AGENDA FOR

YOUTH CABINET

Contact:: Andrea Tomlinson
Direct Line: 0161 253 5133
E-mail: a.j.tomlinson@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Youth Cabinet

Councillors : R Caserta, Harris, K Hussain, D Jones, Kelly, O'Brien, N Parnell and J Walker

Dear Member/Colleague

Youth Cabinet

You are invited to attend a meeting of the Youth Cabinet which will be held as follows:-

Date:	Tuesday, 20 October 2015
Place:	Council Chamber - Town Hall
Time:	5.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	Refreshments/light snacks will be available in the Balcony Bar from 4.30pm for those attending the meeting.

AGENDA

YC.1 APOLOGIES FOR ABSENCE

YC.2 DECLARATIONS OF INTEREST

Councillor Members of the Youth Cabinet are asked whether they have an interest in any item on the agenda and if so to formally declare that interest.

YC.3 MINUTES OF THE LAST MEETING *(Pages 1 - 4)*

The Minutes of the meeting held on 9 July 2015 are attached.

YC.4 MATTERS ARISING

Update on any issues discussed at the last meeting of the Youth Cabinet.

To include feedback from the letter sent to Poundland/Poundworld.

YC.5 YOUTHFORIA AND MAKE YOUR MARK UPDATE

A verbal report will be given at the meeting.

YC.6 CIRCLES OF INFLUENCE REPORT 2015

Adele Crowshaw will report at the meeting.

YC.7 BURY SAFEGUARDING CHILDREN ANNUAL REPORT - YOUTH CABINET REVIEW *(Pages 5 - 148)*

The Bury Safeguarding Children Board has asked that the Youth Cabinet 'Youth Proof' their Annual Report.

The Bury Safeguarding Children Board Annual Report is attached.
The appendix is attached.

A link to the BSCB web page is attached:-

http://www.safeguardingburychildren.org/index.aspx?articleid=8906

YC.8 ACTIVITY - YOUTH CABINET REVAMP

The Youth Cabinet is asked to consider how the Youth Cabinet Meetings can be improved, promoted and how attendance can be increased.

Those present are asked to split into groups to discuss the issues.

YC.9 DATE OF NEXT MEETING

The next meeting of the Youth Cabinet will held on Thursday 10 December at 5pm in the Council Chamber (Food from 4.30pm in the Balcony Bar).

This page is intentionally left blank

Agenda Item YC.3

Minutes of: **YOUTH CABINET**

Date of Meeting: 9 July 2015

Present: Councillors Harris, D Jones, Kelly, O'Brien and Walker

Also in attendance: Nicole Parry (in the Chair)
Emily Branney
Jennie Clegg - Gibson
Georgia Davies – Smith
Caitlin Hickman
Emily Kay
Harriet Potts
Bilal Qureshi
Kate Allam
Andrea Tomlinson

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor N Parnell

YC.2 DECLARATIONS OF INTEREST

There were no interests declared by those Members present at the meeting.

YC.3 MINUTES OF THE LAST MEETING

It was agreed:

That the Minutes of the last meeting held on 15 June 2015 be approved as a correct record and signed by the Chair.

YC.5 MATTERS ARISING

Further to Minute YC.3 of the last meeting of the Youth Cabinet held on 15 June 2015, with reference to the letter that had been written by two of its youth members on behalf of the Cabinet.

The letter was asking two pound shops in Bury Town centre to explain their policy to refuse entry to more than two young people in school uniform at any one time.

The Cabinet asked whether the letter had been sent and it was confirmed that it had.

Further to Minute YC.4 of the minutes of the last meeting, those present were reminded that the Walking Rainbow would be taking place on Sunday 12 July from 12.30pm onwards.

YC.6 CIRCLES OF INFLUENCE 2015

It was reported that the secondary/tertiary age Circles of Influence had taken place on Monday 22 June and the Primary age Circles of Influence had been during the week commencing 8 June.

The events had brought together young people from across the borough and given them the opportunity to discuss issues relating to them and their peers. They also allowed for questioning of decision makers and officers from all different organisations across the borough.

The High School Circles of Influence worked around 5 different themes:-

- Education
- Health
- Places to Go
- Culture
- Additional Barriers

The following issues had been highlighted under each topic:-

Education - life skills, practical housekeeping, budgeting, skills for independence, preparation for work.

Health – Mental health – reducing the stigma, drugs and awareness of current trends such as novel psychoactive substances (more commonly called legal highs), e-cigarettes and their use amongst young people.

Culture – online safety, all young people should have to undertake an e-safety course, mentoring, confidentiality.

Additional barriers – cohesion, bridging the gaps, volunteering opportunities for under 18s

Councillor O'Brien had attended the event and reported that he felt there had been a good turnout and the discussions had been positive. He had been impressed with the group work that had taken place.

It was explained that a report from each of the events would be produced and these would be presented to a future meeting of the Youth Cabinet.

Kate thanked all those present who had attended the Circles of influence event and contributed to the day and those that had helped to facilitate at the Primary event.

YC.9 UKYP CAMPAIGN UPDATE

Bilal Qureshi, Bury's Member of Youth Parliament reported that he had been asked to help with the UKYPs campaign relating to mental health.

Bilal explained that he had been asked to complete a form setting out what services Bury schools offer to support young people in relation to mental health.

Bilal asked those present to come up with some questions that could be included in a questionnaire and then sent to all Bury high schools pastoral teams.

Those present were asked to give feedback and the following questions were suggested:-

- What support is available in your school?
- Is there a trained counsellor in your school?
- If yes, how many hours of support do they provide per week?
- How to pupils access the services available?
- How do you make people aware of what help and support is available/

It was agreed:

That Kate would produce the questionnaire based on the questions set out and forward to the schools.

YC.7 THE BIG DEBATE

The British Monarchy

All of the young people present were asked to decide whether they felt that the British Monarchy should be abolished

A debate took place with a vote at the end and the majority agreed that the British Monarchy should be retained.

It was agreed:

That the debate at the next meeting of the Youth Cabinet would be:

Are university fees in the UK fair and should they be kept or abolished?

YC.8 DATE OF NEXT MEETING

The next meeting of the Youth Cabinet will be held on Tuesday 20 October 2-015 at 5pm in the Council Chamber (food available from 4.30pm in the Balcony Bar).

Nicole Parry
Chair

(Note: The meeting started at 5.00pm and ended at 7.00pm)

This page is intentionally left blank

Annual Report on the Effectiveness of Safeguarding Children in Bury 2014/15

Bury Safeguarding Children Board,
C/O Safeguarding Unit,
18/20 St Mary's Place, Bury, BL9 0DZ.

Tel: 0161 253 6153
Fax: 0161 253 7601
E-mail: ***BSCB@bury.gov.uk***
Web : ***www.safeguardingburychildren.org***

Contents:

Foreword by Independent Chair of BSCB

Gill Rigg
Independent Chair of BSCB

As the Independent Chair of BSCB, I am very pleased to introduce this, the Board's seventh annual report. The report details the activity of the Board, which is made up of the main Board, the Business group, and the sub groups. These all represent a significant investment in resource by all of the partner agencies, and I am grateful for all the work which constituent agencies undertake on behalf of the Board. I hope that you find the report interesting.

As always, this has been a challenging and busy year, and the partnership has risen well to the challenge, for some agencies also coping with a period of restructuring or reduction in capacity. A further Working Together was published in March 2015, and there was a significant national focus on child sexual exploitation (CSE) and Missing children, following a range of national reports. Within Bury, CSE and Missing have been the subject of considerable agency activity, to ensure that the Board safeguards these vulnerable groups of young people as well as we can. A specialist team has been implemented, and additional capacity added. However, we are not complacent about how much there remains to do and it continues to be a priority. A further priority, which had more focus during the year is the issue of Female Genital Mutilation, again, there is much more to do on this significant issue.

The Multi-Agency Safeguarding Hub (MASH) continues to work effectively, and is becoming more embedded, as is the work on Early Help. The Board has continued to have a focus on the workloads of frontline staff, particularly given the challenging environment of the work. The Board has wanted to focus more on the experience of staff, and one such initiative is the introduction of Practitioner forums. Another priority is to hear what children and young people think, so that the Board can be more responsive, the first item on each main Board agenda is the voice of the child.

The Board balances the key issues of collaboration, co-ordination, and challenge, and the partnership holds the constituent agencies to account, within a professional culture. This is not an easy balance, but I hope that the information contained in this annual report shows how the Board has met the challenges of the year.

As always, I am impressed by the commitment of all of the agencies and staff who work so hard in Bury to do all that they can to keep Bury's children and young people safe. I would like to thank them, and am privileged to be the Chair of the Board in 2014-5.

Gill Rigg, Independent Chair of BSCB

Introduction

Organisations working with children and young people can use this report to develop their understanding of safeguarding in Bury and the work that Bury Safeguarding Children Board is doing to support them and to be aware of the critical safeguarding issues relevant to their organisation.

The public can use this document to develop their understanding and see how there can be wider community engagement in safeguarding issues.

The annual report is published in relation to the preceding financial year in order to influence local agencies' planning, commissioning and budget cycles for the forthcoming financial year. It is submitted to the Chief Executive of the Local Authority, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board"

Role and scope of Bury Safeguarding Children Board (BSCB)

1. **Regulation 5 of the Local Safeguarding Children Boards Regulations (2006)** sets out that the functions of the LSCB as follows:

(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

(ii) training of persons who work with children or in services affecting the safety and welfare of children;

(iii) recruitment and supervision of persons who work with children;

(iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

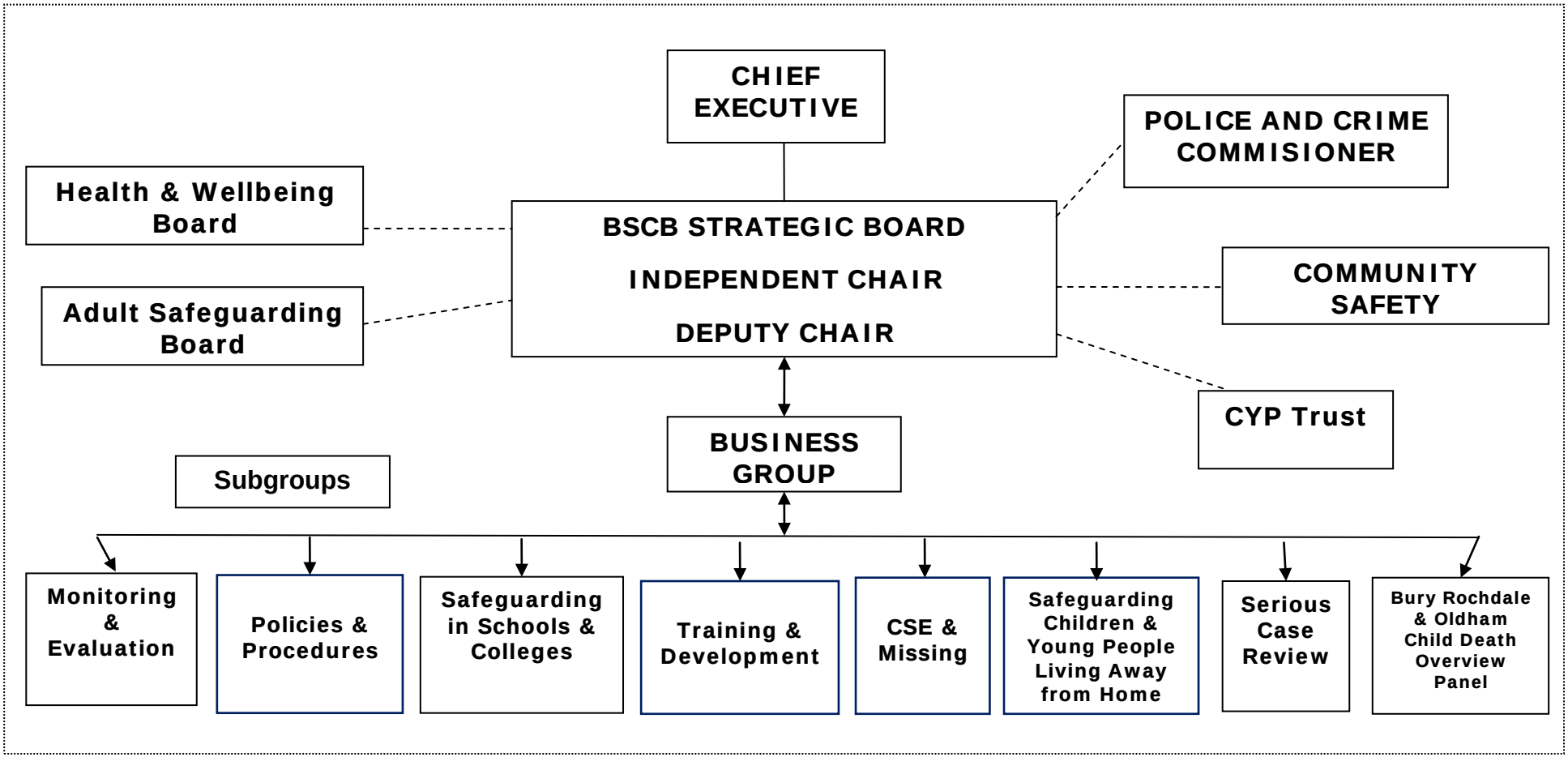
(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

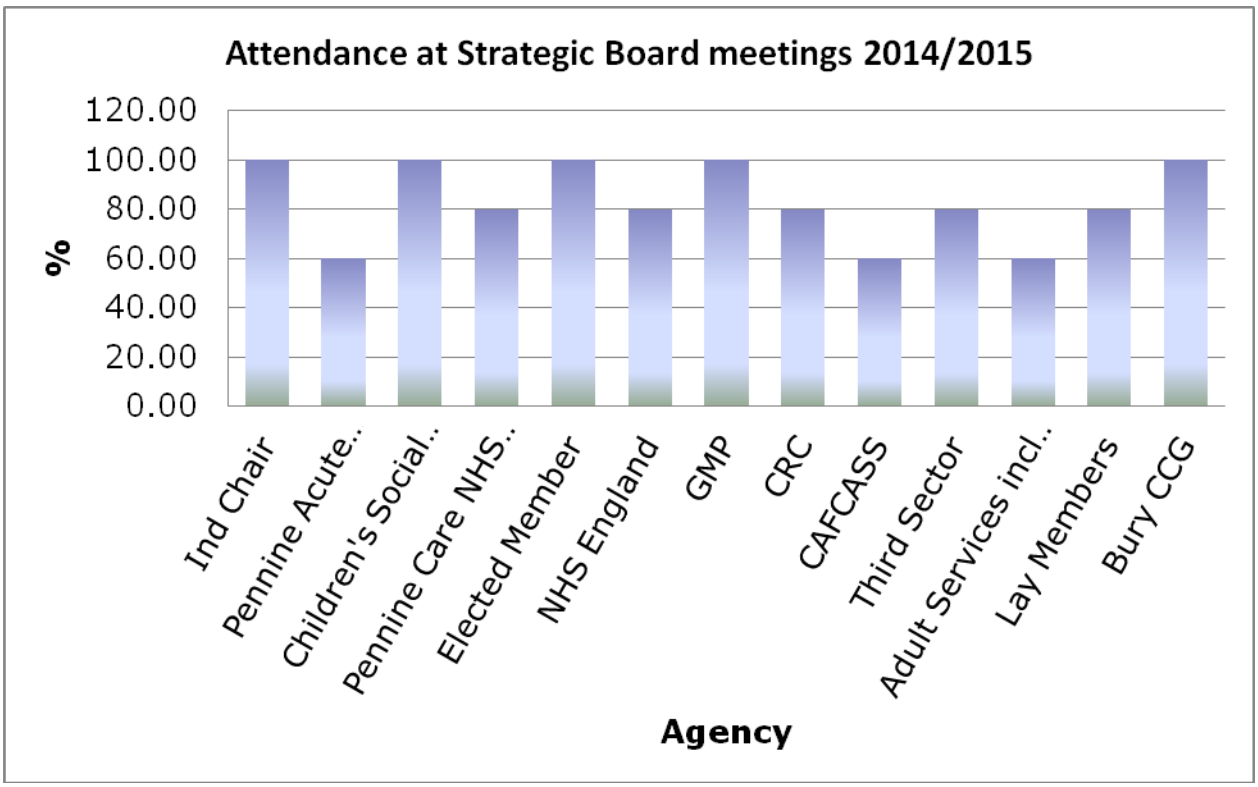
2. Regulation 5 (3) provides that a LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

3. The BSCB and Sub Group membership list is included as Appendix 1.

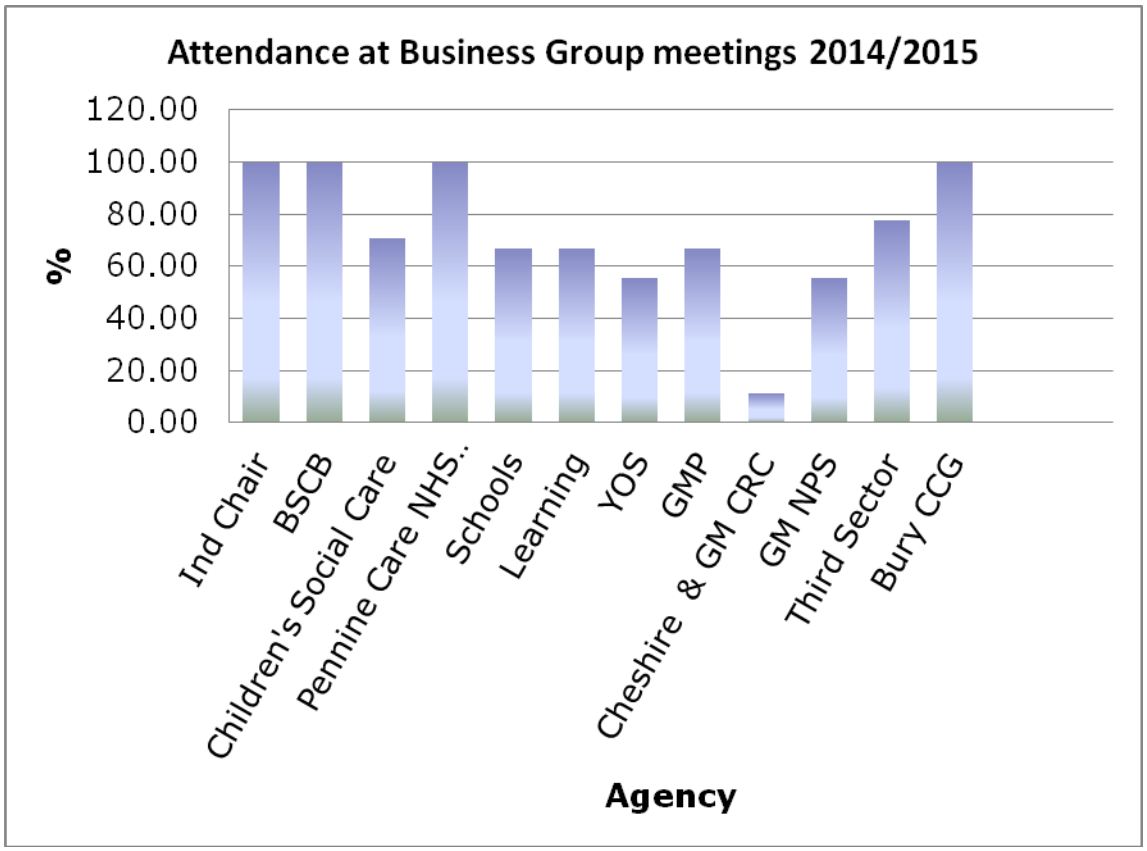
Structure of Bury Safeguarding Children Board BSCB (2014/2015)



Attendance at BSCB meetings 2014/2015



Attendance at Business Group (previously known as Executive Group) Meetings 2014/2015



BSCB income and expenditure 2014-2015

Contributions / Income	**Pounds (£)**
Children's Services	72,145
Strategic Housing Unit	0
EDS	2,000
Bury CCG	37,142
Greater Manchester Police	11,850
CAFCASS	550
Probation Service	3,468
Brought Forward	5,741
CDOP	32,600
Partners contribution to section 11 audit licence	720
Training Income	10,983
DSG contribution	39,076
TOTAL INCOME	**216,275**

Expenditure	**Pounds (£)**
Employee costs	117,205
Multi-Agency Training Costs	8,277
Serious/critical Case Reviews	9,970
Independent Chair of BSCB	13,218
Travel & Subsistence	540
Advertising – staff	0
Postage	60
Telephone	1,080
Office overheads incl Equipment, tools & materials	5,050
Printing & Stationery	930
Legal – Courts & Community	13,500
CDOP	11,297
Staff Training	288
Miscellaneous	57
Emp Liability & 3rd Party ins	408
TOTAL EXPENDITURE	**181,880**
Carry forward to 2015/16	**34,395**

Projected income and expenditure 2015–2016

Contributions / Income	**Pounds (£)**
Children's Services	72,145
EDS	2,000
Strategic Housing Unit/Adults	0
Bury CCG	37,142
Greater Manchester Police	11,850
CAFCASS	550
Probation Service	3,468
Contribution from General Balance b/fwd	34,395
DSG	40,000
CDOP	32,600
Training income	7,500
Partners contribution for licence for section 11 audit toolkit	3,000
TOTAL INCOME	**244,650**

Expenditure	**Pounds (£)**
Employee costs	129,000
Multi-Agency Training Costs	11,500
Serious Case Review	32,700
Independent Chair of BSCB	13,000
Travel & Subsistence	1,200
Postage	200
Telephone	1,000
Office Equipment, tools & materials including licences	6,000
Photocopying	500
Printing & Stationery	1,500
Legal – Courts & Community	13,500
CDOP	13,600
Staff Training	1,000
Miscellaneous	1,700
Emp Liability & 3rd Party ins	500
TOTAL EXPENDITURE	**226,900**
Balance of funding – carry forward to 2016/17	**17,750**

Discharge of functions

Regulation 5 of the Local Safeguarding Children Boards Regulations (2006) sets out the functions of the LSCB. In order to fulfil its statutory functions the BSCB has undertaken activity in the following areas:

1. The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention

In July 2013 the BSCB concluded a consultation with partners on a new 'Thresholds for Intervention' document. The document was endorsed by BSCB in September 2013 and is published on the BSCB website. This guidance is intended to provide professionals with clear thresholds that should be applied consistently to ensure the right help is given to a child at the right time.

A recent independent review of children's social care was commissioned by the local authority internal audit department. That review concluded that the threshold for intervention is well embedded and well understood across the whole service, and management decisions on those contacts which progress to referrals are good. The referral pathway for children in need of protection is well established with speedy triage and evidence of multi-agency decision making and timely strategy meetings which are well attended by the partnership. This is a positive external assessment of impact. The BSCB threshold document will be revised in 2015/16 following a multi-agency consultation.

A priority area for development this year was to improve professional responses to neglect. In response the BSCB established a multi-agency Task and Finish Group to develop a coherent strategy. The strategy is now in its final stages and will be launched by the BSCB and our partners in 2015/16.

2. Developing Policies and Procedures

The Policies and Procedures Sub Group is responsible for developing and reviewing multi-agency policies and procedures for safeguarding and promoting the welfare of children.

- Due to the development of the pan Greater Manchester Safeguarding Partnership (GMSP) multi-agency policies and procedures the sub group became a virtual group in 2014/15. This project has led to a harmonisation of multi-agency safeguarding procedures across all ten LSCBs. The GMSP group meets at frequent intervals and there have been two updates in 2014/15. The BSCB is represented on the group by the Business Manager, who is also the sub group chair, and by the Designated Nurse for Safeguarding, Bury CCG. The sub group forms short Task and Finish groups in response to emerging issues and BSCB priorities. A number of local procedures remain subject to review to ensure where possible there is no duplication.

  As the on line procedures are now well developed the Greater Manchester group also considers how to evidence that they are embedded and used across the 10 partnerships. From the BSCB perspective the procedures

are promoted in all BSCB training courses, SCR learning materials, the practitioner forums, and BSCB e-bulletins.

Partner agencies have provided the BSCB with assurance that awareness of the procedures is promoted within their respective agencies and practitioners are encouraged to sign up for 'alerts'.

Other activity

- A protocol is being developed to clarify the process of notifications in respect of Section 85 of the Children Act 1989.
- A Task & Finish Group has developed a BSCB 'Neglect Strategy'.
- The Bury Community Safety Partnership is to conclude the revisions to the Domestic Abuse Strategy in July 2015. When signed off the BSCB will review local multi-agency Domestic Abuse procedures. A Task & Finish Group has been established.
- CSE & Missing procedures have been updated by a working group led by the Bury Phoenix Team Manager. The procedures have been revised to include processes within Children's Social Care for chairing CSE Conferences.
- Work concluded on guidance for professionals working with young people who are at risk of self-harm or suicide and this has now been published on the BSCB website.

3. Participation in planning of services

Key Achievements:

- Through our multi-agency Sexual Exploitation and Missing (SEAM) audit we have contributed to the development of the multiagency CSE procedures ensuring that mechanisms are in place for sharing intelligence (SEAM and MASH Operational Group).
- Through the learning from a Critical Case Review we have contributed to the re-design of the CAMHS Asperger's pathway.
- Through the learning from a Serious Case review we have contributed to the development of the Bury Domestic Abuse strategy.
- We have participated in the successful recruitment of a post to support the practice of domestic abuse notifications to schools.
- Through the CSE & Missing sub group we have contributed to the Early Help offer for those young people who are missing.

4. Communicating and raising awareness

Key Achievements:

- The BSCB continues to develop specific training events 'road shows' in response to emerging issues such as suicide and self-harm workshops, and has developed and delivered three practitioner forums led by the BSCB multi-agency trainer. These forums promote communication between the BSCB and front line staff.

- A focus group of children and young people led by Early Break has reviewed the BSCB website and provided valuable feedback on how to make our work more accessible to them. We plan to implement those recommendations in 2015/16.

- The BSCB produces a quarterly communication e-bulletin which summarises recent BSCB activity. This is widely disseminated via e-mail.

- The BSCB now produces a 'Lessons Learned' bulletin in response to the learning from local learning reviews.

5. Recruitment and supervision of persons who work with children & investigation of allegations concerning persons who work with children

Key Achievements:

- The BSCB has delivered Safer Recruitment Training to 50 participants.

- The Bury Local Authority Designated Officer (LADO) has delivered Managing Allegations training to 31 participants from a wide range of partners. These training figures reflect an increase from the year 2013/14.

- The Bury LADO has delivered targeted Managing Allegations training to all local secure mental health providers in response to emerging issues, Children's Social Care Management Team, and to a number of faith group leaders.

- The Managing Allegations training & Safer Recruitment training has been revised to include the learning from national Serious Case Reviews and local critical cases.

- The number of 'contacts' to the LADO has increased from 196 in 2013/14 to 236 in 2014/15 (although the rate of conversion to referrals has remained stable). This figure demonstrates that multi-agency awareness of the role of the LADO is high and that the BSCB training is having a positive impact. A full annual LADO report can be found as an Appendix 2 to this report.

6. Safety and welfare of children who are privately fostered

There has been a decline in the number of Private Fostering arrangements indentified this year (from 6 in 2013/14 to 2 at the end of March 2014/5). In Q2 of this year the BSCB adopted the Greater Manchester Safeguarding

Partnership multi-agency data set. The data set now includes quarterly information in respect of Private Fostering.

The BSCB recognises that there is further work to be undertaken to continue to raise awareness of this important safeguarding activity. The full BSCB Private Fostering annual report can be found as Appendix 3 to this report. The report identifies that there is further activity required to raise awareness and embed processes amongst Children's Social Care staff of the Private Fostering regulations.

Key achievements:

- The BSCB has continued a programme of awareness raising through BSCB training and by partner agencies.

- Publicity material is available in a range of languages. The material emphasises the legal requirement to notify the Local Authority and includes a variety of information within a poster and three leaflets; for parents & carers, children & young people & professionals.

- The BSCB will explore opportunities for shared awareness raising with neighbouring LSCBS across Greater Manchester.

7. Training

The BSCB Training & Development Sub Group is responsible for the implementation of the BSCB training strategy. This year the sub group has focused on implementing the actions from the Training Needs analysis completed in 2013/14. Key achievements this year have been:

- *Increased promotion of BSCB training to colleagues in the third sector.* The impact of this has been successful as the third sector now has the highest representation at BSCB multi-agency training.

- *Commissioned training* in response to the learning from Serious Case Reviews. This is to support practitioners to develop skills in the more complex areas of safeguarding practice. Audits have been undertaken to evaluate the impact of the 'Disguised Compliance Training' & the 'Professional Challenge' training. Responses included testimonial evidence from participants who cited examples of how they have put the training directly into practice.

- *Commissioned further training in respect of working with diversity.* A multi-agency course 'Working with Gypsy/Roma Families' was oversubscribed and the feedback from participants was positive.

- *Learning & Improvement Framework:* The BSCB multi-agency trainer has run a series of 'Practitioner forums' to enhance the involvement of front line practitioners in the work of the BSCB.

- Training figures can be found at Appendix 4.

8. Cooperation with neighbouring children's services authorities and their Board partners

Bury Safeguarding Children Board collaborates on a Greater Manchester basis with other Greater Manchester Local Safeguarding Children Boards and is represented on the Greater Manchester Safeguarding Partnership (GMSP). The GMSP consists of representatives from all Local Safeguarding Children Boards and key agencies across Greater Manchester and coordinates collaborative projects and promotes a consistency of approach.

This year the BSCB also participated with neighbouring LSCBs in the Greater Manchester wide Project Phoenix with aim of developing a strategic and co-ordinated response to the issue of Child Sexual Exploitation across Greater Manchester.

The BSCB Independent Chair is an active member of the Greater Manchester Independent Chairs' group. This year the group has taken a proactive approach to addressing the issue of proportionate partner financial contributions to LSCBs. This work is ongoing.

9. Monitoring effectiveness

A key outcome for the BSCB as outlined in the BSCB Business Plan for 2014/15 was to strengthen the BSCB quality assurance functions.

The BSCB's responsibility for quality assuring the effectiveness of safeguarding practice is carried out by the Monitoring & Evaluation sub group.

The work of the sub group was challenged in 2013/14 by a number of changes of key personnel. The sub group was chaired on an interim basis by the BSCB Board Manager, pending the appointment of a permanent chair in 2014/15. The Executive Director of Children, Young People and Culture agreed to take up the role of sub group chair in January 2015.

A number of key developments in the work of the sub group have taken place in 2014/15. In the year 2013/14 the BSCB commissioned a *Quality Assurance framework* and in Q2 of 2014/15 the BSCB agreed to adopt the Greater Manchester Safeguarding Partnership multi-agency data set.

