



Manchester Complex Safeguarding Hub

Annual Report 22/23

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June 2023



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1 Overview of Complex Safeguarding Hub

- 1.1 The Multi Agency Complex Safeguarding Hub (CSH) has been operational since October 2018, delivering a partnership approach which demonstrates good multi agency information sharing, coordination, planning and intervention in response to emerging contextual and extra-familial safeguarding risks. The work of the CSH contributes to increased safety and improved outcomes for children and young people.
- 1.2 The CSH's practice model consists of three interacting levels of support – (1) preventative work (2) assessment and (3) provision and coordination of bespoke intervention for children impacted by exploitation. Preventative work is undertaken through a range of activities; a key part of this is awareness raising which is delivered through our Weeks of Action, engagement with schools and other key partners working with children, and delivery of training to social workers and across the partnership. Through the Early Help Service and Missing from Home teams, the CSH provides support to children and families who may not be in receipt of a social worker but where there are some possible indicators of risk of exploitation.
- 1.3 Daily governance meetings, joint risk assessment, mapping and information sharing across Greater Manchester Police, Social Care, Youth Justice and Health systems are embedded as part of daily business to ensure the delivery of effective and timely responses to children and their families who experience complex safeguarding risks. This informs the assessment, planning and intervention work provided to individual children and the complex safeguarding investigations focusing on safeguarding, disruption and the context in which exploitation takes place. Children who are referred into the CSH are discussed in a multi-agency meeting daily and this discussion and information sharing informs decision making and assessment of the offer a child receives.
- 1.4 The CSH undertake assessments of risk of exploitation which support a greater understanding of factors that may be impacting on level of vulnerability and harm. These include a strong focus on the child's voice and identity, their history including adverse experiences, perpetuating factors of any exploitation, and strengths and aspirations. Assessment may lead to signposting to an appropriate intervention within the partnership, or the development and delivery of bespoke interventions specific to the child based on their assessed needs and expressed wishes.
- 1.5 Serious violence is an ongoing concern within Manchester, and we have seen continued reporting of children carrying knives or being involved in serious assault or otherwise impacted by this violence. The CSH is working with young people and their families to support a flexible approach, our aim being to undertake and create innovative solutions to try to tackle the evolving nature of the violence. Some of the challenges CSH workers face is limited resources and complex socioeconomic factors. We have found that building partnerships with grassroots community groups is invaluable in improving outcomes for children and hope to expand this further in the year ahead. CSH want to be the hub of knowledge of interventions and resources to support young people make different choices. To support this, we have delivered knife awareness training to partners and have actively supported community led initiatives, such as Afruca, who have lived experience and are able to support offer to deliver and support our work. We support locality social workers, multi-agency partners, and Youth Justice to formulate strengths-based plans and strengthen anti discriminatory and anti-oppressive approaches, for example, addressing the labelling of young people as "gang affiliated" when this is not appropriate or helpful in planning support and building safety.

- 1.6 Social workers undertake a programme of direct work with young person, and this will be bespoke to the individual young person. In some cases, there will be support offered to another involved professional who has the trusted relationship with the young person to complete this work and avoid introducing additional adult professionals into a child's life. The principles of any intervention will be to be child-led, to build a trusted relationship, to work at a child's pace and ensure they have some autonomy in relation to what work is done, when and how, and to accept that this work is complex and takes time for impact to be evident. Social workers use a range of tools and means to engage the young person and carry out this work. We also deliver group work in some cases where it is felt this is a benefit to the young people.
- 1.7 Mapping is a tool used within the CSH and Youth Justice Service to organise information in a visual way. This enables identification of risk factors, trends and associations and supports the identification of children/adults at risk or on the periphery of exploitation. The CSH is well placed to take the lead in coordinating the response to several complex safeguarding investigations and utilising, protection, disruption, and collective safeguarding to disrupt and bring to justice perpetrators. These investigations involve multiple victims and multiple perpetrators of exploitation, including child sexual exploitation and child criminal exploitation. They are also able to offer safeguarding support to other large operations located elsewhere within GMP.
- 1.8 The CSH works with children who have been victims of exploitation, or at risk of being exploited, and as such the possibility of modern slavery crimes having been committed need to be considered in relation to each child. Many children receiving support from CSH have been trafficked internally within the United Kingdom, often within Greater Manchester, for purposes of criminal and sexual exploitation. At the point of referral, the CSH consider if a National Referral Mechanism (NRM) should be made. This is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. CSH are best placed to consider this due our specialist knowledge as modern slavery as it is a complex crime and may involve multiple forms of exploitation. As referrals are presented to CSH, the multi-agency team review the information and consider whether the NRM referral is completed based on the information already provided or if further assessment is required. Due to recent changes to the NRM referral process evidence presented needs to be factually based or it is unlikely to get a reasonable grounds or conclusive decision. Therefore, if the NRM is not agreed at the stage of referral, then assessments are completed with management oversight for a timely NRM referral. Currently at the end of March 2023, we had overall figure 105 referrals referred into NRM over the previous year.
- 1.9 We are aware of the risks of children trafficked to the UK from abroad and vulnerable to exploitation. There is a team dedicated to these unaccompanied children. CSH are available for consultation support and case holding where appropriate. The team have good partnership working with Barnardo's who offer an Independent Child Trafficking Advocate who provide specialist support which includes NRM and modern slavery advice.
- 1.10 There is effective joined up working in relation to identifying and responding to modern slavery crimes in relation to children and families in Manchester. The Assistant Director with responsibility for Complex Safeguarding chairs the Modern Slavery group which is well represented by statutory and voluntary and community sector organisations. The CSH are also working with Operation Vulcan, the current Police response to exploitation happening in Strangeways area of Manchester, to ensure clear pathways and support offers for victims of exploitation and modern slavery identified through the Police work.

- 1.11 The social work team provides advice and guidance to a range of professionals via our consultation line as well as representation at key decision-making forums including Edge of Care Panel and Missing from Home Panels. The CSH maintains strong links with the locality social work teams and Cared for Children teams to inform best practice including regular briefings, joint supervision, mapping high risk children and input onto the ASYE (Assessed & Supported Year in Employment) programme.
- 1.12 The social work team within CSH attend strategy meetings and joint visits, provide advice on safety planning and issues of exploitation and write a plan of the work they are undertaking and ensure this is inserted into the child's overall plan. This has a clear focus on desired outcomes and any review will be focussed on evidence of impact.
- 1.13 Partnership work with schools and education colleagues is effective and includes delivering briefings at Designated Safeguarding Lead sessions, attending team around the school meetings, and facilitating 'Bridging the Gap' cluster sessions. The link with education has been further strengthened with a seconded Senior Social Worker from the CSH based within the Alternative Provision Taskforce.
- 1.14 There is a well-established Early Help Team in the CSH who provide support and a range of interventions for families. The team have provided long-term and consistent support for children and families in complex situations involving a range of risks and have supported and shared the learning and approach with the three Early Help Hubs based in the localities. The team provide parenting interventions and support and have supported young people to remain in their communities and to educate and inform parents on new and emerging exploitation issues
- 1.15 The CSH benefits from the skills and expertise provided via the Trusted Relationships clinical psychologists who support multi-agency case formulation and provide regular training and consultation. This informs our planning and ensures the approach to our work is trauma informed and child focused.
- 1.16 We have strong links with Youth Justice who contribute to daily risk meetings. This link has been strengthened with joint audit activity, sharing best practice and joint supervisions. We continue to work with Adults Services to develop an effective complex safeguarding transitions pathway. Evidence from case studies has shown the benefits and improved outcomes that can be achieved from a co-located Complex Safeguarding Adult Social worker based within the CSH.
- 1.17 Links with Education Services and schools have been strengthened through delivering a "team around the school" approach, where there have been specific issues within a school setting. In these situations, social workers from CSH have met with schools and provided guidance and support, in some cases supporting school staff to engage with parents. This has been positively received and will continue to be an ongoing offer from the CSH. There are working links with the PRU (Pupil Referral Unit), and we have a complex safeguarding senior social worker based at the PRU. The senior social worker offers support, guidance and helps the PRU undertake safety planning, including working with children and families to identify and build safety when there are exploitation and serious violence risks.

2 Partnership Arrangements

At the end of March 2023, the Complex Safeguarding Hub was made up of the following partners:

2.1 Children's Services:

Strategic Lead Complex Safeguarding x 1

Social Work Team:

Team Managers x 2

Senior Social Workers x 2

Social Workers x 7

Missing from Home / Care Team

MCC MFH (Missing from Home) -

Team Leader x 1

MFH workers x 5

Missing from Care Team - The Children's Society

Service manager x 1

MFH workers x 4

Early Help Team (providing specialist support to carers/ parents)

Team Leader x 1

Early Help practitioners x 4

2.2 Health

Health - 1 Senior CSE Specialist Nurse

1 Trusted Relationship Clinical Psychologist (2 days a week)

2.3 Greater Manchester Police

Current Staffing within the Complex Safeguarding Exploitation Team:

Detective Inspector x 1

Detective Sergeant x 2

Detective Constable x 10 (currently 4 vacancies)

Police Constable x 4

Investigative Assistant x 1

Operational Support Officer x 1(current vacancy)

2.4 Adult Services

Adult social worker, 1 day per week in the CSH, 4 days per week in Adult MASH (Multi Agency Safeguarding Hub) with close links/connectivity to the CSH.

2.5 This report includes addendum reports from key partners within the Complex Safeguarding Hub highlighting delivery of activity during the year.

3 Governance, Accountability and Assurance Arrangements

3.1 There are robust governance arrangements in place, and our quality assurance activity is multi-layered with reporting to numerous partnership boards. The CSH contributes to Manchester's Quality Assurance Framework which requires quarterly audit activity and

practice observations involving social workers, Team Managers and Service Leads. 'Closing the Loop' activity in relation to this is overseen by a member of the Children's Leadership Team who meets with the Assistant Director and Service Leads and Team Managers to review outcomes from audit and other activity and evaluate progress against agreed actions. Performance reports are also prepared monthly for scrutiny and oversight by CLT and are followed by Accountability Meetings with Deputy Director.

- 3.2 The Service Lead provides quarterly reports to Children Leadership Team as part of this framework covering quality of practice and evidence of impact and leads learning circles where there are areas of development identified across the CSH and wider localities.
- 3.3 A strategic priority and sub-group is Complex Safeguarding, this includes CSE and involves producing a quarterly performance reporting which reflects activity and performance across key agencies (health/NHS, Manchester City Council, Police and voluntary/3rd Sector Services). In addition, there are 2-3 challenge events held throughout the year and focus on key themes/areas of risk/concern. The Service Lead provides reports into the activity of the CSH at each meeting. The Service Lead and Assistant Director also attend the Children and Young People's Scrutiny Committee each year to present the annual report.
- 3.4 Our missing children are reviewed daily, and the Service Lead provides monthly reports and action plan on those most frequently missing providing senior leaders with visibility, reassurance of actions being taken and an opportunity to challenge the service provision for this small but high-risk number of young people. There is monthly dip sampling by the Team Managers and Service Lead and bi-monthly joint audits with the Children's Society on return interviews including the Missing from Home and Care teams.
- 3.5 Accountability and assurance on the effectiveness of the partnership work is scrutinised by the Assistant Director of North and Complex Safeguarding via joint governance meetings between the social work, Police and Health teams within the CSH ever six weeks ; the records of 2 young people are jointly reviewed, and feedback provided to individual workers on practice and impact and wider themes shared with the multi-agency team.

4 External Review

- 4.1 Manchester is open to external scrutiny and is a partner in Greater Manchester's Complex Safeguarding Executive. This involves committing to LGA and NWADCS peer reviewing activity and an annual cycle of auditing activity to inform learning, service and

practice improvement.

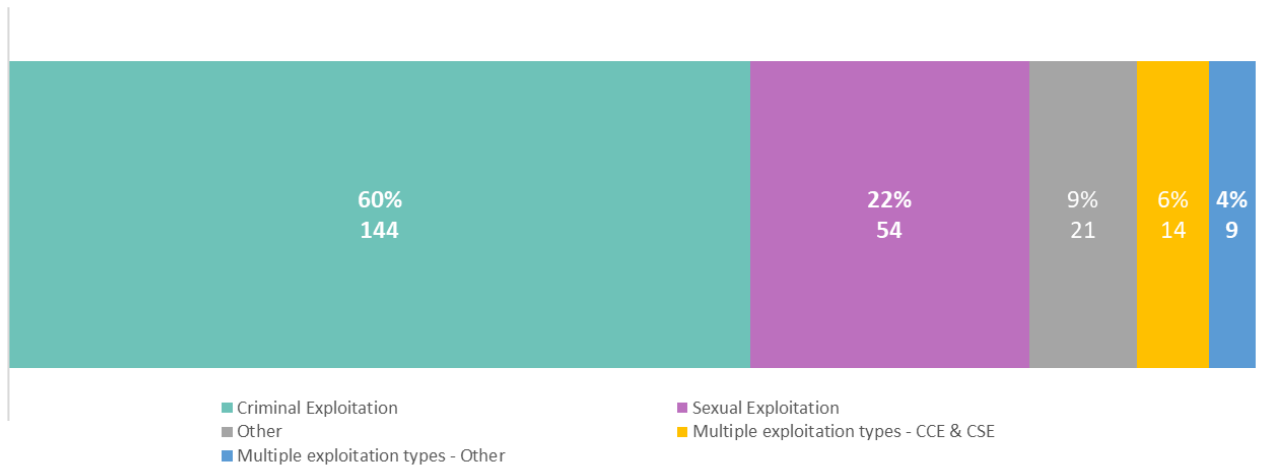
- 4.2 Greater Manchester Complex Safeguarding Peer Reviews have been undertaken in Manchester during 2019, 2020 and 2022. The reviews in summary highlighted a continued strength in partnership working and practice. This included social workers' knowledge and insight of young people's strengths and vulnerabilities, their adaptability in responding to children, their passion and positivity and use of strength-based language. In addition, reviewers found workers challenged other professionals to advocate on behalf of the young person and their family, recognising the complexity of their needs and the impact this had on their ability to engage with expected activities/daily tasks. Reviewers challenged the use of language that could provoke victim blaming responses.
- 4.3 Reviewers also noted good examples of joint working with Police to plan visits and disruption activity to cause minimum disruption to the young person and family. Joint supervision with locality social workers was evident in the recording and planning and there were good examples of Complex workers working flexibly to reduce number of professionals involved with a young person.
- 4.4 A comprehensive overview of feedback from the Peer review in 2022 and progress against areas identified for further consideration is attached as an appendix. 2
- 4.5 The Ofsted ILAC inspection of Manchester Children's Services, carried out in March 2022, was positive on the work of the CSH. The final report published in May 2022 said "Children who are being exploited or at risk of being exploited, and those who go missing from home, are supported from an early stage. Their risks are promptly identified, and support is provided through the complex safeguarding hub. Children are supported to build effective relationships with workers, and this contributes to assessments that are mostly thorough and inform children's plans. Direct work is helping some children to understand risk, although this is not always reflected in the child's written records. Workers in the complex safeguarding hub maintain a focus on reducing risk for children, and work well with other professionals when the child is not ready to engage in direct work."

5 Performance Data Overview and Analysis

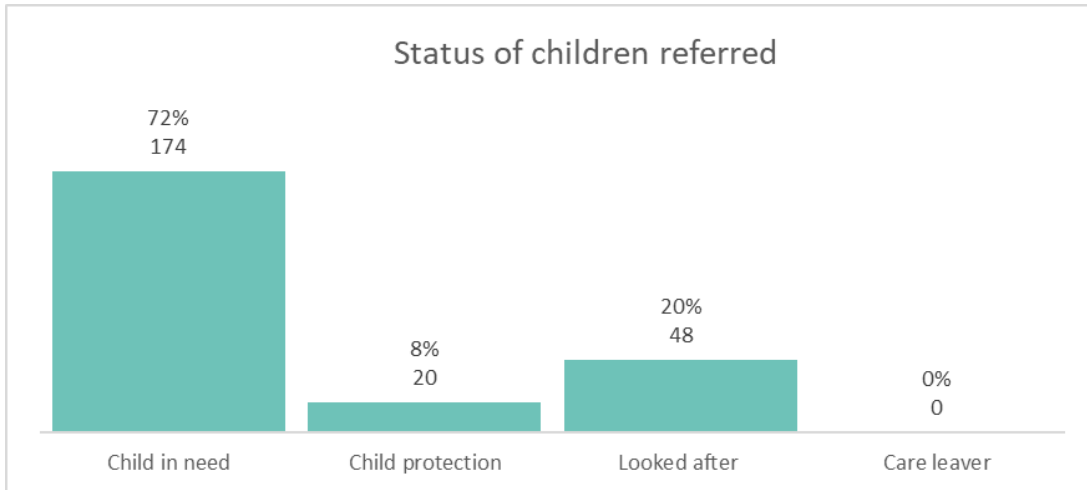
(The detailed data this section refers to can be found in the appendix.)

- 5.1 **Referrals:** Demand for a service from the Complex Safeguarding Hub remains consistent, with 242 children referred to the CSH in 2022/23. This is comparable to the previous year where 240 referrals were received. Regarding the nature of the referrals, 60% of the cases were related to child criminal exploitation, while 22% involved child sexual exploitation. The remaining 19% comprised various forms of multiple exploitation, including threats to life and harm caused by serious violence.

