

Manchester Safeguarding Children Board — Annual Report 2014-15

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Manchester Safeguarding Children Board 2015-2017 Business Plan

Our vision:

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

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

The full published MSCB Business Plan 2015-17 can be found on our website

www.manchesterscb.org.uk

Or contact the MSCB Business Unit:

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Table of Contents

PART ONE

1.0	Foreword by Chair	1
2.0	Background	
2.1	The Manchester Context	3
2.2	What do we know about children in Manchester?	3
2.3	What do we know about their vulnerability?	4
2.4	What do we know about the services available to children and young people?	9
2.5	How are these services performing?	10

PART TWO

3.0	The MSCB	
3.1	Statutory and Legislative Context	14
3.2	Governance and Accountability	15
3.3	Quality Assurance Performance	17
	3.3.1 QAPI subgroup	17
	3.3.2 MA Case File Audits	17
	3.3.3 SCRs	18
	3.3.4 CDOP	18
	3.3.5 Review of CSE	18
3.4	Learning and Development	19
3.5	Policies and procedures	22
3.6	Licensing Activity	22
3.7	SPD Group	23
3.8	SCR subgroup	23
3.9	Child Death Overview Panel	24
3.10	Communications and engagement	24
4.0	Priority Actions for 2015-16	25

Appendices

1	MSCB governance structure	27
2	Membership attendance	28
3	MSCB Budget	29

1. Foreword

I am pleased to introduce the Annual Report for 2014-15 which covers a busy year of safeguarding activity for the Manchester LSCB. The Board was judged as inadequate in the 2014 Ofsted Review and was presented with key challenges to improve its own operation, and the oversight and scrutiny that it applied to the children's services system across the city. As a result urgent action was taken to ensure that the Board strengthened its operation. I would like to thank the interim Chair, Jane Booth, for her work during the year to address most of these challenges and to ensure that the Board adopted an improvement plan to tackle the quality of inter-agency work.

As a result of the work done, we now have a much stronger audit and quality assurance process in place; have begun to ensure that our Serious Case Review process is more robust and timely; and have clarified the Board structure and subgroups. Further work is still required to demonstrate that the Board can fulfil all its statutory duties, and that it has the active and consistent engagement of all partners. Although it falls outside the year of this Annual Report I am encouraged that there has been substantial progress on issues and the results of our audit programme will be fully covered in future reports.

Significant work still remains to be done to consolidate the Board's capacity to hold all partners to account and to test how well safeguarding is undertaken but I am confident that we now have solid foundations for discharging our duty to provide a public account of safeguarding activity in Manchester.

David Ashcroft

Independent Chair

February 2016

The purpose of the annual report is to:

'Give a public assessment of the effectiveness of local child protection arrangements, recognising achievements and being realistic about the challenges that remain.' (LSCB Chairs May 2013)

The report:

- fulfils statutory requirement under section 14a of the Children Act 2004;
- is of interest to all those who have an interest in safeguarding children in Manchester;
- provides an opportunity to reflect on the safeguarding work that has taken place over the last year;
- identifies how well placed services are to meet children's needs and how the Board knows about how well they do it;
- reflects on the work of the Board itself and identifies challenges for the future;
- sets priorities for the future:
 - to be better at challenging agencies
 - to work more directly with children and young people
 - to ensure all professionals working with children and families are well-trained and work well together.

Notes:

This report covers the period April 2014 to March 2015 and was compiled by David Ashcroft, Independent Chair of the Manchester Safeguarding Children Board (MSCB) in conjunction with the MSCB Business Unit. The interim Chair for 2014-15 prepared much of the background material.

The report will be presented to the Manchester Health and Well-Being Board, the Manchester Safeguarding Adults Board (MSAB), the Council's Scrutiny committees and the Clinical Commissioning Groups. It will be sent to the Chief Executive or equivalent of all member agencies, including the Police and Crime Commissioner.

2. Background

2.1 The Manchester Context

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

Today Manchester is ranked as a [beta world city](#) by the [Globalization and World Cities Research Network](#). Its [metropolitan economy](#) is the [third largest in the United Kingdom](#) with a [GDP](#) of \$88.3bn (2012 est., [PPP](#)). Manchester is the third-most visited city in the UK by foreign visitors, after London and Edinburgh. The city covers some 116sq km, and is densely populated, with a population density of 44.17 persons per hectare which is almost nine times the average for the North West (NW) region. Manchester's population in 2015 was estimated at 520,200; with [mid-year estimates](#) putting population growth in Manchester at 1.13%, compared to the average rate of growth in England of 0.84%. This has been driven largely by increases in working people and their young families and presents a massive opportunity for the city, linking the jobs created with providing a place to live that encourages them to stay and contribute to the City's success. Migration (internal and international) accounted for a net increase of 1,300 people between 2013 and 2014.

The current [State of the City Report](#) provides an annual snapshot of the Manchester's progress towards its vision for a world class city by 2015 as set out in its [Community Strategy](#).

2.2 What do we know about children in Manchester?

The [Manchester Fact sheet 2015](#) offers some of this context. The 2015 mid-year population estimate for Manchester is 520,200. Of this population children and young people represent around a third of the population, with one fifth being under 16 years old. In addition the numbers of younger residents is inflated by the 70,875 students who live and study in the city.

Despite periods of economic growth and reductions in deprivation during the last few years, there continues to be significant and persistently high levels of deprivation and worklessness in the city. The Index of Multiple Deprivation ranked Manchester as the 4th most deprived local authority in England. Amongst all Core Cities, Manchester has the highest percentage (43.6%) of children under the age of 16 living in poverty compared to 22.4% national average. 9.9% of children live in households with a lone adult and 7.7% of households with dependent children have no adult in employment.

Manchester is rightly proud of its diverse and welcoming population. Black and minority ethnic (BME) residents make up 23.3% of Manchester's population as a whole, and the proportion of

children and young people from a BME background is far higher. Many communities are long-established in the city, but there are also significant numbers of new residents and a changing richness in Manchester's diversity.

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

The Public Health England Child [Health Profile June 2015](#) provides a snapshot of child health in Manchester. Headlines from this profile show that the health and wellbeing of children in Manchester is generally worse than the England average. For example:

- Infant mortality rate is similar to and the child mortality rate is worse than the England average.
- Children in Manchester have worse than average levels of obesity.

2.3 What do we know about their vulnerability?

Children in need of Social Care Support:

- In 2014-15 13,163 children were referred to Children's Social Care compared to 13,222 in the previous year.
- At end of March 2015 there were 1,291 Looked After children compared to 1,373 at the end of the previous year.
- At the end of March 2015 there were 903 children subject of a Child Protection Plan compared to 919 at the end of March 2014.
- In the 2014-15 return to the DfE there were 4758 children in need at 31st March 2015 (Children Act 1989).
- In 2014-15 307 children were referred to the specialist multi-agency team due to concerns around child sexual exploitation.

Looked After Children

The term 'looked after children and young people' is generally used to mean those looked after by the state, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care.

The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as 'children in care'.

At 31st March 2015 1,291 children were reported as being 'looked after' in Manchester (a rate of 80.6 per 10000 children); this compares to a statistical neighbour average of 59 per 10000 and the England average of 42 per 10000 (2013/14 data). The majority, 75.5%, are subject of care orders following court proceedings, with 11.6% being accommodated by agreement with their parents. The single biggest reason recorded is abuse or neglect followed by family dysfunction.

Placement stability is good, with provisional 2014/15 data indicating that only 6% of children experience three or more placements during the year, but timeliness of adoption showed poor performance in 2014/15 (most recent data available) at 48% (measured over a 3 year period) against an England average of 51% of children being placed for adoption within the thresholds set by the Department for Education (2013/14 data).

At 31st March 2015:

- 79.9% of LAC were placed in foster care or placed for adoption and this was the highest rate in the last four years.
 - 19 are accommodated in the four children's homes run by the council.
 - 510 are in a looked after placement in Manchester.
 - 1070 are in a looked after placement in Greater Manchester.
 - 155 are placements elsewhere in the country.
- (66 are not reported as their placements are confidential).*

During the year 96.3% of reviews incorporated the views of looked after children

There are 14 independent children's homes located in Manchester which provide placements for children and young people who are 'looked after' by other local authorities. These young people remain the responsibility of the council who have placed them but they look to local resources for education and health care. The high level of need these children often present, and the consequent demand on local resources is not generally anticipated and it is not uncommon for young people to arrive here without any consultation with local public service providers.