The effective implementation of the data set and the BSCB Quality Assurance Framework has been impeded by the lack of a dedicated BSCB Performance Officer. Partner commitment to the multi-agency data set has been variable and has been challenged by the BSCB but this has yet to produce demonstrable results.

The BSCB does scrutinise frontline performance where data is available. Efforts are underway to improve the quality of performance data so that the rigour of our scrutiny of frontline practice across all partner agencies is improved. The BSCB recognises that this is not sufficiently well developed yet and is focused too narrowly on Children's Social Care. At the time of writing the BSCB is also in

the process of securing funding for a dedicated Quality Assurance and Performance Officer post.

The sub group is working positively towards enhancing its functions in 2015/16. Key achievements of the sub group this year have been:

- A SEAM audit has been undertaken and has been scrutinised by the CSE & Missing sub group. The findings have been submitted to the MASH/Bury Phoenix Steering Group.

- Quality assurance activity commissioned by the BSCB has identified strengths and weaknesses in key areas prioritised by the BSCB notably the support available to children with disabilities. The actions arising will be carried forward by a short term BSCB Task and Finish group.

- A Toxic Trio audit has been concluded and scrutinised by the sub group. The report highlighted vulnerabilities in some participation by agencies in core group activity. A repeat audit of core group activity will be undertaken in 2015/16.

- An audit of responses to children and young people who go missing was undertaken by the Children Living away from Home sub group. There have been a number of changes and improvements in practice since, including the development of 'Missing from Home Procedure' for children's social care staff and a programme of awareness raising for front line staff. Weekly performance reports are scrutinised by the Local Authority Lead Officer for Missing and the findings reported to the BSCB on a quarterly basis.

- A section 175 audit has been completed by the Safeguarding in Schools and Colleges Sub Group with 60 out of 80 Bury schools responding.

10. Serious Case Reviews

The BSCB Serious Case Review Sub Group oversees and quality assures all Serious Case Reviews (SCRs) undertaken by the BSCB. The Serious Case Review Sub Group is chaired by the Head of Safeguarding, Bury CCG.

The sub group is also responsible for screening cases as and when necessary and determining whether any new reviews should be initiated and if so under which model the review will be conducted. The sub group is also responsible for monitoring the implementation of the action plans arising out of reviews. The sub group is responsible for the implementation of the Learning and Improvement Framework in conjunction with the Training & Development Sub Group.

In 2014-15 the sub group oversaw several cases including one serious case review and a number of learning reviews or single agency reviews. The reviews are summarised below, along with the learning from the reviews and an outline of how the LSCB has asked the workforce to change their practice.

SCR Case I13: What happened in this case?

The case concerned a 6 week old baby who was presented to hospital by parents. Medical examination revealed that the baby had sustained two broken

ribs and a fracture to his knee. Both parents had a history of substance misuse and were known to mental health services. They moved into the area in the latter stages of the mother's pregnancy. The father told a number of professionals that he had thoughts of harming the baby.

What did we learn?

- **Don't be afraid to challenge**

  There was a lack of professional challenge between practitioners.

- **Recognising disguised compliance**

  Disguised compliance is where a parent or carer gives the appearance of co-operating with agencies to avoid raising suspicions. This SCR found that practitioners were reassured by the parents' friendly and welcoming manner and their willingness to accept help.

- **Keep the focus on the child**

  The SCR found that the two parents were in the main, the focus of professional concern. Complexity of risk and need was not well recognised or understood. The majority of interventions and risk assessments were focused on the adults needs and there was an over estimation of the parents' ability to cope both as individuals and as a couple.

- **Remember pre birth assessments**

  Several risk factors were identified during the mother's pregnancy that indicted that a pre-birth assessment should have been carried out. These included the mother's pre-existing severe and enduring mental illness, both parents' previous self-harming behaviour, substance misuse, and the father's disclosure of anger management issues.

- **Toxic Trio**

  The term "toxic trio" is used to describe the co-occurrences of mental health problems, substance misuse and domestic abuse in families. Children of parents who are affected by the toxic trio are at an increased risk of significant harm. Work in this area has shown that there is large overlap between these parental risk factors and cases of child death, serious injury and generally poorer outcomes for children across all ages.

What are we asking the workforce to do differently?

- Consider the risk to children and unborn children of parental lifestyle
- Always ask where is the child in this situation and consider the perceived levels of co-operation from parents
- Discuss cases of concern with safeguarding advisers in your organisations
- Be clear at the end of any professional consultation what actions are to be taken and whose responsibility they are

Child Deaths (Child Death Overview Panel)

In April 2008 Bury, Rochdale and Oldham joined to form a tripartite arrangement. The joint working of the three local authorities provides a wider data set to conduct analysis and investigate emerging trends. This year we have welcomed the enhanced contribution to the CDOP from partners in Public Health who have chaired the CDOP on a rota basis since January 2014. The CDOP is currently chaired by the Oldham Director of Public Health.

From 1 April 2014 to 31 March 2015 the CDOP discussed and closed a total of 81 cases.

Bury	17	21 %
Rochdale	28	35 %
Oldham	36	44 %

All three of the local authorities found the highest number of deaths occurred in neonates (deaths within 28 days of life) with a joint total of 47% (27) of the overall deaths. Another proportion of the deaths occurred in children aged 29 - 365 days, calculating 16% (9). If we combine the two categories this would indicate that 36 (63%) of the 57 child deaths occurred within the first year of life highlighting children under the age of 1 as the most vulnerable.

The largest number of child deaths in Bury occurred in children under the age of 1 totalling 61 (65%) of the 94 deaths. Of the 61 deaths under 1, 41 (44%) of these were neonatal deaths and 20 (21%) died between 28 - 365 days of life. Another vulnerable age group was identified in children aged 1 - 4 years with 13 (14%) of the 94 cases.

Of the three local authorities Bury has the least number of child deaths. From viewing year in year statistics there has been no drastic increase/decrease in specific age groups. Due to figures being so small an increase in 1 death can be viewed as a much larger percentage but remains insignificant.

There are a number of contributing risk factors in neonatal deaths which include; smoking during pregnancy, prematurity & birth weight, multiple pregnancies.

From 1st April 2008 to 31 March 2015 there have been a total of 9 child deaths reported to CDOP following suicide. The largest number of deaths occurred where the children resided in Bury. The CDOP continues to monitor the number of suicides and works with neighbouring CDOPs across Greater Manchester to investigate emerging themes. In 2015/16 the BSCB will be working and sharing findings with our partners in Public Health to develop an enhanced understanding of this issue.

The annual CDOP report is also presented to the Health & Wellbeing Board (HWB) and has informed the HWB priority 1 ‘Starting well’ the findings of which are reflected in the action plan for the ‘Starting Well Partnership Board’.

The CDOP Annual Report is published on the BSCB website.

Main achievements 2014/15

- We have concluded and published a Serious Case Review SCRI13.
- We have concluded a learning review.
- We have collaborated with the Greater Manchester Safeguarding Partnership to produce the third and fourth updates of the pan Greater Manchester Safeguarding Procedures.
- We have delivered multi-agency safeguarding training to 745 participants.
- We have produced multi-agency practice guidance to support professionals and volunteers who are working with issues of self harm.
- We have overseen the revision of the CAMHS pathway and service redesign.
- We have commissioned an external review of the Local Authority Children with Disabilities Service.
- We have reviewed and revised the multi-agency CSE procedures incorporating lessons from national guidance.
- We have developed a multi-agency HYDRA immersive safeguarding learning event, which will be run 4 times during 2015/2016.
- We have undertaken a section 175 audit with Bury schools.
- We have reviewed and improved operational responses for children and young people who are missing.
- Our partners at Early Break have facilitated a focus group of young people who have reviewed the BSCB website and made recommendations for improvements.

We said in the BSCB Business Plan 2014/15 we said that we would focus activity on 3 key areas;

1. Safeguarding children & young people from key priority vulnerable groups, including children who are looked after away from home, children who are privately fostered, children who are disabled, children who are vulnerable to sexual exploitation and/or are missing, and children who are living with the impact of domestic abuse, parental substance misuse, or poor parental mental health, children who are emotionally vulnerable.

2. Strengthening the voice of the child in all BSCB core activities.

3. Strengthening the BSCB Quality Assurance functions.

We did:-

- Children who are looked after away from home

  - The Safeguarding Children and Young People Living Away from Home sub group have the responsibility for overseeing actions in respect of young people who are looked after or living away from home.

  - A copy of the full Private Fostering annual report can be found as Appendix 3 to this report. The report identifies that recent audit activity has demonstrated there is further action required to embed processes amongst Children's Social Care staff of the Private Fostering regulations.

  - The Missing from Home audit has ensured that this has a priority agenda for practitioners resulting in an improvement in notifications.

  - The re-establishment of a private provider group that meets annually with the LADO to ensure all providers are alert and aware to local practice and procedures. This has ensured the notification pathway has been strengthened and improved.

  - The presence of an Adult Housing Lead has also provided information on 'sofa surfers' linked to the Children 's Trust's previous priorities and ensures members are alert and aware of this hidden harm.

- Children who are disabled

  - The BSCB commissioned an external audit of practice in relation to Children with Disabilities. An independent author with recent practice expertise in this area undertook a comprehensive review with the Local Authority Children with Disabilities Team. The audit measured current practice in line with the findings of the 'Ofsted Protecting Children: Thematic Report' published in August 2012. The author also undertook an audit of 15 cases. The findings and recommendations for the BSCB and the Local Authority have been translated into an action plan with progress reports being provided to the BSCB over the next twelve months.

- Children who are vulnerable to child sexual exploitation

  - This year we undertook an audit in respect of practice responses to children at risk of sexual exploitation (SEAM). The findings of which have informed the development of the revised BSCB multi-agency procedures.

  - We have reviewed and revised the BSCB Child Sexual Exploitation Procedures in response to local and regional developments.

  - We have raised challenges regarding the provision of regular CSE performance data and this is being addressed.

  - We have produced a revised CSE & Missing strategy and action plan for 2015/17. The CSE & Missing sub group continues to oversee the action

plan. A full copy of the Bury Phoenix Annual Report can be found as Appendix 7.

- Children who are missing

  - The Children Living Away from Home sub group undertook audit activity in respect of children who are missing. This identified that processes to respond to children who went missing were not robust and a small working group developed its own MFH procedure for CSC staff that was introduced in April 2015. This has resulted in a differential response for all children who are missing, and not solely for those children who are looked after.
  - We have established robust data analysis and performance mechanisms this year. The Local Authority Strategic Lead now presents a quarterly report to the BSCB CSE and Missing sub group. The report also goes to the BSCB Business Group for scrutiny. A comprehensive 'Missing' report is available as Appendix 9

- Children who are living with the impact of domestic abuse, parental substance misuse, or poor parental mental health

  The term "toxic trio" is used to describe the co-occurrences of mental health problems, substance misuse and domestic abuse in families. Children of parents who are affected by the toxic trio are at an increased risk of significant harm. The Toxic Trio has been a feature in a number of recently concluded BSCB Serious Case Reviews.

  - The BSCB Monitoring & Evaluation sub group undertook an audit of cases where the children were subject to a child protection plan. In all cases alcohol or substance misuse, poor mental health or domestic abuse were identified as factors. The audit identified areas of good practice and areas of learning. An overview report containing recommendations was developed with these recommendations incorporated into a SMART action plan.

  - This year the BSCB welcomed ADS Addiction Dependency Solutions (One Recovery) the newly commissioned provider of local drugs and alcohol services to the BSCB.

  - We were also pleased to receive ADS at the BSCB Business Group where reassurances were given regarding the provider's commitment to safeguarding children.

  - ADS have also joined the Monitoring & Evaluation sub group and have participated in BSCB audit activity.

  - The BSCB multi-agency trainer has also undertaken targeted awareness raising with ADS and with front line practitioners from Pennine Care NHS Foundation Trust (mental health).

  - We have overseen the progression of the revised Domestic Abuse strategy and raised challenges.

- We have also raised challenges with the Community Safety Partnership regarding partner attendance at the MARAC.

- Children who are emotionally vulnerable

  - This year a BSCB Task and Finish Group concluded work on guidance for professionals working with young people who are at risk of self-harm or suicide and this has now been published on the BSCB website.

  - We are working with our partners at CAMHS to deliver a series of workshops in 2015/16 to support practitioners working in this complex area.
  - We have overseen the service redesign of the local CAMHS service.

- Strengthening the voice of the child in all BSCB core activities

  - A focus group of children and young people led by Early Break has reviewed the BSCB website and provided valuable feedback on how to make our work more accessible to them. We plan to implement those recommendations in 2015/16.

  - Incorporated the views of children and young people in BSCB audit activity. This year we have sought feedback from young people at risk of CSE via the SEAM audit and via the Toxic Trio audit.

  - The Voice of the Child is now an agenda item at BSCB meetings.

  - Heard feedback from young people in respect of their experiences of services via the Bury Children's Rights' Team. A copy of the Bury Children's Rights Annual Report is available at appendix 10

- Strengthening the BSCB Quality Assurance functions

  An analysis of BSCB performance and achievements in this area is also found under the **Discharge of Functions Section** '**6. Monitoring Effectiveness'**.

  - A SEAM (Sexual Exploitation & Missing) audit has been undertaken and has been scrutinised by the CSE & Missing sub group. The findings have been submitted to the MASH/Bury Phoenix Steering Group.

  - Quality assurance activity commissioned by the BSCB has identified strengths and weaknesses in key areas prioritised by the BSCB notably the support available to children with disabilities.

  - A Toxic Trio audit has been concluded and scrutinised by the sub group. The report highlighted vulnerabilities in some participation by agencies in core group activity. A repeat audit of core group activity will be undertaken in 2015/16.

- An audit of responses to children and young people who go missing was undertaken by the Children Living away from Home sub group. There have been a number of changes and improvements in practice since, including the development of 'Missing from Home Procedure' for children's social care staff and a programme of awareness raising for front line staff.

- A section 175 audit has been completed by the Safeguarding in Schools and Colleges Sub Group with 60 out of 80 Bury schools responding.

- In Q2 of 2014/15 the BSCB agreed to adopt the Greater Manchester Safeguarding Partnership multi-agency data set.

'Effectiveness of the BSCB'

Through the work of the BSCB we have continued to monitor our effectiveness and functioning. This year we have undertaken BSCB development activity in the form of a BSCB Development Day that took place in May 2014. The day was very well attended by BSCB members who were enthusiastic and considered:

'What does a good LSCB look like?'

Partners were asked to consider:

- How do we know about the quality of safeguarding practice? How do we know where improvement is required?

- How do we, as partners, challenge each other and hold each other to account regarding our contribution to the safety and protection of children and young people?
- How can we evidence the BSCB's effectiveness?

- How can BSCB and its partners engage with children and young people and promote the voice of the child?

An action plan was developed from the day and this has also contributed to a BSCB 'self assessment' undertaken by partners.

In 2015/16 the BSCB will be participating in an external Peer Review activity working with a neighbouring LSCB Independent Chair.

The BSCB continues to raise challenges with a number of our partners. A challenge log is regularly updated by the BSCB Business Manager with contributions from partners. Areas for scrutiny this year have included:

- timeliness of assessments

- the review of the Bury Domestic Abuse strategy

- partner participation in the MARAC

- HMIC Greater Manchester Police Child Protection Inspection

- capacity in the school nursing service; and
- the welfare of young people placed in secure mental health settings.
- actions from Serious Case review

Multi-agency performance data

Contacts and Referrals

Table 1: Contacts and Referrals

	Total initial contacts (number)	Progressed to referral (number)	% contacts progressing to referral	Rate of referrals/10k child population
Full Year 2012-13	7876	1818	23.1%	432 (SN Group Mean: 529)
Full Year 2013-2014	8613	3215	37.3%	759 (SN Group Mean 620.7) (Regional Mean 687.6)
Full Year 2014 - 2015	7900	2555	32.3%	617.5 (SN and Regional Group Mean not available)

- The number of contacts has remained relatively stable over the last three years.
- The reduced conversion rate of contacts to referrals 2014 -2015 has resulted in a referral rate comparable with statistical neighbours.

Table 2: Contact Sources

Contact source	% of Contacts 2014 -2015	% of Contacts 2013-2014
Police	50.5% (3950)	48.7%
Via Emergency Duty Team (EDT) and social care	2.5%	2.5%
Health	9.7% (766)	10.1%
Education and Schools	11.0% (869)	9.8%
Members of the public (including anonymous and self referrals)	7.7%	11.0%
Others including children's centres and Voluntary and independent agencies	4.1%	n/k
Other local authorities	2.8%	2.3%
Other Legal agencies e.g. probation, courts and CAFCASS.	5.5%	0.3%
Housing	2.8%	2.7%
Other sources	3.2%	11.8%

Table 3: Referrals by Source

Referral Source	% of Referrals 2014 -2015	% of Referrals England 2013-2014
Police	38.4% (980)	23.9%
Health	11.3% (290)	14.0%
Education	17.5% (447)	16.1%
Members of the public (including anonymous and self referrals)	8.5%	13.3%
Other e.g. Children's Centres, Voluntary and Independent Agencies	5.7%	7.2%
LA's including other local authorities and social care	10.9%	11.9%
Other Legal including Courts, Probation and CAFCASS	2.2%	3.9%
Housing	2.8%	1.6%

- **The largest number and the greatest proportion of Contacts and Referrals come from the Police.**

The most frequently recorded factor in police Contacts and Referrals is domestic violence, often associated with drug and alcohol misuse in the presence of children. The number and rate of CSC contacts and referrals is therefore likely to be highly influenced by changes in policing policy and practice. Irrespective of the source of contacts and referrals the referral rate is comparable with statistical neighbours.

- **The conversion rate of police contacts to referrals is significantly lower (24.8%) than the average conversion rate (32%) and of the conversion rate of contacts to referrals for Education (51%) and Health (38%).**

This is likely consequent on the more intimate knowledge that Health and Educational professionals have of the families with whom they work.

Child Protection Activity April 2014 – March 2015

Table 4

Rate/10k child population Or %	Bury 2014 -15	Bury 2013 -14	SN Mean Average 2013 -14	NW Region Mean Average 2013 -14	England Mean Average 2013 -14
Referral rate	617.5	758.9	620	687.6	573
% Re- Referrals within 12 months	23.9%	24.6%	24.1%	27.3%	23.4%
Rate S47	113.6	175.6	160.4	136.6	124.1
% Conversion S47 to ICPC	62.4%	47.7%	51%	46%	46%
% ICPC within 15 days	56% (Q4-85%)	47.3%	80%	70.9%	69%
Rate of ICPC	70.8	88.1	63.5	62.9	56.8
Rate of CP Plans 31st March 2015	47.8	52.8	48.8	42.1	50.8
% CPP re-registration	20%	19.7%	16.5%	15.6%	15.8%

- The % re-referral rate usually taken as indicative of the quality of decision making at the 'front door' remains good and has improved.
- The rate of S47 investigations appears low – however the proportion progressing to ICPC is high and the rate of ICPC's is slightly elevated by comparison with statistical and other neighbours.
- The rate of CP plans is within the expected range.
- The re-registration rate remains higher than desirable.

Repeat Child Protection Plans.

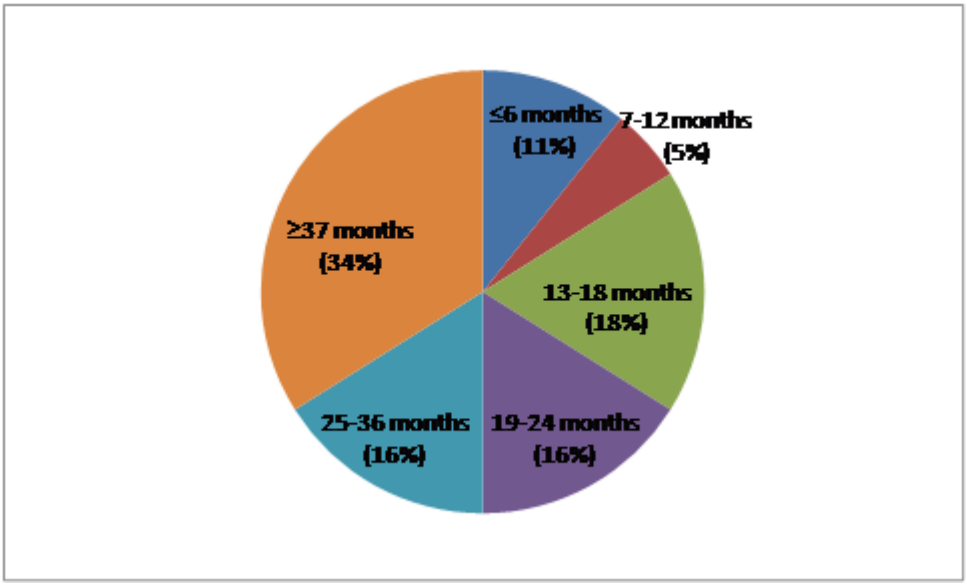
A 20% CP repeat rate although higher than desirable is within +1 standard deviation of the 2013-2014 mean (+1 SD = 21.1%). Our numbers are quite few, so only a small movement in either direction is amplified when expressed as a percentage and there were actually three fewer repeat plans than in 2013-2014.

North West regional data for 2014 – 15 including our statistical neighbours Warrington, Lancashire, Stockport and Sefton, have recorded increases in re-registrations during Q1-Q3 of 2014-2015 - it seems likely that the % repeat CP plan in Bury reflects a more widespread trend.

Detailed scrutiny indicates that 56 children who became subject to a CP plan in 2014-2015 in Bury had previously been subject of a plan.

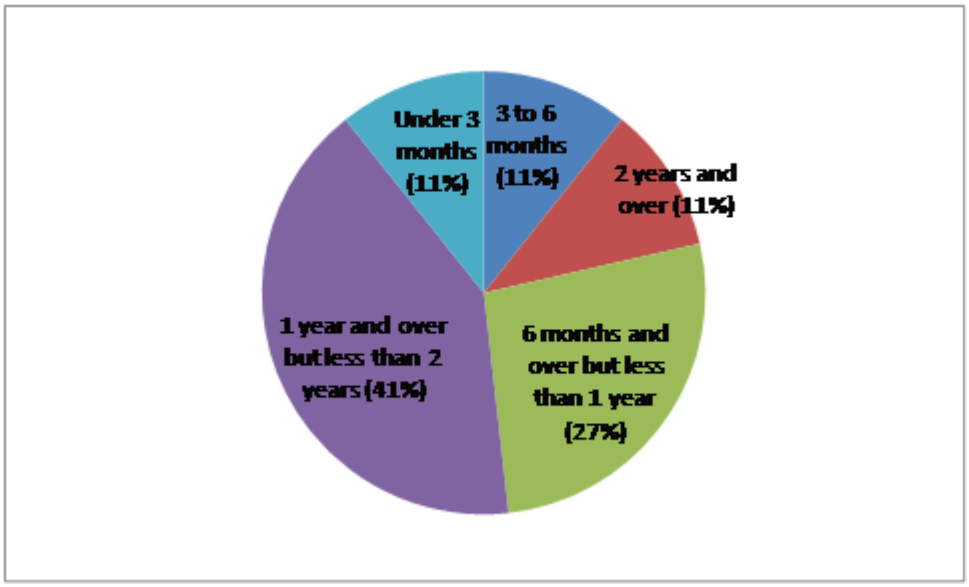
The first pie chart below breaks the group down on the basis of the elapsed time between the end of the most recently closed plan and the start of the 2014-2015 plan that counts as a repeat.

Exactly half of all the repeats occurred more than two years after the preceding plan closure; a third of all repeats occurred after three years. The longest gap was ten years. 16% of the repeat plans occurred within twelve months of the previous closure.



Consideration of the possible reasons for an elevated %age of repeat CP plans has included the hypothesis that previous plans have not been in place long enough to ensure sustainable change.

The second pie chart evidences that the previous plans were not characterised by brevity- in fact the opposite; the duration pattern of the previous plans was notably different – of generally longer duration - than for all plans that began in 2014-2015.



Only half of the previous plans ended in less than a year by comparison with 80% of those ended in 2014 -15.

Whilst there is thus no obvious indication that repeat CP plans 2014 -2015 were a function of precipitate closure of an earlier plan there are indications of 'practices' which may be creating avoidable repeat plans.

Case study: Three siblings on plans, seemingly with some beneficial effect. A family crisis and threat of eviction caused mother to ask for the children to be accommodated (S20). This was agreed, at which point the CP plan was ended, without review.

The children were Looked After for between 10 and 22 days before returning home. The process of getting the children back on a plan was initiated involving further assessment and ICPC. Had the children remained on a CP plan while simultaneously Looked After, until the long-term plan was agreed a lot of time and effort could have been more been more productively expended on behalf of the children - and the % repeat CP plans would have been reduced - and more meaningful.

Table 5: Conference Monitoring

	2014 -15	2013 – 14
Number of Initial Conferences held (children)	300	355
Parents seen Social Work report before conference	86%	80.9%
Parents seen other agency reports before conference	70.5%	54.6%
% Initial conferences starting late.	54%	54%
Child's views (where of an age) recorded in initial conference reports	89% (24% not of an age to be able to express view)	-
Review conferences within timescale	85%	93.9%
Child's views (where of an age to express a view) recorded in review conference reports	90%	-
% statutory visits conducted in timescale.	74%	-
% core groups at required frequency	85%	82.14%
% plans progressed appropriately between review conferences	83%	74.28%

Table 6: Attendance at Initial & Review Conferences

Agency	ICPC - % attendance of possible attendance	Review CPC - % attendance of possible attendance
Parents	89%	95%
Health Professionals (e.g. HV/SN)	87%	95%
CDAT (OneRecovery)	53%	59%
Mental Health	68%	38%
CAMHs	47%	36%
Midwifery	74%	n/a
Education	80%	67%
Children's Centres	58%	86%
Police	79%	2%
Probation	69%	49%
Case Holding Social Worker	99%	98%
Receiving Social Worker	56%	n/a

Table 7: Children Subject to Child Protection Plans – by Age

Age	Bury 31 March 2015	Bury 31 March 2014
Unborn	5 (2.4%)	-
Under 1 year old	22 (10.7%)	25 (11.3%)
1-4 years	56 (27.3%)	64 (28.8%)
5-9 years	70 (34%)	64 (28.8%)
10-15 years	46 (22.4%)	61 (27.5%)
16 years and over	6 (2.9%)	8 (3.6%)
Total	205	222

Table 8: Child Protection plans by category (as at 31st March 2015)

Category	Bury March 31st 2015 Number and (Rate/10,000)	Bury March 31st 2014 Number and Rate/10,000	*England* *Children becoming subject of a plan 2014/10,000*
Neglect	81 (19)	74 (17.5)	18.3
Physical abuse	10 (2.4)	22 (5.2)	4.1
Sexual abuse	16 (3.7)	6 (1.4)	1.9
Emotional abuse	85 (20)	118 (27.8)	13.8
Multiple categories	13 (3.1)	2 (0.5)	3.9
Total number of Bury Plans	205 (48.35)	222 (52.4)	42

Categories of Plan

'Neglect' and 'Emotional abuse' accounted for 80% of child protection plans as at March 31st 2015. 'Emotional abuse' invariably incorporates domestic violence as a background factor. The categorisation of 'Neglect' and 'Sexual Abuse' has increased by comparison with last year whilst the categorisation of emotional abuse has decreased.

Table 9: Ceased Child Protection Plans by period subject to a Plan

Length of time subject to plan when ended	Number of Bury Plans ceased in year 2014 – 2015	Number of Bury plans ceased full year 2013-14	*% plans ceased NW 2013-14*	*% plans ceased England 2013-14*
Under 3 months	56 (19%)	45 (23.4%)	22.6%	20.3%
3 to 6 months	52 (18%)	42 (21.8%)	11.6%	10.3%
6 months but under 1 year	128 (43%)	77 (40.1%)	38.7%	40.4%
1 year but under 2 years	54 (18%)	26 (13.5%)	22.5%	24.5%
2 years and over	7 (2%)	2 (1.0%)	4.5%	4.5%
Total	297	192		

Assessment Activity

Table 10: Timeliness of Assessments April 2014 – March 2015

	0 -15 days	16 -35 days	36 – 45 days	Incomplete / In progress	% IN TIME
Q1 April -June	187	314	101	412	59.4%
Q2 July - Sept	151	223	98	324	59.4%
Q3 Oct -Dec	126	360	103	107	77%
Q4 Jan - Mar	144	373	64	38	93.9%
Annual Total	608 (19%)	1270 (40.6%)	366 (11.7%)	881 (27.4%)	71.7% (2240/3125)

- **The number of assessments completed in year was not significantly fewer than in 2013- 2014.** It is unlikely that demand will drop back to that reported in 2012 -2013 when only 1646 (initial) assessments were started.

- **The conversion rate of referral to assessment was 93.7%. This is an increase of the conversion rate (80.9%) in 2013 -2014.** This high conversion rate is consistent with the improving effectiveness of the MASH.

- **Timeliness of assessments has improved from a low base year on year for the last three years. The improvement in 2014 – 15 is however significant.** In 2013 -2014 compliance with core assessment timescales was reported at 57.3%. The proportion of assessments completed in timescale during 2014 – 15 was 71.3% - for the last half of the year compliance was 89.2% and for the last quarter of the year compliance was 93.9%.

- **There is a significant contrast between the rate** of assessments at the beginning of the year by comparison with the end of the year. The assessment rate in Q1 (April –June 2014) was exceptionally high but has fallen back steadily in each subsequent quarter. The change in assessment volume coincides with changes and refinements to the management arrangements for the MASH, A&A and Early Help services - including changes of staff in key positions and the embedding of the Early Help and CAF services.

Table 11 Annualised Rate of Assessments/10,000 child population 2014 -15

April – June	July - Sept	Oct - December	Jan – March 2015
956	748	656	586.7

The Annual Report from the Safeguarding Unit is attached as Appendix 5.

A report on the Common Assessment Framework is attached as Appendix 6.

A report from the Phoenix Team (Child Sexual Exploitation) is attached as Appendix 7.

A report on child road casualty data is attached as Appendix 8.

