiny and assurance, including regular reporting on the safeguarding performance of partner agencies against the Boards' agreed priorities; ensuring the effectiveness of what is done by Board

The Board scrutinises safeguarding effectiveness in a number of ways including: partner organisations' self-assessments; multi-agency audits of individual cases, which provide a more detailed view of current practice and issues at the frontline; reports on safeguarding effectiveness relating to the Board's key priorities; and the Board's annual assessment of organisations' effectiveness and the follow-up work undertaken in response.

Our Priority was: Developing MSCB Engagement and Support Early Help and understanding of Levels of Need:

Improved reporting around MASH and Early Help during 2016/2017 has enabled the Board to target where improvements can be made and work to embed this has begun (and is continuing into 2017/2018)

Our Priority was:

(i) Ensuring the effectiveness of thematic strategies and support in the operational delivery of complex safeguarding and:

(ii) Ensuring that the focus of the impact of Domestic Violence and Abuse on children and young people is enhanced and is in line with the Domestic Violence and Abuse Strategy, with an emphasis on understanding and responding to underlying causes

There has been an improved focus and specific resources have been identified to support the delivery. For example, refreshing the Child Sexual Exploitation and Missing from Care, Home and Education strategies, the training of Early Help staff to recognise and support families where Domestic Abuse is present and Honour Based Violence and Forced Marriage training is planned

Our Priority was: Developing the Neglect Strategy, including using the learning from SCRs where neglect is a significant factor and integrating that learning into the multi-agency training programme.

In May 2016 the Board held a workshop to explore the prevalence of Neglect. As a result a Neglect strategy has been developed and implementation supported by a new assessment tool is taking place.

Our Priority was: Development of a framework to ensure that safeguarding learning and development activity equips the partnership to meet its safeguarding responsibilities; assurance that partners access multi-agency Learning and Development opportunities; and that evaluation of the impact of multi-agency training on practice is carried out. A multi-agency learning and development strategy has been completed. An impact evaluation tool is being used to drive continuous improvement. Almost 1500 practitioners attended face to face training and over 4000 learners completed a range of e-learning modules/

Our Priority was: Assurance that the Child Death Overview Panel (CDOP) are effectively collating child death information and identifying trends and that data is collected and reported in line with statutory requirements.

CDOP have continued to strengthen and consolidate data reporting processes and an analysis of trends is reported to the Board on an annual basis.

Our Priority was: Strategic Relationships - Ensuring the Board is informed of and is involved in planning across partner boards.

Details of the work undertaken to work towards achieving these priorities is contained within the annual report.

2.2 Challenges and Improvement

In addition to the areas identified as priorities in the 2016/2017 Business Plan which are summarised above, other areas of challenge and concern have been identified and addressed by the Board. Some of these are highlighted as follows:

Ensuring consistent attendance at multi-agency Child Protection Case Conferences and Strategy Meetings throughout the partnership Attendance data and existing processes were considered at MSCB and a number of improvements were agreed to both engagement procedures and, where necessary, to partners participation

Children Missing from Education: concerns regarding timescales for children taking up a new school place - a new dataset has been developed by Education to improve identification of any delays and to inform future monitoring;

Need for improved understanding by social workers of educational aspects of autistic spectrum disorder – the need for improved understanding has been progressed between Education and Children’s Social Care and reflected in changes to training of social workers in the City;

Transitions – concerns had been raised that existing provision did not cover a range of possible transition points. This has been progressed by Children’s Social Care, Adult’s Social Care and the Clinical Commissioning Group, and arrangements have been put in place to secure assurance that safeguarding arrangements are in place during transitions

Non-Contact Sex Crimes – following a concern raised by a VCS partner regarding appropriate interagency responses to non-contact sex crimes as a consequence of sexting and indecent explicit image exchange, assurance was sought via Education and Safeguarding in Schools

Child Protection Information Sharing (CP-IS) – Children’s Services and Health agencies have been working together to implement CP-IS system during this report year with a view to it being live in the Autumn of 2017

Abusive Head Trauma (AHT) – in March 2017 MSCB considered and agreed a proposal to endorse an innovative new abusive head trauma prevention campaign. Abusive Head Trauma (AHT), also known as Shaken Baby Syndrome, is a devastating form of child abuse often resulting in catastrophic injuries

2.3 Improvement Journey

A programme of improvement has been implemented to target areas for improvement identified through the Ofsted Inspection of Children’s Services and of MSCB in 2014. MSCB partnership actions to contribute to the improvement programme have been agreed both through MSCB Leadership Group and through the Board.

Over the last year I consider that there is evidence of stronger multi-agency partnership working which is learning to accept positive challenge and use this to bring improvements in services for children and young people. The review of Board membership has ensured that the right strategic representatives are engaged across partner organisations and so we are more effective at cascading messages across the partnership. The MSCB Leadership group provides a good sounding board and an opportunity for subgroup chairs to meet together, monitor the business plan and make recommendations to the Board. We have reviewed the impact of the Early Help offer, evaluating its effectiveness in terms of partner agency contributions and the impact on social care contacts and referrals.

We have strengthened our Serious Case Review process, ensuring that cases are appropriately reviewed in a timely and consistent manner; we are also improving the way in which we monitor improvements which have been made in response to SCR recommendations, to make sure that the review results in positive changes to practice; we are developing a rolling programme of learning events, to ensure that frontline practitioners also get the opportunity to benefit from SCR learning. Our training offer is comprehensive, is valued by attendees and we are working hard to ensure that we can measure the impact that multi-agency training is having.

For MSCB, all improvement plan actions have been completed. Visits to other LSCBs to learn from good practice as well and involvement in a Peer Review exercise in July 2017 have also taken place.

2.4 Priorities for MSCB 17/18

Towards the end of the 2016/2017 period, MSCB began the process of planning its vision and priorities for the 2017/2018 year. As part of this preparation, the Board felt very strongly that the views of children and young people should be sought and a short questionnaire was set up on the Safeguarding Boards website and promoted through both the Board and through individual agencies. Some focus groups were also held by partners with young people to gather views.

In early April, a Visioning and Priority Setting Event was held and partners came together to review what progress had been made during the year and identify what challenges remain on our improvement journey. There was also an opportunity to consider the factors, legislative, financial and others - that will have an impact in the forthcoming year.

The responses from the survey of young people were shared at that event and partners were able to analyse the findings and use them to help inform a picture of what the next year should bring for MSCB in terms of priorities. The priorities identified for 2017/18 are:

- Engagement and Involvement – listening and learning; hearing the voice of children
- Complex Safeguarding – Domestic Violence and Abuse; Female Genital Mutilation; Sexual Exploitation; Radicalisation; Missing; Organised Crime; Trafficking & Modern Slavery; So-called Honour Based Violence
- Transitions – Moving from child to adulthood in a safe and positive way
- Neglect – Ensuring the basic needs of every child are met.

3. Conclusion

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.***

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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.”



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Remember Our Humanity – by ‘The Group’

Our lives can be like a rollercoaster.
Torment or the greatest opportunity.
We get given transience when all we want is stability.
This artificial family could mean belonging, could mean insecurity – we remain unaware.
Resilience is the buzzword in the lottery of care.

Finding safety in new roots.
Finding trust in new life’s branches.
But what happens when the bough breaks?
Where does the cradle fall?
So many eyes, but nobody sees
The externally monitored remain invisible internally
Blind and blinkered for red tape and dotted lines
Can’t spy the forest for the trees – too many unaware
Overcrowding gets you lost in the lottery of care.

Stigma predicts failure
Vulture like she circles
Expectant of damage and inability –
What news for our equality?
We hope. We demand. We strive
That you see past our vulnerability,
see beyond old case notes, scrawled files – you must be aware
individuals we remain in the lottery of care.

Now we stand. We stand together.
Not numbers in the bingo.
Not scratched out gamblers’ cards.
Our lives are not a lottery.
Care is no betting game.
Remember our humanity
And see all people free from shame.

The poem above was written by ‘The Group’, Manchester’s Children in Care Council. ‘The Group’ by sharing their own care experience and representing the voice of other looked after young people bring influence and challenge aimed at recognising strengths and improving practice and service to young people. A young person with Care Leaver experience shared this with the board in October 2016.

Foreword

I took up the role as the Chair of the Manchester Safeguarding Children Board (MSCB) in July 2016 and I would like to thank the partners, many of who have been working on this agenda for some time, for demonstrating over the last year their enhanced emphasis on ensuring that safeguarding children and young people is at the forefront of their work.

This annual report contains a range of information detailing the work of partners and some key pieces of work undertaken by the MSCB; including case audits, training and strategies that have been adopted, including Neglect, Missing from Care and Home and Education. We have provided an overview of the performance and effectiveness of the safeguarding system as a whole, the challenges that we are facing and information about the steps we are taking to address them.

There are seven subgroups of the MSCB, which drive forward the work of the board and I am grateful to all those who chair and sit on these groups. Three of these subgroups Complex Safeguarding, Learning and Development and Communications and Engagement are joint with the Adults Safeguarding Board, demonstrating the overlapping agendas. This has been further evidenced by the development of our shared business plan and priorities for 2017/18 of Communication and Engagement; Neglect; Transitions and Complex Safeguarding.

As a Board we need to do more to give a voice to and engage with children, young people and their families. As part of 'Our City Our Say' we have made a start by canvassing the views of young people when we were setting our priorities for this coming year; and we have started to get a sense of how partners capture the voice of the child as part of this year's self-assessment; however we need to do more to capture the impact of this.

Looking forward, following legislation that Local Safeguarding Boards are to be replaced, we need to be planning how the multi-agency safeguarding arrangements are to be established in the future. It will be vital to ensure that developing these new arrangements does not cause any instability and that we are creative and embrace the new opportunities whilst keeping the safeguarding of children and young people at the forefront of this change.

The vision of the Manchester Safeguarding Children Board is 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". This supports the Manchester Vision for children and young people and the principles of 'Our Manchester'. I am committed to leading the Board to achieve this vision and keeping safeguarding at the heart of everything that we do.



Julia Stephens-Row
Independent Chair of Manchester Safeguarding Adults and Children Boards
August 2017

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1. Executive Summary

April 2016 to end of March 2017, the period covered by this Annual Report, has been a busy and productive period for the Manchester Safeguarding Children Board (MSCB). Progress has been made against all priorities set out at the beginning of the year in the 2016/17 Business Plan and the Board has identified and addressed areas of challenge relating to individual and multi-agency safeguarding arrangements. The Board have progressed a number of Serious Case Reviews.

Manchester has a large and growing child population, currently estimated to be 126,000 children and young people (aged 0-18). The population is growing by around 2% per year, in part fuelled by new arrivals; 2016/17 saw 3,648 school age children arriving in the city.

It is also a very diverse population with 49% of children and young people under 18 being from an ethnic minority background. The 2016 school census recorded over 190 languages being spoken in the city's schools; and the percentage of pupils recorded with English as an additional language rose from 23.5% in 2005 to 38.5% in 2016.

Despite strong economic growth over the last ten years, improvements in education and housing, and a falling number of children growing up in poverty, there remain a number of key risks to the welfare of children and young people in our city. There are still areas of intense deprivation, where outcomes are poor and daily life is a struggle:

- 66% of households with children are classified as having one or more element of deprivation;
- On the Income Deprivation Affecting Children Index, Manchester is ranked fifth, making it much more deprived on this index than the other Greater Manchester districts;
- Child poverty (defined as a household with children under 16 where income is less than 60% of the UK median) levels are falling but remain high at 35.5%.

Health outcomes for children and young people are generally poor across the city, particularly oral health and obesity:

- 41% of children aged five years in Manchester had one or more decayed, missing or filled teeth compared with 28% nationally;
- One in four reception class children in Manchester were categorised as overweight or obese; 40.3% Year 6 children were overweight or obese in Manchester.

[Manchester's Joint Strategic Needs Assessment](#) provides a comprehensive overview of the health issues affecting children and parents.

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There are more specific areas of concern where children and young people are in need of safeguarding support and protection. These areas are where the MSCB focuses much of its work.

The Annual Report 2016/17 summarises the work of the Board during that period and offers an analysis of progress against priorities that were identified in the 2015/16 Annual Report and safeguarding practice and arrangements in Manchester. 2016/17 has seen the introduction of a Manchester Safeguarding Boards Complaints Procedure implemented as part of our Improvement Programme and we are pleased to report that no complaints have been received during the time period.

Monitoring and evaluating the effectiveness of what is done by the local authority and their Board partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve, is an important function of the MSCB. In addition to the various assurance activities carried out throughout the year, such as Section 11 and multi-agency case audits, each Board partner has submitted an assurance statement setting out their main developments around safeguarding and work that is ongoing in their agency.

A supplement to this Annual Report sets out the work partners have done during 2016/17 to ensure that children and young people are safeguarded and to contribute to the shared priorities of the Board.

2. Statutory Framework for the MSCB

Section 14 of the Children Act 2004 and Working Together to Safeguard Children 2015 sets out the statutory objectives and functions for an LSCB as follows:

1. 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
2. To ensure the effectiveness of what is done by each such person or body for those purposes. Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:
 - (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) recruitment and supervision of persons who work with children;

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- (iv) investigation of allegations concerning persons who work with children;
 - (v) safety and welfare of children who are privately fostered;
 - (vi) 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.

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of the guidance. Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory function under regulation 5 a 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 this guidance;
- 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.

In 2015/16 the government issued additional guidance to all LSCBs in respect of radicalisation and extremism which needs to be recognised as a safeguarding issue and should be included in the quality assurance work undertaken by the Board.

Additionally the government contacted all LSCB Chairs and the Chief Executives of local councils in 2015 following publication of the independent [Alexis Jay Report into Child Sexual Exploitation](#) (CSE) in Rotherham (2013/16) reinforcing the importance of ensuring robust responses to CSE.

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3. Voice of the Child

The MSCB is committed to listening to the voice of the child and improving engagement with children and young people in all aspects of its work.

This has included measures to involve children and young people in the business of Board meetings where appropriate and of value to children and young people. For instance, at a Board meeting when a report on looked after children was being considered a representative of 'The Group' (Manchester's Children in Care Council) was invited to attend the meeting and take part in the discussions. The young person also shared a poem written by The Group: *Remember our Humanity* which is reproduced at the front of this annual report. The MSCB has made a commitment to keep in mind the spirit of what is expressed in this poem when conducting all its business.

A Communications and Engagement subgroup has been established and a revised Communications and Engagement Strategy agreed, putting engagement at the heart of the work of the MSCB.

All reports coming to the Board and all subgroup progress reports now require information to be included to demonstrate how the work being described will impact on the lives of children and young people. The Board has also increased its number of Lay Members from one three to bring a more 'grass roots' perspective to the work on safeguarding children; to 'think as a member of the public'; and to play a part in the oversight and scrutiny of decisions and policies made by the Board. Each Lay Member has been allocated a link Board Member to support their participation in the work of the Board.

As part of the MSCB's revised Section 11 arrangements, partners are asked to provide assurance on how they are ensuring the voice of the child, parents and staff is incorporated into their safeguarding arrangements.

Towards the end of 2016/17, the MSCB began planning and developing its vision and priorities for 2017/18. As part of this work, an online survey of children and young people was created on the Manchester Safeguarding Boards website to seek their views on what made them feel safe and unsafe. The responses from this survey were then shared with Board members and the wider partnership at our Visioning Event and have directly fed into the priority setting process for 2017/18.

The MSCB has provided a consultative scrutiny role during the development and launch of the Children's Services 'Our City Our Say' Strategy aimed at strengthening the voice and influence of children and young people in Manchester. Board members were invited to feed into the consultation process for the strategy and the draft document was brought to MSCB for scrutiny and sign-off. The aims of the

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strategy are that children and young people are involved in the decisions that affect them; that we focus on the rights, needs and wishes of children and young people; that we share decision making powers with them; that we provide good quality opportunities for children and young people so they can get involved in their communities and develop life skills; and that Manchester is a good place and a safe place for children and young people to grow up in.

Practice examples:

- As part of the continued development of the Pennine Acute Trust (PAT) Children and Young People (CYP) Participation and Engagement Strategy, the CYP Engagement Group are establishing links with different school councils and groups, community groups and established groups for children with chronic illness. This allows the Trust to update CYP on developments within the Trust, include CYP on interview panels and comment on particular areas of work of the Trust.
- With colleagues from the University of Huddersfield, PAT and the children from Pike Fold Community School designed a two hour 'Getting it Right' radio show that was broadcast on 15 February 2017 via Roch Valley Radio.
- Children in private foster care placements now receive improved advocacy services via Coram Voice, who deliver this service on behalf of the local authority.

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4. Progress against our Business Priorities

At the beginning of 2016/17 the MSCB developed a Business Plan setting out its priorities for the coming year. This section of the Annual Report summarises the progress we have made against our priorities.

4.1 Our Priority was: the Board is assured that partners are working together to safeguard children.

The Board and its subgroups have, during 2016/17, reorganised their structure and changed how we operate in order to: (i) better focus our work on our key safeguarding priorities; (ii) widen engagement of different partners across the city; and (iii) promote a culture of reflective practice across the partnership.

We have:

- Reviewed the Board structure and refreshed the terms of reference for each subgroup in order to ensure there is clarity of purpose and that the work of the subgroups is aligned to Board priorities and focussed on delivery of them. Subgroups are now chaired by a range of agencies including Health, Police, Voluntary Sector and Children's Services.
- Replaced the former Executive with a refreshed Leadership Group that is leading and driving forward the Board's work. Importantly, each subgroup Chair now attends this group and is supported and held to account for the work of their subgroup and the delivery of Board Priorities.
- Ensured regular subgroup reports to the Leadership Group and Board are now built into the monitoring cycle and are focussed on 'What is working well? What is the subgroup are worried about? What needs to happen? Next Steps and What is the impact of the subgroup work?' This approach is ensuring there is a strong focus on partnership working and most importantly its impact on safeguarding practice and arrangements.
- Put in place a Business Plan that defines what the Board intends to do to seek assurance and improve safeguarding for children across the City. The Business Plan gives the Board and its partners an improved sense of purpose and direction in relation to what needs to be done and why it is important. A risk register is in place to manage any risks relating to the delivery of the Board business plan, the nature of the risk and how we might mitigate against it. The Business Plan and Risk Register are overseen by the Leadership Group.
- Developed a Challenge and Impact Log so we can better understand and analyse challenges presented in relation to safeguarding practice and arrangements; the required response; and

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the evidence of the impact this has had on practice and arrangements. Self-assessment activities were undertaken, including: a desk-top review; one to one interviews with key partners; and an online survey of the wider partnership.

- Actively pursued wider engagement in the Board and its work with the Voluntary and Community Sector (VCS), schools and Lay Members. This was important because the Board needs to be representative of the children's workforce in order to ensure there is wider understanding, influence and impact on the wider safeguarding system. We have achieved improved schools contribution and we have successfully recruited Lay Members. Representation from the VCS has been inconsistent and we will continue to focus on this during 2017/18.
- Integrated the Manchester Safeguarding Children Board and Manchester Safeguarding Adults Board (MSAB) business unit.
- Brought together the Complex Safeguarding subgroups and Learning Development subgroups; and created a joint Communications and Engagement subgroup. This has enabled us to have a greater focus and impact on cross-cutting safeguarding issues affecting children and adults in Manchester. Alongside this, there have been joint events focusing on Domestic Violence and Abuse; Prevent; Serious Case Reviews (SCRs); Safeguarding Adult Reviews (SARs); and learning from Domestic Homicide Reviews.
- Secured Partner contributions to ensure the Board's funding arrangements can deliver on plans and priorities.

Practice Examples:

- Education has a wide range of communication with schools and other partners, including quality assurance visits, ongoing projects, circular letters, network meetings, head teacher briefings, governor briefings. Over the past year, with the input of the Independent Schools MSCB representative, there has been a focus on improving engagement with independent schools around safeguarding.
- The Strategic Housing Access Manager represents social housing registered providers on the MSCB and messages from the Board are relayed to the registered providers via the Safeguarding Champion for each provider.
- Greater Manchester Mental Health Trust Foundation routinely shares information with a range of health professionals including GPs, Health Visitors, School Nurses and Midwives to ensure the best outcomes for children and young people.

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4.2 Our Priority was: increased awareness in the community and across agencies.

(i) To ensure that children in need of protection are identified and referred appropriately; and

(ii) To increase awareness of strategies, actions and support that can work to prevent children at risk from significant harm.

The Board has worked hard over 2016/17 to increase awareness of safeguarding risks and guidance for protecting children and young people. In particular, the Board focused on producing high quality information, guidance, and strategies by improving the range of material available to support practitioners, children and families; and improving the communication and engagement channels we use, so that people can readily access the right information. This work has included a new website and a number of high profile campaigns which took place over the year.

Our work has encompassed:

- The development of an integrated [Manchester Safeguarding Boards](#) website, which has been successfully launched and promoted. The website is now easier to navigate and search; it has dedicated areas for the different groups who may use it i.e. children and young people; families and friends; and practitioners, including volunteers; and provides a range of advice and guidance.
- The website provides clear information about all safeguarding matters including what abuse is and what you should do if you are worried about a child or young person. It incorporates a Learning Hub (with links to Face to Face and Online Training resources, information on Learning from Practice and Communications and Engagement). There is also a Resource Hub providing guidance on the Multi-agency Levels of Need and Response Framework, access to a range of MSCB business documents and forms, as well as a resource for General Practitioners. The site is also a gateway to the full range of policies and procedures of both Manchester City Council and the Greater Manchester Safeguarding Partnership, of which MSCB is a member. The site will continue to be developed throughout 2017/18 to make it an even better resource and there are further plans for a member's only section for more sensitive information.
- We have refreshed the [Manchester Safeguarding Children Board Safeguarding Standard](#) to which all providers and commissioners of services for children and young people in Manchester are expected to adhere.
- A series of easy read [7 minute briefings](#) have been introduced and circulated to board members and the wider workforce. Topics have included: Female Genital Mutilation (FGM) including Mandatory Reporting Requirements and 'Claire's Law' Domestic Violence Disclosure Scheme.

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- The Board participated in the development of the [Our City Our Say Strategy](#) which is aimed at strengthening the voice and influence of children and young people in the city around four themes:
 - Decision Making;
 - Choices and Rights;
 - Improving Services; and
 - Shaping Communities.
- Our Communications and Engagement Strategy has been produced, agreed and implementation started.

Our focus going forward will be to build on these resources and embed their use across the partnership as valuable tools for learning and communication.

Practice Examples:

- The Healthy Schools Team launched the 'I Matter' curriculum in October 2016. This is a preventative safeguarding resource which aims to develop young people's knowledge, skills and attributes to identify and manage risk to keep themselves and others safe. School staff and over 500 students were involved in the pilot.
- Following an external review of safeguarding provision, University Hospital South Manchester (UHSM) made a commitment to further improvements. This has led to the introduction of a new Head of Nursing for Safeguarding post to support the leadership of safeguarding across the Trust.
- Greater Manchester Mental Health Trust (GMMHT) have tapped into their experiences of adult services to highlight the importance of effective communications by practitioners in affecting the perceptions of users. When things are explained as a routine part of planning care to benefit the individual and their wider family, information is generally received positively.

4.3 Our Priority was: ensuring that all partners have a clear understanding of the Serious Case Review referral and decision making process; and that processes for sharing learning and ensuring actions are followed through are in place and monitored.

The Board has embedded improved and robust arrangements for the Serious Case Review (SCR) process; ensuring reviews are effective and timely, and that the learning from reviews is leading to

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changes in how partners fulfil their safeguarding duties. Section 6.7 summarises the particular issues from the individual reviews progressed during the year.

We have:

- Refreshed the Serious Case Review Referral Form and screening thus supporting timely referrals; improved information sharing and analysis of practice; informed decision making; and aiding the commissioning of reviews.
- Put a Learning and Improvement Framework in place which has been shared across local organisations who work with children and families. The purpose of the framework is to enable organisations to be clear about their responsibilities; to learn from experience and improve services as a result. Continuous development and improvement in safeguarding practice and services remains a central part of our work.
- Invested considerable time and effort in improving arrangements for commissioning [Serious Case Reviews](#) in order to ensure that there is clarity about the required review model; commissioning is consistent with the agreed 'MSCB/MSAB Manchester approach'; that the appointed lead reviewer has the experience and knowledge required for the particular review; and that there is improved transparency about our expectations.
- A joint SCR/SAR (Safeguarding Adults Review) workshop for Board members and the wider partnership, attended by approximately 55 partners, was held in September 2016 and provided both an overview of the SCR and SAR process and a briefing on producing chronologies and use of the *Chronolator* software utilised by the MSB Business Unit.
- Serious Case Reviews are now robustly tracked via a tracker that maps out each stage of the process and the progress being made.
- Meeting timetables are aligned to allow sufficient capacity for consideration of draft and final version reviews and agreeing next steps.

Practice Examples:

- SCR learning is shared with the Housing Safeguarding Champions and at the Connecting People work stream of the Manchester Housing Providers Partnership (MHPP) where particular focus is given to housing and its role.
- UHSM have incorporated initial learning from SCRs that they are involved with into training delivery to ensure practice is improved.
- The CCG Designated Safeguarding Team ensures that they have key findings and learning from children and adult reviews are shared with primary care and the CCG. The learning from the

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reviews informs the operational plan for the coming year in terms of priorities.

- Pennine Acute Trust disseminate learning from SCRs via bulletins. This year this has included: awareness of caring responsibilities; the heightened risk that can present where mental health problems, alcohol and substance misuse and domestic abuse combine.

4.4 Our Priority was: providing scrutiny and assurance, including regular reporting on the safeguarding performance of partner agencies against the Boards' agreed priorities; ensuring the effectiveness of what is done by Board.

The Board scrutinises safeguarding effectiveness in a number of ways including: partner organisations' self-assessments (Section 175 audits); multi-agency audits of individual cases, which provide a more detailed view of current practice and issues at the frontline; reports on safeguarding effectiveness relating to the Board's key priorities; and the Board's annual assessment of organisations' effectiveness and the follow-up work undertaken in response.

We have:

- Completed Section 11 audits and held challenge sessions led by the Independent Chair and with the involvement of all partners. The findings of this are explored further in Section 6-8 Safeguarding Assurance.
- Undertaken Section 175 audits in 110 (61%) of schools and the findings and action plans shared; these will be monitored by the Quality Assurance and Performance Improvement (QAPI) subgroup. This is explored further in Section 6-8 - Safeguarding Assurance.
- Continued the rolling multi-agency Case File Audit Programme in a timely manner, with four audits taking place and individual and multi-agency learning and actions being shared and tracked by the QAPI subgroup. During the period April 2016 to March 2017, the following multi-agency audits were completed:
 - MASH and Early Help
 - Looked After Children Missing From Home
 - Child Protection and Core Groups
 - Child Sexual Exploitation.
 - Further information on the findings of the multi-agency Case File Audit Programme can be found in Section 6-8 - Safeguarding Assurance.

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- Regular reporting expectations and increased scrutiny on strategic areas of high importance—such as Early Help, Domestic Violence and Abuse, Neglect, Child Protection Conferences and Strategy Meetings. The Board has also been able to act promptly in responding to areas of concern that have presented such as reported increases in use of ‘Spice’ and the potential increase in vulnerable asylum seekers.

Practice examples:

- The Public Health Team works with partners to identify learning from the audit programme to inform and improve practice. This includes ensuring that providers of commissioned services are aware of the findings and implement recommendations during formal quarterly performance monitoring meetings.
- Following inspection in 2016, safeguarding provision for 16 and 17 year olds at UHSM was identified as a potential concern. Since then, the safeguarding children’s team have developed a ‘snap shot’ training package and completed a ‘voice of the child’ audit with 16 and 17 year olds. A thematic conference was held in September 2016 which was well attended by partner agencies and addressed issues such as Child Sexual Exploitation, emotional difficulties faced by young people and capacity to consent to treatment.

4.5 Our Priority was: developing MSCB engagement and supporting Early Help and the understanding of Levels of Need.

Improved reporting around MASH and Early Help during 2016/17 has enabled the Board to target where improvements can be made and work to embed this has begun (and is continuing into 2017/18).

We have:

- Recommended that the multi-agency design and delivery MASH Task and Finish Group report progress and recommendations to MSCB.
- Agreed a recommendation to review the referral pathway for domestic violence and abuse so that it aligns better with Early Help; and that a ‘consultation line’ for professionals be provided by the MASH.
- Agreed a recommendation that Early Help Hubs coordinate problem solving sessions for cases which are stuck or potentially escalating.

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- Analysed the issues around the need to increase agencies understanding of the levels of need and agreed a refreshed multi-agency referral form that better reflects the levels of need and requires agencies to provide information on early help interventions that have been offered.
- Forged better links between the work of the Manchester Children's Board and the MSCB, including attendance at the Children's Board by the Independent Chair and six monthly progress reports on the work of the Children's Board being timetabled in the MSCB work Plan. The MSCB also provided input and scrutiny of the [Children and Young People's Plan 2016-2010](#).
- Increased reporting and scrutiny of MASH and Early Help by ensuring that partners are made aware of current data, trends and challenges and can explore how best they can make improvements in their own agencies to embed Early Help and make sure that the right services are made available to children and young people at the right time.
- Included Early Help data on the MSCB Performance Scorecard. Improvements in the use of data is providing a greater understanding of take up by agencies and allowing progress to be measured.

