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| <b>Report to:</b>  | <b>HEALTH AND WELLBEING BOARD</b>   |
| <b>Date:</b>   | 12 November 2015  |
| <b>Executive Member / Reporting Officer:</b>                                     | Councillor Allison Gwynne, Executive Member (Children and Families)<br>David Niven, Independent Chair, Tameside Safeguarding Children Board   |
| <b>Subject:</b>  | <b>TAMESIDE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15</b>   |
| <b>Report Summary:</b>   | The Tameside Safeguarding Children Board (TSCB) Annual Report provides an overview of the Board's safeguarding activity against its 2014/15 priorities. It identifies particular vulnerable groups and outlines any emerging themes. The report provides details of the strategic priorities for 2015/16.   |
| <b>Recommendations:</b>  | To identify shared agendas and priorities and ensure subsequent actions are joined up.  |
| <b>Links to Health and Wellbeing Strategy:</b>                                   | <p>The TSCB Strategic Priorities for 2015/16 are to tackle Child Sexual Exploitation, Domestic Abuse, Self-Harm, and Neglect and to improve the Early Help offer. Links between these issues and drug and alcohol abuse and mental health are well documented as are the links between domestic abuse and homelessness. There are also established links between child poverty and potential child maltreatment, particularly neglect and physical abuse.</p> <p>There is lots of scope for joint work between the TSCB and that of the Health and Well Being Board for example in relation to work on the Sexual Health Strategy, Mental Health Services provision and in relation to addressing child poverty. The full extent of those linkages should, in the first instance be mapped out to determine the best way of working together on them.</p> |
| <b>Policy Implications:</b>  | To be determined subject to mapping exercise if agreed.   |
| <b>Financial Implications:</b><br><b>(Authorised by the Section 151 Officer)</b> | The current annual Council contribution to the TSCB is £0.129 million. This together with partner agency contributions, are provided in <b>Appendix B</b> of the report. The residual unspent balance at the end of each financial year is retained within the Council's accounts and carried forward to subsequent financial years to support the TSCB strategic priorities.   |
| <b>Legal Implications:</b><br><b>(Authorised by the Borough Solicitor)</b>       | <p>Safeguarding Children requires strong leadership, shared intelligence and appropriate joint commissioning arrangements to be effective. Safeguarding means:</p> <p><i>"Protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully."</i><br/>(Working Together to Safeguard Children, 2010)</p>   |

The 'Working Together to Safeguard Children' guidance from 2010 sets out how organisations and individuals should work together to safeguard and promote the welfare of children. The 2011 Munro review of child protection made 15 recommendations for reforming the child protection system, focusing on a system that values professional expertise, clarifying accountabilities and improving learning, sharing responsibility for the provision of early help, developing social work expertise, and supporting effective social work practice. The need for interagency cooperation to improve safeguarding arrangements, early intervention, and improved support is well documented. The ambition is for children in Tameside to be safer through protection from maltreatment, prevention of impairment to health and/or development, ensuring safe and effective care, and ensuring a safe environment.

**Risk Management :**

The Tameside Safeguarding Children's Board is required to produce an Annual Report and would be in breach of the legislative requirement if it failed to do so.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Stewart Tod, Business Manager by;



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# TAMESIDE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15

## FOREWORD

### David Niven- Chair of Tameside Safeguarding Children Board

The fundamental purpose of the Board is to ensure that the children of Tameside are safe and to improve how all agencies and stakeholders work together to achieve that shared goal.

Since I joined the Board in January of this year I've listened to representatives of all agencies and understand their work and their challenges. This is not a task that will ever end as I constantly find new initiatives and changes vital to the safeguarding of our children.

Of course we have the headline areas that sit large in our business plan such as child sexual abuse, domestic violence, early help, mental health, quality assurance etc. but so many more vital pieces of work continue in children's services, health, education, law enforcement and the voluntary sector.

Increasingly there are multiple points of crossover between the Adult Safeguarding Board and the Health and Wellbeing Board. With adult services domestic violence, mental health of parents or carers and substance abuse are strong areas of overlap and, of course, they and childhood accidents, obesity, self-harm and sexual health to name a few are all areas where we liaise closely with colleagues in the Health Service. In Education we work closely with schools on all matters of safety that are both well established such as bullying, and more recent issues such as raising awareness about female genital mutilation. The responsibilities that Law Enforcement has regarding child protection are comprehensive and increasing. The Phoenix Team provides an excellent example of the multi-agency work that has been developed in relation to child sexual exploitation (CSE). This integrated approach focuses on providing a tailor made service for each individual child in order to provide the best possible outcome.

All services face serious challenges with the savings that have had to be made over the last year and with more on the horizon. We can never be complacent. The Board is well aware of the challenges other Boards in the country face where significantly higher numbers of CSE cases are emerging and, with colleagues across Greater Manchester, we are implementing good preventative practice.

This year has seen the publication of two serious case reviews and the messages coming from them will be helpful in improving practice and ensuring the protection of other young people. At the heart of the work of the Board is the desire to improve outcomes for Children and Young people across Tameside. The Board has progressed multiple changes throughout this period, including significant structural changes within its governance arrangements in order to strengthen its commitment to safeguarding and promoting the welfare of children within this Borough.

Whilst significant progress has been made in 2014/15, significant challenges also lie ahead in 2015/16. Whilst our response and ability to address Child Sexual Exploitation has been significantly strengthened, we must continue to work hard with all Board members and partner agencies to ensure that at risk children are identified and all appropriate actions are taken wherever possible.

Domestic abuse remains a significant problem in Tameside. The Board is committed to working with all agencies involved to help ensure that our response to domestic abuse is robust and ensures that children and young people are protected to the fullest extent. New initiatives are encouraging but we can never rest in combatting this as one of our core targets. Figures nationally suggest at least 50% of child abuse cases have an element of domestic abuse in the family. In 2015/16 the Board will continue to work with the Tameside Neighbourhood Partnership to ensure that the impact and incidence of domestic abuse is reduced and that our response to abuse is as effective as possible.

I would like to pay tribute to the staff of the Board. Since taking up the post I've been impressed by the work rate, dedication and professionalism of our staff group and this compliments the high quality of staff in all the agencies we connect with in Tameside.

Should you require any further information regarding the work of the Board please do not hesitate to contact us.

Tameside Safeguarding Children Board

General Enquiries

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## EXECUTIVE SUMMARY

Tameside Safeguarding Children Board has been through a period of significant change during 2014/15. A new Independent Chair and Business Manager have been appointed. 3 Serious Case Reviews have been completed that have inevitably led to a lot of learning and action against a series of recommendations. Tameside's 'Thresholds of Need' were launched in April and a new Public Service Hub went live in November which is at the forefront of the Public Service Reform agenda.

Good progress has been made against the Board strategic priorities including improvements to its quality assurance framework through the adoption of a Greater Manchester data set and completion of 2 multi-agency audits. Work to strengthen strategic partnerships has been undertaken including the creation of the Joint Working Protocol with the Health and Well Being Board and regular meetings between the Children and Adult's Safeguarding Board.

Against a backdrop of increased child protection activity and at a time of reduced resources the Board's partners have worked hard to further develop services that meet, and respond to, the needs of those affected by safeguarding issues. In particular services to support those affected by child sexual exploitation and domestic abuse continue to provide individual support plans to the most vulnerable. In addition efforts to raise awareness via theatre productions in schools, high profile weeks of action and social media campaigns have helped the community to identify and understand these issues so that they can protect themselves, their family and friends.

The Early Help service in Tameside has been established for a number of years. In 2014/15 665 families were referred to the Early Help service with 800 to 900 children being supported at any one time. Tameside's Early Help offer includes Early Help family intervention teams, Young Carers, Early Years Children's Centre locality teams, Provider Development team for Private Voluntary and Independent settings in early years, Family Information Service and Portage, YOU Think sexual health team, and Special Educational Needs and Disabilities Information and Advice Support Service. It works closely with partner agencies to deliver support plans via the Common Assessment Framework to prevent problems escalating.

A new Early Years Delivery Model, introducing 8 different stages of assessment, has been developed and piloted. As part of the model evidence based interventions are delivered to meet the needs of young children who require communication, gross and fine motor and social and emotional development in partnership with Midwifery, Health Visiting, Speech and Language and Early Attachment / CAMHS colleagues.

Despite the achievements and successes Tameside Safeguarding Board recognises that difficult challenges remain. The annual report, whilst highlighting the progress and good practice in 2014/15, also clearly outlines what the Board considers to be its priorities and areas for action looking ahead to 2015/16. There have been areas of work that it has not fully completed or developed such as its Section 11 audit and continual engagement with children and young people. There are new and emerging trends that the Board needs to understand better before putting together a comprehensive plan of action. These include for example an increase in the proportion of child protection cases under the category of neglect and the need to tackle domestic abuse at an earlier stage. The Board has agreed its strategic priorities for 2015-18 and developed action plans to deliver against during 2015/16. The Board is in a strong position to work with partners and affect change and is confident that it has the resources and partnership commitment that it needs to do so.

## **WHAT IS TAMESIDE SAFEGUARDING CHILDREN BOARD?**

Tameside Safeguarding Children Board is made up of various partner agencies such as the Local Authority, Health, Police, & Education. They all have a legal responsibility to safeguard children through their day to day work. We want to make sure that children and young people in Tameside are protected from abuse, neglect and feel safe and cared for.

### **Core Objective**

The core objective of Tameside Safeguarding Children Board is to encourage all of the different partner agencies to work together so that the safeguarding arrangements in Tameside are the best that they can be. We do this by supporting our partner agencies to learn from good practice, case reviews and quality assurance activity and by challenging them to make improvements where they are needed.

### **This objective is met by:**

- Developing multi agency policies and procedures.
- Raising awareness of safeguarding issues.
- Influencing the planning and commissioning of services.
- Monitoring and evaluation of the effectiveness of the Board and its partners in carrying out its legal duties.
- Undertaking Serious Case Reviews and advising the Board and its partners on the lessons learnt from these reviews.
- Reviewing and responding to all child deaths.
- Publishing an annual report of the effectiveness of local arrangements to safeguard and promote the welfare of children in Tameside and to identify priorities and challenges for the year ahead.

## **LEGAL FRAMEWORK**

Tameside Safeguarding Children Board and all other Local Safeguarding Children Boards are established in accordance with The Children Act 2004 (Section 13).

Tameside Safeguarding Children Board reflects the core functions of The Local Safeguarding Children Boards Regulations 2006 and is governed by Working Together to Safeguard Children 2015 which sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people.

### **Public Law Outline**

In order to ensure that the plans made for children are timely and avoid delay, guidance on legal planning processes was introduced by Government in 2006 with an update based on practice findings in 2014. The aim of the guidance is to ensure that Children in Need and those at Risk of Significant Harm have robust plans in which legal advice is sought at an appropriate time in case planning. This process can work as a catalyst for achieving change in that highlighting the seriousness of neglecting a child's needs can prompt positive action from families. However, the aim of Public Law Outline is that should the contingency of care proceedings for a child become necessary, some planning has already taken place and there is a timescale set around the actions needed.

Changes to policy and practice required as a result of the Public Law Outline will have a significant impact on the safeguarding of children and young people and may ultimately serve to increase the overall number of Looked After Children. It is the Board's role to ensure that the potential for positive impact is maximised and the potential for negative impact is minimised within this process.