State of Safeguarding

Name of partner agency	**Key achievements during 2014/15**
Adult Services	Again this has been a busy year particularly within the Adult Safeguarding arena. This year brought an unexpected challenge when the law around Deprivation of Liberty changed. This change resulted in an unprecedented increase in the number of cases requiring consideration, placing considerable strains on Local Authorities and their partners. However, we have worked closely with our colleagues in Children's Services and our care provider services to identify those children and young adults who are affected by this legislation. Consequently, we now have a robust and clear approach to managing deprivation of liberty authorisations and court applications. As mentioned in last year's report, our strategic focus has been around preventing abuse. We have now developed a 3 year Prevention Strategy covering three main priorities: 1) People who use our services and their carers 2) The Community 3) Organisations Within this prevention approach is the recognition that young adults transitioning into adult services must be supported by clear and person-centred processes in order to prevent care breakdown. I am pleased to report that the transition pathway has been firmly embedded into practice and is working well. 2015-2016 will be a year of change for the Adult Safeguarding Board. The Care Act has at last put Adult Boards on a statutory footing akin to that of Children's Boards. This is a welcome recognition of how important it is for agencies to work together to support and protect those adults who suffer abuse. The responsibilities of the Board have been made very clear, and it will require us to be innovative and creative in order to meet the changing agenda around Adult Safeguarding, obviously working closely with our partners in children's services to learn from their experiences and, ensure we are providing a seamless approach across both child and adult safeguarding agendas. Amanda Symes **Safeguarding Adults Manager** **Bury Council, Department for Communities & Wellbeing**
Cafcass	Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass is to safeguard and promote the welfare of children within the family courts by providing advice to the court, making

	provision for children to be represented and providing information and support to children and their families. A significant achievement in 2014 was being graded Good in Ofsted's national inspection which recognised the hard work of practitioners in improving service delivery and being cost effective. Cafcass' statutory function, as set out in the Criminal Justice and Court Services Act 2000, is to "safeguard and promote the welfare of children". Safeguarding is therefore a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this. Priorities have included recognising indicators of children vulnerable to sexual exploitation and trafficking, forced marriage and female genital mutilation. Reducing case duration is a significant feature of the government's reform of the family justice system in the context of rising numbers of public law applications and has been a significant challenge to practice. 2014-15 Cafcass received 11,127 S31 care applications compared to 10,620 2013-14 and worked jointly with partner agencies engaged in the delivery of the family justice system to reduce the duration of care proceedings. In Sept –Dec 2014 average S31 case duration reduced to a national average of 30 weeks. 2014-15 saw a reduction in private law applications, down from 46,636 in 2013-14 to 34,357 in 2014-15. Sept – Dec 2014 the national average case duration in private law was 26 weeks. Deborah McCallum **Service Manager, Cafcass**
Children's Social Care	1.0 During 2014 – 2015 Bury Children's Social Care service was in a period of consolidation and ongoing development following the transitional period described in 2013 - 2014. The data attached (Appendix) and recent external review evidences improved and improving performance in respect of safeguarding practice by children's social care, which is impacting positively on outcomes for our children. 1.1 **Demand.** The demand for statutory social care services in 2014 - 2015 stabilised at lower levels than experienced during 2013 – 2014 and came into line with that of statistical neighbours. The indications are that the MASH and Early Help service which by March 2015 had been operational for eighteen months are impacting positively and ensuring proportionate early help to those in need. The conversion rate of contacts to referrals to the statutory service reduced and the referral rate were in line with the most recent data in respect of statistical neighbours – at the same time the number of children subject of a CAF/TAC doubled to more than 800 at year end. 1.2 **Processes and Multi-agency working.** A recent independent review of children's social care commissioned by the local authority internal audit department and undertaken by an ex-Director of Children's Services during March 2015 provides objective assessment of the effectiveness of safeguarding

arrangements for children in Bury. Amongst the conclusions were:

- Bury children's social care has a highly committed and motivated workforce who feel highly valued, extremely positive and well supported.
- The threshold for intervention is well embedded and well understood across the whole service
- Management decisions on those contacts which progress to referrals are good.
- The referral pathway for children in need of protection is well established with speedy triage and evidence of multi-agency decision making and timely strategy meetings which are well attended by the partnership.
- Children at risk of CSE are identified early.

2.0 **Staffing and Caseloads.** During the autumn of 2014 the Council invested in the establishment of additional permanent children's social work posts. Reliance on agency social workers and social work managers a feature of the service in 2013 - 2014 was minimal by March 2015. The social work vacancy rate was low (around 5%).

2.1 Caseloads in the Advice and Assessment Service reduced between April 2014 and March 2015 from an average of more than 30 children to an average of 11 children. Caseloads across other service areas reduced from similarly high levels to an average of 25 children and are on a slower downward trajectory.

2.2 **Assessment Timescales.** There has been strong improvement during 2014 - 2015 in terms of compliance with assessment timescales (72%). During the last quarter of the year compliance was above 80% in every month. The upward trajectory in performance is indicative that a realistic target for compliance with assessment timescales in 2015 - 2016 will be 85%.

2.3 **Child Protection (CP) activity**. Child protection activity in 2014 - 2015 reduced by comparison with 2013 - 2014 and against most measures activity is now in line with that of comparable local authorities. Whilst there was a significant 'dip' in the rate of S47 enquiries the rate of conversion of S47 enquiries into Initial Child Protection Conferences (ICPC) was very high and the rate of 'new CP plans' is consistent with expectations and by comparison with statistical and regional neighbours.

2.4 The rate of children becoming subject of a CP plan in year who have previously been subject of a CP plan remains higher than desirable. Interrogation of possible causes, suggest that at least one of the reasons for this is un-necessary rigidity in application of procedures. There will be further exploration of this issue during 2015 - 2016.

2.5 There has been solid improvement during 2014 -2015 in

compliance with the 15 day timescale for ICPC's. The performance in the last quarter of the year indicates that the changes to process introduced late 2014 will engender better than national average performance 2015 - 2016.

3.0 **Private Fostering.** During 2014 - 2015 identification of 'private fostering arrangements' remained low (6). There is more work to be done in 2015 - 2016 to ensure both identification and the appropriate response to private fostering arrangements from the social work service.

4.0 **Child Sexual Exploitation.** In April 2014 Bury established a dedicated multi-agency Child Sexual Exploitation (CSE) Team which is part of the wider Project Phoenix model developed for Greater Manchester (GM) to ensure effective and consistent responses throughout the locality. The Bury Phoenix team is co-located with the MASH and managed by the MASH Team Manager. The team includes social work and social care staff, an education worker and 3 dedicated police officers. In addition the police Missing Person Safeguarding Officer is based within the Phoenix team one day per week, whilst remaining the single point of contact (SPOC) for missing persons in Bury with responsibility for any young person's deemed missing.

4.1 The development of the CSE team has not been as rapid as anticipated. It proved difficult to recruit to the assistant team manager post. A high calibre candidate finally took up post in March 2015.

4.2 During 2014 - 2015 referral pathways into Phoenix and risk screening tools supporting the early identification of CSE were introduced and have become well embedded. The Phoenix Team have increasingly provided advice and consultation to those working with young people at low or low/medium risk of CSE and undertaken direct work with young people assessed as at high/medium or high risk. At the year end the team were undertaking direct work with 31 young people. The team have also provided a wide range of training and 'awareness raising' events across the borough.

4.3 A challenge for the service has been ensuring appropriate case recording systems and an electronic database from which to extract key performance information. During the year additional investment was provided to purchase the 'bolt on' CSE module to the ICS system. This 'went live' in March 2015. This ensures greater management oversight of the work of the CSE team and enhances the capacity of the service to provide reliable performance data to the BSCB.

4.4 The link between children 'missing from home' (MFH) and the risk of CSE is well understood. Procedures and processes are embedded to ensure that all children who have 'missing' episodes are in receipt of timely 'return home' interviews. A system to ensure learning from 'MFH' interviews is not well developed and will be the subject of further work during 2015 -

	2016. 4.5 A weekly report of children who are or who have been MFH during the preceding week is provided to all CSC strategic leads and the assistant director - the number is rarely more than six and the periods of absence are generally a few hours and rarely more than 24 hours. A senior manager has responsibility for ensuring these cases are tracked and that responses are appropriate. 4.6 **Children 'Looked After' by other Local Authorities placed in Bury (COLA's).** There are approximately 200 COLA's in Bury. In the event that a COLA is reported MFH we routinely offer (in writing) to undertake a 'return home' interview for the placing local authority. During 2014 - 2015 we have been developing arrangements with other GM local authorities for our respective Phoenix teams to provide a CSE service to each others' COLA's in appropriate instances. 4.7 'Distant' local authorities continue to place their LAC in Bury without notification. Safeguarding issues arise for Bury in respect of COLA's whose behaviours are known by the placing local authority to include MFH episodes and/or known risk of CSE and/or self harming behaviours. Work is ongoing with neighbouring and distant local authorities to ensure that Bury is enabled to fulfil its safeguarding duties to these children and young people. 4.8 Under S85 of the C.A. 1989 the host local authority is required to consider undertaking an 'assessment of need' of COLA's resident in a hospital setting for a continuous period of 12 weeks. The hospital concerned has a duty to inform the host local authority of COLA's who have been resident continuously for 12 weeks. There is inconsistency in the extent to which the 4 hospitals in the borough routinely notify Bury of such young people. **5.0 The safety and wellbeing of looked after children and care leavers**. The safety and well being of children who cannot live safely within their own families is optimised if they can be placed permanently and in a timely manner with either extended birth family, an adoptive family or with long term foster carers. 5.1 The priority afforded the timely achievement of permanence for looked after children, is reflected in 2014 - 2015 by an average 24 weeks for the completion of care proceedings and also by the fact that of those children leaving the care system 20% were adopted (29 children) and 8% (12) were made subject of special guardianship or residence orders. This is the best adoption performance ever achieved by Bury and above the national average (17%) for 2013 - 2014. 5.2. The combination of effective permanence planning and improved timeliness of care proceedings saw the number of children in local authority care drop below 300 children for the first time

since 2010.

5.3 There has been solid improvement in placement stability for looked after children during 2014 – 2015; only 9.8% of the cohort as at March 31 2015 had 3+ placements in year compared to 11% the previous year.

5.4. The improvement in long term stability is even more notable; of those children looked after for 2.5 years or more 68% have been in the same placement for at least 2 years - by comparison with only 55% in 2013 - 2014. Performance against this measure is now in line with the national average.

5.5 This improvement in placement stability is likely a consequence of the improved sufficiency of in-house placement provision. During 2014 – 2015 the use of external providers reduced to its lowest level for three years. The policy of the department remains that children requiring external placement provision will only be placed with providers who are rated by Ofsted as 'Good' or 'Outstanding'.

5.6 Alongside MFH reports for looked after children (LAC), the attendance of school age LAC is tracked daily by the Virtual Head Teacher (VHT). A dedicated School Attendance Officer monitors and triggers early intervention where appropriate. At the end of term two 2014-15, the 'poor attendance rate' for LAC was low and improving - and nearly one third of school age looked after children had achieved 100% attendance in the year. Bury continues to have zero permanent school exclusions for LAC.

5.7 The safety of care leavers (post 18 years) is ensured by the leaving care service (Extra Mile). Extra Mile supports care leavers (18 -21 years) into education, employment and/or training and ensures appropriate accommodation. There is strong partnership working between Extra Mile and the LAC Health service, the LAC Education service, CAMHs and Bury Housing.

5.8 In 2014 -2015 Extra Mile were 'in touch' with more than 90% of Bury care leavers (18 – 21 years) and as at 31 March 2015, 95% of all care leavers were living in suitable accommodation and 40% of those who left care aged 18 years during the year 'stayed put' with their carers.

6.0 Priorities 2015 - 2016

6.1

i) Further development of CSE services, procedures and reporting mechanisms.

ii) Embedding the Quality Assurance Framework, systemising quality assurance activity, further developing real time performance monitoring and ensuring that learning from QA activity informs practice.

	iii) Ensuring learning from MFH return home interviews informs practice and service delivery. iv) Improving the identification of Private Fostering Arrangements and reviewing the social care response and services provided children in Private Fostering arrangements. v) Reducing the number of children who become subject of repeat CP plans. vi) Understanding the 'dip' in the rate of S47 enquiries in the context of the other performance data and responding accordingly. Jackie Gower **Assistant Director (Social Care and Safeguarding)** **Department of Children, Young People and Culture**
Clinical Commission-ing Group (NHS Bury)	The key priorities for the CCG in respect of safeguarding during 2014-15 have been that the needs of children are considered when commissioning health services and continued commitment to executive leadership and attendance by CCG officers at the BSCB, the Children's Trust Board, Corporate Parenting Board, the Domestic Abuse Steering Group, MAPPA (Multi Agency Safeguarding Arrangements), Serious Case Review Panels, Domestic Homicide Panels, Child death Overview Panel and the Health and Well Being Board. The vision for safeguarding within the CCG is to maintain robust, resilient and effective safeguarding services and to strengthen arrangements for safeguarding adults and children across Bury by working collaboratively with partner agencies. NHS Bury Clinical Commissioning Group will prioritise the safety and welfare of children and vulnerable adults across all commissioned and contracted services. The CCG will support and work to empower the health professionals across the health economy of Bury to be confident and knowledgeable in their decision making within safeguarding. To enable the CCG to fulfil its vision the CCG has an Executive Lead for Safeguarding and is accountable to the Governing Body of the CCG, who is a local GP and is an experienced safeguarding professional and is a member of the Strategic Board of BSCB. The CCG also has in place Designated Professionals who are members of the Business Group of the BSCB and a number of sub groups of the BSCB. The designated professionals provide support to the named professionals in the health provider services, namely, Pennine Care Foundation Trust and Pennine Acute Hospital Trust. The CCG has a role in monitoring training within the providers and levels of safeguarding activity via an annual audit of safeguarding standards. Additional assurance is provided via the CCG safeguarding working group which meets quarterly and is a forum for sharing good practice and learning

	within the health organisations in the borough. The CCG provides support and scrutiny to of two large non NHS providers in the area, namely the Alpha Hospital and the Priory Highbank, who provide services for the NHS to vulnerable children. Primary care services are commissioned by NHS England but the CCG has responsibility to ensure quality and equitable services are provided. Within this remit the CCG remains committed to providing proactive and responsive training for GPs locally and provides training to local GPs and practice nurses and has a rolling programme of training and peer support. During the last year there have been sessions on child sexual exploitation, domestic abuse and lessons learnt for serious case reviews and domestic abuse, alongside basic awareness training. However, the current figure for GP's who have attended training session provided by the CCG, within the last 3 years is 60% due to a changing workforce. There is continued programme of training for GP's with training available throughout 2015. The Bury Safeguarding Children Board have responsibility for oversight of the work to reduce risk to youg people of child Sexual Exploitation. As part of the response by health commissioners, NHS Bury CCG and Public Health have held a series of meetings to discuss the services young people at risk or victims of CSE need to have ready access. _To support the discussions a scoping exercise was completed to provide an understanding of the needs and the local services available. Maxine Lomax **Head of Safeguarding, Bury CCG**
Greater Manchester Police	Assistant Chief Constable Dawn Copley is the named strategic lead for safeguarding in GMP. She owns the portfolio for several areas of public protection including child abuse, domestic abuse, adult mental health, human trafficking and sexual exploitation within GMP. She holds the ACPO portfolio for custody issues. Each Division across GM has a Senior Leadership Team (SLT) and within that team there is a designated officer who sits on the LSCB. The Public Protection Division has a separate SLT structure for central governance. Each division has a Public Protection Investigation Unit with a Detective Inspector leading the team. In July 2014 Her Majesty's Inspectorate of Constabulary inspected GMP and published their report in December 2014. The report stated that protecting vulnerable people was a clear priority for the force and the Police and Crime Commissioner. The report highlighted areas of good practice, such as evidence that front line staff responded quickly to concerns and incidents that clearly raised child protection issues. The officers promptly undertook a range of preliminary activities to ensure the safety of children. The main themes for improvement in the report included recommendations around delays in investigations due to the backlog of work in the High Tech Crime Unit (Child Abuse images), structured liaison with senior CPS representative to reduce delays, better recording around the "voice of the child" and consistency around GMP in how MASH and CSE

	teams are structured. There is a comprehensive action plan in GMP covering all the issues highlighted by HMIC, and additional issues identified by GMP as a result of internal audit and skill assessments of staff. Several officers are dedicated to the delivery of the action plan, all of whom have extensive experience in the Child protection arena. A comprehensive training programme is rolling out across GMP; inputs to staff are bespoke to cater for the varying roles staff perform. Training has been delivered by very experienced staff within the Public Protection Division to ensure credibility, passion and consistency in the messages being delivered. GMP has recently formed a team to undertake a Vulnerability Review. These officers along with a Systems Thinking consultant are reviewing the whole picture across GMP, to ensure that services to vulnerable people are appropriate, and sustainable, during severe staff cuts. Whilst the initial topic has been the investigation of sexual offences, the topic of protecting children is next on the Change agenda. **The Bury picture** The Bury Multi Agency Safeguarding Hub (MASH) has been based at Bury Police Station since October 2013. It has been established by co-locating a range of professional and administrative staff from agencies with responsibility for safeguarding children in one building. The Bury MASH is recognised as an example of good practice. In July 2014 the Bury Phoenix Team was set up and were co-located with the MASH team to provide a centre of excellence for child sexual exploitation in Bury. The team provide a specialist service to undertake direct interventions with young people; they support families, parents and carers. The Bury Phoenix Social Worker and Family Support Workers deliver direct one to one interventions following assessment. Professionals in education, social care, children's centres, connexions, youth services, police, and voluntary and community sector organisations are encouraged to be alert to sexual exploitation. The team work with these agencies to develop individual awareness packages to ensure that professionals are able to identify the signs and be alert to sexual exploitation and are then equipped to know what action to take in line with our local procedures. Safeguarding of children is a priority for GMP and we still face many a challenge around raising awareness amongst our communities and partners we have seen many successes, since the Phoenix team has been set up in Bury we have had a significant increase in the number of referrals for and a significant increase in intelligence surrounding CSE. Chief Superintendant Chris Sykes **Territorial Commander – Bury & Rochdale Divisions**
Cheshire & Greater Manchester	The governments 'Transferring Rehabilitation' programme meant that with effect from May 2014 the operations of the previous Probation Trusts were split with the creation of the National Probation Service

Community Rehabilitation Company (CRC)	and 21 Local Community Rehabilitation Companies (CRCs). Bury is served by the Cheshire and Greater Manchester CRC (CGMCRC) and operationally is part of a cluster which also covers Rochdale and Oldham. CRCs are responsible for managing most low and medium risk offenders subject to community orders or post release licence/supervision. In Bury CGMCRC is currently working with around 420 offenders. This includes a large proportion (around 25%) who are assessed as presenting a risk of domestic abuse as well as very significant numbers presenting with alcohol problems or other substance misuse issues. With effect from 1st February 2015 ownership of CGMCRC has passed to the Purple Futures consortium which is led by Interserve PLC. **Key Achievements 2014/15**. CGMCRC moved quickly to develop child safeguarding practice guidance relevant to the role of the new organisation in September 2014 and this guidance has now been implemented throughout the organisation. The new guidance takes account of previous Greater Manchester Probation Trust and Cheshire Probation Trust policies and procedures as well as learning from HMIP inspectors. CGMCRC is committed to all staff receiving safeguarding training commensurate with their responsibilities and including an understanding of local structures and procedures. Direction to staff around safeguarding is provided via a Risk and Safeguarding Practice Development Group made up of CGMCRC strategic Safeguarding Lead and local cluster Senior Probation Officer Leads. This group seeks to facilitate the sharing of best practice principles, communicate local/regional safeguarding developments and share relevant findings from Serious Case Reviews. Locally CGMCRC is represented on the BSCB and we would now hope to step up our engagement with sub groups during 2015/16. Nigel Elliott **Assistant Chief Executive, Cheshire & Greater Manchester CRC**
Learning & Culture	**Schools and Colleges** Safeguarding continues as a priority for Bury's Primary and Secondary Schools and Post-16 providers.. This work continues to be well supported by the Safeguarding in Schools and Colleges sub-group and by work of teams such as the Children and Young People in Care Education team, the School Attendance Team and the Integrated Youth Support Service. There is now a permanent member of the School Attendance Team on the Multi-Agency Safeguarding Hub (MASH) and also permanent representation on Project Phoenix team dealing with CSE. The Head of the Integrated Youth Support Service now very effectively chairs the Early Help panel which allocates referrals from the MASH to Early Help providers. In Bury schools , 94% of Primary , Secondary, Special Schools and

PRUs are judged to be good or outstanding in respect of the Behaviour and Safety of pupils by Ofsted. In 2014/15 inspections the following schools have been judged to be Outstanding by Ofsted for this aspect of their work:

Elms Bank Secondary Special School; Guardian Angels RC Primary; Higher Lane Primary; Hoyle Nursery School; Old Hall Primary; St Mary's Hawkshaw; St Mary's Prestwich

In only one inspection in 2014/15, at The Elton High School, was Behaviour and Safety judged to be requiring improvement and the safeguarding issues identified during the inspection have now been fully addressed by the school

Attendance at Bury schools is well above national averages and the authority continues to support schools in improving the attendance of those who are defined as persistent absentees. The level of Permanent Exclusions from Secondary Schools has been in decline in the last 3 years but this year has increased again and remains an area for focused work with Secondary schools. Exclusions at primary level remain rare and no looked after child has been excluded.

Over the last year substantial work has been done with schools on anti-bullying, including work on homophobic behaviour and bullying of disabled young people. The Be Safe Be Cool event for Y9's has continued to be run in every High School and there has also been training provided to High Schools on the Prevent agenda (prevention of radicalization). Following the publication of the Project Phoenix guidance for responding to Child Sexual Exploitation a working group was established to produce guidance for schools on prevent CSE. This will be rolled out to schools, accompanied by training for teaching staff during the Autumn Term 2015.

A full Safeguarding Audit has been carried out by schools this year and the schools continue to use the SMART IT system to record instances of bullying and racial discrimination. The SMART system has now been extended to help schools record low-level safeguarding concerns. Representatives of 10 High Schools and 2 Colleges have recently attended the Hydra Multi-Agency immersive training.

Children's Centres

A major reorganization of Children's Centre provision has taken place to help to target Children's Centre work on supporting the most vulnerable families at a time when the resources available to run Centres has been severely reduced. As a result of the reorganization there will be an increase in the number of Outreach workers operating out of 5 Children's Centre Hubs and their activity will be more closely monitored by Senior outreach staff. This will enable Bury Children's Centres, working with partners from health, job centres, schools and the voluntary sector to make an improved contribution to supporting the delivery of early help to children and families.

SEND Reforms

From September 2014 children and young people with Special

	Education Needs and Disabilities are being supported through having an Education, Health and Social Care (EHC) plan rather than a Statement. These multi-agency plans are now in place in Bury and parent groups and young people have provided positive feedback about the increased involvement this has given them in identifying and meeting their support needs. The use of person- centred planning is at the centre of the process and Bury's SEND team, working with Parents' Forum has provided substantial training for professional in person-centred approaches. Young people with SEND have also been engaged in the development of the new plans. In addition to new assessments some 250 young people will have had their Statements of SEN converted to EHC plans in Primary and Secondary schools by the end of July 2015. This process will need to continue through the next three years as there remains over 1100 Statements still to convert. Ian Chambers **Assistant Director (Learning and Culture)** **Children, Young People and Culture Department**
National Probation Service	The implementation of the Transforming Rehabilitation agenda on 1st June 2014 resulted in the dissolution of Greater Manchester Probation Trust and the formation of 2 separate organisations working with offenders in Bury; the National Probation Service (NPS) and Purple Futures who were successful in bidding for the Community Rehabilitation Company (CRC) Contract Package Area of Greater Manchester and Cheshire. Bury, Rochdale and Oldham were clustered together and Nisha Bakshi replaces Sarah Jarvis as the Assistant Chief Officer (ACO) within the NPS with responsibility for the 3 boroughs. The primary functions of the National Probation Service are the following; • Continued provision of Court Services including risk assessment, writing Pre-Sentence Reports and allocation of cases to the NPS or CRC as per the defined criteria • Offender management of all MAPPA eligible and High Risk of Serious Harm offenders The National Probation Service continues to be a key partner in safeguarding children. Despite the NPS experiencing acute caseload and associated workload demands, safeguarding children has remained a key priority. Following a NOMS audit in April 2014 follow up internal quality audits were undertaken on child in need and child protection cases. Focus was on progressing the Think Family approach. This has developed generically across all cases with a view to wider considerations of the impact of offending and factors precipitating such behaviours have on children. iHop presentations have lead to an awareness of a need to support families of offenders in custody and available interventions resulting in greater child focused outcomes for a very vulnerable group. The integration of child protection plans into the OASys risk management plan and sentence planning document is

	another key development. Utilising high risk review meetings to check practice on this, but this is a driver in determining the role of probation with families where there exists a significant risk of harm to children. This may be implicitly linked to risk, or peripheral factors (for example motivation to engage). Involvement in the development of non-statutory interventions with domestic abuse perpetrators with Strive, which continues now with the CRC. The Integrated Offender Management cohort will be expanded to include domestic violence perpetrators. The aim is that NPS staff will be co-located within IOM and Multi Agency Safeguarding Hubs across Bury, Rochdale and Oldham over the next 12 months. The CSE strategy also continues to develop. On 1 April Janice France delivered a speech at St James' Palace to this year's Butler Trust award winners. At this ceremony presided over by Princess Anne, she talked about a strategy on Child Sexual Exploitation. In attendance were senior leaders from the Ministry of Justice, NOMS and other criminal justice organisations. Positive feedback was received for the depth of work being implemented by colleagues in Rochdale and Bury and the robust risk assessment and management practices with CSE perpetrators and sensitive approaches for victims. With regard to training, single agency training has taken place into types of abuse and multi-agency referral processes; serious case review and domestic homicide review learning events in June 2014 and further one off briefings held throughout the year on Safeguarding practice. A further lessons learned workshop will be delivered to all NPS staff in September/October. An appraisal objective will be set for all NPS staff during the 2015 – 2016 period to attend a minimum of one multi agency training event. In addition a key performance indicator locally will be for all staff to attend 100% of Child Protection Conferences from 1 July 2015. ARMS (Active Risk Management System) Tool training will take place from Sept to Dec 15, assessing risk posed by sexual offenders in replacement of the Thornton's Risk Matrix 2000 which was based purely on static information. The NPS strategy for transitions work in relation to Youth Offending Services (YOS) and Probation is due to be finalised within a few months. This will be implemented in Bury in conjunction with the member of staff paid for by probation situated within the YOS along with two officers in the probation team, with a six month transitional window for joint working and transfer. In addition review of ICO sentences (Intensive alternative to Custody Order) for 18-25 year olds, allows for a more responsive approach to young adults who are at risk from going to prison. Whilst the numbers made in bury are low, purely due to risk of serious harm issues impacting upon eligibility, there remains a focused review by Court staff writing reports to assess eligibility and suitability in all cases. An audit schedule for 2015-16 pertaining to Child Safeguarding is due to be published, focusing on thresholds, domestic abuse, CSE and

	CAF/Early Help provisions. Results and relevant learning will be made available via the Monitoring and Evaluation sub group, alongside detailed information with regard to performance measures and outcomes with a focus on sexual and domestic abuse offenders and risk to children. Nisha Bakshi **Assistant Chief Officer** **Head of Bury, Rochdale, Oldham Cluster** **North West Division** **National Offender Management Service**
NHS England	NHSE is a non- executive public body which is responsible for ensuring that health care is commissioned to meet the needs of the population across England. NHSE is broken down to four regional teams with a number of area teams providing more local assurance for health. During the 2014/15 year area teams were reconfigured which resulted in a Greater Manchester Area Team and the Lancashire Area Team merging. This team is now known as the Lancashire and Greater Manchester Sub regional Team. The merged team covers the North West Region. There are 20 CCGs within the combined Lancashire and Greater Manchester areas. NHSE is currently responsible for the commissioning of primary care contractors i.e. GPs, dentists, pharmacist and optometrists. The responsibility for ensuring that safeguarding duties for health in the North West are embedded into all health services which are commissioned for children and vulnerable adults within the region comes under the remit of the nursing directorate of the Lancashire and Greater Manchester Sub Regional Team in conjunction with CCGs. Designated Nurses are 'hosted' by CCGs however they are professionally accountable to the Director of Nursing for NHS England. **1. NHSE Greater Manchester Area Team Safeguarding 2014/15:** **1.1. Achievements :** 1. Named GP 2. Primary Care Toolkit 3. CQC inspections 4. Greater Manchester Safeguarding Collaborative **1.2. Challenges:** 1. NHSE representation/funding contribution of LSCB 2. NHSE Safeguarding Accountability Framework

2.1. Achievements

2.1.1. Named GP

During 2014/15 funding has been allocated by NHSE to CCGs and agreement has been reached with Chief Officers of CCGs, as to the implementation of the Named GP role for Safeguarding. For each Authority monies have been allocated to the CCG by NHSE for the provision of services to support primary care health services to undertake their safeguarding duties. Work is underway by the CCG Designated Safeguarding Team to ensure that structures are in place to support primary care practitioners in their safeguarding role. This will include safeguarding training for primary care practitioners, authoring of IMRs and safeguarding assurance.

2.1.2. Primary Care Safeguarding Toolkit

A Greater Manchester primary care safeguarding toolkit has been devised by safeguarding designated professionals for use by all primary care contractors. The tool kit is intended as a safeguarding reference guide for practitioners for use within clinical practice. It contains safeguarding information for use by practitioners for both vulnerable children and adults and includes some guidance for responding to domestic abuse. Launch of the document will occur in July 2015.

2.1.3. Care Quality Commissioning Safeguarding Children Inspections

Throughout 2014/15 the CQC have made unannounced visits to three CCG areas. These are Heywood, Middleton and Rochdale, Stockport and Salford. Although other Greater Manchester CCG areas have not yet received inspections this is likely to occur in the 2015/16 period and recommendations from those CCGs who have received inspection have been shared.

2.1.4 Greater Manchester Safeguarding Collaborative

NHS England has continued to provide a forum for Designated Professional across Greater Manchester. This meeting affords the opportunity for updating on strategic issues e.g. FGM, CSE etc, sharing of learning from SCRS and DHRs, peer support and professional supervision.

The collaborative have overseen the development of safeguarding standards which are now included in all NHS contracts.