Considering the age and gender of the LAC population: under 5s represent 19.5%; children between the ages of 5 and 10 27.9%; children aged between 11 and 15 33.4% and the 16 plus age group equates to 19.2%. Of LAC young people 55.7% were male and 44.3% female.

Looking at the ethnicity of the LAC population, the majority (61.9%) of children are White; with the second highest ethnicity being Mixed (17.0%). 11.9% were Black or Black British; 6.7% Asian or Asian British; 1.1% from other ethnic groups; and 1.5% not known.

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

Private Fostering

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

The Private Fostering cohort in Manchester as of 31st March 2015 consisted of 24 children (29 in the previous year) which is high compared to the national, regional and statistical neighbour authorities averages (2013/14 data).

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

An action plan was approved in May 2014 to enhance the quality assurance and improve performance against the National Private Fostering Standards. The plan highlighted the need to address a number of practice areas; champions across the Localities were identified and briefings to all staff members were delivered by the Social Work Consultants. There was a huge drive early in 2014 to raise practice standards to ensure the welfare of children and young people who were privately fostered were monitored in line with Regulations. This included multi-agency training and briefings to raise the profile and awareness with regard to Private Fostering and the duties that befall all agencies.

Child Sexual Exploitation

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

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

Work is now underway to develop a multi-agency model for mapping and identification of levels of CSE, victims, offenders, locations and circumstances to form a local profile. This will also inform the development of the GM Performance Management Framework being implemented by Manchester.

The Protect Team has continued to grow and develop in effectiveness; numbers of referrals have risen as awareness of CSE has grown and the Team has developed to meet this increasing demand but also to ensure that all the needs of children and young people are met. The delivery model has been revised to meet demands for the therapeutic element of work and to enable the best use of resources and outcomes for the Team. A new delivery model also includes colleagues from Salford – demonstrating local awareness that that both perpetrators and victims are not deterred or protected by constitutional boundaries.

Children who are reported missing

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

New guidance was issued in 2014 which resulted in an increased focus on the vulnerability of children missing from home and a revision of the multi-agency procedures for responding. Information about the extent to which agencies were fulfilling their statutory safeguarding duties was found either to be unavailable or inaccurate. The Board presented challenge to both the Police and to the Local Authority and interim manual systems were established. This task proved to be

complex and difficult and by the year end the systems had only just been established. However the police systems for ensuring Safe and Well checks were completed brought about a dramatic improvement with a completion rate of 98% being achieved by the year end.

In addition to the Safe and Well checks performed by the police, all children must be offered an interview with someone independent of their care arrangements. The purpose of this is to enable an assessment of risk to be completed and to offer support to reduce the risk of future harm. This is a Local Authority responsibility and in Manchester during 2014-15 was commissioned from the Council's Children's Rights Service and from the Children's Society. Levels of completion had been very low and efforts during the year to improve this had not borne fruit by the year end. Although the data collection systems were still unreliable at the year it is clear that levels of independent return interviews remained unacceptably low. This is a significant failure and a missed opportunity to protect children.

Disabled Children

The needs of many children and young people with disabilities and special educational needs (SEN) are met within their family, school and community without the involvement of children's social care. The [SEND Local Offer](#) offers information for parents, in a single place, which helps them to understand what services they and their family can expect from a range of local agencies - including their statutory entitlements. This includes national and local services and organisations which can offer support to Manchester families. There are also details of clubs, groups and activities especially for children and young people with disabilities and special educational needs (SEN). In addition there are lots of mainstream clubs and activities which are accessible to disabled children, known as 'universal services'.

At 31st March 2015:

- 280 children were receiving social care support, including:
 - 34 looked after children;
 - 16 children on a child protection plan who have a disability at 31st March 2015.

Young Carers

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

Manchester offers young carers opportunities to meet up and take a break, as well as take part in activities, trips away and sports. In Manchester, there are also specialist workers who understand the things young carers experience and on hand to offer support. Services are detailed on the help and support directory available through the Manchester City Council website manchester.fsd.org.uk/

The Young People's Support Foundation (YPSF) is a partner of the MSCB and provides a wide range of services to support young people towards an independent life as an adult. For more information visit www.ypsf.co.uk

Children's Rights

The Children's Rights Service is a service for any child or young person from the age of 0 – 24 who is looked after by Manchester City Council. The Children's Rights Service (CRS) focuses on engagement

particularly around age assessments, transitional arrangements, the Independent Visitor scheme and Care 2 Change Council. The Service can support young people to:

- make a complaint;
- understand their rights;
- find out about other services that might be able to help them;
- become involved in participation events so they can have their say about issues which are of importance to them.

When a referral is made whereby a young person cannot express their wishes and feelings due to being of a very young age or severely disabled the CRS will advocate for what their rights are and ensure their rights are not violated but implemented on their behalf.

The referral numbers to the CRS are generally stable; there were 138 Advocacy referrals in 2014/15. The reasons for referrals are varied but the reasons featuring most strongly were placement and contact issues.

As Manchester children's homes close and children are moved to new placements this can pose some issues for young people who then refer to Children's Rights for support. There are ongoing issues with young people and their transition arrangements to Adult Services.

Education

There are some 176 schools in Manchester as detailed in section 2.5; within these schools:

- In January 2015, 77,490 children were enrolled in Manchester schools.
- In 2014, 51.4% of Manchester pupils achieved 5 or more GCSEs A*- C including English and Maths compared to 53.4% nationally.
- There were 5.67% NEET (young people not engaged in education, employment or training) in Manchester in November 2014.; this compares favourably to a national average of 7.6%
- In January 2015 there were 12,820 children with special educational needs which represent 16.5% of Manchester pupils. This percentage is higher than the North West average of 15.6% and the England average of 15.4%.
- In January 2015, 30.5% of children were accessing free school meals compared with a North West average of 17.4% and England average of 15.2%.
- On both levels of development at age 5 and achievement in GCSE the local picture is below the England average though the gap is reducing.

Health and wellbeing

The Public Health team have coordinated the development of a stand alone Joint Strategic Needs Assessment (JSNA) for children and young people in Manchester. There is a safeguarding section within this and it can be found on the website:

www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/6797/children_and_young_peoples_jsna/3

Considering publically available information regarding the health and wellbeing of children and young people in Manchester:

- Children were admitted for mental health conditions at a similar rate to that in England as a whole.
- The rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar to previous periods (lower than the England average). Nationally, levels of self-harm are higher among young women than young men.

- The area has a higher teenage conception rate compared with the England average and the regional average.
- 1.3% of women giving birth in the area were aged under 18 years which is similar to the regional average and England average; and compares with the European average of 0.9%.
- 68.1% of mothers in the area initiate breastfeeding when their baby is born; the area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%. There is no data for breastfeeding at six to eight weeks.
- Compared with the England average, a similar percentage of children (92.9%) have received their first dose of immunisation by the age of two. By the age of five, 90.2% of children have received their second dose of MMR immunisation. This is higher than the England average. In the North West, there were 319 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

(Source: Public Health England <http://www.chimat.org.uk/>)

2.4 What do we know about the services available to children and young people in Manchester?

In April 2015 the MSCB and partners revised the Multi-agency Needs and Response Framework which defines levels of need across all services operating outside universal provision. This threshold framework describes the varying levels of need and gives detailed guidance to partners when assessing a child's level of need and considering what other services are available to support families when children and young people have needs within the categories falling short of statutory intervention.

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

Level 1 Universal services:

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

Level 2 Early Help:

Early help is defined in Working Together 2015 as '*providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years*'; identifying this as more effective in promoting the welfare of children than reacting later.

Early Help Services are those which provide for a child, young person or family with additional needs that can be met by a single agency providing support over and above that which is universally available. Early Help Assessment is a means of identifying needs and planning a response.

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

The Multi-agency Needs and Response Framework has been developed under the governance of the Manchester Safeguarding Children Board and is now the sole source of advice and guidance

associated with levels of intervention for safeguarding and promoting the welfare of children in Manchester.