## STRUCTURE AND SUPPORT OF THE TAMESIDE SAFEGUARDING CHILDREN BOARD

### TSCB Team

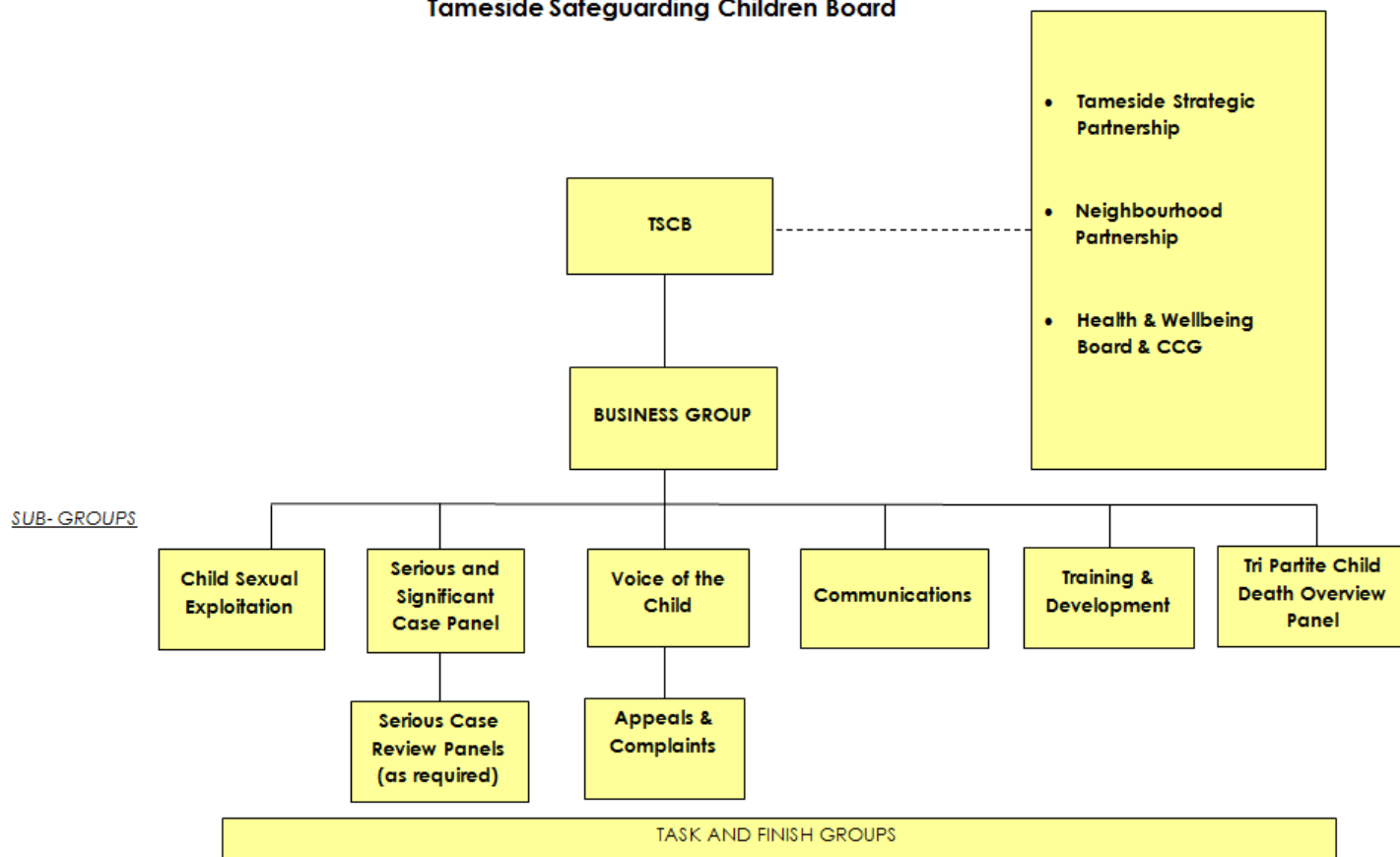
The Board has a staff team comprising a Business Manager, Quality Assurance Officer, Training Organiser, Training Assistant and Board Administrator. Since the new Business Manager began in post in September 2014 the Board has approved recruitment to all vacant posts which are expected to be filled in the 1<sup>st</sup> quarter of 2015. This will include a full time Quality Assurance Officer and Training Assistant and a part time Administrator. In addition the Board has had a change of Chair between December 2014 and January 2015.

### TSCB Structure

The Board has a three tiered structure:

1. **The Strategic Board** – meets every quarter and sets the strategic direction for the Board, agrees priorities and monitors effectiveness of both single agency and the collective arrangements.
2. **The Business Group** – meets every six weeks and is the operational arm of the Board. It discusses emerging safeguarding themes in Tameside and agrees how work in these areas will be progressed. The group implements the Business Plan and Serious Case Review action plans through its Sub Groups, monitors progress and reports to the Strategic Board.
3. **Sub Groups** – under Business Group member leads Sub Groups carry out the work of the Board in the areas of, Voice of the Child (under taking Quality Assurance activities), Serious and Significant Cases, Child Sexual Exploitation, Training and Development, Communications and Child Death Overview. Sub groups report their progress to the Business Group.

#### Tameside Safeguarding Children Board





## Key Roles

The Board is comprised of statutory partner agencies, identified in Working Together (2013), and by key appointments and professionals. They include;

- **Independent Chair** – The Board is led by an Independent Chair who can hold all agencies to account. It is the responsibility of the Chief Executive (Head of Paid Service) of Tameside Metropolitan Borough Council to appoint or remove the Chair with the agreement of a panel including Board partners and lay members. The Chief Executive, drawing on other Local Safeguarding Children Board partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the Board.
- **Partner Agencies** – All partner agencies in Tameside are committed to ensuring the effective operation of Tameside Safeguarding Children Board. Members of the Board, where they hold a strategic role within an organisation are able to speak for their organisation with authority, commit their organisation on policy and practice matters and hold their organisation to account.
- **Local Authority** – Tameside Council is responsible for establishing a Local Safeguarding Children Board in their area and ensuring that it is run effectively. The Director of Children's Service is held to account for the effective working of the Board by the Chief Executive of Tameside Council and is challenged where appropriate by the Lead Member. The Lead Member is a 'participating observer' of the Local Safeguarding Children Board and regularly attends Board meetings.
- **Designated Professionals** – The Local Safeguarding Children Board includes on its Board, appropriate expertise and advice from frontline professionals from all the relevant sectors. This includes a designated doctor and nurse, the Director of Public Health, Principal Child and Family Social Worker, Legal Advisor and the voluntary and community sector.
- **Local Authority Designated Officer** – The role of the Local Authority Designated Officer is to oversee investigations into allegations of child abuse by professionals who work with children and young people and to investigate behaviour which may place children at risk. The aim of the role is to promote an effective, consistent and proportionate response by employers, police and child protection agencies. The role is financed by Tameside Safeguarding Children Board. In 2013/14 there were a total of 98 referrals to the Local Authority designated Officer, this is a 32% increase on the previous year. The majority of referrals have concerned professionals with the greatest and most regular direct exposure to children i.e. school staff, foster carers, residential workers and early year's services.
- **Lay Member** – The role of the lay member is to help to make links between the Local Safeguarding Children Board and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB's child protection work. Stronger links with the Voluntary and Community Sector have been made during 2014/15 with additional members being brought in to the work of the Business Group and Child Sexual Exploitation sub-group. The Board has also consulted with young people as part of the National Youth Takeover Day on the use of CSE resources within schools and other youth settings. Efforts to recruit a lay member in early 2015 led to the appointment of a new member who is due to start upon their retirement in May 2015.

Board members are required to sign a membership agreement which sets out their roles and responsibilities. A full list of Board members and advisors is available at Appendix A for information. Since October 2014 a revised Induction Programme has been written for all new members and offered to existing members as a refresher. 2 induction sessions were run between December 2014 and March 2015. Induction sessions will continue to be run as required.

## FINANCIAL MANAGEMENT

Tameside Safeguarding Children Board has always been well supported by monetary contributions from both statutory and non-statutory partners and for the last 4 years the Board has been in a position to carry a reserve into the new financial year. This reserve has been maintained in order to finance unexpected commitments including the costs of Serious Case Reviews.

At the end of 2012/13, Tameside Safeguarding Children Board carried forward £109,464 making the total reserve £204,387. The Board agreed that approximately £70,000 of the financial reserve would be used in 2013/14 to fund the Phoenix Tameside Child Sexual Exploitation team manager. This reduced the reserve to £148,400 and the Board agreed to fund the post again for a further financial year in 2014/15. Despite this, due to an under spend against staffing costs, the total reserve carried forward into 2015/16 is still £142,549.

## **STRATEGIC PRIORITIES 2014/15**

Four strategic priorities were set by Tameside Local Safeguarding Children Board for 2014/15. The TSCB Business Plan 2014/15 details the actions required to meet the broader strategic priorities and each of the sub-group work plans contribute toward both the Business Plan and strategic priorities.

The strategic priorities for 2014/15 were as follows:

- 1. To implement an effective quality assurance framework and demonstrate that the voice of the child has been effectively heard.**
- 2. To ensure that relationships between the TSCB and other relevant strategic partnerships are efficient, effective and complementary**
- 3. To evaluate the impact of the existing Child Sexual Exploitation (CSE) strategy and reflect the outcome in our service response. Also to develop effective multi-agency responses to children missing from home and/or education**
- 4. To evaluate the effectiveness of the current Domestic Abuse strategy and plan interventions aimed at reducing the impact on children**

Progress and success against the first 2 strategic priorities are detailed below. Progress against the Child Sexual Exploitation and Domestic Abuse strategic priorities are addressed under the section 'Specialist Intervention for 'at risk' groups' on page 19.

## **QUALITY ASSURANCE FRAMEWORK AND VOICE OF THE CHILD**

The Board's 'Learning and Improvement Framework 2014-16' details all the quality assurance and audit activity that is to be undertaken by its Voice of the Child Sub-Group. In addition it outlines how the different tiers and sub-groups of the Board work together to drive change and improvement.

<http://www.tamesidesafeguardingchildren.org.uk/professionals/seriouscasereviews.aspx>

In September 2014 the Board agreed to adopt the Greater Manchester data set as the basis for its quarterly report. Subsequent work to develop a local recording template and to agree additional local data requirements has also been completed. Quarterly reports are routinely reported to the Business Group and Strategic Board for scrutiny of performance and subsequent challenge. In 2014/15 the Board has been able to use the intelligence gathered to challenge partner agencies on their early help and homelessness data and raised issues with the recording of safeguarding concerns on I.T. systems.

All partner agencies had returned their S.11 Audit by January 2015 although the quality of the audits was variable. Members of the Quality Assurance and Performance Management Sub-Group met throughout February and March 2015 to verify that agencies had met the audit standards. Audits from Tameside and Glossop Foundation Trust, Stockport Foundation Trust and Greater Manchester Police were of good quality with sufficient evidence because they are subject to their own internal audit processes. Much of the evidence from other agencies to show that standards had been met was not submitted though. Therefore a decision was made that the Business Manager and, once in post, Quality Assurance Officer would meet with those agencies to support them in the full completion of the audit with clear evidence of compliance.