2.2. Challenges

2.2.1. NHSE representation at LSCBs

Working Together to Safeguard Children and Young people (2013) and the NHSE Safeguarding Accountability Framework (2013) has stipulated the requirement for NHSE to be represented at Local Safeguarding Children's Boards. Due to the number of LSCBs within the Greater Manchester Area and the number of staff employed within the Team this has proven to be a challenge although this has been mainly

	achieved. Work is on-going nationally for the 2015/16 year to review appropriate representation by NHSE at all LSCBS which considers the possibility of designated nurses representation of NHSE. Further work is also being undertaken to review the requirement for NHSE, as a member of safeguarding Boards to make financial contribution. **2.2.2. NHSE Safeguarding Accountability Framework** The NHSE Safeguarding Accountability Framework (2013) gives clarity to commissioners and providers of health services as to the statutory safeguarding duties which are required. This includes duties of NHSE, CCGs and health providers. Revision of the above document was undertaken in 2014/15. Consultation ended in March 2014 and the final document is expected to be published in June 2015. Guidance is likely to review representation of NHSE on safeguarding boards, accountability of designated professionals in commissioning of health services for vulnerable people and the implications for safeguarding when co commissioning arrangements move forward in conjunction with local authorities and CCGs. Marie Boles **Deputy Director of Nursing (Patient Experience)** **Lancashire and Greater Manchester Sub Regional Team** **NHS England**
Pennine Acute Hospitals NHS Trust	The Trust continues to ensure representation on all LSCBs and LSABs within its footprint. The enclosed report provides evidence to the LSCBs of the safeguarding work undertaken within the Trust to enable it to discharge its duty against national guidance. The Safeguarding Team continue to develop systems and processes and work with staff and patients and other agencies to ensure the potential to protect adults at risk is maximised. A full report is attached as Appendix 11. Dr Suzanne Smith **Head of Safeguarding** **Pennine Acute Hospitals NHS Trust**
Pennine Care NHS Foundation Trust	Pennine Care NHS Foundation Trust (PCFT) provides Community and Mental health services to people living in the boroughs of Bury, Oldham and Rochdale. We also provide mental health services in Stockport and Tameside and Glossop as well as Community services in Trafford. **Community services include:** • Dentistry • Health visiting and school nursing • District Nursing • Cancer and end of life care

	• Long term condition management • Health improvement and wellbeing • Learning disabilities • Paediatric occupational therapy • Speech and language therapy • Children's community nursing services • Adult therapy services • Sexual health services PCFT Community Services Bury is committed to working across the Bury health economy in partnership with statutory, non-statutory and third sector partner agencies to safeguard and protect children. PCFT contributes to the work of the Bury Safeguarding Children Board (BSCB), either chairing or participating in all of the BSCB sub groups. PCFT Community services Bury also contribute to the Children's Trust Board and to the wider work of the BSCB, with representation on the range of steering groups and operational groups including those for MASH and CSE, MARAC and domestic abuse. Safeguarding is represented at all levels of the organisation. The Director of Nursing is the PCFT Board lead for safeguarding. This role is supported by a trust wide Head of Safeguarding. Within Community Services Bury, the Service Director has overall responsibility for safeguarding and attends the BSCB Board. This role is supported by the Named Nurse for safeguarding children and adults and the safeguarding team. The Named Nurse fulfils the role as outlined in Working Together (2015) and in the intercollegiate document guidance (RCPCH, 2014). The Named Nurse has a key role in promoting good professional practice and ensures advice, support, supervision and training is in place for all frontline staff. The named nurse provides assurance that PCFT Community Services Bury fulfils their statutory requirements with regard to safeguarding and protecting children. Assurance at borough level is given and monitored via the Quality and Governance Assurance Group which reports to the PCFT Quality and Governance Committee a sub-committee of the Trust Board. Safeguarding children training competencies for all health staff is outlined in the intercollegiate document (RCPCH, 2014) and is mandatory. All staff are required to undertake safeguarding children training at induction and receive a mandatory refresher, at a minimum of 3 yearly at levels 1 -3, dependent on the post holders role and responsibility. On-going safeguarding audit processes are embedded in the Trust safeguarding calendar and new audits are being developed to demonstrate compliance with safeguarding standards. Two cross

	borough audits were completed in 2014 – 15 on: • Safeguarding Children Processes, including domestic abuse, in health visiting and school nursing and • Level 3 safeguarding children training. In addition further audits are planned for 2015 -16 to consider: • The health input into Child in Need and team around the child cases and • Number and quality of health referrals to children's social care. The safeguarding team also contributes to BSCB multi agency audits. PCFT Community services Bury has representation from the Named Nurse on the BSCB Serious Case Review panel and subgroup. We contribute to Serious Case reviews and Critical Case Reviews, supporting staff throughout the process and completion of action plans. The Named Nurse will also take up the role as chair of the training subgroup from June 2015. PCFT Community Services Bury will continue to work with partners to maintain and develop good practice in ensuring all children and young people within the borough of Bury are safeguarded and protected. Clare Kelly **Named Nurse, Safeguarding Children and Adults,** **Pennine Care NHS Foundation Trust**
Public Health	There are a significant number of public health commissioned services with a multitude of contracting arrangements and multiple providers. Whilst contracts have robust safeguarding arrangements in place, the Council is currently reliant on assurance from external organisations with lead commissioning responsibilities (e.g. CCG, NHS England). As the nature of the commissioning relationship changes new arrangements will need to be formalised. A review is planned of contracting and monitoring arrangements, and how public health governance can fully integrate into existing local authority, CCG and Joint governance structures. **Introduction:** Public Health commissions a number of services from a variety of NHS and Third Sector organisations: The main NHS provider is Pennine Care who provide the integrated sexual health service (in partnership with Pennine Acute Hospital Trust), School Nursing, Health Trainers, RU Clear Chlamydia Screening, Stop Smoking Service, and the Public Health Nutritionist and Infant Feeding Co-ordinator posts. Some pharmacies in Bury are commissioned to provide emergency hormonal contraception and chlamydia and gonorrhoea screening, and GP practices provide NHS Health Checks and long acting reversible contraception. Drug and

	alcohol services for people aged 18+ are provided by One Recovery Bury and children's substance misuse services are provided direct by the council. Three voluntary sector organisations are commissioned in collaboration with other Greater Manchester local authorities to provide STI and HIV prevention services, those being the LGBT Foundation, George House Trust and Manchester Action on Street Health. Prior to April 2013, these services were commissioned by Bury Primary Care Trust. Under the NHS there were established clinical governance arrangements by commissioners and providers, both separately and together. These structures and processes were in place to ensure a culture of accountability for quality, safety and risk management. This included the embedding of quality standards, evidence based practice and national guidance including NICE guidance. The focus being on continual improvement, with the assessment and management of associated clinical risks. NHS arrangements include well-established procedures for the escalation of serious untoward incidents within provider organisations and communication to commissioners and national bodies if necessary. The transfer of public health commissioning responsibilities to the Local Authority has meant that some of these governance structures and processes have become less clear for public health commissioned services and require review at an organisational level to provide assurance in terms of safeguarding. **Current arrangements** *Pennine Care & Pennine Acute* Public Health services provided by PAHT and Pennine Care currently remain contracted through a third party arrangement with Bury CCG as the primary commissioner. The Director of Public Health is a member of the CCG governing Body and as such we are assured that robust contractual arrangements in relation to safeguarding and clinical governance remain in place. *Pharmacy Providers* NHS England is responsible for monitoring compliance with the NHS contract by pharmacy contractors. The usual process is to request an annual return from contractors and visit a selection each year. The General Pharmaceutical Council are responsible for standards for pharmacists and pharmacy premises, with a team of inspectors visiting every 2-3 years, or in response to complaints made. Within the contract needs to be included that pharmacy professional and contractors: • Practice within the GPhC Standards of Conduct, Ethics and Performance • Meet the GPHC Standards for Registered Premises

- Meet the Practice Standards for Consultation skills in pharmacy practice
- Are aware of safeguarding responsibilities
- Comply with all clinical governance requirements under their essential services contained in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

General Practice

There are already NHS England Governance arrangements in place for General Practice, those being:

- CQC registration
- Performers list inclusion for General Practitioners (internal by NHS England)
- Infection Control undertaken through IC teams now hosted within Local Authorities
- Contractual compliance (self-declaration submitted to NHS England)
- Patient Feedback (Complaints/Comments/NHS Choices feedback)
- Quality Improvement (CCG support and processes in place to support member practices)

Collaboratively commissioned services

The lead commissioner is responsible for gaining assurance on safeguarding & clinical governance.

Future developments

It is likely, as has already occurred in many other Councils, that Bury Council will at a future point terminate the third party arrangement and commission directly NHS Trusts and other providers of services. This process is already underway for the provision of the integrated sexual health service, which is currently out to tender as a joint contract with Rochdale and Oldham. (The service specification has been reviewed by the Safeguarding Team and also includes the requirements to utilise the Greater Manchester standardised CSE risk assessment tool and referral pathway).

Other commissioning arrangements are also changing for example, the CCG are entering a co-commissioning arrangement with NHS England in relation to Primary Care and there is likely to be further development of collaborative commissioning arrangements for example across Greater Manchester or sectors and between local commissioners particularly in light of the greater Manchester devolution agenda..

In this changing context, Bury Council will need to continue to be

	assured that it is commissioning services from providers who have robust and effective safeguarding and quality systems in place and that providers adhere to clinical and service standards set by relevant professional organisations. To assist with this the Department of Health have produced a contract specifically for Public Health services commissioned by Local Authorities. This detailed contract covers incident reporting, data protection, continuous improvement requirements, complaints and safeguarding. The contract is in two parts – schedule A which sets out the specifics in relation to these elements and other legal areas, and schedule B which forms the service specification template. As the Council re-procures services we will be utilising this contract or a local version which includes the key safeguarding elements. Furthermore in light of the changing context there will be a review during 2015-16 of each public health contract and associated governance arrangements to answer the following questions: 1) What is the nature of the contractual relationship? E.g. does the council directly contract the provider? Is the arrangement tied to a core contract held between the provider and another organisation (i.e. NHS England, Bury CCG)? Is it collaboratively commissioned? 2) Where the arrangement includes other organisations, where does the responsibility lie for each aspect of clinical governance, including safeguarding and what mechanisms are in place to provide assurance back to the Council? 3) Within the current contract are all the necessary provisions included i.e. Has the Department of Health public health services contract template or a local version been adopted which enables the Council to commission and monitor providers against all elements of clinical governance? Lesley Jones **Director of Public Health**
Third sector	Despite the levels of austerity that are impacting the third sector has continued to support and champion Safeguarding across Bury. Between March 2014 and April 2015 B3SDA ran three half day courses of their Safeguarding course attended by 32 individuals from 13 organisations. The course was funded by a restricted reserve from a previous Children's Services under spend programme and going forward there is unlikely to be an offer of safeguarding training due to no existent budget unless a charge can be levied. As the training was targeted to small community groups this may impact on take-up. A total of 159 participants from the third sector took up BSCB training in 2014/15. This was the largest group to engage in offered training followed by schools at 150 and CSC 141. There is clearly a willingness to be engaged in the agenda that can be demonstrated in this statistic.

	The sector was offered Safe Network training on section 11 audit standards for the Voluntary sector in September 2014 and across the borough organisations have started to progress this work and embed the requirements. These standards focus on key areas of organisational responsibility from Safeguarding. Sadly there is a reduction in regional support and networking opportunities due to restrictions on funding for this organisation. Going forward to 2015/16 B3SDA faces its own uncertain future to support ambition for the Local Authority and statutory partners. The reduction of opportunity to consult, engage and train voluntary, faith and community groups through an infrastructure organisation is likely to have some impact on safeguarding. The sector continues to offer a willingness to support the 2015 Working Together and notes its responsibilities named within. With further reliance and promotion of volunteering opportunities the balance to safeguard and support volunteers and offer services remains at the core of B3SDA and all represented organisations, however in the backdrop of £1.7 billion reduction in Government grants for the sector in the last two years it is yet to be determined how this will impact. Vicky Maloney **Chief Executive Early Break & BSCB Third Sector Representative**

How safe are children in Bury?

The BSCB is required to ensure the effectiveness of the work that is done to safeguard and promote the welfare of children and young people in Bury. The BSCB does this by discharging its statutory functions as detailed in this report at page 10 **'Discharge of statutory functions'.**

Our statutory partners have also prepared an analysis of their own agency contribution to keeping children safe in Bury which can be found from pages 35 - 56. This year there has also been external scrutiny of local safeguarding arrangements:

The Local Authority internal audit department has commissioned an independent review of Children's Social Care safeguarding arrangements through the Local Authority audit department.

In July 2014, HM Inspectorate of Constabulary (HMIC) published an inspection report into the child protection work carried out by Greater Manchester Police. This is part of a rolling programme of child protection inspections of all police forces in England and Wales.

In March 2014, HM Inspectorate of Constabulary (HMIC) reported concerns about how Greater Manchester Police tackled domestic abuse. HMIC was concerned with how the force operated in certain areas and recommended improvements it should make. In November 2014 HMIC carried out a follow up inspection to check on the progress of those recommendations.

Multi-agency performance data analysis also assists us to understand whether a difference is being made to the lives of children and young people in Bury and is found at page 23.

Together these reports tell us that in 2014/15 we have seen improved performance by Children's Social Care in key areas of safeguarding practice. Good progress has been made in a number of areas that we of concern to BSCB members in the preceding financial year (2013/14).

This year the demand for a statutory social care service has stabilised, improvements in the timeliness of the completion of assessments have been reported and social work caseloads are reducing. The independent review of children's social care concluded that the threshold for intervention is well embedded and well understood across the whole service; management decisions on those contacts which progress to referrals are good. The referral pathway for children in need of protection is well established with speedy triage and evidence of multi-agency decision making and timely strategy meetings which are well attended by the partnership.

'Neglect' and 'Emotional abuse' continue to account for accounted for the largest percentage of child protection plans as at March 31st 2015 (80%). 'Emotional abuse' invariably incorporates domestic violence as a background factor. The largest number and the greatest proportion of Contacts and Referrals also come from the Police and the most frequently recorded factor in police Contacts and Referrals is domestic violence.

Regionally HMIC carried out a follow up inspection with Greater Manchester Police in November 2014 to check on the progress of the recommendations from the March 2014 domestic abuse inspection. 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.

On a local level the BSCB has maintained oversight of the production of the revised Bury Domestic Abuse strategy. Progress has been slower than anticipated. A number of positive local developments have been taking place however to address the issue of domestic abuse such as the Strive initiative and the Barnardos Safer Families Service.

Following an inspection in July 2014 HM Inspectorate of Constabulary (HMIC) published an inspection report into the child protection work carried out by Greater Manchester Police. The GMP action plan in response to the findings has been presented to the BSCB. Reports on progress will continue to be scrutinised by the BSCB over the next twelve months.

Safeguarding continues to be a priority for Bury schools and colleges. Rates of attendance are excellent, although the rate of permanent exclusions is rising and is the subject of ongoing scrutiny. Substantial work has been done with children and young people in Bury schools to address issues such as anti-bullying and tackling homophobia. Children and young people have reported to our partners via forums such as the Youth Cabinet and the Circles of Influence events that these issues are important to them.

Bury continues to have an excellent record on road safety for children and young people. The Bury Road Safety team undertakes a proactive campaign of road safety in Bury schools and faith groups to keep children safe on Bury roads.

The function of holding our local partners to account is becoming more challenging in response to the increasing fragmentation/diversification of public service accountability structures. The changing nature of accountabilities in relation to the health service and the probation service will have implications for safeguarding that are still being worked through and will continue to provide us with challenges. Our statutory partners who are commissioners of health services (CCG & Public Health) have provided the BSCB with reassurances that the needs of children and young people are prioritised when commissioning services.

In 2014/15 many of our partners reported facing increasing demands on their services in the context of austerity and diminishing resources. This year the BSCB has scrutinised the re-organisation and re-structure of some key services to the most vulnerable children and families. In 2015/16 the BSCB will continue to prioritise the scrutiny of services to these vulnerable priority groups.

There are many indications that there are effective safeguarding arrangements in Bury with a real commitment to safeguarding children demonstrated by BSCB partners. However the BSCB also recognises that there are significant challenges ahead and is not at all complacent about what more needs to be done to improve. The BSCB is grateful to its members for their continued commitment to safeguarding and to continue to strengthen and improve effective safeguarding arrangements for children in Bury.

A word from our lay members

We were appointed to Bury Safeguarding Children Board in 2011 and 2012.

We both had careers in social care and educational settings. Since retiring from our occupations our paths have taken us into voluntary work as school governors plus general involvement in our local communities. Always acknowledging the care, protection and safeguarding of children has been our priority.

The appointment to the board opened our eyes to the enormous task of keeping our children safe, especially as concerns have escalated in areas of child sexual exploitation, online grooming, chat rooms and general problems presented to our young children and adolescents with their mobile phones and access to the internet. The age at which children are targeted appears to be getting younger and this is of great concern to us as primary school governors.

The board brings together representatives from many disciplines who contribute in their various ways to the safeguarding of children. Shared information and minds are essential to keeping our children safe as well as understanding the respective procedures and responsibilities of individual agencies.

As part of our role as 'lay members' we have participated in several sub groups dealing with various issues important to the functioning of the Board. We have played an active role, and hopefully made a contribution to those sub groups, as well as keeping ourselves fully informed so as to be able to deliberate and reflect with others with the Board's decision making process.

Our initial feelings regarding the Board were that it was a 'talking shop', discussing reports and information written by other sub groups for ratification. The emphasis appeared to be much more on procedures than on a proactive body. Understanding data, statistics and their implications was at times challenging.

However, over the past few years, various strands have come together and we are mindful of the enormous task, responsibility and accountability that lies on the shoulders of various organisations, which contribute to the Board. This has been particularly apparent at the Serious Case Reviews and the subsequent demands on agencies to show that they have followed up on the learning gained from the recommendations made in reports.

Four years ago the role of the lay member was unclear and would appear to have been left to individual local authorities to define it. Despite further clarification in Working Together to Safeguard Children (HM Government, 2013), we feel that the role is still evolving.

We are standing down from the role of lay members as our term has been completed. We hope the new appointees will be able to develop the role further, building on our contribution to the safeguarding of children in Bury. We wish them well.

Challenges ahead 2015/16

National

- Impact on resources and the workforce in the context of austerity measures

For the BSCB

- Continuous self assessment so that as a LSCB we are effective and we are making a difference.
- Inspection 'readiness'
- Finance and resourcing challenges and their impact on the effectiveness of the BSCB
- Strengthening the voice of the child in all BSCB core activities
- Securing adequate resources to fund a Quality Assurance & Performance Officer

For multi-agency safeguarding practice

- The implementation of the BSCB 'Neglect strategy' and assessing its impact upon practice
- Safeguarding children & young people from key priority vulnerable groups identified in the BSCB Business Plan 2015/16
- Emerging and developing safeguarding issues; the 'Prevent agenda', modern slavery, anti-trafficking, e -safety

BSCB Business Plan Objectives 2015/16

In 2014/15 the Monitoring & Evaluation Sub Group commissioned an independent consultant to develop a revised BSCB Quality Assurance Framework. As part of this work a new approach was taken to the development of the BSCB Business Plan. BSCB Business Group members and sub group chairs were asked to complete a 'Safeguarding Needs Summary Template'. This summary was reviewed and updated in 2015/16 and has contributed to the development of the Business Plan for the coming year (2015/16).

In addition to the "Safeguarding Needs Summary", the Business Plan was informed by, the learning from local research & audits, Serious Case Reviews, the Joint Strategic Needs Assessment 2014, BSCB Chair dialogue and annual structured sessions with partner agency leads. This enabled us to identify vulnerable groups warranting higher priority over the next three years.

The Business Plan for 2015/16 has been updated with clear outcomes for the BSCB and for children and families in Bury. Each of the BSCB sub groups will draw up their (SMART) work plans based upon the outcomes and milestones in this plan. The plan will be reviewed at every BSCB meeting and in March 2016, new outcomes for each priority group will be considered.

This plan outlines the key priorities for Bury Safeguarding Children Board (BSCB) over three years.

Acknowledgements

BSCB wish to thank the following organisations for their contributions as follows:-

Provision of training pool members / specialist trainers

Pennine Care Foundation NHS Trust

Children's Services, Bury Council

Early Break

Greater Manchester Police

Sara Swann

Ruth Pearson

ADS One Recovery

Pennine Acute NHS Hospital Trust

Provision of meeting rooms / training venues free of charge

Children's Services, Bury Council

Greater Manchester Police

Contributors to the Annual Report

BSCB and Business Group members

BSCB Team

BSCB Sub Group Chairs

Barbara Long, Accountancy Department, Bury Council

LIST OF APPENDICES

APPENDIX 1 - BSCB and sub group members 2014/15

sub group membership 14-15.dc

APPENDIX 2 – LADO report

Final LADO Annual report April 1st 2014

APPENDIX 3 – Private fostering report

Item 6 Private Fostering Annual Rep

APPENDIX 4 – Training figures

BSCB Training figures 2014.docx

APPENDIX 5 – Safeguarding annual report

SQAU annual report final.docx

APPENDIX 6 – CAF/Early Help annual report

CAF Report 2014 2015.doc

APPENDIX 7 – Phoenix Team report

Phoenix Team - Annual Report 2014 1

APPENDIX 8 – Road casualty report

Child Road Casualty Report 2014.doc

APPENDIX 9 – Bury Children's Rights report

Item 1 Annual BCR report.docx

APPENDIX 10 – Children missing from care report

Children Missing from Care.docx

APPENDIX 11 – Pennine Acute Hospitals NHS Trust

LSCB report 2015.doc

This page is intentionally left blank

APPENDICES TO BSCB ANNUAL REPORT 2014-2015

APPENDIX 1 - BSCB and Sub Group members 2014 - 2015

BSCB Strategic Board

Gill Rigg	Independent Chair of BSCB
Nisha Bakshi	Assistant Chief Executive, National Probation Service (from September 2015)
Mark Carriline	Executive Director, Department for Children, Young People & Culture, Bury Council
Ian Chambers	Assistant Director for Learning & Culture, Department for Children, Young People & Culture, Bury Council
Nigel Elliott	Assistant Chief Executive, Cheshire & Greater Manchester Community Rehabilitation Company
Dr Cathy Fines	Safeguarding Lead, Bury Clinical Commissioning Group
Lorraine Ganley	Acting Director of Community Services Bury, Pennine Care Foundation NHS Trust (from December 2014)
Jackie Gower	Assistant Director for Safeguarding & Social Care, Department for Children, Young People & Culture, Bury Council
Lesley Jones	Director of Public Health, Department for Communities & Wellbeing (from February 2015)
Andrew Harrison	Finance Director, NHS England (from December 2014)
Cllr Paddy Heneghan	Deputy Lead Member for Children & Families, Bury Council
Maxine Lomax	Designated Nurse for Safeguarding, Bury Clinical Commissioning Group
Vicky Maloney	Chief Executive, Early Break (3rd Sector representative)
Deborah McCallum	Head of Service, CAFCASS
Chris Sykes	Chief Superintendant, Greater Manchester Police
Mandy Symes	Safeguarding Adults Manager, Adult Care Services, Bury Council
Jackie Taylor	Director of Community Services Bury, Pennine Care Foundation NHS Trust (until September 2014)
Cathy Trinick	Head of Midwifery, Pennine Acute Hospitals NHS Trust
Grace Wall	Patient Experience Manager, NHS England (until September 2014)
2 x Lay Members	
Safeguarding adviser:	Business Manager, BSCB

Bury Safeguarding Children Board Business Group (previously Executive Group)

Gill Rigg	Independent Chair of BSCB
	Assistant Director for Safeguarding & Social Care, Department for Children, Young People & Culture, Bury Council
	Named Nurse for Safeguarding, Pennine Care Foundation NHS Trust (Community Services Bury)
	Senior Probation Officer, National Probation Service
	Senior Probation Officer, Cheshire & Greater Manchester Community Rehabilitation Company (from June 2014)
	Business Manager, BSCB
	Detective Inspector, Bury PPIU, Greater Manchester Police
	Named Nurse for Safeguarding (Bury Borough), Pennine Care Foundation NHS Trust (Mental Health Services)
	Designated Doctor for Safeguarding, Bury CCG
	Designated Nurse for Safeguarding, Bury CCG
	YOS Manager
	Team Manager – Safeguarding Unit, Department for Children, Young People & Culture, Bury Council (until September 2014)
	Strategic Lead – Placement Services, Department for Children, Young People & Culture, Bury Council
	Headteacher, St Margaret's Primary School, Prestwich
	Strategic Lead – Inclusion and Vulnerable Children, Department for Children, Young People & Culture, Bury Council
	Strategic Lead – Early Intervention Service, Department for Children, Young People & Culture, Bury Council
	Strategic Lead – Safeguarding, Department for Children, Young People & Culture, Bury Council (from September 2014)
	Strategic Lead – Health Families & Partnerships, Department for Children, Young People & Culture, Bury Council (from October 2014)
	Lead Officer Safeguarding for Schools and Extended Services, Bury Council (until June 2014)
	Area Manager, Early Break (Third Sector representative)

Monitoring and Evaluation Sub Group

Interim Chair	Business Manager, BSCB
Chair	Executive Director for Children, Young People & Culture (from Jan 2015)
	Operations Director, Integrated Youth Service, Department for Children, Young People & Culture, Bury Council
	Senior Probation Officer, National Probation Service
	Detective Inspector, Bury PPIU, Greater Manchester Police
	Policy & Partnership Officer, Children's Centres, Childcare & Early Years, Department for Children, Young People & Culture, Bury Council (from January 2015)
	Team Manager, Safeguarding Team, Department for Children, Young People & Culture, Bury Council (until October 2014)
	Specialist Nurse for Safeguarding, Community Services Bury, Pennine Care Foundation NHS Trust
	Business Manager for Neighbourhoods, Six Town Housing
	Interim Strategic Lead for Quality Assurance, Department for Children, Young People & Culture, Bury Council
	Service Manager, ADS (from October 2014)
Sub Group Sponsor:	**Assistant Director for Safeguarding and Social Care, Department for Children, Young People & Culture, Bury Council**

Policies and Procedures Sub Group

Chair	Designated Nurse for Safeguarding, Bury CCG (until September 2014/remained as sub group member)
Chair	Business Manager, BSCB (until Sept/took over Chair role from November 2014)
	Senior Probation Officer, National Probation Service
	Manager, School Attendance Team, Department for Children, Young People & Culture, Bury Council
	Team Manager, Safeguarding Team, Department for Children, Young People & Culture, Bury Council
	Area Manager, Early Break
	Strategic Lead for Schools and Academies, Department for Children, Young People & Culture, Bury Council
	Research & Policy Officer, Strategic Housing Unit, Adult Care Services, Bury Council
Sub group sponsor:	**Lay Members**

Safeguarding in Schools and Colleges Sub Group

Chair	Head Teacher, St Margaret's C of E Primary School, Prestwich
	Team Leader, Connexions, Bury Council
	Deputy Head Teacher, Philips High School
	Detective Constable, Greater Manchester Police
	School Nurse, Bury Grammar School for Girls (from November 2013)
	Anti-Bullying Coordinator, Department for Children, Young People & Culture, Bury Council
	Assistant Head Teacher, St Monica's RC High School
	Virtual Head Teacher, Children & Young People in Care Education Team, Department for Children, Young People & Culture, Bury Council
Vice Chair	Lead Officer for Safeguarding Schools and Extended Services, Department for Children, Young People & Culture, Bury
	Head Teacher, St John with St Mark C of E Primary School
	Director of Student Quality, Bury College
	Strategic Lead – Inclusion and Vulnerable Children, Department for Children, Young People & Culture, Bury Council
	Head Teacher, Unsworth Primary School
	Head Teacher, Christ Church C of E Primary School
	Team Leader, School Nursing Team, Community Services Bury, Pennine Care Foundation NHS Trust
	Business Manager, BSCB
	Service Manager – CYPIC Team, Department for Children, Young People & Culture, Bury Council (Until July 2014)
	Team Manager, Early Help Team, Department for Children, Young People & Culture, Bury Council (from January 2015)
	Strategic Lead for Health, Families & Partnerships, Department for Children, Young People & Culture, Bury Council
Sub Group Sponsor:	**Assistant Director – Learning & Culture, Department for Children, Young People & Culture, Bury Council**

Training and Development Sub Group

Chair	Business Manager, BSCB (until July 2014)
Chair	Strategic Lead for Safeguarding, Department for Children, Young People & Culture, Bury Council (from September 2014)
	IYSS Manager, Department for Children, Young People & Culture, Bury Council
Vice Chair	Lead Officer Safeguarding for Schools & Extended Services, Department for Children, Young People & Culture, Bury Council.
	Lead Officer, Reaching Children & Parenting Team, Children's Centres, Bury Council
	Multi-Agency Training Officer, BSCB
	Workforce Development Officer, Department for Children, Young People & Culture, Bury Council
	Senior HR Consultant (Workforce Development), Department for Children, Young People & Culture, Bury Council (from September 2014)
	Team Manager, Safeguarding Team, Department for Children, Young People & Culture), Bury Council (until July 2014)
	Employee Development Officer, Department for Children, Young People & Culture, Bury Council (until July 2014)
	Project Worker, B3DSA
	Safeguarding Adults Manager, Adult Care Services, Bury Council
	Specialist Nurse for Safeguarding, Community Services Bury, Pennine Care Foundation NHS Trust
	Lay Member, BSCB
	Family Support Worker, Safeguarding Team, Children's Services, Bury Council (Training Pool Representative)
	Advanced Paramedic, North West Ambulance Service (from March 2015)
Sub Group Sponsor:	**Safeguarding Lead, Bury Clinical Commissioning Group**

Serious Case Review Sub Group

Chair	Strategic Lead – Placement Services, Department for Children, Young People & Culture, Bury Council (Until July 2014)
Chair	Designated Nurse for Safeguarding, Bury CCG (from August 2014)
	Detective Inspector, Serious Case Review Team, Greater Manchester Police
	Lead Officer for Schools & Extended Services, Department for Children, Young People & Culture, Bury Council
	Designated Doctor for Safeguarding, Bury CCG
	Safeguarding Lead, Pennine Care Foundation NHS Trust (Until December 2014)
	Named Nurse, Community Services Bury, Pennine Care Foundation NHS Trust
	Senior Probation Officer, National Probation Service
	Strategic Lead for Safeguarding, Department for Children, Young People & Culture, Bury Council
	Business Manager, BSCB
	Multi-agency Trainer, BSCB
Sub Group Sponsor:	**Assistant Director for Safeguarding & Social Care, Department for Children, Young People & Culture, Bury Council**

Child Sexual Exploitation (CSE) and Missing Group

Chair	Strategic Lead – Placement Services, , Bury Council
	IYSS Manager, Children's Services, Bury Council
	Head of Trading Standards & Licensing, Bury Council
Vice Chair	Detective Inspector, Bury PPIU, Bury Council (until December 2014)
	Business Manager, BSCB
	Lead Officer Safeguarding for Schools & Extended Services, Department for Children, Young People & Culture, Bury Council (until December 2014)
	Virtual Head Teacher, CYPIC Education Team, Department for Children, Young People & Culture, Bury Council
	Senior Probation Officer, National Probation Service
	Deputy Head Teacher, Philips High School
	Safeguarding Lead, Greater Manchester Fire Service
	Designated Nurse Safeguarding, Bury CCG
	Team Manager, Safeguarding Unit, Department for Children, Young People & Culture, Bury Council (until October 2014)
	Area Manager, Early Break
	Team Manager – CYPIC, Department for Children, Young People & Culture, Bury Council
	Missing Person Safeguarding Officer, Greater Manchester Police
	Team Manager – MASH/Phoenix Team, Department for Children, Young People & Culture, Bury Council
	Team Manager, School Attendance Team, Department for Children, Young People & Culture, Bury Council
	Detective Sergeant, Bury Phoenix Team, Greater Manchester Police
	Detective Inspector, (CSE Supervisor), Greater Manchester Police (from September 2014)
	Team Manager, Emergency Duty Team, Department for Children, Young People & Culture, Bury Council
	Lay Member (from March 2015)
Sub Group Sponsor:	**Chief Superintendent, Bury Division, Greater Manchester Police**

Safeguarding Children and Young People Living Away from Home Sub Group

Chair	Team Manager – Safeguarding Unit, Department for Children, Young People & Culture, Bury Council (until July 2014 then member)
Chair	Strategic Lead for Health, Families & Partnerships, Department for Children, Young People & Culture, Bury Council (from September 2014)
	Operations Director, Integrated Youth Service, Department for Children, Young People & Culture, Bury Council
	LADO, Safeguarding Unit, Department for Children, Young People & Culture, Bury Council
	Designated Nurse for LAC, Community Services Bury, Pennine Care Foundation NHS Trust
	Virtual Head Teacher, CYPIC Education Team, Department for Children, Young People & Culture
	ISS Senior Practitioner, YOS
	Private Fostering Lead, Department for Children, Young People & Culture, Bury Council
	Clinical Psychologist, CAMHS
	Principal Officer, Business Support, Department for Children, Young People & Culture, Bury Council
	Missing Person Safeguarding Officer, Greater Manchester Police
	Team Manager – CYPIC, Department for Children, Young People & Culture, Bury Council
	Manager, School Attendance Team, Department for Children, Young People & Culture, Bury Council
	Assistant Team Manager, Children's Disability Service, Department for Children, Young People & Culture, Bury Council
	Team Manager, Fostering Team, Department for Children, Young People & Culture, Bury Council
	Hospital Director, Alpha Hospital
	Service Manager, Priory Healthcare
	CAMHS Inpatient Service Manager, Hope & Horizon Units, Pennine Care Foundation NHS Trust
	Head of Inclusion, Department for Communities & Wellbeing, Bury Council
	Registered Manager, Meadows Care Home (from January 2015)
Sub Group Sponsor:	**Chief Executive, Early Break (3rd Sector Representative)**

BSCB employees

Business Manager (full time)

Senior Admin Support Worker

Admin Support Worker (part time)

Multi-Agency Training Officer (part time)

APPENDIX 2 – LADO report

Bury Safeguarding Children Board Yearly LADO report

1st April 2014 to 31st March 2015

Yearly report of Managing Allegations activity and Development Work by the LADO in Bury – Mark Gay.