Both documents can be downloaded from www.manchester.gov.uk
Or [Early Help. Working together to Support Families in Manchester.](#)

There has been a continued growth in the number of MCAFs/Early Help Assessments carried out across Manchester:

- 2011-12 = 472
- 2012-13 = 898
- 2013-14 = 1305
- 2014-15 = 1953.

Level 3 Enhanced Intensive or Specialist Support:

Level 3 applies to a child, young person or family that needs a coordinated programme of support from more than one agency. An Early Help Assessment (EHA) is completed with parental and a 'Team around the Family' meeting co-ordinated by the nominated lead professional.

Level 4 Intensive support:

Level 4 applies to a child, young person or family who requires intensive and coordinated support for complex issues via Targeted Services/ Early Help hubs, and/ or where support at Level 3 has not improved outcomes. The child, young person and/or their family may require long-term intervention from statutory and specialist services. (Statutory intervention is support for children and young people at risk of or suffering actual significant harm who require protection led by Children's Social Care and the Police, and children and young people who are 'Looked After' and in the care of the Local Authority.)

Level 5 Statutory or specialist services:

Level 5 applies to a child or young person at risk of or suffering from significant harm due to compromised parenting, or whose needs require acute services or care away from their home. These children will receive a Statutory/Specialist Assessment.

2.5 How are these services performing?

Social care

Following an Ofsted Inspection in July 2014 services provided by the local authority's Children's Social Care Service were judged overall to be inadequate. The Minister for Education issued an Improvement Notice and an independently chaired multi-agency Improvement Board was established to monitor progress. A comprehensive improvement plan was developed, involving all partner agencies and is in the process of full implementation. The plan has been revised subsequently as progress has been made on core services.

Education

There are 176 schools across the city of Manchester, as detailed in the table below (as at January 2015). Of the 43 Manchester schools inspected by Ofsted between 1st April 2014 and 31st March 2015, 4 were judged to be outstanding, 27 good, 8 require improvement and 4 inadequate.

	LA Maintained	Academy	Total
Nursery	2	0	2
Primary	106	26	132
All through	1	1	2
Secondary	8	15	23
Sixth Form	0	1	1
Special	12	1	13
PRU	2	1	3
Total	131	45	176

Police

The city of Manchester is covered by two police divisions. Her Majesty's Inspectorate of Constabulary (HMIC) independently assesses the efficiency and effectiveness of the police force and policing activity – ranging from neighbourhood teams through serious crime to the fight against terrorism – in the public interest.

In December 2014 HM Inspectorate of Constabulary (HMIC) published an inspection report into the child protection work carried out by Greater Manchester Police, following an inspection in July 2014.

Protecting children is one of the most important tasks the police undertake. Only the police can investigate suspected crimes, arrest perpetrators and monitor sex offenders. Police officers have the power to take a child who is in danger into a place of safety, or to seek an order to restrict an offender's contact with children. The police service also has a significant role working with other agencies to ensure the child's protection and well-being, longer term.

Inspectors were pleased to find:

- a strong commitment and visible leadership for child protection, and clear plans for continued improvement of child protection services;
- that staff responsible for managing child abuse investigations were knowledgeable, skilled and dedicated to providing good outcomes for children;
- good relationships with partner agencies and local safeguarding children boards; and
- staff from partner agencies being based in the same location, to help deliver better child protection services.

However, inspectors were concerned to find:

- significant delays in the investigation of a number of child protection cases;
- inconsistent practice across the force, particularly in dealing with child sexual exploitation;
- limited evidence of review or audit of child protection work to support learning and improve practice; and
- that children were being unnecessarily detained in police custody overnight.

For more details and a copy of the report go to www.justiceinspectorates.gov.uk

In March 2014, HM Inspectorate of Constabulary (HMIC) reported concerns about how Greater Manchester Police tackled domestic abuse. HMIC carried out a follow up inspection in Greater Manchester Police in November 2014 to check on the progress of those recommendations.

Inspectors found that Greater Manchester Police has made significant improvements to the way it approaches domestic abuse, and is now providing a higher level of service to victims.

There are still areas where the force can improve, such as learning lessons that are identified following reviews into domestic related homicides. For more details and the report visit www.justiceinspectors.gov.uk

New guidance was issued in 2014 which resulted in an increased focus on the vulnerability of children missing from home and a revision of the multi-agency procedures for responding. Information about the extent to which agencies were fulfilling their statutory safeguarding duties was found either to be unavailable or inaccurate. The Board presented challenge to both the Police and to the Local Authority and interim manual systems were established. This task proved to be complex and difficult and by the year end the systems had only just been established. However the police systems for ensuring Safe and Well checks were completed brought about a dramatic improvement with a completion rate of 98% being achieved by the year end.

Manchester's Health Economy

Overview

The Accountability and Assurance Framework (2015) sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare. Within Manchester there are 3 Clinical Commissioning Groups (CCG)– North, Central and South. There are 92 GP member practices across the city.

Central Manchester CCG hosts the citywide safeguarding team whose function includes the safeguarding assurance (including S11) of Manchester's Health Economy. Within the Citywide team, there is an Executive Nurse who is also the Director of Safeguarding for all 3 CCG Boards. This arrangement allows for a clear and unambiguous line of accountability for safeguarding across the CCGs. Each CCG board also has a GP safeguarding Champion and lead.

Within the citywide arrangements, the CCGs have a safeguarding work programme that form parts of the Citywide operational plan and is monitored within the governance structure. This work programme is aligned and informed by the priorities of the Manchester Safeguarding Children Board.

Provider Services

Located geographically within Manchester are three acute trusts, a Mental Health Trust, The Christie, 92 GP practices and a number of smaller and independent healthcare providers.

North Manchester: North Manchester General Hospital (NMGH) is part of Pennine Acute Hospital Trust (PAHT). NMGH has an Emergency Department, Paediatric and Maternity services.

Central Manchester: Central Manchester Foundation Trust (CMFT) consists of the Royal Manchester Children's Hospital, University Dental Hospital of Manchester, Manchester Royal Eye Hospital, Manchester Royal Infirmary and St Mary's Hospital. During the transformation of services the community children's services were maintained as a citywide arrangement- including the specific service for community safeguarding and Looked After Children.

South Manchester: University Hospital of South Manchester (UHSM). This trust has an Emergency Department, Maternity and Paediatric services.

Commissioning arrangements for other services

NHS England is currently the commissioner of primary care (moving to a co-commissioning arrangement), specialised health services including The Christie hospital and offender health.

School nursing and Health Visiting services are commissioned by Manchester City Council's Public Health Directorate and provided by Central Manchester Foundation Trust (CMFT).

All drug/ alcohol and sexual health services (including young people's services) are commissioned by Manchester City Council's Public Health Directorate and are delivered via various providers across the city.

Key Achievements during 2014-15:

- Modelling and implementing Health's contribution to the Early Help Hubs and MASH.
- Implementing a wrap-round programme of support, training and engagement with 92 GP practices.
- Contributing to the domestic violence agenda and commissioning of the IRIS service for 92 GP practices.
- Supporting and embedding a family approach across the health economy to link the themes from Serious Case review and Domestic Homicide Reviews. This particularly recognises the impact of the toxic trio on children.
- Strengthening the health statutory functions for Looked After Children to contribute to the wider partnership arrangements.

Children and Family Court Advisory and Support Service (Cafcass)

Cafcass is a non-departmental public body accountable to the Secretary of State and is independent of the courts, social services, education and health authorities and all similar agencies. Cafcass is the voice of children in the family courts and helps to ensure that children's welfare is put first during proceedings. Every year the service helps over 140,000 children and young people who are going through care or adoption proceedings, or whose parents have separated and are unable to agree about future arrangements for their children.

In April 2014 Cafcass was inspected by Ofsted for and it was found that the quality and effectiveness of Cafcass work with children and families in both private law (arrangements for children) and public law (care and adoption) was outstanding overall. Learn more about the results of Ofsted's inspection of Cafcass on their website www.cafcass.gov.uk

Macc – Manchester's Voluntary and Community Sector Support Organisation

There are over 3,000 voluntary and community groups (including faith-based groups and social enterprises) in Manchester. About half of these work with children young people and families. Most are small community groups with an annual income below £10k and there are a handful of large organisations with multi-million pound budgets.

