Manchester Safeguarding Partnership

Annual Report 2021-22

Working together to create a place where all children and adults in Manchester are safe, free from abuse and neglect and supported to live happy and healthy lives

1 Foreword

Welcome to Manchester's Annual Safeguarding Report for the period 1st April 2021 to 31st March 2022. We are pleased to present this on behalf of all the agencies represented within the Safeguarding Partnership. This provides information about the work and effectiveness of our local safeguarding arrangements for adults and children.

In December 2019 the Partnership was formed in line with changes to statutory guidance, Manchester changed its emphasis from a Board to wider partnership arrangements across children and adults that built on the existing strong foundations so we could better meet the many challenges facing front-line practitioners to deliver, together, high quality, high impact services to keep our children, families and adults safe and improving outcomes for the most vulnerable.

This year has been an opportunity to reinvigorate our Partnership ambitions and explore smarter ways of working to improve engagement and encompass some of the working practices we have developed over the period of the Covid Pandemic, where this is better for children, families and adults.

We hope this annual report demonstrates where we believe safeguarding arrangements are strengthening and resulting in good outcomes, and where we need to make further improvement. We also want to ensure that the report provides an open and transparent view of our Partnership activity for our citizens and practitioners. We welcome your views on whether we have achieved this.

The challenge for the Partnership will be in maintaining progress through a time of policy change, changes in national direction and the impact of social change on our citizens

The vision of the Partnership is to work together to create a place where all children and adults in Manchester are safe, free from abuse and neglect and supported to live happy and healthy lives. We would once again like to take the opportunity to thank all our front-line practitioners in Manchester. It is their commitment, dedication, care and passion that they give to children, families and adults on a daily basis that is the reason we are able to celebrate the positive impact the Partnership has had this year.

Joanne Roney OBE Chief Executive Manchester City Council	Mandy Philbin Chief Nurse NHS GM Integrated Care	Richard Timpson Chief Superintendent Greater Manchester Police

2 Introduction

Manchester Safeguarding Partnership (MSP) provides the statutory function for both children's and adult's multi-agency safeguarding. Our arrangements published in 2019 set out how we work together to safeguard people in Manchester, fulfilling statutory duties within:

- The Care Act 2014
- The Child and Family Social Work Act 2017 and Working Together to Safeguard Children 2018.

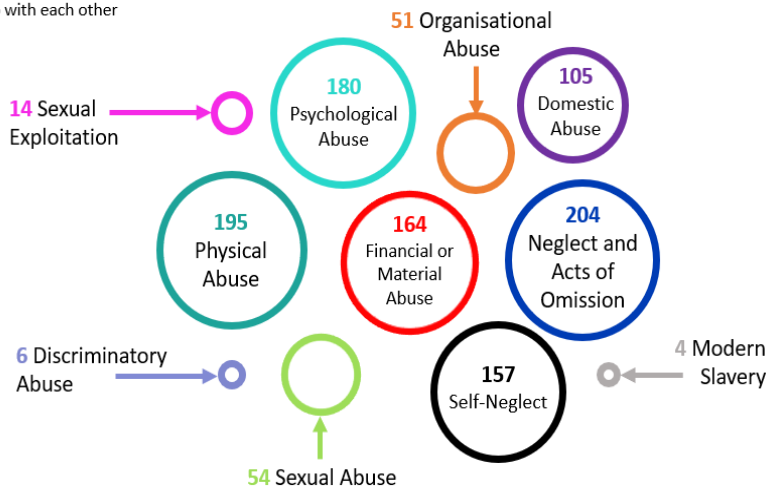
The MSP is required to publish an annual report on the effectiveness of our arrangements and of working together to safeguard and promote the welfare of children and adults in the local area. The first part of the report provides context and details of our governance together with an evaluation of the effectiveness of the MSP arrangements, and the work of the partnership and its subgroups during the 2020/21 year. This section includes an evaluation of activity. The latter part of this annual report reviews our 2021/22 strategic priorities together with progress and impact we have achieved against these, and our plans for 2022/23 and beyond.

3 Context

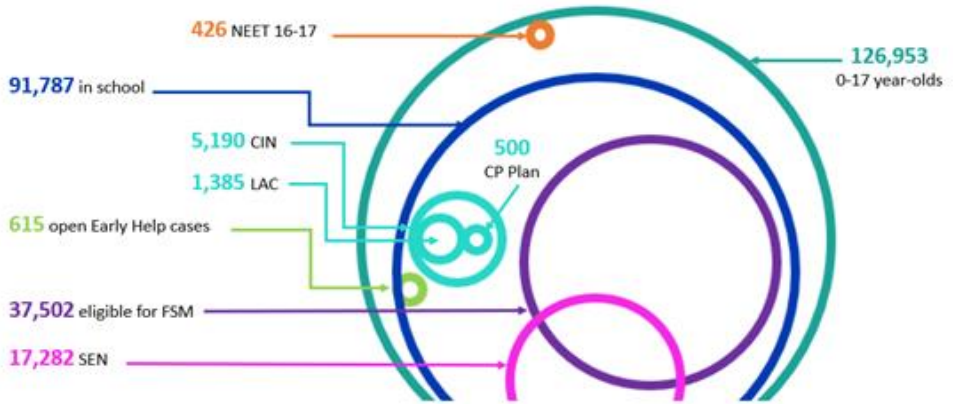
Manchester is a Core City with a population of 0.5m people, consisting of a higher proportion of young people aged 20-34 than the England average. An increasing population, together with issues within the city arising from homelessness, crime, and transience of people into Manchester centre, which presents challenges for safeguarding in terms of demand, need and complexity. A summary of our current context is provided in the figures below.

Adults:

Concluded S42 Enquiries during 2021/22 by Type of Risk
Source: Safeguarding Adults Collection 2021/22, Table SG2a
N.B. Some type of risk categories overlap with each other



Children & Young People in Manchester (2022)



Services In Manchester

Manchester University NHS Foundation Trust:
10 Hospitals across **7** sites

86 care homes
54 residential
32 dual-registered for nursing and residential

117 commissioned supported accommodation units

191,891 people supported through Our Manchester Voluntary and Community Sector Grants

63 community and voluntary partner organisations

1,121 Technology-Enabled Care (TEC) devices provided to residents

185 schools
2 all-through
2 nursery
135 primary
2 PRU
14 special
30 secondary
2 sixth form

2 universities
MMU
University of Manchester
RNCM
BIMM
2 schools of music

1 Clinical Commissioning Group and a range of primary and community health services

Manchester City Council: a Unitary local authority delivering a range of services including early help, housing, and social care, across three neighbourhoods (North, Central and South)

As the Partnership emerged from the Covid-19 pandemic, sustaining the focus on keeping children and adults safe remained our core priority. Covid-19 had put a huge strain on our citizens and the workforce and made previously straightforward engagement with our service users more challenging, with the additional risks of not always being able to see children and adults in the way we would like and services adapting to hybrid working.

In 2021, the impact of increasing demand from the adverse impact of the Covid-19 pandemic particularly on mental health, domestic abuse and adult welfare concerns was significant. In Manchester, our schools worked in partnership to remain open for the most vulnerable children, and we know for many of them this had a significant positive impact. The Manchester IDVA services remained vigilant to the impact of COVID and adapted their operating model. However, like many frontline agencies workforce fatigue was apparent and agencies monitored to mitigate against impact on motivation and our capacity to reach for our aspirations.

MSP remains one of the key partnerships for collective problem solving and with the introduction of the MSP Task and Finish group was a key enabler to drive forward our work on reaching the next level. The MSP Task and finish group have been able to rise to the challenge through meeting regularly to plan, implement and review our response, together, to emerging pressures and maintaining close collaborative working on an individual and strategic level. Partners have worked tenaciously to adapt quickly to new ways of working and maintained a rigorous focus on safeguarding our citizens.

Through continued risk management, co-ordination and working creatively together, we continue to look outward to emerging factors that will impact on our citizens, such as the cost-of-living crisis, so that we can adapt and change to keep children and adults safe from harm.