Total number of LADO related enquiries were 236 between 1st April 2014 and 31st March 2015, up from 197 last year, an increase of 19.75%.

Distribution of LADO related enquiries

Enquiries by Sector	No. of LADO Related Enquiries
Education	58
Education (Ind)	8
Nursery & Childminders	29
Residential Homes	20
Children's Services	9
Health	60
Faith Setting	2
Fostering	20
Voluntary	2
Police	1
Other	27
Total	**236**

Of the 236 LADO related enquiries, 54 reached the LADO threshold to referral. (51 in 2013/2014)

2014/2015 Referrals Table

Sector	No. of Referrals	No. NFA after initial consideration	No. proceeding to investigation
Education	11	4	7
Ind Education	1		1
Nursery & Childminders	6	2	4
Residential Homes	5	2	3
Children's Services	1	1	
Health	17	14	3
Faith Setting			
Fostering	10	6	4
Other	3	1	2
Total	**54**	**30**	**24**

Category of 54 LADO referrals

Sector	Sexual	Physical	Conduct	Neglect	Emotional	Total
Education	1	6	4			**11**
Ind Education	1					**1**
Nursery & Childminders	1	4		1		**6**
Residential Homes	1	4				**5**
Children's Services			1			**1**
Health		16*	1			**17**
Faith Setting						
Fostering	2	6		1	**1**	**10**
Other	1	**1**	1			**3**
Total	**7**	**37**	**7**	**2**	**1**	**54**

***relate to 8 staff in one incident**

Timescale for Completion of 24 investigations

Sector	Concluded in 4 wks	Concluded in 12 wks	Concluded in 26 wks	Concluded in 52 wks	Ongoing	Total
Education	2	3	1		1	**7**
Ind Ed			1			**1**
Nursery & Childminders	2	2				**4**
Residential Homes	1	2				**3**
Children's Services						
Health			3			**3**
Faith						
Foster Carers	1	1	1		1	**4**
Other		1			1	**2**
Total	**6**	**9**	**6**		**3**	**24**

Key:

Education – Primary/Secondary/Independent/Out of School Care

Nursery & childminders – including private nurseries.

Residential – Private Children's Homes

Foster Carers - includes Independent Foster Carers

Children's Services – including escort services, ed psychology, carers and playworkers

Police – GMP officers

Secure Estate – including private security agencies

Health – including private health care providers

Other – voluntary sector and other agencies

Outcome referrals 1/4/14 – 31/03/15 ***(*) includes cases which are ongoing***

Sector	Substantiated	Unsubstantiated	Unfounded*, false or malicious	Total
Education	2	2	2(1)	**7**
Ind Ed	1			**1**
Nursery & Childminders	1	3		**4**
Residential Homes		1	2	**3**
Children's Services				
Health	1	2		**3**
Faith				
Foster Care	1	1	1(1)	**4**
Other		1	(1)	**2**
Totals	**6**	**10**	**5(3)**	**24**

Delivery of Training by Bury LADO (Mark Gay)

Managing Allegations for BSCB	2
for local adolescent Mental Health Units	5
for BSCB SMT	1
Safer Recruitment for BSCB	2
E-safety Awareness to professionals	5
to Children Centers to parents	6
to Parents/staff in schools	8
Social Networking Awareness to schools (staff)	12
Total sessions	41

In keeping with the recent March 2015 changes to DfE Guidance in Keeping Children Safe in Education, Working Together and the Greater Manchester Tri-X Procedures, the LADO continues to deal with cases around the monitoring and removal of persons of possible risk to children from the children's workforce.

The LADO delivered LADO/Managing Allegations Single agency training on behalf of the BSCB to staff and senior managers at two local adolescent mental health units. The LADO contact rate in health in these departments has now increased with the increased awareness from this training in particular and a closer relationship between

LADO, NHS England and the CQC who regulate such settings with progress reports being presented by the LADO to the BSCB.

The LADO currently;-

- Chairs the Residential Providers network (meets every 6 months)
- Attends the Bury E-safety Working Group (meets every 4 months).
- Sits on the Children in Care Living Away From Home Sub-group
- Sits on the Northwest Regional LADO Group (23 LADOs) of which he chairs the Performance and Audit sub-group.

As part of his work with the E-safety Working Group, the LADO has delivered E-safety Parent Awareness sessions in 6 Children Centers across Bury speaking to over 70 parents about the dangers and risks children undertake on the internet. He has also delivered similar sessions to parents and staff in 7 Primary Schools and staff in the Bury MASH and Bury PPIU.

The Bury LADO was invited and took part in the consultation with the DfE in London to revise “Disqualification by Association” guidance, which then came out in February 2015. He liaised with Early Years and helped create and circulate to all local private nurseries/childminders, flowcharts around procedures for safeguarding issues and the new DfE guidance on “Disqualification by Association”.

As a result of a number of cases of Bury teachers engaging in inappropriate contact with their pupils via social media and mobile technology along with the East Sussex SCR (child taken to France), the LADO has now completed speaking to staff in Bury high schools/colleges and independent colleges about social networking/mobile phone awareness.

LADO has established positive links with the 4 Bury mosques with several of them sending staff to various safeguarding training provided by the BSCB.

Over the last year, proactive work with police in the Professional Standards Department in raising awareness of the LADO role has resulted in closer ties when it comes to matters involving allegations against police officers.

With the number of LADO contacts increasing by 20% year on year over the last two years, it demonstrates awareness raising and training impact although the number of actual referral thresholds reached has remained stable.

Mark Gay

Bury LADO

APPENDIX 3 – Private fostering report

Private Fostering Annual report 2014-15

Summary of report

This report is a summary of activity over the year 2014-15. The report will provide information about the private fostering arrangements that have been identified. It will also look at the revised action plan to be taken forward by the private fostering Task and Finish group.

History

The Private Fostering steering group ceased in March 2012. Following discussions by the Board in January 2013 it was decided that the Private Fostering Group needed to become a more formal sub group and officially met on the 7th March 2013, where the action plan was updated.

Recommendations

In addition to noting the outcome of the audit, Board members were asked to:

1. Raise awareness within their respective agencies and to support the identification of Private Fostering arrangements and ensure that these are notified to Children's Social Care.
2. Support the funding of further planned awareness raising campaigns.
3. Approve the updated Private Fostering Statement of Purpose which was revised in March 2013.

This was approved at the April 2013 BSCB Executive meeting.

The private fostering group was disbanded in favour of establishing a private fostering lead from Children's Social Care, and with a task and finish group being set up to progress this area of development.

Current situation

The responsibility as Children's Social Care Private Fostering lead was reassigned in February 2014 to Gareth Millar, Team Manager. The main focus for the new lead has been to raise awareness of Private Fostering and to refresh the PF action plan.

Gareth Millar is a member of the Safeguarding Children & Young People Living Away from Home subgroup and reports to the board through this sub group and with the production of this annual report.

Organisational and Structural Issues

Private fostering arrangements within Bury Council continue to be assessed and monitored by the Children's Social Care. New notifications are ordinarily processed and assessed by the MASH (from August 2013) and then transferred to the Advice and Assessment team for an initial assessment of the Private Fostering arrangement (unless a case is already open to a field social work team). In such circumstances where the child is already an open case, then the private fostering arrangement would be assessed by the allocated social worker for the child. The Safeguarding Unit or the PF lead is available for consultation regarding enquiries of the private fostering criteria.

The Safeguarding Unit procedurally arranges for each private fostering arrangement to be reviewed by an Independent Reviewing Officer from the Safeguarding Unit. This will provide each case with an element of independent scrutiny and oversight as well as ensuring a mechanism for review, similar to children who are Looked After. A referral is made to the fostering team to appoint, if required, a Social Worker to support each private foster carer of the privately fostered child. In some cases a 'Child In need' plan is also formulated depending on the circumstances.

Statement of Purpose & PF procedures

The Local Authority's Private Fostering Statement of Purpose was reviewed and endorsed in April 2013.

The Private Fostering procedures were updated; this is in line with the purchase of TRI X, in conjunction with our neighbouring Local Authorities.

Efforts to identify Private Fostering situations and ongoing promoting awareness

The Local Authority has continued the programme dissemination of advice and information about private fostering. This information was redistributed mainly to internal services, health services, schools and partner agencies. Awareness raising through LSCB training and by Board member agencies continues.

The publicity material has been made available in a range of languages. The material emphasises the legal requirement to notify the council and includes a variety of information within a poster and three leaflets; for parents & carers, children & young people & professionals.

All presentations and publicity/information materials include a clear definition of private fostering along with the legal requirement for notifying the Local Authority of any known or proposed private fostering arrangements.

This promotional material has been revised to include the new contact detailed for the MASH, and is available on the LSCB website.

The BSCB Business Manager and the report author met with the Private Fostering Officer from Salford Council to discuss the approach taken in a neighbouring authority where a higher number of private fostering arrangements have been identified. This authority employs a dedicated private fostering social worker based in the fostering service but with a distinctive and individual approach to private fostering. He envisages private fostering as an opportunity for families and communities to demonstrate a commitment to safeguard children and the private fostering service is more of a community service then a regulatory service with a compliance based approach. This has resulted in a service similar to the Family Group Meeting service or Extra Mile, and the outcomes are reported to be very positive.

We have discussed possible collaborations and would look to explore this approach further in the new financial year.

Notification of Private Fostering Arrangements

The information generated from the Children's Social Care database for the 2014-15 year in line with the statistical return is:

Number of Private Fostering notifications received in the year is 6.

6 arrangements that started before 01.04.14 were continuing at the beginning of this reporting period.

9 arrangements ended during the year. This was the 6 continuing from the previous year and 3 of those that started after 01.04.15.

The total ongoing arrangement currently is 3.

The breakdown of age and place of birth of notifications in this year is:

5 of 6 are aged between 10 and 15 yrs old. One is aged 6 years.

2 were born in the UK, 1 was from China, 2 from South and Central America and 1 from the Middle East.

The private fostering return by Children's Social Care was uploaded before the 30 May deadline with the above figures.

Audit of the PF arrangements for the year 2014-15

The report author has audited the 6 Private Fostering arrangements and concluded that all are correctly assessed as PF arrangements, or are in the process of being assessed, and this is generally completed satisfactorily. In one case there has been significant delay and this has been brought to the attention of the strategic lead.

Case	Referred by	Comments
Child 1	Notification by sponsor organisation that child	Arrangement ended as child turned 16.

	in PF arrangement in Bury for educational purposes.	
Child 2	Notification from parent that child in PF arrangement in Bury for educational purposes.	Arrangement assessed as suitable but young person moved to relative of the carer in neighbouring authority.
Child 3	Safeguarding case where child moved from Grandmother to Great Aunt due to family problems.	Assessment ongoing as to suitability of arrangements. Regular visits. Care planning for long term plan in progress.
Child 4	Safeguarding case where child was living most of the time with mother's ex-partner.	Arrangement was suitable but resolved to child moving with a Grandparent, PF arrangement ended.
Child 5	Notification by sponsor organisation that child in PF arrangement in Bury for educational purposes.	Assessment of arrangement is ongoing but appears suitable.
Child 6	Notification by sponsor organisation that child in PF arrangement in Bury for educational purposes.	Assessment of arrangement is ongoing but appears suitable.

There are two significant issues from the performance data. These are that only 50% of the notified arrangements were seen within the seven days. Of the three not seen within seven days one was a significant delay due to an administrative oversight, but this should be able to be improved upon. It is noteworthy that 4 of the 6 arrangements at year end were from sponsors of children from overseas coming to the area for educational reasons.

The other main concern was that only 1 out of the 6 arrangements were seen within the required 42 days consistently. I note that all the children where regularly seen, and in most cases the visits fell just outside the 42 days.

Action Plan for 2015-16

The key points are:

Awareness Raising – Refresh of leaflets and posters completed and will continue to distribute at key events and training; possible Private Fostering week to raise awareness; article in relevant newsletters and websites.

Review PF procedure and compliance – specific focus on dealing with notifications and approvals of arrangements, and visits in a timely manner.

Multi-agency Training – Children and families across Borders training event on 07 July 2014, Bury Town Hall (this event was cancelled by the provider and we may be able to reorganise).

Education and Medical establishment targeting – write to all Bury schools and GPs to remind about PF and ask Headteachers to review any potential arrangements and notify.

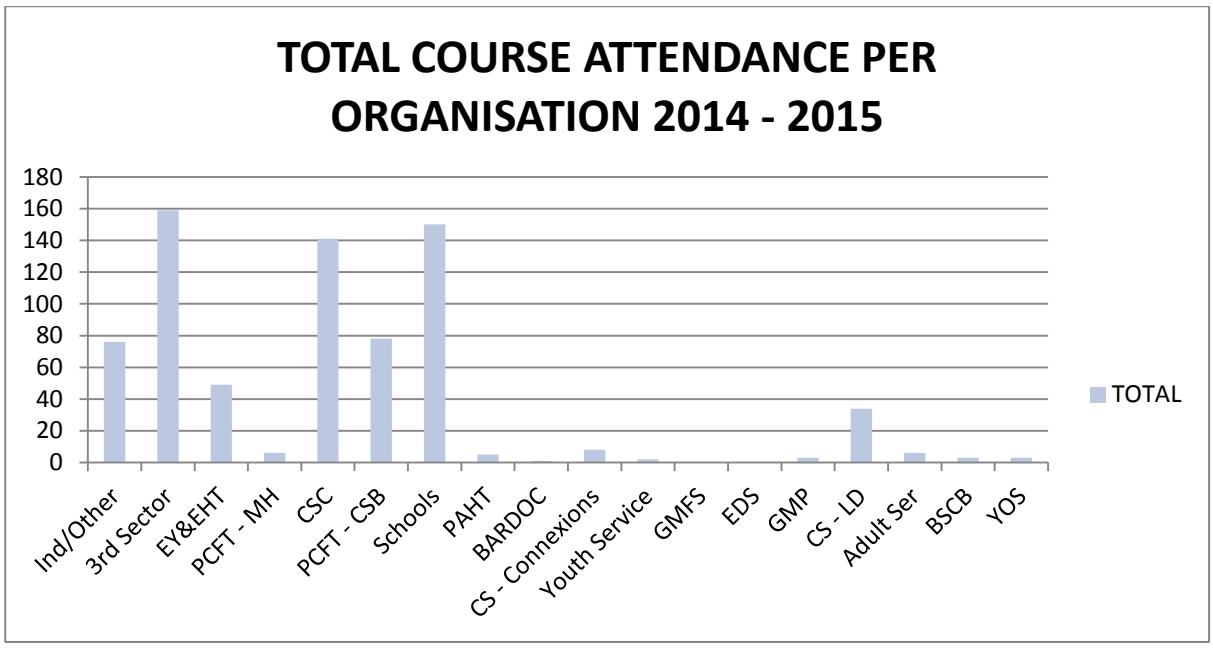
Reporting on numbers of privately fostered children – report regularly to the LSCB Exec (annually) and sub-group (bi-annually); audit of the arrangements at end of year to look at compliance and outcomes for children; report any trends or concerns to LSCB where appropriate.

Improvement of visiting within statutory timescales – There will be a focus on improving the performance in these two key areas with follow up from the Safeguarding Unit.

APPENDIX 4 – Training figures

BSCB Training figures 2014 – 2015

Course	Total number of attendances	Total Number of non-attendances	No of courses
Core Group	9	2	1
Core Group Refresher	7	1	1
Parental Mental Health	17	1	1
Child Sexual Abuse	13	1	1
Disabled Child	7	1	1
Foundation	59	1	4
Domestic Abuse Day 1	45	2	3
Domestic Abuse Day 2	40	2	3
Children, Young People & Mental Health	23	0	1
CSE Day 1	52	2	3
CSE Day 2	47	3	3
Parental Substance Misuse	25	2	2
Training the Trainers	8	0	1
Professional Challenge	24	0	1
Disguised Compliance	20	3	1
Emotional Abuse	20	3	1
Neglect	38	1	2
Attachment	32	1	2
Protecting Children Before Birth	15	0	1
E Safety & Cyber Safety	20	1	1
Group 3	114	3	8
DASH	34	1	3
Safer Recruitment	46	4	3
Managing Allegations	30	1	2
			50


TOTAL COURSE ATTENDANCE PER ORGANISATION 2014 - 2015
180
160
140
120
100
80
60
40
20
0
Ind/Other
3rd Sector
EY&EHT
PCFT - MH
CSC
PCFT - CSB
Schools
PAHT
BARDOC
CS - Connexions
Youth Service
GMFS
EDS
GMP
CS - LD
Adult Ser
BSCB
YOS
TOTAL

APPENDIX 5 – Safeguarding annual report

Annual Report of the Safeguarding and Quality Assurance Unit Independent Reviewing Officer Service 2014 -2015

The Safeguarding and Quality Assurance Unit in Bury employs Independent Reviewing Officers (IROs) whose role is to oversee the care planning in respect to Looked After Children and also the chairing of Child Protection Conferences. The IROs primary function is to quality assure the care planning, review or child protection process for each child and to ensure that due consideration is given to their wishes and feelings.

This report will provide information on the Unit's performance 2014- 2015 and the work undertaken in relation to those children who have a looked after status and those subject to child protection plans.

The Independent Reviewing Service

The legal framework for the Independent Reviewing Officer Service is set out in the *IRO Handbook 2010* and is linked to the revised *Care Planning Regulations* and *Guidance* which was introduced in April 2011. The IROs' primary focus is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration.

IROs have a key role in relation in monitoring the performance of the local authority and their functions in relation to the child's case and in ensuring effective care planning happens and to challenge where there is drift and delay. The IROs are also responsible for ensuring that services provided to Looked After children are compliant with legislation and regulations, and to ensure that Bury acts as a caring and responsible corporate parent to the 400 plus children who might be in the council's care at some time during each year. The role of the IROs is to ensure the services provided to these children is compliant with legislation and regulations and that assessments of need, decision making and implementation of care plans is responsive and timely. It is also to support social care staff and other agencies working with children in care to achieve the best possible outcomes.

Profile of the IRO service

The Safeguarding and Quality Assurance Unit is located within Children's Services in the Department for Children, Young People and Culture.

The Unit is led by one full-time Strategic Lead, a post that was created in April 2014. The post does not currently have a permanent occupant and has been filled by an Interim Lead officer since it was created . The post has been twice advertised but no suitable applicant was identified. The IRO team is led by a full-time Team Manager; or the first two quarters of this reporting period the post was covered by a permanent team manager, prior to their appointment to another post. Following a successful recruitment drive a permanent manager has been appointed and is due to start with the Unit in June 2015.

The Unit has seven full-time IROs, one 0.5 f.t.e. specialist IRO who undertakes Foster Carer Reviews. There are seven administrative support posts, five

being conference secretaries and two supporting office administration. After two years during which the Unit relied on a succession of agency IROs to cover for vacancies, illnesses and an increase in staffing levels, a full complement of staff had been recruited by the end of the reporting period. .

The management team and the IROs are all qualified social workers; the IROs in the team have considerable experience in relation to Looked After children and safeguarding work which ranges from 10 to 24 years.

Team establishment 2014 – 2015

Role	FTE
Strategic Lead	1
Safeguarding Unit Manager	1
Independent Reviewing Officer	7.5
Admin Manager	1
Minute Secretaries	5
Administration	2
LADO	1

The *IRO Handbook* recommends that between 50-70 children is a suitable caeeload for Reviewing Officers. This figure relates only to children Looked after; in Bury at the end of March 2015 the average IRO caseload in Bury was 90, although this was a combined figure for Looked After Children and children subject to child protection plans. The caseloads of the IROs have fluctuated over the year, as a result of staff sickness absence and vacancies, however caseloads have started to stabilise now that the Unit is fully staffed.

The team also provides a duty consultation service to social workers wishing to book Initial Child Protection Conferences (ICPCs), to other professional who ring with concerns and, in the absence of the Local Authority Designated Officer (LADO), to colleagues seeking advice about the actual or suspected misconduct of professionals working with children and young people.

IROs have regular supervision sessions with the Safeguarding and Quality Assurance Unit Manger, when issues in relation to practice and individual cases and training/development needs can be discussed. Where individual practice issues have arisen these are discussed. Case recording has been 'dip sampled' and specific outcome reports discussed with a view to developing practice.

Line Management and Accountability

Responsibility for the service lies with the Strategic Lead of the Safeguarding and Quality Assurance Unit who is accountable to the Assistant Director, Safeguarding and Social Care. It is not felt that this presents a conflict of interest as there is sufficient separation form operational matters for independence to be maintained

A degree of benchmarking is possible through active membership of the regional IRO management group.

Bury Looked After population:

The population of children Looked after is measured in two ways: a count of all those children who are Looked after at any time within the year and a count of all children Looked after at 31 March.

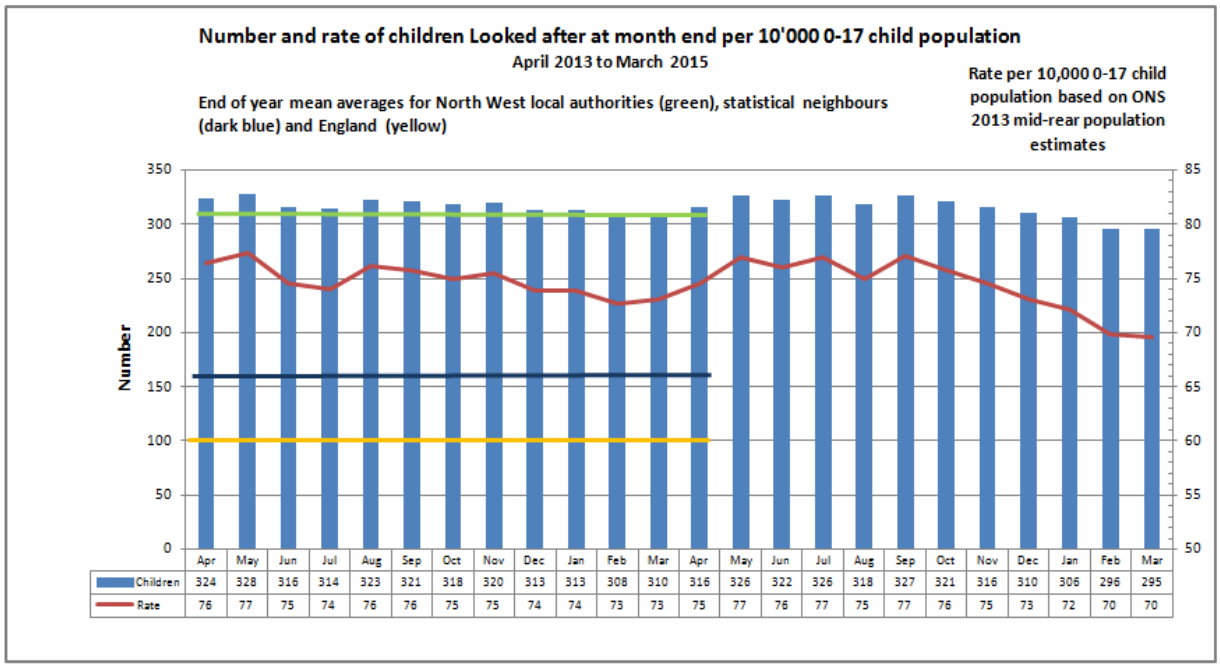
There were 310 children Looked after at 31 March 2014. There were 134 episodes of children becoming Looked after in the following twelve months, relating to 127 children (6 becoming Looked after twice and one child three times), meaning that over the course of the year the local authority Looked after 437 children.

Over the year there were 149 episodes of children ceasing to be Looked after, relating to 145 children. The figure at 31 March 2015 reflects the number of discharges being greater than the number of admissions

Year	Children Looked after at 31 March	Population rate (based on ONS mid-year estimates)	Children Looked after at any time in the year (rounded)
2014 -2015	295	70	435
2013-2014	310	73	435
2012 -2013	322	76	445
2011-2012	326	78	440
2010- 2011	324	77	430
2009-2010	290	69	405

295 children Looked After is the lowest year-end figure in recent years, the Looked after population having not fallen below 300 since 31st March 2010. Although the number of children Looked After at 31 March 2015 is fewer than at the corresponding date in 2010, the rate is slightly higher; this is because the profile of the child population has changed since 2010.

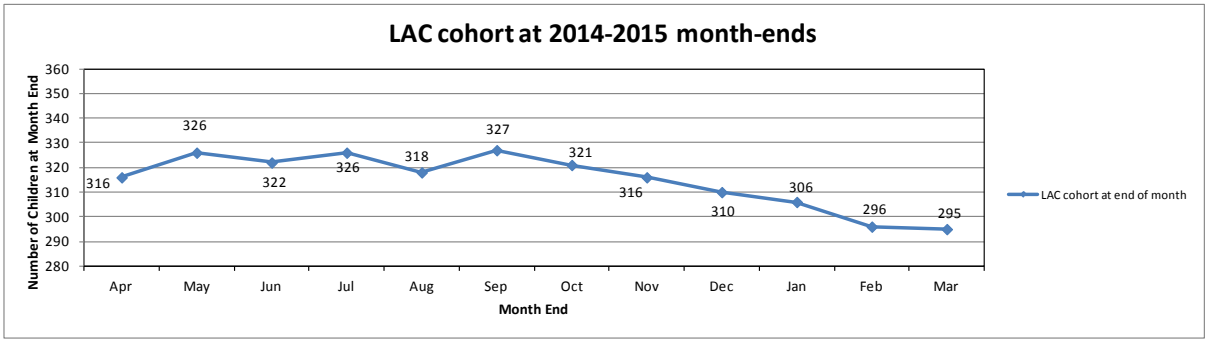
The population rate is important, as it provides a basis for comparison with other areas. The chart below illustrates the fluctuating rate of children Looked after relative to the year-end rates for England, the North West and for Bury's statistical neighbour group. The visual impression is of recent downward trend, although over twenty-four months the trend is slight, albeit encouraging.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Children	324	328	316	314	323	321	318	320	313	313	308	310	316	326	322	326	318	327	321	316	310	306	296	295
Rate	76	77	75	74	76	76	75	75	74	74	73	73	75	77	76	77	75	77	76	75	73	72	70	70

The gender breakdown of the looked after cohort at year end was 130 females (44%) and 165 males (55.9%)

The following charts demonstrate the change in the number of Looked after children throughout the year, with a breakdown by month of admissions and discharges to care.



	2013-2014	2014-2015												
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Admissions in month/year (one per admission, could be more than one per child)	116	15	19	9	15	15	22	6	12	4	7	2	8	134
Discharges in month/year (as above)	128	9	9	13	11	23	13	12	17	10	11	12	9	149
LAC cohort at end of month	310	316	326	322	326	318	327	321	316	310	306	296	295	

The current age of the LAC population is evidenced in the table below. Of the 295 children Looked after at 31 March 2015 the highest representation of children was within the 10 to 15 age group (107 children, 35.2%) and the

lowest representation of children relates to those under one year of agev (17 children,4.4%).

Age Band	Number at 31/3/14	Percentage % 13/3/14	Number at 31/3/15	Percentage % 13/3/15
Under 1	17	5.4%	13	4.4%
1 to 4 years	59	19%	48	16.2%
5 to 9 years	73	23.5%	78	26.4%
10 to 15 years	107	34.5%	104	35.2%
16 +	55	17.7%	52	17.6%
TOTAL	310		295	

Ethnicity

The children Looked after at 31 March 2015 were overwhelmingly White British (83.4%). The next largest recorded ethnic group was Pakistani (4.4%) followed by Black or Black British (2.7%).The table reproduced below draws on data contained within the Children's social care database (LCS).

Ethnicity	Count of People
Any other Asian background	1
Any other mixed background	3
Black African	5
Black or Black British	8
Czech Republic	1
Information not yet obtained	3
Mixed	1
Other Asian	1
Pakistani	13
White and Asian	7
White and Black Caribbean	6
White British	246

The **legal status** of the Looked after population at 31 March 2015 was as follows:

Legal status	Number as at 31/3/14	Percentage %	Number as at 31/3/15	Percentage %
C1: Care Order- Interim Care Order	36	11.6%	30	10.1%
C2: Care Order- Full Care Order	196	63%	201	68.1%

E1 – Placement Order granted	45	14.5%	30	10.1%
J1 – On remand or committed for trial	0	-	1	0.3%
Single period of accommodation: S20	33	10.6%	33	11.1%
TOTAL	310		295	

Of the 201 children subject to full Care orders at 31 March 2015, 32 (15.9%) were placed at home with their parents under *Placement with Parent Regulations*; 149 (74.1%) were in various forms of foster placement and 15 (7.4%) were in residential provision, including residential schools and custody.