The voluntary and community sector:

- work with families who may be “below the radar” or are reluctant to engage with statutory services;
- play a key role in safeguarding, not just in terms of prevention and intervention but at the highest levels of need and complexity;
- have key roles in the provision of statutory functions such as youth homelessness and therefore;
- has a key role to play in safeguarding children and young people.

Macc is contracted by Manchester City Council to provide support to the voluntary and community sector (VCS) and develop the role the sector plays in the city. This support includes capacity building, increasing the influence of the sector in decision-making structures and running the city’s Volunteer Centre. Macc’s work on safeguarding is part of its wider role within the city to support a thriving voluntary sector and maximising the impact of the sector on the wellbeing of the people of Manchester. For more information visit the website www.macc.org.uk

Manchester is facing the combined effects of economic recession, public spending cuts and long-standing deprivation in local communities. There is overwhelming evidence that the effects of austerity measures, including the welfare reforms, have increased the challenges that all agencies face in keeping vulnerable children and families safe. For instance there is:

- increased pressure to support more people with higher levels of need across the VCS;
- all sectors have to reconfigure and redesign services without weakening safeguarding policies and practice;
- the VCS needs to continue to provide high quality support services and draw down other sources of funding; and
- a greater need for commissioners to be mindful of the ways in which the VCS are safeguarding children and families within communities.

As an infrastructure support organisation Macc is accountable to a very large and diverse sector of voluntary organisations and community groups. Their connections with the sector mean that they are able to channel concerns and potential solutions to improve safeguarding practice within the city.

Macc’s contribution to safeguarding is as a strategic partner working with all sectors in order to create the conditions so that the VCS in partnership can maximise its contribution to safeguarding children and young people.

Allegations Management

The Local Area Designated Officer (LADO) provides advice and guidance to organisations in cases where allegations have been made against adults who work with children and young people; and monitors the progress of cases to ensure they are dealt with quickly and fairly.

The LADO function is carried out by a full time officer who sits within the MCC Safeguarding and Improvement Unit. The work of the LADO is reported annually to the Safeguarding Board.

The volume of referrals has remained quite high over the year at 245 compared to 241 in 2013-14 Advice was provided to employers on the majority of cases and 45 of the cases proceeded to formal LADO meetings compared to 52 last year. Reasons for referrals are primarily in relation to physical 101 or unsuitable behaviour 106.

3. Manchester Safeguarding Children Board

3.1 The Statutory and Legislative Context

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

Its objectives are set out as follows:

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

Its statutory functions in relation to these objectives are:

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

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

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of WT 2015;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

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

3.2 Governance and Accountability

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

The Chief Executive, drawing on other MSCB partners and, where appropriate, the Lead Member holds the Chair to account for the effective working of the LSCB. The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area which is submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Well-being Board.

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

MCSB Members

Statutory guidance requires specific membership of the Board. During 2014-15 the following organisations were represented on the MSCB:

Organisation	Service/ role
MSCB	Independent Chair
Barnardos	
CAFCASS	
Central Manchester Foundation Trust (CMFT)	
Connexions	
Greater Manchester Fire and & Rescue Service (GMFRS)	
Greater Manchester Police (GMP)	A Division and E Division
Greater Manchester Probation Trust	
Homestart South	
Independent Schools	
Lay member(s)	
Manchester Alliance for Community Care (Macc)	
Manchester City Council (MCC)	Executive Member
MCC Children and Families Directorate	Strategic Director Safeguarding Education & Skills Youth Offending Service Public Health Adult Safeguarding
MCC Neighbourhood & Growth Directorate	Housing Strategy Community Safety Partnership
Manchester Mental Health and Social Care Trust (MMHSCT)	
Manchester North, Central & South,	Clinical Commissioning Groups (CCG)

Organisation	Service/ role
MCC Chief Executives	Children's Legal Services
NHS England	
NSPCC	
Pennine Acute Hospitals Trust (PAHT)	
Primary School Heads	
Secondary School Heads	
The Christie Foundation Trust	
The Manchester College	
University Hospital South Manchester Foundation (UHSM)	
Young People's Support Foundation (YPSF)	

The work, performance and impact of the Board are tested periodically by Ofsted and Manchester City Council through the scrutiny arrangements. The most recent inspection of the Board <http://reports.ofsted.gov.uk/local-authorities/manchester> rated the MSCB as inadequate. The Board developed an Improvement Plan and is held to account by the Improvement Board established at the request of the Minister.

Strategic links

MSCB has protocols in place to ensure effective working across a range of strategic forums e.g. with the Health and Wellbeing Board (HWB), informing and drawing on the Joint Strategic Needs Assessment (JSNA).

MSCB Board

Throughout 2014-15 the MSCB Board met every alternate month and was facilitated by the MSCB Business Unit. All members are expected to attend or arrange suitable deputies. The Board receives reports on MSCB business from its subgroups and task and finish groups, as well as updates on the progress of the work contained in the MSCB Business Plan; (See Appendix 2 for Board member attendance chart). Whilst a number of agencies managed 100% attendance at Board meetings this was not consistently the case. Targets have therefore been set for future attendance and these will be monitored as part of the Performance Management framework.

MSCB Executive

During 2014-15 the MSCB Executive met every alternate month and was facilitated by the MSCB Business Unit; members were:

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

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

MSCB Subgroups

The MSCB revised its governance structure in 2014-15. It has a number of subgroups, on a standing basis (See Appendix 1) and also commissions 'task and finish groups' as required to carry out specific

tasks relating to a specific issue of concern; for example, developing procedures and protocols in relation to Forced Marriage.

Child Death Overview Panel

The Child Death Overview Panel (CDOP) is responsible for reviewing information on child deaths of children that die who are resident in the City of Manchester, from taking a breath to one day under 18 years of age.

The Panel is chaired by a Consultant in Public Health and is facilitated by the MSCB CDOP Officer. This multi-agency subgroup meets quarterly and is very well attended throughout the year.

3.3 Quality Assurance

The Business Plan for 2013-15 had reflected the views of the partners on the focus for priorities. However, the MSCB's use of performance management information to identify trends and improve practice in child protection and safeguarding activity across the partnership was significantly underdeveloped. Information had not been available from all agencies despite repeated requests. During 2014-15 the Business Plan was agreed and a new Quality Assurance and Performance Framework were adopted. The audit process for ensuring agencies meet their statutory safeguarding responsibilities was revised and a programme of multi-agency case file audits established and completed.

3.3.1 Quality Assurance and Performance Improvement subgroup

The Quality Assurance and Performance Improvement (QAPI) subgroup was instigated and chaired by Jane Booth, interim Independent Chair in January 2015. It was formed from a task and finish group which had been convened during 2014 to develop a Performance Management Framework based on the North West Performance Management Framework.

The main focus of the QAPI subgroup was initially to develop the multi-agency performance dataset, but the subgroup's remit was widened in January 2015 to cover the multi-agency case file audit programme and the Section 11 self assessment audit.

3.3.2 Multi-agency case file audits

A programme of five multi-agency case file audits was developed in January 2015 for the coming year. The themes for the audits were decided by the Quality Assurance and Performance Improvement (QAPI) subgroup based on issues that had arisen in recent Serious Case Reviews and with guidance from the interim MSCB Independent Chair.

The in depth multi-agency case file audit is a new method of auditing for MSCB and the first two audits were supported by colleagues from Rochdale Borough Safeguarding Children Board who have successfully used the method for the last few years with Ofsted's approval. An Audit Team member has been identified from each of the partner agencies, and they are expected to operate independently on behalf of the MSCB to complete an in depth questionnaire for five randomly selected cases using Ofsted style gradings of Inadequate, Requires Improvement, Good and Outstanding. This results in approximately 40 case files being examined in detail for each audit. Instances of both good and poor practice are fed back to practitioners within their agency. Multi-agency recommendations are made based on the findings of the audit and these are monitored by the QAPI subgroup.

The first multi-agency case file audit was on the theme of Pre Birth Assessments and commenced at the end of January 2015 with the final overview report being presented to the QAPI subgroup in April 2015.

3.3.3 Serious Case Reviews

One Serious Case Review (SCR) in respect of Child D1 was commissioned during this period and this was scheduled to be completed in late 2015.