**Tameside Safeguarding Children Board will continue to support agencies in the full completion of their S.11 Audit so that they provide clear evidence of compliance.**

**It is only on those grounds that the Board will be satisfied that the requirements of the S.11 Audit standards have been met.**

Schools returned their S.175 Audits to the Schools Advisor at the end of the 2014/15 and a summary of the findings were presented to the Voice of the Child Sub-Group in July 2015.

- **73** Primary Schools completed and returned their audit forms and only **1** did not.
- **14** Secondary Schools completed and returned their audit forms and only **1** did not
- **All 5** of the Special Schools and both Pupil Referral Units completed and returned their forms

The findings of the audits are mostly positive although, as is the purpose of the audit, a number of further actions have arisen from the exercise. The Schools Advisor will support schools to ensure those actions are addressed promptly. The Head of Education will be contacting the schools that did not return their audit. Some of the headlines within the full report include;

- All schools had a child protection, anti-bullying, behaviour and school trips policy in place
- All schools had completed their whole school safeguarding training
- 48 schools reported that they had not raised awareness of Female Genital Mutilation in their schools
- 33 schools did not have a staff code of conduct policy in place. This is a statutory requirement under the new 2015 'Keeping Children Safe in Education Guidance'
- 27 schools did not have a Records, Guidance, Access and Storage Policy in place
- 25 schools did not have an E-Safety policy in place

The Voice of the Child Sub-Group completed 2 multi-agency audits in 2014/15. In August 2 cases that were subject to a child protection plan under the category of neglect were audited and in November 2 child protection cases where the child had a disability were audited. The audit methodology and process has been both efficient and insightful but future audits will seek to involve practitioners more actively in the process. The findings and recommendations from the 2 multi-agency audits were reported back to the TSCB Business Group for actions to be agreed and implemented. The Board's ability to quickly report and respond to such quality assurance activity has however not been efficient enough. In recognition of this, work to merge the Training and Development Sub-Group with the Communications Sub-Group into one Learning and Improvement Group will be progressed in 2015/16.

**A new Learning and Improvement Group will deliver practical solutions to the learning and recommendations from the Board's quality assurance and case review activity. It will bring together managers and practitioners and help to promote the work of the TSCB and improve practitioners understanding of a range of safeguarding issues.**

In 2014/15 the Board consulted with young people on the best way to roll out a range of different CSE resources within schools and other youth settings and gathered feedback and suggestions on the children and young people's section of the TSCB website. As a result the Board will support the roll out of an educational awareness programme using Barnardo's 'Real Love Rocks' DVD and resource pack from June 2015.

The Board has been re-assured by the fact that Tameside has a committed and focused Local Authority youth forum and other youth groups including Lesbian, Gay and Trans-Gender group, Looked After Care group and Disabilities group who are providing valuable contributions to the relevant service areas. The LGBT group contributed their thoughts and experiences of services for the TSCB Annual Conference on 'Vulnerable Teenagers and Self Harm'.

**TSCB will establish its own youth group that will directly influence and contribute toward the Board's future strategic priorities, action planning and support and challenge functions.**

**The exact role of such a group will need to be directed by young people themselves but the Board will encourage and hope to create strong links with those existing youth groups.**

In March 2014 TSCB successfully recruited to the Quality Assurance post. That post will be crucial to the further development and implementation of TSCB's quality assurance framework and engagement with children and young people.

## **STRATEGIC PARTNERSHIPS**

Tameside as a local authority benefits from cross representation from partner agencies on a variety of strategic boards and groups. For example the Local Authority Director of People, with responsibility for both Children's and Adult's Services, and the Designated Nurse from the Clinical Commissioning Group have been representatives on the Tameside Safeguarding Children Board, Health and Well Being Board, Adult Safeguarding Board and Domestic Abuse Steering Group throughout 2014/15, This has helped to ensure that the work of the Boards is effectively joined up and that there are regular updates on shared strategic priorities such as Domestic Abuse.

A Joint Working Protocol has been developed between the Health and Well Being Board and Tameside Safeguarding Children Board. This formalises the attendance and reporting arrangements between the 2 Boards throughout the financial year.

Tameside Safeguarding Children Board has a forward planner which ensures that the Business Group and Strategic Board receive annual reports from a wide range of multi-agency safeguarding arrangements such as Multi-Agency Public Protection Arrangements, Multi-Agency Risk Assessment Conference, Child Death Overview Panel etc. Further opportunities for the Board to add value to these multi-agency safeguarding arrangements will be explored in 2015/16.

Future strategic priorities will be set every 3 years and reviewed and updated together with their respective Business Plans annually. Strategic partners will be encouraged to contribute toward the TSCB Business Plan so that they have specific deliverables to contribute and report back on. In the same way, TSCB will expect to contribute toward the agendas and action plans of the Health and Well Being Board, Adult Safeguarding Board, Domestic Abuse Steering Group and other relevant strategic partnerships. The importance of shared agenda setting, strategic priorities and action plans will become increasingly apparent during Devolution Manchester, for which planning will progress rapidly during 2015/16.

**The priorities, business plans and actions of all strategic boards will be closely aligned to ensure that they complement and add value to one another. In this way shared safeguarding, community safety and public health concerns will be tackled in a holistic and sustainable way.**

## LOCAL DEMOGRAPHICS

Tameside has an overall population of 220,597 with a youth population aged 0-19 of 53,847 which is 24% of the total.

Table 1: Tameside's Youth Population 0-19

| Mid-2013 Tameside Population |       |         |         |
|------------------------------|-------|---------|---------|
|                              | Males | Females | Persons |
| 0-4                          | 7,514 | 7,319   | 14,833  |
| 5-9                          | 6,765 | 6,561   | 13,326  |
| 10-14                        | 6,254 | 6,065   | 12,319  |
| 15-19                        | 6,922 | 6,447   | 13,369  |

The breakdown of Tameside's population by ethnic group is shown in Table 1. National studies show that different ethnic groups are at greater risk of specific safeguarding issues such as Female Genital Mutilation and Forced Marriage for example.

The largest ethnic groups within Tameside are the South-Asian ethnicities Indian, Pakistani, and Bangladeshi accounting for 1.7, 2.2 and 2% of the Tameside population respectively. The overall white British population is considerably higher in Tameside at 88.5% compared to the English average of 79.8%.

Table 1: Population Breakdown by Ethnicity in England, the North-West and Tameside

|  | England (%) | North-West (%) | Tameside (%) |
|--|-------------|----------------|--------------|
| White: English/Welsh/Scottish/Northern Irish/British   | 79.8        | 87.1           | 88.5         |
| White: Irish   | 1           | 0.9            | 0.7          |
| White: Gypsy or Irish Traveller                        | 0.1         | 0.1            | 0            |
| White: Other White                                     | 4.6         | 2.1            | 1.7          |
| Mixed/multiple ethnic group: White and Black Caribbean | 0.8         | 0.6            | 0.6          |
| Mixed/multiple ethnic group: White and Black African   | 0.3         | 0.3            | 0.2          |
| Mixed/multiple ethnic group: White and Asian           | 0.6         | 0.4            | 0.4          |
| Mixed/multiple ethnic group: Other Mixed               | 0.5         | 0.3            | 0.2          |
| Asian/Asian British: Indian                            | 2.6         | 1.5            | 1.7          |
| Asian/Asian British: Pakistani                         | 2.1         | 2.7            | 2.2          |
| Asian/Asian British: Bangladeshi                       | 0.8         | 0.7            | 2            |
| Asian/Asian British: Chinese                           | 0.7         | 0.7            | 0.4          |
| Asian/Asian British: Other Asian                       | 1.5         | 0.7            | 0.3          |
| Black/African/Caribbean/Black British: African         | 1.8         | 0.8            | 0.5          |
| Black/African/Caribbean/Black British: Caribbean       | 1.1         | 0.3            | 0.2          |
| Black/African/Caribbean/Black British: Other Black     | 0.5         | 0.2            | 0.1          |
| Other ethnic group: Arab                               | 0.4         | 0.3            | 0.1          |
| Other ethnic group: Any other ethnic group             | 0.6         | 0.3            | 0.1          |

Source: NOMIS, 2015

A comparison of those largest ethnic groups to the percentage of child protection cases shows that Tameside Children Social Care have engaged with a proportionate amount of Bangladeshi children, half of the proportionate amount of Pakistani children and no Indian children. 75 (3.44%) child protection cases had recorded ethnicity as not known and this could impact on these figures.

The ethnic breakdown of the populations of Tameside's wards is detailed in table 3. It shows that higher proportions of Indian and Pakistani populations exist in Ashton Wards, whereas higher proportions of Bangladeshi population exist in Hyde. This means that the TSCB could target particular safeguarding messages to certain communities. However, there is a risk that by adopting such an approach any isolated ethnic groups are missed. In addition the Board recognises that ethnicity is not a definitive indicator of religion or cultural practices and therefore increased vulnerability to certain types of safeguarding issues cannot be determined by ethnicity alone.

**Tameside Safeguarding Children Board needs to consider the most effective approach of raising awareness on safeguarding issues including Female Genital Mutilation and radicalisation.**

Table 2: Ethnic Breakdown of Tameside Ward Populations (%)