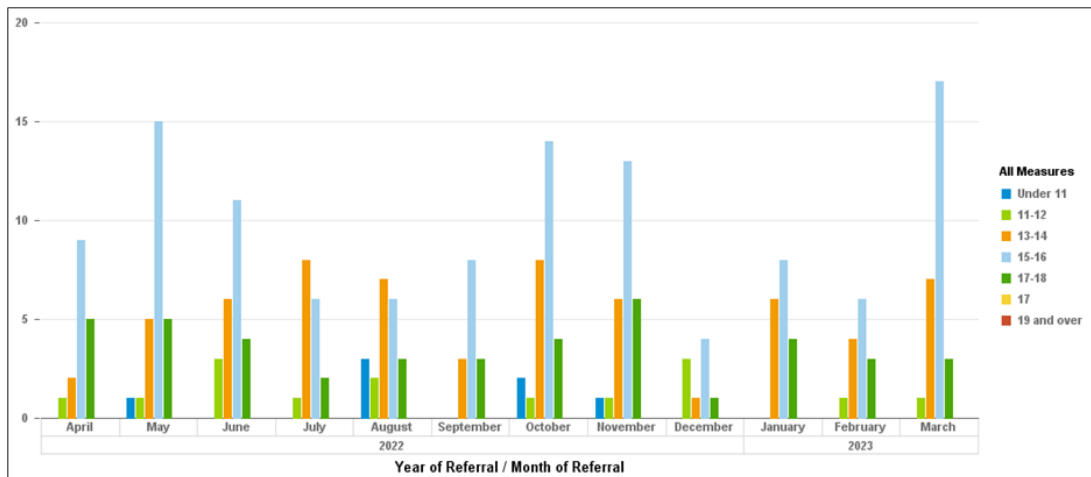
Referrals by exploitation type



- 5.2 An important observation as noted above is the gender disparity among the referred children, with 72% being boys referred in due to concerns related to Child Criminal Exploitation (CCE) and 28% being girls referred in due to concerns relating to Child Sexual Exploitation (CSE). Furthermore, only 3% of the referred children are girls with a black dual-heritage background, who are at risk of any type of exploitation. This discrepancy reflects the higher number of concerns related to CCE and Serious Violence. We have observed an over-representation of dual / mixed heritage and black heritage boys in concerns related to CCE and serious violence.
- 5.3 By contrast we have reviewed data and noted that we have limited number of referrals for Black, dual heritage and minority ethnic girls into the CSH and are concerned that the risk of exploitation for both CCE and CSE is not identified consistently for these girls at the earliest opportunity. To respond to this, we are working with Afruca to deliver and develop the Phoenix Project, a project which will be engaging Black, Asian and minority ethnic girls at risk of exploitation in 1:1 and group work, and to develop a voice to inform our service design and delivery and our awareness raising and training work. Afruca's expertise in safeguarding, cultural alignment and peer support will ensure alignment of the project and enable a wider reach.
- 5.4 A notable trend across Greater Manchester for all children is the decreasing number of referrals related to child sexual exploitation. Our shared hypothesis is that this is due to the hidden nature of sexual exploitation, as perpetrators are increasingly using online forums and social media platforms. Consequently, identifying and addressing such cases has become more challenging. Additionally, the risks of exploitation differ for girls and boys. Currently, we are delivering briefings to partners in Education and Health to try to continue to ensure they are alert to all signs of exploitation for either child regardless of gender, ethnicity and examine the role of their own values and biases. As noted above we can see a significant decrease in CSE being referred in to the CSH, and we ask all partners to consider the risk of all types of exploitation for all children as signs / behaviours can look different.
- 5.5 Tables below breakdown below sets out the characteristics of the young people referred into the CSH and then the caseload



5.6 **Caseload** The table below shows the age range of children open to Complex Safeguarding Hub at year end.



5.7 At the end of March 2022/23 there were 81 young people receiving intervention from the CSH, and it is of note that the largest cohort in terms of accommodation setting are those that reside at home with family (61), thus providing opportunity for preventative input and reduction of numbers of children becoming Cared For.

5.8 In March we looked at the qualitative data and observed when looking at the ages of the referred children, nearly half of them (48%) fall within the 15/16 age group, followed by 26% in the 13-14 age group, and 18% in the 17/18 age group. There is also an increasing trend of younger children being referred to the Hub, with 6% falling into the 11-12 age range and 2% being under 11. This trend is predominantly driven by their vulnerability to criminal exploitation and is a clear concern which impacts on how we work across the partnership to raise awareness and ensure good connectivity with partners working with this age group of children.

5.9 The data demonstrates some disproportionality in terms of referrals in relation to those young people from black and minority backgrounds. We continue to see more referrals for boys and in relation to CCE which currently incorporates concerns related to serious

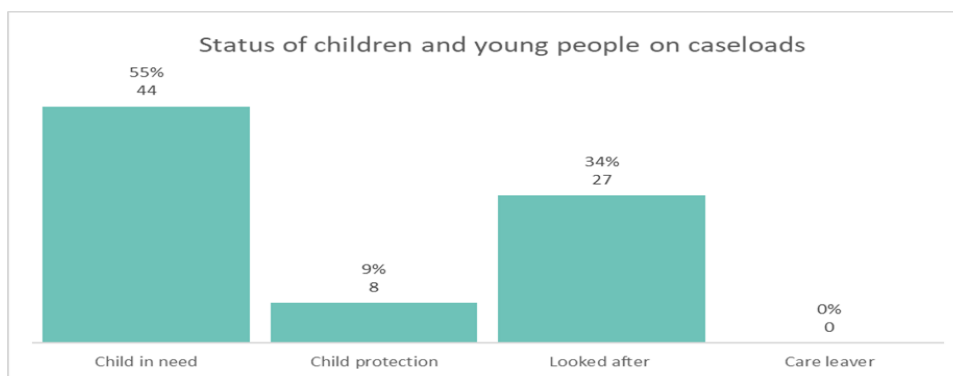
violence/ gang affiliation. 41% of children referred to the CSH have additional needs including special educational needs and learning difficulties.

- 5.10 Similar to the referral data, the caseload data showed that most young people, where there is a level of concern about exploitation, live with family. We also note significant numbers of young people who have additional needs, SEN (Special Educational Need) or learning disabilities and 31 of the cohort were attending PRU (Pupil Referral Unit) or other alternative provision and not attending any education provision at all. Therefore, it is important that we CSH have an offer in place through the Complex safeguarding social worker based at the PRU.

This has allowed wider reach for the CSH this has had in supporting children at low and high risk of exploitation. All children referred into APST are discussed with CSH specialist SW within a multiagency arena. This supports shared learning and assessment of risk resulting in the child continuing to access education, onsite where suitable. This has positively impacted on the attendance of 15 individual children relating to Serious Violence. Wider Manchester Secondary PRU Staff are upskilled in managing risk and considering context.

- 5.11 CSH SW promotes adequate safeguarding for children who attend the PRU with timely responses to appropriate pathways when immediate safeguarding is required. This enables immediate access to locality teams and complex safeguarding response, when a child needs safeguarding. Ongoing dip samples in CPOMS have highlighted training needs that are directly addressed and then delivered via APST CSH SW and partners. For knife crime awareness. Direct pathways between MSPRU & Police Investigations are set up. This impacts the level of adequate safeguarding. AGS and CSH are being appropriately utilised more by MSPRU staff.
- 5.12 APST CSH SW supports the development of PSHE lessons within MSPRU. This ensures a wider reach of education to all MSPRU children on subjects that can impact their welfare; Serious Violence, Joint Enterprise, Personal Safety Plans and Exploitation. Children can access advice and staff can identify indicators of concern during sessions leading to consultations. MSPRU staff are involved in delivery and are upskilled in knowledge.
- 5.13 At the end of 2022/2023, of the 81 children open to the CSH the largest category of exploitation continued to be CCE (32) of the 81 and there (32) open for CSE were 17 children open to the CSH experiencing more than one type of exploitation. The breakdown of legal status for children open is 41 CIN (Children in Need), 8 CP (Child Protection) Plans, and 30 cared for children.
- 5.14 The majority of children in the CSH were supported via Child in Need Plans (44) and just over a quarter (27) were Cared for Children. Only 8 were open to CSH while subject of Child Protection Plans. 67% of children were open to the CSH for a period of specific intervention of up to 6 months in duration, before a stepdown plan was agreed. Just over 24% remain open to the CSH for intervention for up to 12 months and this often can be to provide support with criminal prosecutions and specific transitions and 9% have remained open 1-2 years due to ongoing need for support and intervention from the CSH.

Status of cases open to complex



Equality, Diversity, and Inclusion

- 5.15 During the past year all council staff have taken part in Let's Talk about Race training, and through this have learnt about and contributed to discussions about themes including white privilege, tokenism, micro aggressions and unconscious bias. The feedback from the CSH workers was this allowed them to become more self-aware and reflect on their own values and bias. This enables them to focus on holistic experiences of young people and look at how structural systems and environmental, racism and discrimination impact on the young people we work with. This enables the CSH workers to actively challenge and support and to better consider the impact of this when carrying out assessment and intervention work.
- 5.16 In addition the senior social worker at CSH delivered cultural competence training for the social workers at the CSH to improve the quality of assessments. This training aimed to support CSH workers to consider holistically how different experiences of race and culture impacts on exploitation. This training is not a one off, casework continues to be audited on an ongoing basis and improvements have been noted.
- 5.17 At the CSH, we are aware that we need to continue to revisit the training and we are aware of the need to continuously challenging ourselves to look at whether the identity and cultural needs of a child are recognised and considered within plans and assessments. This is reinforced by listening to the child to ensure sound planning to be able to identify appropriate disruption and intervention. The CSH are strengthening our joint work with Youth Justice with the aim to strengthen our practice around CCE and serious violence impacting our children. We are having mapping sessions together and we have expanded joint supervision to include key partners. This is aimed at increasing practitioner confidence around working with children who are exploited, and support locality social workers to look holistically at children and their family's needs. The CSH are also delivering ongoing training and briefing to support Education and Health around recognising bias, victim blaming language and recognising signs of exploitation for all children.
- 5.18 Current data gathering does not look at identity, sexuality, and audit activity confirms we work with some children who identify as non-binary, transgender, gay and lesbian; we therefore need to address this gap. We have designed and delivered training to our partners and localities teams to support in recognising to identify exploitation signs for these children. This explores the use of importance of language and bias when working with these children and recognising the added risks of exploitation when exploring their sexual and gender identity, for example online grooming.
- 5.19 In CSH we are committed to ensuring equity, diversity and inclusion will continue to be a focus of the CSH's development. To address risks and holistic needs of a child we

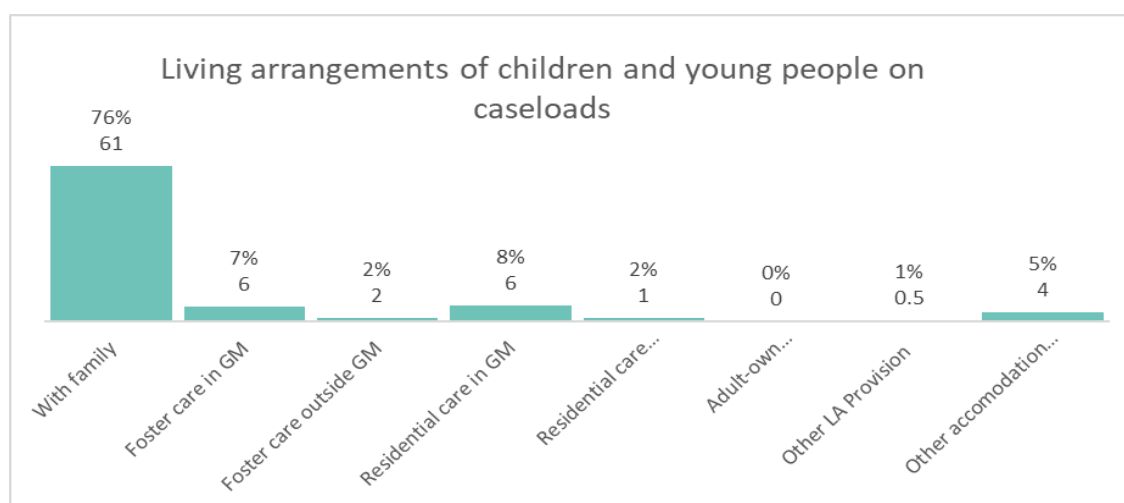
recognise we need to understand the child’s sense of identity and reflect this within our assessment and intervention and can build links with partner agencies such as AFRUCA a grass roots community groups to achieve the right support for our children and parents who are from Black, Asian and minority ethnic backgrounds.

5.20 CSH practitioners have become more confident at delivering cultural competence work and identifying how racial identity, religion and diversity impacts on the lives of these children. They have been able to appropriately challenge and support partners in reflecting on their own practice and address the use of victim blaming language and adultification bias of Black, Asian and minority ethnic children.

5.21 This work was recognised through our internal Quality Assurance Framework process. The Q3 Overarching Learning Report completed by the Learning and Development Lead acting as a ‘critical friend’ to services noted:

“CSH Social Workers, albeit in its infancy, are on a journey of understanding that cultural beliefs are part of the child's core that informs their identity, research tells us that identity impacts behaviour. Having a holistic understanding of the child's and families' beliefs, faith and related behaviors will increase further over the next quarter, and the impact will be demonstrated in sound planning identifying appropriate disruption and intervention. The child will also be given the opportunity to participate within their assessment, they will be encouraged to talk about their culture, share details of what makes up their core and inform of their experiences if they are living a dual cultural identity and access support to cope with this. This empowers the engagement and achieves the Golden Thread of Working with and not Doing To.”

5.22 Status of children on caseloads



5.23 The CSH consistently works with higher numbers of children living at home within their families and supported by child Plans. Analysis of case closures between 01/04/22 and 31/03/23 shows that at point of closure, the majority of children had remained at home throughout the intervention from CSH 1 child had returned home to their family during the CSH intervention through a successful disruption plan. Children who were cared for at point of involvement remained within that status. While this data is a broad snapshot it indicates success in supporting young people to remain at home where the risk of exploitation is significantly high and preventing the children becoming cared for.

5.24 Headlines in relation to outcomes achieved at point of closure to the CSH (139) in the 2022/2023 year include 73%, (66% 2021/22) re-engaged with education, employment,

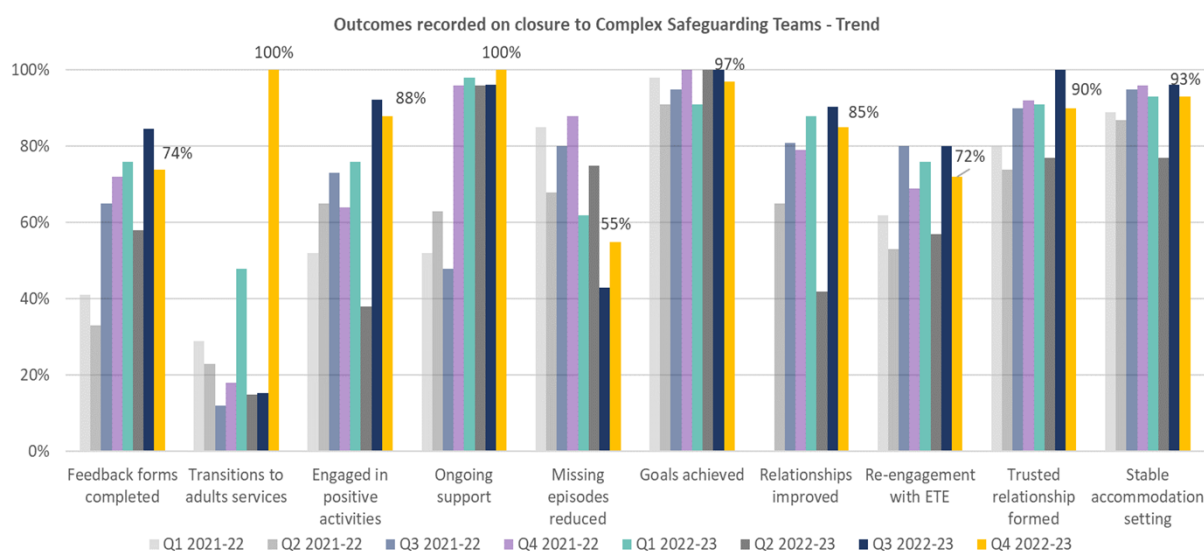
and training (an increase of 10.01% from 2021/22), and 91% were living in stable accommodation, which is comparable to last year. 60 % had seen their missing incidents reduce, and 97% had an agreed goal that had been achieved. 90 % of young people had formed at least one positive trusted relationship (84 % in 2021/22).

5.25 **Outcomes from some closures below from case audits:** These provide examples of tangible outcomes some of our children achieved, highlighting the positive impact this will have on their current circumstances as well as their futures. The accomplishments hold great significance for these young people many of whom have endured trauma and adverse childhood experiences.

One child, male aged 17, referred criminal exploitation achieved the following outcomes in a period of intervention from

- Referred to Career Connect
- 1-1 sessions with CSH worker on knife crime awareness
- Supported in family home
- Setting up work experience and now is working on a music project
- Making appropriate friendships
- 1 child female, age 17, referred concerns sexual exploitation developed an understanding of exploitation and understanding expectations in relationships.
- 1 child, male referred concerns about violence toward him, was supported to engage in college and completed 1-1 sessions in 'how safe am I' with his CSH worker. His family and young person felt listened to and be able to go back to collage changed his opportunities

5.26 The table below demonstrates outcomes from the work undertaken, which along with other assurance activities, show that we have been effective in building trusted relationship and improving outcomes for our children.



6. Quality of Practice

6.1 Feedback is important for our learning and to enable us to develop the service in a child centred way. We aim to gather feedback from all young people we work with. Feedback rate from children was improved this year and we gathered this for 73% of closures; this

was 53% in 2021/2022 so a significant increase of 37.74%. The feedback shows us that children say they have felt heard and valued, emphasising the importance of this approach for all social workers.