4 Partnership arrangements

4.1 Manchester Safeguarding Partnership networks

The MSP sits within wider Manchester and Greater Manchester networks, who work closely together on cross-cutting and cross-boundary areas to ensure there is a seamless approach to safeguarding and sharing of best practice. The main partnerships within Manchester are:

- Manchester Safeguarding Partnership (MSP)
- Homelessness Board
- Health and Wellbeing Board (HWBB)
- Community Safety Partnership (CSP)
- Children's Strategic Board

These are supported by an Inter-Board Protocol which was under review in 2021/22. This document sets out lead responsibilities for each partnership and how they will work together. The CSP leads on domestic violence, with collaboration in 2021/22 on implementation of a new domestic abuse strategy and developments such as commissioning of therapeutic intervention services for children who are victims of domestic abuse, and a child to parent violence and abuse intervention programme, in response to recognised gaps in provision. The CSP also leads on serious and organised violence. At the heart of this strategy is public health approach to serious violence and rooted in a trauma informed solution to reduce the harm this causes for individuals, families and communities. This is significant for MSP with the emerging profile for reviews of child deaths and the lessons from the national review.

Manchester City is one of the ten local areas that form the Greater Manchester (GM) Safeguarding Alliance. In the past year we have worked together on collaborative projects to help partners share best practice and work better together to provide a more consistent service to safeguard children.

We have contributed to GM Plans for taking forward complex and contextual safeguarding with a focus on a life course approach. The development of GM communities of practice themed enquiries, starting in 2021 with safeguarding children under one and domestic abuse, has been beneficial at a strategic and practitioner level. The GM focus on improving care home commissioning standards for older people, has been welcomed.

4.2 Core partners

Whilst the MSP is constituted of a variety of organisations and services who all have a key role to play in keeping our children and citizens safe including the voluntary sector (see below[1]), there is a much wider array of organisations, services, and people that we work and communicate with. This includes those listed in Working Together to Safeguard Children 2018 as relevant agencies.

THREE STATUTORY PARTNERS	ORGANISATIONS AND SERVICES WHICH FORM PART OF THE PARTNERSHIP	CHILDREN AND CITIZENS
✚ Greater Manchester Police (GMP) ✚ Manchester City Council (MCC) ✚ Manchester Clinical Commissioning Group (CCG)	✚ Adult Services, Manchester City Council ✚ CAFCASS ✚ Career Connect ✚ Children's Social Care, Manchester City Council ✚ Community Safety Partnership (CSP) ✚ Early Help Service, Manchester city Council ✚ Early Years' Service, Manchester City Council ✚ Education Department, Manchester City Council ✚ Education settings such as schools and colleges ✚ Greater Manchester Child Mental Health ✚ Greater Manchester Fire and Rescue Service ✚ Greater Manchester NHS Mental Health Trust (GMMH) ✚ HM Prison Service ✚ Independent Person (Chair of Adult's and Children's Executive) ✚ Manchester Health Watch ✚ Manchester Targeted Youth Support Service ✚ Manchester University NHS Foundation Trust (MFT) ✚ National Probation Service ✚ North-West Ambulance Service (NWAS) ✚ Strategic Housing including Homelessness ✚ Youth Justice Service ✚ Primary Care	✚ People of all ages who live, work and enjoy Manchester

[1] Acronyms for some agencies provided in this table have been used throughout the report.

Changes planned or undertaken in the year include:

- GMP have reinstituted child protection teams. There are three child protection teams across the city. There are three vulnerability inspectors, one in each locality. They will be the first point of call for safeguarding issues within the relevant district.
- The Manchester Clinical Commissioning Group (CCG) were planning for the transfer to the GM Integrated Care Board from 1 July 2022. NHS GM Integrated Care will take undertake statutory accountability from this point.

4.3 Current arrangements

Our current partnership arrangements (June 2019 and December 2019) set out how the statutory arrangements for a children's multi-agency safeguarding arrangements (MASA) and adult safeguarding board have been brought together under a single Safeguarding Partnership.

Each group had continued to meet virtually in the 2021/22 year, with two face to face development sessions in October 2021 and March 2022:

Leadership & Accountability 4/4 meetings held	Children's Executive 4/4 meetings held	Adult's Executive 5/5 meetings held
Steering Group 4/4 meetings held	Safeguarding Effectiveness 8/11 meetings held	Learning and Improvement 3/4 meetings held
Adult's Practice Review 12/12 meetings held	Children's Practice Review 12/12 meetings held	Complex Safeguarding 4/4 meetings held
Locality Practice Fora 9/12 meetings held		

Following a review of the effectiveness of the partnership arrangements (see section 4.4 below), changes were being made towards the end of this year/early next year to take us to the next level:

- Formalised the existing MSP Task and Finish group to a permanent MSP Steering Group to act as the 'engine room' for developments and overseeing and directing the work of the business unit.
- A new Neglect Subgroup to lead on this MSP priority, which will provide greater opportunity to work together on a multi-agency basis to commence early 2022/23.

- Refresh of the Quality Assurance Subgroup to Safeguarding Effectiveness Subgroup.
- Responsibility for the Child Death Overview Panel has moved to Public Health in accordance with legislation.

Partners come together to lead our safeguarding arrangements formally and informally. This includes gaining assurance that our safeguarding systems and effective; actions to learn from practice and to develop a skilled and knowledgeable workforce. Partners provide information about current emerging themes, challenges and successes which helps to inform discussions and provide a whole system view of what is happening in Manchester. A short summary of each area of work and subgroup activities undertaken in 2021/22 is provided in subsequent sections.

Leadership and Accountability (L&A)	The Leadership and Accountability group consists of a small group of strategic partners and other strategic leads who meet quarterly to discuss and take decisions on strategy and resourcing, holding their respective organisations to account on how effectively they participate in the local arrangements and remove obstacles to effective Partnership working. This year, the L&A group have: • Committed to maintaining a joint adult/children partnership and agreed developments to take the partnership to the next level, including review of resources and expectations of partners. • Been kept informed and commented on the creation of Greater Manchester Integrated Care Board and changes within Greater Manchester Police. • Scrutinised the MSP effectiveness against the findings of the *Wood Review of multi-agency safeguarding arrangements* and an Independent Review of the MSP lead by Carole Brooks Associates. • Refreshed the Risk Register to reflect more accurately challenges and mitigating actions.
Executive Groups	A distinct focus on both children's safeguarding and adult safeguarding is provided through two Executive Groups where a wider range of partners come together to make decisions, understand and act to ensure the effectiveness of safeguarding. These groups are chaired by the Independent Chairperson. There have been some notable changes and successes this year: **CHILDREN AND ADULTS' EXECUTIVES** • The partnership welcomed the Domestic Abuse Strategy and the focus on joint working across mental health, drug and substance misuse and domestic abuse services. • Population Health colleagues presented the Healthy Weight Strategy which was informed by recent published review following the death of a young child. The strategy emphasised a whole family approach.

	CHILDREN'S EXECUTIVE • Approval of the Peer-on-Peer Abuse Guidance enhancing multi-agency pathways and improving decision making. • The Multi-Agency Decision Framework and related consent policy for children's social care front door was shared and endorsed. • M Thrive approach to support children's mental health was presented to the Executive and roll out across the city was supported. • The executive received a spotlight report on early help assessments which endorsed the approach of collective leadership and shared responsibility across the family of services. • The Executive received regular updates on multi-agency pre-inspection plan. • Cafcass provided an overview of the regional prioritisation protocol. • GM safeguarding babies under 1 report was considered in detail with recommendations to be taken forward by CPRP and L&I subgroup. • Champions identified to take forward action planning with the schools taking part in the MSP Children's Safeguarding Conference. **ADULTS' EXECUTIVE** • Received regular updates on Manchester approach to implementing Liberty Protection Safeguards (LPS), progress has been limited by delays to national guidance. • Welcomed the self-neglect thematic review. The Executive recommend the sharing of learning across all agencies and invited Community Safety Partnership (CSP) to respond to the learning on the Cuckooing Strategy. • Endorsed the work of the Care Home Improvement Board as the serious adult review, MT, was published by Oldham Adult Safeguarding Board, identified implications for care management responsibilities and care home responsibilities in cross border cases. • Welcomed the Carer's Thematic report and recommended that the learning from this SAR and the Self Neglect thematic formed the basis of a conference offer to engage practitioner and frontline managers. Workplan should see impact in 2023. Adult Social Care implemented mandatory trauma informed training. • Endorsed the development of a Homelessness Commissioning Summit to review current provision for those with complex care management issues and identify gaps to inform commissioning activity.