|  | Ashton Hurst | Ashton St Michael's | Ashton Waterloo | Audenshaw | Denton North East | Denton South | Denton West | Droylsden East | Droylsden West | Dukinfield | Dukinfield Stalybridge | Hyde Godley | Hyde Newton | Hyde Werneth | Longdendale | Mossley | St Peter's | Stalybridge North | Stalybridge South |
|--|--------------|---------------------|-----------------|-----------|-------------------|--------------|-------------|----------------|----------------|------------|------------------------|-------------|-------------|--------------|-------------|---------|------------|-------------------|-------------------|
| White: Total   | 85.4         | 81.0                | 85.1            | 93.7      | 95.5              | 95.7         | 95.5        | 93.3           | 95.8           | 94.3       | 95.8                   | 89.9        | 93.4        | 80.5         | 97.1        | 96.8    | 70.3       | 95.4              | 95.5              |
| White: English/Welsh/ Scottish/Northern Irish/British  | 82.8         | 76.4                | 82.9            | 91.6      | 93.3              | 93.6         | 93.2        | 91.4           | 94.0           | 91.9       | 94.0                   | 87.7        | 91.4        | 78.9         | 95.3        | 94.6    | 64.3       | 93.2              | 93.4              |
| White: Irish   | 0.5          | 0.6                 | 0.5             | 0.9       | 0.9               | 0.9          | 1.5         | 1.0            | 1.0            | 0.6        | 0.6                    | 0.6         | 0.7         | 0.5          | 0.9         | 0.8     | 0.6        | 0.4               | 0.5               |
| White: Gypsy or Irish Traveller                        | 0.0          | 0.0                 | 0.0             | 0.0       | 0.0               | 0.0          | 0.0         | 0.0            | 0.0            | 0.0        | 0.0                    | 0.1         | 0.0         | 0.1          | 0.0         | 0.0     | 0.0        | 0.0               | 0.0               |
| White: Other White                                     | 2.0          | 4.0                 | 1.6             | 1.1       | 1.2               | 1.2          | 0.8         | 0.8            | 0.8            | 1.8        | 1.1                    | 1.5         | 1.4         | 1.0          | 0.9         | 1.4     | 5.4        | 1.7               | 1.6               |
| Mixed/multiple ethnic group: White and Black Caribbean | 0.4          | 0.5                 | 0.5             | 0.7       | 0.6               | 0.8          | 0.8         | 0.9            | 0.9            | 0.4        | 0.5                    | 0.5         | 0.7         | 0.6          | 0.6         | 0.5     | 0.7        | 0.4               | 0.5               |
| Mixed/multiple ethnic group: White and Black African   | 0.2          | 0.4                 | 0.4             | 0.2       | 0.3               | 0.3          | 0.3         | 0.2            | 0.3            | 0.2        | 0.1                    | 0.2         | 0.2         | 0.1          | 0.1         | 0.2     | 0.3        | 0.3               | 0.1               |
| Mixed/multiple ethnic group: White and Asian           | 0.5          | 0.7                 | 0.7             | 0.3       | 0.3               | 0.3          | 0.3         | 0.3            | 0.2            | 0.4        | 0.3                    | 0.4         | 0.3         | 0.2          | 0.4         | 0.7     | 0.3        | 0.3               | 0.3               |
| Mixed/multiple ethnic group: Other Mixed               | 0.2          | 0.2                 | 0.2             | 0.2       | 0.2               | 0.3          | 0.3         | 0.4            | 0.2            | 0.2        | 0.1                    | 0.3         | 0.2         | 0.1          | 0.2         | 0.3     | 0.3        | 0.3               | 0.1               |
| Asian/Asian British: Indian                            | 5.4          | 6.4                 | 5.9             | 0.6       | 0.6               | 0.3          | 0.5         | 0.9            | 0.4            | 1.2        | 1.1                    | 0.2         | 0.4         | 0.6          | 0.3         | 0.4     | 3.7        | 1.4               | 1.3               |
| Asian/Asian British: Pakistani                         | 5.2          | 6.7                 | 4.1             | 2.0       | 0.5               | 0.2          | 0.8         | 0.8            | 0.3            | 1.1        | 0.8                    | 0.5         | 0.6         | 0.7          | 0.2         | 0.0     | 15.2       | 0.4               | 1.2               |
| Asian/Asian British: Bangladeshi                       | 0.5          | 0.9                 | 1.5             | 0.3       | 0.2               | 0.3          | 0.2         | 0.2            | 0.2            | 0.4        | 0.1                    | 6.8         | 3.0         | 15.7         | 0.2         | 0.6     | 5.1        | 0.3               | 0.1               |
| Asian/Asian British: Chinese                           | 0.3          | 0.5                 | 0.2             | 0.7       | 0.6               | 0.4          | 0.5         | 0.9            | 0.6            | 0.5        | 0.3                    | 0.3         | 0.3         | 0.4          | 0.1         | 0.2     | 0.7        | 0.4               | 0.4               |
| Asian/Asian British: Other Asian                       | 0.5          | 1.1                 | 0.4             | 0.2       | 0.3               | 0.3          | 0.2         | 0.4            | 0.1            | 0.3        | 0.3                    | 0.1         | 0.1         | 0.4          | 0.1         | 0.2     | 0.9        | 0.2               | 0.2               |
| Black/African/Caribbean/Black British: African         | 0.7          | 0.9                 | 0.4             | 0.7       | 0.4               | 0.7          | 0.2         | 1.2            | 0.7            | 0.4        | 0.2                    | 0.4         | 0.3         | 0.2          | 0.5         | 0.2     | 1.5        | 0.5               | 0.1               |
| Black/African/Caribbean/Black British: Caribbean       | 0.1          | 0.2                 | 0.2             | 0.2       | 0.1               | 0.2          | 0.3         | 0.3            | 0.2            | 0.1        | 0.1                    | 0.1         | 0.2         | 0.1          | 0.2         | 0.1     | 0.3        | 0.1               | 0.1               |
| Black/African/Caribbean/Black British: Other Black     | 0.1          | 0.2                 | 0.2             | 0.1       | 0.2               | 0.1          | 0.1         | 0.1            | 0.1            | 0.1        | 0.0                    | 0.1         | 0.1         | 0.1          | 0.1         | 0.1     | 0.1        | 0.1               | 0.0               |
| Other ethnic group: Arab                               | 0.3          | 0.1                 | 0.1             | 0.1       | 0.1               | 0.0          | 0.0         | 0.1            | 0.0            | 0.1        | 0.1                    | 0.1         | 0.0         | 0.1          | 0.0         | 0.0     | 0.1        | 0.0               | 0.1               |
| Other ethnic group: Any other ethnic group             | 0.1          | 0.2                 | 0.3             | 0.1       | 0.1               | 0.0          | 0.1         | 0.1            | 0.1            | 0.2        | 0.1                    | 0.1         | 0.1         | 0.1          | 0.1         | 0.1     | 0.2        | 0.1               | 0.0               |

Source: NOMIS, 2015

## EARLY HELP & STATUTORY INTERVENTION FOR VULNERABLE GROUPS

### 1. Thresholds for Assessment and Continuum of Need

In response to 'Working Together 2013' the Board developed and launched the 'Thresholds for Assessment and Continuum of Need' in April 2014. A series of multi-agency workshops were run between April and June 2014 to over 200 practitioners from a range of different agencies. The document and workshops included guidance on;

- The process for early help assessment and the type and level of early help services to be provided
- The criteria, including the level of need, for when a case should be referred to the local authority children's social care service for assessment and for statutory services under section 17 (child in need), section 47 (risk of significant harm), section 31 (care orders), or section 20 (duty to accommodate) of the Children Act 1989.

The guidance is available via the Tameside Safeguarding Children Board website:

<http://www.tamesidesafeguardingchildren.org.uk/professionals/localpoliciesproceduresandpublications.aspx>

## 2. Public Service Hub

A new Public Service Hub was launched on the 1<sup>st</sup> October 2014 to bring Tameside's early help, complex dependency and safeguarding services together into one multi-agency partnership. Its Operating Functions are as follows:

- Prioritise tackling issues of demand due to complex dependency
- Draw together intelligence and information and carry out research to identify critical and high risk cases
- Define and identify families who would benefit from early intervention and reduce future dependency
- Create and deliver bespoke interventions and packages of support using a whole family approach
- Coordinate interventions across public services, agencies and agendas
- Progress and develop the integration of public services
- Encourage and promote the sharing of information

The creation of the Public Service Hub has led to a move from public services operating in 'silos' to a seamless service;

- not determined by individual agency boundaries and agendas.
- providing a 'coordinated response' to complex issues.
- which addresses issues beyond isolated individual needs and moves beyond a simple, single child, single family, single adult response.

The Partnership group which developed the concept of the Public Service Hub included all relevant partners from across the Public Services. Representative from these agencies sit on the Strategic Public Service Hub Group and continue to develop and improve policies and procedures to ensure information sharing, risk assessment and management etc. are robust.

| Agency/Service                                      |
|---|
| Greater Manchester Police                           |
| TMBC Strategy and Early Intervention                |
| TMBC Children's Social Care                         |
| Job Centre Plus                                     |
| NHS Pennine Care Mental Health and Substance Misuse |
| National Probation Service                          |
| Community Rehabilitation Company                    |
| Greater Manchester Fire and Rescue Service          |
| TMBC Neighbourhood Services                         |
| TMBC Education                                      |

|   |
|---|
| New Charter Housing                     |
| TMBC Public Health                      |
| NHS Clinical Commissioning Group        |
| Community and Voluntary Action Tameside |
| NHS Stockport Foundation Trust          |
| TMBC Performance and Development        |
| Tameside Hospital NHS Foundation Trust  |

The Public Service Hub is working with the Local Authority Performance and Development Team to develop an effective way of monitoring activity in the multi-agency service.

The table below illustrates the total number and percentage of contacts received by the Public Service Hub and those that progressed to a referral into Children's Social Care.

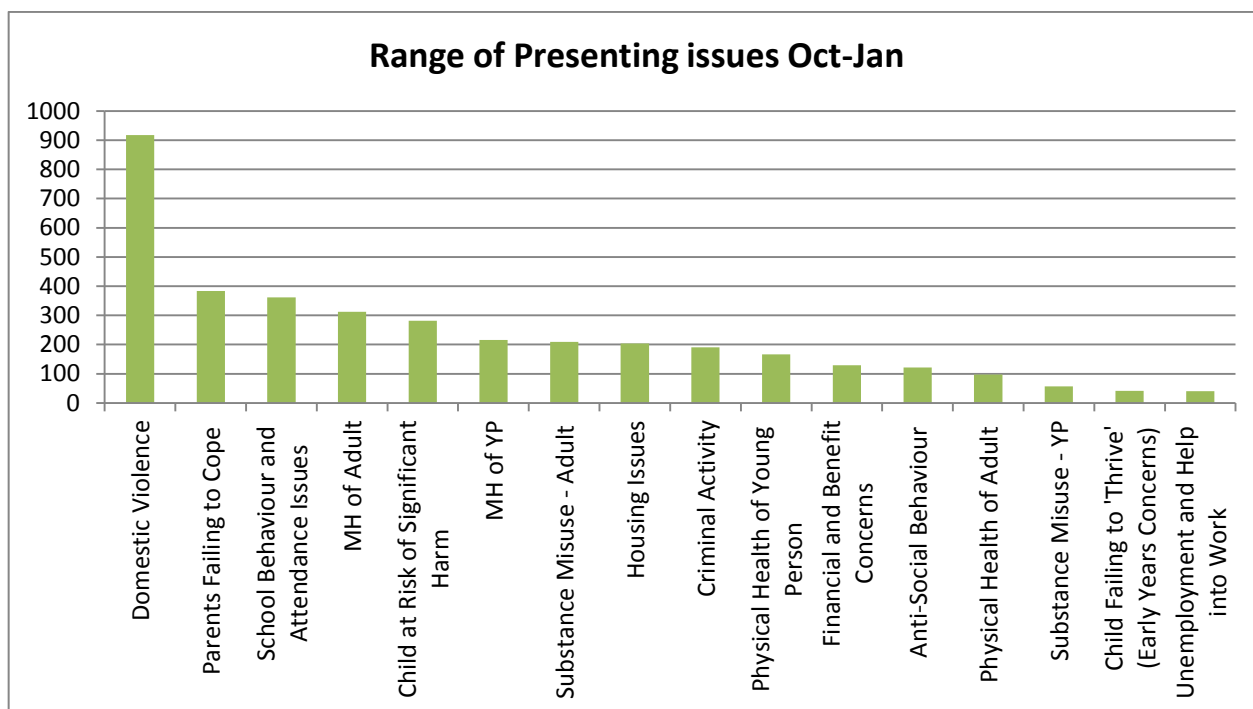
Table 4: Contacts & Referrals to Public Service Hub 2014/15

| Month  | Number of contacts received 2013/14 | Number of contacts received 2014/15 | No. of Contacts Progressed to Referral 2014/15 | % progressed to a referral 2014/15 |
|--------|-------------------------------------|-------------------------------------|--|------------------------------------|
| Sep-14 | 968                                 | 777                                 | 207  | 26.6                               |
| Oct-14 | 1211                                | 1023                                | 178  | 17.2                               |
| Nov-14 | 916                                 | 1114                                | 149  | 13.3                               |
| Dec-14 | 780                                 | 918                                 | 155  | 16.7                               |
| Jan-15 | 916                                 | 1199                                | 125  | 10.4                               |
| Feb-15 | 778                                 | 980                                 | 106  | 10.7                               |
| Mar-15 | 854                                 | 1396                                | 153  | 11.3                               |

As the service is also set up to coordinate responses to demand across services, the Public Service Hub has also been monitoring the types of presenting issues for contacts to the Hub. This should be taken as an illustration of the range of demand and not the total level of demand for each issue. In addition these figures will be skewed by reporting rates (e.g. all Domestic Violence notifications are recorded but staff are not yet routinely recording employment issues):



Chart 1: Presenting Issues at Public Service Hub 2014/15



### 3. Early Years & Early Help

Currently the Children's Centres reach in Tameside covers 13,498 children aged 0-5. Out of this number 10,992 are registered with a Tameside Children's Centre (81%) and 8,064 have sustained engagement with the centres (60%).