During the summer of 2014 two SCRs were concluded (Child B1 and Child C1); these related to children who died in 2013. Child B1 was commissioned in late 2013 and Child C1 in early 2014. Child C1 was published in December 2014 and Child B1 will be published once criminal proceedings have been finalised and family involvement can be facilitated.

The SCR subgroup moderated communications with the National SCR Panel relating to screened cases against the criteria for SCR. The National SCR panel agreed with the outcome of the screening of these cases.

After the commissioning of the latest SCR, Child D1, it was apparent that the written information provided by agencies was of variable standard. It also became apparent that the information had not been quality assured by single agencies. It is therefore intended to arrange training in 2015 for single agencies to provide and quality assure written information (Chronologies).

3.3.4 Child Death Overview Report

It is a statutory responsibility of LSCBs to establish a panel to review all child deaths in their area. The learning to be gained from reviewing the cases with the Child Death Overview Panel (CDOP) is to highlight modifiable factors that may help to prevent child deaths. Particular consideration will be given to the reviews of sudden unexpected deaths in infancy and childhood; accidental deaths; suicides and any deaths from natural causes where there are potential lessons to be learnt.

This year CDOP have continued to strengthen and consolidate data reporting processes however, issues regarding data completeness and quality remain. CDOP have been working closely with the Chairs of the other Greater Manchester (GM) CDOPs, as well as with the GM Safeguarding Partnership and have contributed to a shared GM database from 2012-13 to look at patterns and trends on the whole GM footprint. Analysing more child deaths enables themes and trends to be more readily recognised. A third GM report for 2014-15 is being produced.

CDOP produces an annual report based on the cases reviewed and closed. In 2014-15 CDOP was notified of 70 deaths. 61 cases were reviewed and closed in this year. Reports can be found on the GMSP website www.gmsafeguardingchildren.co.uk/

3.3.5 Review of Child Sexual Exploitation

In January 2015 a Review Team from the National Working Group (NWG) were asked to establish if Manchester have any child sexual exploitation issues that require further response in light of the learning from the recently published 'Jay' report into CSE in Rotherham. The NWG Network (NWG) is a charitable organisation formed as a UK network of over 550 organisations, all involved in the tackling of Child Sexual Exploitation (CSE) and Human Trafficking within the United Kingdom.

The review looked at aspects of:

- Recognition and identification of CSE
- Reporting and referral of CSE concerns
- Training, education and awareness including young people, parents/carers and community engagement

- Thresholds and service responsiveness
- Relationships with and practice of related service providers,
- Risk assessment/management/review and case planning
- Proactive Interventions including outreach and victim support
- Disruption strategies
- Information sharing and use of intelligence
- Quality assurance processes and learning from serious case reviews.

The Review concluded that Manchester is well placed to manage children and young people who are sexually exploited. There is an established dedicated team, which is known throughout the city by many services. It is clear Manchester have a positive attitude to tackling the issues and have developed a good strategy and action plan, which is well thought out with correct priorities, and with full scrutiny at all levels to ensure all partner agencies, both statutory and non statutory, implement the plans well. This should ensure improved safeguarding for young people at risk.

The report makes recommendations in relation to strengthening understanding in some of the lesser known aspects of CSE and ensuring training is comprehensive covering all models of CSE. Strengthening the response to these young people where concerns are identified and having clear pathways to ensure they receive the support required at an early stage would assist in the prevention and early intervention of potential victims.

A Project Phoenix Peer review of the Protect Team is planned for April 2015.

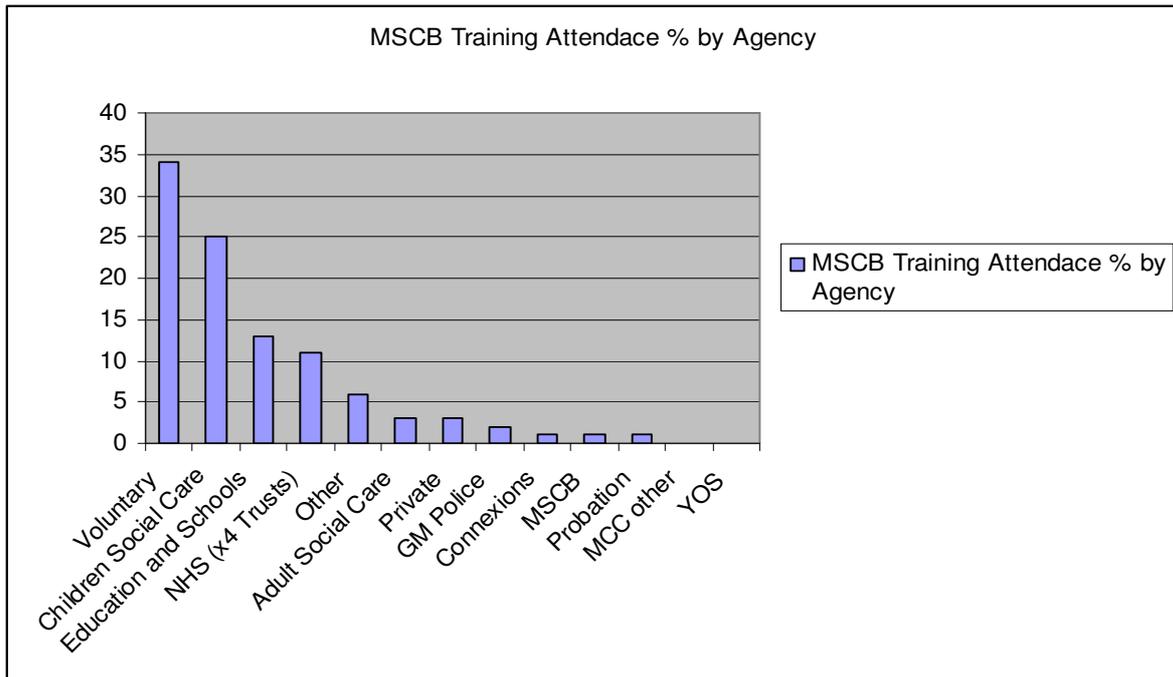
3.4 Learning and Development

In 2014–15 a total of 36 MSCB Training Courses were delivered and 886 training places were taken. This included a Forced Marriage Event in April 2014 with 42 attending and two Learning from Serious Case Reviews events in April and June 2014 with a total of 68 attending. There was a reduced training programme in 2014/15 for the last quarter due principally to staff changes. However, an increased MSCB training programme is planned for 2015-16.

On-line training continues to be a popular method of undertaking basic safeguarding children training with the MSCB. A total of 1765 e-learning courses were completed during the year which is a small reduction in previous years. However, in February 2015 the Board renegotiated its contract with the Virtual College to increase the number of courses available, enable self-registration and to have an unlimited number of licences (course applications) made available in contrast to the previous contract of 2000 licences per year. This is a very exciting development and will enable more learners to access more courses and to register themselves.