Practice Examples:

- There are now specialist Greater Manchester Police officers embedded within each Early Help Hub to maximise partnership working opportunities, and early help is now included in the training programme for new recruits and within refresher training for all front line staff.
- The Clinical Commissioning Group (CCG) Safeguarding Team completed a scoping exercise to map out the provision of health services across the city to support the Levels of Need and Response Framework. Subsequently, a new delivery model was developed and implemented to ensure that health provision meets the needs of the MASH and Early Help Hubs.
- CMFT has established an Early Help subgroup within the Trust to raise the profile of the early help agenda and improve strategic and operational working. There is representation from community, acute and midwifery services.
- A multi-agency approach to Early Help has been embedded over three sites in the City in the form of the Early Help Hubs. The service is well embedded and a session with partners is planned to reflect on its progress from a multi-agency perspective.

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4.6 Our Priority was:

(i) ensuring the effectiveness of thematic strategies and support in the operational delivery of complex safeguarding; and

(ii) ensuring that the focus of the impact of Domestic Violence and Abuse on children and young people is enhanced and is in line with the MSB Domestic Violence and Abuse Strategy with an emphasis on understanding and responding to underlying causes.

MSCB had two separate priorities on Domestic Violence & Abuse and Complex Safeguarding in 2016/17. These incorporated the wider vulnerabilities such as Honour Based Violence and Female Genital Mutilation (FGM) that are covered by the [Manchester Delivering Differently Domestic Violence and Abuse Strategy 2016 - 2020](#). As some of the vulnerabilities around complex safeguarding and domestic violence and abuse are cross-cutting, progress on both priorities has been summarised below.

Manchester has higher rates of domestic violence and abuse compared to other core cities. A total of 3,308 victim-based crimes reported across the city between April 2013 and March 2014 were flagged as domestic abuse – an increase of 7.3% on the previous year. Domestic violence and abuse is also prevalent in child protection work, being a factor in around 40% of Child and Family Assessments according to Manchester's Joint Strategic Needs Assessment (JSNA). Nationally, research demonstrates the serious risks children face; for example 62% of children living in domestic abuse households are directly harmed; and a quarter of children in high risk households are under three years old.

Through the work of the [MSB Domestic Violence and Abuse Strategy](#), launched in early 2016, and the accompanying [JSNA Topic Report](#), Manchester now has a much better understanding of the prevalence of domestic abuse, the key points from research and the priorities for safeguarding going forward.

The focus and work of the MSCB over 2016/17 has been to support:

- Raising awareness of the prevalence of Domestic Violence and Abuse (DVA). As part of this, the MSCB and MSAB held a joint workshop in June 2016 that focused on increasing awareness, exploring prevalence and patterns across the city and agreeing next steps.
- Training of 230 Early Help Hub staff in a new curriculum for domestic violence and abuse.
- Ensuring domestic violence and abuse interventions are part of the new Family Resource Intervention Framework for key-workers in Early Help.
- Adult Safeguarding in Manchester City Council (MCC) to fund two additional Independent Domestic Violence Advisor (IDVA) posts in the North and South Manchester hospitals to ensure a consistent DVA response in all three midwifery units in the city.

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- The joint funding by MCC and the Police and Crime Commissioner of a Lesbian Gay Bisexual and Transgender (LGBT) IDVA post covering the Greater Manchester area.
- The Black Minority and Ethnic complex needs worker post within the Saheli project.
- Extension of the Early Help and prevention project working with families who wish to remain in a relationship.
- The successful bid to the Department for Communities and Local Government (DCLG) from the Violence Against Women and Girls funding to deliver a specific LGBT Domestic Violence & Abuse dispersed project, linking in with Brighton and Hove and the London Tri borough.
- Honour Based Abuse and Forced Marriage training to be delivered to 360 staff.
- An IDVA role based in the new Adult MASH to carry out a duty function on behalf of the wider IDVA service which works with children and adults.
- The MSCB/MSAB Best Practice Plan agreed in February 2017, so ensuring that all partners operate a shared and consistent approach.
- Sharing and embedding learning on domestic violence and abuse. Domestic Homicide Reviews (DHRs) are now routinely built into the MSCB Work plan, thus ensuring that learning from DHRs is shared and understood by partners and that actions the MSCB can contribute to are carried out.
- Scrutiny of the progress made by the Domestic Violence and Abuse Forum, which was set up to take forward the priorities set out in the strategy. The Forum updates the MSCB at least twice a year. Partners are demonstrating a high commitment to contributing to this work

Complex safeguarding refers to a number of different risks:

1. Child Sexual Exploitation (CSE)
2. Children missing from home, care or education
3. Gangs and violence
4. Modern Slavery and trafficking
5. Radicalism and extremism
6. Female Genital Mutilation (FGM)
7. Honour Based Violence and Forced Marriage.

Historically these risks have tended to be addressed individually, but they are increasingly intertwined and there is work ongoing to understand the interrelation further, as well as develop new models to tackle complex safeguarding. The MSCB and its partners have changed their approach accordingly, with a number of developments taken forward over 2016/17.

- The Complex Safeguarding subgroup was refreshed to coordinate work around the above areas, following a clear work plan. The group has been integrated since January 2017 and serves both

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the MSCB and MSAB, promoting a more joined-up and 'think family' orientated approach and greater strategic oversight of commonality across this work. The subgroup has been providing updates after each meeting to the MSCB Leadership Group and MSAB Executive Group, who in turn include them in their reports to the two Boards. Strategic documents and guidance relating to the seven strands are scrutinised by the group before being escalated to the Boards for sign-off.

- The group is progressing with the various elements of its work plan, receiving updates on the high level actions from designated leads in the group for each strand of work. Group members are engaged with the agenda and are actively contributing to the discussion and planning. This includes development of strategy, review of policy and guidance, commissioning training and delivery of a progress and impact report. The plan also considers a number of cross cutting themes such as communication and engagement, learning and development and quality assurance and practice which ensure a link across to the other subgroups serving the Board.
- An exercise to map current CSE provision has been carried out as well as work to establish a CSE dataset within the Complex Safeguarding 'Dashboard' to help monitor how prevalent the issue is and how well interventions are tackling it. The [MSB CSE Strategy](#) has been refreshed and sets out how professionals will work with young people, communities and professionals to tackle CSE across four thematic pathways:
 - Alert and Empower;
 - Support and Protect;
 - Disrupt and Enforce;
 - Monitor and Improve.
- A range of resources for practitioners and volunteers on CSE is available on the [MSB website](#).
- A Review of the [MSB Missing From Care Home and Education Strategy](#) has been carried out and now has a focus on:
 - Prevention: how we reduce the number of children and young people who go missing and ensure that children and young people understand the risks;
 - Protection: how we will reduce the risk of harm to those children and young people who do go missing, and consider any wider safeguarding risks (e.g. drawing the links between missing and wider complex safeguarding issues); and
 - Provision: how we will provide children, young people who go missing and their families and carers with high quality, response, support and guidance.

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- For Vulnerability and Organised Crime, there has been a review of partners' presence in the Community Safety Partnership Strategy Action Plan held by the Serious and Organised Crime Executive; and progress and impact monitoring against the Action Plan is being carried out.
- Honour Based Violence and Abuse - Manchester accepts the Home Office definition of domestic violence and abuse which is any incident or pattern of incidents of controlling, coercive threatening behaviour, violence or abuse between those over age 16 who are or have been intimate partners or family members. This definition also includes so-called honour based violence & abuse, FGM and forced marriage, and are covered by the Manchester Delivering Differently Domestic Violence and Abuse Strategy 2016 outlined above. A range of resources on forced marriage is available on the website for both [practitioners](#) and for [families and the community](#).
- Specialist advice, training and support will be offered to all professionals in order for risk assessment, referrals and support to be successfully managed. By having such awareness raising strategies in place, services can go the extra mile to ensure their service is accessible and inclusive to all. Plans are being rolled out to deliver honour based violence & abuse and forced marriage training to 360 staff. Manchester has developed and produced [FGM Practice Guidance for Staff](#) and a FGM Task and Finish Group is working to align the Manchester Action Plan to the Greater Manchester Strategy.
- Modern Slavery and Violence - there has been a review of Greater Manchester Modern Slavery Strategy and a raft of actions to improve awareness and to *Prevent, Protect, and Pursue*.
- Radicalism and Extremism - work is ongoing to monitor progress against delivery of the Prevent Strategy which includes preventative work in schools. It also includes participation in the Greater Manchester Channel Peer Review where a group of independent peer reviewers assess a random selection of Channel cases in relation to a number of lines of enquiry including: leadership, partnership working, information sharing, referrals, processes, vulnerability assessments, quality of decision making and impact of interventions and support to individuals.
- Manchester is also part of the Greater Manchester Safeguarding Partnership Review of MSCB/MSAB Working Together to Safeguard Children and Adults from Domestic Violence and Abuse.

Practice Examples:

- As part of a multi-agency Safeguarding Conference organised by UHSM, to ensure that they views of young people were considered through the day, a young person's drama group delivered a compelling play with the key theme being exploitation and grooming.

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- CMFT worked closely with the police in operations at Manchester Airport in summer 2016 to raise awareness of FGM and provide advice to passengers travelling to and from countries where FGM is prevalent. CMFT also work closely with voluntary organisations such as Afruca to raise awareness about communities and cultural issues.
- Christie NHS Foundation Trust have held targeted campaigns to raise awareness of complex safeguarding issues and information is displayed throughout the organisation. Safeguarding Champions have been key in raising awareness of these issues and have successfully identified patients who are at risk.
- The CMFT Domestic Violence/FGM Subgroup meets quarterly and its terms of reference reflect key priority areas identified in NICE 2014 Domestic Violence and Abuse guidelines. The group work plan ensures that national and local learning, policy and practice area reviewed and developed to influence frontline practice in CMFT.
- Greater Manchester Police is committed to the implementation of Operation Compass, a reporting mechanism to share fast time information to schools about domestic incidents. This enables a greater understanding of the child's situation immediately following the report of a domestic abuse matter
- Funding is in place to train all 92 GP practices by the end of 2017/18 - with only 17 practices left to train. The IRIS programme ensures that GPs new to the city are trained, that practices which have a lower referral rate than expected are provided with extra support to ensure that survivors of domestic abuse receive the same 'gold standard' of response whichever GP or practice nurse they visit across the city.
- MCC Children's Social Care have commissioned and are planning the roll out of the Safe and Together programme, complementing Signs of Safety and other strengths based models.

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4.7 Our Priority was: developing the Neglect Strategy, including using the learning from SCRs where neglect is a significant factor and integrating that learning into the multi-agency training programme.

Identifying and preventing risk of neglect is a key priority for Manchester. The [Joint Strategic Needs Assessment report on neglect](#) shows that 41% of Looked After Children in Manchester had neglect identified as a factor; 57% of children on a Child Protection Plan are on the plan for a primary reason of neglect; and 76% had neglect recorded as a factor. The percentage for our statistical neighbours was 36.6%. In addition, 18% of Children in Need on 31st March 2016 had neglect recorded as a factor.

In May 2016, the Board held a workshop to explore the prevalence of Neglect in the city further, the impact on children and to consider what we are doing well, what we need to do differently and our next steps. It concluded that arrangements at the time were not sufficient - the Neglect Strategy was outdated and was not effectively underpinning work on the ground. Furthermore the Board could not be assured that the daily lived experience of children experiencing neglect in the city was understood.

In response, the Board set up a multi-agency Task and Finish Group to develop an improved approach for identifying, preventing and tackling neglect. Two key deliverables came out of this which are now guiding practice.

We have:

- Developed a new [Neglect Strategy for Children, Young People and Families 2017-2019](#) (published June 2017), which sets out the context in Manchester, what research tells us about the impact of neglect on children and the required priority actions.
- Linked the strategy to the JSNA Topic Report on Neglect which provides further detail on the prevalence (national and local) of Neglect and a summary of the key research.

Practice examples:

- CMFT used the learning from SCRs where Neglect is a significant factor, identifying themes and integrating that learning into the Trust's single agency training.
- Christie NHS Foundation Trust have introduced the graded care profile as a risk assessment tool after it was adopted by MSCB and have ensured that neglect is an integral part of all safeguarding training and that their safeguarding policy provides clear advice to workers on actions to take if neglect is suspected.
- The Signs of Safety approach is now embedded into Greater Manchester Police officer training

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and staff are advised to take positive action where neglect is suspected or reported and this is then escalated to supervisor officers to ensure appropriate action can be taken in each individual case.

- Youth Justice have increased their engagement with families, parents and carers in recognition that the dynamics within the home are linked to the reasons why young people sometimes behave badly in the community. Parental neglect is a recognised feature and Youth Justice are working with early help colleagues to develop the skills of the workforce to engage parents in supporting young people in the criminal justice system.

4.8 Our Priority was: development of a framework to ensure that safeguarding learning and development activity equips the partnership to meet its safeguarding responsibilities; gives assurance that partners access multi-agency learning and development opportunities; and that evaluation of the impact of multi-agency training on practice is carried out.

We have:

- Put in place a multi-agency Learning and Development Strategy. This helps the Board ensure that learning is child focussed so that the voice of the child and the child's welfare remain paramount and training promotes the importance of understanding the child's daily life experience. Training is underpinned by the values contained within Working Together and is regularly reviewed and evaluated to ensure that it meets the agreed learning outcomes and has a positive impact on practice.
- Added an electronic evaluation tool to the MSB training website and an impact evaluation tool for face to face training is being used to drive continuous development and improvement in learning and development.
- Developed plans in relation to how learning from Serious Case Reviews (SCRs) will be disseminated and improve safeguarding practice and services. There were no SCRs published in this reporting year; however there has been a strong focus on ensuring early learning from SCRs is actioned at the earliest opportunity. For example, a SCR involving a concealed pregnancy - whilst still ongoing - has led to targeted and general awareness raising of the Greater Manchester Safeguarding Partnership guidance on concealed and hidden pregnancy.

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- Agreed a revised and comprehensive Quality Assurance Strategy at the Learning and Development subgroup in March 2017. To achieve the MSB Standard, all child and adult safeguarding training should:
 - Be founded by and relate clearly to a robust evidence base, supported by the principles and guidance set out in “Working Together to Safeguard Children”; Care Act Statutory Guidance 2016 in relation to adults; and current legislation and Greater Manchester and local authority policies and procedures for safeguarding;
 - Reflect that the welfare of the child/vulnerable adult is paramount;
 - Encompass anti-oppressive practice and challenge discrimination on any grounds;
 - Validate inter-agency working and reach a wide inter-agency audience;
 - Promote best practice and personal development;
 - Accommodate adult learning styles;
 - Respond to local needs and be subject to evaluation and review;
 - Incorporate the six principles of adults safeguarding;
 - Been informed by Making Safeguarding Personal and the need to recognise and incorporate whole family approach.
- Seen an increase in the number of practitioners attending multi-agency training; 1,478 practitioners attended 63 face to face safeguarding training courses in 2016/17.

Practice examples:

- Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC) staff all complete an extensive induction and training process to equip them with the skills to deliver the ‘Interchange Model’. Additional practice and development training includes mandatory safeguarding training, including child sexual exploitation and female genital mutilation.
- North West Ambulance Service is fully engaged with the SCR, SAR and DHR process and staff attend Child Death Overview Panel meetings when requested. Advanced and senior paramedics attend learning reviews and feedback to the Safeguarding Team. Support is always provided to staff attending reviews and feedback sought as soon as possible to enable learning to be captured and to follow up any actions that the service needs to carry out.
- Cafcass child exploitation and diversity ambassadors/champions collate learning from inside and outside the organisation and promote it to colleagues. The Cafcass Research Programme supports the work of external researchers and undertakes internal research projects each year.

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This year, this has included: domestic abuse in contact applications, trafficking, radicalisation and high conflict cases.

4.9 Our Priority was: assurance that the Child Death Overview Panel (CDOP) are effectively collating child death information and identifying trends and that data is collected and reported in line with statutory requirements.

This year CDOP have continued to strengthen and consolidate 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, as well as with the GM Safeguarding Partnership.

Manchester has contributed to a shared GM database since 2012/13 to look at patterns and trends over the whole GM footprint.

- CDOP holds regular quarterly meetings and has introduced improved data collection tools. Manchester and Greater Manchester data, including analysis of trends, is reported to the Board annually and made available to the wider partnership.

Further information on the work of CDOP and headline findings from this year's annual report are available in Section 6.

4.10 Our Priority was: strategic relationships - ensuring the Board is informed of and is involved in planning across partner boards.

The Independent Chair of the MSCB is also the Chair of Manchester Safeguarding Adults Board (MSAB) and this ensures cross cutting safeguarding matters are kept high on the agenda.

Regular joint MSCB/MSAB workshops are timetabled and consider cross-cutting issues. During 2016/17 the Boards have come together to:

- Consider:
 - Domestic Violence and Abuse (June 2016);
 - PREVENT (June 2016)
 - SCR/SAR Overview and Chronology/Chronolator Software Briefing (Sept 2016);
 - Domestic Homicide Workshop (Nov 2016).

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- Establish joint subgroups for Learning and Development, Communications and Engagement and Complex Safeguarding. This is enabling the Boards to have a more holistic view and greater impact on safeguarding practice across cross cutting themes.

The work of both Boards is supported by an integrated Business Unit, managed and led by an Integrated Safeguarding Boards Manager.

- Each Board is supported by a dedicated Board Coordinator;
- The Boards are further supported by a number of integrated posts: Policy & Performance Officer, Communications & Engagement Manager, Learning & Development Officer, Child Death Overview Panel (CDOP) Officer and four Business Support Officers.

The Independent Chair of MSCB is also a member of the Children's Board, the Children's Improvement Board and presents an annual report to the Manchester Health and Wellbeing Board.

- Regular reports and updates on the work of the Children's Board and the Children's Improvement Board have been scheduled into the MSCB Forward Plan. The MSCB was able to provide feedback on the development of the key strategic plan of the Children's Board, the [Children and Young People's Plan](#), ensuring that partners across the city have a shared understanding and are working together coherently to ensure a safe, happy, healthy and successful future for children and young people in the City.
- Improvements to links with the Community Safety Partnership (CSP), including Domestic Homicide Reviews (DHRs), are now being regularly considered at the MSCB to ensure cross-cutting links are made. It has been agreed that the CSP will act as the coordinating lead across the Boards for domestic violence and abuse to ensure that there is clarity across governance arrangements of the Boards in keeping with the [Community Safety Strategy](#).
- MSCB involvement in the development of a Suicide Prevention Plan, led by Manchester Public Health and involving partners from across the public, community, voluntary and business sectors, recognises that everyone has a role to play in suicide prevention. The Plan is based on the *Living Works* model for suicide-safer communities - an internationally respected approach based on evidence from suicide prevention strategies from around the world.

4.11 Further Areas of Challenge and Improvement

In addition to the areas identified as priorities in the 2016/17 Business Plan summarised above, other areas of challenge and concern have been identified and addressed by the Board.

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Ensuring consistent attendance at **multi-agency Child Protection Case Conferences and Strategy Meetings** throughout the partnership. Attendance data and existing processes were considered and a number of improvements were agreed to both engagement procedures and, where necessary, to partners participation. The MSCB has been assured that improvements have been made and progress will be further monitored by QAPI.

Children Missing from Education - concerns regarding timescales for children taking up a new school place - a new dataset has been developed by Education to improve identification of any delays and to inform future monitoring.

The need for improved understanding by social workers of the educational aspects of **autistic spectrum disorder** has been progressed between Education and Children's Social Care and reflected in changes to the training of social workers in the City.

Transitions – concerns had been raised that the existing provision did not cover a range of possible transition points. This has been progressed by Children's Social Care, Adult's Social Care and the Clinical Commissioning Group; and arrangements have been put in place to gain assurance that safeguarding arrangements are in place during transition. Going forward, we will be seeking to develop a Transitions Strategy that ensures an individual's engagement with services as they transition is consistent, seamless and safe; and that no one 'slips through the net'.

Non-Contact Sex Crimes – following a concern raised by a VCS partner regarding appropriate inter-agency responses to non-contact sex crimes as a consequence of **sexting and indecent explicit image exchange**, assurance was sought via Education and Safeguarding in Schools. Proposed actions include: awareness raising via the MSB website; production of a briefing to disseminate across the partnership; and a guide for parents on identifying the language that might indicate risky behaviours is being considered.

Child Protection Information Sharing (CP-IS) – Children's Services and Health agencies have been working together to implement CP-IS system during the reporting year with a view to it being live in the autumn of 2017. When CP-IS is implemented information about children who are looked after or those subject to a Child Protection Plan will be shared with unscheduled health care settings i.e. Accident and Emergency Departments, Walk in Centres and North West Ambulance Service. Sharing of such information will ensure unscheduled health care settings are alerted to the status of the children

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attending and will trigger a notification back to the Children's Services system, thus improving safeguarding.

Abusive Head Trauma (AHT) – in March 2017 the MSCB considered and agreed a proposal to endorse an innovative abusive head trauma prevention campaign. Abusive Head Trauma (AHT), also known as Shaken Baby Syndrome, is a devastating form of child abuse often resulting in catastrophic injuries. One in 14 cases is fatal before hospital discharge and half of severely injured survivors will die before 21 years of age. The prevention messages relating to AHT are aligned with the public health levels of prevention which are:

- **Primary** (preventing a problem before it starts) targeted through school based education, via post-natal checks, at GP six-week check-ups, via public health awareness raising campaigns and community education and via fatherhood and parent summits and 'cafes';
- **Secondary** (intervening at the early stages of an emerging problem); and
- **Tertiary** (intervening when harm has occurred to prevent further harm and limit damage).
- Each have a range of ways of reiteration of the message through identifying stressors and improving recognition and referral;
- A further level which could be described as **supportive** helps support those families affected by AHT and foster a culture where education comes from within communities.

Greater Manchester Police: Safeguarding Investigations Vulnerability - in 2015 Greater Manchester Police developed a Target Operating Model (TOM) and a shared vision and model for the future on delivery of services. Investigative and safeguarding capabilities will be delivered as part of an integrated team at all levels (previously these had sat separately) and GMP will invest in their workforce to improve their ability to safeguard. A review has been underway in 2016/17 to establish how best to deliver these principles and the review is taking place in three phases, one of which will concentrate on development of the TOM for crime investigation and safeguarding. MSCB have provided feedback and scrutiny of the work as it develops and will continue to do so as the review is concluded and the changes implemented.

School Nurse and School Health Services – in order to gain assurance about impact and capacity, MSCB have provided input and scrutiny on the roll out of a new specification for school nurse services via reports and updates reported to the Board by the commissioner and commissioned service that is delivering the provision.

5. The Manchester Context - What do we know about children in Manchester?

5.1 Population

Manchester is the sixth largest city in the United Kingdom and the largest borough within Greater Manchester. The city is densely populated, with a population density of 49 persons per hectare, which is almost nine times the average for the North West region. Manchester's population in 2016 was estimated at 541,263. It is believed that changes in the methodology used by the Office for National Statistics in recent years may have resulted in under counting of recent population figures; and work carried out by Manchester City Council believes that 548,775 is a more accurate figure. The number of people living in the city is growing rapidly and the city is becoming younger and more diverse. There were 4,571 more births than deaths in the 12 month period up to June 2016. Migration (internal and international) and other changes accounted for a net increase of 6,400 residents in the 12 month period to the end of June 2016. Manchester's growth of 2.1% for the year to mid-2016 is higher than that seen nationally, with England estimated to have grown by 0.9%.

Analysis of Manchester residents by age band shows that Manchester has a younger population than the wider area of Greater Manchester and nationally; with higher proportions of under-fives and 15 to 39 year olds. Conversely, Manchester has much lower proportions of older residents.

Manchester has made real progress over the past decade, including improvements in education and housing, better access to jobs, falling numbers of children growing up in poverty, and reducing numbers of young people not in employment, education or training. 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 \(F1\)](#)).

The most commonly used national definition of child poverty is 'a household with children under 16 where income is less than 60% of the UK median'. The latest figures indicate that, between 2007 and 2014, the overall proportion of children living in poverty in Manchester fell from 44.6% to 35.5%. However, Manchester still has one of the highest rates of child poverty by local authority area. Of those living in

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poverty, the vast majority (69.4%) are living in out-of-work poverty; whereas 13.6% are living in in-work poverty and 16.2% are classed as other poor. The 35.5% figure equates to 36,255 children under 16 living in poverty out of a total number of 101,845. The Institute for Fiscal Studies has also predicted that the number of children living in poverty will rise sharply by 2020, in part due to planned benefit reforms affecting families with children.

Since January 2016, the Council and its partners have been working to refresh the [Manchester Family Poverty Strategy](#), which will sit under Our Manchester and work towards the ambition to create ‘a progressive and equitable city’. 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 in investment in growth and reducing dependency through early intervention and integrated delivery and commissioning.

5.2 Children and Young People in Manchester

Population by age range of children and young people in Manchester											
Age:	3	4	11	15	16	17	0-4	0-7	0-12	0-15	0-17
Pop:	7652	7842	5974	5378	5521	5750	6811	60812	92,374	108,554	119,825

Children and young people aged 0-17 represent 22% of the total population.

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 (30th) followed by Rochdale (41st). By contrast, Stockport is at 180th and Trafford at 198th with both districts falling into the least deprived half of the country’s ranking (ref. [2015 Indices of Deprivation - children \(F2a\)](#)).

Manchester has a proud history of being a diverse and welcoming population. Migration changes (internal, international and a small amount of ‘other’) to mid-2016 indicate a net increase of 6400 residents. 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. It is estimated that 61.4% of school children are from a BME group, a slight raise on the previous years’ figure of 59.3%. 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 \(A17\)](#)).

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The City Council produces an annual 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 (ref: [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.

5.3 Levels of Need

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)

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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)

A 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.

5.4 Children in need of support and protection

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 or protection?

Headline figures from our partners tell us the following.

5.4.1 Referrals to Children's Services

The rate of **referrals to Children's Services** (981 per 10,000) has remained at approximately equal to that recorded in 2015/16 (970). The rate of referrals is significantly above the national (532), regional (584), Core City (606) and statistical neighbour (700) averages for 2015/16. The rate of referrals which are **Repeat Referrals** within the 12 month period is very similar to last year at 25.7%. The percentage of **Referrals leading to Assessment** is 92.5% this year, compared to 76.6% in the previous year. 83% of **Referrals were completed to timescale**. The rate of **Children in Need** per 10,000 of the 0-17 age population is 443 (compared to 424 last year).

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During the last quarter of 2016/17, the number of **contacts** received by children's services has averaged at 2,715 per month. The number of these **contacts that progressed to referral**, whereby the offer of early help has been in place, has averaged 9.8%; the percentage that are stepped down to early help has also averaged out at approximately 9.1% per month. This would suggest that there are a significant proportion of contacts made which are not appropriate for any level of intervention.

The percentage of **re-referrals** has remained static at 25% for the last quarter of 2016/17, but also prior to that. The percentage of referrals and re-referrals that progress beyond assessment is not increasing despite the increase in contacts being made; a significant number of assessments lead to no further action being taken (74% in February).

5.4.2 Looked After Children

The rate of **children looked after** by the Council has decreased over the past five years despite an increase in 2014. Despite this reduction the rate of children looked after in Manchester in 2017 (100 per 10,000) is still above the national (60), regional (82), Core City (79) and statistical neighbour (93) averages for 2016. There were 1,291 **Looked After Children (LAC)** at the end of March 2015, which has reduced further to 1,170 at the end of March 2017. The percentage of **children ceasing to be LAC through adoption** fell from 18% in 2015/16, to 15% in 2016/17, but remains approximately in line with the most recent national and statistical neighbour comparators and above the level reported in previous years. The percentage of **LAC who have Unaccompanied Asylum Seeking Children (UASC)** status is 3.5%, compared to 2.1% the previous year.

5.4.3 Child Protection Plans

The number of children and young people made subject to a **Child Protection Plan (CPP)** (year to date figure) is 71, compared to 38 last year. **The rate of children subject to CPPs** per 10,000 population is 79.2, compared to 71.6 last year. The total number of CPPs stands at 945 compared to 840 last year. 1.5% of **CPPs have been open for a period of time of two years or more**, a reduction on last years' figure of 4.6%. The % of children becoming subject to a **Child Protection Plan for reasons of Neglect** is 59%, compared to 57% last year.

5.4.4 Early Help

A total of 3302 **Early Help Assessments for Families** have been completed in 2016/17, compared to 1615 in the previous year. The number of **Early Help Assessments for Children** is 8249 (comparative figures for the previous year not available). There were 6048 Early Help Assessments open at a point in time, compared to 3665 in the previous year, which is encouraging news.

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It is evident from data and reported findings that the Early Help offer has increased, the percentage of work progressing from MASH to statutory intervention remains within the 35-40% mark, but the volume of contacts received to the department remains high. Alongside this, the re-referral rate has remained static at 25% for over six months. This suggests that the demand for social work intervention from partners within Manchester remains high, therefore consideration needs to be given to strengthening partners understanding of the level of need framework.

To ensure decision making at the front door is thorough and robust, there is a need for partners who have provided families with an offer of early help to evidence this within the referrals that are sent. Although data recorded states the number of early help assessments completed by partner agencies, these have not routinely been included in referrals. This was considered at MSCB in April/May 2017 and agreement was made that referrals going forward should now include this information. Further embedding of the Signs of Safety Approach - a 'strengths based' approach - is also a key part of this work.

5.4.5 Domestic Violence and Abuse

The number of **domestic violence notifications from the police where a child is recorded as living at the address** is 5420 (compared to 5407 last year). The number of **domestic violence notifications to Children's Social Care that led to a referral** is 639 (compared to 273 last year). The number of **repeat domestic violence call outs by police** to an address where a child is recorded as living is 1306 (compared to 1229 last year).

5.4.6 Missing from Home/Missing from Care

The number of children classified **Missing from Home** is 1589 (an increase on last year's figure of 1414) with the number of **Missing from Home Incidents** standing at 4590. The number of children who have been classified as **Missing from Care** is 304 (compared to 272 last year); with the number of **Missing from Care Incidents** standing at 2254 (compared to 1923 last year). The total number of Independent Return Interviews (IRI) completed has risen to 2172 from 591 last year.