**The 2 year offer for disadvantaged children to access a good or outstanding setting continues to be a priority and is currently at 69% of eligible children accessing a place. This figure has improved significantly during 2014/15 and the aim is to be at 80% by year end 2015.**

Children's Centres have extended their targeted service provision in two early adopter sites. This is part of a shared Greater Manchester vision to improve school readiness rates via an 8 stage assessment model. Evidence based interventions are then delivered to meet the needs of young children who require communication, gross and fine motor and social and emotional development in partnership with Midwifery, Health Visiting, Speech and Language and Early Attachment / CAMHS colleagues. The positive impact of the new Delivery Model can be seen through service evaluations and ultimately in improved school readiness figures in the Hattersley and Ridgehill schools where the model has been developed throughout 2014/15.

In 2014/15 665 families were referred to the Early Help service. The service worked with approximately 350 families at any one time which equates to between 800 to 900 children. Of those cases 483 were stepped down to universal service provision indicating their additional needs requiring targeted support had been provided and subsequent support could be managed via those universal services. 63 cases were referred down from Children's Social Care into Early Help and 39 cases were stepped up from Early Help to Children's Social Care.

Early Help locality teams have been operating in Tameside for a number of years focused on developing an early intervention model for Tameside families, developing the Troubled Families offer and meeting Children's Centres agenda for early years. Tameside's Early Help offer includes Early Help family intervention teams, Young Carers, Early Years Children's Centre locality teams, Provider Development team for Private Voluntary and Independent settings in early years, Family Information Service and Portage, YOU Think sexual health team, and Special Educational Needs and Disabilities Information and Advice Support Service.

Family intervention workers support families with children aged 0-19 that have emerging needs, or that are being stepped down from specialist support. Up until October 2014 family intervention workers were also supporting child in need cases and some commissioned child protection work. Since the launch of the Public Service Hub in October 2014 the Early Help family intervention teams have only been allocated cases at level 2 of the Threshold of Need. They employ 3 early help social workers who support more complex families and take early help pre-birth families to intervene prior to statutory pre-birth assessments. The Early Help team also delivers services to improve quality in Private Voluntary and Independent settings in the pre-school years, a sexual health promotion service working with schools and vulnerable young people and Young Carers Service working across Tameside to deliver support to children and young people who undertake a caring role within their family. Teams are supported by coordinated commissioned services including Homestart, Breastfeeding Peer Support, Positive Steps careers advice service and Branching Out support for young people with substance misuse and alcohol issues.

#### **4. Children in Need**

A child in need is seen as one for whom the threshold for statutory services has been met, where assessment and intervention is necessary but which stops short of formal child protection planning or becoming a child in care. Throughout the year, Children's Social Care have worked with around 1400 children on this basis at any one time which is a high number leading to workers having caseloads above the national average. However with good quality supervision and oversight these numbers have been managed.

As the year progressed it was clear that a number of these children had plans which had been in place for some time. An exercise was undertaken to ensure that decisions were made to either step the matter up where there had been no change, or down where it was safe to do so. As a result the data shows a reduction in the number of Children in Need in the final quarter of 2014/15. However this is less to do with fewer children being identified and more to do with effective planning and allocation.

#### **5. Child Protection**

The total number of children subject to an initial Child Protection Conference in 2014/15 was 268 compared to 225 in 2013/14 an increase of 19.1%. At the end of March 2015, 212 children and young people were the subject of a child protection plan, an increase of 43 cases (25%) from the previous year.

#### **Repeat Child Protection Plans & those open for more than 2 years**

Over the course of 2014/15 the proportion of young people subject to a child protection plan for a second or subsequent time increased each quarter from 3 cases (6.8%) in quarter 1 to 49 cases (20.8%) in quarter 4. This is a similar percentage to that of 2012/13 (24%). Work carried out in the early part of 2013 to address the high number of repeat plans identified the need to strengthen step down arrangements and this successfully brought the percentage down to 8.9% at the end of 2013/14. Children's Social Care are again exploring the reasons why the number of repeat plans has increased and remains higher than the statistical neighbour comparator at 14.9% and national comparator of 15.8%.

The number of Child Protection cases open for 2 years or more had reduced from 8 (4.9%) to 5 (2.4%) over the course of the year. At year end 2013/14 the figure was 11 (6.5%) and this continued decrease reflects national trends. The statistical neighbour comparator for 2014/15 is 5.1% and national comparator 4.5%.

#### **Child Protection by Category of Abuse**

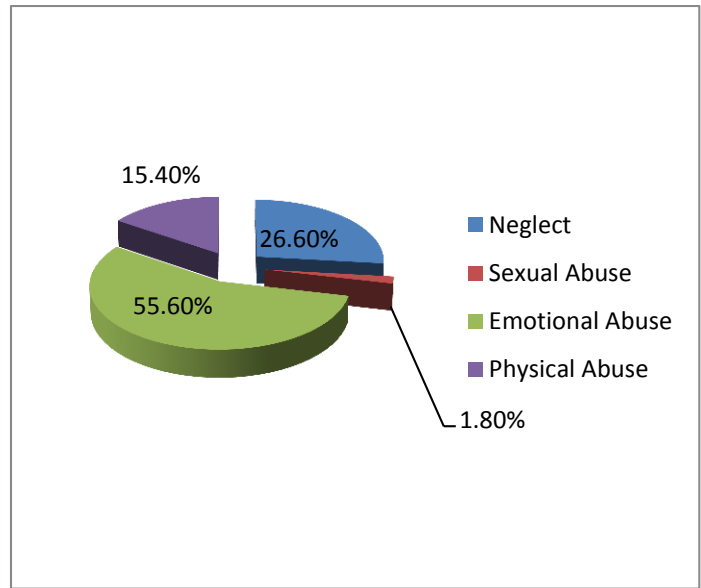
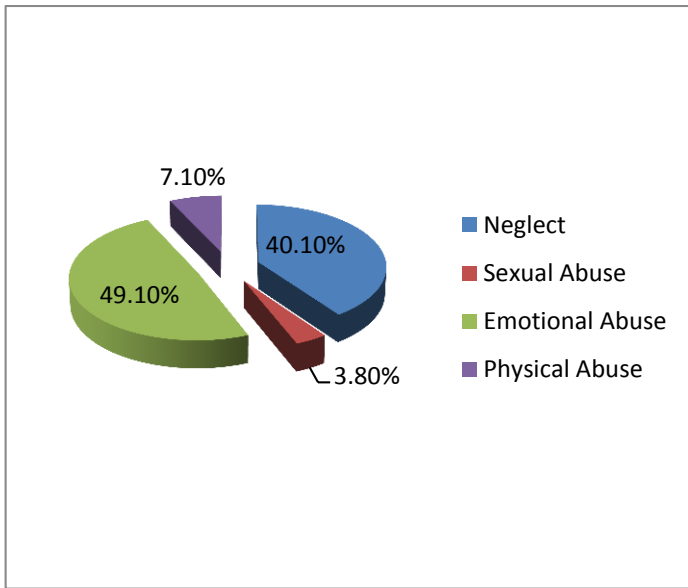
At 31 March 2014 the breakdown of child protection cases by category of abuse nationally was as follows: 43 per cent neglect; 33 per cent emotional abuse; 10 per cent physical abuse; 9 per cent multiple reasons; and 5 per cent sexual abuse. (NSPCC, 2015 p57). Chart number 2 and 3 below show that compared to the national figures in 2014/15 Tameside has;

- a similar percentage of neglect cases,
- 16% more cases under the category of emotional abuse,

- 3% less cases under the category of physical abuse
- 1.2% less cases under the category of sexual abuse.

Chart 2: Category of Abuse 2014/15 Year End

Chart 3: Category of Abuse 2013/14 Year End



The share of child protection cases under the category of physical abuse has roughly halved and the proportion of sexual abuse cases roughly doubled from 2013/14 to 2014/15. During that period there has been a 14% increase in neglect cases and 6.5% increase in emotional abuse cases.

Nationally there has been a 39% increase in the number of recorded sexual offences against under 18 years old between 2012/13 and 2013/14 which is underpinned by an increased confidence in reporting (NSPCC, 2015). Some of those reports will relate to historical abuse and therefore will not necessitate child protection proceedings. However, amongst a backdrop of increased reporting it seems reasonable to expect an increase in the level of child protection plans due to sexual abuse as Tameside has done.

It is important to note that despite the high profile abuse cases and subsequent activity to tackle child sexual exploitation, neglect remains a much more common form of abuse and it has increased significantly in the year 2014/15. The NSPCC Report 'How Safe are our Children' warns against losing sight of the need to find new ways to tackle neglect and to understand what works.

**The proportion of child protection cases under the category of neglect has increased from 26.6% in 2013/14 to 40.10% in 2014/15. Tackling neglect therefore will be a strategic priority within the TSCB Business Plan 2015-18.**

## 6. Disabled Children with a Child Protection plan

The percentage of children subject to a child protection plan with a disability rose throughout the year of 2013/14 from 1.84% in June 2013 to 2.39% in March 2014. The average over the year 2014/15 was 2.8% with an end of year high of 4.7% equating to 10 child protection cases.

As reported in the 2013/14 Annual Report this is an increase from the 0.6% recorded for the year 2012/13 and reflects an increased focus on ensuring the needs of children subject to a child protection plan are taken into account. Whilst this increase is encouraging, overall numbers are low, and the Board recognises that further steps should be taken to ensure that the identification of safeguarding issues for disabled children is as effective as possible.

It is well established through various research studies that children with disabilities are at increased risk of abuse and yet are less likely to be subject to child protection.

“Sullivan and Knutson (2000) found that children with behaviour disorders were approximately seven times more likely to experience neglect, physical and emotional abuse and 5.5 times more likely to experience sexual abuse. Children with speech and language difficulties were found to be nearly five times more at risk of neglect and physical abuse, almost three times more at risk of sexual abuse and almost seven times more at risk of emotional abuse. Children with “mental retardation” were approximately four times more at risk of all forms of abuse. Children with health-related conditions and deaf children were also amongst the higher-risk groups.” (NSPCC, Protecting Disabled Children from Abuse, Oct 14, p21).

“Research suggests that disabled children, sadly, are more likely to be abused than children without disabilities. Yet they are less likely than other children to be subject to child protection. This report examines in depth, through the experiences of individual children, some of the reasons for that discrepancy.” (OFSTED, Protecting Disabled Children, August 2012)

## 7. Children in Care

Children in care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a parent’s consent or a court decision to remove a child away from his or her family. Such decisions, whilst incredibly difficult, are made when it is in the best interest of the child.

As of 31 March 2015, 483 children were being looked after by the local authority compared to 423 at 31 March 2014 and 390 at 31 March 2013. Of the total number, 322 (67%) were placed in the Tameside area and 161 (33%) placed out of the borough.