Timeliness of Looked after reviews

During the reporting period 31st March 2014 - 31st March 2015, the IROs chaired 987 statutory Looked after reviews, of the 987 reviews held 941 of the reviews were completed within timescale 95.3%. This very high level of performance continues the pattern of previous years, with 95%+ of reviews being completed within time. This performance was achieved at a time when the Unit was under some strain, with IROs caseloads fluctuating as they absorbed additional workloads resulting from staff vacancies and sickness absence. In addition the impact of Court Care Proceedings targets are being felt with additional/rescheduled reviews being required. The caseloads have started to stabilise now that the Unit is fully staffed. Factors which contributed to those few reviews going out of time during this period have included:

- Late notification of a child becoming Looked after or moving placement leaving little time to coordinate a review within timescale;
- error by the individual IRO concerned;
- District teams being unable to comply with review date due to staff absence or change of worker who has not met with the child or prepared report;
- IRO absence with no capacity in service to cover or re arrange within timescale.

Quality Assurance

	Full year 2013-14	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full year 2014 - 15	Percentage %
number of reviews held		241	276	263	207	987	
Reviews in timescale		234	247	258	202	941	95.3%

Young person attends		97	101	104	77	379	38.4%
Indirect participation		70	97	96	106	369	37.3%
Statutory visits in timescale		223	259	237	168	887	89.9%
IRO visits between reviews		56	81	104	39	280	28.3%
Placement appropriate		232	252	247	202	933	94.5%
Stable placement		228	271	238	195	932	94.4%
Unstable placement		10	9	15	11	45	4.5%
Plan being progressed appropriately		236	252	246	198	932	94.4%
Care plan endorsed		238	274	241	205	958	97%
Reviews with timed recommendations		125	81	88	62	356	36.%
Up to date Health Assessment		223	258	237	197	915	92.7%
Appropriate PEP		127	205	182	160	674	68.3%

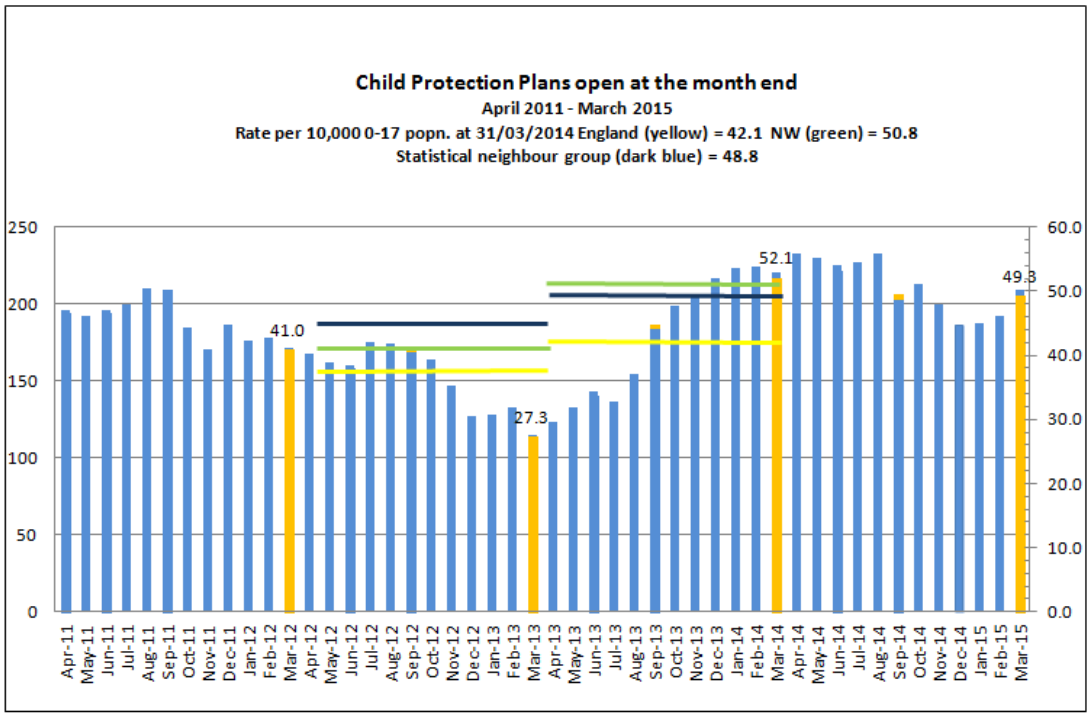
Participation of Looked after children in reviews

Advocacy support to Looked after children in Bury is well established and available via the Children's Rights Service. IROs and social workers have encouraged young people to think about chairing their own reviews. A 'crib sheet' to assist young people chair their own reviews was drafted by an IRO, and further developed by the young people and is a tool used by young people who wish to chair their own review meetings. There have been examples of

this being a successful and positive experience for some young people; he number of children who have directly participated in their LAC reviews continues to increase, although the IROs recognise there is more they can do to improve children's participation and are currently looking at ways to better engage young people. The IROs, Children's Rights staff and young people have recently been working together to create a new consultation document for children to record their views; this will replace the current 'Have your say' booklet which is sent out prior to every review.

Children subject to Child Protection Plans in Bury

There were 203 children subject to child protection (CP) plans at 31 March 2015, there having been 222 in the previous twelve months.



The chart illustrates the rate of children subject to a child protection plan at each month-end over a four-year period. Rates in England, the North West and among the statistical neighbour group rose from 2012-2013 to 2013-2014, as they also did in Bury. The rate at 31 March 2015 was very close to the statistical neighbour group mean for 2013-2014 and was comfortably close to the target rate for the year.

There have been 166 initial children protection conferences held between 31 March 2014 and 31 March 2015 that considered 322 children, of these children 274 (85.1%) were made subject to Child Protection plans. The figure for the previous year was 355 which is a reduction of 55 children.

Timeliness of initial Child Protection Conferences:

Timeliness of ICPCs held within 15 working days of the strategy meeting dropped significantly during Q1, to 33.3%. This situation improved in Q2 and performance increased to 72.2%, but unfortunately this improvement was not sustained and there was a further dip in performance in Q3 to 54.3%.

An analysis of the data identified that the poor performance was largely a function of IRO behaviour, in that they were taking the 15th working day as the default date for an ICPC, rather than it being the last permissible date. The importance of booking the earliest possible ICPC date was impressed on IROs.

Close attention to the data resulted in some modifications to practice, which in turn resulted in improved performance evident in the Q4 data, which demonstrated a significant improvement to performance, 78.5% of ICPCs being held within 15 working days of the strategy meeting. Recent performance is therefore close to the 2013-2014 mean for our statistical neighbour group (80%) and well above the North West regional average of 70.9%, but still lags the best performing local authorities in Bury's group, three of which achieved 90%+ compliance in 2013-2014.

In 2013-14 there was a significant backlog of child protection minutes which had not been completed and distributed within the 28 day timescale. The backlog at the end of March 2014 was 88 sets of minutes, the oldest set of which was four months overdue. Discussions took place with senior administrators within the Safeguarding Unit to reinforce expectations and targets in order to address the backlog issue. Funding was agreed by senior management within the Unit to purchase audio equipment to enable Child Protection Conferences to be recorded. The IROs in conjunction with conference secretaries developed a new template for recording minutes of Child Protection Conferences, which was more succinct. Both the new template and the audio equipment were introduced in October 2014, and are now used for Initial child Protection Conferences and Reviews. This new system has significantly help to address the backlog. The booking of CP conferences and reviews in a diary was also abandoned in favour of a system based on the Outlook Calendar function, as this provided for the more efficient and manageable planning of meetings.

Participation in Child Protection Conferences

Advocacy support is currently being piloted for all children over the age of 11 referred to ICPCs, to ensure that their voice is heard and that their views are considered. It was initially introduced in June 2014, with the expectation that social workers would seek parental consent for advocacy support prior to requesting a child protection conference. Once an ICPC request has been made the advocate contacts the parent in order to make arrangements to meet the young person prior to the initial Child Protection Conference, to gain their views and to represent their views at the initial conference, and then feedback outcomes to the young person. The advocate will then arrange to attend the review child protection conference with young person. In Q2 and Q3 there the pilot has received positive feedback which indicated that this was a welcome service. The Unit Manager is to consider how this need can be resourced and implemented.

The ‘Have your say’ booklet sent out prior to ICPC and review to incorporate voice of the child is in the process of being updated.

In order to further strengthen quality assurance within the Unit customer feedback is sought from children and families following child protection conferences, questionnaire are routinely sent out to families following review case conferences and when a child protection plan ends to gather information regarding the families’ experience to ascertain from them if help is working and making things better for them. The data collected is then used to help improve service delivery.

Summary

There is evidence of progress in a number of areas as identified above including in term of timeliness of Looked After Reviews and Child Protection Conferences and in terms of participation. It has been a busy year and the Unit has experienced a lot of change due to difficulties with staff retention. Three permanent IROs were recruited and arrived at the unit in early 2015; a permanent manager is due to join later in the year. The recruitment of these staff has created a new team, to help assist the IROs gel with each other and to enable then to become a cohesive group, able to deliver consistent practice a development day is to be organised at the end of June after the new manager arrives.

At the end of March 2014 there were significant issue with the backlog of child protection minutes which had not been processed and distributed within the 28 day timescale. Discussions reinforce expectations and targets in order to address the backlog issue. Funding was agreed by senior management to purchase audio equipment to enable Child protection Conferences to be recorded. The IROs in conjunction with conference secretaries developed a new template for recording minutes of Child Protection Conferences, which was more succinct. Both introduced in October 2014, for Initial child Protection Conferences and Reviews

IROs have continued to monitor cases and have highlighted and escalated appropriately those at risk of drift. The unit is currently in the process of launching a formal Dispute Resolution process which will ensure planning is robust, and build on the informal processes already in place. The Unit proposes to introduce into the service a Dispute Resolution process which is consistently valued and used proportionately. The form is in draft and will be circulated, signed off and subsequently implemented.

Changes to the LCS system have been introduced to assist the quality assurance process, tools have been created to enable IRO to record challenge appropriately, particularly on children‘s case files.

The IROs and Team Manager have identified a number of issues that will require their attention and consideration in the coming year and are positive about contributing to practice development in Children’s Social Care. They appreciate the significance so that it alerts senior managers to issues and

themes and encourages and ensure good child care practices within the social work teams.

Priorities for 2015 -2016

- Each IRO has a personal responsibility for their performance and for ensuring that reviews are held within the statutory timescales. The Unit proposes to introduce a centralized electronic calendar where all Looked After Reviews are recorded detailing date, time and venue, information can be seen by all, but editorial rights are restricted to admin. Any changes to a review meeting would need to be communicated to admin before details can be changed allowing better management oversight.

- A permanent member of staff needs to be recruited to the vacant strategic Lead position in the Unit.

- Recent pilot highlighted the need for advocacy support for children subject to child protection plans; this support needs to be embedded into the service.

- To implement to revised Dispute Resolution Process

- The Unit is to enhance its quality assurance function and will be involved in the Children Social Care auditing programme and undertake regular file/themed audits.

- To increase the number of young people who actively participate in their Looked After Reviews.

- To ensure that child protection minutes are completed and distributed within the 28 day timescale by admin.

- IRO to endeavor to keep child protection conferences stay within the allocated timeslot of 2 hours, to avoid pressures on admin resource and prevent backlogs.

- The IROs in conjunction with conference secretaries developed a new template for recording minutes of Child Protection Conferences, which was more succinct. Both the new template and the audio equipment were introduced in October 2014, and are now used for Initial child Protection Conferences and Reviews. This new system has significantly help to address the backlog.

- Embed the IRO district links in order to develop effective relationships.

- There are plans in place to begin to develop joint training between Advice and Assessment Teams in relation to Child Protection.

- The IRO's have a schedule in place to begin to observe Legal Planning Meetings and undertake training with legal services to support their development, learning and knowledge.

APPENDIX 6 – CAF/Early Help annual report
Common Assessment Framework
1st April 2014 – 31st March 2015

Background

The Early Help Team was established in October 2013 and is a part of the early help offer in Bury. The main principle of the Early Help Team is to prevent children, young people and their families from needing more specialist support and to support and empower families in accessing universal provision.

The Early Help Team consists of Social Workers, Child and Family Workers and CAF Consultants plus a part time Mental Health Worker. The CAF Consultants role within the team is somewhat different to the social workers and child and family workers in that they have a varied responsibility in supporting practitioners to commence CAFs with families who require coordinated services to enable them to achieve positive outcomes.

The CAF Consultants have a clear and solid understanding of the Common Assessment Framework as a system, associated processes and related safeguarding thresholds, which over the last twelve months they have been successfully communicating to external colleagues in partner agencies. Working relationships with partner agencies have continued to be positive and there is ongoing awareness raising of the work and support the CAF Consultants offer in the CAF process.

The Social Workers and Child and Family Workers within the Early Help Team are allocated cases that have been referred via the Early Help Panel following a referral to Bury's Multi Agency Safeguarding Hub (MASH). The Panel meets every two weeks to consider new referrals and to review progress of referrals considered previously. Interventions with families are coordinated through an integrated coordinated approach. This approach ensures that there is a robust "Team around the Child" (TAC) plan in place with Specific, Measurable, Attainable, Realistic and Timely goals. Social Workers coordinate services identified through assessment to ensure that families receive appropriate, targeted interventions.

The delivery of effective early support to children and their families in Bury is done through the promotion of early intervention through the CAF process with a focus on:

- identifying needs earlier
- delivering a co-ordinated package of child centred and family focused support
- assisting to secure better outcomes for children and young people
- sharing information effectively between organisations

Performance and activity

Between 1 April 2014 and 31 March 2015 there have been **1184** CAF Episodes registered; this demonstrates an increase of 745 registered episodes in comparison to the same period the previous year. However 13/14 figures did see a reduction from 12/13 and this was explained by the change in how CAFs were counted; previously they were registered for all siblings in a family group even if concerns were not about the siblings which gave inaccurate figures of children requiring early help services. From the end of 2013, this practice changed and assessments are registered for the individuals where needs arise, although this does incorporate families where the issues span across all and if so they are registered on the individuals in these cases.

Previously the CAF was used as the referral document to social care however in March 2014 a separate referral form was developed and launched which has resulted positively on the quality and meaningfulness of CAF's received since this time and relevant to Bury's threshold.

Common Assessment Framework Episodes by Quarter

The following data for 14/15 includes the Early Help Teams cases which are held and managed in the CAF arena.

2012-2013 Q1	Q2	Q3	Q4
Apr-Jun 12	Jul-Sep 12	Oct-Dec 12	Jan-Mar 13
190	119	107	97

2013-2014 Q1	Q2	Q3	Q4
Apr-Jun 13	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14
132	61	119	127

2014-2015 Q1	**Q2**	**Q3**	**Q4**
Apr-Jun 14	**Jul-Sep 14**	**Oct-Dec 14**	**Jan-Mar 15**
174	**290**	**344**	**376**

Quarter 1

This quarter shows an improvement on the previous quarter (Jan-Mar 14) by 47. The upward trend that commenced in quarter 3, 2014 appears to be continuing. In comparison to the same quarter twelve months earlier the figure is improved by 42; it is important to note that at the time CAFs were being completed as referrals and not all of these were meaningful assessments of need, this practice stopped in March 14.

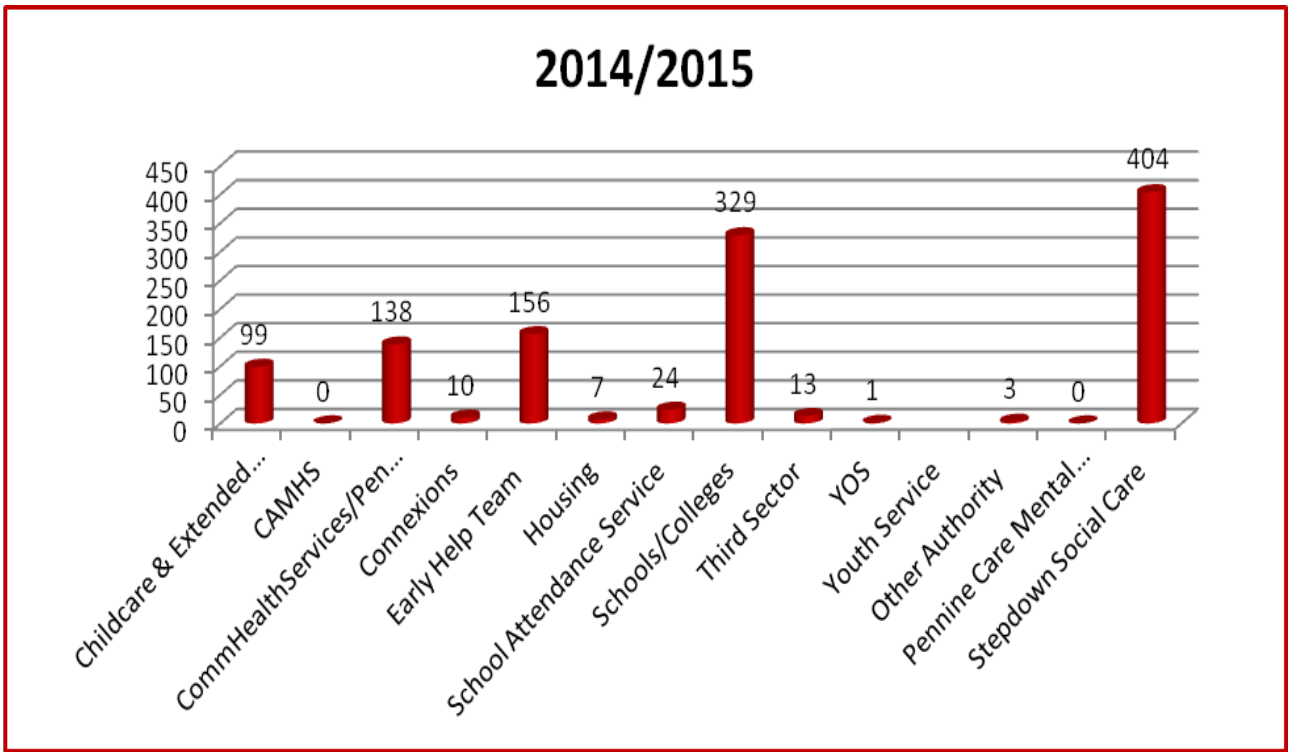
Quarter 2 / 3 / 4

Quarter 2 shows a large increase by 229 CAF's from the same quarter previously in 2013, although that was particularly low in relation to other years. July to September typically has seen a reduction in completion of CAF's which is consistent with long summer holidays. This period coincides with the implementation of the new Early Help Module of Protocol and as stated above the way in which CAF's were counted and registered changed which offers a rational for some of the increase. Consideration has also been given to the manual transfer of data from the CAF database to the new system and some of the information being imputed may not have been be reliable in terms of dates causing a further inflation; although the upwards trend has continued in quarter 3/4 which demonstrates an ongoing improvement in early help identification which we would not have expected to see if it this wasn't a true representation of the activity in Bury.

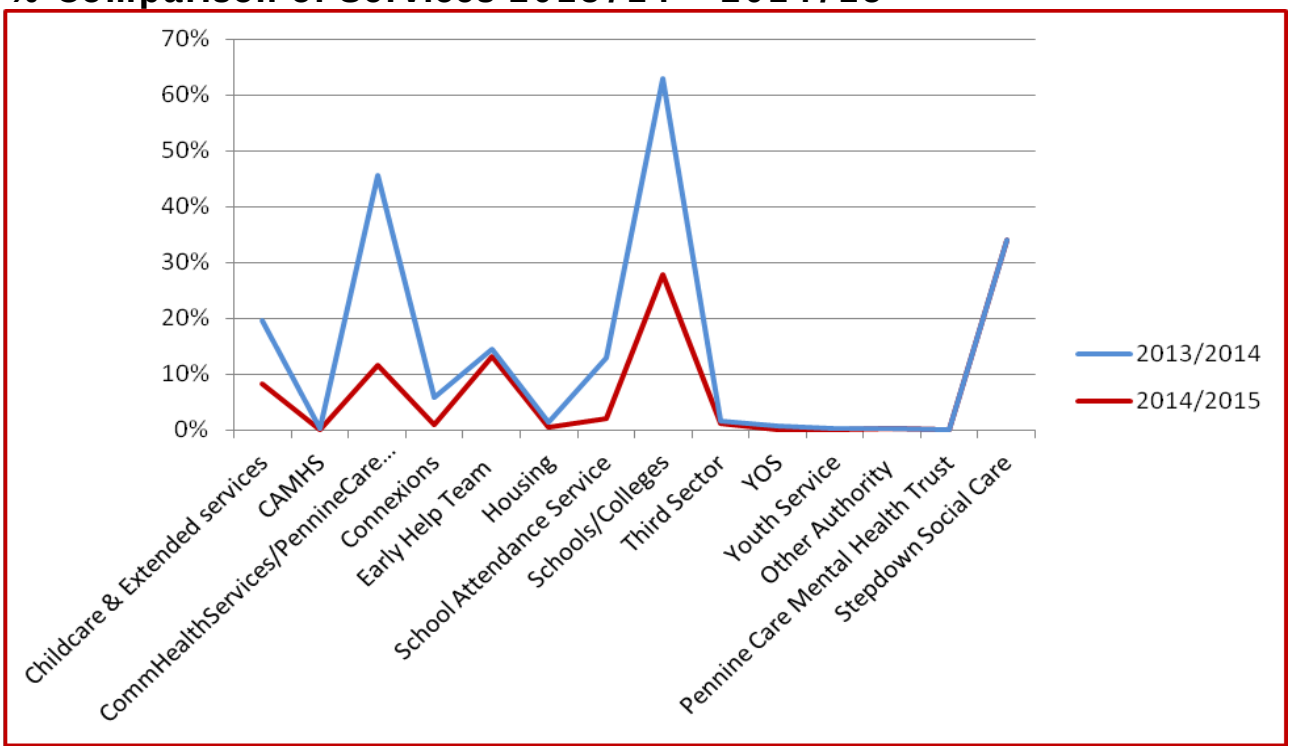
The CAF Consultants have continued their drive to raise awareness with partner agencies and have held consultation sessions in a variety of settings and developed new training on CAF and TAC procedures which has continued to improve the working

relationship between practitioners and the CAF team. There has been a growing confidence of practitioners who have improved their ability to identify when they need to commence a CAF and due to the support from the CAF Consultants are developing a greater understanding of the CAF as a process rather than a singular event.

Common Assessments completed by services



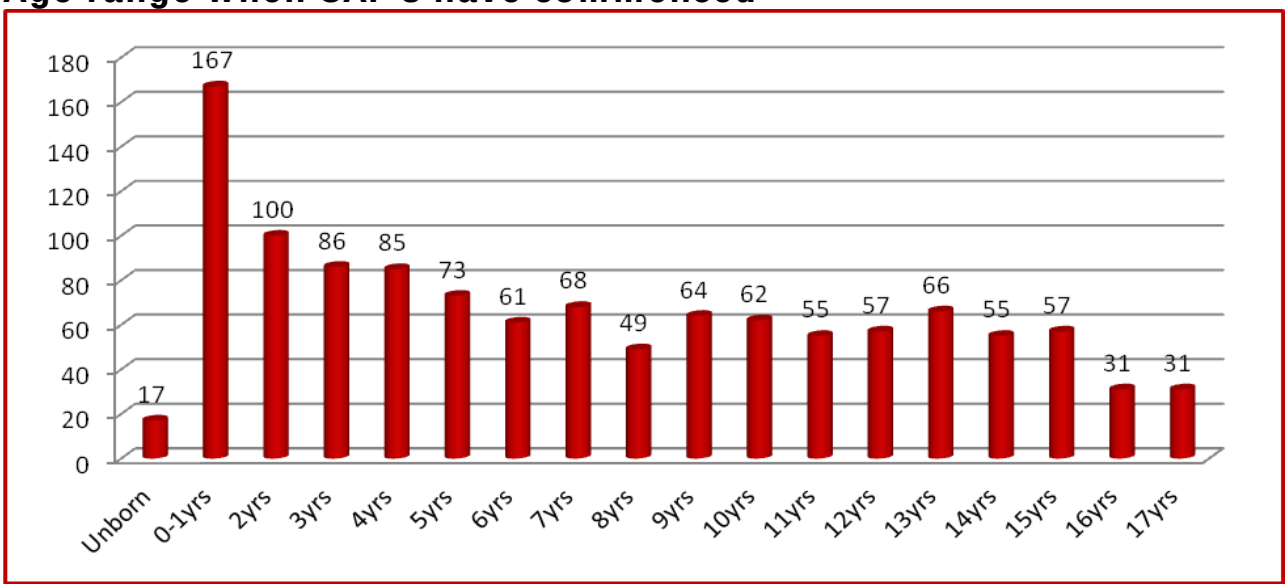
% Comparison of Services 2013/14 – 2014/15



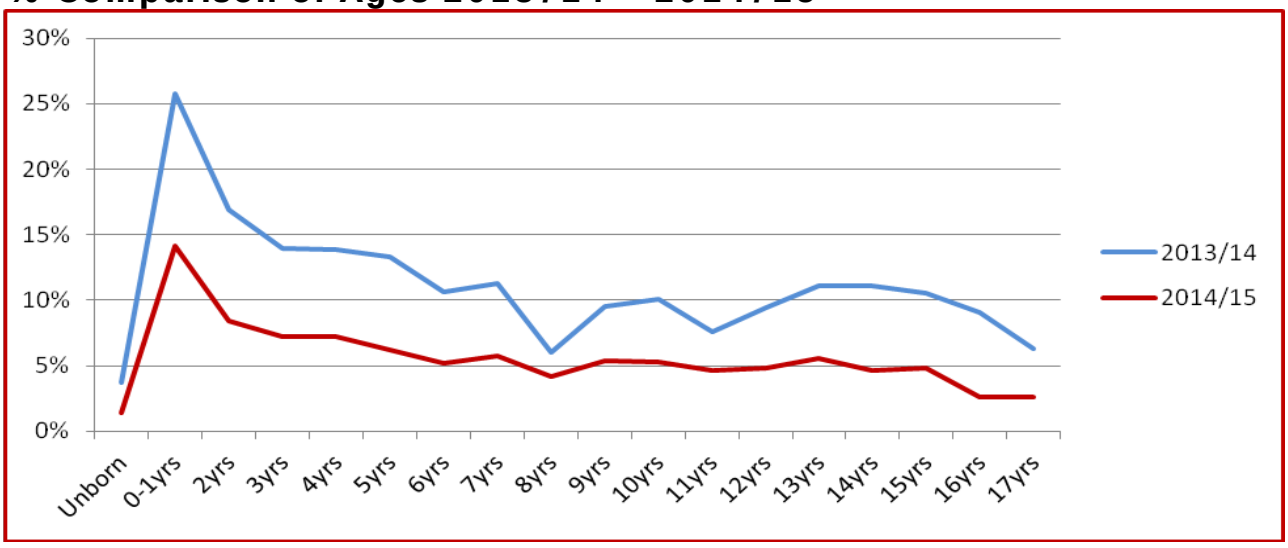
In the last 12months, the leading CAF authors have been schools, having completed 329 CAF's; this is an increase of 198 from the previous year and is indicative of the promotion and awareness raising of the CAF. They are followed by the Early Help team who are responsible for the completion of 156 CAF's with Health and Childcare & Extended services following. The completion for other agencies remains low but there have been some improvements seen.

You will note that Social Care have a total of 404 CAF Episodes over the past twelve months. These are cases where a statutory assessment will have been completed but there is no ongoing role for Children's Social Care and the case is "stepped down" to the TAC arena. There is a process in place so the CAF Consultants are notified of this step-down and the episode will be registered on the Early Help system which will ensure that ongoing plans are reviewed and quality assured by the CAF Consultants resulting in families being supported in line with identified needs. This has been problematic in ensuring that the notifications are received and that partner agencies are consulted and agree to take on the role as lead professional. Therefore in response to this training will be facilitated by the CAF Consultants to give Social Workers skills and knowledge of the CAF / TAC arena which we envisaged will have a positive effect on relationships with partner agencies and thus reduce re referrals to social care in the future.

Age range when CAF's have commenced



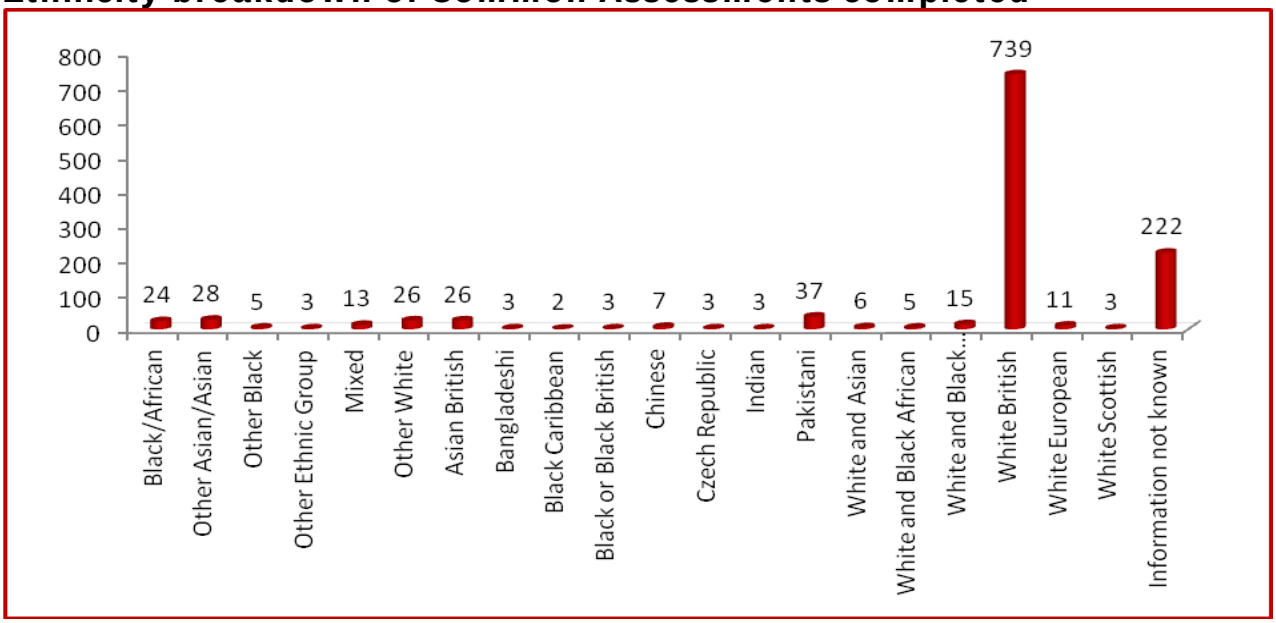
% Comparison of Ages 2013/14 – 2014/15



The largest group of CAFs submitted between 2014/2015 are in respect of children aged zero – 1year old. The data shows that from birth to 5 years there has been a slightly higher rate of CAF's completed in respect of the overall cohort, which given the vulnerability of this age group would be the expectation. The rate from 5 years + is generally within the same range before dropping for completion with 16/17year old. As seen last year the total of completed CAF's for unborn babies is relatively low considering the much higher figure for children aged zero to 1year old. This information suggests that there could have possibly been more CAF's completed pre-

birth and support plans identified, which would have reduced the CAF's being undertaken when babies when born as plans would already been in place ensuring need and support was identified at the earliest opportunity.