5.4.7 Children with a disability

The percentage of **Children in Need with a disability** is 6.8% (the same as last year) and the number of **disabled children subject to a Child Protection Plan** (rate per 10,000) is 0.9.

5.4.8 Child Sexual Exploitation (CSE)

Between June and September 2016, Greater Manchester Police (GMP) compiled a local profile of CSE in Manchester. The profile showed that in 2015:

- A total of 490 individuals were referred to Protect.

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- Of these, 199 were also listed as CSE victims by GMP and half had at least one missing from home episode recorded.
- 253 individuals were recorded on the social care system as being referred; of these:
 - 87% of referrals were girls
 - the age range of referrals was 13 to 16 years
 - the most common month of birth for children and young people referred was August - this suggests that more work may be needed to identify whether younger children in a year group are more vulnerable to CSE
 - 27% of children and young people have been the subject of at least one care episode
 - 40% of the children and young people were linked to a Troubled Family record.
 - There were high numbers of children and young people who were classed as subject to abuse and neglect or living with family dysfunction.
 - 179 children and young people were identified by acute hospital staff as having been sexually exploited.
 - A further 166 children and young people were identified by a community service under the category of sexual abuse/CSE.

The Phoenix Protect Team, Manchester's multi-agency **Child Sexual Exploitation (CSE)** team, support over 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.

5.4.9 Front Line Support

There are 214 Full Time Equivalent (FTE) **Social Workers** (compared to 206 last year); 147 FTE **Health Visitors**; 46 FTE **School Nurses**. There is a vacancy rate of 44 Social Workers, 8 Health Visitors and 13 School Nurses. The average caseload of Social Workers is 21.2, compared to 23.8 in 2015/16.

5.5 Education

At the end of March 2017, of the 180 schools in Manchester, of those inspected 40 schools were judged to be **outstanding**, 113 **good**, 17 **require improvement** and 7 **inadequate**. This compares to the 31 Manchester schools inspected by Ofsted during March 2016 to February 2017; of which 3 were judged to be outstanding, 17 good, 11 requiring improvement and 0 inadequate.

In 2017 improvements have been sustained in terms of the percentage of **children completing the Early Years Foundation Stage** successfully achieving a Good Level of Development (GLD). Phonics outcomes

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have improved on previous years as have the **reading, writing and maths outcomes at KS1**. Interim **KS2 outcomes** indicate that the percentage of pupils will again be in line with national outcomes for achievement and above the national averages for progress measures. In **2016 GCSE attainment** measures improved in relation to national measures with progress measures being at the national average. It is anticipated that this will be maintained in 2017 but provisional results are not yet published. 2017 provisional **A level results** show improving outcomes especially at the higher grades and with more students gaining passes at A*_E than seen nationally. The most recent data relating to pupil attendance shows primary school attendance in line with national averages and attendance at secondary school is better than that seen nationally.

5.6 Health

The Manchester [Children and Young People's Joint Strategic Needs Assessment \(JSNA\)](#) has been produced in recognition of the fact that improving the health outcomes of children and young people in Manchester requires a multi-agency approach to the collation, analysis, presentation and publication of data, research and intelligence relating to the health and wellbeing of children, young people and families across the city.

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status.

5.6.1 Preconception and Pregnancy

Smoking is the single most modifiable risk during pregnancy and can lead to range of adverse outcomes. Manchester is likely to have a higher **number of mothers who smoke during pregnancy** because there are a higher number of young mothers; national data estimates the smoking rates amongst young mothers to be as high as 57%. The percentage of women **smoking at the time of delivery** in Manchester is 12.5% (compared to 12% for England).

Low Birth Weight (LBW) is a major determinant of mortality, morbidity and disability in infancy and childhood and can have a long term impact on later health outcomes. Around 7.6% of births in Manchester were low weight, and this is highest in the North of the city. 68.1% of mothers in Manchester initially **breastfed** their baby, compared to 73.9% in England.

The **life expectancy** of children born in Manchester is poorer than for the North West region and England, with boys expected to live to 75.5 and girls to 80.0 (compared to 79.4 and 83.1 nationally).

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5.6.2 Oral Health and Healthy Weight

Poor **oral health** among children is linked to early life, upbringing and wider health issues. 41% of children aged 5 years in Manchester had one or more decayed, missing or filled teeth compared with 28% nationally. Manchester had a rate of 12.4 admissions for teeth extractions per 10,000 population aged 0-19 years, compared to 16.7% in Greater Manchester.

One in four (25.8%) reception class children in Manchester were categorised as **overweight or obese** compared to 22.5% for England. 40.3% Year 6 children were overweight or obese in Manchester compared to 33.5% nationally.

5.6.3 Alcohol and Drugs

There are an estimated 27,000 **alcohol or drug dependent adults** in the city, meaning that a lot of children and young people are potentially affected by parental alcohol and drug abuse.

Alcohol specific stays in hospital for under 18 year olds at 55.4 per 100,000 population was significantly worse in Manchester than for England as a whole.

5.6.4 Teenage Pregnancies and Sexual Health

Manchester had a rate of 36.5 **pregnancies per 1,000 girls aged under 18** in 2013. This is an improvement on previous figures, but still higher than national rates.

Young people accounted for almost two thirds of **chlamydia** and over half of cases of gonorrhoea and genital warts. Chlamydia, the most common STI, has a diagnosis rate of 2006 per 100,000 population aged 15-24 in Manchester, which is close to the England rate of 2016.

5.6.5 Mental Health

115 children aged 0-17 were admitted to hospital for **mental health conditions**, which at 101.9 per 100,000 population is similar to the rates in England as a whole.

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

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

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5.7 Young People who offend or are at Risk of Offending

Research and findings from the Youth Justice Board indicates that children and young people from more deprived backgrounds are more likely to find themselves within the criminal justice system.

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 cohort of young offenders has changed considerably in the last decade and is comprised of young offenders whose characteristics mean they are more likely to reoffend than those in preceding cohorts.

Although there are fewer children and young people coming into the formal criminal justice process, those that do tend to be more prolific and committing more serious (usually violent) crimes.

6. Statutory Reporting

During 2016/2017 the Board received a number of annual reports in relation to key multi-agency services as follow:

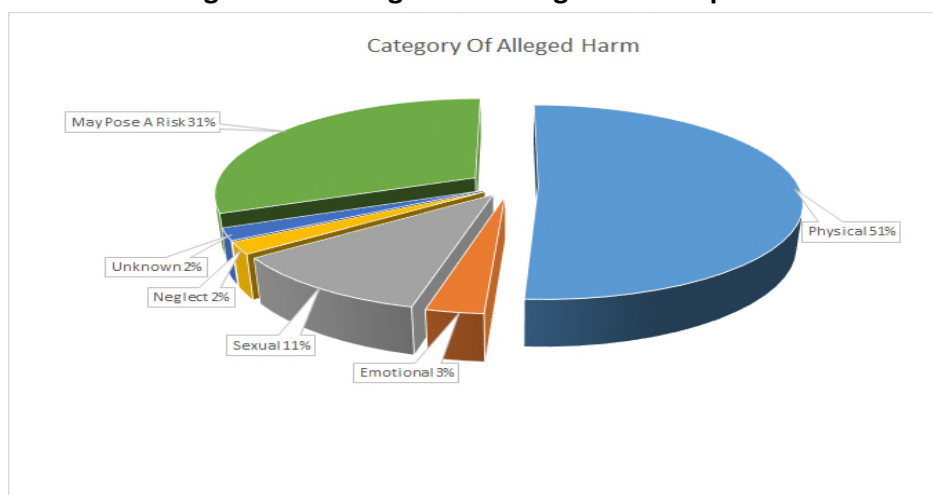
6.1 LADO - Management of Allegations against Adults who work with Children

The LADO Annual Report: *Management of Allegations against Adults who work with Children 2015/16* was considered by the MSCB in October 2016. The report summarised data for the period April 2015 to end of March 2016.

Table 6.1: Total number of allegations against adults who work with children during 2015/2016					
Total Referrals	Q1	Q2	Q3	Q4	Total
Allegation	45	38	65	56	204

The data shows that while Manchester has a significant higher population of 0-19 year olds it receives comparatively fewer contacts relating to allegations against adults who work with children when compared to neighbouring authorities who have much smaller populations of 0-19 year olds.

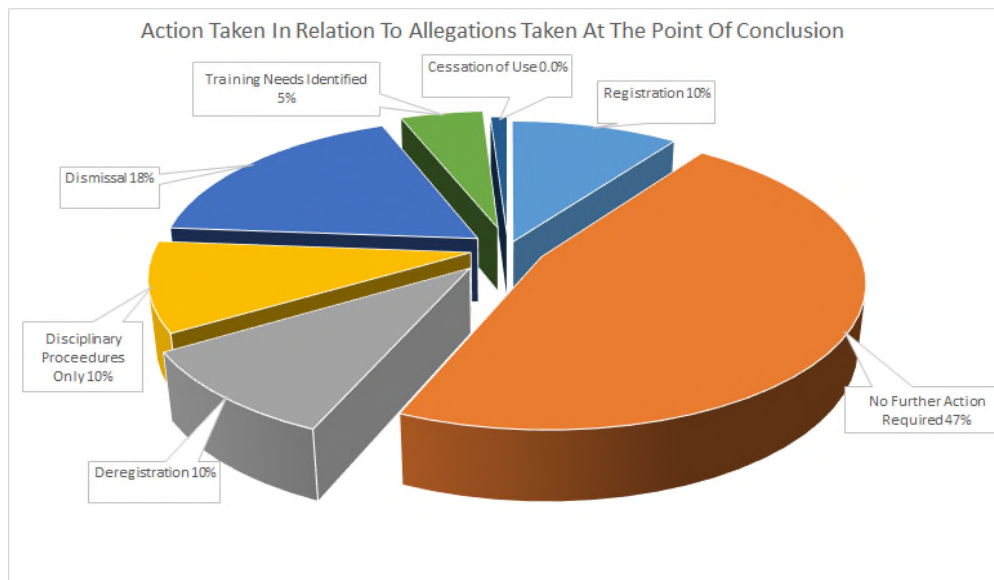
Diagram 6.2: categories of alleged harm reported



Compared with data for the previous year, there has been a shift in the categories. 'May Pose a Risk' has declined to 31% from 44%; it whilst 'Physical Harm' has risen to 51% from 42%; 2014/15 did not record any allegations under Emotional Abuse or Neglect compared to 3% in this period.

Diagram 6.3: Action taken in relation to allegations

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Service achievements during the course of the year include:

- The majority of cases are concluded within three months and no case has exceeded 12 months. There is evidence of the Designated Officer (DO) having robust oversight and follow up of cases to avoid drift.
- A new referral form and process was implemented from 1st April 2016; the new referral form and process can be found on the MSB website at <https://www.manchestersafeguardingboards.co.uk/resource/lado/>. This is a significant change and it is anticipated it will take some time to fully embed as the means of referring allegations against people who work with children and will require reinforcement by all managers across the partnership.
- A protected workflow has been developed on Manchester City Council's Integrated Children's System (MiCare). This will improve recording of allegations and provide us with the ability for oversight and tracking of cases and improved ability in relation to data analysis.
- 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.

Manchester continues to have a valued, respected and deliver effective services for managing allegations against adults who work with children.

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The increasing demands on the DO have not compromised the quality of service given in relation to allegations against professionals that are made. That said the increased demand has prevented the DO from delivering briefings in relation to: managing allegations and the role; what to do when you have a concern about someone working with children; and the developments that would improve the multi-agency response.

There have been some positive changes over the last 12 months which will ensure consistency in relation to the referral process and evidence clearly the allegations which are being made to the DO. The protected work flow in the Children’s Information System (MiCare) will enable the service to more robustly track cases and enable the Designated Officer to record their actions, demonstrating more transparency and accountability.

In 2017/18 we need to ensure we have a better understanding of the Children’s Workforce in Manchester and deliver a robust, diverse training package to be assured that when it is necessary for a referral to be made to the Designated Officer this is achieved in a timely manner, and professionals fully understand their role in the process.

6.2 Private Fostering

The MSCB considered a mid-way monitoring update in October 2016 which reported that Manchester’s rate of Private Fostering Arrangements had reduced by 10 cases since January 2016, bringing the total of children and young people who are privately fostered to 24, as of October 2016; notwithstanding 14 new notifications within the period, of which only 4 remained in private fostering arrangements. This is attributable to children and young people living within private fostering arrangements for short periods before they return home or reach 16 years of age. The overall number of children who are privately fostered has increased since then, with a total of 34 children and young people being in such placements as of July 2017.

Table 6.2a: Private Fostering Data from 2015											
Ages	3	4	7	8	10	11	12	13	14	15	16
Number	1	2	1	3	1	3	5	2	4	6	5

Table 6.2b: Private Fostering Data to October 2016									
Ages	7	8	9	10	11	12	13	14	15
Number	1	2	1	0	4	2	2	4	8

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Previously a number of regulatory compliance issues had been highlighted across the cohort of privately fostered children and young people, and there were a number of outstanding DBS checks on household members over the age of 16 years. All carers and the relevant members of their households now hold a current DBS Certificate, or are awaiting new Disclosure Barring Service checks to be processed, which will mean that all DBS checks are, or will shortly be, current and valid. Other improvements made include:

- Improvements to the timeliness of visits, which as of October 2016 showed that all children and young people who are privately fostered having been visited in the previous four weeks;
- Data cleansing and regular weekly analysis by service managers and the strategic lead for social work;
- Measures to improve the quality of interventions;
- A rolling programme of briefings and mandatory training for all new social work appointments;
- Improved advocacy services via Coram Voice who deliver this service on behalf of the local authority;
- Improved Post 16 support via Leaving Care Services;
- Raising awareness, via a programme of communication activities, including Manchester's Private Fostering Week which took place in November 2016; a learning and development circle session which took place within Locality Fora to identify any learning and to promote and raise awareness of children and young people who are privately fostered.

6.3 Child Death Overview Panel (CDOP)

In October 2016 the MSCB considered the following statutory CDOP reports:

- CDOP Annual Report 2015/16;
- Greater Manchester CDOP Annual Report 2015/16; and
- CDOP and Greater Manchester Sudden Unexpected Death of a Child Rapid Response Report 2015/16.

Between the 1st April 2016 and 31st March 2017 there were a total of 73 child deaths reported to the Manchester Child Death Overview Panel (CDOP). In comparison to previous years, 2016/17 shows an increase in the number of child death notifications reported to CDOP.

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Between the 1st April 2016 and 31st March 2017 the CDOP discussed and closed a total of 64 child deaths. Of the 64 cases closed, 44 (69 %) of these deaths occurred between 1st April 2016 and 31st March 2017. 20 (31 %) of these cases were historical child deaths where the death occurred prior to the 1st April 2016.

Due to the CDOP review process, there is a time lapse between a death being reported to CDOP and the case being closed by CDOP. The CDOP will not review any case which is subject to investigations until all have concluded and the reports are submitted to the panel. This is to ensure that the CDOP has the appropriate level of information to categorise the death and identify any potentially modifiable factors which may have contributed to the death.

The annual report and the annual submission to the Department for Education (DfE) includes information from the 64 cases closed where the death occurred in 2014/15, 2015/16 and 2016/17.

Of the 64 cases closed, 37 (58 %) of these were neonatal deaths (< 28 days of life). A further 11 (17%) died under the age of one, highlighting children under one year of age as the most vulnerable age group. The majority of cases closed were of English/Welsh/Scottish/Northern Irish/British heritage which accounted for 19 (30 %) of the total 64 cases.

27 % (17) of cases were categorised as having modifiable factors in the review, with the majority of these deaths occurring in the neonatal period. There was a higher proportion of male deaths recorded as having modifiable factors (10) in comparison to females (6).

The majority of deaths were categorised as a perinatal/neonatal event accounting for 45 % (29) of the 64 cases closed. This group also had the largest number of modifiable factors identified in the review. Of the 29 perinatal/neonatal deaths, 38 % (11) had modifiable factors.

Another large percentage of deaths were categorised as chromosomal, genetic and congenital anomalies which accounted for 17 (26 %) of the total 64 cases closed. Cases categorised as perinatal/neonatal event and sudden unexpected, unexplained death were identified as having the highest number of modifiable factors. This is to be expected as there may be one or more risk factors identified antenatally or postnatally which may have contributed to the death of the child.

There was a number of potential risk factors identified in cases categorised as have modifiable factors which included:

- Factors in relation to service provision, complications of caesarean section delivery, vulnerable baby discharged home
- Maternal obesity, high BMI 30+

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- Parental substance misuse
- Parental smoking
- Maternal smoking in pregnancy
- IVF treatment provided abroad – numerous eggs implanted
- Factors in the parenting capacity, child and/or siblings subject to Child Protection Plans
- Language barriers that may increase the child's vulnerability
- Late presentation to health setting
- Parental mental health issues
- Parental difficulties in the care of children with complex needs
- Consanguineous relationships (siblings that have the same inherited autosomal recessive disorder and/or death of a sibling due to the same inherited condition)
- Unbooked pregnancy, Mother received no antenatal care.

The CDOP continues to provide anonymised information to support the University of Manchester National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Each year the NCISH produces an annual report which assesses the progress on safety in mental health care across the UK. It provides the latest figures on tragic events, suicides, homicides and sudden deaths and highlights the priorities for safer services.

The CDOP continues to collate information regarding bereavement support offered to families via services and voluntary organisations. The Greater Manchester CDOP has identified inconsistencies across the region in relation to the services available to bereaved families depending on the area in which the family reside. The Greater Manchester CDOP are working with Child Bereavement UK to address these issues with the aim of adopting a consistent approach.

Manchester has established a Suicide Post-vention Pathway Group whose aim is to map out the roles and responsibilities for agencies e.g. pastoral support role, family role, Winston's Wish, CAMHS, Children's Services, Police, Coroner, Schools and Paediatricians. The outcome is to develop a clear pathway for services to follow when supporting families bereaved by suicide. The membership is made up of various multi-agency professionals from services such as the Police, Coroner's Office, Rapid Response Team, CAHMS, CDOP, Voluntary Bereavement Groups, Health, Education etc. The group wishes to establish a consistent approach across Manchester to support families bereaved by suicide and identify a lead professional working with the family to provide support. The group is in the process of producing information which can be provided to parents to inform them of the various bereavement services available and how to contact them.

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6.4 Safeguarding Learning and Development

The MSCB has provided a thorough and varied training offer throughout 2016/17.

6.4.1 Face to Face Training Courses

Attendance

In 2016/17 a total of 1472 trainees attended face to face training courses, on a total of 61 training courses. In 2015/16 a total of 1394 trainees attended 59 training courses.

The small increase in attendance is healthy despite three courses being cancelled and three courses being withdrawn from the training programme. **Introduction to Case Conference and Core Groups** was withdrawn temporarily pending Signs of Safety changes; **Safeguarding Children from Abroad** was withdrawn due to unavailability of trainers; and **Child and Young Persons Development** was withdrawn due to staff changes.

The decision to increase the frequency of the Introduction to Safeguarding has proved very successful with 11 courses delivered over the year and a total of 345 attendees. This is a statutory course that needs to be completed every three years for anyone who works with children and is in very high demand.

Three training courses were cancelled in 2016/17 which is an improvement on last year when eight training courses were cancelled. The reduction in cancelled courses is mainly due to a more robust and larger training pool and for some courses back up trainers being available to ensure course went ahead.

Non-Attendance

This has increased slightly in 2016/17 with a non-attendance rate of 16.6% (244 trainees did not attend) compared to a non-attendance rate of 15% in 2015/16 (253 trainees did not attend). Non-attendance remains a cause for concern and needs addressing by all agencies. Multi-agency training is an integral part of improving safeguarding knowledge, confidence and networking and it is disappointing that non-attendance has increased this year.

5.4.2 New Courses added to the 2016/17 Training Programme

- **Management of Allegations against Adults who work with Children** (manager only course) - proved very popular with 60 professionals attending over two courses and over 14 organisations represented.

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- **Female Genital Mutilation Event** - two full day events were delivered by the National FGM centre and Olive Branch Theatre Company and 98 professionals attended over the two courses; a Manchester perspective was also provided by one of our partners in CMFT.
- **Train the Trainer Course (2 days) on Domestic Violence and Abuse** - delivered by Manchester Women's Aid and Independent Choices to twelve members of the training pool to increase the numbers able to deliver this course and increase resilience.

5.4.3 Training Feedback

Training feedback is received from three routes: 1. Online Feedback; 2. Impact Evaluation Survey; 3. MSB Action Plans.

- **Online Feedback** - Trainee feedback is provided anonymously online immediately after training and this is assessed by the training coordinator initially and then sent to trainers for their comments. Where appropriate courses are amended or updated to achieve maximum impact and learning. The number of trainees who provide feedback is high with the majority of courses achieving over 70% trainee feedback.

Overall feedback is very high with the majority of trainees commenting that multi-agency networking is one of the most important parts of the training. Trainers value feedback and are keen to ensure that their training is relevant and accessible. The only negative comments can be around the length of the course as being too short or too long, or when ICT fails at the training venue.

- **Impact Evaluation** - Two training courses were impact evaluated in retrospect for the 2015/16 training programme: Managing Risky Business - two day managers' course (delivered on 20th and 21st October 2015) and Multi-agency Investigation into Child Abuse - two day course (delivered 17th and 18th February 2016).

Multi-agency attendance, impact on practice and outcomes for children were some of the factors that are measured and assessed as part of the survey. All of the outcomes measured in the surveys confirm that learning outcomes are achieved, confidence levels increased and satisfaction with training are high. Both reports, including recommendations, were approved by the Learning and Development Subgroup.

In the 2016/17 training programme the Neglect course (delivered 1.3.17) and Parental Mental Health course (delivered 14.3.17) were selected for Impact Evaluation as these met Board priorities and themes from Manchester Serious Case Reviews. All trainees have been contacted/interviewed and the reports are in progress.

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- **MSB Action Plans** – All face to face training courses have MSB Action Plans uploaded onto the training website alongside the pre-course training materials and trainees are advised to print these off and complete at the end of the training course. All MSB training courses have housekeeping slides inserted into the PowerPoints which once again remind trainees that they need to complete these Action Plans for their own development and to discuss with their line managers to reflect on their practice and further development.

A huge thank you needs to be recorded to the fantastic partnership, skills, knowledge and enthusiasm of the training pool. They are the reason that Manchester has such a comprehensive training programme that benefits children and families in Manchester.

6.4.4 Online Learning

A total of 4020 learners completed online modules through our partner Virtual College which is an increase from 2015/16 when 3,471 courses were completed. Over 50 children and adults safeguarding online courses are now available; Adults Safeguarding courses were added to the online learning programme on 20th November 2016.

A total of 41 courses were accessed by learners, which is a slight increase on last year (39 courses were accessed) and 51 agencies or partner organisations accessed courses. A full Virtual College report is included in the Annual Training Report.

98% of learners would recommend the course to other people. When asked *“How satisfied were you that the course gave you the information that you needed to know?”* 3529 out of 4020 assessed that they were satisfied or very satisfied; 98 assessed that they were partly satisfied; with 10 assessing that they were not at all satisfied with most comments stating it was too much information, or too lengthy *“It was obvious to the point of being patronising”*.

Impact Evaluation of Online Learning

414 out of 4020 learners completed a three month post course evaluation, which is approximately 10% of those who completed courses. Questions and responses included in the survey include:

1. **“Participation in this e-learning course has supported me to make measurable improvements to my work practice”** 319 of those who completed the Impact Evaluation Agreed or Strongly Agreed; comments included *“learn better at my own pace”* and *“it does not matter how much we know. We can always learn. Reminders are good too”*. 86 learners assessed that they neither Agreed nor Disagreed, and many of these responses were from back office workers who did not have direct contact with children. A total of 5 learners either Disagreed or Strongly

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Disagreed, comments stated the course was “long winded” or a refresher and therefore no additional learning was achieved.

- 2. “Overall, how satisfied were you that the course gave you the information that you needed to know?”** 372 assessed that they were either satisfied or very satisfied; and 22 recorded that they were either partly satisfied or not at all satisfied; comments mentioned that they were completing the module as a refresher or that e-learning did not suit their learning style.

6.4.5 Quality Assurance Strategy

A revised and comprehensive Quality Assurance Strategy was agreed by the Learning and Development Subgroup in March 2017. The strategy offers a comprehensive service on a three year programme and will award a Gold, Silver or Bronze level dependent on the criterion being met. To achieve the MSB Standard, all child and adult safeguarding training should:

- Be founded by and relate clearly to a robust evidence base, supported by the principles and guidance set out in “Working Together to Safeguard Children”; Care Act Statutory Guidance 2016 in relation to adults; and current legislation and Greater Manchester and local authority policies and procedures for safeguarding;
- Reflect that the welfare of the child/vulnerable adult is paramount;
- Encompass anti-oppressive practice and challenge discrimination on any grounds;
- Validate inter-agency working and reach a wide inter-agency audience;
- Promote best practice and personal development;
- Accommodate adult learning styles;
- Respond to local needs and be subject to evaluation and review;
- Incorporate the six principles of adults safeguarding;
- Been informed by Making Safeguarding Personal and the need to recognise and incorporate whole family approach.

6.5 Statutory Inspections and Reports

The Board have considered the safeguarding implications arising from statutory inspections of partner agencies that have taken place during the year and any safeguarding actions that are required, which this year has included Pennine Acute Trust and The Christie. In addition, the Quality Assurance and Performance Improvement (QAPI) subgroup receive updates on any school inspections where safeguarding issues have been raised. Where improvements concerning safeguarding issues were required, monitoring of progress has been built into the MSCB work plan, with regular updates aimed at seeking assurance on progress coming to Board.

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The Board have also considered the Clinical Commissioning Group (CCG) Annual Report 2016 and the CCG Looked After Children Annual Report 2016.

6.6 MSCB Improvement Journey

A programme of improvement has been implemented to target areas for improvement identified through the Ofsted Inspection of the MSCB and MCC Children's Services in 2014. Children's Services, MSCB partnership actions to contribute to the improvement programme have been agreed both through the MSCB Leadership Group and through the Board. For the MSCB all improvement plan actions have been completed.

6.7 Serious Case Reviews (SCR)

There has been significant SCR activity during 2016/17.

A total of ten cases have been screened by the SCR Subgroup, four of which were recommended as meeting the criteria for conducting a SCR; all of the recommendations were agreed by the Independent Chair.

Nine SCR cases have been active during April 2016 to end of March 2017.

Two cases that were on hold pending parallel legal proceedings have resumed following completion of legal proceedings and it is anticipated these will be going to Board in late 2017 or early 2018. Two reviews that started during 2016/17 are in progress.

Serious Case Review reports are published on the MSCB website and/or through the NSPCC SCR repository.

A number of emerging themes have been identified by the Board

- Seeing and hearing the child
- Disguised compliance
- Rule of optimism
- Lack of professional curiosity
- Multi-agency working and information sharing
- Use of Escalation policy

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The learning from the reviews is being shared across the partnership through: a planned SCR learning programme; specific events e.g. a planned conference on professional curiosity and disguised compliance; integration of case studies into appropriate MSCB training courses; promotion of the Escalation policy across the partnership.

6.8 Safeguarding Assurance

Monitoring and evaluating the effectiveness of what is done by the local authority and their Board partners to safeguard and promote the welfare of children and advising them on ways to improve is an important function of the Safeguarding Board. There are a number of ways that this is carried out.

[See also 7.3.4 Quality Assurance & Performance Improvement subgroup](#)

6.8.1 Section 175 Schools safeguarding self-assessment

Schools and colleges are expected to complete an annual self-assessment to demonstrate that they are complying with the key standards in relation to safeguarding children. To support this process, a proforma was circulated in February 2016 to all maintained schools (including academies and free schools) in the city. This was accompanied by a letter jointly signed by the MCC Director of Education & Skills and by the Independent Chair of MSCB. This was based on the revised guidance and the first time that schools had been asked to share their self-assessment with the local authority and the MSCB.

From the 180 maintained schools, academies and free schools in the LA, 110 audits were returned, a 61% return rate. In addition, although they were not specifically targeted, there were returns from two Post 16 colleges and from two independent schools.

The completed self-assessments provided a detailed picture of safeguarding practice in Manchester schools. Many schools have commented that they found the process to be useful, especially to identify any gaps and to support plans to address these. For the MCC Directorate of Education & Skills the analysis has highlighted areas of good practice and also areas in which schools could benefit from further guidance and training. These have been taken account of e.g. in the agenda of Designated Safeguarding Leads networks and actions for the Manchester Schools Alliance (MSA) Strategic Safeguarding Group.

Education & Skills also uses a variety of other information sources to contribute to intelligence on the effectiveness of safeguarding arrangements in schools. This includes the annual Quality Assurance Professional visits; analysis of the Safeguarding in Education Team's Schools Engagement Dashboard;

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school's participation in local authority run networks and training opportunities; school's participation in multi-agency working; and feedback from partners.

Ofsted reports from 2015/16 are very positive, with 100% of the maintained schools, academies and free schools which were inspected over this period being judged effective in their safeguarding arrangements. This is less secure in the Independent sector, in which two schools were judged to not meet the Independent Schools Standards in this area.

6.8.2 Assurance Statements from Partners

In addition to the various assurance activities carried out throughout the year, each Board partner has submitted an assurance statement setting out its main developments around safeguarding. **Appendix 1** to this Executive Summary sets out the work partners have done during 2016/17 to ensure that children and young people are safeguarded and to contribute to the shared priorities of the Board.