MSP Task and Finish Group / MSP Steering Group	Consisting of four senior leaders with responsibility for safeguarding (one from each of the statutory partners), the Independent Chairperson and Business Manager; the Task and Finish Group coordinated and lead on L&A improvement priorities. In the year, they have: • Created and overseen an ambitious development plan designed for implementation in 2022/23, including greater scrutiny of MSP. • Designed the MSP Strategic Plan 2021/2023. • Lead on the MSP strategic development and improvement sessions. • Refined the financial management of the board with improved transparency and reporting. • Developed the terms of reference for the MSP Steering Group which will replace this group to implement the MSP Steering group, taking forward the Executive Board's priorities and oversee the core delivery activity of the MSP Business Unit from March 2021.

4.4 Partnership review

The partnership commissioned an independent review between October and December 2021. This was two years after implementation of the new MSP arrangements in June 2019 and timely in considering the Wood review of multi-agency safeguarding arrangements (May 2021) and the Tri-ministerial letter to statutory partners in December 2021 following high profile child deaths seeking reassurance of the effectiveness of local safeguarding arrangements. The aim of the review was to help the MSP and component partners reflect on the effectiveness of meeting their statutory responsibilities; how well they work together as a partnership to safeguard people in their local area and how well they understand the impact of their work and the services within the local area.

Findings from the review, presented in January 2022, led to the creation of a development plan to take MSP to the next level and to be the best that we can be in safeguarding and improving well-being of the children and citizens of Manchester. The main findings were:

- The partnership knew many of the areas it needs to develop to take it to the next level, and whilst there is not the required pace on some areas for a variety of reasons, the expectations within The Care Act 2014 and Working Together 2018 appear to be met.

- There was evidence of areas of good practice and success in the partnership, for example practice learning; communicating with and listening to professionals through the local adult and children's forums; and themed reviews. Many professionals working within MSP are passionate about what they do, are committed, experienced and well positioned to drive forward improvements.
- There appeared to be four key elements limiting greater effectiveness of the partnership which have compounded each other:
    - Lack of an evidence base and robust outcomes-based QA, including engaging citizens.
    - Strategic leadership and governance.
    - Blurred role of the Independent Chair and Learning and Assurance Lead 'leading' the partnership.
    - Reliance on a few key people.

  This resulted in:
    - Workstreams, meetings and products that were not as effective as they could be.
    - Some dissatisfaction, lack of engagement and appropriate challenge and scrutiny in the system.
    - We didn't know well enough how we are doing for our citizens.

4.5 How did we do?

PARTNERSHIP ARRANGEMENTS	
Achievements (including impact)	**What we can do better**
Ofsted report on SEND inspection noted that Manchester's pandemic response and co-production features were highly effective. Children's Services Inspection (Ofsted) in resulted in a 'good' judgement. Independent review told us what we are doing well, and what would be better to 'take us to the next level'. Position recognised by the MSP and commitment to developments required. MSP Task and Finish group made good progress on the development plan to improve partnership arrangements. This has provided a sharper focus and greater pace, led by all statutory partners equally. Children and Adult Forums implemented providing a channel for informing and engaging practitioners. These are welcomed by practitioners attending and have improved communications.	Implement recommendations from the independent review and resulting development plan. These are detailed in more detail in relevant sections of this annual report. MSP independent chair stepped down in March 2022, providing an opportunity to think differently and explore new ways of engaging a range of scrutineers. Strategic priorities post-Covid has impacted on capacity in partner agencies in implementing new ways of addressing our challenges. Equality in resource allocation from partners for a medium to long term business plan remains a challenge due to GM restrictions particularly GMP.

5 Communications and Engagement

The MSP aims to keep listening to and learning from what our children, adults and professionals tell us, and to work in collaboration with them. Brief updates about communication and engagement across the partnership, with practitioners, and with children and adults is provided below with key achievements this year. However, we know this remains an area for improvement in 2022/23 and is an important part of our development plan.

5.1 Partnership Communications

The partnership continued a range of communication activity throughout the year, including a partnership newsletter, communications through the website; twitter account; 7-minute briefings and specific communications through media packages, prepared for all adult and children reviews. A review of the website was undertaken in 2021 in preparation for completing and launching the new MSP website.

5.2 Engagement with professionals

Children's locality fora continued to meet and are well attended. Adult locality fora meetings gathered pace following the initial lockdown in March 2020. These fora's invigorated practice development, for example through resource sharing, and discussion from professional curiosity. Use of learning circles for cases which do not meet the threshold for a child or adult safeguarding review, and practitioners' groups as part of themed audits or reviews, provided opportunities for practitioners from a range of agencies to come together to reflect on practice.

5.3 Engagement with children and adults

We know that there is more to do to improve how we engage systematically with children and adults as a partnership. This is a key action for our 2022/23 development plan. Examples of engagement are provided below:

As part of a Child Practice Serious Review a young person was interviewed her comments were: GMP and Complex Safeguarding team were 'excellent, got her'…. She felt supported and listened too. The Complex Safeguarding Hub regularly seek feedback from those engaged with the services, with one young person recently saying 'I feel	**MFT feedback consultation exercise** The Safeguarding Mental Health and Learning Disability/Autism team have piloted the introduction a poem from a service user entitled *"I am not a placement"* into team meetings, professional meetings and Safeguarding "what matters to me" meetings. This sets the tone for ensuring that the person is at the centre of any discussions that follow, informing outcomes

like you have understood me and not judged me. I feel like I am safe when I speak to you and I know that you are trying to make things better for me.' Manchester is taking part in the Community Led Approach pilot which is testing out a community led approach to tackling serious violence. Recently Hideaway, made connections with schools and the early help hub is ensuring a whole family response	that may be required in the person's best interest. This was used in preparation for safeguarding adults' week on the 15/11/2021 to consider roll out across all safeguarding areas in Q4/2022.
Case example: North Manchester CMHT The mother of a service user complained that services had failed to recognise how poorly her son was and that he should have been admitted to inpatient services to keep him safe. Examples of changes made: • The Operational Lead for Bed Management and Patient Flow met with ward managers at the hospital to ensure they understand their responsibility to provide discharge summaries to Trust services in a timely manner. • Managers have ensured that carers are identified and offered a carers assessment and support. The Trust Carers Lead has also supported Community Mental Health Team Management to develop staff awareness of carers' issues. • Home Based Treatment Team staff have been instructed to ensure service users, carers (if possible/appropriate), referrers and GPs are notified of the outcome. • Managers ensured all staff including agency staff had an allocated supervisor and received regular supervision.	**Manchester Cathedral working in partnership with Manchester City Council presented Interfaith Safeguarding - Empowering the community event in March 2022**. The Interfaith Safeguarding **E**vent was unique opportunity for Manchester's faith institutions to get together to build greater awareness of safeguarding; including some of the more challenging and complex issues to share learning and good practice from faith institutions on safeguarding and facilitate discussions on the challenges of protecting vulnerable people from harm. MSP participated in the discussion hosted by the Dean of Manchester.

5.4 Vulnerable children and adults and specific circumstances

The Care Act 2014 states that adult safeguarding is about protecting individuals. The partnership recognises that there are children and adults in Manchester who are living in specific circumstances, who have specific needs, or where there are other conditions that make them some of the most vulnerable people in our society and therefore more at risk of not being safe and well. Additionally, Manchester has an ethnically diverse population with high levels of poverty. We are committed to working together to make sure that safeguarding of *everyone* is *everyone's* business, undertaking activity and seeking assurance to that effect.

Children who are privately fostered fall into this category. At 31st March 2022, the Private Fostering Service had 15 open allocated children under a private fostering arrangement, which is lower than 38 such arrangements in 2017. In November 2021, the Children's Executive focused on private fostering, including an updated range of information booklets.