Ethnicity breakdown of Common Assessments completed



You will note that the there are 222 children where the ethnicity is recorded as unknown. This figure is higher than would be expected and having analysed this information it appears that a proportion have been stepped down from Social Care without this information being recorded. However the majority are from CAF episodes where ethnicity has not been recorded on the system which will be due to the imputing of the data when files were transferred from the manual system to the Early Help Module. Data cleansing is required to ensure that all the information contained in the CAF assessments are imputed on to the system to demonstrate a true record of ethnicity.

Quality Assurance

All completed CAF's received by the team are registered and quality checked by the CAF Consultants. Where assessments do not achieve the quality criteria identified in the self-assessment checklist the consultant will contact the practitioner to advise them of the issue and request the assessment be re-submitted once improvements have been made. The CAF Consultants additionally quality check TAC minutes that are received to ensure that plans are progressive and appropriate in meeting need and improving outcomes and where necessary a CAF consultant will attend at TAC meeting to support practitioners with the process.

The CAF Consultants are continuing to raise awareness with practitioners of the need to register their CAF's with the team to ensure quality assurance and enable oversight of the process ensuring it is being reviewed as appropriate. However we have identified some areas where these CAFs are not being received and these appear to be when practitioners are completing them for a service such as parenting courses, children centre outreach or young carers. Work is being undertaken to develop a pathway to ensure that all CAFs are captured by the CAF team and registered therefore giving a true representation of completion rates in Bury.

Northwest CAF Group

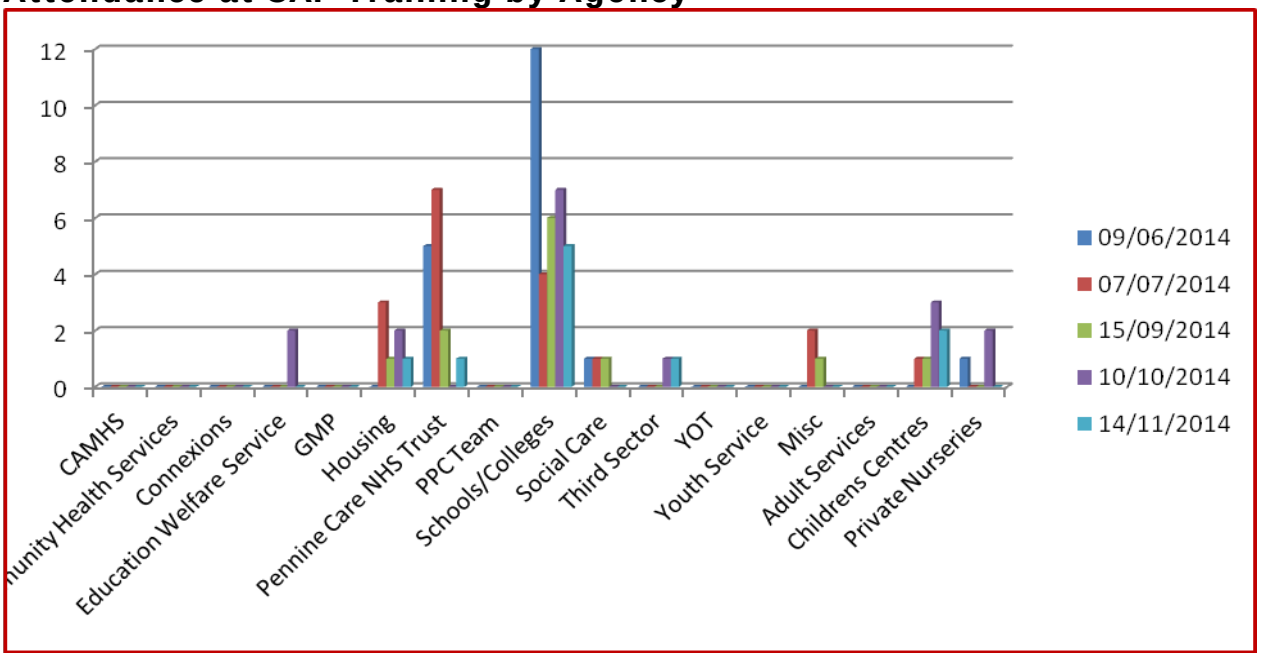
There is regular attendance at the Northwest CAF group which provides ongoing networking with neighbouring authorities. As part of this group a Cross Border protocol have been developed which is assisting with transfer of information for families that move areas or use services inside of the area.

MASH

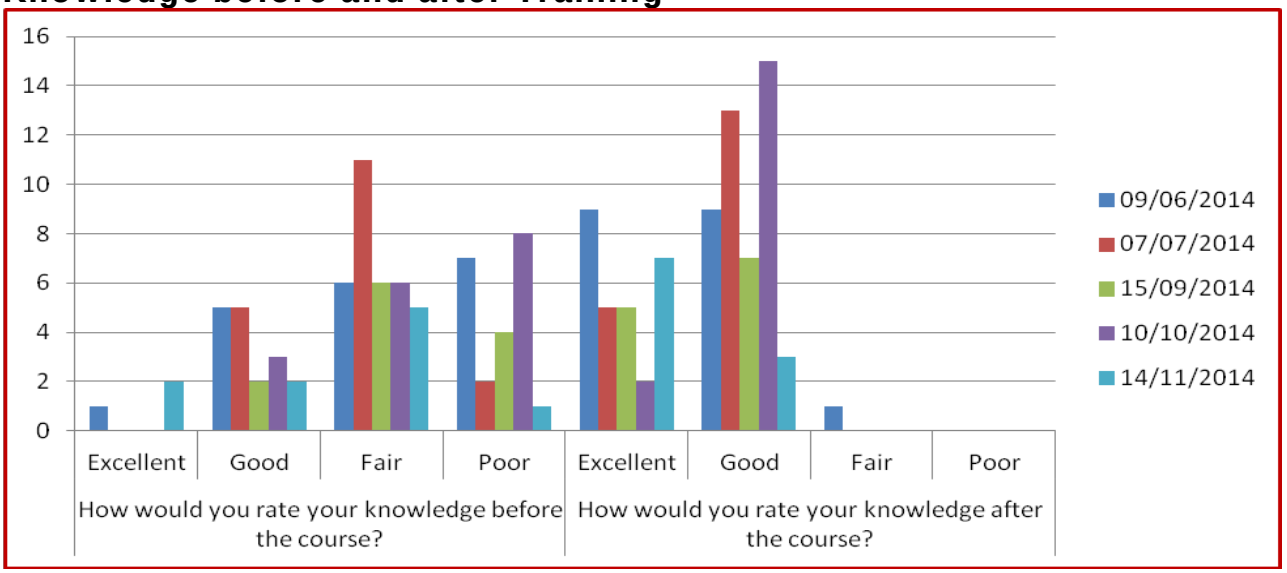
In October 14 the CAF Consultants began a rotation in the MASH team. Initially this was for four days per week however it was not feasible to maintain this due to the impact it had on the CAF Consultants role so they now attend one day a week. Regardless of their presence in the MASH team there are processes in place so where there are recommendations from MASH for CAF's to be completed the CAF Consultants are aware and offer support to the professionals ensuring these are completed and received in a timely manner.

CAF Training

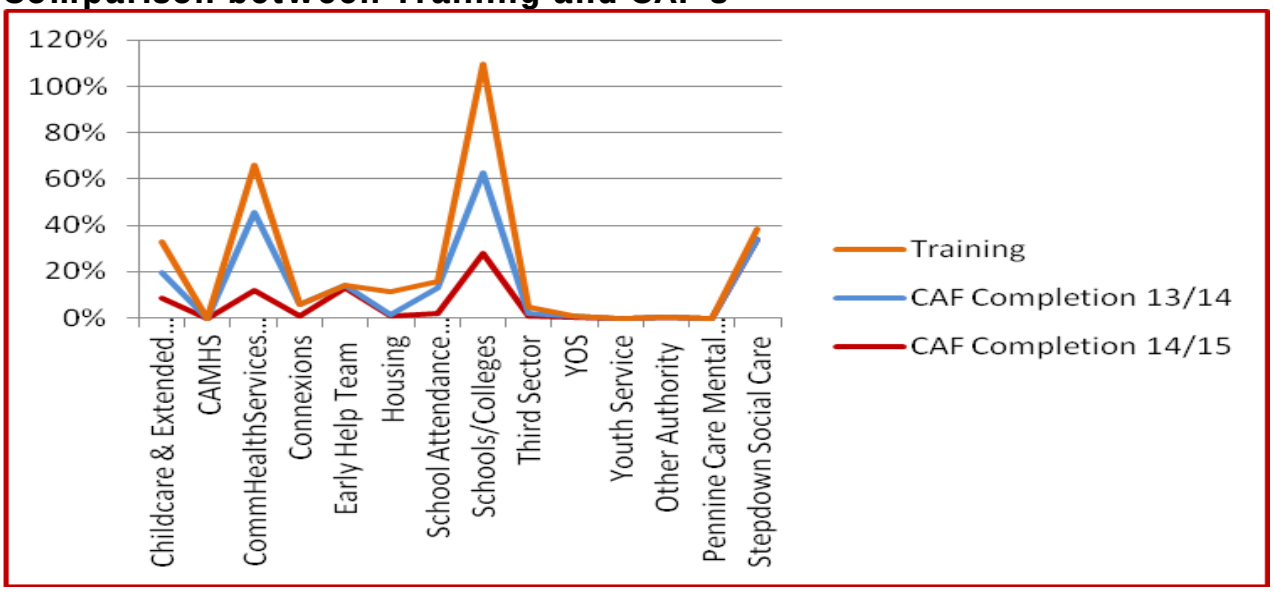
Attendance at CAF Training by Agency



Knowledge before and after Training



Comparison between Training and CAF's



There have been five training sessions delivered in 2014 with more planned for 2015. In addition to the formal training sessions the consultants offer consultation and in house workshops to assist and support individual agencies to develop. As seen above there is a direct correlation between agencies attending the training sessions and their CAF completion rates.

Areas for development in 2014/2015:

- The profile of the CAF, TAC and LP will continue to be promoted across Bury.
- The voice of child within the CAF process will be promoted to ensure that their views, wishes, and feelings are documented.
- Question and Answer consultations to continue to assist in capturing all services
- CAF and TAC training to continue to be facilitated targeting agencies where CAF's are not completed.
- Step down training to be rolled out to Social Care Teams ensuring that the process is embedded in practice.
- CAF Consultants to continue to forge links with all partner agencies working collaboratively in line with Bury's vision ensuring the CAF process is fully embedded in every agency

- Identify, target and forge links with agencies whose CAF submission rate is poor to assist in understanding barriers and promote positive change

- Strengthening accountability of partner agencies completing the CAF's to ensure they are quality checked before being sent for registration, they meet the CAF threshold and are appropriate to be held in this arena.

- New Single Agency Assessment tool to be launched

- CAF Consultants in the near future will be assigned to areas in line with the change in Children Centres. This will offer them specific targeted areas for which they will be the named consultant which will further promote the relationship building with partner agencies.

- Data cleansing to ensure all records are up to date and ethnicity is recorded on Early Help Module.

Report compiled by Kirsty Walton
Early Help Team Manager
June 2015

APPENDIX 7 – Phoenix Team report

Bury Council

Department for Children, Young People and Culture

Bury Phoenix Team - Annual Report

This is the first Annual report for the Bury Phoenix Child Sexual Exploitation Team.

This report provides an overview of key performance information gathered during this period, together with an explanatory narrative. It should be noted that throughout this period the Phoenix Team has been developed and electronic systems have been introduced to aid a more robust data collection, however this is in its infancy. The data provided covers the period July 2014 to March 2015.

Project Phoenix

Project Phoenix emerged from the BSCB Task and Finish Group established in 2012/13. The BSCB formally agreed to improve the response to child sexual exploitation strategically, operationally and tactically under the banner of Phoenix, with the objective of making Greater Manchester a beacon of good practice nationally. Phoenix has the support of the Association of Greater Manchester Authorities' Wider Leadership Team.

Prior to 2012 only four of the ten local authorities had dedicated Child Sexual Exploitation teams in operation. There are now specialist teams in all the 10 localities targeting Child Sexual Exploitation, forging a more robust and consistent response.

Individual Phoenix teams are joint led by Children's Services and Greater Manchester Police, with key localised agencies affiliated to each team, this ensures a joined-up, multi-agency response to dealing with the problem. The Phoenix overall aim is to provide a more joined up service offering a more strategic streamlined service with advice, support and guidance available to the teams when required. This ensures that all professionals are working to the best standards and to improve services offered to victims and those at risk of child sexual exploitation.

The Bury Phoenix Team

The Bury Phoenix Team was established as a specialist service in June 2014 and became operational at the end of July where it has continued to evolve. The team consists of a Team Manager, Assistant Team Manager, one level three social worker, two family support workers, a development officer was in post until the end of June 15 when a 12 month seconded post ceased. There has also recently been the introduction of a part time worker from Education. An ongoing drive continues with health partners to establish a dedicated health worker to the team at a point in the near future.

There are a number of additional virtual partners which compliment the multi-agency partnership, such as Youth Services, Early Break and Health.

GMP have 4 dedicated police officers based on the team, one inspector, one detective sergeant, one detective, one police constable as well as the use of various specialist units as and when required, such as the organised crime group unit.

In addition there has been weekly input from the Missing Person Safeguarding Officer who covers three areas within GMP, Bury, Bolton and Wigan. She has attended strategy meetings where required and has assisted in the development of missing persons 'Trigger Plans'.

Liquid Logic

It has been difficult to collate accurate data due to an insufficient electronic pathway specifically for CSE. This said, the Phoenix Team now has a CSE work space module on Liquid Logic that was installed at the end of March 2015 and became live in April 2015 and this continues to be developed in accordance with identified needs of the service and data collation.

There have been few problems from staff in using the new CSE module and the module appears to be running smoothly. There have been minor issues with the introduction of the new referral process in how the referrals reach the Phoenix team, but this has been solved quickly and a direct pathway has been created to allow the flow of referral to become smooth and a simple process for workers involved.

Phoenix Team Partnerships

All young people are potentially at risk of sexual exploitation and therefore need to develop the knowledge and skills to make safe and healthy choices about relationships and sexual health as well as who to contact for advice and support. The Youth Service SAFE project offers an educational programme of work to young people who have been identified as at risk. The Bury Phoenix Social Worker and Family Support Workers deliver direct one to one interventions following assessment but do not case hold.

The child sexual exploitation work in Bury is not only driven by the Greater Manchester Phoenix Project but more locally, driven by a multi-agency partnership and action plans, co-ordinated and governed by the Bury Safeguarding Children Board.

The issue of child sexual exploitation remains a priority for Bury Children's Services, the police and associated partners throughout 2014/15. There is a strong commitment to improving responses to young people at risk of child sexual exploitation. This approach is balanced with an equal focus on identifying and disrupting offenders given the multi-agency set up of the team.

Statistics

As mentioned within this report, it is difficult to state exactly how many referrals were received by the Phoenix team that met the Phoenix threshold for the last financial year, given that the team did not begin accepting referrals until quarter two, and the liquid logic module not implemented until the end of quarter four, with the data being manually counted prior to this. However from here on in this data will be accurate in accordance with the recording on Liquid Logic.

With the absence of effective data collection prior to the CSE workspace being installed there have been approximately 67 cases referred to the Phoenix Team since it became operational, all of which have been deemed to be at Medium - High / High risk.

During the reporting period there has been an average of 37 cases open to the Phoenix Team at any given time. A concern in respect Children of Other Local Authorities (COLA) at risk of CSE not being screened by the Phoenix Team has now been addressed and any young person placed from an outside borough now has a CSE risk measurement screen to determine their level of risk. Active dialogue between the Phoenix Team and the placing Authority has been a priority with an agreed course of intervention.

The referrals that have not met the Phoenix Team threshold have been referred onward to other services such as Early Help, SAFE project and the Family Support Team.

Referrals which have been measured as low risk are referred to the Early Help panel and the SAFE Project, while those referrals who have an allocated social worker and reached a low end of medium are referred to the Family Support Team and the young people who score within this range who do not have an allocated social worker stay within the Phoenix team. This has allowed a continuous flow of services being provided ensuring that each child has been able to access intervention from a service when required.

Age

The majority of referrals taken by the Phoenix Team in 2014/15 have been for females aged between 14 and 16 years old. There has been a recent increase in the number of 11 to 12 year olds referred to the team; this may be linked to the ongoing awareness raising completed by schools and the Child Exploitation on Line Police (CEOP). Worryingly we are seeing a significant shift in the age range with the youngest child being only 9 years of age which has and will continue to inform our projected target cohort for future work.

Gender and Ethnicity

Of the 67 cases open to the Phoenix team, 94% were female. It is widely believed that the number of males deemed to be at risk, or disclosing sexual exploitation is a much greater than has been reported. Although there is dominancy in White British females throughout the open referrals, there has been an emergence of ethnic minorities open to the Phoenix Team. This is reflective of the current demographic of Bury.

BLAST, a group which only works with young males who have been the victim of CSE, has highlighted the societal belief that young males are ‘lucky’ to be engaging in sexual activity with an older female as a reason for the lack of referrals and disclosures from young males.

The Phoenix Team is highly committed to raising awareness on this issue. The three males who have undertaken work with the Team to date were 14 and 16 years old.

Vulnerabilities

Multiple health concerns such as substance misuse, sexual health and mental health issues also provide further vulnerability factors which have been seen throughout the cases that the team have worked with. The young females referred often show similar characteristics including emotional health issues, missing from home episodes, and family and relationship difficulties.

These multiple concerns have highlighted the vulnerabilities of the young people. The young people currently being referred have chaotic lifestyles. This has been seen frequently throughout the referrals received with an increase in substance misuse and sexual health concerns.

We have seen a recent increase in the number of internet grooming cases, some as young as 11 years old. Phoenix workers have worked with young people to develop and explore various resources to ensure they provide support to young people through direct work pitched at their level of understanding.

Police Statistics

Police Public Protection Investigations (PPIs) are computerised logs of investigations. They are generally created when no substantive criminal offence has occurred and used to log all enquiries and safeguarding measures taken in a particular case. All children who regularly go Missing from Home (MFHs) have a trigger plan. This is prepared by officers in the Phoenix Team and includes the most current information on the individual involved to assist in locating them quickly and taking appropriate action when found.

CSE PPIs Created	CSE Crimes Recorded	MFH at risk CSE/Trigger Plans	Arrests	Caution/ Charges	Children Flagged CSE	Abduction Warnings
29	10	9	8	2	56	5

There are currently 56 children who have a flag with a CSE marker. This figure may not be entirely reflective of who in Bury is currently at risk of CSE. The current GMP policy is that the marker remains in place until the individual is 18 even when there is no specific intelligence to indicate the young person is still at risk of CSE. There are also young people who are COLAs from out of the Bury area and have now been

placed elsewhere. They may never return to Bury but their record will remain with the marker until they are 18. Of the 56 young people flagged 4 are male with the rest female. The majority are White British with 1 child being of Black African descent and 1 being of Asian descent.

There have been 5 abduction warnings issued in the given period. Abduction warnings can only be issued in certain circumstances and with a police inspectors authority. Abduction warnings can only be issued in the case of a Looked After Child if the young person is under 18 otherwise they must be under 16. A statement must be obtained from a person with parental responsibility for the child supporting the fact they do not want their child to be in the company of the individual.

There are currently 30 individuals flagged as being a CSE risk to young people in the Bury area. Of these four are female. Some of this list is currently incarcerated but once an individual is identified as a CSE offender the marker will remain even if he is in prison, deported or relocates from the Manchester area.

The demand on the police members in the Phoenix Team continues to increase as awareness of CSE and the unit's remit increase amongst professionals and the general public. Additional funding was received enabling Operation Mezzanine to run most Friday and Saturday evenings between 6pm and midnight throughout January finishing on the 31st March.

Mezzanine involved visiting hotspot locations, visiting offenders and enforcing abduction warnings bail conditions and visiting victims. Officers on Mezzanine assisted regarding enquiries into high risk MFHs and issuing abductions notices. A significant amount of intelligence was generated by Mezzanine visits with 75 pieces of intelligence were submitted for the attention for Project Phoenix in this quarter compared to 32 in the first quarter of the year.

On the 5th February a 47 year old male from outside of the Bury area was sentenced to 5 years 4 months for Unlawful Sexual Intercourse and 4 years (concurrent) for the grooming of a vulnerable 15 year old girl. He was given an indefinite Sex Offender's Prevention Order and will be on the sex offenders register for life. Enquiries are continuing into this male as it is believed there are other victims.

In February 2015 the CSE team took a group of young vulnerable people and teamed a group of cadets to take part in an activity called Challenge for Change. This was an activity to build confidence and self-esteem. From a police and Children's Services point of view, this was a good opportunity for the young people to see us out of our work environment and helped them to get to know us better. It also showed them that we are also scared and unsure of some things in life but we all worked together to overcome those doubts. It is planned to take a different group of children on the next activity day.

The Phoenix Police Team has dealt with a number of online grooming cases. One involved four 11 year old girls where the offender lives in the midlands. In another case an 11 year old girl was asked to send indecent photos by an adult male living in the North West. Online grooming, especially with offenders living out of the Bury area, is becoming a bigger problem with more cases being reported to the police than ever before.

In March information was received that three girls who were looked after were attending the address of an older male who had previous allegations made against him of a sexual nature. As a result of disruption tactics he was arrested and received a caution.

Outcomes

The Phoenix Team has made a total of 20 closures in this reporting period, where direct work has been completed with the young person and the risks significantly reduced. Each of these referrals has had no further incidents in relation to CSE to date. These cases have been referred through various channels and have had different variations of direct work provided due to different needs and vulnerabilities.

Within these cases there has been a multi-agency approach to their needs and there have been some successful custodial sentences and abduction notices served on perpetrators. The young people closed to the team have significantly lowered in their vulnerabilities. The multi-agency approach has been vital throughout the investigations and providing of direct work in supporting and safeguarding the young people now closed to the Phoenix Team.

While some of these young people may still remain vulnerable in terms of thresholds for Children's Services, their vulnerabilities to CSE have significantly reduced. Some of these young people are still attending a group run by the Phoenix Team which aims to increase the self esteem of young people.

Awareness Rising

Throughout this reporting period the team has worked together to raise the profile of the Phoenix Team. This has included engaging with members of the Bury Council scrutiny committee, new elected council members and also the Chief Executive and Executive Director of Children's Services, who all came to visit both the Phoenix Team, resulting in positive feedback about their experience.

In total, awareness raising sessions have taken place with over twenty one teams, services and organisations from a number of public sector areas, ranging from Criminal Justice Mental Health Workers, private residential care home settings, school staff, staff and pastoral leads from both of Bury's colleges, private providers of childcare, school governors, trading standards, licensing and housing staff, as well as teenage pregnancy midwives and other health care staff.

March 2015 saw the first ever National Child Sexual Exploitation Awareness Day. The aim of the event was not only to promote the day, which saw teams across the country promoting the issue, but also for the Bury Phoenix Team to reach out to the community.

The day gave the opportunity to promote the specialist CSE service, and to give both the public and other professionals the chance to meet the team, gain a greater understanding of CSE, warning signs to look out for, as well as how to address concerns and make referrals.

A number of services were also invited to promote the multi-agency working around the issue of CSE and the event was deemed a success.

In advance of the event, the development officer worked closely with the tutor and students of the year one graphic design course at Bury College to design our resources, which focused on males being victims of CSE, this also gave us an opportunity to educate them about CSE. We also enlisted the help of the tutor and students of the year one performing arts course, who worked on the 'Be Safe Be Cool' programme to create a short performance on the issues of CSE which was performed in the town centre. It may be worthwhile considering the use of this performance for future work.

GMP provided approximately £2000 in funding, ensuring that Bury Phoenix was able to hold an awareness raising event during National CSE week, and in line with Project Phoenix colleagues across Greater Manchester.

The Bury Council Licensing Team receives intelligence about a number of premises in Bury and brought sniffer dogs down to the event before they went out on their visits to add extra promotion to the day. This also strengthened the links between the Phoenix Team and the Licensing Team in general.

The event proved to be an ideal networking situation for both the Phoenix Team and other agencies, developing contacts with agencies and services that were interested in working together and learning more about CSE.

Awareness raising sessions are planned to continue throughout 2015 to continue to promote the specialist service.

Professional Development

As a team, we continue to undertake training to ensure we can provide the best possible service to the young people that we work with. These courses include Tackling Child Sexual Exploitation, Professional Challenge, Domestic Abuse, Let's Talk about Sex with Young People, Condom Distribution Scheme, Chlamydia and Gonorrhea Screening, Safeguarding, Emotional Intelligence, Forced Marriage, Hidden Male and Female Genital Mutilation, along with the GMP Police Crime Commissioner Public Forum on CSE.

Workers are committed to undertaking training for professional development, and to provide a bespoke service for the young people referred to our specialist service.

Social Media

The Bury Phoenix Twitter account, @BuryPhoenix, has been essential in promoting the work of the team, sharing information, and keeping up to date with Project Phoenix and the work of Phoenix Teams across Greater Manchester, strengthening the effect of messages that have been shared on Twitter.

The social media account was the main method of communication for the recent Greater Manchester Parents CSE Awareness day, allowing us to tweet and retweet essential messages from partner agencies, and allowing them to do the same for us.

It is important that we continue to use social media to engage with our community and use it as a vehicle to share messages with those members of the public who may not want to contact the team directly.

Education

As outlined above an education worker has now joined the team on a part time basis. The post holder has extensive experience within Bury's schools and colleges.

An ongoing piece of work for the team is to address critical issues regarding young people missing from school/education and ensure education issues are dealt with swiftly. This is especially pertinent to CSE and MFH episodes as missing school/education is a primary risk factor.

Youth Service

The Youth Service targets its work and provision to the most vulnerable young people and priority is given to the 13-19 age groups. The service offers young people opportunities that are educative, participative, empowering and equal in opportunity.

The Youth Service has been involved with the Phoenix Team since it launched in July 2014, with strong links in all work areas.

The most recent work has been the CSE girls group, which took place once a week for twelve weeks, working with a number of girls who had been referred to the team and needed additional support alongside the direct work they were involved in.

Further Multi-Agency working

The team has been able to link in well with other agencies, including Children's Social Care, Residential Children's homes, schools and STRIVE (targeted response to domestic abuse). This has played an important role in the ability to safeguard the young people who have been referred to the Phoenix Team.

Wider agencies have responded well to the work completed with the Phoenix Team and the multi-agency approach has been positive in working to safeguard children in the borough. The Phoenix Team have attended safeguarding meetings e.g., Child Protection conferences, Missing from Home strategy meetings and looked after children's reviews.

The team has also been able to complete joint visits with other services in order to provide additional support. This has been seen in the joint efforts between the Police STRIVE team (targeted response to domestic abuse) and the Phoenix Team, an

example of this is with young people who have been referred for CSE where disclosures of domestic abuse have also been made.

Referrals to the Phoenix Team have come from multiple routes with social workers already involved with young people making some of the referrals. Some of the young people referred have had various Children's Services interventions already in place so it has been important for the workers to engage with all services where appropriate, to ensure they are safeguarding and sharing information.

Performance targets

All referrals are now fed through the MASH team to ensure a clear pathway for assessment. The Phoenix social worker undertakes the CSE risk measurement screens to ensure a consistent assessment is collated. This is undertaken with the focus on the young person and their caregivers as well as consideration of wider agencies involved. This is completed within 5 working days of receiving the referral. This has ensured a more robust and timely response to referrals and ensured a more comprehensive, targeted service is delivered by the CSE support workers, or that the young person is referred to other services such as family support or the Early Help Team where required. This ensures that every young person referred to the Phoenix Team receives a targeted response to meet their individual needs.

Future Phoenix Team initiatives

The Phoenix Team is currently rolling out new initiatives to promote further awareness with Children's Social Care Teams. The initiative of Champions for Children's Social Care teams is not a new initiative but the Phoenix Team hope that their CSE Champions will be able to assist in future development and within investigations where multiple victims are identified.

The Champions will be trained in the referral process for the Phoenix Team and the completion of the CSE Risk Measurement Assessment. By meeting regularly, the Champions will be able to pass concerns to the Phoenix Team and cascade information within their own agencies.

There will also be shadowing opportunities available for Champions, and other social workers within Children's Social Services within the Phoenix Team to ensure the team share current practice. These shadowing opportunities are also available to external agencies on request.

The Phoenix Team are also looking to work with Adult Social Care to ensure as the young people approach 18, transition is seamless to adult services if they need ongoing interventions. Linking to Adult Social Care is valuable to the young person and the Phoenix Team as it allows a smoother transition as swiftly as possible and stops distress from those who reach 18 being closed from services while they are still vulnerable.

PRIORITY ACTIONS FOR THE PHOENIX CSE TEAM

1. Support from the BSCB for the successful engagement of adult service links to the team to support transition of young people where required into adult services.

2. Support from the BSCB for an allocated health professional to sit within the Phoenix CSE team.

APPENDIX 8 – Road casualty report

Bury Child Road Casualty Report 2014

This report has been drafted, using evidence from Greater Manchester Transportation Unit's database on road collisions, which includes STATS19 data supplied by Greater Manchester Police.

During the calendar year 2014, there were 24 child road casualties (0-15 years of age) in Bury. Of those 24 casualties, 20 suffered slight injuries, 4 suffered serious injuries and there were no fatalities. 10 of the casualties were female (9 suffered slight injuries and 1 serious injury) and 14 were male (11 suffered slight injuries and 3 serious injuries). Of those child road casualties, none were recorded as being on the school journey.