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7. MSCB Board and Subgroups

7.1 MSCB

During 2016/17 the MSCB full Board met at least every eight weeks for standard business meetings. In addition, extraordinary meetings were convened whenever necessary to consider finalised Serious Case Review findings, or those from other Reviews such as Domestic Homicide Reviews. Meetings that had a joint MSCB and MSAB component and workshop sessions were also regularly conducted.

All members are routinely asked to prioritise attendance, or where this is not possible, to arrange suitable deputies. The Board receives at each meeting a report on the work of the Leadership Group and all of the Subgroups and are asked to consider if they approve of and are satisfied with the work that is being done to further the priorities of the Board. All meetings of the Board (and all Subgroups) are facilitated by the MSB Business Unit.

Board priorities during 2016/17 were captured in the 2016/17 MSCB Business Plan; risks were monitored through the 2016/17 Risk Log. A number of agencies achieved 100% attendance at Board meetings, however this was not consistently the case across all agencies. Enquiries are made with agencies who are experiencing problems in achieving high attendance rates and the overall number of agencies achieving 100% attendance has increased from 2015/16.

7.2 MSCB Leadership Group

Since the 2015/16 MSCB Annual Report, which reported on the MSCB Executive, there has been a review and refresh of the group resulting in some changes to its operation and remit. The membership has been amended to ensure better representation by other Subgroup Chairs and appropriate senior level representation by agencies. As part of this refresh the Executive changed its name to Leadership Group and began to meet every 6-8 weeks. The Leadership Group updates and monitors the MSCB Business Plan, Risk Register and Challenge and Impact Log. It also monitors the MSCB Performance and Finance Reports. Progress of other MSCB and joint subgroups is reported at every Leadership Group meeting; this includes an assessment on *'what's working well, areas for development and impact on children and young people'*.

7.3 MSCB Subgroups

MSCB revised its governance structure in 2016/17. In addition to the Leadership Group, the MSCB has a number of other subgroups on a standing basis (see diagram in Appendix 1) and also commissions 'task

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and finish' groups as required to carry out specific tasks relating to a specific issue or concern, for example the development of the MSCB Neglect Strategy. A brief summary of the remit and work of each subgroup is provided below.

7.3.1 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 practitioners, to ensure that the Board is aware of current practice issues, good practice and areas of improvement.

The SPDG met five times during the year, chaired variously by the MSCB Independent Chair, the Interim MSB Business Manager and then the Assistant Director Children's Services, Barnardo's (now the permanent Chair for this subgroup); with multi-agency membership from across the MSCB. The SPDG and Fora provide an effective line of communication between the Board and front-line workers. SPDG directs the work of the three Local Safeguarding Fora.

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.

Headlines from the subgroups:

- Offers a forum for raising the profile of, and understanding of, safeguarding issues across a broad practitioner base.
- Provides a good vehicle for feeding-up live practice issues and challenges encountered by front-line practitioners across partner agencies.
- Dissemination of information relating to priority work streams; in particular Signs of Safety, Neglect Strategy, Levels of Need, etc.
- Means to identify and share resources to enable a better understanding of safeguarding.
- Channel to report to the MSCB any challenges/ practice issues that arise.
- At the end of the reporting period the SPDG and Fora members reviewed their terms of reference and activities and an Action Plan for 2017/18 took shape.

7.3.2 Complex Safeguarding Subgroup

The remit of the Complex Safeguarding subgroup is to consider thematic strategies/plans, developments (statutory/practice) 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

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- [Modern Slavery and Trafficking](#)
- [Radicalisation and extremism](#)
- [Domestic Violence & Abuse / Female Genital Mutilation/ Honour based violence \(combined strategy\)](#).

In addition, the role of the group is 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.
- Provide reassurance to both 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.

The group meets quarterly and there is a broad representation from across the partnership. During its first year it has established a work plan addressing all the work streams under this agenda.

7.3.3 Serious Case Review Subgroup

The Serious Case Review (SCR) subgroup processes and considers referrals in instances 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.

During 2016/17, the SCR subgroup have screened ten cases to assess whether SCR criteria was met, or whether another type of Learning Review would be appropriate. Of these four were found to meet SCR criteria and six were recommended for either learning review activities or other action as appropriate. The full list of SCR activity during 2016/17 can be found at Section 6.7.

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7.3.4 Quality Assurance and Performance Improvement (QAPI) subgroup

The remit of the QAPI subgroup is to oversee the quality assurance of safeguarding practice and drive up performance improvement; and to seek assurance that Board partners are complying with statutory safeguarding requirements.

This includes:

- Coordinating an annual programme of multi-agency case file audits
- Developing and maintaining a quarterly multi-agency dataset
- Coordinating an annual Section 11 Safeguarding Self-Assessment
- Considering safeguarding concerns that arise from single agency audits & inspections

Multi-agency case file audit programme 2016/17

During the period April 2016 to March 2017 the following audits were completed:

- MASH and Early Help
- Looked After Children Missing From Home
- Child Protection and Core Groups
- Child Sexual Exploitation (CSE).

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 which started in January 2015 and this is the third 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 an 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.

Recommendations arising from the multi-agency case file audits broadly fall into the following areas:

- Recording / information sharing and communication / partnership involvement
- Maintaining focus on the child and acting on the child's wishes and feelings
- Specific recommendations relating to the Missing from Home process
- Further quality assurance activity.

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Specific actions have taken place to make improvements in these areas, for example:

- a multi-agency learning circle was convened in order to identify ways that communications and methods of recording for core groups could be improved and the methods have been shared and adopted by partner agencies
- the Signs of Safety approach continues to be promoted and embedded across the partnership as an effective method of seeking, recording and acting on the child's wishes and feelings
- the multi-agency Missing from Home Strategy has been revised to incorporate the audit recommendations which will lead to a better understanding for all partners on how to meet the needs of vulnerable children
- the same areas are repeatedly tested in each multi-agency case file audit and more recent audits have evidenced some improvements in safeguarding practice when compared with earlier audits.
-

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 stats 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. Issues that have been raised as a "red flag" during 2016/17 include concerns around Children Missing Education; and a lack of data available for GMP Safe & Well checks.

Section 11 Safeguarding Self-Assessment

A Section 11 Self-Assessment based on a revised Greater Manchester template was sent to all Board partners for completion. 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 are 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).

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Actions to address any gaps were specified and each thematic area ends with an overall evaluation of how well the agency meets the standard. Partners were required to submit an action plan which detailed how they would address any areas that had been rated as Amber or Red.

Partners were then invited to a challenge session with the MSCB Independent Chair and Board Business Unit representatives during April and May 2016 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 presented to Board members in June 2016. 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.

All partners were then required to submit an updated Action Plan in September 2016 detailing the actions they had taken to address any shortfalls.

7.3.5 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 MSB CDOP Officer. The subgroup met quarterly and meetings are 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.

Year on year the quality of data provided by agencies improves which supports the CDOP when analysing information and identify emerging trends. The CDOP continues to work 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.

The national review of LSCBs, SCRs and CDOPs undertaken by Alan Wood recommended that the responsibility for CDOPs moves from the Department for Education (DfE) to the Department of Health (DoH). NHS England held a number of national stakeholder events to gather information from CDOPs regarding their current arrangements. Work remains ongoing and The Department of Health are in the

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process of reviewing the current guidance set out in Working Together 2015 and CDOP lines of accountability.

For further information on the work of CDOP during 2016/17 and a summary of the CDOP Annual Reports, please see 6.3 of this document.

7.3.6 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 core function of the Learning and Development subgroup is to develop a framework which will enable the MSCB and MSAB to carry out its responsibilities to ensure that safeguarding learning and development activity equips the organisation, its staff and partners to meet the standards outlined in Manchester's safeguarding children and adults' policy and procedures.

- To ensure the workforce is effective in safeguarding children, young people and adults at risk of or experiencing abuse and neglect.
- Ensuring provision of high quality multiagency safeguarding learning and development.
- Enable and promote Safeguarding learning and development across partners and providers.
- Ensuring staff are competent to respond to safeguarding concerns (at a level consistent with their role) via the provision of high quality cross sector training.
- Review the implementation of the Multi-Agency Training Strategy for safeguarding children, young people and adults at risk of or experiencing abuse or neglect to ensure it is fit for purpose.

The subgroup met four times in the year and was chaired by the Head of Safeguarding, Pennine Acute Hospital Trust with support from the MSB 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.

A full report of the MSCB training offer, rates of take up and accreditation, feedback and key developments around learning and development is included in Section 6 of this Annual Report.

7.3.7 Communications & Engagement Subgroup

The MSB Communications & Engagement subgroup was formed in April 2016 and operates on behalf of both MSCB and Manchester Safeguarding Adults Board (MSAB). The Subgroup is chaired by a Manchester Safeguarding Boards partner from Greater Manchester Police and supported by the MSB Communications Manager. Membership is made up of communications representatives from the partners of the Boards.

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The group is responsible for:

- oversight of the communication strategies of the two Boards;
- oversight of the development and maintenance of the MSB website and social media;
- advising both boards on national, regional and local opportunities to promote safeguarding and encourage public and professional awareness;
- leading on the implementation of campaigns and educational programmes to support safeguarding and to develop preventative strategies;
- work with partners to actively promote awareness of the needs of vulnerable children and adults.

A key function of the group is the development and delivery of the MSB Communications Strategy and action plan to take into account the duties of the boards, as well as the aims and objectives from business plans and risk registers.

Other activities of the subgroup during 2016/17 has included:

- Publication of e-Bulletins – this will continue on a regular basis.
- The replacement of the MSCB website by a joint MSB website <https://www.manchestersafeguardingboards.co.uk/> which launched in January 2017 following an intensive development programme. This improved website will provide both Boards with:
 - an independent platform for sharing learning from local SARs, SCRs, DHRs, Reviews etc. and national research;
 - likewise for sharing news, updates and information of interest across the partnerships;
 - one place to promote multi-agency learning and development e.g. by linking to e-learning and other platforms and sources;
 - a single reference source for professionals and voluntary workers to access MSAB/MSCB policies and procedures alongside other key documents;
 - information that is 'owned' in terms of commitment by the multi-agency safeguarding boards and their partners;
 - a protected area accessible only by partners;
 - signposting to useful and appropriate information for the children, young people and adults of Manchester and their parents and carers;
 - similarly signposting for businesses, the wider community and members of the public;
- Development of 7 minute briefings.
- Maintenance of MSB (incorporating MSAB and MSCB) branding.

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- Ongoing network of support to the MSB Communications Manager.

7.3.8 Greater Manchester Safeguarding Policies consortium

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 online safeguarding procedures. These are updated twice per year 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 and the procedures can be found at greatermanchesterscb.proceduresonline.com

8. Finance

The income and expenditure sheet (refer to Appendix 2) shows that the combined income to the MSCB for 2016/17 was £556,585. This was a combination of funding from:

Manchester City Council	£441,019
Other Partners (as detailed in summary)	£ 92,316
Total Spend equated to	£476,996

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9. Challenges and Future Priorities

Towards the end of the 2016/17 period, the MSCB began the process of planning its vision and priorities for the 2017/18 year. As part of this preparation, the Board felt very strongly that the views of children and young people should be sought and a short Survey Monkey questionnaire was set up on the MSB website and promoted through both the Board and individual agencies. Some focus groups were also held by partners to gather views.

Amongst the feedback, children and young people told us that being safe meant: being looked after/having adult supervision/having someone you can trust; avoiding strangers and danger; being safe both in and out of the home; being free from different types of abuse; environmental factors and freedom of speech.

Things that did not make children and young people feel safe included: abuse towards themselves or others; having no one to trust or talk to; bullying/hate crime/peer pressure/hate crime; drugs and alcohol; unlit areas/walking alone and arguments and shouting.

When asked what three areas the Board should work on most in terms of hearing the voice of children and young people, the themes of communication, trust building and further advice/information were identified.

In early April, a Visioning and Priority Setting Event was held and partners came together to review what progress had been made during the year and identify what challenges remain on our improvement journey. There was also an opportunity to consider the factors - legislative, financial and others - that will have an impact in the forthcoming year.

The responses from the survey of young people were shared at that event and partners were able to analyse the findings and use them to help inform a picture of what the next year should bring for MSCB in terms of priorities.

Further work through Leadership resulted in the Board being able to identify its key strategic priorities for 2017/18. The 2017/18 Business Plan will now be implemented and reported upon in the MSCB 2017/18 Annual Report.

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MANCHESTER SAFEGUARDING
ADULTS BOARD

SHARED STRATEGIC PLAN

2017/18



MANCHESTER SAFEGUARDING
CHILDREN BOARD

June 2017

MSAB Vision:

Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.

MSCB 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 health childhood and fulfil their potential.

MSAB Objectives:

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that vulnerable people are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Objectives:

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCRs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:

- To be assured that safeguarding is effective across Manchester

Achieving our thematic priorities for 2017/18:

- Mental health, learning disability and substance abuse are key considerations across all of our priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Our key functions:

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

ENGAGEMENT and INVOLVEMENT

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

We will:

- Listen to the views of children and adults
- Make sure their voices are heard and are at the centre of what we do
- Put children and adults in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

What will change?

- We will know what children and adults think and take account of it when we make plans
- We will know those views are taken account of when agencies set up and make changes to services.

COMPLEX SAFEGUARDING

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

What will change?

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur.

TRANSITIONS

Moving from child to adulthood in a safe and positive way

We will:

- Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- Facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'.

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

NEGLECT

Ensuring the basic needs of every child are met

We will:

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

What will change?

- We will be assured that children at risk of neglect will be safeguarded and protected.

NEGLECT

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

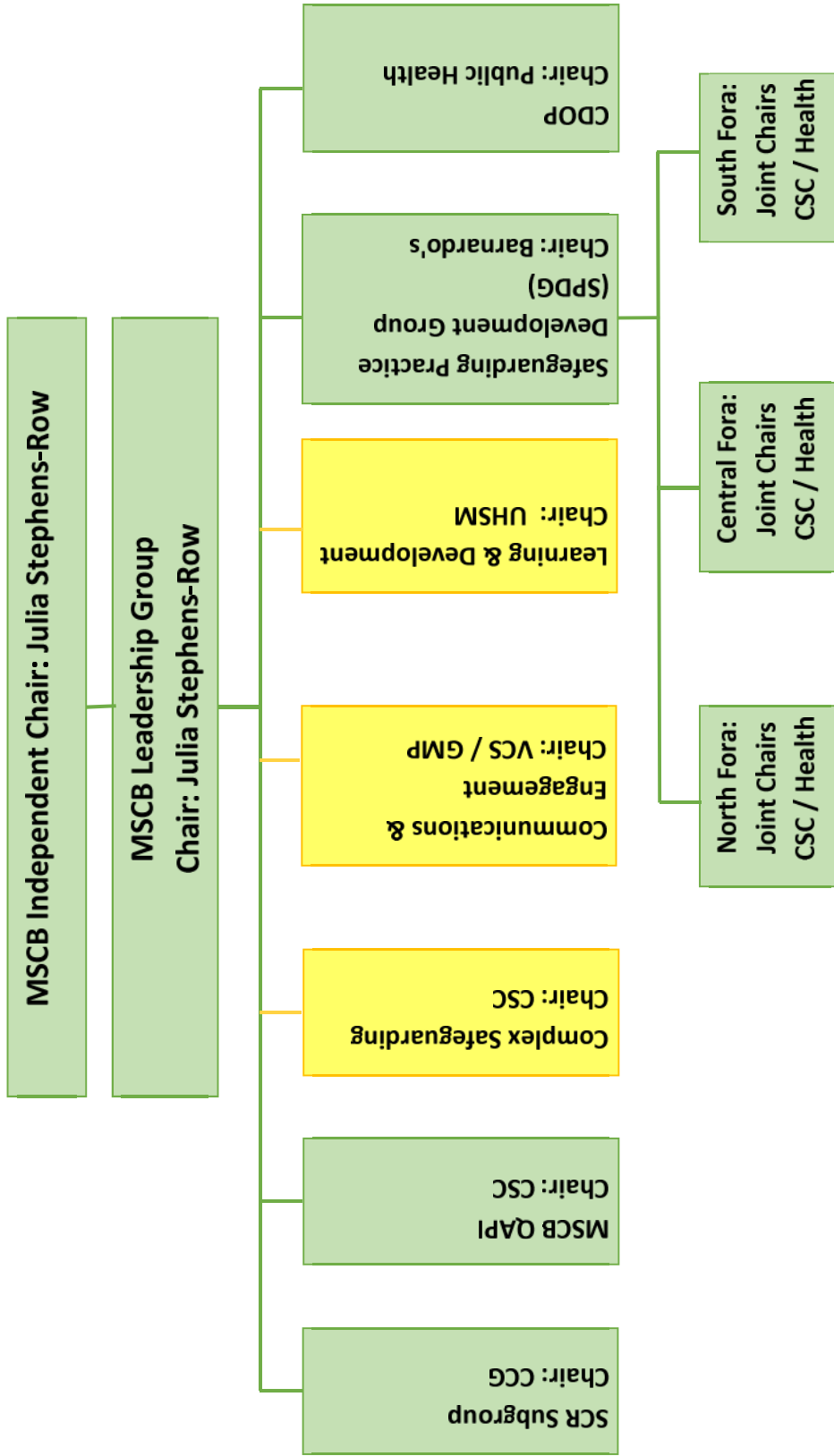
We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

What will change?

- We will have greater understanding that adults at risk of neglect are being safeguarded

Appendix 1: MSCB Structure April 2016 - March 2017



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Appendix 2: MSCB Financial Statement 2016/17

Manchester Safeguarding Children Board - Budget and Expenditure 2016/17			
Cost Elements	Annual Budget	Actual Spend	Variance
* Employees	348,604.00	388,376.12	39,772.12
* Premises	37,700.00	6,233.95	(31,466.05)
* Transport	3,000.00	951.07	(2,048.93)
* Supplies & Services	165,040.00	198,468.16	33,428.16
* Internal Charges	141.74	(166,221.66)	(166,363.40)
** Revenue Expenditure	554,485.74	427,807.64	(126,678.10)
Miscellaneous Income		(2,639.55)	(2,639.55)
MCC Safeguarding	(94,500.00)	(94,500.00)	
MCC Education	(71,000.00)	(71,000.00)	
MCC Housing	(9,450.00)	(9,450.00)	
MCC Additional Income	(56,339.00)		56,339.00
MCC Budget Contribution	(209,730.74)	(209,730.44)	0.30
MCC Adult Income			
Total Contribution from MCC	(441,019.74)	(384,680.44)	56,339.30
NHS	(52,400.00)	(52,400.00)	
Probation	(7,500.00)	(7,500.00)	7,500.00
Cafcass	(550.00)	(550.00)	
Greater Manchester Police	(31,866.00)	(31,866.00)	
Total	(92,316.00)	(92,316.00)	
Total Revenue Income	(533,335.74)	(476,996.44)	56,339.30
Over/Underspend	21,150.00	(51,828.35)	(30,678.35)

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Appendix 3: Glossary

GLOSSARY	
BMI	Body Mass Index
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
CMFT	Central Manchester Foundation Trust
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
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
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership
GMFRS	GM Fire and Rescue Service
GMP	Greater Manchester Police
GP	General Practitioner

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GLOSSARY	
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
MASH	Multi-agency Safeguarding Hub
MCC	Manchester City Council
MFH	missing from home
MSAB	Manchester Safeguarding Adults Board
MSCB	Manchester Safeguarding Children Board
PRU	Pupil Referral Unit
SCR	Serious Case Review

This report was circulated for comment to Board members and finalised on 28th September 2017. 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 Annual Report 2016/17 can be found on our website
www.manchestersafeguardingboards.co.uk
Or contact the MSB Business Unit: Tel: 0161 234 3330 or email mscb@manchester.gov.uk

Manchester Safeguarding Children Board

Annual Report 2016/17 Supplement Partnership Reports



Published September 2017

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Introduction

As part of its Performance Management Framework the MSCB expects to receive a quality assurance report from each of its key partners, and these statements help inform the **MSCB 2016/17 Annual Report**.

This Supplement to the MSCB Annual Report 2016/17 contains those reports and sets out activities within individual agencies that supports the work of the Board. The statements are presented under the following sections:

1. Local Authority Services
2. Health Services
3. Police, Crime and Court Services
4. Voluntary and Community Services.

1. Local Authority Services

1.1 Manchester City Council Children's Services

Leadership and Influence

Manchester City Council (MCC) plays a significant role within the MSCB and has contributed to the work of the board and developments as follows:

- Implementation of Signs of Safety model across social work and an asset based strengths based model within our early help services. This framework has assisted in developing a common language across statutory and third sector agencies;
- Led the development of the new MSCB Neglect Strategy 2017/19;
- Developed the Looked After Children Strategy 2016/20; and
- Co-led the Safeguarding Fora meetings on behalf of the Board.

MCC Children's Social Care (CSC) services have developed a comprehensive quality assurance and performance improvement framework with significant internal and, where appropriate, external oversight of activity. The quality assurance process encompasses regular supervision for caseworkers; regular auditing of casework and senior management oversight of this activity. The leadership team have developed a manager's forum and regular staff engagement sessions where information relating to the MSCB is cascaded. Likewise, the performance improvement framework is subject to internal

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and external scrutiny with this activity aligned to our strategic commitments expressed in the **Our Manchester Our children strategy**.

There is an established critical case tracking process whereby any child for whom there are significant safeguarding concerns is flagged to senior managers, up to and including the DCS, and outcomes for that child are tracked.

Children's Services has a single Service Plan that outlines strategic objectives in the following areas:

- Workforce Development;
- Developing an integrated Early Help offer;
- A responsive and safe 'front door' through Contact, MASH and referral;
- Delivering an effective youth justice service;
- Improving the quality and consistency of social work;
- Improving outcomes for looked after children and care leavers;
- Improving the quality of residential, fostering and adoption provision; and
- Effective quality assurance.

The Workforce Learning and Development Strategy 2017/20 aimed at building a stable, skilled and confident workforce has been refreshed. The strategy sets out the priorities for the recruitment, retention and professional development of a skilled and experienced children's workforce in Manchester and provides an overarching framework for how these priorities will be met over the next three years. The Strategy is relevant to all members of the children's workforce in Manchester. The Strategy also applies to volunteers, carers and paid staff delivering targeted and specialist services.

Challenge

A combination of performance information, assurance activity, and audit and practice analysis has led children's social care services to increase its self-awareness of the quality of its own service, leading to internal challenge. To support this internal challenge a number of approaches have been established, including: sampling, audit, professional supervision, 'closing the loop' and fora activities, e.g. management meetings, a practice development group to ensure rigour on challenging internally to constantly improve the quality of service provided.

The implementation of the internationally recognised **Signs of Safety** utilises a reflective multi-agency learning circles approach to effectively challenge "internally" and "externally".

A number of Panels, such as Edge of Care, Missing from Home and Looked After Children Panel provide opportunities to support and challenge partners regarding service provision to families.

The audit, and plans to include, multi-agency audits as well single agency audit activity from which lessons learned have been implemented. CSC are also key participants in the multi-agency MSCB

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Serious Case Review panel and are proactive alongside partners in challenging effectiveness of services.

Learning

CSC have implemented a refreshed Quality Assurance Framework – the Continuous Improvement Framework includes all activity undertaken by Children’s Services to ensure work with children and their families are carried out to the highest standard of quality. It aims to improve understanding of whether the right children are being supported, in the right way, at the right time and helps assess whether we are making a difference to the progress that children make and the outcomes they achieve. The framework is designed to help in the journey of continuous development and improvement and will inform CSC self-assessment and the Single Service Plan.

The overall purpose of the Framework is to:

- Support the drive to improve outcomes for children, young people and their families by improving practice and the quality of service delivery at all levels. Effectiveness will be measured by the impact had on improving outcomes for children and young people and their families;
- Improve practice through measuring the quality of practice, management oversight and the experiences of children and young people. This combined with performance monitoring arrangements will be benchmarked against required standards and targets, identifying what has worked well (strengths), what are we worried about and what needs to happen to ensure shortfalls in performance are identified and action taken to bring about continuous development and improvement;
- Ensure quality assurance activity informs learning and development plans i.e. audit; compliments and complaints; feedback from children, young people and their families; and
- Define roles and responsibilities in relation to quality assurance to strengthen accountability and promote a culture of excellence, which embraces feedback with the intention of advancing practice and improving the quality of services.

CSC are confident that they are now more effectively using learning from all activities undertaken as part of this framework to drive continuous development and improvement in practice, plans and services to children, young people and their families. By ‘Closing the Loop’ in all activities we will ensure learning and required actions have been taken and made a difference. Learning and improvement activity takes into account learning from Serious Case Reviews, Concise Learning Reviews and reviews of cases that have been triggered by cases judged to be inadequate in audit activity and Serious Incident Notification.

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Voice and Influence of Children and Young People.

CSC have developed a Voice of Children and Young People Framework and have commissioned an independent children's rights service that is delivered by Coram Voice. The service has strengthened the way in which we engage children and young people and the influence they have on practice and service development.

Early Help

A multi-agency approach to early help has been embedded over three sites in the City in the form of Early Help Hubs. The service is well embedded and will hold a session with partners to reflect on its progress. There is significant managerial oversight and performance oversight of this activity.

Complex Safeguarding

MCC CSC is leading the work on the developments of complex safeguarding service which will consider practice design and co-location of services; this will include a partnership approach to delivering the Prevent and Protect agendas, trafficking, radicalisation, responses to gang violence and serious and organised crime.

Domestic Violence and Abuse

The impact of domestic abuse for children and young people is a key priority for the service. CSC have commissioned and will roll out the **Safe and Together** programme, complementing Signs of Safety and our other strengths based models from October 2017.

Neglect

The CSC Head of Quality Assurance for Safeguarding led the development of the new MSCB Neglect Strategy 2017/19 on behalf of the Board and has supported the Board to identify and develop a neglect assessment tool, Graded Care Profile 2 (GCP2).

SCR Learning

CSC have had officers linked to each SCR Panel and they bring learning from the review back into the service. CSC also deliver learning opportunities aimed at improving understanding of reviews and practice.

Partnership Communications and Engagement

- Partnerships are embedding in the service and CSC co-lead the safeguarding fora meetings at a local level;
- Partnership briefings have been held to promote understanding of Signs of Safety;
- Where CSC identify partner learning in cases causing concern, partners are invited to attend our learning circles;
- CSC have led developmental problem solving work to address strategy meeting attendance and attendance of partners at ICPC;

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- CSC have led work aimed at promoting improved understanding of the multi-agency levels of need and response framework via Designated Teacher Networks and other forums;
- Partnership networking meetings have taken place in districts to engage schools and health and other partners meaningfully to ensure effective front line working relationships; and
- CSC have engaged partners in our planning to implement Child Protection Information Sharing (CP-IS). Implementation will now be July 2017. CP-IS is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England.

Learn more about Children's Services on the MCC website www.manchester.gov.uk

1.2 Manchester City Council Education and Skills

Leadership and Influence

Any concerns raised about schools/Early Years settings e.g. through quality assurance visits, allegations, following an Ofsted inspection, or notification of a complaint are investigated and followed up. Clear recommendations are made where any weaknesses in safeguarding are identified. If themes emerge over a number of school, there will be actions. For example, through following up concerns from parents, it became evident that some schools did not have clear complaints policies. This was discussed at the Manchester Schools Strategic Safeguarding Group and the DfE advice about dealing with complaints was then circulated to all schools.

A framework has been developed to support Early Years (EY) settings to self-evaluate their safeguarding practice and this has led to improved outcomes and Ofsted judgements. All settings are monitored and challenged by the EY Quality Assurance (QA) leads and EY Safeguarding Lead. They also access a range of regular networks, training and support is tailored as necessary.

Schools and colleges are expected to complete an annual self-assessment to demonstrate that they are complying with key standards in relation to safeguarding children. To support this process, a proforma was circulated in February 2017 to all maintained schools (including academies and free schools) in the city. This was accompanied by a letter jointly signed by the Director of Education & Skills and by the Independent Chair of the MSCB. This was based on the revised guidance and the first time that schools had been asked to share their self-assessment with the local authority (LA) and the MSCB.

The completed self-assessments provided a detailed picture of safeguarding practice in Manchester schools. Many schools commented that they found the process to be useful, especially to identify any gaps and to support plans to address these. For Education the analysis has highlighted areas of good

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practice and also areas in which schools could benefit from further guidance and training. A more rigorous approach has been adopted, any concerns are being immediately followed up and schools will receive individual feedback through autumn term QA visits. Furthermore audit visits to a sample of schools are being planned.

Education also uses a variety of other information sources to contribute to intelligence on the effectiveness of safeguarding arrangements in schools. This includes the annual QA Professional visits; analysis of the Safeguarding in Education Team's Schools Engagement Dashboard; school's participation in LA run networks and training opportunities; school's participation in multi-agency working; and feedback from partners.

Ofsted reports are also analysed. A summary report is shared with the MSCB Quality Assurance and Performance Improvement (QAPI) subgroup and any concerns escalated. Two schools have been judged to have inadequate arrangements for safeguarding over the school year 2016/17 and arrangements are in place to support them to improve.

The MSCB programme of audits over the past two years have also demonstrated that the engagement of schools with multi-agency working is generally good, with schools often being the driving force behind ensuring better outcomes for children.

Work on safeguarding is governed through the Education QA Board. An action plan to address any gaps is in place and has been shared with QAPI.

Learning

Education representatives have contributed to all the MSCB thematic multi-agency audits, SCRs, Critical Incident Reviews and relevant Domestic Homicide Reviews (DHRs) and shared learning from these with schools and Early Years settings.

There are representatives from the Education Department and from schools on the MSCB Training Pool. Education representatives have also delivered single agency safeguarding and Prevent training to a wide range of staff in schools, Early Years (Independent Nurseries and Child Minders), Supplementary Schools, including Madrassahs, Chaperones (responsible for the wellbeing of children involved in performances), Play providers, Youth providers, Voluntary Sector trustees and School Governors.