- 6.2 One example of feedback received was from a child where there are concerns of serious violence and CCE. His CSH social worker advocated for this child in court and was able to provide context to his situation that the child could not verbalise. Due to this intervention the child was bailed as opposed to receiving a custodial sentence which would have impeded his opportunities to achieve positive outcomes.
- 6.3 The child's feedback to his CSH social worker was 'thank you so much for listening and sticking up for me.'
- 6.4 The example below is from a child subject to CSE. She took the time to write this about her CSH social worker:

*'She seen me when I was going through one of my hardest times in life and as much as I was a bit f**cked she stuck by me and helped me get out of the little faze I was in. Yh I had a very good relationship with her. I think that no matter how moody I was she wasn't like anyone else she understood why I was like that and left me she never judged me for who I was were as people who I've worked with in the past did. I've had a massive change in the person I am today. I went from going missing every night from taking drugs everyday being in a really rubbish relationship does not know the person I was and literally coming to points where I didn't want to be here. From the very lowest parts of my life to me now finally having a job to having my own flat not doing drugs no more to not drinking no more no more missing person reports or worrying that's what was happening to me. And I'm so grateful she came into my life and changed the parts of myself I hated about myself. I'm so happy with how fair I've come finally in a happy relationship not being treated how I got treated. And if it wasn't for xxx I don't think I would have found myself as a person sooner if I didn't have her. I wouldn't change anything about the support I've had.'*

6.5 Further examples of feedback received from children are included below:

- From a 17-year-old Asian British boy with Pakistani heritage referred into CSH after he was a victim of serious violence. He was allocated a CSH Social worker who completed an intervention. On completion of the direct work his feedback was that he had a positive relationship with his CSH social worker. He said he felt listened to and treated with respect. He felt safe and able to talk to his CSH social worker. He said that after working with CSH he *"feels more confident and it helped working with J"*
- This child is a 17-year-old black British male with Gambian and Jamaican descent who was a victim of child criminal exploitation. AG said that he had a good relationship with his CSH social worker who he described as "really nice and helpful". He was supported to get a bank account, email address, ID, universal credit claim and national insurance number. AG said that this was a "big weight off (his) shoulders to have what everybody else has." AG said that he felt like that this helped him to achieve some independence.
- From another young person - "You are amazing at your job, thank you".

6.6 **Case studies that demonstrate the impact of our interventions** (all names are anonymised)

Child's story- Serious Violence

Ibrahim and his family are not previously known to Manchester Children's Social Care.

Practice story

The children social worker completed a referral to the CSH due to concerns in relation to the disclosure Ibrahim had made that a 'gang leader' his words, is making threats to his life related to a mutual friend. The referral outlined that Ibrahim had been drawn by a friend into a scenario where he met other young people in a car park to complete a deal to exchange money, they were then attacked by baseball bats and threaten, and money was demanded from him in future, or he would be attacked again.

Through one-to-one sessions taking place the CSH SW and Ibrahim were able to build a relationship of trust and explore the exploitation risk. This included different stages to recruitment and linked some of these with his own experiences. He completed the "how safe am I toolkit" which concluded as low risk. The complex safeguarding social worker felt that Ibrahim and his family engaged meaningfully in the intervention. Safety planning was undertaken which supported him to change his number, his social media account, and had informed the college and work together with his family to keep him safe.

Childs views

Ibrahim was grateful to Complex Safeguarding social worker for supporting and listening to him and was happy to engage he was able to say how he would try to protect himself from exploitation risks in the future.

Practitioner views

I felt a was able to work with both Ibrahim and his family to identify risk and keep him safe in the future. I used a specialised tools to support my practice and felt at the end of my involvement that I supported Ibrahim to make different choices to help him stay safe. This was a positive outcome.

Child's Story CSE

Gina is a 12-year-old girl at point of referral. There were concerns she was being groomed by a 25-year-old male family friend and boyfriend of older sister. Concerns included he was buying items for Gina and ongoing sexual abuse.

Practice Story

Over a period, the CSH SW developed a positive working relationship with Gina who began to open and share her worries after initially being guarded. The CSH SW and allocated CSH Police Officer's approach was victim and child focussed. Over a period, Gina was helped to understand how she had been groomed and exploited. She disclosed further evidence of sexual abuse of Gina and was able to have ABE interview leading to the arrest of the perpetrator.

CSH provided support to Gina ensuring disruption and safety plans were in place and regularly reviewed. The parents who have learning needs were supported by an allocated

CSH Early Help Worker, using the Think family approach. This dual approach was beneficial and subsequently reduced the risks to Gina as supported parents with parental advice and support. They were supported in a bespoke way which took into consideration their own learning needs to understand issues that compromised their ability to safeguard.

In addition, Gina and her parents were supported by CSH to understand the court process and potential trial to be able to support Gina and provided them with reassurance once the male was placed in custody.

Child's voice

Gina and her parents have shared positive feedback - that despite being extremely hesitant about our involvement they have been supported to understand more the risks to their child and it will help them protect her in future and keep her safe. Gina has said she felt she gets on with her CSH and this will help her with get through the trial.

Next Steps

Having completed work with Gina and promoted her parents understanding of exploitation, CSH will end its current involvement.

Practitioners Voice

CSH SW and her CSH colleagues believe they have made positive change for Gina. They appreciate the positive working relationships they developed with Gina and her family enabled a better outcome for Gina now aged 13. All have also benefitted from a multi-agency approach and working together.

6.7 Quality of Practice – Audit Headlines.

Quality of practice is assessed through our Quality Assurance Framework. There was a total of 8 audits were conducted from March 2022 to March 2023. Out of these, 3 were rated as good, 1 Audit was rated outstanding, and 4 rated as requiring improvement.

The audits demonstrated examples of well-coordinated work with localities, Youth Justice, and Health were observed. The work completed by CSH was child-centred, with clear safety planning for the child. The focus of the intervention was on reducing risk for the child, and there was evidence of management oversight and joint supervision. Plans for the child emphasised disruption exploitation and raising the aspirations for young people. A whole family approach was adopted when necessary. The files indicated a clear analysis of concerns and next steps.

Areas for learning and improvement were identified of note there were some delays in the CSH assessment being completed within timescales. In addition, the consistency of joint supervisions was varied and when a CSH worker, could not engage with a particular child, we need to think more carefully about whether the workers are right fit for a child.

CSH has seen an improvement in assessment timescales, ensuring a clear plan for the child. Joint supervision has now been expanded to includes Youth Justice. This will support joined up plans for a child, key to successful intervention and outcomes.

7 Children Missing from Home and Care

- 7.1 The CSH has responsibility for ensuring that the statutory responsibilities for children who go missing from home and care are met. Arrangements for this in Manchester are informed by the document 'Statutory Guidance on Children who Run Away or go Missing from Home and Care' (Department of Education, 2014) and by the Greater Manchester Runaway and Missing from Home and Care Protocol.
- 7.2 GMP provides Children's Services with a list of any children who have been reported missing each day and the CSH is responsible for ensuring that each child is allocated a worker to undertake an Independent Return Interview (IRI) within 72 hours. The IRI needs to be carried out by someone independent from the child and from the care they receive whether at home or in another setting. Those children residing at home will be allocated a worker from the Missing from Home Team, while Our Children will be visited by a team member from the Children's Society. Information gained from the interview, along with any actions taken, are recorded on the child's record, and will be used to build an understanding of the child's views, wishes and feelings and to inform planning for the child.
- 7.3 The Team Leader from the Missing from Home Team and a social worker from the CSH attend each of the fortnightly Missing from Home Panels taking place in the locality and cared for services, chaired by service lead. This is ensured that the views of the children obtained during the interviews are considered in that forum. Allocation of IRIs works on the principle of continuity of relationships for a child. The IRI provides an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home. The CSH have supported mapping sessions with partners where we become aware of groups of children missing together. Sessions have taken place in the central, south, and north localities. and across L/A boundaries with a group of children from Trafford, Stockport and Manchester identified as frequently missing together. These bespoke sessions offer advice and guidance to partner agencies and ensure there is information sharing and consistency of approach to children who have been reported missing. We have discussed county lines, looks at patterns of MFH to support disrupting the exploitation
- 7.4 The City of Manchester Single Point of Contact for GMP (SPOC) for missing children is based three days within the CSH. The SPOC retains close connectivity, providing the daily update, attending strategy meetings where required when children have been missing and is the police representative at the cared for Missing from Home Panel. Strong multiagency partnership working underpins the work of the panel and this ensures there is a collective response and accountability for children who go missing.

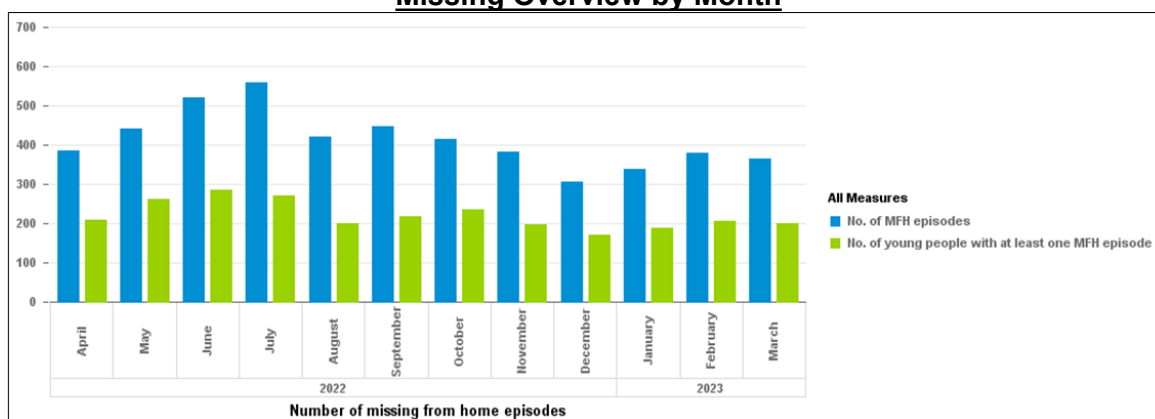
Missing Data for 2022/2023

- 7.5 The tables below demonstrate the numbers of missing incidents reported during the year, and how many young people these are related to. This demonstrates that we have a recurring cohort of young people who are missing one or more times. In 2022/23, there were 4958 in relation to 1381 children. This is an increase of missing from home instances from 2021/22 when there were 4,280 missing episodes reported that related to 1,353 children.

	2021/22	2022/23
Instances of young people reported as missing from home	4280	4958
Number of young people reported as missing from home	1353	1381

- 7.6 Each month any young person reported missing 5 or more times are reviewed and the multi-agency practice and planning in relation to each child and senior managers briefed; this provides managers with oversight and an opportunity to support and challenge the service provision for these young people for whom risks are high. Often the young people have multiple vulnerabilities and complex issues, and a well-co-ordinated multi agency plan with a trusted relationship for the child at the core is essential.
- 7.7 There have been good outcomes achieved with our children with a reduction in persistent missing for some of the frequently missing young people. Most of the children who go missing regular are open to CSH demonstrating the need and the complexity and vulnerabilities of these children.
- 7.8 It is noted that the biggest cohort of children reported missing are those that are open to service under Child in Need, then children who are not open to Children’s Services, Cared for Children and those who are on Child Protection Plans. This reflects the wider trend in relation to all children receiving services from the CSH.

Missing Overview by Month



Independent Return Interviews

- 7.9 Our practice in Manchester is that each Manchester child reported missing is offered a Return Interview (IRI) and audit provides assurance that this is happening routinely by both Manchester City Council (MCC) and The Children’s Society (TCS) Missing Teams. Overall, audit and dip sample activity demonstrate good practice. Allocation of IRIs works on the principle of continuity of relationships for a child. The IRI provides an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home. The MFH workers and the TCS workers also attend planning meetings, reviews, and child

in need planning to share the views of the child to inform planning and support the child. They also offer parenting support when parents require this intervention.

7.10 There are often concerns about the links between children running away and the risks of sexual and criminal exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse, trafficking.

7.11 Data Summary 22/23

	2021/22	2022/23
Number of episodes where an interview was offered	3189	3560
% of interviews offered	87.73%	84.69%
Number of episodes where an interview was accepted	2642	2976
% of interviews accepted	82.85%	82.94%
Number of episodes where an interview was declined	533	567
% of interviews declined YTD	16.71%	16.56%

	2021/22	2022/23
Number of missing episodes with IRIs completed in 72 hours	2105	2226
Number of missing episodes with IRIs completed	2704	3040
% with IRIs completed in 72 hours	77.85%	73.22%

7.12 There were 2976 IRIs carried out during 20221/2023 and timeliness of return interview is good with overall 73,.22 % of IRIs were completed within 72 hours. While this does mark a slight decline from the previous year, audit activity shows that where there are delays this is purposeful and due to either children's circumstances (for example being in hospital, custody or missing again) or to provide best possible response to a child – for example to visit children at a time that they have suggested works best for them, or to ensure the IRI is carried out by a worker they already know and are happy to meet with.

7.13 There were 16.56% interviews declined this year by children. The statutory requirement is for children to be offered the interviews and while it is within their right to decline, the teams work hard to encourage take up. These numbers declined include those for children aged 16 and 17 residing in supported accommodation who were with friends and/ or family as opposed to missing and this is an area, we are currently working on to avoid these children experiencing unnecessary IRIs and Police visits. All missing incidents for children who have social workers are reviewed by their social workers who will also carry follow up conversations with the children in relation to these; they will also ensure relevant safeguarding work has been carried out including the arranging of strategy meetings and safety planning as appropriate. For children who do not have social workers, their missing reports are screened by our Advice and Guidance social workers who will make enquiries to determine if there is any outstanding need for

offer of preventative support of for an assessment to be progressed. In addition, missing reports will be reviewed at our regular Missing from Home Panels.

- 7.14 Missing from Home Panels meet fortnightly in each locality and the Cared for Children Service. MFH panels are chaired by a Service Manager and have standing attendance from a range of partners including GMP (Greater Manchester Police), Health, Youth Justice, Safeguarding Unit, Education, PRU, Early Help, Complex Safeguarding, Children's Society, and virtual schools. Representatives from the CSH attend each of the fortnightly Missing from Home Panels to ensure that the views of the children obtained during the interviews are considered in that forum. As well as the standing panel members we ask the social workers to invite any professionals they want to give advice bespoke to the child.
- 7.15 The MFH Panel is a forum for partnership information sharing, risk assessment and safety planning. MFH Panels provide an opportunity for multi-agency information sharing and review of arrangements to reduce missing incidents and promote diversionary positive activities for young people. There is a focus on an early response to avoid concerns escalating and there are a range of interventions available to offer young people at this stage including access to local youth services, one to one work with The Children's Society, parenting support for parents through our commissioned Parenting Support offer delivered by The Children's Society, and referrals into the Unity Radio project. This is a project building aspirations and self-esteem for young people through developing skills to enable them to create and produce their own radio show at Unity Radio Station based at Media City. (See Appendix)

Audit and Assurance Activity - Independent Return Interviews

- 7.16 To ensure continuous learning and improvement in practice the Missing from Home Team and The Children's Society contribute to the Quality Assurance Framework and undertake monthly dip samples and bi-monthly peer audits to support joint learning and development and a shared understanding of what constitutes good practice.
- 7.17 MFH return interviews have continued to improve in quality, and following adjustments made during the global pandemic are now routinely offered face to face. Auditing evidences that wider 'think family' approaches are used with increasing onward referrals to services such as TCS parenting offer, Afruca and Early Help are increasing
- 7.18 Areas of good areas of practice identified from review of IRIs include evidence of practitioners' ability to discuss safe and well information with children, and good evidence of child focussed practice. This demonstrates workers' abilities to start good conversations with children. There was a real sense of the child's voice in the majority of the IRIs reviewed, and appropriate consideration of risk of harm. The IRI offers both support and protection to a child.
- 7.19 The TCS and the MFH Team staff are confident to make referrals through AGS (Advice & Guidance Service) and share the relevant information within a multi-agency setting when they note a safeguarding concern. TCS offer drop-in sessions at our supported accommodation sites and attend children's homes regularly to support the building of positive relationships with children living there.

- 7.20 In addition, good partnership working is identified with schools and district social workers with The Children's Society and the Missing from Home workers. An example of this is when a child who remained missing had informed his mother that he did not want her or the police to locate and return him home but wanted a specific MFH support worker to do this. The MFH Team worker went out to look for him and was able to return him home safe and well.
- 7.21 A real strength identified through dip sampling was that the records demonstrated the young person's voice throughout and offer follow up support to the young people. The IRIs also showed conversations around safety planning, and other areas of a young person's life, such as placement/ friends /education and not just their missing episodes. This establishes a wider picture of what is going on for the young person, to identify any risks and to ensure enough support is in place and to help understand push/ pull factors that may be impacting on missing incidents.
- 7.22 Manchester's approach and response to missing children is currently being reviewed and refreshed ahead of a relaunch of our Manchester Missing from Home and Care policy. This has been informed by the feedback we have received from children and young people and by a detailed analysis carried out by our Performance and Insight Team in Nov 22 to help us better understand the data related to missing children. This showed that there were disproportionate numbers of young people reported missing who were living in supported accommodation, and that small numbers of children going missing frequently were generating a large part of the overall missing episodes (for example 22 young people had generated 25% of the total number of missing episodes in a year). When we looked at the 22, 15 (68%) were living in supported accommodation settings and there were examples when these young people had been reported missing when in fact their whereabouts were known and they were late returning but had advised of this. This fed into the feedback young people gave in relation to missing episodes: they often did not perceive themselves as having been missing particularly if late for a curfew and having advised staff of their whereabouts.
- The policy is being adapted through working with young people and key partners including Police, providers and TCS to ensure safety for our children whilst allowing our cared for children to be treated like other children of a similar age, looking for independence. Key to this is the current development of a document that will be formulated between child, social worker and carer to include key information, safety plan and risk assessment and be used in the event of a child going missing.
- 7.23 We want this Manchester protocol to reflect not only the potential risks and needs of young people when they are missing from home and care, but also strengths they have within their own selves and wider networks. Central to this is listening to the views of young people who are cared for that they want to 'feel normal' and be treated as you would your own child as a parent by building trust, asking questions, checking whereabouts for example.
- 7.24 The plan for the child should be bespoke and focus on the child's individual needs ensuring the right intervention and plans in place for the child.