5.5 How did we do?

COMMUNICATIONS AND ENGAGEMENT	
Achievements	**What we can do better**
✚ Commenced a review of the Communication Strategy. ✚ The website has over 179k users, over 400k page views and 12% return users. Started to develop our new website to focus on signposting whilst enhancing our outward facing communication. ✚ Preparation for Children's Conference in July 2022 designed and delivered by our children on safeguarding topics that matter to them. ✚ MSP Managing High Risk Together Pathway communicated across partners in 2021/22. ✚ Learning from AFRUCA community engagement and Family Support projects to respond to overrepresentation. ✚ Children's Fora meeting linked more pro-actively with the strategic improvement areas arising from CPSR and L&I training plans. ✚ Strengthened links across locality-based work through regular updates and programmes such as gangs in schools, Navigator and supporting children back into school using M-Thrive following Covid. ✚ Continued involving front line practitioners and managers in shaping policy through consultations and information sessions such as updating the consent policy. ✚ Engaged Adult Fora on preparation of legislation/strategy changes, e.g. Deprivation of Liberty Safeguards and Liberty Protection Safeguards. ✚ Practitioners shared their experiences of Section 42 Enquires and social work consultants shared good practice improving understanding	✚ Finalise and implement a first-class communications strategy that puts views of services users and professionals at the heart of our work and improves knowledge, skills and confidence about the partnership and safeguarding matters. ✚ Finalise website development and ensure new and up to date material is easily accessible. ✚ Ensuring that we maintain our focus and aim to communicate with professionals via different methods within an understanding of operational demands. ✚ Proactive raising awareness program about safeguarding in the wider community, especially 'harder to reach communities.' ✚ Development of relational practice model of Making Safeguarding Personal. ✚ Stronger focus on how children and young people's voice is informing the partnership response and offer in relation to complex safeguarding. ✚ Better understand low numbers of children who are privately fostered.

of roles and the importance of involving range of views and perspectives. Improvements in Adult Social Care dissemination of learning to senior managers through reflective learning sessions	

6 Safeguarding Effectiveness and Scrutiny

6.1 Our approach

Multi-agency quality assurance activities allow us to monitor, evaluate, and identify good and poor practice in the effectiveness of how the MSP and its partners, and to inform the strategic priorities and plans for the Partnership. We want to know about the children and adults who need to be safeguarded and their services, how well we are serving them, and what impact is on their lives. The scrutiny functions for children's partnership are laid out in Working Together to Safeguarding Children 2018, but also represent good practice equally applicable for adults.

This includes an Independent Chairperson to provide scrutiny across the joint partnership (See section 8). We recognise that there needs to be strong links with other subgroups to ensure learning, development and communication are joined up. The Partnership knows, and is progressing, plans to improve the range of data and evidence gathered and utilised, through a task and finish group set up in September 2021.

6.2 Safeguarding Effectiveness Subgroup

The Quality Assurance (QA) subgroup was rebranded 'Safeguarding Effectiveness' towards the end of 2021 in recognition that understanding our effectiveness comes from a range of evidence and we need to understand this in a number of different ways. This group continues to have responsibility for evaluating the impact of the MSP by providing strategic leaders with a clear line of sight to understand the ways in which children and adults at risk of, or experiencing harm are safeguarded. This includes identifying, commissioning or undertaking a range of audits, self- assessments and other QA activity in addition to regular quarterly performance reports.

6.3 How did we do?

QUALITY ASSURANCE AND SCRUTINY	
Achievements	**What we can do better**
✚ New Chairperson of the subgroup in December 2021. ✚ Task and Finish Group in place, development plan and review of core data started. ✚ Improvements to the Section 11 and Adult Assurance Audits in place and results reported to Executives early 2022. A check and challenge event to assure the exercises was held in February 2022 and actions taken with individual agencies as appropriate. ✚ A task and finish group worked on developing Mental Capacity Act audit. ✚ Section 47 audit completed, learning shared and applied. ✚ Commissioned a multi-agency audit on strategy meetings and core groups, led by the designated GP for safeguarding. ✚ Provided advice to GMP investigation and safeguarding model proposals. ✚ MSP Improvement Platform updates were presented regularly which informed feedback to achieve the best model. ✚ Channel Report circulated to all members and data and outcomes presented by CSP.	✚ A stronger evidence base (data and qualitative information) for adults and children's that covers the whole partnership. Introduce principle of exception reporting and deep dives. ✚ Triangulation of data with wider intelligence from quality assurance activity including feedback from citizens. ✚ Receiving critical summary narrative, especially at Executive and L&A level. ✚ Best use is made of existing regional datasets and intelligence. ✚ A new Safeguarding Effectiveness framework will be implemented in 2022/23.

7 Safeguarding Practice Reviews

7.1 Our approach

Arrangements for both adult and child case reviews are prescribed in legislation and guidance. There is however flexibility of approach to learning reviews below the respective thresholds. Below the threshold for a statutory review, understanding of practice is also gained through multi-agency audits and themed and learning circles. There is no nationally available benchmark data about the 'right' number of statutory reviews to undertake and the number varies greatly between local areas.

There have been two cases in the year which raised both adult and children's issues on which both practice review panels worked together, with Adult Review Panel taking the lead.

7.2 Adult Safeguarding Practice Reviews

Safeguarding adult reviews (SARs) are undertaken in accordance with the Greater Manchester SAR guidance with amendments specific to Manchester. The final policy and guidance was signed off by the MSP in March 2022. We aim to ensure that all SARs reflect the six principles for adult safeguarding:

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality The least intrusive response appropriate to the risk presented
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – Accountability and transparency in delivering safeguarding.

The Adult Practice Review Panel (APRP), reporting into the Adult Executive, receive, consider and manage reviews on behalf of the partnership, ensuring that lessons are learned, good practice shared and improvements undertaken as appropriate.

ADULT SAFEGUARDING PRACTICE REVIEW PANEL	
Achievements	**What we can do better**
• Developed new terms of reference for APRP and committed to monthly meetings to improve participation, communication and progress of reviews and resulting action plans. • Prioritised completion of legacy action plans, which were completed by March 2022. • GM SAR policy was reviewed and signed off by APRP, making minor amendments to fit with local processes. • Continued to promote the voice of the person in panel forums, ensuring people's lived experiences are shared and inform learning and good practice. • Published the Managing high risk together pathway for all partners.	• Strengthen links with the Learning and Improvement and Safeguarding Effectiveness subgroups re learning and impact from reviews. • Improve commissioning and working with review authors. • Implement good outcome reviews.

An annual report detailing reviews undertaken, themes and learning is provided below.

ADULT SAFEGUARDING PRACTICE REVIEW ANNUAL REPORT

During 2021/22, we received 15 referrals for a SAR. Referrals came from GMP (4), Homelessness service (1), GMMH (4), MFT (2), Advocacy services (1), MHCC (2), Adult social care (1). Of these referrals, 5 progressed to a SAR. At 31st March 2022, there were 5 SARs in progress.

Review	What it told us	Practice improvement as a result
SAR S – Agreed June 2021-not to publish	Learning points re Care Act (2014) – including needs assessment, support planning, Carers support & Safeguarding; Application of MCA (2005)/DOLS Framework, Advocacy/views of the person, contract monitoring, care co-ordination and the importance of joined up working.	Produced a learning summary and PowerPoint shared with Adult Fora.
SAR Gayle - progressed and published in June 2022. Action plan in progress.	Themes were self-neglect, MCA, understanding of morbid obesity as a safeguarding risk factor, and life course perspectives on safeguarding adults.	A 7-minute briefing was produced highlighting learning around approaches to people who self-neglect and have difficulty engaging, perceptions of 'lifestyle choice', needs of vulnerable people who are considered carers, and 'Morbid Obesity' as a Safeguarding risk factor.
AW MSP learning circle	'Think Family', trauma informed practice, suicide awareness, and communication, namely ensuring referrals are sent and acknowledged by intended recipients.	A review of the contact Centre which identified the need to ensure appropriate support for those receiving complex referrals, in a Think family context. 7-minute briefing produced.
SAR Johnny – published February 2021 . Action plan progressed during 2021/22	How systems in neighboring local authorities manage assessment and placement, quality of discharge assessment, care home recommendation and appropriateness of placements for people with duel (mental health and nursing) needs, expectations regarding review of placement and challenges faced in new locality when placed by a neighboring LA, including the provision of relevant historical information.	Produced and shared learning materials including a 7-minute briefing and also a learning summary/PowerPoint presentation which was shared at Adult Fora. A Learning and action plan was shared at the Care Home Improvement Group during April 2021.