Table 5: Placement Breakdown

| Type of placement  | No. of children placed in Borough | No. of children placed out of Borough   |
|--|-----------------------------------|---|
| Placement with foster carer provided by LA                 | 185                               | 54 (9 exceeded 20 mile radius)          |
| Placement with foster carer provided by Independent agency | 21                                | 26 (2 exceeded 20 mile radius))         |
| Placement with foster carer provided by other LA carers    | 1                                 | 3                                       |
| Placed with parents  | 42                                | 4                                       |
| Foster placement with relative or friend                   | 41                                | 24                                      |
| Children's Homes (inc. Supported Lodgings)                 | 29 (2)                            | 30 (6 exceeded 20 mile radius)          |
| Placed for adoption  | 0                                 | 12 (2 exceeded 20 mile radius)          |
| Independent Living   | 3                                 | 2                                       |
| Residential Care Home                                      | 0                                 | 1 (exceeded 20 mile radius)             |
| Residential Family Centre or Mother and Baby Unit          | 0                                 | 1                                       |
| Young Offender Institution or Prison                       | 0                                 | 4 (all 4 exceeding 20 mile radius)      |
| <b>Total</b>   | <b>322</b>                        | <b>161 (24 exceeded 20 mile radius)</b> |

As of 31 March 2014 the Local Authority had a record of 330 children placed in care from out of borough. The majority (86%) were placed in foster care and the remainder in residential placements. In early 2015 Greater Manchester Police questioned the validity of the Out of Borough Data due to the disparity between Local Authority and Health data. Since March 2015 Children Social Care have agreed to cross reference their figures with those collated by the NHS and to share them with Greater Manchester Police. This will help to ensure that the health needs of all children are met and any associated risks relating to vulnerable groups and CSE are better understood and responded to.

## **SPECIALIST INTERVENTION FOR 'AT RISK' GROUPS**

Tameside Safeguarding Children Board identified 2 'at risk' groups as strategic priorities for the year 2014/15. Those were children at risk of child sexual exploitation and children at risk due to domestic abuse.

### **Child Sexual Exploitation**

The Strategic Priority for the Board in 2014/15 was;

**To evaluate the impact of the existing Child Sexual Exploitation (CSE) strategy and reflect the outcome in our service response. Also to develop effective multi-agency responses to children missing from home and/or education**

The CSE Strategy and work plan were re-written during the course of the 2014/15 to reflect the findings and recommendations from the Coffey report 'Real Voices' and Jay Report. In addition they addressed some of the learning and actions from local case review activity. A new referral pathway between the Public Service Hub and Phoenix Tameside was created to ensure all CSE related safeguarding concerns were passed to the specialist team. Phoenix Tameside adopted the Greater Manchester CSE Risk Assessment Tool which is now used to assess the needs and put in place a package of support for all cases. An operational 'Missings' group was established and meets bi-weekly to respond to cases based on levels of risk such as repeat missings and children in care. The Board and Phoenix Tameside has agreed a data set as part of the quarterly performance reports for CSE and Missing cases.

**Tameside's Missing Panel works to the Greater Manchester Missing from Home protocol but has identified the need for a local protocol to be developed in 2015/16 which outlines specifically how missing episodes for children known to be at risk of CSE are classified as high risk and lead to a trigger plan. A local protocol will also clarify the return interview procedure.**

Prior to 2013, combatting child sexual exploitation was dealt with by an individualised response from isolated professionals, posing significant limitations. In response the Phoenix Tameside team was established in August 2013. Project Phoenix is a Greater Manchester model that aims to tackle child sexual exploitation through the following three strands:

- **Prevention** – Educating those at risk, the community and other professionals on how to identify, reduce or avoid the dangers of CSE
- **Protection** – Safeguarding those identified as at risk of vulnerable to CSE through multi-agency assessment, support and intervention.
- **Prosecution** – Investigating and prosecuting those identified as committing CSE offences or disrupting where the opportunity is present through multi-agency, proactive enforcement.

The Phoenix Tameside team is managed by a Detective Inspector, which the board funded in 2014/15. The team is comprised of;

- a Detective Sergeant
- 2 Detective Constables
- 2 Police Constables
- 2 Police Community Support Officers
- 1 Local Authority Social Worker and Support Worker

In addition there are virtual partners which include a Looked After Care Nurse, Drug and Alcohol Support, multi-systemic therapy and schools.

The number of positive outcomes under the 3 strands has significantly grown since the team was established.

## **Prevention**

### Professional Awareness and Training

CSE Train the Trainer sessions were rolled out across a range of agencies in 2014/15. 90% of schools sent representatives and have since delivered awareness sessions to staff in those schools. Greater Manchester Police, Greater Manchester Fire and Rescue Service, New Charter Housing Association, and the Youth Offending Service have all delivered CSE Awareness sessions to their staff. The DCI and Head of Safeguarding have presented 2 Elected Member Briefings in 2014 to reassure members that Tameside's response to CSE is thorough and robust.

In 2014/15 TSCB commissioned out the delivery of their multi-agency Level 3 CSE course and was delivered to approximately 60 practitioners. This will continue to be delivered in 2015/16 as will the train the trainer sessions.

### Educational and Community Awareness

A GW Theatre Production 'Somebody's Sister, Somebody's Daughter' was delivered to nearly 2000 year 9 & 10 pupils across 13 of the 16 secondary schools in 2014/15.

The TSCB's Safe and Healthy Relationships group has secured funding for the Barnardo's 'Real Love Rocks' resource pack and training. Staff from a range of service, including schools, will be trained in the use of the resource in June and July 2015 with the plan to use the resource with children and young people from September 2015.

Two CSE weeks of actions were run in September 2014 and March 2015. Phoenix Tameside has been particularly successful at these events, leading the way in terms of innovation and originality. September's week of action saw Phoenix support New Charters Crucial Crew to deliver online safety awareness to 3,000 year six pupils over an 8 week period. The March 2015 multi-agency week of action, based around a CSE tour bus visiting schools and colleges (courtesy of New Charter) was successful in winning GMP's Public Protection Division's Excellence Award for Partnership Working.

Considerable effort has been put into raising awareness of the work of the team using social media via GMP Tameside's Twitter and Facebook accounts with the team posting under #tamesidephoenix. The posts have reached far and wide with figures for the March 2015 week of action being 113 posts over 6 days reaching 28,600 accounts with a number retweets by Project Phoenix and neighbouring borough councillors.

## **Protection**

119 referrals were made to Project Phoenix in 2014/15, a significant increase, compared to the 43 referrals in 2013/14 and 75 referrals in 2012/13 that were made to the CSE Meetings before the Phoenix Team was established. In 2014/15 Greater Manchester Police systems identified 189 children at risk of Child Sexual Exploitation in Tameside compared with 221 in 2013/14 and 149 in 2012/13. This suggests that CSE activity has not increased but that be due to an increased awareness of Child Sexual Exploitation as a safeguarding concern the number of referrals to the team has. A referral pathway between the Phoenix Tameside Team and the Public Service Hub was devised in January 2014 to ensure that all CSE related concerns were passed to the Phoenix Team. At the same time the Phoenix Team adopted the use of the CSE risk assessment tool for all cases. This arrangement will have also contributed to the increased number of referrals to the Phoenix Team and to better information sharing and assessment in the final quarter of 2015/15.

### Operation Labyrinth

Commencing in January 2015, the operation seeks to identify and develop intelligence opportunities around public places, open spaces and premises where initially, identifiable victims are not currently known which would allow for a criminal investigation to take primacy. Through visits by plain-clothes officers on Friday and Saturday evenings, information is developed which can then lead to either further criminal investigation or disruption tactics including multi-agency enforcement visits by Licensing/ Trading Standards/Environmental Health / Fire Service. As a result of Operation Labyrinth there have been 14 locations targeted (offenders home addresses, premises with concerns identified), 8 business premises visited by enforcement teams, 65 offender visits (with a third receiving multiple visits), 15 children & young people being visited to provide reassurance and advice and 15 abduction warnings served.

### Operation Madison

Operation Madison is now supported by the Phoenix team and information sharing has increased regarding CSE & Missing from Home around LAC children. Madison has also served to improve the standard of MFH reports by Children's Care Homes and taking action against those who display poor management of their residents. Advice and guidance around causes of MFH reports is also dealt with effectively at strategy meetings where Madison & Phoenix are in attendance and support children's care homes & parents to make decisions e.g. suggesting altering curfew times to compromise with CYP's and to deter them from going MFH. Tameside Police have also implemented 'Gold Reviews' of MFH cases to assess how effectively the Police have responded to CSE MFH reports and how to improve, should the CYP go MFH again. This has seen improvements in the use of trigger plans, CSE markers, what information is available and how police manage the initial investigation into a MFH report. All of the progress made by Police has on the whole, encouraged care home & parents to improve their knowledge of who and where their children are before choosing to report them MFH.

## **Prosecution**

In June 2015 the Phoenix team had 30 open investigations with nine cases awaiting Crown Prosecution Service review.

GMFRS is also pursuing a prosecution under Fire Safety legislation around an Off-Licence after a multi-agency enforcement visit identified a number of concerns. The premises was stripped of its licence following a Licensing Review panel supported by evidence from Phoenix Tameside. There have been a number of other licence reviews following such multi-agency enforcement visits.

Information shared with New Charter and other Registered Social Landlords has resulted in problem tenants who are associated with CSE either being evicted or having visitor restrictions imposed on them which are also enforced by visits from Operation labyrinth.

## Domestic Abuse

The Strategic Priority for the Board in 2014/15 was;

### **To evaluate the effectiveness of the current Domestic Abuse strategy and plan interventions aimed at reducing the impact on children**

The most reliable data in relation to Domestic Abuse are the figures concerning children involved in cases heard at the Multi-agency Risk Assessment Conference (MARAC) which pertains to those victims of domestic abuse deemed at highest risk of serious injury or death.

**Tameside has a high number of referrals to the Public Service Hub for incidents of Domestic Abuse and there is a high proportion of children on child protection plans where domestic abuse is a factor.**

**TSCB recognises that in order to better understand and tackle Domestic Abuse more work needs to be undertaken to address the issues at an earlier stage.**

### **Multi-Agency Risk Assessment Conference (MARAC)**

2014/15 saw an increase in the number of cases heard at MARAC compared to the previous year; this could indicate an increase in the number of Domestic Abuse incidents occurring in Tameside or, conversely, an increase in knowledge and awareness of Domestic Abuse and risk and therefore more cases being assessed as meeting the MARAC threshold. Additionally, around 27% of cases were defined as 'repeats', reflecting more than one referral into MARAC during a 12 month period. On average, just over 65% of cases referred into MARAC during 2014/15 involved children.

The highest number of referrals into the MARAC are made by Greater Manchester Police with an average of 60.4% of cases during 2014/15. This is most likely due to the police being the first service to come into contact with and complete a DASH risk assessment with the client following a reported incident of abuse.

Across Greater Manchester, Tameside had the lowest percentage of referrals into MARAC from BME communities. A review of the demographics of victims referred to MARAC highlights the lack of breakdown in ethnic detail for referrals, negating the opportunity to explore additional factors surrounding the domestic abuse risk, which may be unique to specific minority groups such as Honour Based Violence and Female Genital Mutilation. In addition, the data does not distinguish between intimate partner abuse and familial Domestic Abuse.