7.25 Missing from Home case study- Missing from Home Worker

Child's Story

Ellie aged 12 (name has been changed) was allocated following her climbing out of her bedroom window and going missing. She returned to her home address of her own accord later that night.

Mum's Voice

Ellie's behaviour is not the best. After she climbed out of the window she went straight to her auntie's house where she is staying for a while to give her and mum a break from each other.

Practice Story

Ellie did not have Children's Services involvement at the time of her being reported missing. The MFH Worker visited Ellie in school to complete her independent return interview.

Child's Voice

Ellie disclosed that her step mum, mum's partner, was very aggressive towards Ellie and she had some bruises and what looked like finger marks on her legs where she had been grabbed.

Ellie stated that step mum slammed her against the stairs, and she cut her back. Ellie said she had told her mum, but she said she was lying. Mum told Ellie not to tell anyone as she would not be believed, and she would get taken away. Ellie also had what looked like flea bites on her legs which she said were from the cats and that her home was dirty, and the cats were allowed to go to the toilet in the house.

Ellie also stated that her little brother had taken an overdose of 20 paracetamol, but mum did not tell anyone because she was scared, he would be taken away. I informed Ellie that I would pass on the information she had told me so we could get some support for her. I advised Ellie that if she is ever scared at home to go to her aunties who lives round the corner.

Next Steps

MFH Worker made an urgent referral to AGS (Advice & Guidance Service). A multi-agency strategy meeting took place and social workers visited with Police that evening. Step mum was asked to leave the home and not return and was arrested the next day. Ellie was safe and stayed with her auntie for the time being. She attended a medical which concluded her bruising was non accidental.

Parental feedback

Mum was advised of outcome of CP Medical without going into details as this could hinder the ongoing police investigation. Mum agreed that she nor the children would have any direct contact with step mum. She was upset by the allegations Ellie made and denied that either she or her partner have caused Ellie any harm.

Practitioner 's Voice

This was a vital piece of work to safeguard Ellie. Ellie was very brave in disclosing the information in what was a very scary situation for her. I told her

that she had been very brave in telling me and reassured her that I would get support in place as a matter of urgency.

8. Wider Impact of the Work of Complex Safeguarding Hub

8.1 Joint Operations:

The Complex Safeguarding Hub aims to reduce risk and to disrupt and prosecute perpetrators of child exploitation. The examples set out in the appendices from our GMP colleagues in Complex Safeguarding Hub, set out some of the operational work that has taken place during the past year and the impact this has had on disrupting exploitation. The joint operation activity demonstrates the partnership response that delivers effective, timely responses to child exploitation concerns.

8.2 Case Studies: Complex Safeguarding Social Worker that demonstrates disruption activity

Cole (anonymised) is a 14-year-old boy, The family have been known to Children's Services since 2014 due to domestic violence perpetrated by father against mother. There was a period of child protection planning. Cole has ADHD (attention deficit hyperactivity disorder) and is not currently taking any medication and vulnerable to exploitation, given his adverse childhood experience and impulsive behaviour,

Practice story

Cole was referred to Complex Safeguarding Hub in December 2022. He started going MFH (Missing from Home) for extended periods days. Cole was being groomed by an adult male. Cole believed (and still does) that the male is his friend. Cole had indicators of grooming as he was going missing and returning home in expensive clothing. Cole disclosed to a youth worker that he and his friends has spent time in houses that belong to older people in the community, his description indicated that Cuckooing was taking place.

Cole was assessed by CSH as high risk and allocated a police officer in the hub. A joint disruption plan was put in place immediately. A child abduction warning notice (CAWN) was issued to the adult male grooming Cole. Police were able to arrest and then remand the male due to other offences not linked to Cole. This disrupted the exploitation and subsequently MFH reduced, and he re-engaged in education. Partnership working included Mapping meetings with Trafford and Manchester Children's Services and Police, to have a cross border disruption plan,

Cole's missing from home started to increase again when the perpetrator was released from custody, and this placed pressure on the family. Cole became cared for missing episodes continued to increase. There was a joined up working with the locality Team supported a plan to get Cole back to his family and community.

The probation officer for the adult male began to work with CSH team around Cole and police increased visits to the adult man which uncovered a breach in his license, and he was re-arrested. During the arrest, Cole was present with the man and police were able enforce for child abduction notice. Cole was returned home and has not been missing since the arrest.

Impact

Cole is now back in education and has a positive relationship with his Complex safeguarding Social Worker and Complex Safeguarding police officer whose visits to Cole are ongoing are continuing to support

Next steps

Direct work will be completed with Cole to support him understand and unpick what has happened to him. Child in need planning is to continue which incorporates CSH intervention to ensure Cole has one multi agency plan to achieve safety goals.

Childs voice

Cole understands why Children's Services are involved and the role of a social worker due to past involvement, however he does not feel that he requires a social worker or agrees with the concerns about him being exploited / groomed.

Practitioner's voice

The joint working between locality, police and partners has been excellent, and information sharing has been regular and consistent, and this has allowed us to understand the mikes' situation his vulnerabilities and work together to disrupt the exploitation.

8.3 **Awareness Raising and Training:**

The Complex Safeguarding Hub has a key role in awareness raising and training across the partnership so that young people's experiences of exploitation is better understood, and risks identified at the earliest opportunity. Key themes in these sessions always include the importance outreach interaction we have with young people, avoiding victim blaming language and planning, and understanding the impact of trauma. We incorporate into every session we deliver the key learning from the work we are doing including historic incidents of child sexual exploitation undertaken via Operation Green Jacket. We are committed to ensuring all learning from this informs current practice. Within the past year, the voice of the child has been sought to better understand the experience of 16/17 year old children when they have been reported as missing. What our children told us informed training delivered across the localities to improve children's experiences and this has led to the MFH Protocol in the process of being refreshed. The Complex Safeguarding Hub has delivered a presentation to the GP Safeguarding conference about raising awareness of CSE, to support links and referrals.

- 8.4 To response to the lack of referrals for CSE in October 2022, the CSH completed a "Week of Action". The focus was addressing the reducing numbers of referrals for concerns of CSE and to raise awareness of child exploitation. We chose to have a particular focus on child sexual exploitation and delivered briefings, training and awareness-raising sessions to a wide range of partners, children, parents and within the community.
- 8.5 We worked with city centre partners to deliver place-based awareness training and offered training to local businesses, such as hotels, shops, and restaurants. This led to the additional funding been granted for Afruca Home Office funding to deliver a project focussed on the exploitation of young women and girls as noted above.
- 8.6 In response to signs of children being exposed to exploitation at a younger age, the CSH led a second Week of Action from 20 March 2023 – 25 March 2023. The focus was education and risk of exploitation for Year 6 / 7. The CSH designed and delivered a lesson plan for children in 6 schools, delivering the lesson plan to 287 children. We also shared learning with partners to raise awareness of exploitation, including 13 Police Teams which included 70 Police officers, 11 school nurses and 80 Teachers. This demonstrates the drive to ensure there is continuous awareness raising across the partnership to support early identification and response to exploitation indicators, particularly in relation to younger children in recognition of some of the referrals received for the primary and early high school age group.

9 Feedback from designated safeguarding leads following the sessions:

- *Feedback received from partners was consistently positive, one example from a designated safeguarding lead being 'the scenarios used with the pupils were appropriate and engaging, raising many questions and opportunities for discussion. It was excellent throughout.'*
- Many thanks for organising the workshops for our Y6 pupils.
- The scenarios used with the pupils were appropriate and engaging, raising many questions and opportunities for discussion. It was excellent throughout.

9.1 Feedback from GP sessions

I would like to reiterate a **huge** thank you for all your help and contributions to yesterday's event. Despite overrunning and significant technical problems 😊 the feedback has been excellent and very appreciative. The content, quality of presentations, and learning was fantastic.

9.2 Positive Activities

The CSH works collaboratively with a range of services to support opportunities for young people to achieve their aspirations and engage in positive activities.

Unity Radio

The CSH has been supporting Unity Radio's, **New Talent Academy**, *Real Life Learning* which is providing Vocational education, training, and pre-employment provision for young people from Manchester by providing accredited creative media courses followed by training at Unity Radio, The Real Sound of The City. The training and work experience results in significant increases in confidence and self-esteem giving the learner new choices and decisions to make regarding behaviour and future pathways. This is because skills learned in the classroom and practically implemented.

A detailed annual report from Unity radio is included in the appendix

Manchester Community in the City.

Manchester's CSH have developed strong links with MCFC's City in the Community (CITC), who provide regular sessions throughout across the city for children and young people aged between 8-19years at risk of being exploited and/or affected by Serious Violence, either as a victim or perpetrator.

In addition, many of our young people have benefitted from bespoke one to one mentoring delivered by CITC. These sessions are held in various settings, e.g., school, community Centre, local park or gym.

Referral pathways such as City Careers and BTEC Programmes are available to those young people who are looking for training/employment.

Young people are referred into the programme & are individually risk assessed and have a personal development plan catering to their specific needs and circumstances with the overall view to transitioning the young people into positive activity either with CITC or through an external partner.

The Phoenix Project

The Phoenix Project aims to support young women and girls at risk of exploitation across Manchester with a focus on Black, dual heritage Asian and minority ethnic girls. This three-year project is funded by the Home Office via Manchester City Council and is delivered by AFRUCA. AFRUCA are a charity working in UK Black and Ethnic communities to protect and safeguard children from abuse, modern slavery, and exploitation. This project will employ an Empowerment Approach to support young women/girls to address intersecting issues affecting them and their well-being that puts them at risks of abuse, coercive control, gang manipulation, grooming, exploitation. We see limited referrals into CSH for Black, dual heritage, Asian and minority young girls. This project will reach those girls and use 1:1 work and group work to support and empower them; our hope is that ultimately these girls will be well placed to shine a light on how our own service delivery can be equitable and reach all children within our communities.

9.3 Working with Partners

In 2022/23 we have worked hard to provide support, advice, and guidance across the partnership to raise awareness regarding the risks of exploitation and increase the skills and confidence of practitioners in identifying exploitation concerns and supporting children and families to reduce risks. We have worked hard to champion the child and share the knowledge and expertise of the CSH. Increasing knowledge, confidence and skills leads to robust multi-agency assessment, planning and intervention which drives better outcomes for our children. Feedback from our partners of the CSH's wider offer has been positive and we have supported and provided advice across the locality social work teams.

9.4 Feedback from Central Locality Assistant Director.

'The complex safeguarding team have been able to link into a recent Operation that involved around 16 young people. What was fantastic about this was an early identification by the complex team of risk, need and joint safety planning with police. Many young people were known, and this made mapping easier, and we were able to consider risks. Further, the response by the team remained child focused and really wanting to evidence impact to improve outcomes

An example of where an worker from complex has been linked to a young person open to central is a 14 year old who came to our attention following the loss of his SGO carer - he has come into the care of the local authority and during this time has had a high number of missing's where he has been found with young people in another area who are at risk of exploitation. The complex worker has attended every meeting, and every time he went missing and came home they visited, they are building a trusting relationship and you can

see him increasing his trust and wanting to talk to them. The support has been invaluable. The worker has looked at community support, CAHMS support around grief, attending family networks. ‘

9.5 Feedback from Head of Service Youth Justice.

Youth Justice have continued to enhance their partnership work with the complex safeguarding hub with relationships being built between staff and management across the localities. Youth Justice regularly attend the CSH morning briefings to facilitate the sharing of intelligence alongside management attending monthly partnership meetings where operational and strategic objectives are shared to develop best practice. Youth Justice work in partnership with complex safeguarding hub as key stakeholders at the edge of care meetings and a greater understanding of service roles has been embedded through the completion of joint supervision. Youth Justice continue to share strong relationships with Complex Safeguarding through the Alternative Provision Task force where a focus is placed on our most vulnerable children and joint clinical supervision has been conducted to enhance practice with regards to children exposed to trauma, serious violence and sexual exploitation. Themed audits are also planned to develop an understanding of existing good practice and outline areas for future joint development given the inextricable links shared between the services

9.6 Feedback from Safeguarding in Education Lead

Education and the CSH team continue to work in close partnership which has strengthened over the past year with increased information sharing, attendance at multi agency meetings and mapping meetings. Education contributes to daily referrals and sharing information where applicable both in response to incidents, case planning and the disruption and prevention activity. The CS Hub has contributed to regular inputs at Schools statutory DSL networks and statutory DSL training, raising awareness of exploitation and the vital role education provides in offering safety. During the week of action campaign to raise awareness of Exploitation, Education Safeguarding and the CS team worked in partnership to identify a number of primary schools across the city that received workshops specifically for YR5 and Yr6 pupils - with a focus on "keeping safe in the community". The teams are planning further workshops to be offered to additional primary schools in the new academic year.

9.7 Feedback Headteacher

Many thanks for picking the case up for us. I do not think I have words that can express how grateful I am to you! I have been so worried about this child and that is how I see him, a very vulnerable child. I was starting to panic as we only have short of two months left with him in our care... so, thank you for picking this up.

9.8 Parents' Feedback:

We also seek parents and carers' feedback to better understand the impact we have had on reducing risk for the young person, but also for the wider family. While our work is centred around building a trusted relationship with the young person, we recognise a whole family approach – particularly for children who are at risk of coming into the care system – is important to create stability. Below is some feedback we have received from parents and carers during the past year.

- *Mum to CSH SW - "Thank you for everything U have done for 'O' and me. She would not have got through it without all your support" "Thank You".*
- *'You have been amazing; you have been an asset to the company you work for. You are not judgmental, you are good at your job, you listen. The relationship you built with F has been good. Thank you so much for the time you have put in with her'*

10. Update on Priorities for 2021/22 - Impact Statement

We concluded 21/22 with a set of priorities for the year ahead as follows:

Transitions: We will be working with colleagues in Adult Social Care, GMP and Health to develop a stronger offer for young people aged 18 and are at risk of exploitation.

Equity, Diversity, and Inclusion: We will be working with social work colleagues across the city and Greater Manchester to provide a better service to minoritised groups of young people. The outcomes of the EDI project we are doing with Listen Up will inform and develop our service delivery. A continued focus at CSH is on ensuring that consideration is given to the identity and background of children and their families ensure to children get the right support and intervention.

Achieving Change Together We will review the delivery of the ACT model within the CSH to implement a wider CSH, whole family approach.

Impact Statement: We have demonstrated the impact from the CSH in relation to these priorities through the outcomes data, findings from our quality assurance arrangements and joint activity and more importantly what our children are telling us. The Greater Manchester Complex Safeguarding Insights Framework and analysis of our performance alongside the feedback from young people themselves tells us that young people are achieving stable accommodation, are in employment, education, or training, have a trusted relationship and take part in positive activities, and are generally better equipped to manage impact of trauma they have experienced. We have been creative in working with our Voluntary and community Sector partners to ensure children have the best possible opportunities to engage in positive activities and reach their aspirations. We will continue to drive this forward next year 2023/24 through our Priorities.

We continue to work with colleagues in Adult Social Care, GMP and Health to develop a stronger offer for young people aged 18 and are at risk of exploitation. We have developed a panel process that will provide preventative offers of support, often from within VCS partners, to enable young people to experience ongoing advice, support and guidance as they turn 18 and into adulthood. We have been working in partnership with partners to develop initiatives such as SHIFT and Another Chance for delivery in Manchester which will again further enhance opportunities for children to be supported in the right way as they move into adulthood.

We have recognised that there is disproportionality regarding the children that are referred to the CSH in terms of race and ethnicity and have been working with social work colleagues across the city and Greater Manchester to provide a better service to minoritised groups of young people. We have also been working with partners in Youth Justice to improve the cultural competency evidenced within our assessments to better reflect the identity of children. We are working with Afruca to raise awareness of the

exploitation risks for children from Black, dual heritage, Asian and from minority ethnic backgrounds children and to raise awareness about the girls who experience who experience all exploitation types.

CSH assessments are evidencing increased cultural competency with exploration of the child's race, ethnicity and culture. This sits alongside an exploration of youth and place-based culture and evidences the assessment is becoming more reflective in understanding the child and how they see themselves in the world, this informs assessment and planning and ensures we listen and respond to children and their families.

We have listened to our Cared for Children and in response are updating our Missing from Home and Care policy to recognise the growing independence of older children who are looked after and the need for a proportionate response in line with that any child living at home would receive in cases where they are out with friends, family or partner outside the terms of their accommodation. This will allow some independence as children approach adulthood whilst assisting Police and Children's Services.

We have incorporated the Achieving Change Together principles into our wider practice and have worked with families using the Think family model as evidenced in some of the case studies, including those from our partners in the appendices. We follow a flexible child led model of practice with children, enabling them to receive the support they need when they need it – and in the way that works best for them., this may mean for some children

10.1 **Priorities for the Year Ahead:**

Transitions

- Further develop our Transitions Panel and track outcomes for young people who receive support via this pathway. We will ensure that this is a young person-led panel where young people's voices are central to decision-making and the development of the service.

Equity, Diversity, and Inclusion:

- Develop better networks with communities/partners to ensure we identify children at risk of exploitation, enabling better links to support their aspirations and target children at risk.
- CSH to attend school clusters to discuss awareness of underrepresentation themes in the cohort and support early intervention.
- Ensure an anti-racist and anti-discrimination lens within the CSH, considering referral pathways and reducing barriers to services for marginalised groups.
- Focus on improved joint supervision to support having one comprehensive plan for all children, ensuring their needs are fully considered.
- Work with colleagues across the partnership to ensure the right support is in place for children who have learning and / or speech and learning needs and recognise the increased vulnerability to exploitation they may have

Young Person Focused Assessment

- Implement the WISE assessment tool, an evidence-based model for understanding young people's risk, vulnerability, and strengths, shifting focus from risk and deficits to enhancing safety, stability, and well-being. We will deliver this in line with the Achieving Change Together model principles and the Adolescent Safeguarding Framework.