Any feedback and learning from the MSCB Board, Leadership Group and QAPI is taken account of and contributes to improving practice. The outcomes of any regulatory inspections, of EY, schools and post 16 provision are now shared with QAPI, in addition to the Education QA Board.

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Early Help

The Education Department and schools contribute to the Early Help Steering Group and has been involved in discussions around the development and review of Early Help Assessments etc. There is a growing number of Early Help school clusters which meet regularly to share practice and to peer review.

Education staff and partners are kept up to date with developments around Early Help and there have been inputs from representatives from the Early Help hubs at relevant forums including head teacher briefings, networks for DSLs, EY settings and Supplementary Schools to raise awareness and to promote effective use of Early Help Assessments (EHAs), etc.

Early Help is highlighted in all training/briefings delivered by Education and the number of EHAs initiated and registered by schools has increased. The School Self-Evaluation Form (SEF) 2016/17 has collected data on the number of EHAs and also number of referrals to Social Care. Targeted work and peer support is planned in the new school year for schools which appear not to be confident with the Early Help process.

Staff working directly with children and families complete EHAs and are involved in the team around the child (TAC) as appropriate. Attendance staff are part of the teams in each of the hubs.

Complex Safeguarding

The Education Directorate and schools have been involved in developments in the city over a number of years around Prevent, Child Sexual Exploitation, Female Genital Mutilation and tackling Domestic Abuse and continue to contribute to all areas of work within the Complex Safeguarding Group e.g. through promoting training, projects in schools and developing systems to reduce the numbers of children missing from home and from education.

Implementation of the Prevent Duty and Counter Extremism continues to be a major focus. Both secondary and primary schools have been involved in projects to develop staff confidence e.g. 'Holding Difficult Conversations'; and also to build children's resilience against radicalisation and to promote community cohesion e.g. increasing numbers of schools working towards UNICEF Rights Respecting Schools status and taking up the offers in the new Prevent catalogue.

Domestic Violence and Abuse

Schools play a major part in the identification of children who may be suffering from neglect and are the main initiators of Early Help Assessments. The MSCB multi-agency audit on 'Domestic Violence and Abuse' evidences a positive contribution and highlights good practice from an Education perspective in terms of picking up on domestic violence and abuse as well as wider safeguarding

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concerns. Although the overall multi-agency audit grade was assessed as a 3 (Requires improvement) it was noted that the school provided timely and appropriate support to the child and family as well as examples of excellent partnership working and sharing information to help minimise the risks to the children.

SCR Learning

Learning from SCRs is shared with schools and other partners to feed into improving practice. For example a head teacher led workshops at the June 2017 networks for School Designated Safeguarding Leads (DSL) exploring concerns about the MSCB escalation process which had come from a recent SCR. A head teacher focus group has been set up to follow up on this and to draft a contribution to the work of the MSCB. The Director chairs a monthly Case Review Board which reviews all SCRs and implications for schools/education dept.

Following the Critical Incident Review (CIR) for Child M, the Education Department, together with the MSA and schools has developed guidance and a model policy for schools on information sharing for vulnerable children. This highlights the importance of sharing information about vulnerable children, including Early Help, and any concerns below the CiN and CP thresholds, both at key transition points and also if children leave or arrive in-year.

Partnership Communication and Engagement

Education has a wide range of communication systems with schools and other partners, including QA visits, ongoing projects, circular letters, network meetings, head teacher briefings and governor briefings and generally there is good engagement.

Over the past year, with the support of the Independent schools MSCB representative, there has been a focus on improving engagement with independent schools around the safeguarding agenda.

Additionally, there has been work with the voluntary and community sector e.g. to encourage supplementary schools to gain Bronze, Silver and Gold awards from the National Resource Centre for Supplementary Education (NRCSE).

Communications following the tragic event on 22nd May were highly successful, with positive feedback from many schools about the information and support that they received.

Learn more about Education and Skills on the MCC website www.manchester.gov.uk/education

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1.3 Independent Schools

Leadership and Influence

Leadership is provided by the attendance and involvement of the Deputy Head of Manchester Grammar School (MGS) who is a member of the MSCB.

Challenge

Challenges for the independent sector that are being progressed through representation at the Board are:

- To improve communication between MSCB and Manchester Independent Schools;
- To ensure that MSCB safeguarding procedures and other statutory obligations are well understood by Manchester Independent Schools and that these schools are appropriate and safe educational environments;
- To make sure there is awareness of and access to safeguarding/pastoral care training and that high standards of pupil welfare are achieved; and
- Ensure that Section 175 SEF is completed by all Manchester Independent Schools.

Focus Areas

The following activities are being developed or planned:

- A training session on *Signs of Safety*;
- A training session for the Independent Schools DSL Network on *early help*, which will be delivered by the Early Help Team;
- Training in improving *E-Safety* in schools and consideration of ways to improve internet filtering and monitoring systems, and responding to new online threats such as increasingly easy access to the *dark web*;
- A DSL training session on learning from SCR's with an emphasis on understanding escalation procedures and improving the standard of safeguarding record keeping.

Partnership Communications and Engagement

2016/17 has seen the planning and development of a new Independent Schools DSL Network that will meet termly. This will be an opportunity to disseminate information and expectations from the MSCB; raise awareness of MSCB focus areas; share good practice; and create training opportunities. This will be particularly helpful for some of the smaller Independent Schools who have limited resources to access. This network will sit alongside the maintained sector DSL network meetings.

The first meeting of this new DSL Network was held at MGS on 29th June 2017 and was attended by a large number of representatives from Manchester Independent Schools. Training was delivered on MSCB thresholds, Early Help Assessments, referrals and Early Help Hubs. There was also training on DfE

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expectations relating to KCSIE and the use of CPOMS in Schools. The new network will be reported on further in the 2017/18 MSCB Annual Report.

1.4 Strategic Housing

Leadership and Influence

The Housing Access Manager, Strategic Housing (SH) represents the social housing sector, Registered Providers (RP,) at the MSCB. The Strategic Housing project officer represents the RP on the Board's subgroups: CDOP, SPDG and Communications & Engagement.

Messages from the Board are relayed to the RP via their appointed Safeguarding Champions. It is the role of the Safeguarding Champions to disseminate key messages from the Board within their own organisation.

Challenge

Strategic Housing coordinate the distribution and collation of responses to the Section 11 audits from the social housing sector. RP in Manchester have a high response rate to the Section 11 and some of the RP have completed their own action plans. Strategic Housing has analysed the responses from the RP and will produce a document for them, which will share all good practice. Strategic Housing have an action plan for the next twelve months that has been drawn up from the RP Section 11 responses. In addition, registered providers are routinely asked to contribute to multi-agency audits.

Learning and SCRs

All Registered Providers have access to the MSCB Multi-agency Training Programme. All training opportunities that the Board highlights to members are shared with the RP via the Safeguarding Champions.

Serious Case Review learning is shared with the Safeguarding Champions and they, as well as some key housing operational staff, have attended previous learning events run by the Board. SCR learning is also shared at the Connecting People work-stream of the Manchester Housing Providers Partnership (MHPP), where a particular focus is given to housing and its role. Strategic Housing will hold a briefing event for the RP Safeguarding Champions where learning and good practice will be shared. RP also have their own safeguarding policies and procedures which include training plans and requirements for their staff.

Early Help

Some of the larger RP in the city have developed a Key Worker role and work with the Early Help Hubs. RP are virtual members of the MASH and through this partnership working, preventative work has been identified which the RP can contribute to. RP are kept up to date with all developments within Early Help via the Safeguarding Project Officer and the Safeguarding Champions.

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Complex Safeguarding

Registered Providers are kept up to date with Complex Safeguarding via the Safeguarding Champions, either by mail or at the Housing Safeguarding Networking Briefings that Strategic Housing intend to run annually. In addition, some Registered Providers are Prevent Champions and sit on the networking group.

Domestic Violence and Abuse

Domestic violence and abuse has been identified as a priority for the RP (recognising the high priority give this area by the Board) and was the focus of an event held for the Housing Safeguarding Champions earlier in the year. At this event RP were kept up to date with Manchester strategies and initiatives around domestic violence and abuse as well as encouraged to share good working practices.

Neglect

RP have access to training on neglect and up-to-date information around neglect that comes from multi-agency and other audits and SCRs. This information is shared with the RP via Strategic Housing and the Safeguarding Champions. RP across the city have developed robust “concern card” procedures, where all staff, including operatives, can register a “concern” that is picked up by the appropriate manager who deals with safeguarding.

Partnership communications and engagement

Good Practice is shared via Strategic Housing and the Safeguarding Champions either by mail, at the Connecting People forum, or at briefing events for the Safeguarding Champions.

RP do not directly work with children. The expectation is that staff respond to anything that they see, hear or feel is “not right”. This will be backed up by robust safeguarding policies and procedures and training programmes within their organisation.

Learn more about Strategic Housing on the website www.manchester.gov.uk

1.5 Public Health

Leadership and Influence

Working in partnership to influence health improvement is key to all public health work and this is demonstrated through Public Health team representation, leadership and joint working with colleagues from partner organisations at the MSCB Leadership team meeting, at the Safeguarding Children Board and at MSCB Subgroup meetings.

The Public Health team has led the development of the Children and Young People’s Joint Strategic Needs Assessment (JSNA) which includes a section on safeguarding. The Public Health team also continues to consider and review the Joint Strategic Needs Assessment topic papers in terms of

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content and coverage to ensure the information provided supports strategic decision making and clarifies some key actions.

Challenge

A Public Health team representative is a member of the MSCB Quality Assurance and Performance Improvement (QAPI) subgroup and works with others to ensure that themed audits are carried out; identify areas of concern from these; and make recommendations to MSCB for improvements required.

The Public Health team completed a Section 11 audit to show how the team assures itself that commissioned services are delivering safeguarding work to a high standard.

Learning

Through the QAPI subgroup, the Public Health team works with partners to identify learning from the audit programme to inform and change practice. The Public Health team ensures that providers of commissioned services are aware of the findings and implement recommendations during formal quarterly performance monitoring meetings.

Early Help

A Public Health team representative is a member of the Early Help Operational Board. The Public Health team is committed to ensuring that early help needs are identified and early interventions are offered by services the team commissions, such as the Health Visiting and School Health Services.

The Public Health team has led work to develop a Children and Young People's Joint Strategic Needs Assessment, which includes a topic paper on Early Help Offer including Families at risk that can be found using the following link [JSNA Early Help including Families at Risk topic paper](#)

The Public Health team also continues to consider and review the Joint Strategic Needs Assessment topic papers in terms of content and coverage to ensure the information provided supports strategic decision making and clarifies some key actions.

Complex Safeguarding

A Public Health team representative is a member of the joint MSB Complex Safeguarding subgroup.

The Public Health team commissions a number of services that contribute to the strands of complex safeguarding work, including Sexual Health Services, Health Visiting and the School Nursing Service.

Representatives from some of the provider organisations contribute to both operational and strategic work and groups. Key to effective commissioning is ensuring that service specifications and contracts reflect the need for provider organisations to understand their role and their duty in relation to Safeguarding in the city.

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In terms of influence, co-operation and working with partners Public Health contributes to and supports complex safeguarding themes in a number of ways:

- *Children Missing from Home and Education* – ensured that commissioned services are aware of the refreshed strategy; that key organisations and services are receiving information to enable them to identify any individual child who might use or attend their provision; that there is knowledge and understanding of the referral procedures.
- *Child Sexual Exploitation* – all reproductive and sexual health providers continue to use the risk assessment tool to identify those young people who may be at risk of or involved in exploitation.
- The Healthy Schools Team launched the '*I Matter*' curriculum in October 2016. This is a preventative safeguarding resource which aims to develop young people's knowledge, skills and attributes to identify and manage risk to keep themselves and others safe. It comprises thirty lesson plans for school years 7-11. School staff and over 500 students were involved in the pilot. The Healthy schools Team offer free training to any school wishing to deliver the curriculum. The flexible nature of the resource means that additional topics can be included in response to changing trends. Lessons are also being developed for SEN students. At the core is developing an understanding of safe and healthy relationships, self-esteem and assertiveness. This gives a strong basis for going on to look at a range of other topics: child sexual exploitation, extremism, female genital mutilation, honour based violence and relationship abuse are all included. The '*I Matter*' curriculum has the potential to help our children and young people stay safe and make good decisions.

The Public Health team has led work to develop a Children and Young People's Joint Strategic Needs Assessment, which includes topic papers on Complex Safeguarding that can be found using the following link [JSNA Children and Young People Topics](#)

[Domestic Violence and Abuse](#)

A Public Health team representative is a member of the Domestic Violence Forum and the team jointly commissions the IRIS Project for GP Practices with Manchester CCG and commissions the Midwifery IDVA service at St Mary's Hospital.

The Public Health team has led work to develop a Children and Young People's Joint Strategic Needs Assessment, which includes a topic paper on Domestic Violence and Abuse that can be found using the following link [JSNA Topic Paper Domestic Violence and Abuse](#)

[Neglect](#)

A Public Health team representative was a member of the working group which developed the Neglect Strategy for Children, Young People and Families 2017/19.

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The Public Health team has led work to develop a Children and Young People's Joint Strategic Needs Assessment, which includes a topic paper on Neglect that can be found using the following link [JSNA Topic Paper Neglect](#)

The Public Health team also continues to consider and review the Joint Strategic Needs Assessment topic papers in terms of content and coverage to ensure the information provided supports strategic decision making and clarifies some key actions.

SCR Learning

The Public Health team contributes to Serious Case Review meetings where appropriate and shares learning from the serious case reviews with team members and commissioned services.

Suicide Prevention

Public Health has led the development of a collaborative suicide prevention action plan for Manchester for 2017/19. This has been developed over 18 months and has involved partners from across the public, community voluntary and business sectors in recognition of the fact that everyone has a role to play in suicide prevention.

The plan is based on the Living Works model for suicide-safer communities - an internationally respected approach based on evidence from suicide prevention strategies around the world. The plan has had the support and input of Adults and Children Safeguarding Boards, Health Scrutiny and was endorsed in August 2016 by the Health and Wellbeing Board. The plan is overseen by the Manchester Suicide Prevention Partnership and chaired by Councillor Joanna Midgley (Mental Health Champion).

Work is focused around 9 pillars and leadership for each pillar is provided by representatives from partners across organisations and sectors:

1. Leadership and governance
2. Evidence and data
3. Awareness
4. Clinical Services
5. Mental wellbeing promotion
6. Training
7. Support after bereavement by suicide
8. Evaluation
9. Sustainability and capacity building.

Actions during 2016/17 include:

- Suicide Awareness sessions delivered to staff in contact with people at risk

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- Audit of all suicides during 2015 across greater Manchester to inform the focus of local plans
- JSNA for suicide prevention published
- Public event held in partnership with 'Silence of Suicide' - an organisation promoting open **discourse about suicide to reduce the silence and stigma around it.**

Find out more about Public Health Manchester at www.manchester.gov.uk

2. Health Services

2.1 NHS England North and Greater Manchester Health & Social Care Partnership

NHS England is committed to the work of the Manchester Safeguarding Children Board (MSCB) and working with our 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. We monitor these standards regularly and work with organisations to make improvements to the care they deliver.

Below is the work undertaken by NHS England North and Greater Manchester Health & Social Partnership during 2016/17:

- NHS England North Region safeguarding assurance tool completed and audited across all Greater Manchester CCGs. Tool supported CCGs to demonstrate compliance with national safeguarding standards.
- Inclusion of Child Sexual Exploitation/Sexual Abuse (CSE/CSA) lead within standard national contract from April 2016. This 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 NHS England CSE pocket guides to all front line health staff including GPs, Pharmacists and Dentists.
- Distribution of the Safeguarding Adults booklets to all front line health staff including GPs, Pharmacists and Dentists.
- Launch of NHS England Safeguarding App to all front line health staff.
- Promotion of national "Seen and Heard" campaign to all front line health staff www.seenandheard.org.uk
- Continued promotion and implementation of Greater Manchester health pathway regarding Female Genital Mutilation (FGM) and mandatory reporting.

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- Distribution of NHS England FGM pocket guides to all front line health staff including GPs, Pharmacists and Dentists.
- A north regional Prevent conference was held in December 2016 to raise awareness of Prevent with evaluation from attendees being very positive.
- Delivery of a series of executive masterclasses to raise awareness of Prevent; slavery and human trafficking at a senior level within health organisations and ensure that there was confidence in understanding the requirements under the new statutory duty.
- Dissemination of all information relating to Independent Inquiry into Child Sexual Abuse (IICSA) to all NHS organisations to ensure aware of duties in relation to the inquiry and management of allegations.
- Regular liaison with IICSA to promote “Truth Pilot” across Greater Manchester to all health providers and primary care staff.
- Ongoing communication to all Greater Manchester LADOs to ensure allegations involving those professions managed via NHS England (GPs; Pharmacists; Dentists and Opticians) is referred to NHS England Safeguarding Lead for investigation in accordance with safeguarding policies and procedures.
- Valuable attendance from designated professionals in the priority subgroups FGM, Looked after Children (LAC), Child Sexual Exploitation (CSE).
- Greater Manchester Health & Social Care Partnership local Safeguarding Lead who is professionally (nursing) accountable to NHS England is a member and attends the NHS England North Region Safeguarding Steering Group.
- There is a well-established and well attended Safeguarding Adult Network within Greater Manchester who deliver specific works themes that is agreed at the Greater Manchester Safeguarding Collaborative.

NHS England North regional priorities identified for 2017/18

NHS England North regional safeguarding team and Greater Manchester Local office in partnership with NHS England Health and Justice, Primary Care and specialised commissioning will review and agree safeguarding assurance process for directly commissioned services.

NHS England North regional safeguarding lead, Medical Director, Chief Nurse, HR Lead and regulatory bodies (where appropriate) will review and agree processes for the management of safeguarding allegations, (employees and performer,) information collection and assurance.

NHS England North regional safeguarding team in partnership with Greater Manchester and other regional teams will:

- Review and agree a standard process for the management of safeguarding concerns and complaints.

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- Deliver safeguarding training to the required standard and level to all complaints staff in accordance with relevant national guidance.
- Ensure appropriate training is undertaken for staff involved in the management of safeguarding allegations.
- Undertake a training needs analysis to identify appropriate levels of safeguarding training for staff groups across NHS England in line with current national guidance.
- Ensure a consistent approach to the collection of information in relation to serious case reviews, (adults and children); collate themes and disseminate learning across the Region. Review attendance at the Local Safeguarding Board and determine appropriate level of representation based on local knowledge and need and provide timely feedback on the agreed template. Representation to be agreed with Board Chair and Designated Nurses as required.
- Develop clear, consistent and high quality safeguarding resources for use by health staff within the NHS North Region.
- Delivery of NHS England National Safeguarding priorities within NHS England North region via the regional subgroups including time limited task and finish groups e.g. Military Veterans, Modern slavery and trafficking.
- Support the delivery of NHS England North region learning events for Designated Professionals; Named GP/Nurses Primary Care; NHS England North Commissioners.
- Commission and evaluate specific education programmes for the NHS England North Region Designated Nurses/ Named Primary Care Professionals e/g leadership, supervision skills, commissioning.
- Provide support to NHS England local offices to ensure safeguarding becomes embedded in Strategic Transition Plans (STP) Plans.
- Provide advice and support to NHS England North regional work programmes e.g. Transforming Care, Patient Experience, Independent reviews.
- Develop robust reporting process for NHS England North local offices regarding national and regional safeguarding reporting requirements.
- Work with partners to support a regional approach to emerging safeguarding issues e.g. Health and Children's Social Care reforms, IICSA.
- Support the national review of current domestic abuse training and support within commissioned services (linked to national priority).
- Implement and go live with CP-IS across of the North region.
- Embed principles of co-production with children, young people and adults in all aspect of work priorities.

Learn more about NHS England on their website www.england.nhs.uk

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2.2 Manchester's Health Economy

Leadership and Influence

Safeguarding accountabilities of CCGs are set out in the Accountability and Assurance Framework: Safeguarding Vulnerable People in the Reformed NHS (NHS England 2015). This document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare. It sets the requirements for safeguarding to be firmly embedded within the wider duties of all organisations across the health system but most notably providers' responsibilities are to provide safe and high quality care and support, and commissioners' responsibilities are to assure themselves of the safety and effectiveness of the services they have commissioned.

Manchester CCG are required to provide assurance that safeguarding activity within all commissioned services meets national safeguarding standards and demonstrates a model of continuous improvement. This is reflected in local policy and procedure and reflected in the CCG governance framework and delivery plan.

From April 2017 a new commissioning organisation commenced in Manchester, Manchester Health and Care Commissioning (MHCC) which is a partnership between Manchester City Council and the Manchester Clinical Commissioning Group. It brings together the commissioning of health, adult social care and public health in a single partnership arrangement. At the time of this report, the organisational structures and arrangements are being embedded.

The NHSE assurance visit in April 2016 found Manchester CCGs to be fully compliant with all safeguarding standards; a follow up visit by the Nursing and Quality leads is set for July 2017.

To ensure the strategic fit and influence of safeguarding, the CCG agreed to strengthen the resource further with additional clinical leadership and the team is now staffed at full complement. Additionally the team have been working in parallel with NHS England Area Team to build a robust model of support within primary care and this has been a particular strength and achievement for the CCGs in Manchester.

Manchester takes a cross generational and "Think Family" approach to safeguarding children, young people and adults. This is delivered through the integrated Citywide Commissioning, Quality and Safeguarding Team and provides strategic leadership for safeguarding children, Looked After Children and vulnerable adults across the Manchester health economy. The roles provide leadership, quality assurance, training, supervision and specialist clinical advice on safeguarding to the CCG and the provider organisations.

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Safeguarding is most effectively delivered through strategic and organisational multi-agency arrangements, with partners working collaboratively to achieve a shared vision. The focus for multi-agency safeguarding is through the Manchester Safeguarding Children Board (MSCB) and other multi-agency partnerships including the OFSTED Improvement Board, Health and Wellbeing Board, the Children’s Board, Confident and Achieving Manchester Board, MASH Strategic Board and Multi-agency Public Protection Arrangements (MAPPA). Manchester CCG’s are committed to partnership working and are key members of the MSCB and its subgroups as well as the other board meetings. There are a range of initiatives aimed at early help and integration of services in line with the new delivery model and learning from serious case reviews.

Manchester CCG Designated Nurses work collaboratively with the NHS England Greater Manchester Health & Social Care Partnership team and are key members of the Safeguarding Greater Manchester Collaborative that reports to the Greater Manchester Quality Surveillance Group.

Provider Services

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

Key Health Economy Challenges and Achievements during 2016/17	
Challenges:	Achievements
<p>Assurance: 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 CCG has 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 in early 2016 and were found to be fully compliant with safeguarding standards, they noted areas of excellent and innovative practice.</p> <p>Regular reviews of evidence to ensure that the organisation remains compliant in all standards have been completed by the Designated Nurses, a review by NHSE Nursing and Quality leads is planned for July.</p> <p>To assist in implementing the framework the Designated Team have provided supervision to the Named Nurses, completed walk rounds in the acute and smaller commissioned provider organisations and care home settings this has been completed alongside the assurance reviewing of the provider training and policies during this financial year.</p>
<p>PREVENT:</p>	<p>Manchester CCGs are fully compliant with PREVENT requirements and are committed to offering GP practices the</p>

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Key Health Economy Challenges and Achievements during 2016/17	
Challenges:	Achievements
To deliver PREVENT training to CCG staff, to identify CCG lead and build into contracts assurance reporting against PREVENT requirements.	level three WRAP training has been delivered and further training is planned for September 2017.
<p><u>Safeguarding Adults:</u> The safeguarding hub developed a programme of preventative support for nursing homes which continues into the coming year, this will inform future plans to support the nursing functions. The safeguarding team completed the nursing home scoping visits in 2016 and provided a summary paper to the Quality Boards citing the need for support with training and a structure to support the city's care homes to enable them to improve quality of care. This recommendation has been brought forward to 2017/18 for the newly formed organisation MHCC to review.</p>	<p>NHSE have recognised this development as an area of excellent practice with an aim to increase quality of care and reduce safeguarding incidents in nursing homes.</p> <p>The Adult safeguarding team have facilitated access to training for Care Home Staff both at the Christie and at the Nursing Midwifery and Care Staff Framework conference.</p> <p>The team have completed walk rounds in care homes where there have been complex safeguarding concerns and provided feedback to commissioners and the Local Authority.</p> <p>The CCG is a partner in the Care Homes Quality Incentive work which has begun to look at models of support to care homes across the City.</p>
<p><u>Domestic Abuse/ IRIS:</u> A key challenge to the work of the MSCB, MSAB and OFSTED Improvement plan continues to be the number of Domestic Homicide Reviews, Serious Adult reviews, 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 the business case has successfully progressed to expand the current service to every GP practice in the City.</p> <p>In 2016/17 a further 26 practices were trained and 481 referrals were made to the IRIS service. The number of practices trained this financial year was 8 more than planned and IRIS has also begun a focus on ensuring as many clinicians in a practice as possible attend the training rather than just counting practices trained. To support this they have run additional sessions to train clinicians who missed the training. Initial evaluations of IRIS are very positive and further evaluations continue this year, particularly looking at older women and domestic abuse.</p> <p>The Safeguarding team are represented on the Manchester DA forum and contribute to the consultation processes and implementation of the strategy through the working groups</p>
<p><u>OFSTED Improvement:</u> A key challenge is the alignment of the health economy to the new safeguarding structures across the partnership.</p>	The CCG has continued to demonstrate their support to improving outcomes for children and young people by continuing to work in partnership with the MSCB.
<p><u>Primary care Developments:</u> CCGs are required to provide a Named GP or Named professional with the capacity to support primary care</p>	The Safeguarding Primary Care programme that has been implemented across the Manchester CCG is recognised as an area of excellent and innovative practice:

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Key Health Economy Challenges and Achievements during 2016/17	
Challenges:	Achievements
<p>services in discharging their safeguarding duties. This is a recognised challenge across Greater Manchester.</p>	<ul style="list-style-type: none"> ● The Designated Nursing team have developed and lead on the Primary Care Safeguarding programme to offer bespoke Safeguarding support and guidance to all Manchester GP practices. ● The G.P link nurse visits have cover extensively all children, Looked after children and adult agendas. ● There continues to be a comprehensive training calendar of specific subject training at level 3. ● The dissemination of MSCB / MSAB learning packages shared across all Manchester GP practices. ● The development of Safeguarding GP Lead forums led by the Named GP for the City. The forums provide an ideal opportunity to communicate effectively key messages and have been positively received by the Primary care. ● The safeguarding primary care programme audit demonstrated the positive impact on general practice which included an increased confidence in dealing with safeguarding cases, the improved working relationships between primary care and the Designated Nursing team, enhanced communication, increased practitioner knowledge regarding the services available to support patients within their care. The development policies and guidelines specifically for Primary care which include: <ul style="list-style-type: none"> ○ Mental Capacity Act and Deprivation of Liberty Safeguards Policy. ○ Guidance document – Statements of Intent for Expected Deaths in the Community and Care Homes. ○ Guidance for Children and Young People Who are not Brought for Healthcare Appointments in Primary Care. ○ FGM – Guidance for General Practice.
<p><u>Multi-agency Safeguarding Hub (MASH)</u> Both Working Together to Safeguard Children (2015) and the Care Act (2014) emphasise the importance of consistent multi-agency working and information sharing. Around the country the MASH has shown success in developing relationships and improving the first response to allegations of abuse and neglect.</p> <p>Manchester’s children’s MASH was established in December 2014 and the work began on the adult MASH throughout 2016/17 with its launch on 3rd April 2017. The adult health posts are planned to be in place during the current financial year.</p>	<p>The MASH is an integrated approach to safeguarding where key statutory agencies, including health practitioners working collaboratively with multiagency partners. Decisions and interventions are made at the earliest opportunity in order to safeguard children and adults.</p> <p>Manchester has a well-established children’s MASH and following the development of the adult MASH team this will be located together. In addition to this there is a strategic MASH Board with representation from the Citywide Designated Safeguarding team.</p>

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Health Economy Operational Plan 2016 / 17	
Improving Services to Safeguarding Children as required by <i>Working Together (2015)</i>	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 outcomes based model of health input into the Early help Hubs and MASH.
Improving Services for Looked After Children as required by <i>Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015)</i>.	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.
Domestic Abuse and IRIS	Domestic Abuse continues to be 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 we will continue to support the implementation of the IRIS model. The safeguarding quality assurance toolkit will also reflect this principle.
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.

Focus Areas

The CCGs identified, through commissioning intentions in 2016/17 and as part of the CCGs Locality Plan, transformational areas for children's community services. It was proposed that a further piece of improvement work is required to be completed to link current programmes of work including single hospital services, the emerging local care organisation (One Team Approach) and identification of any transformational investment resource as a part of the wider children's services improvement agenda across the CCGs and MCC.

The review has given the CCG the opportunity to redesign how services for children and young people across Manchester should be delivered and how the current work regarding the local care organisation (LCO) and integrated approaches would benefit this. The plan on how to progress the findings and implement a transformation programme has been agreed. This would involve:

- The need to review the group's membership and to secure additional membership from wider stakeholders.
- To establish a governance for the group via children's board/MHCC Exec/Provider.
- To develop a service improvement plan around data sets and improving waiting times/patient facing time.