SAR Olia & Baby W – Published Jan 2021 and action planning progressed during 2021/22	Detailing learning around 'cultural competence', the importance of effective pre-birth processes, working with parents who have previously had children removed from their care, and the complexities of information sharing and multi-agency working. Learning from this review also included the principle of 'Think Family', highlighting the responsibility of all staff and volunteers to address the vulnerabilities of all people living within a household or family network.	A 'Think Family' leaflet was produced and shared to emphasise this requirement. Considerations by MSP re: Think Family as a new strategic priority and focus for 2022/23.
Self-Neglect Thematic Review - published in September 2021. Action plan in progress.	The review highlighted learning around care act compliance and application of the MCA in complex self-neglect cases, limitations within the ASC safeguarding systems which limits a full multi agency response, risk assessment around frequent hospital attendance and avoidance, considerations regarding 'duel pathway' for people who are experiencing self-neglect who have substance misuse issues.	Self-Neglect toolkit and strategy revised Self-neglect conference which is scheduled for later in 2022.
Carers thematic learning review - published in January 2022. Action plan in progress.	The review highlighted learning in respect to self-neglect, a need to strengthen awareness of and support for family carers; consideration of psychologically informed approaches and empowerment of people and carers, improved joined up working and emphasis on ensuring multi agency meetings are meaningful and outcomes focused.	Produced and shared a guide on carers assessments, process and contact points at a related practitioner event in September 2021.
Contextual suicide thematic review jointly with Trafford.	A review exploring possible learning relating to 5 people who experienced a decline in their mental health following removal of their children by children's services	Due to be published Q1 23/24. Learning improvement plan will be part of the package approved by Executive.
'Baby Joshua' – SCR (Published by Bury) Learning for Manchester related to the father	This Serious Case Review (SCR) concerns the child Joshua, who on the 11.09.19 died at the age of nearly eleven months through the actions of his father, in whose care he was at the time of the incident. The Father was subsequently arrested by the Greater Manchester Police who commenced a criminal investigation.	Director of Adult Social Care led a multi-agency learning event focused on improvements for Manchester agencies in light of this Bury Local Child Safeguarding Practice Review.
Two domestic homicide reviews - In progress.	Reflected on the learning from noting the number domestic homicides reviews that are ongoing and the interface with safeguarding for vulnerable adults.	Community Safety Partnership and MSP recommended to work together on DHR's

7.3 Child Safeguarding Practice Reviews

Children's safeguarding reviews are undertaken in accordance with statutory review requirements set out in Working Together to Safeguard Children 2018. The Child Practice Review Panel (CPRP), reporting into the Children's Executive, oversee the process for child practice reviews, make recommendations to the safeguarding partners, initiate practice or learning reviews, oversees the commissioning and quality of local child safeguarding practice/learning reviews and tracks the actions arising from learning. The subgroup also progresses the decisions, recommendations and notifications to the National Panel and act upon decisions on whether to carry out a local child-safeguarding practice review.

CHILD SAFEGUARDING PRACTICE REVIEW PANEL	
Achievements	**What we can do better**
▪ Prioritised monitoring and completion of action plans with regular reporting into the subgroup and members working collaboratively to resolve barriers to progress. ▪ Agreed an increased focus on monitoring impact on practice and liaising with the L&I subgroup. ▪ Refined the Learning Circle approach. Undertook learning circles (see Annual Report below). ▪ Set up a task and finish group, led by The Deputy Designated Nurse for Safeguarding, to review child safeguarding policies and processes. Guidance document and toolkit with supporting documents developed. ▪ Contributed to GM workshop to review key case review processes including referrals, thresholds and decision-making. ▪ Endorsed a more rigorous approach to incorporating the voice of the child and to evaluating subgroup impact both accepted as standing agenda items with all agencies contributing.	▪ Ensure reviews are held to timescale ▪ SMARTER action plans ▪ Strengthen links with the Learning and Improvement and Safeguarding Effectiveness subgroups re learning and impact from reviews. ▪ Improve commissioning and working with review authors ▪ Implement good outcome reviews

CHILD SAFEGUARDING PRACTICE REVIEW ANNUAL REPORT

During 2021/22:

- 12 referrals received to be considered for a Rapid Review. This is not atypical.
    - 4 of the 12 referrals were risks for the child that related to serious youth violence
    - 2 of the 12 referrals were in reflected the death of teenage females' death by suspected suicide.
- Three referrals led to Rapid Reviews (25%) as considered to meet criteria. Two of these related to the death of teenage males resulting from serious youth violence and one in respect of a 17 year-old female who sustained fatal injuries from stepping in front of a train.
- No referrals were made to learn from best multi-agency practice, but this is a relatively new concept to the Partnership and will take time to embed.
- We know that there are legacy reviews which have taken too long, and some rapid reviews this year have not taken place within the 15 working day timescale.

Review	What it told us	Practice improvement as a result
T1 – published September 2021.	Co-sleeping and how the messages about Safer Sleeping can be shared with parents and recognised as a neglect risk; Adverse Childhood Experiences (ACES); willingness to change and how practitioners can best work with families who sometimes do not accept the role agencies have in supporting the care of their children, long term neglect and understanding the child's lived experience	MSP are updating Safer Sleeping guidance and ensuring the updated Neglect Strategy reflects safer sleep practices to reduce the risk of Sudden Unexpected Death in Infancy (SUDI); Supporting and endorsing ACES work within the Manchester family of agencies
R1- published September 2021.	Baby R1 was aged just under two years old when found dead in the home as a result of inflicted injuries, which the mother of Baby R1 was subsequently found guilty of causing and received a custodial sentence relating to the death. The father of Baby R1 was found guilty of controlling and coercive behaviour and common assault and received a custodial sentence. The review identified the importance of routine enquiry about domestic abuse by all agencies who have contact with families. Responding sensitively to those seeking help for domestic abuse (DA) and the importance of all agencies having a DA policy	7-minute briefing published, disseminated via Fora and incorporated into locality learning from reviews event.

O1- published October 2021. Action plan produced.	Child O1 was living with their mother and older sibling and was subject to a child protection plan at the point a brain injury consistent with being shaken was sustained. The child protection plan had been implemented initially following concerns that the children were being exposed to domestic abuse. The mother of Child O1 was subsequently charged and pleaded guilty to a charge of Section 20 Assault (grievous bodily harm).	7-minute briefing published, disseminated via Fora and incorporated into locality learning from reviews event.
ANON – published NSPCC October 2021.	Sexual abuse and delay in recognising signs of abuse in adolescents, understanding of safeguarding thresholds across agencies; NSCPP included this case review in the October 2021 issue of their monthly alert Case Reviews Update.	7-minute briefing published, disseminated via Fora and incorporated into locality learning from reviews event.
Joint **thematic review into contextual safeguarding/serious youth violence** - Manchester professionals collaborated with Trafford, at final draft stage as at 31st March 2022.	Three young people, two of whom were fatally injured with the third suffering serious injuries, following two separate knife crime incidents. The review considers the adequacy of service provision for all three young people with particular reference to the key themes of early help, the timeliness of intervention, education, school exclusions and the availability of additional support. Consideration is also given to the impact of the Covid-19 pandemic on the quality of the interventions with the young people.	The report is not due for completion and sign off until later in 2022, and action plan therefore not yet agreed.
Various learning circles, mostly lead by children's social care review of these events evidenced excellent collaboration from all agencies involved and learning for all contributors.	The key areas were: case planning, information sharing, vulnerabilities at key transition points missed opportunities when communication was delayed or weak.	Learning disseminated via Fora and incorporated into locality learning from reviews event.

8 Learning and Improvement

8.1 Our approach

The MSP has a Learning and Improvement workplan. In 2023 following further review work we will develop a strategy and be explicit about our offer. Our Learning Hub set out our approach to learning and development activities for our professionals and volunteers and provides advice and information.

8.2 Learning and Improvement subgroup

The Learning and Improvement (L&I) subgroup takes the learning from quality assurance activity, the Adult and Child Practice Review Panels and other sources to determine the plans and arrangements for effective action to deliver learning and improvement. This may be events, courses, policies, processes and procedures or dissemination of practice issues. The subgroup also oversee the adult and children Locality Practice Fora to ensure new strategies and learning are shared with a wide range of managers and practitioners across Manchester and strengthen links between the partnership and practice.

8.3 Our Learning Offer

The MSP provides a free learning programme to anyone who works with a Manchester child, family or adult. The continued impact of COVID-19 resulted in the MSP continuing to offer virtual training. From the end of 2021, concentrated efforts were made to promote a suite of free e-learning courses through our contract with Virtual College. Take up of these courses has been low. Courses related to MSP priorities and emerging learning and themes from reviews are made immediately accessible without having to go through an approval process. The courses with the highest usage are foundational Safeguarding Courses. The tables below provide a summary of usage by agency and courses.