Children Missing from Home and Care:

- Ensure that all children reported missing receive a fair and equitable service which is safe and proportionate through delivery and ongoing review of updated Missing from Home and Care Policy which is informed by children's views, research and analysis of our data.

11 Conclusion

11.1 It is evidenced from the data, quality assurance activity, feedback from young people and partners that we are achieving change for children we are working with, raising aspirations for our children and there are some good positive outcomes achieved by our children often in the face of trauma, difficult living situations and impact of inequity in our society. We know we always have more to do, and this is reflected in our priorities for the year ahead. We aspire to be innovative and creative in our work with children in our city.

11.2 In summary, the year ahead holds great promise as we continue our journey towards creating a safer, more inclusive, and supportive environment for young people. We are proud of the progress we have made and the positive impact we have had on the lives of our children. With our continued commitment and collaborative efforts, we are confident in our ability to make a lasting difference and empower young people to thrive and reach their full potential.

ADDENDUMS:

Appendix 1 Performance Data 2022/23

Typeneed	Number	Indicator	Q1	Q2	Q3	Q4	2021-22 Tota	%
Complex Safeguarding Referrals	1	Number of referrals into the Complex Safeguarding Team	54	57	57	72	240	
	2	Number of referrals allocated/accepted into the Complex Safeguarding Team	40	42	31	38	151	63%
	3	Number of re-referrals into the Complex Safeguarding Team	12	10	4	9	35	23%
	4	Referrals by source/where original concerns came from						
	4.1	Children's Social Care	40	42	4	4	90	60%
	4.2	Education	0	0	3	7	10	7%
	4.3	Police	0	0	17	17	34	23%
	4.4	Family	0	0	1	1	2	1%

	4.5	Health	0	0	1	0	1	1%
	4.6	Other	0	0	5	9	14	9%
	5	Referrals by age						
	5.1	Under 11 years	1	0	0	0	1	1%
	5.2	11 to 12 years	5	3	2	3	13	9%
	5.3	13 to 14 years	11	6	4	9	30	20%
	5.4	15 to 16 years	14	27	16	16	73	48%
	5.5	17 to 18 years	9	6	9	10	34	23%
	5.6	Over 18 years	0	0	0	0	0	0%
	6	Referrals by gender						
	6.1	CIS Female	19	10	4	9	42	28%
	6.2	CIS Male	21	32	27	29	109	72%
	6.3	Trans Female	0	0	0	0	0	0%
	6.4	Trans Male	0	0	0	0	0	0%
	6.5	Another non-binary	0	0	0	0	0	0%
	6.6	Unknown to services	0	0	0	0	0	0%
	7	Ethnicity						
	7.1	Asian	3	2	5	0	10	7%
	7.2	Black	11	5	3	8	27	18%
	7.3	Multi-racial	5	11	7	6	29	19%
	7.4	Other	0	3	2	2	7	5%
	7.5	White	21	21	14	22	78	52%
	8	Referrals by exploitation type						
	8.1	Criminal Exploitation	11	22	24	24	81	54%
	8.2	Sexual Exploitation	16	11	2	4	33	22%
	8.3	Other	4	6	1	4	15	10%
	8.4	Multiple exploitation types - CCE & CSE	6	2	2	5	15	10%
	8.5	Multiple exploitation types - Other	3	1	2	1	7	5%
	9	Referrals where the young person is also Child in need, under Child Protection, Looked after or a Care Leaver						
	9.1	Child in need	27	36	26	29	118	78%
	9.2	Child protection	4	1	0	1	6	4%
	9.3	Looked after	9	5	5	8	27	18%
	9.4	Care leaver	0	0	0	0	0	0%
	10	Referrals by current accommodation setting						

	10.1	With family	30	37	28	30	125	83%
	10.2	Foster care in GM	7	1	1	3	12	8%
	10.3	Foster care outside GM	1	0	0	0	1	1%
	10.4	Residential care in GM	0	2	0	0	2	1%
	10.5	Residential care outside GM	0	0	0	1	1	1%
	10.6	Adult-own accommodation	0	0	0	0	0	0%
	10.7	Other LA Provision	0	0	0	0	0	0%
	10.8	Other accommodation setting	2	2	2	4	10	7%
	11	Referrals with additional needs, special educational needs or learning disabilities	19	17	15	11	62	41%
Complex Safeguarding Team Current Caneload	12	Current children and young people open to Complex Safeguarding Team	112	106	99	90	102	AVERAGE OVER 4 QTRS
	13	Number that are re-referrals	5	8	7	7	7	7%
	14	Current caseload by exploitation type						
	14.1	Criminal Exploitation	48	42	48	37	44	43%
	14.2	Sexual Exploitation	38	32	25	26	30	30%
	14.3	Other	10	17	14	12	13	13%
	14.4	Multiple exploitation types - CCE & CSE	10	8	3	6	7	7%
	14.5	Multiple exploitation types - Other	6	7	9	9	8	8%
	15	Exploitation concern is:						
	15.1	Known	62	50	40	27	45	44%
	15.2	Suspected	26	45	20	28	30	29%
	15.3	Vulnerable to	24	11	36	35	27	26%
	16	Number of historic (non-recent) exploitation concerns	34	26	25	29	29	28%
17	Number involving grooming / targeting online, via social media or apps	32	33	24	22	28	27%	

	18	Age						
	18.1	Under 11 years	1	1	0	0	1	0%
	18.2	11 to 12 years	5	5	6	6	6	5%
	18.3	13 to 14 years	18	15	13	11	14	14%
	18.4	15 to 16 years	52	60	50	44	52	51%
	18.5	17 to 18 years	36	25	30	29	30	29%
	18.6	Over 18 years	0	0	0	0	0	0%
	19	Ethnicity						
	19.1	Asian	20	14	11	6	13	13%
	19.2	Black	20	17	16	12	16	16%
	19.3	Mixed	18	18	19	14	17	17%
	19.4	Other	4	4	4	5	4	4%
	19.5	White	50	51	49	53	51	50%
	20	Gender						
	20.1	CIS Female	47	40	29	27	36	35%
	20.2	CIS Male	65	66	70	63	66	65%
	20.3	Trans Female	0	0	0	0	0	0%
	20.4	Trans Male	0	0	0	0	0	0%
	20.5	Another non-binary	0	0	0	0	0	0%
	20.6	Unknown to services	0	0	0	0	0	0%
	21	Sexual Orientation						
	21.1	Bisexual						
	21.2	Gay						
	21.3	Heterosexual						
	21.4	Lesbian						
	21.5	Other						
	21.6	Unknown to services						
	22	Current status within services						
	22.1	Child in need	63	63	56	47	57	56%
	22.2	Child protection	11	8	7	8	9	8%
	22.3	Looked after	30	30	27	27	29	28%
	22.4	Care leaver	2	1	0	0	1	1%
23	Current accommodation setting							
23.1	With family	87	86	78	69	80	79%	
23.2	Foster care in GM	9	7	8	7	8	8%	
23.3	Foster care outside GM	0	0	0	1	0	0%	
23.4	Residential care in GM	8	9	7	7	8	8%	
23.5	Residential care outside GM	5	3	2	1	3	3%	

	23.6	Adult-own accommodation	0	0	0	0	0	0%
	23.7	Other LA Provision	0	0	0	0	0	0%
	23.8	Other accommodation setting	3	1	4	5	3	3%
	24	Duration open to Complex Safeguarding Team						
	24.1	0-6 months	70	69	57	53	62	61%
	24.2	6-12 months	21	25	33	27	27	26%
	24.3	1-2 years	17	9	7	8	10	10%
	24.4	2+ years	4	3	2	2	3	3%
	25	Number also open to Early Help	3	5	2	2	3	3%
	26	Number with additional needs, special educational needs or learning disabilities	48	44	42	40	44	43%
	27	Number with speech and language needs (SALT)	17	9	13	10	12	12%
	28	Number engaging in education, training, or employment	87	84	76	68	79	77%
	29	Number registered for alternative provision or pupil referral unit	33	44	36	34	37	36%
	30	Number of young people accessing mental health support	28	33	27	20	27	27%
	31	Number where parents/carers are accessing other parenting support regarding exploitation	27	25	30	23	26	26%
	32	Number with National Referral Mechanisms submitted	37	35	44	32	37	36%
	33	Number with an incident of being missing within the last 12 months	75	65	56	56	63	62%

	34	Number currently open to Youth Justice Services	39	35	34	36	36	35%
	35	Number where substance misuse is an issue	50	44	48	47	47	46%
	36	Number currently receiving support for substance misuse from:	22	18	29	53	31	65%
	36.1	Complex Safeguarding Team		12	21	20	18	59%
	36.2	Specialist Provision		3	5	5	4	14%
	36.3	Other		3	3	22	9	31%
Complex Safeguarding Team Closed Cases	37	Number of case closures	44	46	40	50	180	
	38	Number on case closure that have ongoing support	23	29	19	48	119	66%
	39	Number on case closure who are re-engaged with education, employment, and training					151	(% of applicable)
	39.1	Yes	21	18	28	33	100	66%
	39.2	No	13	16	7	15	51	34%
	39.3	Not Applicable	10	12	5	2	29	
	40	Number on case closure are in stable accommodation setting	39	40	38	48	165	92%
	41	Number on case closure where missing episodes have reduced since referral to CS team					76	(% of applicable)
	41.1	Yes missing episodes reduced	11	15	16	15	57	75%
	41.2	No missing episodes not reduced	2	7	4	2	15	20%
	41.3	Missing episodes same level	2	1	0	1	4	5%
	41.4	Not applicable (no missing episodes 3 months prior to referral)	29	23	20	32	104	
	42	Number on case closure that are					121	(% of applicable)

		referred to or have an agreed pathway / managed transition to adults services						
42.1	Yes		7	7	2	9	25	21%
42.2	No		17	23	15	41	96	79%
42.3	Not applicable		20	16	23	0	59	
43		Number achieved at least one agreed goal, or young person has positive aspirations					176	(% of applicable)
43.1	Yes - at least one goal achieved/has positive aspirations		39	42	38	50	169	96%
43.2	No - no goals achieved/does not have positive aspirations		1	4	2	0	7	4%
43.3	Not applicable - no goals/aspirations were agreed or discussed		4	0	0	0	4	
44		Number where the young person has engaged in positive/fulfilling activities	23	30	29	32	114	63%
45		Number where the young person has formed at least one positive, trusted relationship	35	34	36	46	151	84%
46		Number where any relationships have improved due to CST support					139	(% of applicable)
46.1	Yes		27	30	25	26	108	78%
46.2	No		2	16	6	7	31	22%
46.3	Not applicable - no issues/concerns with relationships		15	0	9	17	41	
47		Number of case closures where feedback was gathered from a young person or their family/carer.	18	15	26	36	95	53%

Appendix 2 Peer review

The tables below show the Action progress to date and next steps from Peer review

Peer Review 2022	Progress to Date	Next Steps
Assessments were completed not completed in time	Assessment data demonstrates improved performance in this area	Weekly performance meetings are in place to ensure performance is maintained. The new WISE assessment model is in process of being brought in – this is evidence-based assessment model commissioned by GMCA and influenced by young people and practitioner feedback.
Limited use of Clinical psychologist lack of not consistent could be utilised more frequently to support the development and review of plans	Turnover at this point had led to changes in delivery offer. We now have an established offer, and this is well used. Case studies have been used to demonstrate impact. The psychologist meets with Strategic lead monthly. We recently presented to NW ADCS on the success of this partnership.	An overview of the impact of the TR (Trusted Relationships) work is contained within annual report. Formulations are well utilised. Next step is to ensure there is a consistent offer for all young people and locality are aware of this service in complex safeguarding hub.
Critical information regarding concerns/vulnerabilities was not always recorded in the assessments	Based on one child	There is increased connectivity between CSH and wider child and family assessment. This will be enhanced by the new WISE assessment going forward 2023.
Information was recorded differently in the CS and Child and Family assessments giving different accounts of concerns	Joint supervisions embedded	Joint / combined assessment to be rolled out noted above

Some inappropriate language/victim blaming was recorded in the child and family assessments	CSH are well placed to model good practice in this area. Sessions in locality on victim blaming language have taken place; and this has also been taken to DSL Network. Foster carers are receiving training, and this has been extended to some providers. This is covered in ASYE training. Monthly review of high-risk children has a focus on this area and is challenged.	The services lead completed the MFH report and consider the holistic support offered to the children and will make suggestions and advice to localities. we constantly strive improve proactive dip sampling and other Quality to continue to improve Audit activity
There is a lack of analysis in the assessments in terms of family history and relationships and the impact on the young person	This relates to one child; this was challenged at time.	This will be addressed through new assessment model where this will be worked on collaboratively with locality SW.
Police role not evident in the assessments – though it was clear from the case discussion	Updated memorandum of understanding and process document sets out clear explanations	Updated MOU and practice guidance has been completed with DCS (Director of Children's Services), Strat lead, DI, and AD. To be signed off June 2023 alongside MFH Policy.

Appendix 3 Partner Updates: Early Help Appendix 3 (2) Greater Manchester Police.

Greater Manchester Police

This report provides an overview of Police Activity and impact from the Complex Safeguarding Hub and to highlight the work that is being completed, the impact and outcomes being achieved.

Police GMP Updates

Staffing within the Complex Safeguarding Team:

- 1 x Detective Inspector
- 2 x Detective Sergeant
- 10 x Detective Constable (currently 5 vacancies)
- 5 x Police Constable (one on maternity leave)
- 2 x Investigative Assistant
- 1 x Operational Support Officer

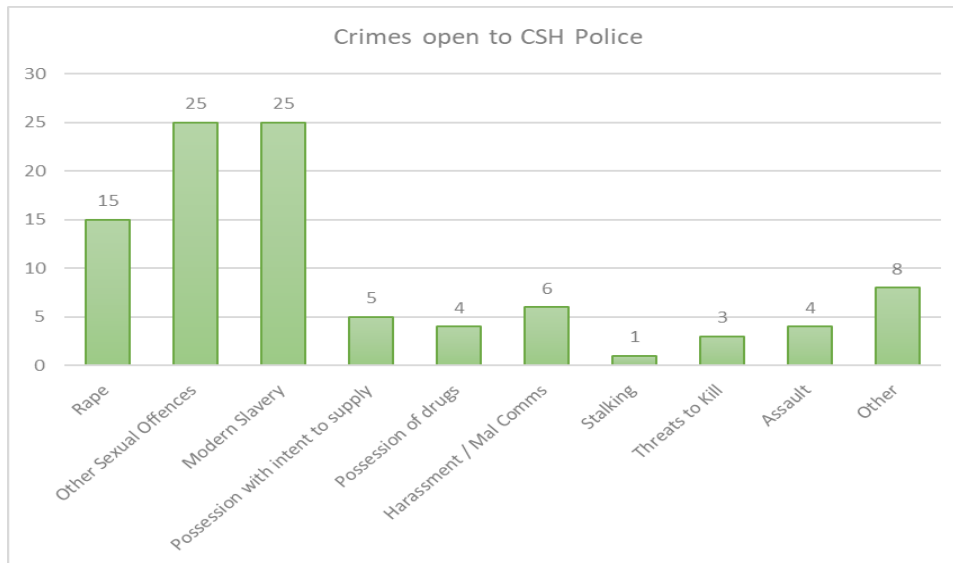
Xcalibre Taskforce

- 1 x Detective Inspector
- 1 x Police Sergeant

5 x Detective Constables (3 x Vacancy)
 2 x Police constable
 1 x Investigative assistant

Current Case Load - Total number of ongoing Investigations

As of the end of the 2022/23 year, the CSH team were managing 96 ongoing crimes with a total of 67 investigation which are open to the CSH Police Officers, these include a variety of complex crimes such as rapes, sexual assaults, modern slavery. The crime types are broken down as follows:



Safeguarding Care Plans

The CSH team, including both police and children’s services, as of the end March 2023, were actively working on 101 Care Plans, documenting the activity being undertaken to safeguard children allocated to those officers.

47 of the care plans are open to both Police and Children’s services

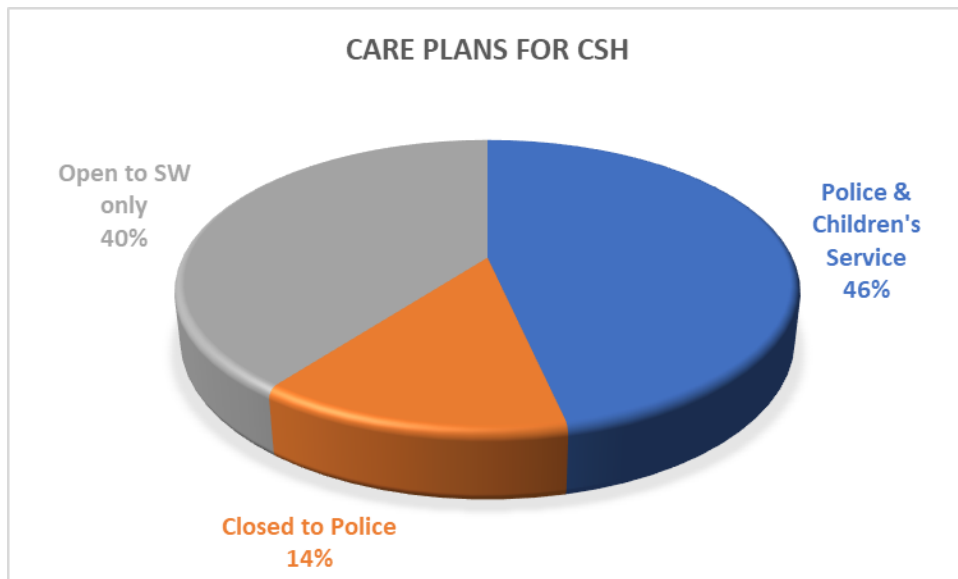
14 of the care plans are now closed to the police, meaning that they had previously been open to both services but have since been closed to police but now being retained by children services.