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- To map and review services for children across acute, community, primary care to include early help where there is overlap and public health commissioned services, this will be done via a wider stakeholder workshop in August.
- Once the mapping is complete a paper will be developed for the MHCC exec to give our statement of intent/strategic plan including, ambition, potential options re redesign and mapping.
- The development of commissioning intentions in respect of children's services in line with the Single Hospital Service and LCO.
- The development of a robust model of care across primary care, community, secondary, urgent care, early help and education for delivery in the LCO.

[Child Protection – Information Sharing \(CP-IS\) System](#)

The 'Child Protection - Information Sharing' (CP-IS) system integration in practice is currently progressing across the City. The CP-IS system will improve the way that health and social care services work together across England to protect vulnerable children and will inform clear assessments of a child's risk of abuse or neglect. Its prime aim is to inform hospital staff if a child/young person is subject to a child protection plan or Looked After when they present within urgent care setting.

There have been noted delays in the implementation of the CP-IS system within the acute providers due to the requirement for the integration of the electronic patient record system which has proceeded to take priority. In addition to this has been the need to ensure that Social Care can acquire NHS numbers for children on child protection plans or who are looked after. The expectation from NHS digital is that Manchester should be in a position to go live before January 2018.

[Early Help](#)

The population overview outlines multiple and complex needs for children and families within the city. The key principle of improving outcomes for children is to ensure that challenges for children and families are identified and responded to effectively. Early help requires a collaborative approach from all agencies, with the active involvement of children, young people, families and carers. The three locality based Early Help hubs have been established across the city with noted developments of early help assessments making a positive impact on children and families.

An extensive programme of change across the partnership has seen the development of a Multi-Agency Level of Need and Response Framework which is supported by the Multi-agency Decisions Guidance. Work has continued to progress the implementation of the Multi-Agency Level of Need and Response Framework and Early Help assessments into the work of all health services. On review of the

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Early Help data it is noted that there has been an increase in early help assessments being completed by health partners.

The CCG Designated Safeguarding team completed a scoping exercise to map out the provision of health services across the city to support the Multi-Agency Level Of Need and Response Framework, this includes universal, targeted, specialist and specifically commissioned services for safeguarding and Looked After Children. Subsequently a new delivery model was developed and is currently implemented to ensure the health provision meets the needs of the Multi-agency Safeguarding Hub (MASH) and the Early Help Hubs and to identify the specific statutory duties of health to Looked After Children. Three key areas were specifically considered:

- 1) Provision of health services across the new Needs and Response Framework
- 2) New delivery model of the commissioned safeguarding resource for Early Help hubs and MASH
- 3) LAC statutory duties within health.

This work has informed the Community Children Services Review which was conducted 2016/17.

[Complex Safeguarding](#)

Child Sexual Exploitation (CSE) continues to be a priority area in Manchester. The response to CSE in Manchester is led by the Protect Team, a multi-agency team which delivers a victim centred response to CSE.

The wider Protect team have been subject to a number of reviews, the outcome of which has been to develop a new framework for Practice. This is based on the ACT model (Achieving Change Together) piloted by Operation Phoenix in Rochdale and Wigan. The model aims to provide a more intensive service for the young people at highest risk. Those young people who do not reach the threshold for a service by the Protect team will be managed by the district social workers.

The referral process through to protect has now been streamlined. Referrals are now made to directly through to the MASH. Referrals to Protect can come directly from MASH or from social workers following a Child and Family Assessment (CAFA).

The CSE Specialist Nurse continues to see 16-18 year olds who are open to the Protect team for a health assessment. Due to the changes in the model of working within the Protect team, it is anticipated that the Protect team will work with fewer young people with greater need with regard to CSE risk, with social worker's caseloads capped at 10. This will inevitably have an impact on the

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quantity of referrals to the CSE nurse, however should have a positive impact on the quality of the health assessment and intervention.

Domestic Violence

The funding is in place to train all 92 GP practices by the end of 2017/18 and following last year's successful training there are only 17 practices left to train. The IRIS programme is a continuing agenda of 3 yearly updates; training GPs new to the City; and ensuring that practices which have a lower referral rate than expected are provided with extra support and updates to ensure that survivors of domestic abuse receive the same gold standard of response whichever GP or practice nurse they visit across the City.

The IRIS Advocate Educator keeps the practice up to date and provides individual risk assessment and safety planning with patients. This investment contributes to the Early Help agenda for safeguarding children, the Confident and Achieving Manchester vision and the Delivering Differently programme; shifting resources from reactive spend into evidence based early intervention models. The IRIS programme will contribute to the "proactive" model across the partnership.

Neglect

Manchester was ranked 5th in the index of Multiple Deprivation 2015/16. In addition there is a high level of child poverty, with 36.4% of children aged less than 16 years living in poverty, compared to 22.5% in the North West and 20.6% in England.

The neglect of children and young people is one of the most difficult areas of abuse to identify, assess and intervene in. The new Manchester Neglect Strategy is aligned to the Manchester Safeguarding Children Board multi-agency framework. The aim is to offer a multi-agency co-ordinated response to families when neglect is a concern and in doing so improve outcomes for children and young people.

SCR Learning

Serious Case Reviews (SCRs) and multi-agency learning reviews in Manchester have particularly highlighted the prevalence of parental mental health, domestic abuse, substance misuse. Cases have also highlighted the risks associated with disguised compliance, the need to engage fathers in assessments, the need to listen to children, the vulnerability of babies and overwhelmingly neglect features especially regarding the management of children with chronic health conditions.

It is therefore vital that early help is offered to children and their families and that safeguarding standards are maintained and lines of accountability remain clear and unambiguous. This has been embedded into the Early Help Hubs and MASH.

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The Designated Safeguarding Team ensures that the key findings and learning from children and adult reviews are shared with Primary Care and the CCG. The learning from the reviews informs the operational plan for the coming year in terms of priorities.

Partnership Communications and Engagement

Safeguarding is most effectively delivered through strategic and organisational multi-agency arrangements, with partners working collaboratively to achieve a shared vision. The focus for multi-agency safeguarding is through the Manchester Safeguarding Children Board (MSCB) and other multi-agency partnerships including the OFSTED Improvement Board, Health and Wellbeing Board, the Children's Board, Confident and Achieving Manchester Board, MASH Strategic Board and Multi-agency Public Protection Arrangements (MAPPA). Manchester CCG's are committed to partnership working and are key members of the MSCB and its subgroups as well as the other board meetings. There are a range of initiatives aimed at early help and integration of services in line with the new delivery model and learning from serious case reviews.

Manchester CCG Designated Nurses work collaboratively with the NHS England Greater Manchester Health & Social Care Partnership team and are key members of the safeguarding Greater Manchester Collaborative that reports to the Greater Manchester Quality Surveillance Group.

Learn more about the CCGs on the website www.manchesterccgs.nhs.uk

2.3 Central Manchester University Hospitals NHS Foundation Trust (CMFT)

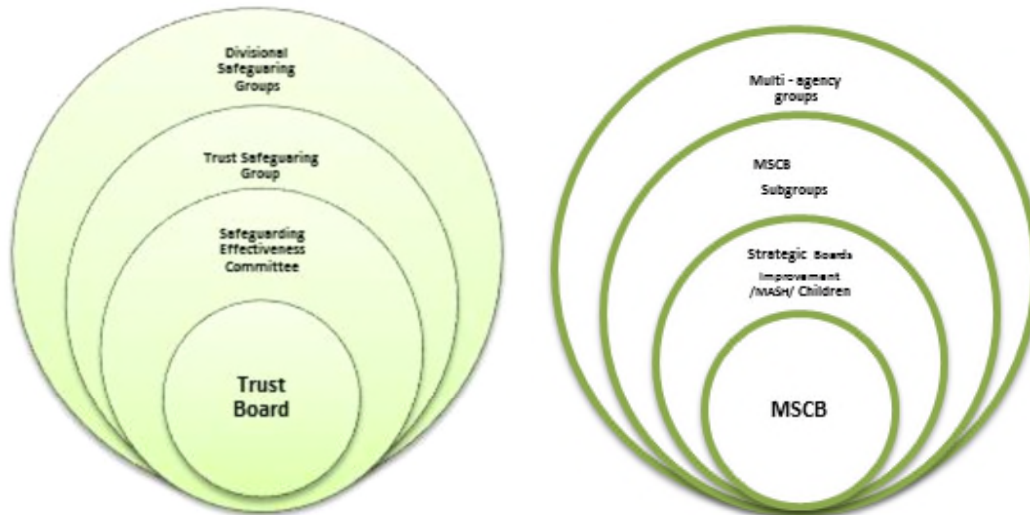
Leadership and Influence

CMFT is the leading provider of tertiary and specialist healthcare services in Manchester, as well as providing adult community and secondary care services for Central Manchester residents and city-wide children's community health services. The Trust treats more than a million patients every year and has a safeguarding structure that covers Acute, Community and Maternity services for children and adults. The safeguarding function for each of these services is led by a Named Nurse and the overall safeguarding service is operationally and strategically managed by the Head of Safeguarding. The Director of Nursing provides professional leadership for safeguarding across the Trust and the Medical Director is the Board Executive Lead for safeguarding. The Board also has a Non-Executive Director lead for Safeguarding.

CMFT have representation at all levels of the MSCB and are active partners providing support, leadership and challenge to the MSCB and its subgroups.

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The structure below outlines how CMFT's safeguarding arrangements align with the MSCB and its subgroups and also with other strategic boards where safeguarding staff play an active role in supporting the activity of the board and embedding this across the Trust.



CMFT Governance and Leadership structures

CMFT takes its role in keeping children safe very seriously and as such has governance and leadership structures in place to ensure safeguarding children is a priority across the Trust at all levels.

At a senior leadership level, safeguarding assurance is monitored via Divisional Safeguarding Assurance meetings with Divisional Senior Management Teams (Director, Head of Nursing and Clinical Head of Division). This provides assurance that senior leaders across divisions understand and prioritises safeguarding in their clinical areas.

The Safeguarding Effectiveness Committee, which is chaired by the Medical Director who is the Executive Lead for safeguarding, holds Divisions to account with regard to their safeguarding responsibilities in line with CQC Regulation 13 requirements and Section 11 requirements.

The Trust Safeguarding Group reports to the Safeguarding Effectiveness Committee, and provides assurance to the Board of Directors that safeguarding is embedded operationally across the Trust and front line staff are trained, supported and engaged on all aspects of safeguarding.

In addition to this, each division has a Safeguarding Operational Group that links with Divisional Governance processes, which provides a further route of accountability to the Board of Directors. There is a clear line of accountability from operational safeguarding to the Board of Directors.

All the safeguarding roles within CMFT are full time safeguarding leadership roles and are not in addition to a substantive post in another speciality.

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MSCB messages are shared at the Trust Safeguarding Group and the Safeguarding Effectiveness Committee to ensure communication with all Divisions. This is supported by information on the safeguarding pages of the Trust intranet and a regular Safeguarding Newsletter.

Challenge

It is inevitable that in achieving best outcomes for children across a partnership, there will be a degree of professional and constructive challenge which is expected practice. This happens at all levels from Board to front line, internally and externally.

CMFT support children and families to be safeguarded and protected across all services. Front line staff are supported by the Trust safeguarding teams to escalate concerns and make referrals to Social Care as appropriate; utilising thresholds to keep children safe.

The Community Named Nurses have good working relationships with strategic leads from other agencies across the three localities and jointly chair the locality Safeguarding Fora. This allows professional challenge in a constructive way to get the best outcomes for children.

The Named Nurses provide a senior health overview in the MASH, supporting health staff and contributing to the decision making process. They bring a wealth of experience both in safeguarding and from a health perspective, which allows constructive challenge and understanding of the impact of unmet health needs on risk and vulnerability and allows a more holistic approach to protection to be taken.

On the rare occasion where further escalation is needed, the multi-agency escalation process is used, however the Trust would aim to resolve any issues through a partnership approach in the first instance.

Further constructive challenge across agencies is also evident on SCR panels to ensure that lessons are learnt and there is an understanding of the role of different organisations across Manchester in the child's journey.

Learning

CMFT follow Intercollegiate Guidance (2014) as a framework for safeguarding training; this is referenced in Working Together 2015 as the requirement for health staff.

Training is delivered as follows and detail of training packages is available. Compliance is reported and monitored every two months to the Trust Safeguarding Group and quarterly to the Safeguarding Effectiveness Committee.

- Induction - All staff regardless of role receive a safeguarding overview at induction, before they start work in the Trust.

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- Level 1 – This is delivered via eLearning and all non-clinical staff complete this 3 yearly. This is mandatory. In 2016/17, 94% of staff in the Trust completed Level 1 training as part of Corporate Mandatory Training. This exceeded the Trust compliance target of 90% and the CQC target of 80% compliance.
- Level 2 – Also delivered via eLearning, this is mandatory for all adult-only clinical staff and is completed 3 yearly. In 2016/17, 93% of Trust staff completed Level 2 training as part of Clinical Mandatory Training. This exceeded the Trust compliance target of 90% and the CQC target of 80%.
- Level 3 – This is a full day face to face for children’s clinical staff of all disciplines.
 - Adult practitioners whose role also requires them to care for children, such as those in urgent care areas, attend half day face to face level 3 training. This is also mandatory within the Trust. In 2016/17, 99% of eligible Trust staff completed Level 3 Children’s training. This exceeds the Trust target of 90% compliance and the CQC target of 80% compliance.

All levels of training include overviews of Domestic Abuse, FGM, and CSE and signpost staff to additional information and training opportunities, including MSCB multi-agency training.

Training is reviewed on a yearly basis, or whenever new guidance or legislation or lessons learnt from a SCR need to be incorporated. Additional bespoke training is also delivered on Domestic Abuse, CSE, FGM, Honour Based Violence, Neglect and Managing Allegations in addition to level 3 training.

Early Help

Following the launch of the MSCB Multi-Agency Levels of Need and Response Framework in 2015 and the Manchester Early Help Strategy 2015/18 and the formation of three Early Help Hubs, the Safeguarding Team has been instrumental in the rollout of this approach to CMFT staff. CMFT staff contribute to a range of Early Help activity including undertaking Early Help Assessments (EHAs) with children and families. There has been a month on month increase of EHA by health staff which has been positively acknowledged by the Children’s Services Improvement Board and the MSCB.

CMFT Early Help Subgroup

In 2016 in response to the Early Help work across the city, CMFT established an Early Help subgroup within the Trust to raise the profile of the Early Help agenda across CMFT. There is representation from community, acute and midwifery Services on this group. The group has also had contribution from an Early Help Hub manager to provide an update from the service and promotion of resources.

On-going work includes:

- Improved communication from strategic and operational working groups;
- Assessment of services’ training and develop needs, promotion of this work within the acute hospital based services including specialist services;

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- Better understanding of Early Help Assessments and requests for Services.

Audit

CMFT contributed to the MSCB Early Help audit which was undertaken in 2016. The findings have been used by the subgroup to develop a plan to progress the recommendations.

Signs of Safety

The CMFT Safeguarding Team have worked in partnership with MCC Children's Services in the implementation of this model.

CMFT Engagement with Signs of Safety

- Two Senior Specialist Nurses and a School Health Team Leader have received additional training to become Signs of Safety Practice Leads. The training has involved attending 7 study days in 2016 and the programme requires Practice Leads to attend workshops every 6-8 weeks. CMFT staff have been identified as being fully engaged in this process.
- The Safeguarding Teams within CMFT have attended multi-agency training. In addition, the Practice Leads have planned and delivered briefings at regular team and wider team meetings.
- Signs of Safety health staff specific briefings have been delivered to the Safeguarding Team (midwifery, acute and community were offered the training) with 26 staff attending the sessions.
- Key messages have been disseminated to CMFT staff via the Safeguarding Newsletter and Level 3 initial and refresher safeguarding child training packages.
- The Trust Supervision Policy and documentation, and safeguarding training has been refreshed to include group work promoting the importance of obtaining the views/voice of the child using the range of Signs of Safety resources available.
- The model is promoted within all safeguarding child supervision sessions. Front line staff are supported in understanding and using the model and the tools available.

Further Development in 2017/18

Work has been on-going in reviewing the documentation that is used in preparing case conference reports to incorporate a signs of safety approach. The new documentation will be presented at Safety briefings planned for front line health staff and the Safeguarding Health Champions throughout 2017/18.

Complex Safeguarding

CMFT is represented on the MSB Complex Safeguarding subgroup by the Head of Safeguarding. Complex safeguarding has been embedded in CMFT as follows.

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Child Sexual Exploitation (CSE)

CMFT have a specialist nurse for CSE located with the Protect team who provides a key role in identifying the health needs of young people at risk of, or being sexually exploited and she supports and signposts these young people to access services such as sexual health and the Sexual Assault Referral Centre (SARC) as appropriate. 2017/18 will see some changes to how the Protect team functions and part of this will be to review the role of the Specialist Nurse to ensure her role aligns to these multi-agency changes.

CMFT CSE Subgroup

CSE continues to have a high profile across CMFT and the subgroup is well established with representation from across the divisions. The subgroup reports to the Trust Safeguarding Group and is aligned to the Multi-Agency CSE strategic and operational groups so work is streamlined and connected with MSCB priorities. The CSE subgroup has grown and developed with increased participation from key areas. The training plan has been adapted to reflect a more pragmatic and flexible approach to ensure that awareness is raised as broadly as possible across the Trust.

CSE guidance has been ratified and a risk indicator checklist has been piloted and is being rolled out across the Trust to provide a tool to assist practitioners to identify children at risk of, or experiencing CSE. The Trust's CSE subgroup has participation from across divisions and continues to develop the CSE agenda across the Trust. This group meets every two months and is chaired by a Named Nurse. The following key work streams have been implemented by the group:

- Implementing the CSE training plan including targeting key areas for training;
- Working with divisions to embed CSE across all departments;
- Roll-out of CSE risk indicator checklist and guidance;
- Co-ordinating Trust CSE Audit;
- Work to embed the CSE risk indicator checklist in practice.

Forced Marriage & Honour Based Violence (HBV)

Work continues across the Trust through training and information sharing to ensure front line practitioners are skilled in recognising and responding to Forced Marriage and HBV. In 2016/17 CMFT staff attended many events across Manchester to raise the profile of Forced Marriage and HBV and the wider context of safeguarding and protection along with legal rights and responsibilities.

Forced Marriage and HBV are included in the Trust Domestic Abuse policy, which aligns to the Manchester Delivering Differently: Manchester's Domestic Violence and Abuse Strategy 2016/20.

Bespoke training is ongoing across CMFT to support front line staff to be aware of these issues and identify and escalate any concerns and provide safe support for victims identified or disclosures made.

Female Genital Mutilation (FGM)

CMFT Training - In 2016/17 new FGM training has been developed by CMFT and has been rolled out to staff. This training builds on previous training to continue raising awareness of FGM. The training includes assessment and management of health care needs, legal duties around mandatory reporting and recording of FGM and safeguarding women and girls at risk of FGM.

Multi-agency Working - CMFT have worked closely with the Police in their operations at Manchester airport in the summer of 2016 to raise awareness of FGM and provide advice to passengers travelling to and from countries where FGM is prevalent in order to raise awareness should they have any concerns.

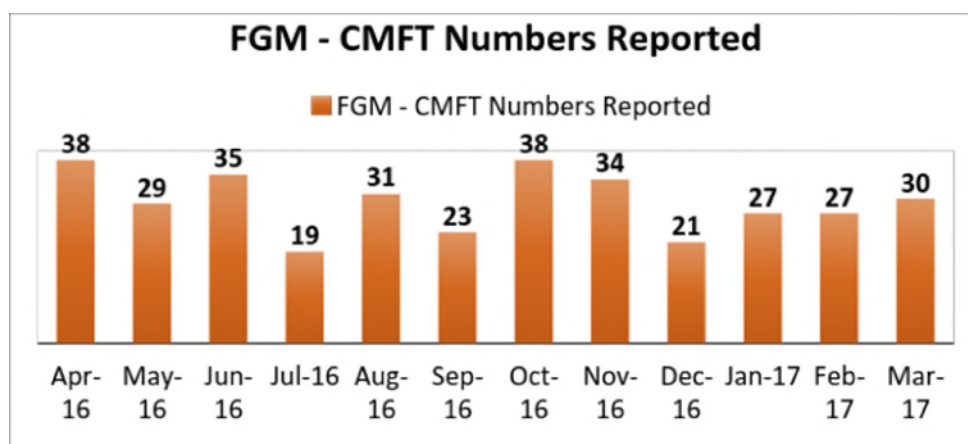
CMFT also work closely with voluntary organisations such as Afruca and many representatives have been invited to speak at the Trust's FGM subgroup to further raise awareness about communities and cultural issues.

CMFT is part of the Greater Manchester FGM Professionals Forum and also has representation on the FGM Strategic group in Manchester. The work of these groups is disseminated across CMFT via the FGM subgroup.

GM Policy - CMFT have developed an FGM policy, which is aligned with the multi-agency and Statutory Guidance on FGM.

Mandatory Reporting and the FGM Data Collection Tool – Mandatory reporting to the Department of Health continues across CMFT and the chart below outlines the numbers of FGM and potential FGM cases reported to the Department of Health in 2016/17. This is also reported to MSCB QAPI Subgroup on a quarterly basis. Each woman who attends maternity services or is seen by a Health Visitor on a new baby visit is asked a mandatory question about FGM. The response to this question is submitted to a CMFT portal and the data is extracted for mandatory reporting.

Diagram 2.3.1: Numbers of FGM reported via CMFT mandatory reporting



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Domestic Violence and Abuse

CMFT Domestic Violence and Abuse Subgroup

The CMFT Domestic Violence/FGM subgroup meeting is held quarterly. The terms of reference reflect key priority areas identified in NICE 2014 Domestic Violence and Abuse guidance and membership includes representation from all divisions of the Trust, the safeguarding team and specialist services. The group work plan ensures that national and local learning, policy and practice are reviewed and developed to influence front line practice in CMFT.

Domestic Abuse Policy

Following the development of the CMFT Domestic Violence and Abuse policy in 2015/16, this was updated in 2016/17 to incorporate the Delivering Differently – Domestic Abuse Strategy for Manchester and NICE guidance. CMFT also have a policy for staff who may be victims of Domestic Abuse.

Training

In 2016/17 the Domestic Violence and Abuse subgroup reviewed how the Safeguarding Team can work with Divisions to ensure that appropriate staff are being offered and are attending Domestic Violence and Abuse training. From this assessment, a training needs analysis was completed across all divisions and bespoke training has been delivered, which is tailored to the need of the individual service taking into account the types of patient seen and the risks identified.

Multi-agency Domestic Violence and Abuse Work Streams

CMFT have contributed to the following:

- *Development of the Manchester Domestic Violence and Abuse Strategy 2016/20*. The Strategy identified the following pledges with CMFT making the **Training Pledge** which was presented by the CMFT Domestic Abuse Project Manager/Specialist Trainer.
- *Domestic Homicide Reviews (DHR) Lessons Learned* - CMFT took part in a multi-agency Greater Manchester event to look at lesson learnt from DHRs CMFT also contributes to DHRs as required.
- *Manchester Domestic Abuse Forum* - CMFT sit on the Manchester Domestic Abuse Forum. As part of the forum CMFT is involved in the *Training and Development* and *Supporting People to seek Help* work streams.

Multi-agency Risk Assessment Conferences (MARAC)

CMFT continues to attend the three Manchester MARACs held five times each month. In 2016/17, the majority of CMFT MARAC referrals continued to be from MRI Emergency Department and Children's Community Services, identifying the key priority areas for Domestic Violence and Abuse training within the Trust. CMFT makes a significant contribution to the MARAC. Local statistics identified that

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Manchester's health economy makes 10% of all referrals into MARAC, compared with the national rate of 4% for health referrals.

Neglect

CMFT have contributed to the development of the Neglect Strategy and use the learning from SCRs where neglect is a significant factor, identifying themes and integrating that learning into the Trust's single agency training

SCR Learning

CMFT contribute to all SCRs, when required, from scoping to publication. Learning is identified as a single agency and training and supervision is adapted to ensure learning is embedded and disseminated to front line practitioners. In addition, wider learning informs policy and procedure reviews across the Trust along with ensuring that staff are aware of wider learning.

Partnership Communications and Engagement

CMFT continues to actively work in partnership with statutory and voluntary organisations across Manchester at both operational and strategic levels to ensure our work is joined up and aligns with the key priorities of the MSCB.

Learn more about the CMFT on their website www.cmft.nhs.uk

2.4 The Coral Suite

The Child Protection Clinic at Moss Side Health Centre was re launched in April 2017 as the "Coral Suite."

The Vision for the Coral Suite is to be a central hub for the medical management of vulnerable children and ensuring effective multi-agency working. Moving away from the traditional model of social workers just booking in a child protection medical where an unexplained injury has been found on a child, to a more effective collaborative response ensuring adequate collation of information prior to seeing a child, enables a more thorough and helpful outcome.

We aim to use the Coral Suite as a central base to see children for Child Protection Medicals, Initial Health Assessments when taken into local authority care and have the opportunity for in depth assessment of children with complex emotional needs which need more time than in a general community paediatric clinic. Having the opportunity for nursery nurse observations of child development; parent-child interaction; additional space available for conversations with social workers and other professionals; and separating family members if required is invaluable.

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In order to provide a collaborative service meeting the needs of children, families and all multi-agency partners it would be most effective to be able to offer an all-day service, rather than just afternoons as is current. Room availability is being explored as is different ways of using the resources we have both with medical and administrative personnel.

The Coral Suite currently receives 30-40 referrals per month, not all of which result in a medical assessment being necessary. In situations where children are removed from home it is often appropriate to provide toys and if necessary clothes. For example, a 7 year old child recently expressed her concerns about rejection by asking if her new toy duck would walk away in the night. The nursery nurse tied its legs together and the girl went off to her foster placement smiling.

2.5 The Pennine Acute Hospitals NHS Trust

Leadership and Influence

The Trust continues to ensure representation on all LSCBs and SABs within its footprint. The enclosed report provides evidence to the Boards of the safeguarding work undertaken within the Trust to enable it to discharge its duty against national guidance. The Safeguarding Team continue 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

Walkaround Activity

Through the year a total of 54 walkarounds were completed by the Safeguarding Team. Areas visited have included acute and community, adult and children, inpatient and outpatient areas. Staff approached included Medical, Nursing, and HCA and AHP staff.

Topic areas that require attention and emphasis include:

- Policies and guidance around restraint/therapeutic holding.
- The legal age of a child (up to the age of 18 years).

Some areas show improved understanding:

- The need to make reasonable adjustments for people with learning disabilities.

Emerging topics from the quarter four include:

- Consent and issues around competency and parental responsibility.
- Awareness of the new members of the Safeguarding Team.






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Serious Case Review activity

SCR/SAR/DHR activity this year has been maintained with 3 SCRs, 5 SARs and 2 DHRs. All actions arising from the SCRs are on target to be completed within timescale Lessons learned and disseminated via the bulletins include:

- The need to enquire from adults and children presenting for treatment about their caring responsibilities.
- Awareness of the link and heightened risk where mental ill health, alcohol/substance use and domestic abuse combine.
- Awareness of maternal cognitive ability and the need for capacity assessment.
- The need for person centred support for all patients including pregnant.

Information sharing and referral activity

Table 2.5.1: PAT Information sharing/safeguarding children referral activity by site for the year					
SITE	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	GRAND TOTAL
FGH	461	383	243	216	1303
NMGH	733	729	743	909	3114
RI	207	166	202	183	758
TROH	729	808	749	493	2779
TOTAL	2130	2086	1937	1801	7954
Yearly comparison	69% 	58% 	37% 	5% 	39% 
TOTAL 15/16	1257	1315	1409	1713	5694





As the table above shows, there has been an overall increase of 39% in the generation of information sharing forms across the year. There has been a consistent reduction in generation of forms from FGH which might be explained by the diversion of paediatric emergencies. Quarter 4 figures all exceed those of the same period last year with the exception of TROH who have seen a small reduction. Compared to the same period last year, FGH’s referrals into Safeguarding have increased by 55% and NMGH by 71%.

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The Emergency Department's (ED) at NMGH and TROH both show an increase in S47 (child protection) referrals in comparison to March 2016, with NMGH rising from 10 in March 2016 to 32 2017 (220%) and TROH rising from 10 (2016) to 19 (2017) amounting to a 19% increase.

Training activity

The combined Safeguarding Adults and Children Level 2 mandatory training remains fairly constant at between 93 and 94% throughout the year, exceeding the CQC target of 80%. The content for Level 2 was refreshed in January 2017 and is now delivered for corporate induction entirely by e-learning since 9 January 2017. It should be noted that the inertia in seeing a consistent rise in percentage uptake is largely due to the rise in headcount. If we were to look at the percentage uptake alongside the headcount given for last year we would see an uptake of 98% of Level 3 Safeguarding Children training. The Safeguarding Children Level 3 percentage uptake has risen by 12% since last year to 75% (target 80%) which is positive especially given the 31% increase in headcount.

Table 2.5.2: PAT Summary of Safeguarding Training to those working with Children						
	Children L2			Children L3		
Division	HC	Trained	%	HC	Trained	%
Bury	761	694	91%	39	22	56%
Rochdale	665	623	94%	33	29	88%
Oldham	1656	1540	93%	420	311	74%
North Manchester	2030	1863	92%	476	368	77%
Support Services	1873	1786	95%	130	99	76%
Elective Access	631	603	96%	24	22	92%
Corporate	673	646	96%	39	22	56%
Total	8551	7941	93%	1153	859	75%
	6% 			31% 		
Total 2015/16	8046	7525	94%	876	552	63%

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Section 47 Service

The number of s47 medicals completed during 2016/17 as part of the in-hours service has seen a 9% decrease from the previous year. The numbers of medicals completed per local authority are given in the table below.