Face to Face and Virtual Courses delivered	Name of Course	Sessions Delivered	Total participants reached
	Working with Families Affected by Substance Misuse	1	19
	Management of Allegations Against Adults who work with children (LADO/DO)	4	26
	Parental Mental Health and Safeguarding Children	2	32
	Understanding Multi-Agency Public Protection Arrangements Teams (MAPPAT)	4	36
	M-Thrive: An overview for professionals outside of Education	1	32

Total e-learning courses completed	Annually	Top 10 modules completed in 2021/22	Total completed
	2021/22: 2738 2020/21: 7140	Level 1 Safeguarding Children	617
		Keep Them Safe - Protecting Children from Child Sexual Exploitation	211
		Level 2 Safeguarding Children	199
		Safeguarding Children Refresher	189
		E-Safety	152
		Level 1 Safeguarding Everyone	142
		Female Genital Mutilation: Recognising and Preventing FGM	134
		Level 2 Safeguarding Everyone	128
		Radicalisation and Extremism	118
		Understanding Domestic Abuse Training	87
		Level 1 Safeguarding Adults	81

Sector completing e-learning	Number of courses accessed
Education	440
Voluntary	129
Private Organisations (e.g. charity)	26
Housing	22

Sector completing e-learning	Number of courses accessed
Manchester City Council	20
NHS	12
Police	10

8.4 How did we do?

LEARNING AND IMPROVEMENT	
Achievements	**What we can do better**
• MSP signed off the process and guidance for the development of multi-agency policies and procedures. • L&I e-bulletin is produced and sent out quarterly to share learning from serious incidents and good practice. • M Thrive mental health offer well established with good network links. Post 16yrs offer being developed by Healthy Schools to meet their specific needs. • Promoted ACEs training for NHS the focus was children services, 2022/23 will include adults. • Shared published reports including Child SF, SAR Jonny, Carer's Thematic SAR Salmat. • Continued to offer a comprehensive e learning resource in partnership with Virtual College. Improvements implemented via 'Enable' to offer a better customer experience and data analysis. • Multi-agency legal gateway training received and adopted the proposal which will be evaluated by Children's Social Care Workforce development. • Domestic Abuse Strategy toolkit presentation with recommendation that this is shared across partner agencies. • GMP delivered an offer on stalking and harassment, which was promoted across the partnership. • Great Manchester Alcohol Exposed Pregnancies Programme Evaluation shared by Senior Advisor Alcohol Exposed Pregnancies. • L&I priority areas have been identified (Learning from Reviews, Neglect, Domestic Violence and Abuse, Complex Safeguarding) • Training plan and budget for next year to commission key training including cultural competency and neglect proposed • Re-engage with training pool with Awareness of DA and Families Affected by Substance Misuse training sessions and booked	• Further improve linkages and flow of learning from Safeguarding Effectiveness and Practice Review subgroups. • Review Graded Care Profile and neglect training. • Explore methods to increase take up of e-learning or review offer. • Establish a joint adult and children's multi-agency training pool to explore and strengthen the adult training offer. • Develop a robust framework to ensure learning from reviews is being disseminated • Include learning and improvement information on the new MSP website

Trauma Informed Practice multi-agency training will begin to be developed	

9 Other safeguarding functions and groups

9.1 Complex Safeguarding Subgroup

The Manchester Complex Safeguarding Strategy 2020 – 2023 and Complex Safeguarding Hub provide the strategic and operational approach to complex safeguarding. The MSP Complex Safeguarding subgroup is jointly led by the Council Social Care Services and Greater Manchester Police, with close links to the Community Safety Partnership. Their purpose is to co-ordinate and address the complexities within key aspects of safeguarding such as sexual and criminal exploitation, Female Genital Mutilation, trafficking and honor-based violence.

Complex Safeguarding continued to be an MSP priority for 2021/22, and information about activities and impact in this area is provided in the priorities section.

9.2 Child Death Overview Panel (CDOP)

Duties of the CDOP now fall within the Public Health arena, however links and assurance by the MSP remains a critical function. The CDOP produces an annual report to the partnership and close links are maintained. The CDOP conducts the final multi-disciplinary review of all child deaths, resulting in a time lapse between when the death is reported and the case being discussed and closed by CDOP. This will be affected by the circumstances leading to death and various reviews and/or investigations such as Child Death Review Meetings (CDRM), post mortem examinations, inquest hearings, criminal proceedings and child safeguarding practice reviews. In 2020-21 there were 65 child death notifications reported to the Manchester CDOP and 27 cases reviewed/closed.

9.3 Local Authority Designated Officer (LADO)

Whilst not an MSP subgroup, the oversight of the management of allegations against adults who work with children in Manchester is a key statutory function for consideration by the partnership. The purpose of the LADO annual report is to provide MSP with an overview and analysis of the management of allegations against adults who work with children in a paid or voluntary capacity in Manchester. This includes how effective the safeguarding partnership is discharging its statutory responsibilities. In 2021/22:

- There were 472 allegation enquiries, compared to 326 the previous year.
- Training has been delivered virtually across MSP over the last 12 months alongside continued training to social workers and fostering.
- Quality assurance has improved significantly over the last twelve months, including performance data and better understanding.
- Continued to seek partnership feedback which assures that the service is improving outcomes.

10 Scrutinising MSP arrangements 2021/22 – Assurance statement

The same Independent Chair has been in post between November 2019 and March 2022 providing independent scrutiny and challenge as well as contributing their expertise, advice and guidance to the partnership. They have:

- Attended the Leadership and Accountabilities Board to account for how they have offered independent scrutiny and challenge to the partnership arrangements and the impact / difference this has made.
- Chaired the Safeguarding Executive Groups.
- Provided independent review and recommendations in relation to safeguarding matters and the operation of the partnership, including national reviews such as the Wood Review, partnership business such as the risk register, progress on priorities.
- Liaised with other partnerships and partners to promote the MSP and facilitate joint working.
- Produced an annual assurance statement, scrutinising the safeguarding arrangements in Manchester and the impact for children and adults at risk of, or experiencing, harm.

The Independent Chairs assurance report (November 2021) providing assessment of the MSP and its priorities:

- The capacity of the business unit has been increased. Two additional postholders recruited in November 2021, should facilitate progression of the training strategy, dissemination of learning from practice reviews and the participation of children and young people. In addition to these roles an

agency worker was recruited in November 2021 for six months. This should progress work on child practice reviews and the legacy action plans. Staffing capacity issues continue to present giving rise to insufficient staff of appropriate skills and experience to discharge key strategic tasks or the movement of such staff causing discontinuity of approach. Whilst "churn" within large organisations is inevitable, how this may be minimised in the context of the strategic management and development of safeguarding needs to be actively discussed.

- Development of a refreshed MSP three-year strategy**:** An initial consultation event provided the opportunity for partnership members to reflect upon the progress of the Partnership over the past two years. Information from this event will be used by the independent reviewer in formulating proposals for strategy development 2022-25.
- Testing the quality of safeguarding service delivery on a cross-agency partnership basis: The QA subgroup has reconfigured and is addressing this issue. Further work on the development of appropriate performance data to evaluate the delivery and impact of MSP priorities has been continuing on a strategy-specific basis.

Assessment of progress on MSP Priorities:

- **Complex safeguarding:** Five priorities for progressing the strategy in 2021-22 have been identified and an action plan has begun to identify actions, outcomes and evidence to substantiate these. Targets for the business plan have been agreed.
- **Mental health: children and young people:** 91% of schools are engaged in the Healthy Schools Programme, in excess of 900 staff have accessed mental health training, and the mental health leads network now consists of 122 members. The school's engagement programmes are RAG rated green, however, as there are issues with respect to delays in implementing Thrive hubs and the continuing unavailability of a Thrive digital front door this has been rated amber. No risks have been specifically flagged to the L&A Group.
- **Mental Health: adults:** a strengths-based response to extra-familial forms of harm and utilising community connected agencies to provide protective strategies and maximising independence. The strategic priority is rated amber by the sponsors and no risk factors reported to L&A.
- **Child neglect:** A child neglect strategy for 2021-24 has been signed off. Priority action is being directed towards the identification of key risk factors and vulnerabilities of adults with parental responsibilities for children under five. The GCP2 is being used to identify and document these factors and a group has been convened to identify the performance indicators relating to these factors. An audit of the current approach to the identification and response to child neglect has commenced. The strategic priority is rated amber by the sponsors and no risks have been reported to L&A.
- **Self-neglect in adults:** The MSP self-neglect strategy and hoarding tool kit has been widely promoted and distributed to partners. The MSP self-neglect thematic review was published in September and a learning strategy is in the process of being cascaded. The MSP Managing High Risk Together Pathway is being promoted within adult safeguarding forums. An ASC High Risk Protocol is in the process of completion. An audit on self-neglect is scheduled for January 2022 and an audit tool for MCA is under development. The strategic priority is rated green by the sponsor and no risks have been reported to L&A.