40 are just open to children services

Safeguarding plans also have a robust governance procedure around them and are managed during the monthly crime governance meeting. This ensures all assessments and deadlines are met, whether the plans need to remain open, what engagement work is being conducted with the child, and to measure successful outcomes, disruptions, and preventions.

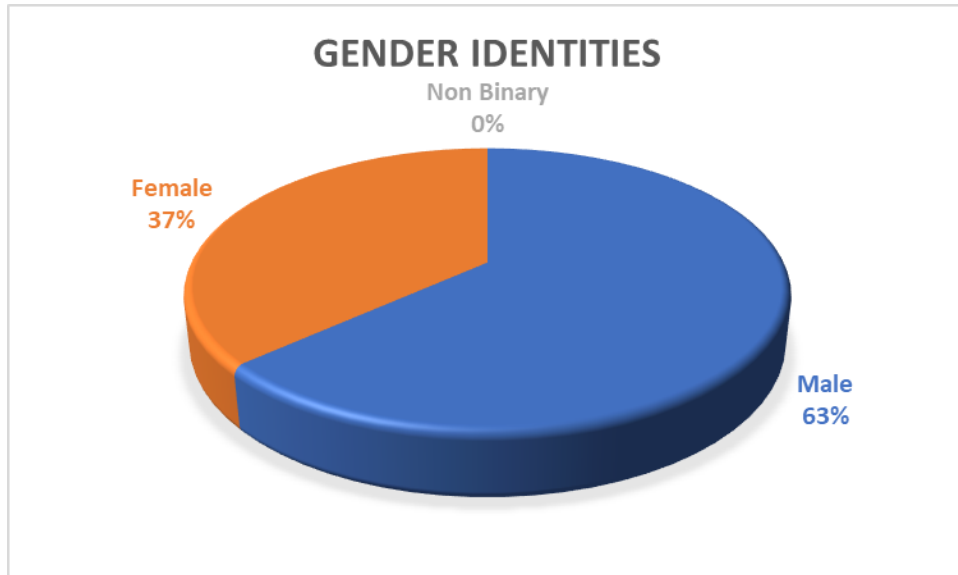
These are also being captured as a performance measuring tool. Moving forward, we are also putting in place a procedure to ensure any investigations or care plans which involve Multi-Victims, Multi-Offenders or identified locality hot spots, have a joint agency safeguarding meeting

to ensure all areas of prevention, intervention and safeguarding are implemented. As part of any safeguarding plan or investigation the disruption element is always considered and utilised where opportunities exist.



Gender Identities

The care plans are split up to 37 females and 64 males, and 0 nonbinary.

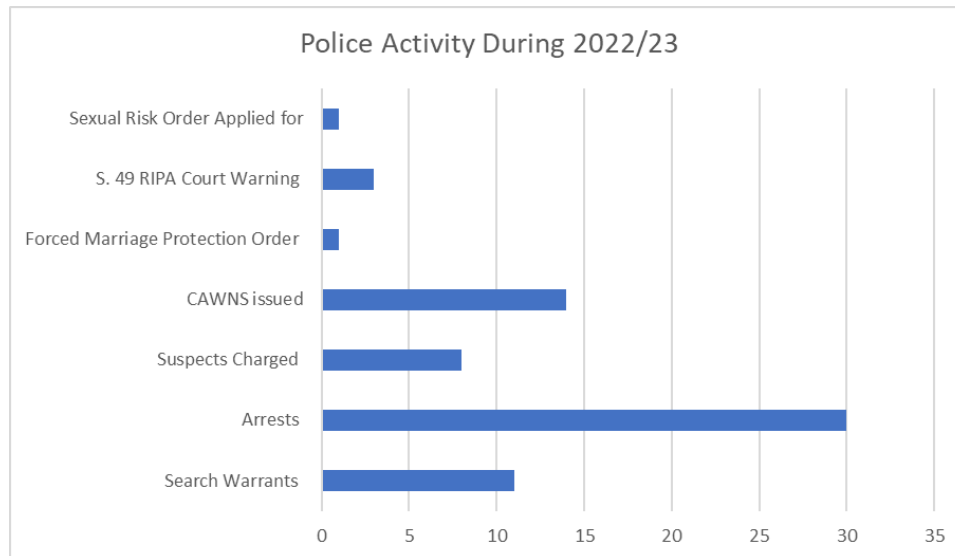


Breakdown of Concerns for each care plan

Care plans that are open to the City of Manchester Complex Safeguarding Hub are broken down into the specific concerns that have been raised, this are, Child Criminal Exploitation, Child Sexual Exploitation, concerns for both and then also concerns raised around serious violence and links to possible Gangs or Urban Street Gangs.

CCE	46
CSE	41
CCE/CSE	3
CCE/SYV	11
SYV	1
SYV/Gang	2

Police Activity Completed



Over the last year, the Complex Safeguarding Police team have been extremely active where they have executed a total of 11 Search Warrants, Issued 14 Child Abduction Warning Notices (CAWN's).

The team have also applied for a Forced Marriage Protection Order in relation to a child that was open to the HUB, a sexual risk order and have obtained 3 court orders in relation to S.49 RIPA offences for when perpetrators refuse to give the pin code to allow for examination of their mobile devices.

Along with this there has been a total of 30 arrests in relation to suspects that are being investigated by the CSH team, these have been for varying offences, including serious assaults, modern slavery offences, serious sexual offences, and child abduction offences. Along with this there has been several arrests for drugs related offences that have been identified and have been investigated alongside the exploitation investigations.

Criminal Justice Outcomes

There have been 8 suspects that have been charged with criminal offences over the last 12 months, these have been for varying different offences, including:

- Rape of a Female.
- Making & Possession of Indecent Images of a child & Sexual Grooming,

- Drugs offences,
- Failing to comply with a section 49 notice to disclose the key to protected information
- Possession of a bladed article & offensive weapon
- Serious Assaults, S.18 occasioning Grievous Bodily Harm with Intent
- S.47 Assault occasioning Actual Bodily Harm
- Sexual activity offences & Sexual Touching
- Child abduction,
- Indecent exposure
- Witness intimidation & Criminal damage.

Ongoing Operations within the Complex Safeguarding Hub

Over the last year there has been 7 reactive Operations, which include both multi victim and multi offender investigations which have been managed within the Hub. These are centred around both child sexual and criminal exploitation.

These are investigations into crimes which have already been committed and reported or identified by the police and involve either multi victims, multi offenders or both.

These are often complex investigations which generate a large volume of enquiries and take time to progress with and can be quite protracted. When these Investigations are identified they are given an operation name and normally require further resourcing to help expedite the investigations where needed, it also allows for several meeting to take place which promote an enhanced multi agency discussion around what approach is required.

The operations are as follows:

- **Operation BROCK** - This is a multi-victim investigation around criminal sexual exploitation, which involved two 15-year-old female victims, who had been befriended by an adult male offender and were driven by a male suspect to an address in Manchester where they were then subjected to sexual offences by two male adult offenders. There has been a lengthy investigation which has resulted in evidence being recovered and has now been presented to the Crown Prosecution Service and we are awaiting their review around a charging decision.
- **Operation OXUS** - This is an ongoing investigation into the serious assault of a child who is believed to be victim to Child Criminal Exploitation, with Multiple offenders.

The victim in this case is a 17-year-old male, who was subjected to a sustained attack by several offenders that resulted in him being placed in a coma in intensive care, with some horrific injuries. On 9th March 2023, the team executed 5 x search warrants for the investigation. Following these 3 arrests were made, one suspect has now been charged and remanded for a section 18 Assault, causing grievous bodily harm with intent and there are currently 3 suspects who remain on conditional police bail, there cases are now being expedited to CPS so that they will hopefully be charged together with their co accused.

- **Operation SWING** - This Operation relates to a sexual grooming investigation, involving CSE & Multi victim / cross boarder operation. The suspect for this investigation is an adult male and had ended a relationship with the victim's older sister. During the period they

have been in a relationship he has groomed the family and his ex-girlfriend's 12-year-old sister. The suspect has committed multiple sexual offences including rape. During investigation, the suspect has been identified as having been exploiting other young people (under 16) across Greater Manchester.

There have been multi agency and multi local authority meetings that have been held, including Oldham, Tameside & Rochdale Complex safeguarding Teams. This has been a lengthy investigation for which the prosecution case has now been sent to the Crown Prosecution service awaiting review and charging decision.

- **Operation DARROWBY** - This operation involves looked after, female children who are the victims and witnesses to offences taking place and the grooming behind them. Suspects have been identified and arrested, however at this time the evidence has not been strong enough to seek a charging decision for these offences.

Police were pursuing a S.49 RIPA offence where the suspect has refused to give his pin number for his mobile device, however GMP have now managed to access the device and there is believed to be evidence recovered which may allow for evidence led prosecution and further offences for investigation.

- **Operation PLYMOUTH - This** is a Multi victim investigation into the report of a suspect who works in a Menswear/Vape shop and has been allowing children to come into the shop where he has provided them with items and discounts for what is believed the purpose of sexually exploiting them. Two victims have been identified who have reported sexual offences and provided evidential accounts. The suspect is on bail but has been charged with unrelated sexual offences, and the file is now with the CPS for further charging advice.
- **Operation HILLINGDON** – This is a Multi offender operation around Child Sexual Exploitation, where the victim was a High Risk missing from home. The victim in this case was a 15-year-old female and was located at an address of one of the suspects. Enquiries revealed that at least 4 males had been at this address whilst the victim was missing. The victim required medical intervention due to concerns of pregnancy which she stated was from having sex with a 15-year-old male. 1 of the suspects identified was also arrested for child abduction, 1 suspect identified and arrested for paying for sexual services of a child another is yet to be identified, 1 suspect identified and arrested for sexual activity with a child. Ongoing work has been completed both by CSH Social worker and officer in the case, which has resulted in the victim being safeguarded however at this time sufficient evidence has not been recovered to charge the three suspects.

However, during the investigation, a 17-year-old female suspect was responsible for assaulting the victim. This was captured on a mobile phone and later shared with the police. The victim was reluctant to name her attacker and give evidence. A decision was made to arrest this suspect and following her release on conditional police bail. The suspect re-contacted the victim making further threats. Police have taken pro-active action which resulted in the suspect being re-arrested, the victim was then able to feel confident enough to provide evidence around this matter and the suspect was charged with, Assault

occasioning Actual Bodily Harm, Witness Intimidation and Criminal Damage. The suspect was remanded to court the following morning and then released on conditional bail into local authority care.

- **Operation WESTWING** - This is multi-victim investigation around CCE and county lines, this relates to three young males who have been separately located different locations but links to Scotland, where they have been arrested for drug dealing. Investigation continues to try and identify who are the offenders and links around transporting the males to these locations.

Weeks of action

Over the last 12 months the multi-agency team have been involved in two weeks of action, these were completed on the weeks commencing the 3rd of October 2022 and 20th March 2023. Some of the activities that were completed during these weeks are detailed below.

October 2022

The team delivered inputs and pro-active education around exploitation; this included the following:

1. Designated safeguarding leads
2. Neighbourhood policing teams
3. Locality social work and youth Justice teams
4. Hospitals
5. School visits
6. Youth zone, hide out
7. Early help hubs
8. Unity radio
9. One Manchester
10. Parenting offer
11. Shisha bars
12. Tackling exploitation Group
13. Pupil Referral Units
14. Community nurses
15. City Centre (hotels, Cafes, shops)

March 2023

The Multi-agency team completed the following activities:

- 1 13 policing teams have been visited and a briefing was completed around who Complex Safeguarding Hub (CSH) is, who forms part of the team and a clearer understanding of the policing role within CSH investigation team.

The 13 policing teams visited consisted of Response/neighbourhood/District Safeguarding Teams and Child Protection Investigation Units across the COM.

Total of around 120 officers

As part of the briefing the teams were informed about Sexual, Criminal exploitation & county Lines. Indicators and types of exploitation as well as considerations for officers when dealing with young people who may be at risk of/ or being exploited were also discussed.

The presentation has been shared along with other requested presentations on CAWNS (Child Abduction Warning Notices) and the sending & receiving of Indecent Images.

- 2 COM CSH multiagency team have also jointly completed educational visits to 6 schools across the COM. Year 6 pupils received a bespoke package which was created by COM CSH multiagency team alongside Healthy Schools.

This was delivered to 13 classes across the 6 schools.

The package included interactive activities with the pupils.

There were 2 subjects with 3 activities – activity 1 – stranger danger (safe / unsafe) / activity 2 & 3 – power and control in balance.

The pupils were given an opportunity to respond to specific questions and scenarios of how they would react in specific situations. Their responses were then debriefed.

Total of around 300 pupils

- 3 COM CSH NHS (National Health Service) Child Exploitation senior Nurse Kathy March, police colleague and children's services colleague also completed 2 sessions with North Education Cluster meeting attendees and Special Needs school nurses around services available offering support around exploitation/knife crime and an understanding of CSE/CCE.

Total of 91 members

- 4 Police colleagues have attended CPD (Continuing Professional Development) days and multi-agency training for the team
- 5 Feedback has been positive and Healthy schools will now be looking at working alongside COM CSH in producing a further package for schools to deliver. It was noted during the development of the WOA presentation that there is a gap in their current school packages about exploitation and the gaps are around CCE.
- 6 They plan to add this to their work moving forward. A feedback questionnaire is being sent out to schools to assist with future activities.
- 7 Reports have been discussed during a debrief that was held on the 24/04/2023 where learning has been shared and developments planned for further training in schools and for the next week of action due October 2023.

Governance Structures

The Complex Safeguarding Hub have robust governance structures that are in place, there is a single governance structure which is held monthly for police, with the meeting of the Detective Inspector and Detective Sergeants to review the criminal investigations and care plans ensuring that there is ownership around performance and progress. This then feeds into an overarching Governance which is held by the Vulnerability Detective Chief Inspector.

Focus is around Investigations and priorities and that if any urgent intervention is required this can be implemented and or if a change of direction is required this can be reviewed and action taken

The HUB also holds Joint Governance meetings which are completed 4 – 6 weeks basis. This is held with all parties from the multi-agency team and chaired by the assistant director for the HUB. During these Governance meeting cases are discussed in detail, reviewing all matters and each person's involvement in the case along with what action has been taken but also to discuss any learning and good practice that can then be shared

Training

Training and development of officers and staff in the Hub is a key part of our welfare and staff management process. Supervisors have very regular one-to-one with their teams to help identify ongoing training and development needs and monthly continuous professional development sessions have been identified with input delivered around specific topics.

Some of the highlights of the inputs delivered were from:

1. The National Autistic Society, who gave training around working knowledge of autism.
2. Afruca (Africans Unite Against Child Abuse) – delivered training around exploitation, modern slavery and working with children and families from ethnic minority backgrounds. They also advised on what work they could do with some of the children who are open to the HUB and in February 2022 they started to work with a child who we have referred into the organisation.

Appendix 3 Health annual overview / CSE Specialist Nurse Achievements 2022/23

- The peer review of Manchester Complex Safeguarding Team (CS) was conducted by the GM Complex Safeguarding Hub Review Team alongside a team of multi-agency peer-reviewers from Tameside CS Team, in June – late July 2022. A number of areas of good practice were identified including a “flexible and tenacious approach” to young people; proportionate and timely information sharing; timely responses to pressing health needs; trauma informed practice and a “Think Family” approach. Areas for reflection were around the capacity issues for the Specialist Nurse and School Nursing Service; Liaison with the Named GP for Safeguarding Children to understand their response to information being shared by the Specialist Nurse. There were also recommendations around ensuring

health are contemporaneously informed of changes in circumstances of young people and the receiving of minutes of strategy meetings.

- The CSE Specialist Nurse has continued to support Manchester University Foundation Trust (MFT) staff in the recognition and response to CSE via the development of a CSE e-learning module, a pod cast, 21 bespoke training or briefing sessions and the promotion of the Trust's Child Exploitation Risk Indicator Checklist.
- 196 Advice and Consultations have been offered to support MFT staff, and colleagues within the Complex Safeguarding Hub.
- The CSE Nurse continues to be actively involved in the MFT Complex Safeguarding Sub-group and is involved in the development and implementation of the MFT Complex Safeguarding Action Plan
- The CSE Nurse has continued to provide safeguarding supervision to the Northern Contraception and Sexual Health Service. She has supported the maintenance of strong links between the Complex Safeguarding Hub and Sexual Health, with support from the Outreach Sexual Health Nursing and Non-Clinical teams which has ensured speedy access to services
- The CSE Nurse has provided health information for all 211 referrals received and provided 654 updates for lead health professionals around young people open to the team
- The CSE Nurse has provided 247 updates to GPs on referrals and closures to the Complex Safeguarding Hub
- The CSE Nurse contributes to the multi-agency dip sampling of cases, to quality assure input for each agency. The outcome of the dip-sampling is shared with school health and LAC (looked-after children) nurse managers so that they can review good practice and where action any improvements as required.

Appendix 4 Early interventions

Engage panel

Engage panels are well-established multi agency panels across the city (north, central, south) chaired by GMP. The panels identify children and young people at risk of becoming involved in serious violence or other criminality. Partners in attendance include Greater Manchester Police, Health, Education, Early Help, Youth Justice, the Antisocial Behaviour Action Team, Remedi, Afruca, Talk Listen Change, Oasis Navigators, local housing providers and local community organisations such as Manchester Youth Zone and The Powerhouse.

Engage is a consent-based approach which focuses on the voice of the child to identify the most appropriate agencies to offer support.

There has recently been review undertaken of Engage focusing on North Manchester following the panel being in existence for a 6-month period. The following outcomes were identified: -

- 56 children and young people had been referred to the panel (peak months were February and April).
- 39 of the 56 referrals were from Early Help, other referring agencies included GMP, the Anti-Social Behaviour Action Team and One Manchester.
- A total of 65 interventions were delivered to those referred to the panel.
- The majority of interventions were delivered by Remedi, Afruca and Manchester Youth Zone.
- From the first two panel meetings 80 per cent of children and young people who received intervention from Engage did not go on to come to the attention of Greater Manchester Police or the Anti-Social Behaviour Action Team.