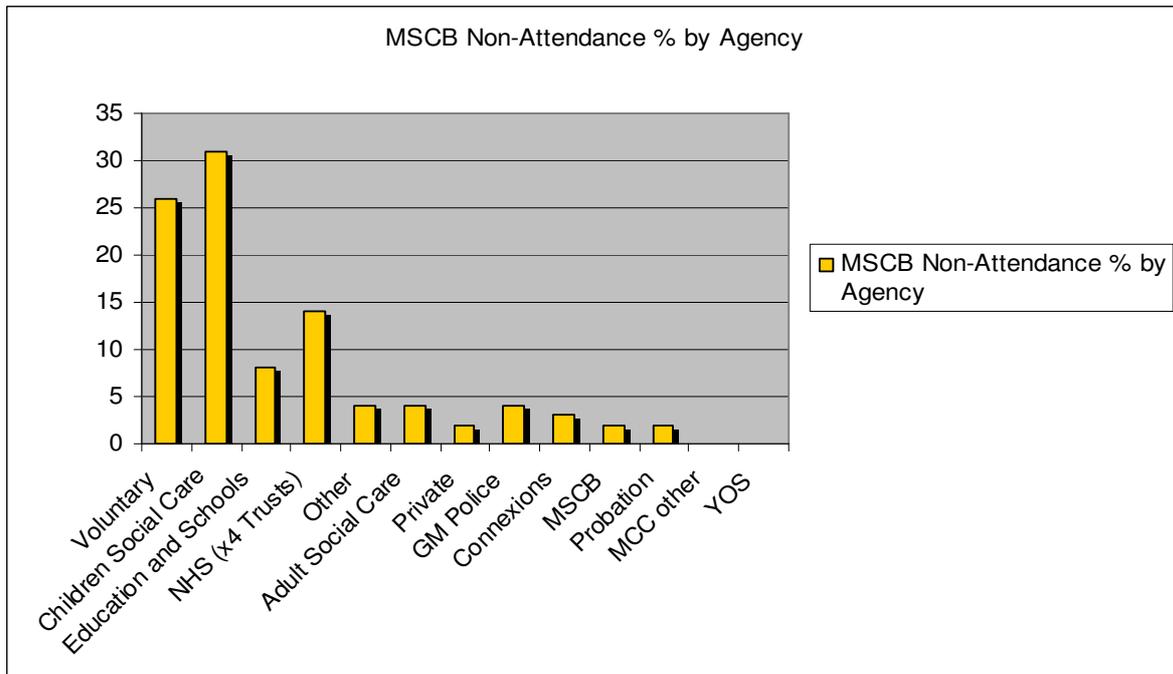
The following table shows the proportion of agencies attending the face to face training courses which include: Voluntary Sector (34%), Children's Services (25%), Education (13%) and NHS (11%).

MSCB face to face Training Courses - Breakdown of Attendance by Agency



In 2014/15 a total of 132 places were allocated to delegates who subsequently failed to attend. The numbers failing to attend training are slightly higher than previous years with 15% non attendance. The agencies who had the highest non-attendance rate were the Voluntary Sector 26% and Children’s Services with 31% (see table below).

MSCB face to face Training Courses - Breakdown of Attendance by Agency



Course Cancellations 2014-15

Below is a summary of the MSCB courses cancelled and reasons for the cancellation. Currently the MSCB recommends that a minimum of 15 trainees are required to make a course viable. This is to ensure that staff time is maximised and that courses are multi-agency.

Name of MSCB Training Course	Date	Reason for Course Cancellation
Safeguarding Children in Gangs	13.6.14	Low number of applications (9)
Safeguarding Children with a Disability	26.9.14	Low number of applications (8)
Neglect	17.9.14	Trainer unavailable
Domestic Abuse Impact on the Child	26.9.14	Trainer unavailable
Learning from Serious Case Reviews	7.10.14	Trainer unavailable

A Training Needs Analysis was sent to all partner agencies in February 2015 to ascertain the need and demand for MSCB courses and inform the 2015-16 Training Programme.

Impact Evaluation of MSCB Training

In 2014-15 the MSCB developed and piloted a new approach to assessing the impact of training. This has now been embedded as routine. The first two evaluations were reported to the Board in 2014-15. A summary is given below

Child Sexual Exploitation (delivered 26.6.14)

Generally, the course has been useful to participants, with evidence of increased understanding and good multi-agency working post course. Some respondents were able to link their learning to improved outcomes for young people. There is evidence of a change in attitudes to young people and the ability to delve more deeply and ask the right questions. Also, an increase in confidence and ability to refer to supporting agencies was demonstrated. The multi-agency mix was greatly valued. The quality of course and especially the trainers' delivery was clear. However, the impact of the course varied according to the respondents' roles and previous experience with CSE. For some it was enlightening and for others a refresher.

Introduction to Safeguarding (delivered 27.11.14)

Generally this was a successful course where the content and delivery met participants' needs. A wide agency mix and interactive exercises facilitated useful discussions and information sharing. The work environment for the majority was conducive to applying learning to practice with evidence of good support within teams. There is self-reported evidence of increased knowledge, skills and confidence and some evidence of better outcomes for children as a result of learning on the course.

MSCB Training Pool

Throughout 2014-15 there were around 20 active members of the training pool, which is a similar number to last year, however, some key trainers have left and the new Multi-agency Safeguarding Training Officer is focusing on developing the confidence and range within the MSCB Training Pool. Regular communication, meetings and offers of training and development opportunities are circulated to all trainers. Feedback from training courses are forwarded to trainers as routine and any learning outcomes discussed. This has helped to increase the confidence and enthusiasm of the training pool.

In conclusion the MSCB Training Programme has been assessed as providing an impact on practice and is well supported by a range of agencies. The MSCB will continue to promote a range of courses and develop a training pool to provide these courses.

3.5 Policies and Procedures

The MSCB is part of a consortium of Greater Manchester Safeguarding Boards and all 10 Boards jointly commission a single set of on-line safeguarding procedures. These are updated twice per annum to ensure they are kept in line with current practice and statutory requirements.

<http://greatermanchesterscb.proceduresonline.com/index.htm>

Greater Manchester Safeguarding Procedures – policies or procedures updated during 2014-15

Chapter Name	Details
Underlying Principles and Values	Information was added on when to use interpreters (Section 3 i).
Guidance for Culturally Appropriate Practice	Information was added on when to use interpreters (Sections 4 and 5).
Section 47 Enquiries	A link was added to the Stockport NHS Foundation Trust Section 47 Child Protection Medical Operational Flow Chart.
Initial Child Protection Conferences	A slight amendment was made in Section 12.2, Other Agency Reports to Conference, in relation to when agency representatives are unable to attend the conference.
Pre-Birth Assessments	Additional information was added in to Section 4, Assessment; new Sections 7, 8, 9, 10, 11, 12 were added, together with Appendix A: Pre Birth Assessment Tool.
Safeguarding Children and Young People Abused Through Sexual Exploitation	A link was added to website. Appendix A Child Sexual Exploitation Measurement Tool was added.
Children of Alcohol/Substance Misusing Parents/Carers	This chapter was updated throughout, and should be re-read.
Children of Parents with Mental Health Difficulties	This chapter was updated throughout and should be re-read. The link to Bolton local guidance was also updated.
Female Genital Mutilation Multi-Agency Protocol	A link was added to Home Office online training.
Suicide and Self Harm	This chapter was updated throughout and should be re-read.
Guidance section	A new Section 8, Guidance, was added to the manual. This section includes both new content and content previously sited elsewhere within the manual.

3.6 Licensing Activity

As the Responsible Authority for matters relating to the protection of children from harm under the Licensing Act 2003, the MSCB must be notified of all license variations and new applications for the sale and supply of alcohol and public entertainment.

The strong link to the Manchester Multi-agency Licensing Forum through the MSCB Licensing Lead has been developed and partner agencies now include all the requirement for 'the protection of children from harm' in their representations; thus avoiding duplication of workload.

The MSCB continues to develop resources and guidance to support the core objectives of the licensing legislation and to ensure children are safeguarded at licensed premises in relation to licensing activities and the links to CSE activity. Contributions have included: guidance for the taxi trade; guidance for the hotel and retail trade; and the roll-out of e-learning to front line staff to enable officers to identify CSE indicators and vulnerability factors and so identify if a young person is at risk.

3.7 Safeguarding Practice Development Group (SPDG)

The SPDG and the area Fora benefitted from good attendance by a full range of multi-agency partners. Throughout the year the work programme of the SDPDG and the three Safeguarding Fora included:

- Progression of MASH and change to the 'front door'
- Actions under Child B1 SCR relating to domestic violence
- Multi-agency Audit 'Voice of the Disabled Child' findings
- Delivering Differently D domestic violence programme progression
- Early Help development
- Revision of Multi-agency referral form and Levels of Need document
- Issues from locality Fora
- Work as directed by MSCB, the Executive and other subgroups.

New Terms of Reference are in place for the SPDG to reflect its change in function. The SPDG continues to pick up work as directed from MSCB.

3.8 Serious Case Review (SCR) Subgroup

The SCR subgroup met on 14 occasions during April 2014 to March 2015. Six cases were reviewed and these led to a number of reviews:

- a 'rapid appraisal' Multi-Agency review was completed in relation to Child RF, the victim of chronic neglect;
- the 'JAR 1' joint agency review (non-statutory) into the unexpected death of a child.

A task and finish group working on FGM has resulted from one of the other serious incidents.