Tameside is shown to have the highest percentage of perpetrators of domestic abuse aged 16/17 across Greater Manchester although this figure has decreased each quarter during 2014/15. However it should be noted that these figures are relatively low, with the Tameside 2014/15 average being 1.98%. The period also showed very low figures for victims identified as being Lesbian, Gay, Bi-Sexual or Tran-Gender, victims with a disability, or male victims; this again may reflect a lack of reporting and adequate risk assessment rather than a low incidence.

### **Effectiveness of Domestic Abuse Support**

In 2014/15 'Foundation for Families' completed a study which consulted with female survivors of domestic abuse, male perpetrators of domestic abuse and children and young people affected by the issue. An interim report presented to the Neighbourhood Partnership in March 2015 recommended a whole system transformation of the way in which agencies respond to domestic abuse together with a strong focus on early intervention and prevention.



The Domestic Abuse Strategic Partnership will be taking forward the work to ensure that senior staff/chief officers across the statutory and voluntary sectors understand the need to have strategic oversight and a whole systems approach to affect positive changes in domestic abuse work across Tameside.

A further Domestic Abuse Needs Assessment resulted in a revised multi-agency action plan for 2015/16. TSCB has already developed and piloted a new training course 'Whole Family Approach to Domestic Abuse' in November 2014 and February 2015. This promotes the use of additional risk assessment tools that assess the needs of children and young people and promotes ways of working with all members of the family that are affected by Domestic Abuse. This course will continue to be part of the Training Programme for 2015/16.

### **Support for Victims of Domestic Abuse**

Support for victims of Domestic Abuse in Tameside, is carried out by Bridges, an organisation providing support, advice and information to victims of abuse at all risk levels. The Bridges contract brings together three previous services, the Women's refuge provision, Substance Misuse provision from Turning Point and the IDVA service. The provision includes a refuge for women and children and the IDVA (Independent Domestic Violence Advisor) service. The IDVAs in Tameside have a case load of approximately 100 between 3.5 IDVA'S. In addition support is given to approximately 80 standard and medium cases in a quarter between 4 keyworkers. In 2014/15, Bridges supported 682 victims of domestic abuse, the majority of these (53%) being high risk. A holistic package of support is offered based on an individual safety plan. This can include a number of different interventions such as substance misuse, courses for both victims and perpetrators and work in schools.

During 2014/15, Bridges also piloted a CHIDVA (Children's IDVA) service, for children whose parent(s) are assessed as of very high risk of serious injury from Domestic Abuse; due to this being in the early stages, numbers of children supported and outcomes are not available at present.

Tackling Domestic Abuse has been, and continues to be, a key priority for partners and Tameside Safeguarding Children Board as well as the Neighbourhood Partnership. There are a wide range of services across Tameside that work across the tiers of prevention. There is strategic support for work on Domestic Abuse, and a desire across the partnership to see its incidence, prevalence and impact reduced. Services include primary and secondary care, criminal justice and probation, social care, and the voluntary sector. Governance for Domestic Abuse is held at a strategic level by the Domestic Abuse Strategic Partnership and reports into Tameside Safeguarding Children Board.

### **At risk groups identified from case review activity**

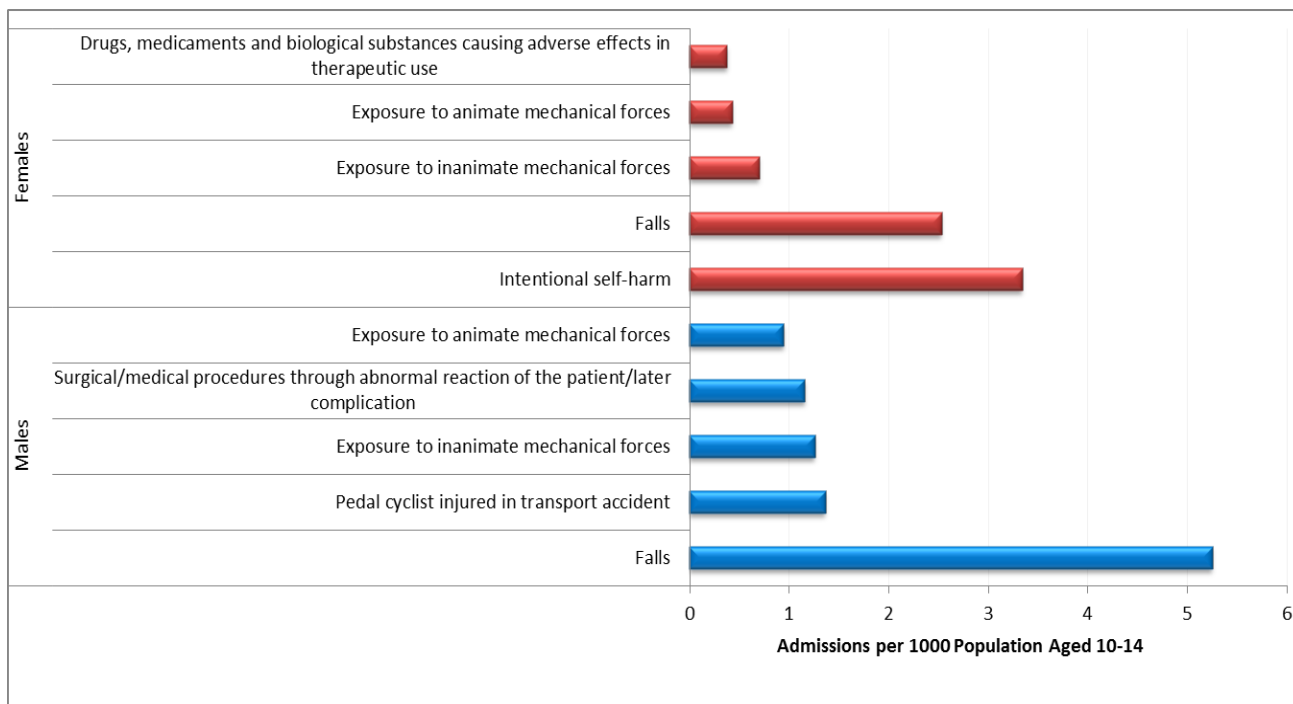
A further 2 at risk groups of children have been identified as a result of the Board's Serious Case Review activity during 2014/15. These include children that self-harm and children presenting as homeless.

#### **1. Children who Self-Harm**

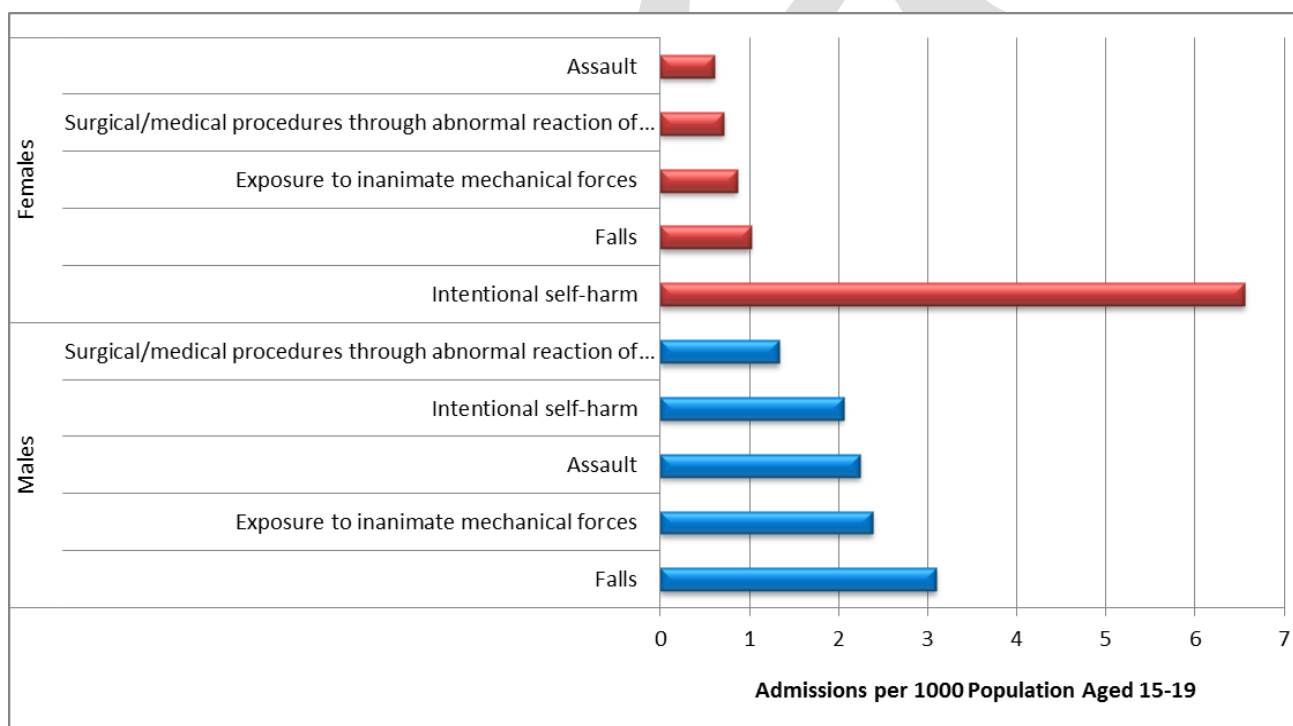
Chart 4 and 5 below show that intentional Self-Harm is the main cause of Accident & Emergency (A&E) Admissions for females aged 10-14 and 15-19. Intentional self-harm amongst males does not feature for the age bracket of 10-14 and is only the 4<sup>th</sup> most common cause of A&E Admissions for 15-19 year olds. Learning and recommendations from a number of case reviews, including Serious Case Reviews in 2014/15 have led to self-harm and suicide amongst vulnerable children becoming a growing area of concern.

**Vulnerable teenagers and self-harm was the focus of the Board's Annual Conference and is agreed as a Board priority for 2015/16.**

**Chart 4: Top 5 Injury Admissions by Gender in 10-14 year olds (2011-12 to 2013-14)**



**Chart 5: Top 5 Injury Admissions by Gender in 15-19 year olds (2011-12 to 2013-14)**



A reoccurring theme from case reviews has been self-harm and risk of suicide amongst vulnerable teenagers. This together with the figures shown above on A&E attendances for self-harm led to the Board running its Annual Conference on this issue. The event was attended by approximately 180 practitioners and managers from a broad range of services. It included input from Serious and Significant Case Panel members on each of the cases and presentations from the National Charity Papyrus and the local CAMHS. Further information has been disseminated via a series of a 7 minute briefings on each of the Serious Case Reviews and 'Respectful Challenge'. This new method of communication has been particularly successful as organisations use them to present and discuss the learning at their team meetings.

Attendees wrote 'pledges' to highlight how they would change or improve their practice as a result of their learning from the conference. Further follow up work in 2015/16 will take place to determine whether those pledges have been put into practice and to check the impact that they have had. Teenage self-harm and the wider issue of emotional and mental health will be a priority for the Board in 2015/16 and the Board will work with the Emotional Health and Well Being Board to develop a revised CAMHS offer which will address some of the outstanding actions from the Board's Serious Case Review action plans. In addition the Board will develop and also commission suitable training to equip practitioners with the skills required to support those young people that are at risk.