The next steps to further develop Engage across the city are : -

- Undertake a review of both the south and central Engage panels
- Develop a consistent performance framework across all Engage Panel's linking to Manchester's Serious Violence Strategy.
- Work to develop the offer around the whole family approach and support for parent's carers.
- Work with Youth Justice to pilot access to clinical health support (additional therapeutic support offer)

APST

APST is a DFE led pilot project consisting of a multiagency team of specialists, collocated within Manchester Secondary Pupil Referral Unit. The overarching aims of this pilot are to reduce the risks of our children becoming victim to any aspect of Serious Violence, by working to improve their outcomes through collaborating working: to identify our children's barriers to learning and their understanding of the world around them, (for example; difficulties attending and engaging with school, ability to understand their behaviours, that factors within their home and community will serve as pull factors away from learning, lack of opportunities which then results with lower self-aspiration), offering the correct assessment, support or intervention at the right time to remove or navigate around these barriers. Our offer is consent based, with a focus on developing trusted relationships with our children and families, using the 'think family approach'; using active listening to enable us to understand our children's lived experiences and then collectively identify SMART targets to positively move forward.

APST use a tiered model of support, this consists of Tier 1 workers; our Restorative Practitioners, Engagement Workers, Family Worker and Youth Workers who will work to develop and establish trusted relationships with our children and families. In addition, our Tier 1 workers are also upskilled by our Tier 2 Specialists to deliver targeted & preventative interventions, and will also, when necessary, broker relationships with APST Tier 2 Specialists, our children and their families when further assessment and intervention is required. This work is supervised by our Tier 2 Specialists; Complex Safeguarding, CAMHS, Youth Justice, Speech and Language Therapist, Educational Psychologist, Counsellor or POST 16 worker. By using this model, it enables us to have a wider reach, offering earlier intervention to our children, whilst simultaneously delivering CPD to upskill and embed learning with our staff team and families.

Examples of APST Tier 2 offer include;

Our APST experienced Complex Safeguarding Social Worker advises and guides the wider MSPRU staff team to access existing safeguarding pathways in a timely way and prevent unnecessary referrals into statutory arenas, advice on the use of language is pertinent in sharing learning. Devising & delivering training for staff and children relating to current topics further supports to upskill MSPRU staff. The APST SW delivers Reflective Supervision to Tier 1 workers and undertakes consultations to advise what pathway should be accessed. Through collaborative work & attendance at steering groups for Serious Violence, Engage, SAFE Taskforce, Another Chance & Early Intervention & Prevention, joint learning is applied and shared to avoid duplication, reduce SYV and improve outcomes for MSPRU based children.

Our APST experienced Youth Justice Officer responds to GMP daily arrest list to ensure that any child, and their carers, on role at MSPRU arrested have an offer of support immediately, this could be within the Court arena where APST will and have attended advocating for our child to prevent custody, monitoring of the OCD offer and imminent direct intervention to explore and assess need. In addition, our YJO also works with MSPRU colleagues to develop and upskill around creating RAMP (Risk Assessment Management Plans) to enable our children to safely access education, with a focus on attendance and engagement in learning being an incredibly important control measure to mitigate risks our children are exposed to.

All MSPRU staff have access to regular reflective practice, advice and guidance drop-in sessions with APST Specialists; CAMHS, SALT & Educational Psychologists. This further improves the wider partnership in understanding our children's needs and the importance of SAL screening, de-escalation to support regulation strategies for children and access to learning and understanding our children's mental health needs.

MSPRU Deputy Head and APST specialists are currently in the process of redesigning reintegration processes to develop a strength-based model using a restorative approach to reduce suspensions, transitions across MSPRU and improve attendance.

Having just secured funding for the extension of this pilot, we are now in the process of restructuring our taskforce, using the results of our testing and learning to date to revise our offer. We are excited to share this new model over the coming months, in time for our relaunch in the Autumn term.

Safe taskforce.

The SAFE taskforce was launched by the Department of Education in December 2021 and aims to provide support for children at risk of becoming involved in Serious Violence. Over a period of 3 years, the 'SAFE' programme aims to deliver targeted, school-based interventions in areas of England with comparatively high rates of SYV, when viewed in a national context. These interventions will aim to reduce truancy, improve behaviours, and diminish the risk of children being permanently excluded from school, keeping them focused on their education. Manchester City Council (MCC) has been selected as one of ten councils across England to lead the delivery of a local SAFE programme, in partnership with local schools.

Manchester City Council is working with partner agencies for our most vulnerable young people in schools and in their communities over three years. The first set of support for our young people will be mentoring interventions offered to children deemed vulnerable or at risk of Serious Violence.

SAFE work is both part of our corporate priorities and is also a governmental priority (SAFE / DfE, Turnaround / YJB/MoJ). As such, links have already been established between YOT Turnaround

and the SAFE taskforce with some information sharing to eliminate potential duplication of intervention but also to determine the most appropriate course of action for the young person.

Phase One of the mentoring intervention started in January 2023 with 12 mentors placed into the six schools below. The schools were selected on geographical criteria of deprivation and criminality as well as high levels of school absenteeism and exclusion; all of which represented proxy for high levels of vulnerability in our young people.

Manchester Academy - MA
Manchester Communication Academy – MCA
Manchester Enterprise Academy – MEA
St Matthews RC High School – St Matthews
The East Manchester Academy – TEMAC
Wright Robinson College – WRC

While a full evaluation of Phase 1 is still underway and is likely to be published later in 2023, informal intelligence gathering as well as basic volumetrics statistics indicate that the mentoring programme has been very well received and has already had quite a sizeable impact on children's behaviour and self-confidence, as well as making better pro social choices and positively engaging with community assets outside the school. It is worth bearing in mind, however, that the SAFE taskforce is focusing on Year 7 and Year 8 young people who are younger than the average age of 15 for the YOT cohort and 16 for the YOT SYV cohort. Therefore, the full impact of SAFE on SYV is likely to become more apparent in the next couple of years towards the end of the SAFE project in 2025.

The SAFE taskforce aspires to reach out to and engage with all high schools in Manchester for the next phase starting in September 2023. Overall, it is hoped to reach and engage with around 480 of our young people by the end of the programme.

Please see below some light touch information on PHASE 1, data up to March 2023. The number of sessions has now exceeded 1200, cumulatively.

Appendix 5 (1) Complex Safeguarding Hub Early Help Team Annual Report Summary-2022/23)

A dedicated city-wide Early Help Team consisting of one Team Leader and five Early Help Practitioners have been co-located at Greenhey's Police station since September 2015. The Early Help Complex Safeguarding Team and Early Help Inclusion Team work closely together, have been involved in the Contextual Safeguarding Pilot in Manchester and have started to meet with other agencies to look at early intervention and prevention, interconnectivity, what is already happening across the city, any gaps and how a more joined up Early Help offer in terms of youth violence and contextual safeguarding can be developed. The Early Help Inclusion Team have also been involved in the Alternative Provision Specialist Taskforce (APST) coordinated by Manchester Secondary Pupil Referral Unit (MSPRU).

From April 2022 – March 2023, CSH Early help have provided intervention to 35 families, with 3 of these being supported to stabilise the home environment for the child/ren to return or remain, 6 with children on a CP plan, 25 with children on a CIN Plan and 1 stepped down to Early Help.

The Complex Safeguarding Hub Early Help team have seen the trend of working mainly with families where CSE is a concern to more referrals including CCE and Serious violence more recently. This seems to have brought a shift to working with more male young people and their

families. Family engagement seems to have been more of a struggle when newly allocated and we have had to be creative in finding ways to initiate support planning. This may include joint working with our CSH colleagues, schools, housing, and other involved agencies, offering to carry out sessions away from the home environment or be flexible to meet the needs of families working patterns. Sometimes it is apparent families are unsure of professional roles, we can offer clarification, advocacy, and individual support planning to enable interventions to be tailored to individual needs. This last year there has been a focus on understanding the contextual risks particularly out in the community. CSH aim to support families to reduce risks in the community by having safety planning in place, this is much more effective when families have a good understanding of exploitation and the associated risk factors.

CSH EH were again involved in the most recent CSH Exploitation week of action in March where we assisted the planning and delivery of awareness sessions to Y6 students across Manchester schools in North, Central and South.

Case Study:

The young person will be referred to as "A." Initially A was referred into the CSH around concerns that she was being asked to hold onto drugs for another young person. A CSH Early Help Practitioner (EHP) was allocated to explore the concerns further. There were also some concerns around peer-on-peer exploitation.

An attend a specialist provision as she has significant additional needs. An average a learning age of 6-12years. Due to this, the intervention needed to carefully planned and pitched in a way A could develop a good level of understanding. A struggled to trust anyone and it took the EHP over 4 months to build a relationship and reach a stage where we were able to address some of the concerns and put in place some basic safety planning.

As the EHP got to know A and she began to 'open up 'during their sessions the EHP raised concerns around CCE and CSE. It was clear A did not have any understanding of consent, rape, grooming or exploitation.

The EHP completed weekly sometimes twice weekly to complete work around the above topics. Initially A disclosed several sexual assaults and rapes from different people in the community which was shared with the multi-agency team at CSH. Following support planning around this A is now able to identify when something is consensual and when something is not.

A has now been able to say no to people in the community when she does not want to do something, a big step for A as this is something she has really struggled with. A now has a good understanding of grooming and exploitation. A is able to say no to people in the community when they ask her to hold onto something for them or ask her to complete any sexual acts that she does not want to, prior to CSH EH intervention A would not have had the confidence in herself to be able to say no.

Safety planning was completed with A at length, the EHP accessed EH funding for a watch so she was aware of the time and would be able to see what time she needed to be home for her curfew. An also has a mobile phone with safety features so she is contactable in the community and will 'check in' with mum regularly when she is playing out. Mum will now report A missing if she plays out without asking permission and if she is late back for her curfew. A has been brought

home by the police on a couple of occasions this has given mum a better idea of where A is hanging around and her peers.

CSH EH support planning has continued over a period of 11 months and the progress for A has been significant: Missing from home episodes have reduced, Safety planning has been explored with mum and has been implemented to keep her as safe as possible at home and in the community. Strategies have been discussed with A for her to have a number of 'excuses' to use to be able to flee from when she feels unsafe. A has been able to produce 'excuses' to make when she does not want to stay out in the community such as she has to be home for tea, or she has an appointment to go to.

Though A remains vulnerable due to her learning needs, she now has better understanding of grooming, what this looks like and how the process happens to help her make more informed and safer choices.

A has also been able to build good relationships with professionals since establishing a positive relationship with the EHP. A has been able to speak to a newly allocated CSH DC which is extremely positive.

A is more open to getting to know new safe professionals now which had always been a struggle and her ability to be able to do this has made a significant impact on important work being completed. It is a positive outcome that A feels more able to build trusting relationships with more sustainable support going forwards. We are coming to the end of our intervention, prior to closing the EHP will focus on A's relationship with her mum, it is important she feels she can turn to her mum when she is worried or scared or needing guidance to make safe choices.

Appendix 6 Trusted Relationships Overview

Trusted Relationships Overview 2022-2023

The Trusted Relationships (TR) Service is now in its second of three years of mainstream funding, having had three years of Home Office funding (2018-2021).

The GM model aims to support staff with their work in Complex Safeguarding teams, by placing highly experienced mental health clinicians in the teams (2 days a week), offering a combination of case-based consultation, staff support and bespoke training. The offer aims to enhance their existing knowledge and skills and facilitate their professional relationships with the young people they are trying to protect. Clinicians also offer the opportunity for staff to focus on the impact of this work and to think about steps they can take to mitigate some of these risks.

The TR service sits within the Greater Manchester Resilience Hub (GMRH), which was set up as a national provision in May 2017, in the aftermath of the Manchester Arena attack. The GMRH offers clinical expertise to support individuals, teams or groups working with and impacted by trauma.

The current TR clinician began working in the Manchester Complex Safeguarding Hub in March 2022, joining an existing TR clinician who started in October 2021. Both clinicians offered two days a week into the team until December 2022 when the initial clinician left the role.

TR activity

Activity across children services Teams (CST) varies considerably, this is dependent on several factors, but is significantly influenced by what staff request and what the managers would like to prioritise. It is also important to acknowledge the difference in professional culture that means that some staff groups are more familiar with a model of consultation or staff support.

In a recent survey, CST staff from across GM were asked which of the TR activities they valued the most, the majority of the 28 respondents said consultation (61%), followed by staff support (21%) then training (18%).

- *Case consultation/formulation sessions*: These are a reflective space for professionals to deepen their understanding of factors which may have led to a young person's difficulties developing, to think more about what may be maintaining problems (at individual, family and community levels) and to plan how they might intervene as a result.

In the period between April 2022-March 2023, case formulation sessions have taken place for 20 different young people (11 individual and 9 group).

- *Staff support* sessions are an opportunity to reflect on the impact of the work. The premise of any staff support is to help to reduce the psychological impact of working with high levels of trauma and distressing information. Staff support is not a replacement for existing supervisory or support structures within the service, and it is not therapy. Sometimes the staff support offer includes joint meetings with the individual's manager or signposting for further emotional support.

In the period between April 2022-March 2023 staff support sessions have been held for 44 staff members (this number includes some of the same staff having more than one session).

Several Reflective practice/staff support sessions have been held for the Early Help team within the CSH - 13 in total.

- *Training*: 1 in person training session was held to help frontline police develop their "Understanding of Trauma".

Support following a serious incident or death

Over the years of TR input, support has been offered to CSTs following serious incidents or the death of young people open to or known to the CSTs. This work is supported by the Staff Wellbeing workstream of the GM Resilience Hub and includes consultation to managers and senior leaders about supporting their staff or other young people. A number of bespoke guides have been written or existing GM Resilience Hub resources shared:

- Self-care following a death
- Taking care of yourself after witnessing something traumatic
- Guidance for supporting young people bereaved during Covid-19
- [Understanding and managing trauma](#)

Feedback

In a recent survey of frontline CST staff (31) and managers (9) across GM there was strong agreement that the impact of TR was valuable (Table 1).

Managers were also asked if they had noticed others in their team benefiting from the input of the TR clinician. Eight managers said **yes**, one said yes **partly**. The only comment is below.

“yes, all members of the team benefit – TR psychotherapist is regularly used by social workers, parenting workers and police. Nurses also benefit when considering issues related to mental health in particular where advocacy is needed”

Table 1. Staff agreement about impact of TR input

Statement	Agreed or strongly agreed	
	Managers (N = 9)	Frontline (N = 33)
<i>I would like to see the TR clinician continue to work within our team</i>	8 (89%)	33 (100%)
<i>I think input from the TR clinician is valuable</i>	8 (89%)	33 (100%)
<i>I think the team value the input from the TR clinician</i>	8 (89%)	-
<i>I have seen my colleagues benefit from having input from the TR clinician</i>	-	32 (96%)
<i>I would like the TR clinician to offer more time</i>	8 (89%)	30 (80%)

Other comments made by staff about the benefits of TR support are in the table below:

<i>They have been extremely supportive with case support/training and staff support. All have been extremely beneficial to the team (Police Manager)</i>
<i>Specialist advice and support on cases. The consultations with multi-agency partners is helpful to support professionals in their roles. General support of staff is so helpful (Social Worker)</i>
<i>They are able to offer support to staff, assist with approaches to young people and provide training (Police)</i>
<i>Extremely approachable and knowledgeable. Provides valuable input around our open cases. (Police Manager)</i>
<i>Case based consultations and staff support. The knowledge and support that she shares with us is invaluable. We would struggle with this job without TR support (ACT worker)</i>
<i>Her knowledge and different perspective on child behaviour/patterns which I've never considered before (Police)</i>
<i>It has enabled the team to have a more robust understanding of trauma, how it manifests and how it impacts YP and their carer's. Staff support has been outstanding particularly due to the complexity we are dealing with and the emotional impact it has on staff. (Social Care Manager)</i>
<i>Providing a psychological understanding to our police work (Police)</i>

<p><i>The benefits are multiple – TR’s expertise and knowledge on how to support a young person and look at a trauma informed approach is very much appreciated. The mindfulness sessions are also a way to build relationships within the team and take some therapeutic time out. The training TR delivers is focused and tailored to our team's needs.</i></p> <p>(Social Worker)</p>
<p><i>a different perspective and advice on approaching victims</i> (Police)</p>

(5) The Children’s Society Highlight Report

The Manchester Missing from Care Service commissioned by Manchester City Council and delivered by The Children’s Society, support those children and young people in the care of Manchester Local Authority who go missing from care, as well as supporting parent/carers who have young people who go missing or are on the periphery and coming in late. We offer further support where needed, to focus on reducing missing from home episodes.

This year we have received 1585 referrals for Return Home Interviews. 100% of these referrals were offered a Return Home Interview and 97% were completed. We have seen an increase of 8% from last year’s referrals, and only 1% of IRIs offered have been declined by young people. 78% of those Return Home Interviews were completed within 72 hours of referral.

The main reason young people tell us they go missing from home is to stay out with friends, and our biggest cohort is 16- and 17-year-old males. This year, another main reason for going missing, has been those young people who are unhappy in their placement, resulting in staying with family they are not allowed to live with. Due to there being a shortage of placements in Manchester, we have supported young people on a longer-term basis, who have stayed in hotels/apartments for a long period of time, to ensure they have a consistent key worker coming to see them during a difficult and unstable time. A challenge this year, similarly to last year, has been receiving inappropriate referrals for those young people, who many of which, are not missing, often they are at appropriate addresses and in contact but are being reported as missing by placements due to not being in for curfew. Many of these young people tell us that they feel as though they are treated differently because they are in the care system. This can also affect young people’s futures, as multiple missing episodes on their record can impact finding future placements. More risk factors we have seen is exploitation, mental health, and NEET.