Table 2.5.3: PAT Summary of S47 medicals					
Local Authority	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Total
Oldham	21	18	37	29	105
Rochdale	28	31	21	19	99
Bury	8	5	9	10	32
Manchester	1	1	1	1	4
TOTAL 16/17	58	55	68	59	240
Total 15/16	52	67	38	63	220

12% of all medicals are out of hours and out of these, 73% are between 5pm and 9pm which are likely to account for those who were unable to book an appointment during the day.

Table 2.5.4: PAT Summary of out of hours medicals								
2016/17	Before 5pm	5pm to 9pm	9pm to 1am	1am to 5am	5am to 9am	Wkend or BH	Total	2016/17 % of total medicals
Quarter 1	5					12	17	7%
Quarter 2		1				5	6	2.5%
Quarter 3		1				1	2	0.8%
Quarter 4	2	2				1	5	2%
Total	7	4				19	30	12%

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Prevent

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

Table 2.5.5: PAT Summary of WRAP Training	
Rolling total year end 2016/17	Number of staff requiring WRAP over 3 year period (2015/18)
2077	3086

Female Genital Mutilation (FGM)

Practitioners report cases of FGM directly to the Safeguarding Team by the online information sharing system. Since 31 October 2015 there has been 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. During 2016/17 there has been one patient under the age of 18 years reported as having suffered FGM and policy and mandatory reporting procedures were followed by staff within the Trust.

The table below breaks down the number of FGM cases per local authority area. There is no real pattern emerging other than the consistently higher numbers in Manchester due to the demographics. Numbers remain relatively stable

Table 2.5.6: PAT Number of FGM Cases in Manchester and other PAT LAs				
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
Total	31	24	44	35

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Child Protection Information Sharing (CP-IS) system

The CP-IS system went live at PAT in 1st September 2016. The table below shows the numbers of children's records (and their local authority of origin) viewed by the Trust. Since last year there has been a 257% increase in the number of CP-IS records accessed as more local authorities have signed to the system. Locally, Rochdale, Bury and Oldham local authorities have CP-IS. The numbers of CP-IS records accessed by PAT most frequently are: Rochdale (730); Oldham (702); Bury (123); Lancashire (71); Calderdale (26), Stockport (20).

Children and Young People Experience Group (C&YPEG)

Improving Care and Experience of Children and Young People with Learning Disabilities work began in partnership with the University of Salford in August 2015 with an online survey which established knowledge and experience of working with children and young people with LD. This identified the need for more training which was delivered by October 2015 over three days at FGH, NMGH and TROH and attended by 44 participants.

Since then the project has been driven by the LD Liaison Nurse and Paediatric Speech and Language Therapist. Their work this year has included:

- Trust wide 'Sign along' initiative launching a new sign every week on the Trust intranet including demonstrations from staff and celebrities.
- Production and dissemination of an online survey of parents via schools in the Trust footprint and group consultations.
- Production of care pathway for children with learning disability and autism.
- Development of information tools that provide accurate and accessible information to enable reasonable adjustments to be made for children prior to admission.
- A communications toolkit which is planned to be made available on the Trust Intranet.

Plans are in place to develop a children and young people's consultancy group and contact has been made at local schools to initiate this. A consultation event has taken place at one school and two others are planned for the near future.

The Getting it Right Radio Show initiative was identified as something the children thought would be a positive way to reach patients during their environment assessment. With colleagues from the University of Huddersfield, the PAT Volunteer Services Manager, PAT Volunteer Radio Station Chairman and the children at Pike Fold Community School spent a half term designing a two hour show that was broadcast on 15th February 2017 via Roch Valley Radio and streamed to all sites. Follow up issues that have been identified by the children that have been addressed in addition to the radio show include:

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- Adding more fish to the fish tank in TROH children's outpatients. Children commented that the single fish appeared lonely and sad. They felt this could made children in outpatients feel the same way.
- White boards by beds with the names the children like to be called. We have small white boards next to each bed space. The board includes the nurse's name, the Doctor looking after the child and the child's name. This includes any nicknames. We would ask any child what is your name, and what would you like me to call you?
- 'Stop Smoking posters' have been designed by children and young people. The children from both schools were extremely emphatic about how unpleasant it was to walk past people smoking outside the hospital doors. A competition was launched at local schools to design a 'stop smoking' poster. Judging took place on 14 February 2017 and the winning entries have been announced. Plans are in place for the winning entries to be made into substantial posters to be displayed on Trust premises.

The PAT offer of engagement for schools and community groups - as part of the continued development of the Children and Young People's Participation and Engagement Strategy, C&YPEG are establishing links with different school councils/groups, community groups and established groups for children with chronic illness such as the transitions group and the diabetes group. Through that network C&YPEG will update children and young people on developments within the Trust, invite expressions of interest to sit on interview panels, hold events every year to monitor progress on actions we have agreed to undertake and invite comment on particular areas of work. North Chadderton High School have developed a survey tool on Survey Monkey which seeks to explore the experiences of pupils who have used PAT services. The school have invited comment from C&YPEG and plan to present their findings on 27 April 2017 at the 'Big Event'.

Recruitment Processes involving children and young people - C&YPEG have considered this issue after it was raised by PAT recruitment team leaders. The group consulted the NHS Employers information and felt this provided a sensible approach to involving children and young people in the recruitment process. It was agreed that, as a starting point, we should involve children and young people in medical, nursing, AHP, Play specialist and NED/Executive roles as recommended in the guidance. It was felt that having children and young people as a separate panel would be beneficial and we could use the councils/groups network and Shadow Advisory Group to invite people to take part. A draft protocol has been produced which will be refined by children and young people at the 'Big Event' on 27th April 2017.

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The Big Event - C&YPEG intend to hold an event for those schools and community groups who have expressed an interest in working with the Trust. The day will be held on 27 April 2017 will be an interactive event including the following activities:

- Interpreting Trust Values;
- Moulding, agreeing and signing off on the Children & Young People Participation Strategy;
- Sharing and discussing findings from North Chadderton School 'Survey Monkey';
- Agreeing the Shadow Advisory Group;
- Refining the 'Involving C&YP in recruitment' strategy; and
- Agreeing a 12 month engagement plan.

Abusive Head Trauma Prevention Programme

The Assistant Director of Nursing (Safeguarding) was awarded a Winston Churchill Memorial Trust Travel Fellowship in 2016 which included travel to USA and Canada researching Abusive Head Trauma (Shaken Baby Syndrome) prevention programmes. The full report can be accessed at www.wcmt.org.uk/

Based on her study, recommendations have been made to all Local Safeguarding Children Boards in the PAT footprint and in West Hampshire that a multi-agency co-ordinated programme is developed comprising a series of 'touch points'. Each 'touch point' is brief but reinforces the simple evidence-based 4 point message which is:

- Infant crying is normal and it will stop;
- There are comfort methods you can use that will sometimes sooth the baby and the crying will stop;
- Sometimes the soothing methods won't work and the crying can get to you. If this happens check your baby is safe - then walk away; and
- Never ever shake or hurt a baby.

The recommended programme can also incorporate simple 'safe sleep' messages. All LSCBs have endorsed the programme. The University of Birmingham are partners in taking forward the programme with Heywood, Middleton and Rochdale CCG who have taken ownership. The programme will be crafted by professionals, parents and families who have been affected by Abusive Head Trauma. The inaugural meeting of the programme steering group is in May 2017 and includes representation from PAT midwifery services.

Learn more about PAT on their website <http://www.pat.nhs.uk/>

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2.6 University Hospital South Manchester (UHSM)

Leadership and Influence

Following an external review of safeguarding provision across the organisation, UHSM was committed to further improving the safeguarding provision. This commitment led to the introduction of a new post to support the leadership of safeguarding across the Trust and the Head of Nursing for Safeguarding commenced early in quarter 2.

UHSM has continued to be an active partner of the MSCB, with Head of Nursing for Safeguarding representing the Trust at Board with members of the safeguarding service attending appropriate subgroup.

Throughout UHSM, the Safeguarding Service lead by example ensuring the values and priorities of the Board are evidenced throughout the annual work plan.

During the 2016/17, the Trust further developed internal governance structures to support safeguarding with the Executive Safeguarding Committee meeting quarterly receiving detailed reports from the safeguarding service which evidenced both good practice and areas of challenge.

Challenge

UHSM has continued to participate with multi-agency audits and provided assurance to the Board in relation to the Section 11 requirements. Following inspection early in 2016, safeguarding provision for young people aged 16 & 17 was highlighted as a potential concern and challenge. Although under the Children Act 1989 anyone under the age of 18 is a child, the majority of young people aged 16 & 17 receive hospital treatment outside of the paediatric department.

Since this time, the safeguarding team has worked with all trust staff to improve safeguarding children provision to young people. In September 2016, the safeguarding children's team facilitated a conference with the theme being young people, the conference was well received by partner agencies who attended and tackled difficult topics such as Child Sexual Exploitation; emotional difficulties faced by young people; and capacity to consent to treatment.

In addition to the conference the safeguarding children's team have developed a snap shot training package and completed a 'voice of the child' audit with all 16 & 17 year olds who were receiving inpatient care during a two week period.

Learning

UHSM has continued to implement new learning throughout 2016/17 with outcomes from learning reviews being incorporated when training is reviewed. In addition to improving internal safeguarding children training, UHSM is a member of the Learning and Development subgroup.

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Early Help

The UHSM safeguarding team have implemented support to ensure all employees understand the benefits of early help. The community midwifery team are often caseload holders of families and babies who are accessing early help support, and the safeguarding midwifery team support the community midwives navigate the safeguarding system to access the most appropriate support for the families and babies in their care

Complex Safeguarding

Many aspects of complex safeguarding continue to be priority work streams on the safeguarding work plan. FGM notifications are monitored and reported in line with national requirements and as identified above, CSE was a key theme at the 2016 safeguarding children conference.

Due to Manchester being a priority area nationally for radicalisation and extremism, UHSM continues to report PREVENT data quarterly to NHS England. The trust is pleased to report that mandatory compliance is high in relation to both Prevent basic awareness (above 90%) and WRAP 3 (above 70%).

Domestic Violence and Abuse

UHSM continues to recognise signs of domestic violence and abuse and is an active member of the South Manchester MARAC meeting. At all interactions with the public in which domestic violence and abuse is identified, adults are automatically asked about dependents in their care to ensure appropriate referrals are made to both social care and to the MARAC process.

UHSM is proud to support MARAC and ensures research is prepared prior to every meeting to support multi-agency decision making

Neglect

All updates received from Board have been utilised to improve training packages and understanding of Neglect issues.

SCR Learning

UHSM actively participates in SCR process and provides information when requests are received in the initial pre SCR process.

During 2016/17, UHSM were requested to participate as a panel member for two SCR's which has ensured information has been shared in an open and transparent way to support learning.

Although the SCR's we have been involved which are not yet published, initial learning has been integrated when appropriate into training delivery to ensure practice is improved to improve the service given to families, children and young people. In 2016, the safeguarding children's team organised and facilitated a multi-agency safeguarding conference with the key theme focusing on young people aged 16 & 17. To ensure the views of young people were considered through the day a

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young person drama group delivered a very compelling play with the key theme being sexual exploitation and grooming. The young people involved then took questions from the professionals who had attended the conference.

This day ensured the community perspective and the voice of the child and young person was key to making professional 'think' about factors that were important to the young people involved.

Learn more about UHSM on their website www.uhsm.nhs.uk

2.7 Greater Manchester Mental Health NHS Foundation Trust (GMMH) (Formerly Manchester Mental Health and Social Care Trust)

The Trust will continue to promote a strong organisational understanding of the important role of adult mental health services within the safeguarding children agenda.

The Director of Nursing and Governance is the Trust Board lead for safeguarding and has delegated responsibility for the implementation of child safeguarding arrangements within the Trust. This includes ensuring that entrenched issues are tackled and changes are driven forward via our quality assurance and performance improvement framework.

As a Trust we continue to reinforce the need to safeguard and promote the needs of children and young people and we are committed to raising awareness of best practice. We ensure that the workforce is trained to recognise early signs of need and that the Trust has effective mechanisms in place to respond to safeguarding children issues in a timely manner.

The Trust is represented at the MSCB by the Deputy Chief Nurse for GMMH NHS FT and the Head of Safeguarding acts as deputy. The Named Nurse for Safeguarding Children represents the Trust at the Safeguarding Practice Development Group (SPDG), which links the work of the MSCB to front line practice. The Trust is represented at Manchester's three Safeguarding Fora on a rota basis by the Children's Link Practitioners who are based in teams across the community and on our inpatient wards.

In 2016/17 the Named Nurse for Safeguarding Children within the Manchester Service also represented the Trust at the following:

- Greater Manchester Female Genital Mutilation Forum.
- Greater Manchester Named Nurse's Meeting.
- Vulnerable Babies Steering Group.
- MSCB Quality Assurance and Performance Improvement subgroup.

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- MSCB Serious Case Review subgroup

GMMH NHS FT Manchester Service currently comprises of:

- Deputy Chief Nurse and Deputy Director of Quality Assurance
- Head of Safeguarding
- Safeguarding Children Named Nurse
- Safeguarding Children Named Doctor
- Safeguarding Children Link Practitioners across all community teams / wards
- Domestic Violence & Abuse Marshals.

In addition to these roles the Specialist Peri-natal Nurse and Consultant Psychiatrist for Peri-natal Services offer advice support and guidance in 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.

Corporate Services provide under-pinning support to enable the Trust to function effectively and efficiently. The following key responsibilities are covered by Corporate Services:

- Business Continuity
- Communications / Compliments and Complaints
- Governance
- Audit
- Mental Health Law
- Risk
- Safeguarding
- Board Assurance Framework (BAF)
- Learning and Development
- Human Resources advice and support
- Health and safety, risk and security
- Informatics and Development & IT.

The Trust accepts collective responsibility for safeguarding arrangements and provides resources to help staff members across its services understand what is expected of them and how they can put safeguarding arrangements in to practice in their day-to-day work.

Challenge

Working Better Together to support those at risk of abuse and neglect often requires close partnership working. This challenges us to work in the most effective and seamless way for those at risk.

Often a barrier to joint working is the issue of confidentiality. However, where an issue of child protection is involved Trust staff will share any relevant information in order to protect the child. Team managers and the Trust safeguarding team are available to provide advice and guidance to help front

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line staff work across agencies and refer and signpost families to appropriate services. The Trust actively promotes a 'think family' approach to enable staff to provide understanding and support based on different needs of individual family members.

National and local documents have been considered e.g. *no health without mental health* and their principles incorporated into Trust standards, in particular the *Think child, think parent, think family: a guide to parental mental health and child welfare* which highlights the impact that parents with mental health problems can have on their children.

Manchester Children's MASH has now been operational for a few years and the Manchester service of the Trust has been an active virtual member for the duration of that time. The fact the Trust is not located in the Town Hall with its partners also throws up challenges, but the Trust has shown great tenacity in facing those challenges head on e.g. different IT systems and meeting timescales dependent on statutory requirements etc.

The Trust shares information with its partners e.g. police and children's services so they can complete assessments and reach decisions for the most appropriate intervention to be agreed in response to the families identified needs and to help to improve the health, wellbeing and life chances of families affected by parental mental ill health.

Learning

Having worked more closely with Children's Services over the last few years the Trust now has a greater understanding and appreciation of others roles and responsibility, which has improved communications and developed a more effective multi-agency working. For example:

- The 'Signs of Safety' model is now recognised and implemented in child safeguarding work within the Trust.
- The recognition of the need for early intervention continues to be embedded in to practice.
- Staff reassure parents that identifying a need for support is a way of avoiding rather than precipitating child protection measures.
- Lessons from local Serious Case Reviews are disseminated via Serious Case Review learning slots, which all managers, service leads and safeguarding children link practitioners and DV&A Marshals attend.
- The Trust designed 'Children and Family' event record has been functional for some time and is now used on the Trust electronic clinical record system, which enables practitioners to record details of children known to a service user. This contributes to ensuring that the whole family approach is captured in our record keeping. This has resulted in a record keeping/information sharing flowchart being added to our child safeguarding protocol.

The Trust has processes in place for quality assuring decisions relating to safeguarding children concerns and enquiries:

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- All safeguarding concerns/ enquiries have managerial oversight to evidence appropriate level of scrutiny and approval, providing support for the practitioner so decisions are not made in isolation.
- The Trust continues to use the QA process implemented in 2015 which was provided with Substantial Assurance over compliance with the safeguarding systems and processes it has in place by both Manchester City Council Internal Audit and Mersey Internal Audit Agency.

Focus Areas

The Safeguarding Team, Children's Link Practitioners and the Domestic Violence & Abuse advisors maintain their knowledge and skills by continuing to participate in professional development opportunities, including complex safeguarding matters.

Practitioners work closely with Children's Services e.g. to help identify and support children and young people who are at risk of:

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

The Trust Safeguarding Children's policy provides a Trust wide structure and information to support all staff who in the course of their work come directly in to contact with, or who may become involved in with information about children in need or at risk of harm.

Trust staff are familiar with the three dimensions in the assessment triangle:

1. Child's Developmental Needs
2. Parenting Capacity
3. Family and Environmental Factors.

They are prepared to provide information on any or all of the three domains, depending on the professional knowledge of the family.

Trust staff at all stages of an assessment process will consider whether the service user's illness is having a detrimental impact on their parenting capacity and the range of support and action that may need to be provided to ensure sufficient safeguards.

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Service users parenting capacity will always been considered as part of their care planning process and will always be considered in terms of their discharge, both when being discharged back to their home environment and when being discharged from the Trust care.

Early Help

Practitioners within the Trust make every effort to positively engage service users in the process of routine communication by explaining that as part of the treatment and care they deliver. The Trust routinely shares information with a range of health professionals including the GP, Health Visitors, School Nurses or midwives of their involvement. Experiences of adult services who have already implemented routine communications have highlighted that the attitude of the practitioner explaining routine communication significantly impacts how service users view it. When it is explained as a routine part of planning care to benefit the individual and their wider family it is generally received positively.

The Trust is committed and appreciates effective Early Help requires all who work with children, young people and families to act early, appropriately and assertively. Delivering an effective Early Help approach is not a single agency responsibility; it requires a whole family approach by all those working with children, young people and their families. This includes: Health, including adult mental health services, Police, Probation, Early Years Services, Schools, Children and Adult Social Care Services, Housing, Voluntary and Community organizations, Connexions and commissioned services.

Early Help empowers families to:

- achieve economic independence
- enables them to retain control of their lives
- prevents escalation to enhanced or specialist services
- maintains a family focus
- recognizes how problems that adults experience can impact on the whole family.

Complex Safeguarding

The Trust continues to improve awareness and understanding of complex safeguarding issues that are impacting on children: Child Sexual Exploitation (CSE), Serious and Organised Crimes and Gangs, Modern Slavery, sham marriages, Female Genital Mutilation (FGM) and Radicalisation and Extremism by providing staff with a whole range of resources.

Although the Trust is not an actual member of Manchester Children's MASH (located in the Town Hall with its partners) they have been virtual members since the MASH was launched back in 2014. The Trust shares information with its partners e.g. police and children's services so they can complete assessments and reach decisions for the most appropriate intervention to be agreed in response to the families identified needs.

The Trust is committed to having arrangements in place to ensure effective training of its entire staff, which includes complex safeguarding themes within its Safeguarding Training packages:

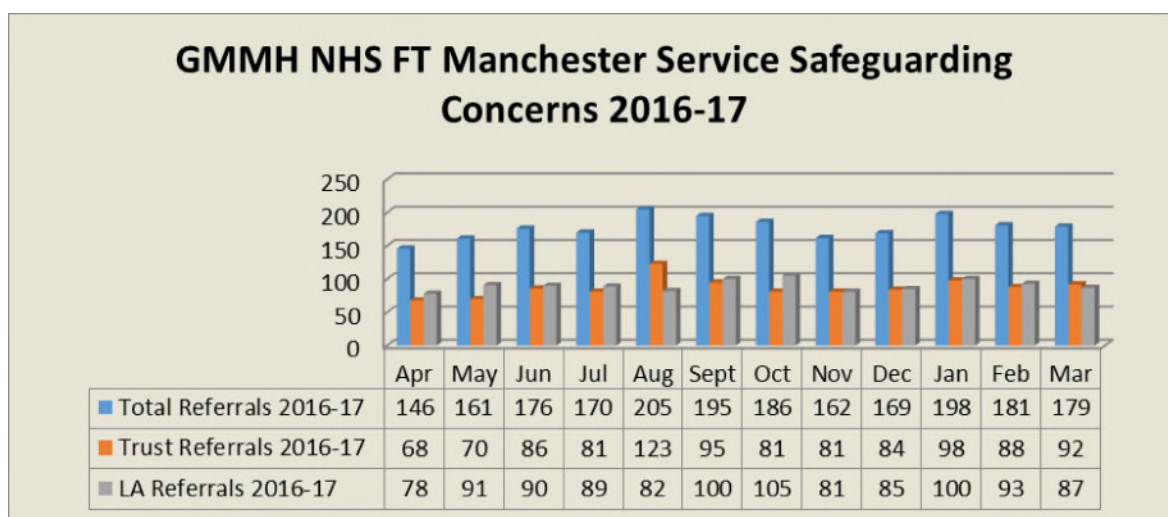
- Child Sexual Exploitation
- Radicalisation and extremism
- Missing from home, care and education
- Female Genital Mutilation/ Honour based violence
- Gangs and violence
- Understanding/identifying emerging areas of risk e.g. Cyber crime
- Modern Slavery and Trafficking.

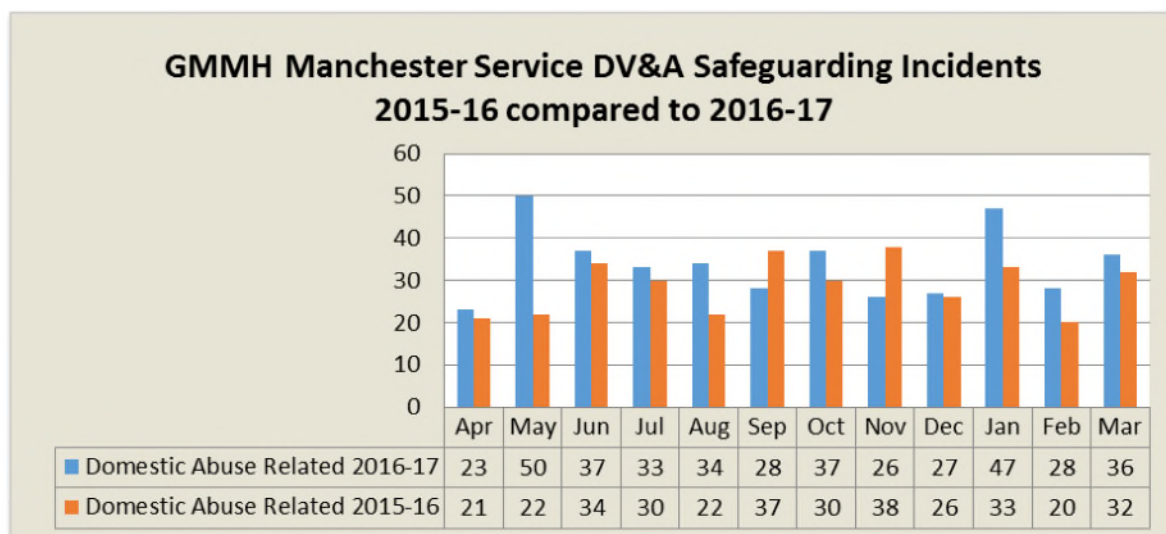
Domestic Violence and Abuse

The current Section 75 agreement with Manchester City Council states that the Trust will make enquiries and investigate safeguarding allegations where a person is believed to be experiencing mental health problems.

This encompasses a broad definition of mental health problems including significant psychological distress and is not related to diagnosis or having a “severe and enduring” condition.

During the reporting period the Trust received 1081 safeguarding alerts via Manchester City Council Contact Centre, 36% increase from the previous year. Trust staff has also generated 1047 safeguarding alerts for Adults who were open to our service and who were suspected of being at risk of abuse, which brings the total to 2128 referrals being managed within the Trust.





A key focus for the Trust is to continue to promote awareness and understanding of safeguards in particularly in relation to Domestic Violence & Abuse (DV&A) and the Trust adopts the same definition of DV&A as the Home Office and Manchester Local Authority.

Part of the Trust quality assurance (QA) process involves themed monthly safeguarding audits, one being DV&A, which resulted in the Trust recruiting 20 DV&A advisors who now provide advice and support to the rest of the Trust workforce and also represent the Trust at all three Multi-agency Risk Assessment Conference (MARAC) operating in South, Central and North Manchester sectors of the city, led by Greater Manchester Police.

As a result of learning from audits and changing practice the Trust saw a 45% increase in DV&A referrals being made to MARAC during 2016/17, which also suggests the internal monitoring, and quality assurance systems in place are effective and protecting the service users and their families.

Within the Trust safeguarding referral forms there are prompts to remind staff to consider DV&A within the risk assessment and practitioner will be reminded to:

- think child, think parent, think family
- make every effort to complete a Risk Indicator Checklist (RIC) with the adult
- record the RIC score of the adult's file
- consider if the RIC meets the threshold for a referral to MARAC
- provide DV&A advice and support and complete safety planning with the adult
- if not being referred to MARAC, consider if specialist DV&A services required e.g. Women's Aid/ Victim Support
- HBV is included within DV&A training package
- Domestic Abuse Awareness and the impact on the child is covered within our level 3 training
- Trust deliver DV&A Level 3 training.

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The Trust has effective processes to enable it to identify and respond to concerns or emerging risks relating to adults and their families:

- Trust QA process takes in to account broader factors for example ‘think child, think parent, think family safeguarding’.
- The Trust also chooses a selection of safeguarding referrals for the QA process includes both random selections as well as based on teams or thematic reviews e.g. DV&A, inpatient referrals, targeted areas based on poor performance or trends to note.

Neglect

It can sometimes be difficult for practitioners to distinguish between neglect and material poverty. The Trust recognises the importance of improving practitioners’ ability to recognise different forms of abuse and neglect and is committed to learning.

The designated Safeguarding Workforce Development Lead ensures the delivery and evaluation of safeguarding training is to a high standard:

- All training promotes the ethos of DoH *Working Together to Safeguard Children* 2015 and NHS England *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework*, 2015
- All training promotes the principles of partnership working and is informed by equal opportunities, equality and diversity and anti-oppressive practice
- All resources/training materials used are clear, accurate, and relevant and take in to account how adults learn, the diversity of participants and their differing needs
- All safeguarding training is delivered by professionals who are trained and suitably experienced with up to date knowledge
- The Joint Safeguarding Group monitor consistency of training in terms of content, delivery, length of sessions and evaluation summaries
- Compliance with mandatory single agency training is reported to the Joint Safeguarding Group, chaired by the executive board lead for safeguarding
- Trust Safeguarding training target = 90%. (*as specified within the Safeguarding Audit Toolkit)

Table 2.7.1: GMMHT Training summary	
Month	No: staff trained*
April 16	90%
May 16	90%
June 16	89%

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Table 2.7.1: GMMHT Training summary	
Month	No: staff trained*
July 16	89%
August 16	89%
September 16	89%
October 16	87%
November 16	88%
December 16	86%
January 17	85%
February 17	84%
March 17	87%
YTD	89.3%

SCR Learning

During the reporting period the Manchester Service of GMMH NHS FT has had involvement with one Serious Case Review. The report is still in its draft stage. However, the Trust has an effective lessons learnt process in place, which is instrumental in its overall continuous improvement process.

The Trust is prepared to take advantage of the key learning opportunities that the review will provide and promotes learning, makes time for learning and will embrace the changes resulting from the lessons learned from this review.

Partnership Communications and Engagement

The Trust is constantly seeking to improve the life and care of its service users, carer's and families and an important element is to promote good practice. To guard against bad practice the Trust has strict registration, inspection, internal monitoring, and quality assurance systems in place.

The Trust shares information between organisations in a way that reflects its personal and sensitive nature. The Trust has local information sharing agreements in place and staffs understand and use them accordingly.

The Trust fosters a 'one team' approach that places the welfare of individuals above organisational boundaries and recognises that partners who work better together will be more effective in supporting those at risk of abuse and neglect and having effective local information-sharing and multi-agency partnership arrangements in place is the key. The Trust complies with:

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- Information Governance Alliance (IGA): The Health and Social Care (Safety and Quality) Act 2015: Duty to share information
- The Care Act 2014 Section 45: Supply of information
- MSCB Multi-agency Policy and Procedures
- MARAC Information Sharing Agreement
- The newly formed Trust is in the process of harmonising all relevant safeguarding policies and procedures in line with safeguarding developments and statutory requirements
- Trust Confidentiality – Code of Conduct policy.

The Trust are key partners and regularly attend:

- Manchester PREVENT Steering Group meetings
- Greater Manchester Safety Partnership meetings
- Channel Strategic Monitoring Group meetings
- Greater Manchester CHANNEL Peer Review meetings
- DV&A Strategy meetings
- Panel members on SCRs.

In June 2016 the Trust arranged an Improving Practice Day, which focused on 'Safeguarding children and young people whose parents/ carer's experience mental health difficulties and who may be at risk or experiencing DV&A'.

The event was well attended by 80 multi-agency delegates from the Trust, Local Authority, including early help, Schools Nurses, Health Visitors, Nursery Nurses, Classroom assistants, Women's Aid and Greater Manchester Police; and had guest speakers from:

- Police PPIU
- Women's Aid
- Men's Aid
- Early Help
- MAD Theatre Group.

Comments and feedback from the event:

- Overall rating was very positive
- 'Very powerful & informative'
- 'I now have a better understanding of the impact of DV&A on children & young people'
- 'Really touched by the play and all the issues it covered e.g. son's sexuality, daughter's relationship and she became a victim'.