In 2021/22, additional independent scrutiny of the MSP arrangements was commissioned, reporting to Leadership and Accountability in January 2022. The results of this are included in section 4.4 above.

11 REVIEW OF MSP JOINT STRATEGIC PLAN 2021/2022

11.1 Our plan and priorities

The MSP strategic plan 2021/22, sets out our vision as "Working together to create a place where all children and adults in Manchester are safe, free from abuse and neglect and supported to live happy and healthy lives". Each Executive Board also has a commitment:

Adult Executive Board Commitment
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.'

Children Executive Board Commitment
Every Child in Manchester is Safe, Happy, Healthy and Successful.
To achieve this, we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.'

Priorities for 2021/22 are listed below, and progress against our priorities together with key achievements and challenges in 2021/2022 stated below will inform future priorities and the work of the partnership.

1a Neglect: Children
1b Neglect: Adults
2a Mental Health: Children
2b Mental Health: Adults
3 Complex Safeguarding

Sponsored priorities:
1 Mental wellbeing
2 Transitions
3 Homelessness

11.2 Priority 1a: Childhood Neglect

Objective: We will identify key risk factors and vulnerabilities of adults with parental responsibilities for children under 5 that can have an impact on neglect and working on key areas we will improve our collaboration and understanding of what works.

Desired result: Better collaboration to achieve consistency across partner agencies so that all forms and levels of neglect are robustly dealt with and impact sustained. Children, parents and carers, lived experience will feature children ready for school, safe and nurturing family relationships, developmental and health milestone met.

Outcome: MSP partners rated progress as **AMBER** in the March 2022 review of progress.

Achievements	What we can do better
• Progress across both early help and where multi agency intervention is required to address significant impact for children. • Development and Launch of new Neglect Strategy in 2021. • The focus for 2021/2022 was to equip out frontline teams with the resources to enhance their practice this was achieved through sharing learning from reviews. • Some neglect social care measures added to MSP dashboard. • Improving GCP2 roll out and disseminating good practice, especially successful in Manchester Foundation Trust. • Collaborative care embedded for under 5's particularly our most vulnerable cohorts	• Develop a joint children and adult Neglect subgroup to drive improvements and implementation of strategy. • Review of GCP2 to ensure it is consistently used by professionals to make a sustained difference, focus on under 5's for 2021/2022. • Better understanding of types of neglect and evidence base • Map pathways and interventions already in place in order to target/identify gaps.

11.3 Priority 1b: Adult Neglect

Objective: We will build on our personalised approach to practice in addressing self-neglect in adults (including adults with dual diagnosis) where harm is evident and enduring without timely intervention.

Desired result: Adults will be empowered to address the harm with multi-agency support. MSP is confident that professionals understand and assess the adult's mental capacity and motivation for change. Escalation of concerns is prompt and resolved in timely manner.
Outcome: MSP partners rated progress as **AMBER** in the March 2022 review of progress.

Achievements	What we can do better
• Guidance tools advised practitioner how adults will be empowered to address the harm with multi-agency support (MCC ASC High Risk Protocol) • Workforce is more confident in assessing the adult's mental capacity and motivation for change with input via Fora meeting and learning from reviews • MSP partners worked on developing an Escalation of concerns policy to ensure issues are resolved in timely manner with better outcomes for our citizens. • Promotion of MSP Self Neglect Strategy and Hoarding Toolkit • MSP QA subgroup undertook an Audit on MCA/Self-Neglect • MSP Self Neglect Thematic Review published and learning cascaded • Publish resources for practitioners on MSP website and shared via Fora meetings • MSP Managing High Risk Together Pathway promoted	• Develop a data set to inform our strategic ambitions • We know from feedback from front line practitioners that they find self-neglect an area of concern when considering interventions, continuing supporting practice developments through the learning and training programme • Support front line professionals to identify self-neglect and provide proportionate interventions within a structured framework, implementation plan for sharing and evaluating toolkit

11.4 Priority 2a: Children's Mental Health

Objective: Multi-agency partners know and understand the M Thrive in Education offer across Manchester. Signposting to support needs is readily available. Support pathways see an increased uptake from key ethnic minority groups and lived experience/whole family approach evidence.

Desired Result: Multi-agency partners know and understand the M Thrive in Education offer across Manchester. Signposting to support needs is readily available. Support pathways see an increased uptake from key ethnic minority groups and lived experience/whole family approach evidence.

Outcome: MSP partners rated progress as **GREEN** in the March 2022 review of progress.

Achievements	What we can do better
M Thrive in Education (Manchester MHST) has fulfilled the requirement to provide support for 35% of schools and colleges. Webinars delivered for all schools, also to partners working with children & young people through MSP so that signposting to support needs is readily available. Senior Mental Health leads network set up across schools and colleges. M Thrive in Education governance is in place and reporting outcomes for children & young people to various partner boards, including MSP.	M Thrive hubs to be operational across all three localities. Digital front door to be finalized and launched.

11.5 Priority 2b Adult Mental Health and Assurance Area 1: Mental Wellbeing

Mental Health as a priority and mental wellbeing, as an assurance area, were combined during the year so that we had a more joined up focus.

Objective: We will promote a strengths-based approach to our work with adults with mental health and additional vulnerabilities. Understanding the use of complex and contextual safeguarding in our practice.

Desired result: Better collaboration to achieve consistency across partner agencies to identify the most vulnerable to avoid cumulative effect of not intervening and widening inequalities. Improvements in access to appropriate joined up services and support will feature a strength-based approach, and interventions minimise restrictive practices, maximise independence, even whilst minimising the risk that individuals may pose to themselves, workers or the wider community.

Outcome: MSP partners rated progress as **AMBER** in the March 2022 review of progress.

Achievements	What we can do better
• Better connectivity across related workstreams we worked consistently to share agendas and engage a range of professionals. • Strengthening the commissioning and assurance strategy for services and exploring the feasibility of intensive support for dual diagnosis. • Targeting practice development activity in the provider market segments that need it most that is, drug, & alcohol and homeless services. • Developing stronger links with other workstreams and services across the city. • Task & Finish Group looking at Trauma Informed Care (TIC) Approach within Adult Services. • GMMH (Greater Manchester Mental Health) Recovery Academy provides a range of free educational courses and resources for people with mental health and substance misuse problems, their families, and carers as well as health care professionals. • GMMH provide learning that is co-produced and co-delivered between Recovery Academy and multi-agency experts. • Healthy Minds for Healthy Lives Buddy Module will take on a role within organisations of promoting good mental health in the workplace and contribute to a change in how mental health is viewed and supported. • The North Manchester Strategy: Civic regeneration through investment and innovation in Healthcare and Housing was developed between July-October 2021 and formally approved by the North Manchester Strategic Board on 1 November 2021.	• Data: the need for accurate relevant and timely performance information to enable operational decisions and strategic vision to be informed. • Ensuring that we maintain our focus and aims whilst managing operational demand. • This area is a sponsored priority and we have discussed should MSP no longer have sponsored priorities and alternatively receive assurances from the relevant board that work is progressing satisfactorily. • Propose changes in transitions partnership arrangements.

11.6 Priority 3: Complex safeguarding

Objective: Continually develop and strengthen partnerships and collaboration in Manchester to safeguarding children, young people and adults from exploitation.

Desired Result: Manchester Safeguarding Partnership strategic objective is for stakeholders, community/professionals and voluntary sector to be more aware, identify and respond in a timely, focused and robust way to prevent, protect those at risk of exploitation and, peruse and prosecute those who seek to exploit others.

Outcome: MSP partners rated progress as **AMBER** in the March 2022 review of progress.