We continue to make safeguarding referrals and have made safeguarding referrals for young people disclosing sexual and physical abuse and for those at risk of exploitation. However, the main reason for safeguarding referrals is for mental health concerns. 64% of safeguarding referrals were for young people struggling with their mental health, and 61% of all referrals were female.

We continue to see a high number of referrals to Manchester Children’s Rights Service to ensure young people had their voice heard following their IRI, as well as making internal referrals to our parenting project, to support those parent/carers of young people who are going missing.

Whilst we have continued to offer 1:1 support to 21 young people this year, we have offered increasingly more informal follow-up support, checking in with young people just to make sure they are ok, and to ensure their voice, wishes and feelings are being raised to Social Services. We continue to deliver care packages to many of our young people – well-being journals, safety numbers and donations to support their physical and emotional well-being.

The team attend daily risk briefings at the Complex Safeguarding Hub, Missing from Home panels, mapping meetings, as well as meetings for young people such as strategy and PPM (Permanency Planning Meeting) meetings, to work alongside our partners, to information share, and to support best outcomes for our children in care.

We feel as though it's important young people have a voice and can shape our service. Following on from last year's focus group aiming to establish young people's views on return home interviews, we created a document to complete with young people on their first visit, so they could tell us how they would like to be supported. We held a further focus group this year showing our young people the document created, collated feedback about the document which was positive, and the majority of young people said they would like to use this document.

There has been a new semi-independent placement provider named 'The Lodge,' for 16 - 18-year-olds, which holds up to 30 young people, which is different to other semi-independent placements as there is a security guard on shift after 5pm, and no staff members. We have developed a relationship with this home, as many of our young people are placed there. We have delivered missing from home training to ensure they have a good understanding of the missing process, as well as training on the impact of language. We have also offered drop-in sessions to the lodge, where we bring food and drinks, and games, offering a safe space for young people to come and talk to us, whether they have been reported as missing or not, to raise awareness around safety, healthy relationships and exploitation, as well as being able to share positive activities going on in Manchester to the young people. During one drop-in session the team played 'snap' with a UASC (Unaccompanied Asylum-Seeking Children) YP via a translator.

In November, we took part in Crucial Crew, delivering a safety workshop over 4 days reaching 679 year 6 pupils. We have also offered missing from home awareness to a secondary PRU provider (In Ed) during the week of action, after they had raised their concerns with us over young people being reported as missing from there. The aims were for the workers to understand what is meant by missing, to support an understanding of underlying vulnerability and risk factors for children and young people who go missing, and to understand the process of grooming and exploitation. We also offered awareness raising sessions to the young people at In Ed, around safety and exploitation.

What our young people are saying:

- *" I like how you tell me if you have to share information you would always tell me first, it makes me feel important. As a young person in care, I often feel everyone is talking about me and this makes me feel more in control."*
- *Thanks for all you have done these last few months you really helped me change for the best you are mint and I'm so glad kids like me will have the help from a great worker ... I'm so grateful for all you have done, and I promise I'll make you proud in the future thanks so much.*

- *“Thank you for the journal. I’ve been using it and it is really helped. And the positive affirmation cards so thank you”*
- *“Thank you for coming out to see me and listening to me”*
- *thank you so much liv. i really Appreciate it. thank you for everything once again :)*

This year we have continued to support parent and carers following a further year extension funded by The Community Safeguarding Partnership. We have been able to support parents whose young people have been reported missing from home, to educate them to understand their responsibilities in terms of reporting, the risks of going missing, understanding their young people, and improving communications within the family. Our parenting worker has supported 60 parent/carers through 1:1 direct work, groupwork and informal coffee mornings – ensuring a range of different options to allow engagement.

One theme we have noticed is parent/carers have a lack of understanding of what young people are accessing online, and with more younger children being referred into Complex Safeguarding Hub where there has been an increase in online risks, we have adapted our support to include online safety.

Other themes have included:

- Parents/Carers of male young people being referred
- Risks of exploitation
- Parent’s struggling with their emotional well-being
- Long term placements breaking down
- Parents of adopted children struggling when their children reach adolescent age, and placements breaking down
- Lack of placements – resulting in young people being moved back with parents as no other options, and also to live with Grandparents, which in addition means we have had an increase in Grandparent referrals
- Grandparents feeling isolated and exhausted with caring for Grandchildren following placement breakdowns
- Parents not feeling listened to or feeling judged by social care
- Parents of children on a FCO are struggling setting boundaries around curfew times – for some this is because, social worker has already set curfew times which parents do not agree with as feel it is too late or those parents who struggle to set boundaries because it is unclear whose responsibility this is
- Parent/carers referred to us with young people who have autism and additional needs
- Parents struggling financially, for example not putting the heating on and wearing coats in the house, not having money for bus fares
- Parents feeling as though they do not have ‘anyone there’ for them
- Parents with YP on a full care order, are not being given the credit and recognition to be able to be included in safeguarding their children
- Parents and carers struggling to remain in a positive parenting mode, due to emotional pressure from the prolific missing episodes, communication can then become negative or ‘blaming,’ which creates tension, even when parents are engaging in support, they struggle immensely with this, which has become a recurring theme
- Parents feeling overwhelmed and exhausted, by persistent missing from home episodes

- Parents struggling to have empathy and understand teenagers' motivation linked to emotional wellbeing/educational attendance, which can lead to and become a push factor
- YP at home for long periods of time whilst school/PRU placements need to be identified to suit YP's needs, adding more financial pressure at home
- Lack of mental health community-based support groups to refer parents on to
- Lack of support for online safety to refer parents to – no agency in Manchester supporting parents face to face
- Lack of resources or specialised support around online safety for young people with Autism
- Parents struggling with ensuring they are building in sufficient time to look at self-care to enable them to stay focussed on their parenting and parenting style
- Parents not accepting support from other professionals, such as eclipse

Using our Family Star assessment tool, we have seen 76% of parent/carers reporting improvements in keeping their child safe.

We have offered 3 workshops this year to various professionals including a total of 30 foster carers and residential staff, to help raise awareness of the risks of missing from home, the indicators of exploitation, and 'The Impact of Language' to help Foster Carers understand the importance of recording.

Feedback included:

- "More knowledge, great links & partnership working"
- "Will help with trying to explore the reasons behind YP going missing frequently"
- "The training was on point, child friendly"
- 'The training made me think of being mindful of things you write and that the effect it could have especially on young people'
- 'I will be extra mindful about the language I use when recording & speaking about a young person & their life situation – the training was great, Thank you'
- 'I have thought to be more careful of how I word things when recording'
- *'I learned how and why a child may run away from home and that it and be due to many factors, I have a more in depth understanding now'*
- *'It's helped me to understand why children go missing and how to signpost them to the relevant services and understand them a little more'*
- *'I found the hotspot for missing children and what CCE is good as I didn't know too much about the missing issues, very concise, well presented and explained well very informative, we have a student who goes missing it's good to learn the signs of missing, Excellent training'*
- *'I will pay more attention when a child goes missing as to conversations with other kids, behaviour patterns etc'*

What our parents are saying:

- *Jill is lovely, I can feel that she is really experienced, and I felt like I could trust her*

- *I would just like to see more stuff like this being advertised, it is so good for parents and we need it, I found it all really informative and I love the book I was given at the end with further support*
- *Everything that was covered was vital and needed, I do not think there was anything else I needed covering and I found it all useful.*
- *The vouchers I got from Jill were so helpful. And, was good to think about self-care, I did not have that good role model growing up taking care of themselves and I didn't realise the importance of it, but you need to also look after yourself*
- *'In Africa I would call me 'mum' as you have shared your knowledge and helped me - thank you. Giving you the name mum shows I have respect for you and am grateful for your advice and kindness.*

Appendix 7 Adult services

Transitional safeguarding is a focus for the safeguarding services at present. Adult Social Care are working with partners to focus attention on this area of work with the Service Manager for Safeguarding has now been invited to join various Transitions work groups and is striving to improve the profile of transitional safeguarding across both Childrens and Adult services.

Adult social care also supported and attended a recent Manchester Safeguarding partnership event focused on Transitional safeguarding.

In adult social care we recognise that exploitation does not stop just because a young person turns 18 and that in fact that there is the potential for concerns/risks will increase as children services withdraw support which can have a devastating impact on all aspects of their wellbeing, their quality of life and life chances.

Under the care act 2014, criminal and sexual exploitation, as a form of modern slavery, is identified as an adult safeguarding concern and therefore, some young people who come to the attention of the complex safeguarding hub may need to be referred to adult services/transitions for post 18 support.

Adult social care is jointly working with our colleagues in children's services to look at safe transition between services and to ensure we do not have a cliff edge cessation of support on 18th Birthday. Adult social care is encouraging preparation for adulthood initiatives.

Safeguarding referrals are received via the contact centre who would ensure children's and adults MASH are involved at the earliest stage.

Adult social care supports the complex safeguarding team with the provision of an adult worker who has a key role in advising workers on the complex safeguarding team on how to access post 18 support for child victims of exploitation who may need support from adult services when they become adults

The worker also supports a whole family response by identifying whether parents, carers or any other significant adults within the immediate/wider family network are known to adult service and whether there is any information that needs to be shared, e.g., whether there are any safeguarding concerns about any family members. The worker will also identify whether there are any vulnerable adults within the family who could be at risk of exploitation and whether any adult safeguarding referrals need to be made.

The adult worker also provides support and advice to workers who continue to support the young adult after they have been closed to complex safeguarding such as youth justice services and leaving care services. They have also provided advice/support to workers/family members who have been concerned about aspects of their support arrangements and the potential for new concerns to have arisen.

It has been identified that having additional needs such as neurodivergence and poor mental health can present as additional risk factors for children and young people experiencing criminal or sexual exploitation.

These are also factors that may result in young people needing support from adult services to help keep themselves safe and to promote their wellbeing.

At this early stage, the adult's worker will identify when it appears likely that a young person will need to be referred to transitions and will also alert involved workers when this appears necessary.

The adult's worker will also provide advice on how to make referrals to transitions and how to access the transition practice forum for early discussion of case.

Although referral through to transitions would ordinarily be the primary route into adult services from the complex safeguarding hub, this may not be an option if the need for adult service support is identified outside the agreed age range for referrals into transitions, which is currently 17 years and 9 months. When this happens, a direct referral will need to be made into adult services via Adult MASH.

When a direct referral to adult services is necessary, the adult's worker at the hub will schedule a case meeting to discuss ongoing concerns and risks and to gather other relevant information to help determine whether ongoing an adult safeguarding response to develop a transitional safeguarding plan is needed or whether the young person may need an adult social care assessment, a specialist health assessment such as a learning disability or autism assessment. The adult's worker can also identify when a young person may benefit from input from another specialist service that work with young adults such as Mersey care specialist support team that work with adults who have a learning disability or autism condition and are at risk of either hospitalisation or custodial sentence.

Providing advice and support to partner agencies such as Adult social workers, leaving care workers and youth justice who continue to support the young person after they have been closed to complex safeguarding team.

In adult safeguarding we are continuing to keep our focus on improving outcomes for our citizens and this is evidenced as recent audits have evidenced an improving picture in relation to hearing our citizens voices and including those in practice.

Safeguarding services continue to focus and plan improved joint working and further enhance our partnership work across the health and care system with a primary focus on improving outcomes and ensuring we are responsive to the needs of our communities, to support our citizens and reduce risk wherever possible.

Adult social care has recently focused learning and staff development in relation to Neglect / self-neglect as safeguarding concern, this is pertinent to Transitional safeguarding.

Self-neglect work has continued with partners in relation to self-neglect-with discussions in each adult and children's Fora, the presentation from the neglect conference has been shared with all fora. Plans in process to repeat the neglect conference over the summer.

We have shared the learning from recent SARs in various children and adults' fora's and with service managers group.

Appendix 8 Positive activities commissioned

Unity Radio's, New Talent Academy

North West Media present's Unity Radio's, New Talent Academy, Real Life Learning Host of the NGY Show and the New Talent Show

Vocational education, training and pre-employment provision for young people and adults providing accredited creative media courses followed by training at Unity Radio, The Real Sound Of The City

Unity Radio broadcasts dance and urban music across Greater Manchester on 92.8FM, DAB and online www.unityradio.fm. It has a 20-year history, starting life as a pirate radio station, meaning it has a credible, grassroots and authentic reputation amongst the community and therefore culturally relevant, familiar and already present for the lives of many within its broadcast reach. This means the barriers to engagement can often be lower for many learners as they feel comfortable in finding out more about what might be possible

Comments

We had a learner that did not speak English, this meant that we had to implement other teaching strategies to be a more inclusive classroom. We had the workbooks and handbook translated into Arabic so the course material could be translated easier. We installed google translate on the machines so we could speak very specific commands into google translate and it would speak to them back in the learner's native tongue.

We had numerous industry guests come in to speak to the learners and this was something that the learners really enjoyed and took a lot of advice and guidance from. This was especially useful to the learners because it confirmed that they have what it takes to make it in the media industry and a career is not out of their reach. More guest and talks from employers, presenters, DJ's, Station managers, community organizations is already implemented into every project. We will have a discussion with each learner, find out their job interests and always try to arrange for a guest with that specific knowledge base to come in and talk to the learner about how their career started and how to look for opportunities.

Real life learning offered the learners a look into the day-to-day job roles of the station staff, extension activities included in the course such as, creating promotional artwork, voice over work, advert production, social media scheduling.

As the learners were in such close proximity to the office occasionally there would be the offer to work with the radio station staff to produce content that would be used across our various outputs in a real-life situation. Demonstrating to the learners that their work was of a high enough standard to be broadcast across our station/socials and instil the confidence in the learner to achieve their goals.

Three case studies from the last three cohorts

YP1

YP1 was referred to us from complex safeguarding hub. He was not attending school, having instances where he was missing from home and encountered a very unstable home life. YP1 had already completed our NGY project. Twice a week for 12 weeks. Upon completion of this project YP1 did not want to stop coming to New Talent Academy / Unity Radio. YP1 was offered a place on our Creative Media course to gain his NCFE level 1 award in radio production. During the course he quickly formed healthy relationships with staff and students alike. Becoming good friends with 1 other YP in particular. During the course conversations took place regarding how to gain employment in a job like this (working at a radio station). Career paths were discussed and YP1 was discussing returning to main stream education with his worker. YP1 unfortunately did not complete the course but this was due to an opportunity to return to main stream education full time. His progress with us has been kept if he ever wants to return to complete. He was 80% of the way through the course.

YP2

YP2 was referred to us by a senior CAMHS practitioner that we have worked with in the past. YP2 was new to Manchester following a recent from London and was at risk of criminal exploitation. YP2 has a very strong passion for music, producing his own in his spare time. From the start of the course YP2 was very engaged, asking a lot of questions and keen to show staff what he could do. Was the first to arrive every morning, last to leave and had an attendance rate of 100%. He helped out a lot of the other members of the group when they had fell behind or needed some support. He enquired about more opportunities at the station and has now been offered a 3-month volunteer position with our station manager at Unity Radio. He will learn about the day to day running of the station and put all the skills and knowledge he learnt on the course into practice.

YP3

YP3 had recently moved to UK from Sudan and spoke very little (next to none) English. He was referred by his social worker at Manchester City Council. YP3 had no friends and was living with a carer. He found the course very difficult at first. Requiring constant 1 to 1 attention to complete tasks. We had translated all of the workbooks and handbooks into Arabic for him to follow along. This meant that we could direct him to certain pages in order to complete certain tasks. YP3 did not complete the course. He left the course to complete an ESOL class. He wants to improve his English and then come back when he understands more.

Some examples radio Interviews were conducted demonstrating a range of transferable skills and learning about employability options

Amanda Naylor
CEO
Factory Youth Zone

IN4 Skills Bootcamps
Work placement bootcamps

Naomi Ilagoswa
Director
Growth Company

A Gallery Curator (L.S Lowry)
Achieving Change Together The Lowry Theatre

A glossary of the terms.

1. CSH - Complex Safeguarding Hub
2. EHP - Educational Health Plan
3. Mapping - A tool used within the CSH and Youth Justice Service to organise information visually.
4. TCS - The Children's Society
5. MFHT - Missing from Home Team
6. CSE - Child Sexual Exploitation
7. NRM - National Referral Mechanism
8. IRIs – Independent Return Interviews
9. CAMHS - Child and Adolescent Mental Health Services
10. SALT - Speech and Language Therapy
11. Edge of Care Panel - A panel identify support for cases when children and families need support
12. APST - Assessed and Supported Year in Employment
13. YJO - Youth Justice Officer
14. MFHP- Missing from Home Panels. Multi agency Panels that are solutions focussed and support risk management of children who go missing from home / care.
15. SAFE –Support, Attend, fulfil and Exceed. The taskforce Works collaboratively with Multi agency partners to tackle children at risk of exploitation and violence,

16. ASYE (Assessed & Supported Year in Employment) programme - A program designed to support social workers in their first year of employment.
17. MSPRU – Manchester Secondary Pupil Referral Unit.
18. DFE - Department for Education
19. Bridging the Gap – Multi agency working between Education, Schools, and Early Helps. To looks at identify gaps in services for support trends within school
20. APT - Alternative Provision Taskforce
21. YJB - Youth Justice Board
22. MoJ - Ministry of Justice
23. Trusted Relationships Clinical Psychologists- Clinicians help the multi-agency Team think about trauma of the children supporting and support wellbeing of staff.
24. "Team around the school" - An approach involving a collaborative team supporting a school.
25. GM - Greater Manchester.
26. PRU - Pupil Referral Unit
27. CST - Children's Services Team
28. "Closing the Loop" activity - An Audit activity or process aimed at completing a cycle or closing a feedback loop.
29. "Think family" approaches - Approaches that consider the whole family when providing support or intervention.
30. PRU- Pupil referral unit
31. DFE-Department for Education.
32. SALT- Speech and Language Therapy.
33. AGS. Advice and Guidance.
34. Afruca . Africans Unite Against Child Abuse organisation.
35. NEET- Not in Employment and Education.