As stated previously one Serious Case Review (Child D1) was commissioned during this period and this was scheduled to be completed in late 2015.

During the summer of 2014 two SCRs concluded, Child B1 and Child C1. These related to children who died in 2013. Child B1 was commissioned in late 2013 and Child C1 in early 2014. Child C1 was published in December 2014 and B1 will be published once criminal proceedings have been finalised and family involvement can be facilitated.

The subgroup moderated communications with the National SCR Panel relating to screened cases against the criteria for SCR. The National SCR panel agreed with the outcome of the screening of these cases.

The consultation on the new 'Working Together 2015' relating to notifiable incidents and the definition of 'Serious Harm' was reviewed with a view to contributing to MSCB's collective response to the consultation. The SCR referral process and new referral and agency report documentation was reviewed and signed off.

3.9 Child Death Overview Panel

It is a statutory responsibility of LSCBs to establish a panel to review all child deaths in their area. The learning to be gained from reviewing the cases with the Child Death Overview Panel (CDOP) is to highlight modifiable factors that may help to prevent child deaths.

The Child Death Overview Panel (CDOP) is responsible for reviewing information on child deaths of children that die who are resident in the City of Manchester, from taking a breath to one day under 18 years of age. Particular consideration will be given to the reviews of sudden unexpected deaths in infancy and childhood; accidental deaths; suicides and any deaths from natural causes where there are potential lessons to be learnt.

CDOP provides information to the Manchester Safeguarding Children Board by:

- Reporting identified themes and trends in local data
- Making recommendations to the Board in the CDOP Annual Report
- Making recommendations to the Board, where a child death reveals actions that could be taken to avoid further deaths
- Referring cases to the MSCB Serious Case Review subgroup where there is suspicion that neglect or abuse may have been a factor in a child's death.

As detailed in section 3.3.4 CDOP produces an annual report based on the cases reviewed and closed and this can be found on the GMSP website www.gmsafeguardingchildren.co.uk/

3.10 Communication and Engagement

The MSCB has published e-Bulletins throughout the year and will continue to do on a regular basis.

The team have continued to maintain the MSCB website and make additions as required and where possible given the limitations of the site structure. The development of a new 'Manchester Safeguarding Boards' website in partnership with the MSAB is ongoing. This improved website will provide both Boards with:

- an independent platform for sharing learning from local SCRs, DHRs, Reviews etc and national research;
- likewise for sharing news, updates and information of interest across the partnerships;
- one place to promote multi-agency learning and development e.g. by linking to e-learning and other platforms and sources;
- a single reference source for professionals and voluntary workers to access MSAB/MSCB policies and procedures alongside other key documents;
- information that is 'owned' in terms of commitment by the multi-agency safeguarding boards and their partners;
- a protected area accessible only by partners;
- signposting to useful and appropriate information for the children, young people and adults of Manchester and their parents and carers;
- similarly signposting for businesses, the wider community and members of the public.

4. Priority Actions for 2015-16

Priorities for 2015

In each year of the MSCB's two year Business Plan, we will identify and deliver key actions around our three strategic priorities and two strategic outcomes.

To **deliver** our **strategic business priorities** for 2015 we will achieve the following:

Leadership:

- Renew the understanding of the Board of its responsibilities and requirement for commitment.
- Ensure our new Business Planning approach is understood and endorsed by senior leaders across the city.
- Use our new quality assurance and performance improvement framework as the basis for tackling entrenched issues and driving change to demonstrate the leadership role of the MSCB.

Challenge:

- Implement a new audit programme to address the biggest challenges where we need a partnership response:
 - Undertake multi-agency audits to ensure that partners are fulfilling their statutory obligations.
 - Undertake Section 11 audits to ensure individual agencies have processes and procedures in place to the required standard.
- Utilise the Quality Assurance and Performance Improvement Framework to identify areas of concern and seek improvement plans.

Learning:

- Publish SCRs in a timely manner and continue to disseminate and implement the learning.
- Compile the views of children and young people into a single learning document.
- Continue to develop the multi-agency Training Programme and understand the impact of learning and development on practice.
- Learn from, and change, practice as a result of audits undertaken.

To **deliver** our **strategic outcomes** for 2015 we will achieve the following:

Preventing harm and promoting welfare:

- Seek assurance that the recommendations from Ofsted and other professional bodies are being implemented.
- Communicate to persons and bodies in Manchester the need to safeguard and promote the welfare of children and raise their awareness of how this can best be done.
- Ensure the children's workforce is trained to recognise early signs of need.

- Ensure we have effective preventative and early help in place to deal with issues quickly.
- Work to promote public health by preventing harm from smoking, drugs and alcohol and obesity.

Protecting vulnerable children:

- Continue to focus on how effective agencies in Manchester are at tackling Child Sexual exploitation and children missing from home or care.
- Work with agencies to reduce the number of children on Child Protection plans based on a detailed assessment of trends.
- Understand why Manchester has such high levels of neglect in Child Protection and require our agencies to implement our neglect strategy.
- Undertake specific work to understand the risks faced by our population and use this to develop and deliver multi-agency training programmes and policies and procedures.

MSCB challenge role

We will place a bigger focus on the challenge role of the MSCB in 2015-2017. This will include both support and scrutiny of the Ofsted Improvement Plan and other multi-agency initiatives across the partnership arena, for example the development of the MASH.

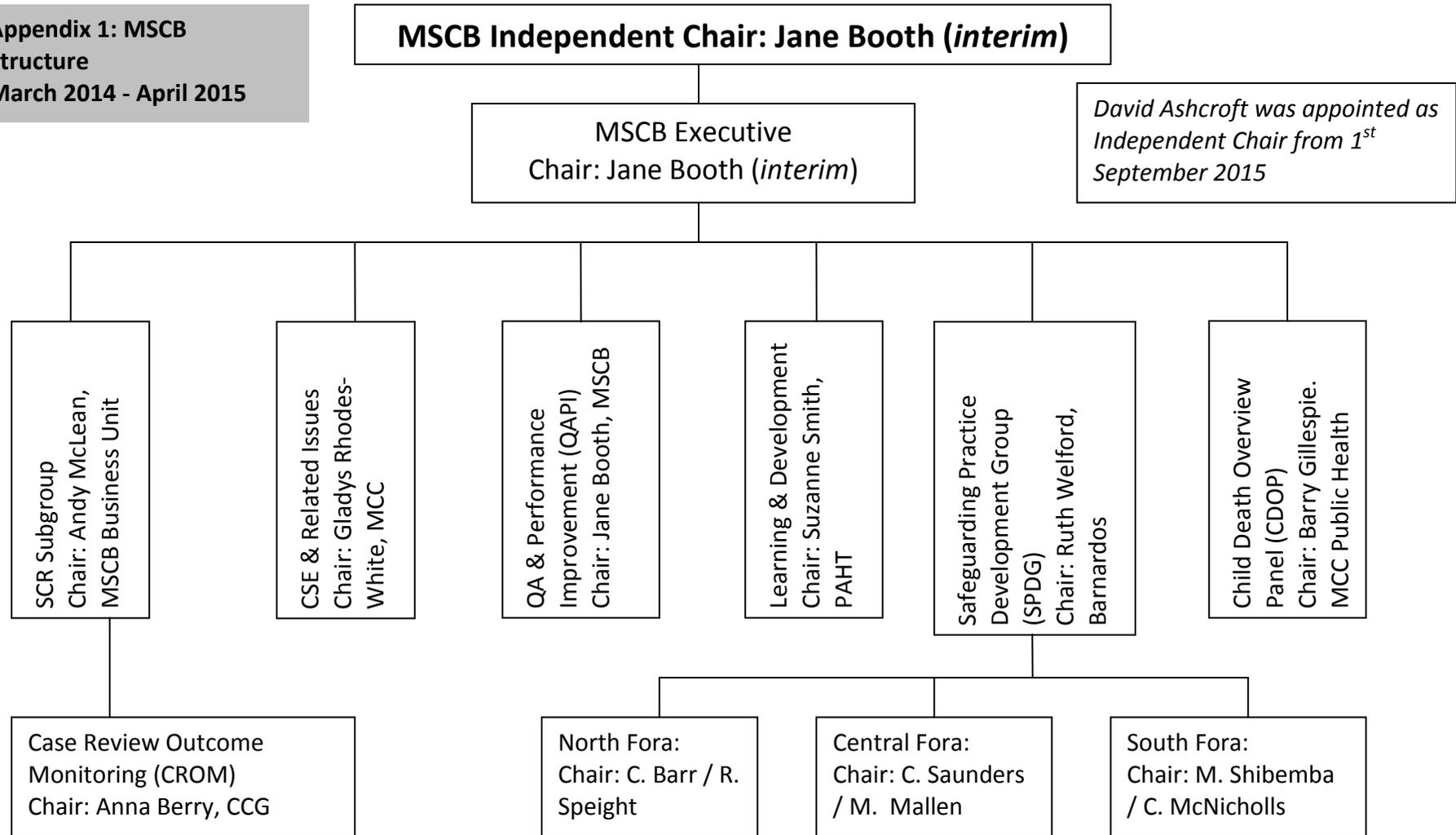
We will improve and develop our capacity to monitor multi-agency performance and outcomes to identify key issues to ensure children are safe; the primary tool for this will be our Quality Assurance and Performance Improvement Framework.