Pedestrians

There were 15 child pedestrian (9 male & 6 female) casualties during the calendar year 2014.

Slight Injuries - 11
Serious Injuries - 4

0 – 5 years of age – 4 casualties
6 – 10 years of age – 4 casualties
11 – 15 years of age – 7 casualties

January to March – 3 casualties
April to June – 4 casualties
July to September - 4 casualties
October to December - 4 casualties

There are multiple causation factors that contribute to each incident on the road; outlined below are the causation factors listed by the Police Officers responding at each scene. These contributory factors are listed as possible or very likely by the Police Officer, but this has not been included in this report.

Pedestrian Error Causation Factors:

Pedestrian careless/reckless/ in a hurry - Listed on 7 occasions
Pedestrian failed to look properly - Listed on 6 occasions
Crossed road masked by stationary or parked vehicles - Listed on 4 occasions
Failed to judge vehicles speed or path
Disobeyed pedestrian crossing facility

Driver Error Causation Factors:

Driver failed to look properly - Listed on 2 occasions
Disobeyed automatic traffic signal

Distraction in the vehicle
Learner or inexperienced driver

Neutral Causation Factors:

Slippery (due to weather) – Listed on 2 occasions

There were 2 incidents where no contributory factors were listed on the report.

Passengers

There were 6 child vehicle or pillion passenger casualties (2 male and 4 female) during the calendar year 2014.

Slight Injuries - 6
Serious Injuries - 0

0 – 5 years of age – 2 casualties
6 – 10 years of age – 3 casualties
11 – 15 years of age – 1 casualty

January to March – 1 casualty
April to June – 1 casualty
July to September – 4 casualties
October to December – 0 casualties

There are multiple causation factors that contribute to each incident on the road; outlined below are the causation factors listed by the Police Officers responding at each scene. These contributory factors are listed as possible or very likely by the Police Officer, but this has not been included in this report.

Driver Error Causation Factors:

Failed to judge other persons path or speed – Listed on 3 occasions
Poor turn or manoeuvre
Distraction in the vehicle
Loss of control

Cyclist / Scooter Rider

There were 3 child cyclist / scooter rider casualties (3 cyclists all male and 0 scooter riders) during the calendar year 2014.

Slight Injuries - 3
Serious Injuries - 0

0 – 5 years of age – 0 casualties
6 – 10 years of age – 2 casualties
11 – 15 years of age – 1 casualty

January to March – 0 casualties
April to June – 2 casualties
July to September – 1 casualties
October to December – 0 casualty

There are multiple causation factors that contribute to each incident on the road; outlined below are the causation factors listed by the Police Officers responding at each scene. These contributory factors are listed as possible or very likely by the Police Officer, but this has not been included in this report.

Rider Error Causation Factors:

Rider failed to look properly – Listed on 2 occasions
Cyclist entered road from the pavement
Rider learner or inexperienced
Failed to judge other persons path or speed
Rider nervous/uncertain/panic

Driver Error Causation Factors:

Driver failed to look properly
Failed to judge other persons path or speed

Neutral Causation Factors:

Road layout (bend, winding road, narrow carriageway, hill crest) – Listed on 2 occasions

APPENDIX 9 – Bury Children's Rights report

Bury Children's Rights Annual Report 2014 – 2015

Introduction

Bury Children's Rights (BCR) is a confidential and independent advisory service for children and young people Looked after by the local authority. BCR provides advice on children's rights, advocacy for Looked after children and young people, advocacy for young people who are the subject of child protection plans, it conducts visits to children newly Looked after, 'Missing from home' return interviews, it trains and supports independent visitors and supports participation by children and young people in their care planning. The service is located in the safeguarding and Quality Assurance unit at St Mary's Place. Where the service is located encourages a more collaborative and joined-up working relationship between BCR team members, the Independent Reviewing Officers and other teams within the local authority.

Advocacy activity

Advocacy support to Looked after children in Bury is well established and available via the Children's Rights Service. The table below illustrates the advocacy activity which has been provided to Looked After children in Bury by the Children's Rights service over the past year 1st April 2014 to 31st March 2015. Each quarter highlights the advocacy referrals which have been received by the Children's Right's service and demonstrates the type of advocacy support which has been provided to children and young people in order to help empower them to have their say in decisions that affect their lives.

Type of Advocacy support	Q1	Q2	Q3	Q4	Total
General	13	11	23	22	69
ICPC/RCP	10	14	8	7	39
Newly looked after	22	17	19	6	64
Complaints	1	1	3	5	10
CLA reviews	32	22	29	20	103
MFH	79	54	71	72	276
Independent visitors	1	9	6	1	17

As highlighted in the table above BCR have offered a variety of advocacy support throughout the year which has included the following; general advocacy support has been provided to 69 children and young people, another 39 children aged 11 years

plus have been supported through the child protection process, newly looked after visits were undertaken to 64 children aged 8 plus who were new admissions to care in the year, another 103 children/young people have been supported to participation in their Looked After review meetings.

The majority of BCR advocacy activity has focused primarily on those children and young people who have are reported missing from care, the total number recorded for the year is 276 activities recorded. A further 17 young people have received advocacy support via an Independent visitor.

BCR also support young people who wish to make a complaint, and during the year 10 young people have received advocacy support in relation to their complaints. The total number of children and young people in Bury who have received advocacy support during the year is 578.

The number of children and young peoples who attended their Looked After reviews in Q3 was 104, the figure dropped by 27 to 77 in Q4, a total of 379 children/young people attended their looked after reviews in the year. In Q3 BCR supported 29 children and young people through the review process by either attending a looked after review with the child or young person or by representing their views, the number dropped slightly in Q4 to 20. Providing independent advocacy for children and young people promotes their participation and empowerment in Looked After review meetings.

263 Looked After Children reviews were held in Q3 and a total of 200 children/young people participation in their review either directly by attending or indirectly. In Q4 the number of reviews dropped by 56 to 207 and the number of children/young people who engaged in their review was 183. Of the 987 looked After reviews were held in the year children and young people attended and participated in 379 reviews and indirectly participated in 369 reviews.

	Full year 2013-14	Quarter 1	Quarter 2	Quarter 3	Quarter 4	%	Full year 2014 - 15
number of reviews held		241	276	263	207		987
Reviews in timescale		234	247	258	202		941
Young person attends		97	101	104	77		379
Indirect participation		70	97	96	106		369

There is evidence of a drop in the number of children/young people who attended and directly participated in their LAC reviews over the last quarter, it is hoped that the number of youngsters engaging will improve going forward. The children's rights workers recognise there is more they need to do in order to improve children's

attendance and participation within the looked after review process and are currently looking with IROs at ways to better engage young people.

The Children's Rights Service and IROs have a good relationship and work well together to promote the interests of the children and young people. They are looking at creating a ‘crib sheet’ to assist young people chair their own reviews. BCR have also been working collaboratively with young people and the Independent Reviewing Officer to create a new consultation document for children to record their views; within the looked after and child protection processes, this document is intended to replace the current 'Have your say' booklet which is sent out prior to every review.

Advocacy in child protection conferences

Bury Children Rights has been involved in running a pilot project offering advocacy for young people who are the subject of child protection conferences. The pilot was introduced in consultation with the Connexions service; initially two Connexions personal advisors were made available to support young people aged 11 plus.

It is not customary in Bury for young people to be invited to child protection conferences. The purpose of the pilot was to ascertain the young person’s views and for the service to represent the young person at initial and review child conferences. A robust referral system was implemented to ensue referrals were not missed and all ICPC booking where a child is over age 11 a copy of the referral was automatically passed to the Children’s Right Service.

Once a referral has been received an initial visit is undertaken, ascertain the young person’s views, wishes and feelings. The advocate attends the initial child protection conference on the young person’s behalf and then the advocate completes a feedback visit with the young person to ensure that they are aware of the conference decision. Feedback from young people has been very positive; all the young people stated they understood what the post-conference plan was for them, even if they did not necessarily agree with it. The recent pilot highlighted the need for advocacy support for children subject to child protection plans; this support needs to be embedded into the service.

Advocacy support is currently being piloted for all children over the age of 11 referred to ICPCs, to ensure that their voice is heard and that their views are considered. It was initially introduced in June 2014, with the expectation that social workers would seek parental consent for advocacy support prior to requesting a child protection conference. Once an ICPC request has been made the advocate contacts the parent in order to make arrangements to meet the young person prior to the initial Child Protection Conference, to gain their views and to represent their views at the initial conference, and then feedback outcomes to the young person. The advocate and young person have a further meeting and will then attend the review child protection conference with young person.

During Q2 BCR received 14 referrals requesting advocacy support for young people subject to the child protection process. Nine young people accepted advocacy support in relation to child protection conferences, three did not and two have accepted advocacy support for review conferences due to be held in Q3 during October.

In Q3 BCR received 10 referrals and offered advocacy support to 8 young people in two cases the advocate was unable to make contact with the family prior to the ICPC taking place. In Q4 13 referrals for advocacy support were received in total, however,

only 7 young people actually received advocacy support via a consultation visit and feedback following the child protection conference. Unfortunately 6 of these children were unable to access advocacy support as no consent had been received via the social worker.

In Q3 and Q4 although the number of young people who received advocacy support via the child protection was small, the feedback received was very positive which indicated that this was a welcome service. Initially take up of the advocacy support was because social workers were not routinely seeking consent from the parents regarding advocacy support to the young person prior to requesting an ICPC. In order to assist the process the Safeguarding unit amended there consultation document and now social workers are asked at the point of referral whether consent for advocacy support has been given.

Feedback from the young people who have accessed advocacy support has been encouraging and here are some of the comments:

Female 15 years “she explained each question”

Male 14 years’ got good enough feedback as she explained everything clearly”

Female 14 years “I believe my wishes and feelings were taken seriously in conference”.

Female 13 years “Feel like I have had someone who listens to me”

Male 14 years “Yes all my questions have been answered”

There have been a few occasions, when young people have just arrived at conference, unexpectedly and on these occasions the advocate has supported the young person in conference. On one occasion a young person became upset and angry during the meeting and the advocate talked to them, calming them down so they were able to come back into the meeting.

Newly Looked After visits

	Q1	Q2	Q3	Q4	Total
CLA admissions	43	52	22	17	134
CLA 8+	22	25	18	8	67
BCR visits undertaken	22	17	19	6	64

BCR undertakes visits to individuals aged 8+ in the period shortly after they first become Looked After, usually within four weeks. The purpose of this visit is to inform children and young people about how BCR can support them in terms of advocacy, independent visits and other services.

During Quarter 2 BCR received 17 newly Looked After referrals. Of these 16, two children returned home returned home or to another placement before a visit could be arranged; one young person declined a visit and two visits were scheduled for October, resulting in 11 visits being undertaken in the quarter. In Q3 BCR received notification of 19 newly looked after children & Q4 there was a noticeable drop and only 6 referrals were received during the quarter. The total number of new admissions for the year was 134, and 67 of these new admissions to care where children 8 years plus, which represented 50% of the newly looked after population

Contact and support from the advocate to these children and young people can extend beyond the initial visit and has for a number of these children. Following the visits undertaken in Quarter 3 and 4 BCR have provided advocacy support to twelve of the children and young people, either in their reviews or on issues that the child or young person raised with their advocate.

Missing from home

When a Looked After child goes missing from their placement – which may also be their home – the response by agencies must follow the statutory guidance. The guidance was most recently revised and published by the Department for Education in January 2014. The guidance requires that an Independent Return interview is carried out by a suitably independent and qualified person, and it is in discharge of this duty that BCR conduct 'Missing from home' interviews.

The interviews are now recorded on a new missing from home return interview document which was created and embedded within LCS (Liquid logic social Care) this new method of recording the missing from home interviews was introduced in at the end of Q4 and allows for real time data to be pulled from the system in relation to missing population. When the child has been found, an independent person will undertake a Missing Person Return Interview within 72 hours of their return. This will usually be undertaken by a children's rights worker unless the child requests a visit by a social worker, personal advisor or child & family worker. The worker conducting the MPRI will record the interview on the missing person record form available on LCS within 1 working day of the interview taking place, an automatic alert is then sent to the ATM MASH/Phoenix for monitoring purposes.

Bury has recently up dated their own Missing From Home procedures which are available on the departments website. The table provides the number of children and young people recorded as missing from home at each quarter with a yearend total.

	Q1	Q2	Q3	Q4	%
CLA	31 (98)	25 (70)	30 (125)	27 (78)	

The number in the table relates to children, and the numbers enclosed in brackets relate to number of episodes of missing recorded during the period. There is a noticeable variation in the total number of children and the total number of missing episodes this is because a child may have had more than one missing episode in the period or was a CLA for one or more of them.

During Q 2, BCR received 54 notifications of Looked after children having gone missing and 35 return interviews were conducted. Four referrals could not be completed, as the young person was still missing when the referral was received; one notification was in error, as the individual involved was not actually looked after; six young people either refused a visit or absented themselves from one that had been arranged. Eight young people were recorded as absent rather than missing, in as much as their whereabouts were unknown for less than twenty-four hours.

In Q3 the number of notifications increased to 71 and the figure for Q4 was 72 missing notifications received in the time period.

Each quarter there are a number of reported missing episodes for looked after children placed by other local authorities (COLAs) BCR have not undertaken any Missing from home return interviews in relation to an of these children, due to capacity issues.

Independent Visitors

BCR recruits, trains and manages volunteer Independent visitors. At Q4 BCR have 27 approved Independent visitors in total; 1 on hold due to health issues. The service currently has 9 Young people waiting for Independent visitors. Of the 27 approved Independent visitors the average length of relationship is 17.8 months ranging from 3 months to 5 years 8 months.

26 Independent visitors are currently matched with Looked after children and young people. 3 matches ended during this period; 1 due to the IV's circumstances changing; 1 due to the YP not engaging and one due to the YP's wish to end the visits following a placement move.

The value of independent visiting is indicated by the following quotes from young people:

Female, aged 16 "I like having someone there to talk to. My IV is like my adult friend. I can tell her anything; we have a good laugh together"

Male, aged 17 "My IV helps me find out about things that will help me with my future. He is supportive, helpful and takes interest in me"

Female, aged 10 "It's exciting seeing my IV; I always look forward to our visits. She is there for me and helps me to feel safe"

Male, aged 16 "Everything is great with my IV; he helps me talk through things - it's like having extra support from someone who understands"

Female, aged 15 "It's good having an IV; we like the same things and I trust her to talk to about anything. She helps to take my mind off things"

Female aged 15; "My IV has helped me to open up a lot more; I feel more confident now"

Female aged 9; "My IV is helping me to get through life; she tells me things that I can do and is helping me figure stuff out"

Female aged 15; "I feel like she is helping me to get my feelings out, because I'm used to keeping them in"

Complaints

When children and young people are not satisfied with a service provided, or with the response to issues raised by them, they have the choice to lodge a complaint. BCR supports young people who wish to make a complaint and there have been three such cases in Q3 and 5 in Q4, as summarized below.

BCR have supported 6 young people during the year with complaints, there was 1 complaint in Q1, 2 in Q2, 1 in Q3 and another complaint 2 in Q4. Of the six complaints filed following investigation 4 of the complaints were found to be unjustified and 2 were found to be party justified. 4 of the complaints related to placement issues, one related to lack of communication and the other related to a young person not being happy with a decision which was made.

Male -Young person complaint regarding type of placement feels he should have been placed in foster care and not a B&B until an age assessment was carried out – complaint to be found party justified.

Male –Complaint regarding the lack of communication young person dissatisfied with experience of transition from school to college – complaint found to be unjustified.

Female – placement issue young person unhappy with change of placement and lack of consultation – Lessons learnt Whilst the young person had been made aware of the move over an extended period of time a more structured approach to planning for the move may have assisted. Any young person who is moving placement in a planned way should be given a written plan with a clear timetable of what will happen and when and what, if anything, needs to be achieved to make the move go smoothly complaint found to be unjustified.

Female – complaint regarding placement young person unhappy with contact arrangements. No lessons learnt – sibling unhappy with contact arrangements however the social worker has responded to the views of the Looked After Child and contact plans ratified within the LAC review process. Complaint found to be unjustified.

Female – complaint young person unhappy with decisions being made for her and felt social worker lied to her – lessons learnt no issues but has reinforced to staff the issue of asking Children Rights to support young people in move of placement which happened in this case

Male – complaint regarding placement young person wished to remain with IFA foster carer and contested the local authority's decision to bring him back into the local area. The young person's views were shared regarding his wish to remain in placement and to attend a local college. Learning from complaint ssocial workers to ensure use of

interpreters to communicate important information to individuals where English is not their first language. Ccomplaint partly justified.

Lessons Learned for the Looked After Children's Service and Suggested Action

Bury Children's Rights continues to be located in the safeguarding unit at St Mary's Place, this encourages a more joined-up approach between the BCR team members and the Independent Reviewing Officers and other teams within the local authority. The relatively secluded town centre location is very suitable for young people to make visits.

As a result of the positive feedback from participants regarding the advocacy in child protection pilot, senior management are supportive of the continuation of the support and want it embedded within the service. Information regarding service aims and what it has to offer needs to be shared with other teams in Children's Social Care so they are fully aware of the resources available. All the young people who completed a feedback form stated they understood what the child protection plan was. A decision needs to be taken by senior managers if the advocacy in child protection conferences is to continue.

The 'Missing from home' system appears to be working well. Notifications of missing Looked after young people are directed to BCR through the children's social care database. Whereas 'missing' notifications have appeared to be on the increase, when interviewed the majority of young people feel they have not been 'missing' as such, but rather that they had just chosen to come in late or to not inform their carers where they were. BCR continue to offer 'Missing from home' return interviews after every young person has returned back to placement. When young people do not engage in the process, or do not attend the return interview meeting, a case note is added on to the social care database to evidence this.

Children's Services now have the option to record young people as 'absent' rather than 'missing', though only when it is known where young people are. Even though the number of 'missing' referrals has increased, the number of 'missing' recorded as 'absent' has also increased from last the quarter. Continued collaborative working with managers and practitioners in Bury Children's Services is intended to ensure that all missing episodes are recorded correctly.

Since January 2015, the BCR service, have been without their team manager who will be away from the service until August 2015, undertaking a social work placement. This absence has had quite an impact on the service in terms of stability, support, capacity and staff morale. In the interim management cover for the service and staff supervision has been provided by the Team Manager from the Safeguarding and Quality Assurance Unit which has helped to lift staff morale. However, the impact left by the manager's departure in terms of capacity to consistently meet timescales in relation to 'Missing From Home Return interview' has been significant and more difficult to resolve.

Since Q4 management discussion has taken place to identify where additional support for the service can be sourced.

The future challenges for Bury Children's Rights Service will be staffing capacity to enable the Service to fulfill all its responsibilities to and for Children and Young People in Care in Bury.

The Missing from Home processes and the management of timely visits to young people will continue to be a priority however in order to comply with this priority staffing issue needs to be addressed urgently to enable this to happen.

The child's voice and advocacy support through their journey of child protection continues to be developed, it is hoped at some point in the future this advocacy support could be provided by Bury Children's Rights Service.

Author: Margaret Taylor, Interim Strategic Lead Quality Assurance

Bury Children's Rights

APPENDIX 10 – Children missing from care report

Children Missing From Care

The Local Authority follow the pan Greater Manchester Safeguarding Partnership multi-agency Missing from Home (MFH) procedures.

Following a MFH audit that identified processes to respond to children who went missing were not robust a small working group developed its own MFH procedure for Children's Social Care staff that was introduced in April 2015. The procedure went through a consultation process before it became operational including discussion at the BSCB sub group and with the Greater Manchester Police. The procedure instructs social workers and others how to deal with individual cases.

Compliance with this procedure is monitored on a weekly basis by the manager who has the strategic lead for missing from home and is sent to all operational managers and the Assistant Director Safeguarding. The capacity to complete this weekly review was greatly assisted by improvements to the reporting capacity of the case record system

The policy has a differentiated approach according to the type of case and this has been found to be most effective. Children who are not known to Children's Social Care are visited by the Early Help Team who take a proactive approach to this and use it as an opportunity to screen and assess need and suggest an intervention as required, as well as completing the MFH Return Interview. A case will be referred back to the MASH team for a Child & Family assessment if required.

Children who are the subject of a Child in Need or Child Protection plan are visited by their social workers and their risk assessments are incorporated into their plans

Looked after children are visited by an independent Children's Rights worker who completes the Missing From Home Return Interview. In cases where a looked after child has a close relationship with their support worker or Personal Adviser (Leaving Care) it is this worker who undertakes the visit. The Social Worker is responsible for updating the risk assessment and care plan as required. There are good examples of actions being taken to directly address the cause of the missing episodes where particular problems in placement have been identified.

As the Local Authority recognises the link between children Missing from Home and CSE any missing child who is an open case to the Bury Phoenix Team i.e. there is a risk of CSE, a worker from the Phoenix team visits to conduct the Missing From Home Return Interview. In those cases that are not open to the Phoenix Team but the Missing From Home Return Interview or patterns of missing indicate the child might

be at risk of CSE the worker is directed to complete the screening tool and refer if required.

For looked after children recording by the Emergency Duty Team including for those who live out of the borough is very good and gives the social worker, the manager and the strategic lead an immediate alert the child has been missing.

Good use is made of MFH strategy meetings chaired by an IRO and there are examples of robust plans being put in place.

Relationships with the police locally are good and there is evidence of joint decision making. The police promptly refer all episodes of MFH and provide Children's Social Care with their safe & well checks. The Missing From Home Return Interviews are provided by Children's Social Care to the police SPOC who reviews each case. The police have noted the excellence of Missing From Home Return Interview that are completed by the Early Help and Phoenix teams and Children's Social Care has committed to providing training for other staff undertaking these interviews to bring them up to the same standard.

The strategic lead presents a quarterly report to the BSCB CSE and Missing sub group & the BSCB Business Group. Quarterly reporting has greatly enhanced strategic analysis of the risks associated with MFH and the actions that reduce risk to children and young people.

Summary of local data & prevalence

During the **Q1** period **189** incidents of children missing from home were reported to the Local Authority.

This represented **70** children, broken down as follows

31 children were looked after by Bury MBC

3 were Bury care leavers

7 were children looked after by other Local Authorities

6 were subject of a CP plan

8 were CIN (1 of whom was disabled)

1 was open to the Early Help Team

14 were not active to Children's Social Care

During the **Q2** period **172** incidents of children missing from home were reported to the Local Authority.

This represented **74** children, broken down as follows

19 children were looked after by Bury MBC

2 were Bury care leavers

15 were children looked after by other Local Authorities

8 were subject of a CP plan

13were CIN (2 of who were disabled)

3 were undergoing C&F assessments open to A&A

2 were open to the Early Help Team

3 had CAF plans

7 were not active to Children's Social Care or CAF

During the **Q3** period **201** incidents of children missing from home were recorded on the data base

This represented **62** children, broken down as follows

30 CLA

12 COLA

22 Non CLA (3 of whom were on CP plans and 2 were CiN)

(The figure does not add up to 62 because 2 children had missing episodes when they were CLA and not CLA)

During the **Q4** period **166** incidents of children missing from home were recorded on the data base)

(Note that the total number of missing children may not match the combined total for CLA, COLA and Non CLA above - this is because a child may have had more than one missing episode in the period and was CLA for one or more of them but Non CLA for the remainder)

This represented **84** children, (62 in last quarter) broken down as follows

27 CLA

14 COLA

44 Non CLA (6 of whom were on CP plans and 9 were CiN)

Analysis

The rise in numbers throughout the year is a result of enhanced reporting mechanisms. In a significant number of cases those children and young people who are looked after were found at a parent or family member's address; in a small number of cases (2) the child/young person was later discharged from care, back to birth family. For other children and young people living with a parent or relative is not possible.

Analysis also identifies a group of young people aged 17 living in semi-independent accommodation who failed to return on time to their accommodation. On some occasions they stayed out all night at friends or relatives and at others returned late. It varied on each occasion as to whether they had contacted the unit to alert them to their whereabouts. These episodes have been followed up and none of these young people are considered at high risk; generally the young people concerned do not consider themselves to be 'missing'

Other factors identified from analysis include; some unsettlement in placement and more frequently a reluctance to comply with house rules. For those young people who are missing and CSE concerns have been identified appropriate action is taken in accordance with the MFH & CSE procedures and those young people are actively monitored by the Phoenix Team.

The regular monitoring and reporting has not identified any significant issues in the pattern of children going missing that has required a co-ordinated strategic response but rather a need for addressing individual children's needs and the system is attuned very well to this to this.

APPENDIX 11 – Pennine Acute Hospitals NHS Trust

Pride in Pennine | Quality-Driven Responsible Compassionate

The Pennine Acute Hospitals NHS Trust

Safeguarding Annual Report for LSCBs

April 2015.

1. Delivering the Safeguarding Strategy

***1.1* Walkround activity** has amounted to a total of 10 visits being undertaken throughout the year. During the year the key actions arising from the walkrounds have been:

- Promoting awareness of LD, MCA, capacity assessment and best interest decisions within the maternity setting.
- Promoting mandatory requirements re: FGM and response to FGM

The safeguarding walkrounds that happen on every site each quarter include questions that address staff response, challenge and escalation to issues such as poor care and dignity, inappropriate behaviour of staff and visitors and whistleblowing. The walkrounds provide assurance that:

- There is good understanding of how to access and availability of safeguarding training.
- Good understanding in paediatric areas relating to the types of abuse and vulnerabilities pertaining to children.
- Good awareness of domestic abuse with 6 of the 10 staff members able to specifically identify this when discussing abuse and vulnerabilities.
- Willingness to challenge poor standards of care and awareness of whistleblowing policy.

1.2 Serious Case Review activity

SCR activity this year has been maintained with completion of reports and action plans within timescales. Lessons learned from SCRs include the completion of a 'Lessons Learned Bulletin' (e.g. Appendix One) which is posted on the Trust Intranet page and fedback to Divisions via the Trust Safeguarding Adults Group. During the year there have been 7 Serious Case Reviews relating to children and 5 relating to adults. Outcomes from the lessons learned have included:

- Updating of Trust Child Protection Policy.
- Audit of compliance of policy relating to children under 1 on paediatric wards.
- Implementation of a burns management pathway.
- Audit of discharge summaries of pregnancies showing 100% compliance.
- Enhanced focus on domestic abuse and alcohol abuse in safeguarding mandatory training.

1.3 Information sharing and referral activity.

Information sharing/safeguarding **children** referral activity by site for the year

SITE	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	GRAND TOTAL
FGH	113	118	100	169	**500**
TROH	601	489	501	504	**2095**
NMGH	406	397	409	384	**1596**
RI	131	116	103	98	**448**
TOTAL 2014/15	**1251**	**1120**	**1113**	**1155**	**4639**
Total 13/14	1008	1056	1020	1083	4167

The information above shows an overall upward trend in the generation of Information sharing forms/referrals.

1.4 Training activity

The percentage uptake of the combined Safeguarding Adults and Children Level 2 mandatory training remains constant at 94%. Level 3 Safeguarding Children training is at 82% which is slightly down on the previous year (85%).

1.5 Audit Activity

Title	Date	Action plan status
Record keeping audit	February 2014	Completed
Audit of Children aged between 13 – 17 yrs.who attended PAHT unscheduled care settings between 9pm and 6am.	December 2014	Completed Re-audit data collection has begun. Draft due June 2015
Consent Policy compliance audit	March 2014	Completed
Policy compliance re: Children Under 1 on Paediatric wards.	March 2014	Completed.

2. S47 Service

The number of s47 medicals completed during 2014/15 as part of the in hour service has seen a year on year increase. The numbers of medicals completed per local authority are given below:

Local Authority	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Total
Oldham	**23**	**11**	**9**	**32**	**75**
Rochdale	**28**	**23**	**42**	**28**	**121**
Bury	**11**	**25**	**12**	**7**	**55**
Manchester	**1**	**1**	**0**	**2**	**4**
Total 14/15	**63**	**60**	**63**	**69**	**255**
Total 13/14	**40**	**40**	**56**	**53**	**189**

3. Domestic Abuse

The Safeguarding Team receives notification of domestic abuse incidents in pregnancy reported to Greater Manchester Police. These are sent to community midwives to enhance awareness of domestic abuse among our patients attending maternity services.

	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Grand Total
Oldham	14	7	9	11	41
Manchester	1	10	13	12	36
Bury	0	0	3	4	7
Rochdale	27	33	24	29	113
Salford	2	0	0	0	2
Tameside	0	0	0	0	0
Total	**44**	**50**	**49**	**56**	**199**

4. PREVENT

The Named Nurse for Safeguarding Adults, and the Named Nurse for Safeguarding Children, will from April 2015 incorporate WRAP 3 (Prevent) training into level 3 mandatory training. The Named Midwife for Safeguarding is also delivering training to midwives. The DH have now set up a national dashboard for compliance with delivery of WRAP 3 training, which is being closely monitored. CQC are expected to incorporate questioning around Prevent training/knowledge during their inspections.

5. Conclusion

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

Appendix One

Lessons Learned Bulletin

The Pennine Acute Hospitals NHS
NHS Trust

Serious Case Review - CHILD D

Lessons learned from the Safeguarding team.....

- In January 2014 a 7week old baby attended a PAHT Emergency Department and was diagnosed with a serious head injury caused by a shaking injury which later proved to be fatal.
- The baby was born at PAHT. However, his Mother did not access any antenatal care and only presented to maternity services once in labour.
- Mother and baby were discharged home after 2 days, however, a failing in the information sharing process meant no other health professionals or agencies were made aware that the mother had concealed her pregnancy and so no additional assessments or support were offered.
- A concealed pregnancy is when a woman knows she is pregnant but does not tell any health professional

What happened and what can we learn?

What lessons can YOU learn?

- Improve recognition and response to safeguarding concerns associated with concealed pregnancy.
- Mothers who are suspected of concealing their pregnancy or where they present in labour/ post delivery should be referred to the Local Authority (Children's social care) in line with the Trust's Child Protection Policy.
- Ensure information is shared effectively by utilising the Trusts electronic information sharing/referral forms or the Special Circumstances form in midwifery.
- Ensure that when concerns are identified they are discussed with relevant professionals from the Safeguarding Team, Children's social care and if necessary the police.
- Ensure that we consider who else is living in the house with the child.
- Share this information with your colleagues.

What actions has the Trust taken?

- PAHT Child Protection Policy has been updated in December 2014.
- The Safeguarding Team has conducted an internal audit to ensure that safeguarding information is shared efficiently with the community midwives (post natal ward—community).

For further information, please contact: The Safeguarding Team 0161 918 4420.

All Bulletins are catalogued on the trust intranet and can be accessed by following the file pathway: Home >Corporate Dept> Governance> Quality & Patient Safety> Lessons Learned.

Circulated March 2015.

This page is intentionally left blank