Learn more about the MMHSCT on their website www.mhsc.nhs.uk

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2.8 The Christie NHS Foundation Trust

Leadership and Influence

The Executive Director of Nursing chairs the safeguarding committee and safeguarding is a standing item on the executive's weekly report. Senior managers from all areas of the Trust are represented on the safeguarding committee and have responsibility and accountability for ensuring actions and learning from Serious Case Reviews are embedded in practice. The Executive Director of Nursing represents The Christie at MSCB; attendance is high and representation is an organisational priority.

Challenge

Early Help assessments and referrals to be increased throughout the organisation and the aim is for every family living in Manchester who attends to have an early help assessment completed.

Learning

Staff are encouraged to attend multi-agency MSCB training, audits of practice and an audit of the effectiveness of the safeguarding committee is completed annually.

Caseload holders have safeguarding supervision to disseminate learning from Serious Case Reviews.

Early Help

Holistic needs assessments are completed with patients on their initial visits and early help assessments are offered to children. The impact of cancer on the family is acknowledged and families are made aware that early help is available for them.

Complex Safeguarding

Targeted campaigns have been held to raise awareness of complex safeguarding issues and information is displayed throughout the organisation. Safeguarding champions have been key in raising awareness of these issues and have successfully identified patients who are at risk.

Further campaigns are planned and further training for the champions.

Domestic Violence and Abuse

Victims of domestic violence and abuse are assessed using the DASH form and referrals to MARAC are made. Domestic abuse is included in all safeguarding training and the impact on children is explored. Early help assessments are completed with adults who disclose domestic abuse and there are close ties with external agencies providing specialist advice and support

Neglect

The Graded Care Profile has been introduced as a risk assessment tool after it was adopted by the MSCB. Neglect is an integral part of all safeguarding training, the safeguarding policy provides clear advice on actions to take if neglect is suspected.

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SCR Learning

Serious Case Reviews are discussed at safeguarding committee attended by senior managers to ensure that learning is embedded in practice. The safeguarding committee has an annual audit of effectiveness and members provide assurance of compliance.

Safeguarding champions are representative from each area of the organisation and receive regular updates of published Serious Case Reviews and disseminate this information in their clinical areas.

Serious Case Review studies both local and national are incorporated into safeguarding training

Partnership communications and engagement

There is evidence of partnership between the Christie and the MSCB through attendance at events and training and the Graded Care Profile has been introduced as a tool. The lifestyle questionnaire which is completed by teenagers and young adults has been shared with other organisations.

Find out more about The Christie on their website www.christie.nhs.uk

2.9 North West Ambulance Service

Empowerment

Prior to any safeguarding concern being raised staff should be seeking consent from the adult where it is safe to do so and the sharing of information is not going to put the adult at more risk. NWAS has a robust mental capacity act assessment which NWAS staff should utilise prior to consent being sought to raise a safeguarding concern. The safeguarding concern should contain information personal to the service user and include any disclosures of abuse.

Prevention

The Trust has information sharing protocols with a number of agencies including police and is a member of the safeguarding boards. Information governance, confidentiality and information sharing is included within mandatory training for all staff

Proportionality

NWAS staff complete a safeguarding concern and this notification is sent to the relevant Children's or Adults Social Care. Due to the regional geography and emergency care remit of the Trust individual organisations' paperwork assessments are not completed but information is shared with social care via the web based system, 'ERISS'.

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Protection

NWAS staff have safeguarding training delivered annually, with additional bulletins being issued when necessary. NWAS has a robust referral pathway in place, which staff have access to twenty four hours a day, every day.

Partnership

NWAS are committed to working with partner agencies, information is shared with social care every time a safeguarding concern is raised.

There are robust single / multi-agency protocols and agreements in place for information sharing in line with national and local guidance.

The Trust has information sharing protocols with a number of agencies including police and is a member of the safeguarding boards.

NWAS is fully engaged in the DHR, SCR and SAR review processes. Staff attend CDOP meetings/ reviews when requested. Advanced and Senior Paramedics attend learning reviews in their areas and feedback to the Safeguarding Team. Sometimes the Practitioners accompany staff when required. Support is always provided to staff attending reviews and feedback sought as soon as possible to enable learning to be captured and to follow up any outstanding actions.

NWAS staff working in different geographical areas are aware of services available to patients who may require services other than the emergency department.

Accountability

A lot of work during the year has achieved the development of the updated Training Needs Analysis which is included in the Safeguarding Vulnerable Persons Policy. Level 3 training has been supported within the trust and staff providing safeguarding guidance or advice are now trained to level 3. To date 625 staff have undertaken this training which is a yearly 2 hour programme.

All other staff working for the Trust receive level 2 training either face to face or via e-learning.

Find out more about NWAS on their website www.nwas.nhs.uk

2.10 Greater Manchester Fire and Rescue Service

GMFRS have confirmed their report is under construction but will be delayed.

Find out more about GMFRS on their website www.manchesterfire.gov.uk

3. Police, Crime and Court Services

3.1 Greater Manchester Police (GMP)

Leadership and Influence

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

- Continuing to drive down crime and 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.

A Superintendent represents GMP at board level. He is the strategic lead for vulnerability across the City of Manchester division.

In March 2017, the division appointed a Detective Chief Inspector with dedicated responsibility to Vulnerability and Complex Safeguarding. The post-holder is able to deputise for the strategic lead, ensuring 100% police attendance at board level.

There is now a consistent approach to attendance at MSCB and MSAB subgroups maximising the GMP input and communicating the subgroup priorities back to operational staff.

These senior officers are able to influence change and implement learning.

Challenge

GMP's City of Manchester Division has actively participated in all audit processes commissioned over the past 12 months. Improvements have been made where concerns have been raised.

In relation to attendance at Child Protection Conferences, specialist officers have been co-located with social work teams.

Following a review of Police attendance at S47 strategy meetings. A digital solution enabling visual 'virtual attendance', implemented to cut out travelling time whilst ensuring active participation and contribution with partner agencies.

Learning

Learning from themed audits and Serious Case Reviews has been cascaded to front line staff and introduced into specialist vulnerability and safeguarding training.

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Focus Areas

GMP has a thematic strategy in relation to each 'strand' of complex safeguarding.

Delivered through our 'Target Operating Model' enabling a local place based problem solving approach to each area.

Additionally, at Force Level GMP has specialist Child Abuse investigation teams focussing on CSE and Children affected or involved in Modern Day Slavery / Trafficking.

Our Target Operating Model is based on the following principles.

At Force Level:

- A stronger capability to align resources to force priorities.
- A capability to link operational and organisational workforce intelligence.
- A capability to deliver corporate services GM-wide.
- A specialist investigative capability for the most serious and complex crimes.
- A centre of excellence for coordination and quality assurance of safeguarding with links to regional and national agencies.
- A specialist operations capability that is flexible and supports Local Policing.
- Outward engagement and targeted communications with citizens to reduce demand.

At Borough Level:

- A specialist investigative and safeguarding capability to manage high volume serious crimes.
- An effective joint enforcement capability with partners which is supported by Op Challenger.
- Integrated case management to improve community outcomes, protect vulnerable people and places, disrupt criminal networks & manage known offenders to ultimately reduce demand.
- Proactive engagement and targeted communications with citizens to reduce demand.

At Local 'Place based' level:

- Integrated public contact & demand management with an aligned view on Threat, Harm and Risk (THR) and priorities.
- Response to and management of incidents with partners where appropriate to provide 24/7 access to critical services.
- Omni-competent officers attending, investigating and handling detainees as well as problem solving and safeguarding.
- Demand reduction and joint case management of high volume users of public services.
- The continued development of confident communities and active citizens to build capacity and better life chances.
- Outward engagement and targeted communications with citizens to reduce demand.

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Early Help

GMP's City of Manchester Division has provided specialist officers, who are now embedded within each district Early Help Hub to maximise partnership working opportunities. The principles of Early Help are now included in the training programme for new recruits to GMP and within the safeguarding refresher training programme undertaken by all front line staff.

Complex Safeguarding

GMP's City of Manchester Division is committed to the development of a Multi-Agency Complex Safeguarding Hub, the principles and objectives are outlined below. In order to drive this activity GMP have provided a full time dedicated Detective Inspector to lead our contribution, to this important area of work.

Criminal activity (often organised), or behaviour associated to criminality, involving children, young people and adults with multiple vulnerabilities where there is exploitation, a risk of exploitation and / or a clear or implied safeguarding concern.

The Complex Safeguarding Hub will focus on the following strands of criminal exploitation:

- Sexual Exploitation
- Modern Slavery and Human Trafficking (including County Lines).
- Violent Extremism
- Honour Based Abuse (including Female Genital Mutilation)
- Organised Crime Groups / Urban Street Gangs (including Threats to Life).

Objective: To establish a new partnership operating model involving Police, Children's Social Care, Adult Social Care, Health, Education, Probation, Children and Adult Mental Health Services and Third Sector Organisations to effectively address complex safeguarding.

Key Principles: Emphasis on co-location and improved information sharing /established interdependent relationships with virtual partners i.e. investigation teams, Social Care Locality teams / recognition of the child to adult transition phase and the need for additional safeguarding provisions for adults.

Domestic Violence and Abuse

Between 31 May 2016 and 1 June 2017, the City of Manchester division recorded 14,800 domestic abuse related crimes.

We have invested in personal issue Body Worn Video technology for all front line officers. This equipment is now deployed at all Domestic Abuse incidents and has been instrumental in securing convictions where victims of abuse have been reluctant to assist.

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Many of the incidents GMP attend affect or involve children; our systems capture the Voice of the Child at every incident attended.

A new training programme has been implemented to specifically develop and encourage front line officers to capture this, with particular emphasis on capturing information from very young children or those who may be sleeping.

To support this GMP is committed to the implementation of 'Operation Encompass' a reporting mechanism to share fast time information to education professionals within schools about domestic incidents. Thus enabling a greater understanding of the child's situation immediately following the report of a domestic abuse matter.

Neglect

The 'signs of safety' approach is now embedded into officer training. Front line staff are encouraged to take positive action where neglect is suspected or reported and matters escalated to supervisory officers ensuring appropriate action can be taken in each individual case.

SCR Learning

GMP is committed to full participation in the SCR process. A dedicated SCR team regularly submit new referrals for screening and consideration.

A Detective Chief Inspector sits on the Serious Case Review subgroup co-ordinating active participation in practitioner events, providing regular updates on ongoing linked criminal investigations (where applicable) and ensuring learning is cascaded effectively to front line staff.

Partnership Communication and Engagement

A Detective Chief Inspector (Vulnerability & Complex Safeguarding lead) now chairs the MSB Communications & Engagement Subgroup. This ensures there are clear lines of communication between subgroups, enables the sharing of good practice and encouragement of engagement with children and young people.

Learn more about GMP on their website www.gmp.police.uk

3.2 Manchester Youth Justice

Leadership and Influence

Manchester Youth Justice Service demonstrates partnership in action with workers from different agencies including public, private and voluntary sectors, working together to engage young people, assess and address needs with the aim of improving lives, protecting the public and reducing crime in our local communities.

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The nature of the work of the Service means working with some of the most vulnerable children and young people in the city. Safeguarding is therefore a key function of the role of all front line workers and a priority for all managers. The multi-disciplinary approach brings a variety of perspectives as well as a diverse mix of skills, expertise and experience to the service and this is used to good effect in terms of understanding the safeguarding risks and pressures that young people are often facing.

Challenge

There is a strong commitment to delivering high quality management oversight of all casework and an annual programme of auditing within the service which includes the participation of partners and peers.

A key area for improvement is to fully implement and manage the new Youth Justice Board reporting procedures for 'Child Safeguarding and Public Protection Serious Incident' alongside the OFSTED Serious Incident Procedures so that this becomes an effective process for critical review and learning within the service and for partners too.

Feedback from young people can be challenging for them to give and for the service to receive. This is gathered in a number of ways and are looking to increase and improve the quality of the valuable contribution that this makes.

Learning

Continuous development of the workforce, including managers, is actively encouraged and promoted within Youth Justice. Following the Section 11 Audit, Youth Justice has committed to reviewing safeguarding training of all team members with a view to identifying the gaps and weaknesses in current levels of knowledge and skill.

An important factor in learning is the feedback received from the children and young people who use the service. Whilst there is good consultation with young people, there is always scope to improve and increase the amount and quality of feedback. This applies to staff too and whilst communication between front line workers and managers in the service is good, we need to look for creative ways and opportunities to expand this going forward.

Early Help

The numbers of children and young people entering the criminal justice system has reduced significantly nationally, regionally and in Manchester. This is generally due to a widespread recognition that it is more effective to divert or address issues informally to ensure that the offending behaviour does not escalate. In Manchester, the numbers are still relatively high for the population and there is more to be done in terms of early intervention and prevention. There is an ongoing commitment at both strategic and operational levels to provide an improved 'Early Help' offer for young people at the edge of the criminal justice system and this is currently under development.

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Complex Safeguarding

A significant proportion of the children and young people known to Youth Justice in Manchester are being exploited by others, often adults. Many of them have learning difficulties, had poor childhood experiences both at home and school and are highly vulnerable in different ways. To make an impact, those working with the young people require good skills in engagement

As part of the development of the workforce, the Signs of Safety Model that has been rolled out in other parts of Children's Services, will be adapted and used to improve the engagement with parents and their children. Youth Justice Workers are already using the 'strengths-based conversations' aspect of this to increase the voice of the child in assessment and planning of interventions.

Domestic violence & abuse

Many young people known to the service have witnessed and experienced domestic abuse within their household and increasingly, there is evidence of 'adolescent to parent' violence. Specific Youth Justice Workers have been trained to deliver the 'Respect' programme, an evidence-based intervention which engages young people and their parent/s in discussion in order to reduce violence within the home.

Neglect

Engagement with families, parents and carers has increased within the Youth Justice Service as there is a recognition that the dynamics within the home are often linked to the reasons why young people behave so badly in the community. Parental neglect is a feature of many of the serious case reviews that we learn from and we are working with our Early Help colleagues to further develop the skills of the workforce to engage parents in supporting young people in the criminal justice system.

SCR Learning

Learning from Serious Case reviews is shared widely across the service. The Service also has an obligation to report Serious Incidents of Public Protection and Safeguarding to the Youth Justice Board and consider undertaking a Critical Learning Review on each incident. The feedback from these reviews influences policy, practice and learning in all teams.

Partnership communications and engagement

Youth Justice is a multi-partnership service with workers, seconded or commissioned from Police, Health, Probation, Charities and the private sector to work with the young people. The Head of Service reports to a partnership board with representatives at a senior level from statutory and non-statutory partners.

Learn more about Manchester Youth Justice on the website manchester.fsd.org.uk

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3.3 National Probation Service

Transforming Rehabilitation Reform Programme

Since the 1 June 2014 the Probation Service has undergone radical organisational change following implementation of the Government's Transforming Rehabilitation Programme. As a result, the delivery of Offender Management is now shared between the public sector National Probation Service (NPS) and a series of private sector Community Rehabilitation Companies (CRC).

The implementation of the Offender Rehabilitation Act 2014 expands the statutory supervision of Offenders subject to short custodial sentences. This means that anyone sentenced to more than one day and up to 24 months in custody will have a combined licence and post sentence period of at least 12 months.

The reform programme also introduced the "Through the Gate Service" on 1 May 2015 and is designed to improve the resettlement of offenders back into the community. It is a universal service commissioned by the CRC and provided to all CRC/NPS offenders in Prison and following their release into the community. To support this process, prisons have been re-aligned to ensure offenders due for release are moved to a prison closer to their home. Currently they are achieving this with 82% of prisoners in the North West.

The NPS Nationally and Locally

The NPS is configured into seven divisions across England and Wales. Manchester is part of the North West Region which incorporates Cumbria, Lancashire, Merseyside, Cheshire and Greater Manchester. It is overseen by a Deputy Director. The service delivery across the division is then divided up into a number of clusters, each headed by an assistant Chief Executive.

NPS Responsibilities

The responsibility for court work (including the writing reports for sentencing and breaching of community sentences), prison offender management work, offender assessment, the management of offenders who pose a high risk of serious harm, fall within MAPPA and Foreign National Prisoners was transferred to the National Probation Service (NPS) on the 1 June 2014. The medium to low risk of harm offenders (that are not covered by MAPPA) and delivery of all interventions (with exception of sex offender treatment programmes) were transferred to the Community Rehabilitation Companies (CRC).

From the 1 April 2016 to 31 March 2017 the NPS prepared:

- 3616 Pre-Sentence Reports
- 3039 for the Magistrates Court
- 577 for the Crown Court.

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99.7% of our Pre Sentence Reports have been completed within the timescales set by the Court. **966** cases have been listed for breach of orders of which **749** were on behalf of the Community Rehabilitation Companies (CRC).

The danger that an offender poses is dynamic. When risk escalates, the NPS receives cases from the CRC to manage, these cases stay with the NPS even if the risk of serious harm subsequently decreases.

Offender Management

In Manchester, the National Probation Service is responsible for managing a total of **1859** Offenders (as at 3 July 2017). The primary focus are High Risk Offenders who have been assessed as posing an active concern of causing serious harm from which it is unlikely a victim will recover. This cohort of Offenders includes:

- Registered Sex Offenders
- Offenders serving life sentences for murder
- Violent offenders (who have committed offences covered by section 15 of the Criminal Justice Act and registered as MAPPA cases)
- Foreign Nationals who have been issues with a deportation notice.

Table 3.3.1 NPS Orders and Licences (note that some offenders fall into more than one Category)	
Integrated Offender Management (IOM) cases	Accounts for 13% of the NPS caseload of which 26% Community cases and 74% custody cases and 38% are aged between 18-25.
Rehabilitation Activity Requirement (RAR) Community Orders	170 cases (61%) of the total NPS Community Orders cases
New Offender Rehabilitation Act Licence/PSS cases	350 cases (17%) of the total NPS cases
MAPPA cases	1680 cases of which 1027 offenders are in custody and 653 Offenders in the community <ul style="list-style-type: none"> • MAPPA Level 1 - 1070 (63.7%) • MAPPA Level 2 - 16 (1%) • MAPPA Level 3 - 4 (0.2%) • Nominal - 590 (35.1%)
Sex Offenders	592 cases of which there are 275 (46.5%) Community cases and 317 (53.5%) custody cases

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Foreign nationals (Home Office Interest)	142 cases of which there are 121 (85.2%) in custody and 21 (14.8%) in the community
Gender	96.8% Men and 3.2% (Women)
18 to 25 years	19.6%
National Probation Service Orders and Licences	Quality

The NPS is responsible for all Approved Premises (Bail Hostels). This is a provision for high risk offenders that are released into the community. The NPS is responsible for preparing Parole Reports to advise the Parole Board on the suitability of an Offender's release into the community. It also manages the Victim Liaison Service, where victims are informed of the progress of offenders in custody and are also invited to contribute to Parole Board hearings.

[Priorities in relation to Safeguarding](#)

Learning Difficulty/Disability- The NPS is working in partnership with Calderstones NHS Foundation Trust to improve outcomes for service users with a range of learning difficulties. This will include better screening and assessment, overcoming communication barriers and some adapted intervention tools. Recent research/inspections suggest the following prevalence:

- **2-3% within general population.** It is generally accepted that learning disability affects between 2 and 3% of the general population.
- **30% of those in Custody (Prison Reform Trust).** Whilst the evidence on prevalence in the Criminal Justice System is still at an early stage of maturity' the Prison Reform Trust has conducted some highly respected work with young people, indicating that as many as a third of offenders in Young Offender Institutions may have a hidden disability. It is highly likely that many of these end up in the adult prison system.
- **21% of deaths in custody (NOMS).** The percentage of people who died in custody over the last three years who had a learning disability.
- **50% learning difficulty.** If we add those offenders who may have a learning difficulty into the equation, then the figure will be closer to 50%.

Resettlement of vulnerable prisoners - the demographics of the NPS caseload indicates the average age of released prisoners is increasing. These are often cases that combine complex personal needs, often related to health; alongside risk factors - increasing sentence length for those convicted of sexual offences (and the historical nature of some of those convictions); and increased tariffs for Life Sentences; which means that the profiles of these cases differs significantly to the stereotypical offender profile (younger males).

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This combination of vulnerability whilst at the same time presenting a capacity to cause serious harm, has made housing and resettlement of these prisoners increasingly difficult. Although the Care Act 2014 clarifies which local authorities will be responsible for assessing and meeting the eligible social care and support needs of adult prisoners detained in prisons and residents of Approved Premises, the NPS will work in partnership to identify pathways that ensures this small but important cohort of prisoners and housed safely (both for themselves and the general public) on discharge from prison and/or moving on from Approved Premises.

Personality Disorder- from October 2015 the Insight Project, a joint NHS/NOMS funded scheme, has been providing psychology input to all Probation Offices and Approved Premises (AP). This means there is a psychologist on site two days per week and each office has 1 or 2 days provision (dependent on caseload). The Insight team has also delivered training on Personality Disorder to all Offender Managers and Line Managers.

Hate Crime - Some adults who have care and support needs will become victims of crime due to these. There are examples of where adults with a learning disability have been bullied due to their learning disability. Offender Managers will seek to identify whether an offender they are working with is, or has previously been, the victim or perpetrator of such crime. For such cases the Risk Management and Sentence Plans will always include objectives to reduce these risks.

Terrorism and Domestic Extremism - The role and responsibly of Probation staff in identifying and responding to concerns is provided in the NPS North West Division guidance on '*The management and Terrorist and Extremist Offenders and Safeguarding of those who are Vulnerable to engagements with Extremism*' (December 2014). There is a strong emphasis on integrated assessment/interventions based on partnership work and the use of specialist support from the Probation Counter Terrorist leads, the Counter Terrorism Unit and the Channel Programme.

Mental Health - MODEL continue to advise NPS report writers at Manchester and Salford Magistrates Court about the mental health history of those appearing there. The majority of NPS managed cases however are sentenced at Crown Court and it is not possible for MODEL to provide that service there.

Liaison services at local probation offices are on an ad hoc basis as and when they arise. An area of development is to ensure that the Insight Project and MODEL are able to provide comprehensive advice at an early stage in sentence to ensure those with mental health needs access appropriate services both within custody and on release and that the transition between both settings is not problematic. The NPS continues to attend local Mental Health diversion panels for those with mental health needs.

Substance Misuse - although substance misuse is not always a contributory factor in increasing the risk to NPS service users it can compound other problems, particularly where other characteristics such as

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age and poor health exist. An alcohol pathway for Offenders has been established with the Manchester Community Alcohol team. All Offender Managers have been recently briefed on current drug provisions in Manchester City.

Domestic Violence - the NPS continues to be committed to reducing the harm cause by domestic abuse perpetrators and reducing the likelihood of this type of offending. Within Manchester City, the NPS is currently managing **389** domestic violence cases (21% of the total caseload). Depending on the type and level of their offending, domestic violence perpetrators referred to either the Building Better Relationships (BBR) group work programme or the Improving Relationships and Supporting Change (IR-SC) group work programme as part of their Community Order.

Learn more about the National Probation Service on their website www.gov.uk/national-probation-service

3.4 Cheshire & Greater Manchester Community Rehabilitation Company (CRC)

Leadership and Influence

Cheshire and Greater Manchester Community Rehabilitation Company (CGMCRC) is owned by Purple Futures, which is an Interserve led partnership. CGMCRC continues to go through a period of transformation and change following its separation from the National Probation Service in 2014. In 2016 the CGMCRC implemented a strength based approach to assessment and interventions with its service users; this is known as the Interchange Model. This model focuses on rehabilitation and is based on: desistance theory, The Good Lives Model and personalisation. Key to this model are the principles of SEEDS (Skills for Effective Engagement and Development.) This model aims to instil in service users the characteristics of; hope and motivation, something to give, healthy lifestyles, a place in society, positive family life and relationships and a positive self-identity.

Challenge

The challenge for all services is to maintain quality of delivery at a time of economic and politic change. The CRC is no exception to this. Nevertheless, safeguarding remains a priority throughout the CRC and the Interchange Model offers the opportunity for service users, their families and the community to benefit from the rehabilitation process.

Learning

All CRC staff go through an extensive induction and training process to equip them with the skills to deliver the Interchange Model. Additional practice and development training is ongoing, including:

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mandatory safeguarding training, training on Child Sexual Exploitation and Female Genital Mutilation, amongst others.

Focus areas – additional information relating to

CGMCRC does not work directly with children, young people or families. However, the CGMCRC continues to be one of the largest deliverers of domestic abuse interventions in the country by way of Court ordered requirements to sentences.

Each year it delivers intervention programmes to hundreds of domestic abuse perpetrators throughout the area. CGMCRC also participates in the Integrated Offender Management scheme and MARAC meetings to facilitate engagement with partnerships and improve communication between agencies involved.

Early Help

CGMCRC does not work directly with children, young people or families. However, there are processes in place to facilitate a referral into Early Help services if identified.

Complex Safeguarding

CGMCRC undertakes its own risk management reviews on high risk offenders where there are complex safeguarding issues, gang related issues or where there is a high assessment of the risk of serious harm; this includes those cases involved in Child Protection Plans. Where required we will also participate in multi-agency risk reviews and professional's meetings as appropriate.

Domestic violence & abuse

CGMCRC offers several accredited and non-accredited intervention programmes addressing domestic violence and abuse. Whilst these are directed at perpetrators, sections of the programme focus on the impact on children and young people. Where appropriate the victims of domestic abuse are contacted by a women's safety worker who offers support and advice to the victim's and their family.

Neglect

All CGMCRC operational staff undertake mandatory safeguarding training. Part of this involves a focus on neglect. Additionally, the CRC Risk and Safeguarding Practice Development Group, in conjunction with the CRC Learning and Development Team, is assessing the need for further neglect training and awareness raising amongst staff.

SCR Learning

Where relevant CGMCRC incorporates learning from SCR into team briefings and training. If necessary, practice is amended based on learning from SCR.

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Partnership communications and engagement

CGMCRC have representatives from Community Director Level and Interchange Manager level at the MSCB Board Meetings and subgroup meetings to facilitate communication and engagement with the Board and partners.

Learn more about the CRC on their website cgm-probation.org.uk

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. Cafcass represents children in family court cases, ensuring that children's voices are heard and decisions are taken in their best interests.

The demand on Cafcass services grew once again in 2016/17, by around 13% in public law (involving the local authority) and 9% in private law (involving arrangements for children following parental separation). Demand is now approximately 30% higher in public law, and 20% higher in private law, than it was three years ago, putting the family justice system under considerable pressure. Nonetheless, each of Cafcass' Key Performance Indicators has been met.

Cafcass' main priorities in 2016/17 were to continue to improve the quality of our work, and to support family justice reform. Some examples of how we have done this are listed below.

Production of the **Domestic Abuse Practice Pathway** which provides a structured framework for assessing cases where domestic abuse is a feature, and ten new evidence-based assessment tools.

A revised **Quality Assurance and Impact Framework**, together with mechanisms to establish, and raise, the quality of our work including thematic audits, Area Quality Reviews, and the work of the National Improvement Service.

Provision of continuous **Learning and Development** opportunities for staff including: e-learning; Research in Practice resources, the Cafcass library and the dissemination of internal research.

Contributions to **innovations** and **family justice reform**, designed to improve children's outcomes and make family justice more efficient. These are formed in private law by projects trialling pre-court or out-of-court ways of resolving disputes; and in public law projects aimed at helping local authorities and parents to 'find common ground', thus diverting cases from or expediting cases within, care proceedings.

Support to our **child exploitation** and **diversity** ambassadors/champions who collate learning from inside and outside the organisation on these subjects and promote it to colleagues.

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The Cafcass **research programme** which supports the work of external researchers, such as the ground-breaking work of Professor Karen Broadhurst and her team into repeat removals from mothers in care proceedings; and undertakes four small-scale internal research projects each year. This year we have undertaken, for example, studies into: domestic abuse in spend-time-with (contact) applications (this has been in collaboration with Women's Aid); trafficking and radicalisation cases known to us; and high conflict (rule 16.4) cases.

Learn more about Cafcass on their website www.cafcass.gov.uk

4. Voluntary and Community Sector

4.1 Manchester Community Central (Macc)

Learn more about Macc on their website www.macc.org.uk

4.2 Barnardo's

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

Barnardo's focus in 2016/17 has been in two principal service areas - strengthening the partnerships to support young people leaving care in Manchester; and working in the Wythenshawe area to deliver a Children's Centre offer to families and children.

Barnardo's staff are actively involved in the MSCB SPDG and Safeguarding Fora in North, South and Central. Networking opportunities and gaining increased awareness of local initiatives and organisations has helped improve our understanding of issues and each other. In the North of the city this helped to forge strong links with early help and has improved the collaboration across the statutory and voluntary sector to find effective ways of supporting families affected by domestic abuse, mental health and substance use.

In 2016 Barnardo's have participated in Serious Case Reviews during the course of the year. The approach of mutual challenge and enquiry in partnership with other agencies has helped to draw out lessons for practice that have informed our approaches to managing complexity and risk in working with older young people.

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Involvement with the Board has opened up opportunities for participation in Greater Manchester work relating to abusive head trauma in very young children. Practitioners have worked with health colleagues to understand research and to explore how lessons can be developed. This area of work has not only helped to shape our messaging to carers in Wythenshawe but also enabled us to work with children's centre colleagues from across the City to raise awareness and deepen understanding of assessment in this critical area.

Learn more about Barnardo's on their website barnardos.org.uk/leavingcaremanchester



The full published MSCB Annual Report 2016/17 can be found on our website

www.manchestersafeguardingboards.co.uk

Or contact the MSB Business Unit: Tel: 0161 234 3330 or email mscb@manchester.gov.uk