We are introducing a new approach to strategic challenge in this business plan: we will establish MSCB audits with a specific focus around a theme that is timed and accountable. The audits will draw together data, views of children and young people, frontline views and case audits. The audit will then report back to the MSCB and make recommendations for the future. We will use local and national data, SCRs, and audit findings in conjunction with consultation with frontline practitioners and children and young people to determine themes for our audit programme.

We anticipate undertaking four or five focused audits each year however areas for consideration may be added to this list throughout 2015 if our data, our practitioners or our children and young people alert us to additional areas of concern.

APPENDIX ONE

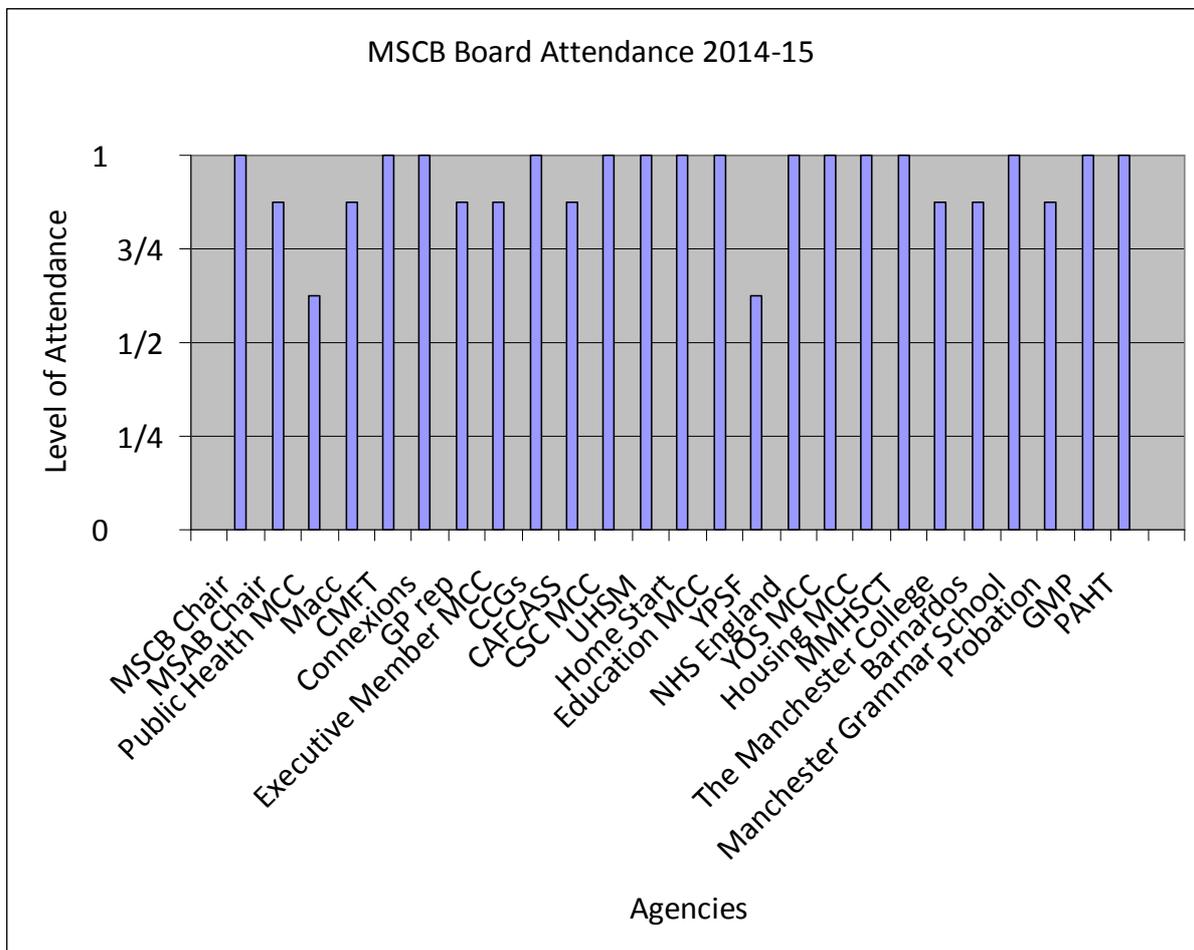
Appendix 1: MSCB
Structure
March 2014 - April 2015



Appendix 2: Member attendance

Partner Attendance at MSCB Board Meeting

The following graph shows agency attendance at the MSCB board meetings during 2014-15. Meetings take place bi-monthly, target attendance for MSCB meetings, including subgroups and other groups is 100% for the member agency, through use of designated substitutes only where necessary. Poor attendance is addressed through the MSCB Executive and the Performance Management Framework.



Appendix 3: MSCB Budget 2014-15

MANCHESTER SAFEGUARDING CHILDREN BOARD FINANCIAL REPORT APRIL 2014 TO MARCH 2015	Budget	Actual to 31/3/15	Variance to budget
COSTS	£	£	£
Business and Performance Manager (1.0 fte)	49,826	48,738	-1,088
Media and Communications Manager (0.8 fte)	22,056	22,025	-31
Policy and Performance Officer (1.0 fte)	26,798	28,918	2,120
MA Safeguarding Training Officer (1.0 fte)	37,572	35,523	-2,049
CDOP Officer (1.0 fte)	38,179	38,274	95
MSCB Administrator x 2 (1.0 fte)	48,026	39,317	-8,709
Multi-agency Training Administrator (0.6 fte)	15,556	11,687	-3,869
Managing Allegations Manager (LADO)	51,326	51,336	10
Managing Allegations Manager (LADO) Admin (0.5fte)	10,177	9,380	-797
Independent Chair Safeguarding Children Board	30,000	32,384	2,384
Independent Consultants - Serious Case Reviews	0	0	0
Independent Consultants - General	50,000	19,505	-30,495
Training for staff/CPD	2,000	0	-2,000
Sub-total staffing costs	381,516	337,089	-44,427
Multi-agency Training Costs/room hire	37,700	18,266	-19,434
Promotional Events	5,000	900	-4,100
Stationery	1,000	362	-638
Information Strategy/Licences	5,000	3,135	-1,865
E-Safety/SCR	5,000	0	-5,000
Printing	5,300	1,159	-4,141
Mobile Phones	1,500	662	-838
Legal Advice	10,000	10,000	0
Grants/Membership Fees	8,500	260	-8,240
Misc	6,000	-5,726	-11,726
Sub-total other costs	85,000	29,018	-55,982
Sub-total all costs	466,516	366,107	-100,409
INCOME			
Manchester Children's Services (Social Care)	94,500	94,500	0
Manchester Children's Services (Education)	71,000	71,000	0
Health	50,400	50,400	0
GMP	31,866	31,866	0
Probation	15,000	15,000	0
Connexions (Better Choices)	6,000	6,000	0
Housing	9,450	9,450	0
YOS	15,750	15,750	0
Cafcass	550	550	0
MCC Mainstream budget (formerly CDOP)	118,953		118,953
Sub-total income	413,469	294,516	118,953
Net costs/(income)	53,047	71,591	18,544