Achievements	What we can do better
• Partnerships are strong with a commitment to delivering the complex safeguarding strategy. • Early learning and impact from prevention projects such as Engage, Manchester Alliance and disrupting exploitation work confirming engagement with the community and prevention need investment and support. • The CS Hub demonstrates the impact achieved from coordination, intelligence, and relationship-based practice. • Learning from AFRUCA community engagement and FSW projects to respond to overrepresentation. • Restorative approaches work with PRU and ASBAT is starting to deliver positive results to support young people in school and prevent escalation. • Inclusion work with schools has been progressed with series of webinars on transitions, additional needs, use of weapons. • Manchester has been awarded two significant grant funding via the DfE to respond to and tackle children at risk of or involved in youth violence; this is in addition to funding from the Violence Reduction Unit. • DfE Alternative Provision and Safe Task Force – responding to serious youth violence. Manchester City Council secured three-year funding to improve school attendance, provide intervention support to CYP to reduce Serious Youth Violence and prevent school exclusion. Focus is around working with children in school years 7, 8 and 9.	• Overrepresentation of specific groups/communities of children continue to be reflected in all areas of complex safeguarding. • Capacity to support the development of intelligence to inform, map disrupt activities and target interventions.

• Held a Week of Action in October 2021 supported by MSP and the complex safeguarding hub theme was Transitions and Good Practice • Worked on missing from home was strengthened by additions to GMP safeguarding teams and emphasized placed on daily risk meeting and action plans. • Focused on peer-to-peer child sexual abuse schools and GMP lead on enhanced policy and procedures, and awareness raised across pilot schools. • GM work included the GM adolescent safeguarding network and a community of practice event. • Contributed to the consultation for the Domestic Violence Strategy. • The e learning for Child Victims for Modern Slavery was endorsed. • Supported CSP Raising Awareness Criminal and Sexual Exploitation with business around the city centre.	

11.7 Assurance Area 2: Transitions

Objective: We want strong and effective arrangements to improve safeguarding transitions outcomes for young adults, ensuring we promote better visibility of those who are most at risk.

Desired result: Young adults will experience a seamless transition characterised by a multi-agency approach adopted by all public services providers in City of Manchester.

Achievements	What we can do better
• We have established practice forums (pre referral meeting) there is a revised social work process and a referral meeting for care act assessment and/or care pathways. This pathway is established and involves multi agency partners • The links to complex safeguarding hub, ASC Social Worker has physical present within the safeguarding hub, Transitions Social Worker allocated to the transitional complex safeguarding work stream. • Established ASC working group Transitional Safeguarding: Transforming How Adolescents and Young Adults Are Safeguarded. Case studies have been	• Data: the need for accurate relevant and timely performance information to enable operational decisions and strategic vision to be informed • Ensuring that we maintain our focus and aims whilst managing operational demand. • This area is a sponsored priority and we have discussed should MSP no longer have sponsored priorities and alternatively

produced and are being considering against the SEND outcomes framework categories, these are relevant to our intentions around making safeguarding personal. • Accommodate impact of covid-19; We have had a restricted operating environment during the pandemic, we have adapted our operating model to ensure access to services for young people. We have promoted the available support. • Performance Indicators / Measures: The development of practice guidance for transitional safeguarding is ongoing. Data: No. of young adults who have an open adult s.42 enquiry on 18th birthday (including categorization of nature of safeguarding) to be obtained. • Established ASC working group Transitional Safeguarding: Transforming How Adolescents and Young Adults Are Safeguarded. Case studies have been produced and are being considering against the SEND outcomes framework categories, these are relevant to our intentions around making safeguarding personal. • We have identified a group of young people to work with us on the test and learn approach to developing practice guidance on transitional complex safeguarding, we are now gaining consent for involvement. ASC and Children Services are working together closely on this area. • Embed young adults' voices in service development: A framework called: The journey from voice to influence, we will list and capture then demonstrate change. A piece of work is in progress to look at citizens voice in Manchester Safeguarding Partnership.	receive assurances from the relevant board that work is progressing satisfactorily • Propose changes in transitions board arrangements

11.8 Assurance Area 3: Homelessness

Objective: We want strong and effective arrangements to improve homelessness outcomes for vulnerable adults, using a whole family approach.

Desired result: The numbers of people rough sleeping are reduced and those who do are linked in with the appropriate support. Better integrated support and safe accommodation for adults and children presenting with domestic abuse.

Achievements	What we can do better
• Progress in addressing the use of bed and breakfast accommodation for families • Reduce the number of singles in bed and breakfast and commission alternative accommodation • Reduce the length of time someone resides in temporary accommodation • Improve the referral process and CMHT support for people from mental health services • Improve the joint working between ASC and homelessness to ensure those who have complex needs are supported appropriately. • Continue to reduce the number of people sleeping rough in the city • People sleeping rough has reduced from a three year high of 123 to under 50 on a single night. • People leaving prison have accommodation and support available to them • Support for people who have experienced Domestic Abuse has improved and increased. • More people are moving into the private rented sector to end their homelessness, rather than remaining in temporary accommodation • Accommodation for people leaving hospital is now in place and working well. • The proof of concept for alternative temporary accommodation for families is confirmed and this type of accommodation will be expanded.	• Need to increase the amount of prevention to try and keep people in their homes and stop them from becoming homeless. • Concerned about the number of people who will present as homeless as they cannot afford to pay for fuel, food, rent in the next 12 months. • Need more appropriate permanent supported accommodation for people who will not be able to sustain their accommodation in general needs lets. • Need more appropriate supported accommodation for those with high complex needs – high mental health support, autism, tri-morbidity, behavioural disorders etc… • Need to reduce the amount of temporary accommodation outside of the city boundaries so that services can continue to support people work is developing through multi-disciplinary meeting which started in November 2021.

12 STRATEGIC PRIORITIES 2022/23

12.1 2022/23 Priorities

Evidence about progress against existing priorities and potential new priorities for the partnership at a development session in March 2022 resulted in a decision that our three partnership priorities require attention for longer than one year, and a three-year strategic plan is required. Additional areas of focus for the partnership that will make the most difference for citizens of Manchester, for example a 'think family' approach, are being developed. 2022/23 is also a period of change for the partnership, with revised requirements for Independent Scrutiny; changes in key personnel; and developments from the review. We are therefore continuing with the 2021/22 plan and priorities for the first half of 2022/23 whilst we further develop our aspirations and actions for the coming three years.

In addition to our priorities, the MSP has a critical role to play in ensuring changes, challenges and potential enablers ensure that children and citizens continue to be safeguarded – every person, every day.

12.2 How we will achieve these

Our priorities will be a key focus for the partnership and monitored through respective subgroups, development sessions and reported into Adult and Children's Executives. We will:

- Continue to review and deliver our training offer, further developing our training pool within children's safeguarding and introduce a training pool within adult services, with a focus around our priorities.
- Continue to share and help shape plans for change within individual partners as appropriate, undertaking 'horizon scanning' to determine factors in the future that may influence achievement of our priorities and require a different approach. At present, these include:
    - The role of the Greater Manchester Combined Authority, impact of changes to administrative boundaries and organisations, for example the advent of Integrated Care Systems from July 2022, and those currently underway in GMP, are also likely to 'reset' the context for Manchester
    - Covid: We know the immediate and long-term effects of the COVID-19 pandemic are likely to continue to affect how services are delivered as well as the needs of our children and citizens.

- Develop greater influence and collaboration with our citizens and staff about what we can do in these areas to improve their lived experiences and to draw on their knowledge and experience.
- Define measures of success that are qualitative as well as quantitative, that tell us the impact of the work we are doing.
- Make best use of resources. The MSP has continued to receive 'benefit in kind' from partners as well as financial contributions listed in the table below. We will continue to use our funds as effectively as we can.

INCOME	2021/22 (ACTUAL)	2022/23 (PROJECTED)
GMP	63,723.00	63,723.00
Manchester CCG	105,000.00	105,000.00
MCC	327,172.00	327,172.00
Probation	4,382.00	4,382.00
Other	6,396.00	-
Transfer from Reserves	-	123,000.00
Total Revenue Income	506,673.00	623,277.00
EXPENDITURE	**2021/22 (ACTUAL)**	**20223 (PROJECTED)**
Employee Costs	286,294.00	434,000.00
Premises	125.00	10,000.00
Transport	148.00	500.00
Supplies & Services	124,931.00	178,777.00
Transfer to Reserve	95,175.00	-
Total Revenue Expenditure	**506,673.00**	**623,277.00**

MSP Business Unit:
Manchester Town Hall Extension
Albert Square
PO Box 532
Manchester, M60 2LA
Tel: 0161 234 3330 (answerphone out of hours)

Email: manchestersafeguardingpartnership@manchester.gov.uk
Website: www.manchestersafeguardingpartnership.co.uk
Twitter: @McrSafeguarding