## **2. Young People presenting as Homeless**

In June 2014 a Joint Agency Protocol between Housing Advice and Children's Social Care was implemented as an action from a Serious Case Review. This clearly outlines the referral process for young people presenting as homeless or with a housing need in order to ensure they are supported appropriately. This protocol also ensures there is follow-up to establish the eventual outcome if the young person has been referred to the Public Service Hub from Housing Advice, but subsequently does not attend the appointment. In addition a Social Worker has been recruited to specifically support vulnerable young people that were care leavers or homeless. The post holder carries out assessments of young people in need due to homelessness, and mediates with young person's families and friends to provide support and housing or identify suitable provision; this includes the management of the independent temporary accommodation within Tameside for young people.

### **SPECIFIC RESPONSIBILITIES UNDER WORKING TOGETHER TO SAFEGUARD CHILDREN (2013)**

#### **CHILD DEATH OVERVIEW PANEL**

The Child Death Overview Panel is tri-partite sub-committee of the Local Safeguarding Children Boards for Stockport, Tameside and Trafford. It is a statutory requirement for each local authority to form part of a Child Death Overview Panel. Child Death Overview Panels should cover populations of at least 500,000 and it was for this reason that the three authorities of Tameside, Stockport and Trafford came together from 1<sup>st</sup> April 2009. The Child Death Overview Panel carries out a multi-disciplinary review of child deaths (0-17 years) with the aim of understanding how and why children in Stockport, Trafford and Tameside die. Panel members consider whether there are any factors which could have been modified to prevent or reduce the chances of a similar death in future and to report any recommendations to the Board.

#### **Progress on recommendations from the Child Death Overview Panel Annual Report**

The CDOP Annual Report for Stockport, Tameside and Trafford 2013/14 was presented to the September 2014 meeting of the TSCB together with a series of recommendations. Progress during 2014/15 against those recommendations was subsequently reported back to the Board and the recommendations are summarised below;

##### Recommendation 1:

**There is evidence of a disproportionate number of child deaths in Quintile 1 (most deprived). Each Authority should assess the work currently in place to target vulnerable groups and an action plan should be developed to identify how the number of deaths can be reduced.**

In Tameside, giving priority to vulnerable groups is built into service specifications, the Health and Wellbeing Strategy, Early Years Strategy, Early Help Strategy and work on Complex Families. All health and social care services work within a model of universal, universal plus and universal partnership plus provision that enables a proportionate response to need that recognises a wide range of vulnerabilities. Going forward, health and social care services are in scope for the local 'Care Together' health and social care integration programme, and the need to give appropriate priority to vulnerable groups is being built into the design, specification and tendering of new services.

##### Recommendation 2:

**It is a consistent feature, both locally and nationally, that children under 1 year old account for two thirds of child deaths. These deaths have common features around low birth weight, prematurity and maternal smoking and associated issues of hypertension, diabetes and obesity. Given that year on year the percentage of deaths remains high, Public Health should review current work and devise an updated action plan to address the areas identified.**

The population of Tameside faces particular challenges with smoking and healthy weight, and these are reflected amongst pregnant women. The local Healthy Weight Strategy and Tobacco Control Strategy give priority to work with pregnant women. Tameside Hospital maternity service is currently involved in two pilots of novel approaches to stop smoking in pregnancy, the outcomes of which should be available in 2015. There is a Maternity Healthy Weight Pathway in place which has been reviewed and revised during 2014. The infant mortality rate for Tameside is lower than expected considering its level of social deprivation.

#### Recommendation 3:

**Injury is a significant factor in childhood deaths, particularly in the older age ranges. Evidence indicates that Tameside in particular has a high rate of admissions, (5th highest rate in the GM table) and higher than the GM average. It is recommended that Public Health carry out work to analyse the injury admissions with a view to identifying any correlation with the CDOP data.**

A project in response to a previous high rate reviewed local data and accident prevention activity, identified accidents at home in under 5s as a key issue, and secured funding for a partnership programme to provide home safety equipment. A further project in response to new data is currently in progress focussing on data quality and clinical pathways, and will report during 2015.

#### Recommendation 4:

**CDOP's have been in existence since 2007 and child deaths have remained relatively constant over this time period. It is recommended that a 5 years 'snapshot' is undertaken across the 3 Authorities and GM to evaluate CDOP data in more detail. This would allow standardisation of the data sets, complete correlation to understand if there is a relationship between child deaths and areas such as smoking at time of delivery (SATOD), deprivation, and ethnicity. It would also allow robust benchmarking to take place across GM to highlight Local Authorities that need more support in reducing child deaths in their area.**

The Public Health Intelligence Manager, TMBC, has started work on this review.

### **LEARNING FROM CASE REVIEWS**

Tameside has a Serious and Significant Case panel, which oversees serious case reviews, with a membership of experienced senior managers drawn from Tameside Safeguarding Children Board member agencies.

The purpose of a serious case review is to establish what lessons can be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and promote the welfare of children.

In the year 2014/15 two serious case reviews were undertaken by TSCB. These were Child H published in December 2014 and Child M published in April 2014. In addition Tameside has been involved in a Serious Case Review commissioned and led by Salford Safeguarding Children Board. The report was published in March 2014. During 2014 Tameside was still delivering actions from earlier reviews including a multi-agency critical review for Child G and Individual Management Report for Child 10. As a result there has been a sizeable amount of action to implement, monitor and review the learning and recommendations from all case review activity. Some of the key outcomes to date include;

- a) a review of the Appropriate Adult scheme and promotion of new referral processes and pathways into the Hub (to ensure all contacts are discussed with the referrer in person).

- b) The development of a new Housing Protocol for 16-17 year olds presenting as homeless and the recruitment of a Social Worker to support those young people.
- c) School governor training on permanent exclusions and a new information sharing agreement between schools and the pupil referral unit.
- d) a review of the format for recording Strategy meetings and review of Child in Need processes as part of a wider business process review of the ICS workflow.
- e) Learning events on the Voice of the Child have been attended by Children's Social Care staff
- f) 'Respectful Challenge' sessions being delivered via multi-agency safeguarding updates, school networks and targeted training to Children's Social Care.
- g) Youth Offending Service staff having access and training on how to use ICS
- h) A new risk assessment and vulnerability plan for young people under the age of 18 in custody and vulnerability training for custody staff.

## **LOCAL AUTHORITY DESIGNATED OFFICER**

The Local Authority Designated Officer (LADO) task is to oversee investigations into allegations of child abuse by professionals working with children and young people or behaviour which may place children at risk. It includes the chairing of inter-agency Professional Abuse Strategy Meetings (PASMs) on behalf of the Tameside Safeguarding Children Board and being available for advice and consultation.

Allegations against professionals working with children are varied. Many arise within the context of behaviour management, there are a small number of very serious allegations and there are others involving professional boundaries. They come to light through a variety of sources, most frequently children and parents who may complain to the agency concerned or contact the police.

### **Professional Abuse Strategy Meetings**

Professional Abuse Strategy Meetings (PASMs) are convened in agreement with referring and employing agencies and investigators. PASMs are necessary when a clear and documented allegation against an individual arises and there is possibly significant harm caused to a child or children. Strategy Meetings are also held when there is a need for a formally agreed inter-agency strategy for dealing with the case. Complaints to the police have generally required PASMs.

### **Consultations**

Consultations concern matters that do not require co-ordinated inter-agency action. These have increased year on year since the LADO has been in post which indicates that the awareness raising of this role and of partners responsibilities has been effective.

Strategy Meetings are not convened following a consultation when all appropriate action has been taken, only one agency was involved, or where the evidence of risk to children was very weak.

Many of the consultations have involved inappropriate behaviour of staff working with children. Incidents such as saying inappropriate comments, use of social media and giving children lifts. To address this issue the LADO has issued and promoted the 'Guidance for Safer Working Practice for Adults who work with children and young people'.

**Table 6: Breakdown of All LADO Referrals**

| <b>Year</b> | <b>PASMs</b> | <b>Consultations</b> | <b>Total</b> |
|-------------|--------------|----------------------|--------------|
| 2012/13     | 25           | 49                   | 74           |
| 2013/14     | 31           | 67                   | 98           |
| 2014/15     | 22           | 106                  | 128          |

**Table 7: Breakdown of Employing Agencies**

|                          | 2013/14 |    | 2014/15 |
|--------------------------|---------|----|---------|
| Foster Carers            | 16      | 14 |         |
| Residential care workers | 14      |    | 17      |
| Other Social Care        | 4       | 6  |         |
| Health                   |         | 10 | 7       |
| Education                |         | 26 | 40      |
| Early Years              | 11      | 24 |         |
| Other                    | 4       | 20 |         |

(Other includes agencies such as OFSTED, parents etc.)

The majority of referrals have concerned professionals with the greatest and most regular direct exposure to children i.e. school staff, foster carers, residential workers and early year's services. The impact of the work the LADO has undertaken with early years settings and early year's provider service is reflected in the increase in contacts and referrals from those services with a year on year increase of 118% from 11 to 24.

## **TRAINING AND DEVELOPMENT**

### **TSCB Training Programme**

The TSCB training organiser and training pool continue to successfully run the same core programme as in previous years. This includes 16 training courses ranging from level 1 awareness training to level 4 training for managers. The pattern of attendance has been that Health Trusts; Schools; Social Work; Early Help and TMBC occupy the highest number of practitioners attending. This is followed by Early Years and Residential Providers; Housing – particularly New Charter and Adullam; Inspire and Bridges; Homestart; Adult Services, Police; Probation and the Voluntary Sector.

The training pool membership which is crucial to the delivery of the training programme has reduced significantly in the past year. It is vital that this is rejuvenated during 2015/16 otherwise there is a danger that the current training programme will become unsustainable.

The programme and content of training is regularly reviewed by the Training and Development Sub-Group and extended annually in response to learning needs, local and national guidance. In 2014/15 a new 'Whole Family Approach to Domestic Abuse' training course was piloted in October 2014 and run again in January 2015. The will continue to be run as part of the core TSCB training programme.

Messages from national and local serious case reviews are constantly incorporated into the TSCB training programme. During 2014/15 this has been a significant area of work given Tameside's level of case review activity and the learning from them. All TSCB courses incorporate the general learning and specific courses are adapted in the light of learning. For example the Vulnerable Teenagers and Vulnerable Infants course focus carefully on the learning from Tameside Reviews as do Safeguarding Practice Update Sessions.

Key themes from the Serious Case Reviews inform Safeguarding Practice Updates. These shorter training sessions have proved popular with practitioners from all agencies in Tameside. They are delivered bi-monthly and have been attended by up to 50 practitioners. The following topics have been covered in 2014/15 have covered the following topics:

- Domestic Abuse & Tameside's Domestic Homicide Review
- Child Sexual Exploitation – The Phoenix Team & the local picture
- Vulnerable Teenagers & Recognising/Understanding Teenage Behaviour
- Learning from Child H Serious Case Review and Child KSP case review

## Evaluation

The TSCB has an Evaluation Strategy which is partly implemented. Participants on all courses complete an evaluation form which indicates levels of satisfaction on the day and asks how practice will change as a result of the learning. These evaluations are all held and indicate a high level of satisfaction with TSCB training.

There has been some follow up of individual trainees regarding impact on practice 3 – 6 months later. This will be implemented more fully in 2015/16. In September 2015 participants that attended two courses, 'Whole Family Approach to Domestic Abuse' and 'Working Together to Safeguard Children' will be invited to attend a focus group as part of a 3-6 month post evaluation.

A full analysis of multi-agency attendance by course will also be completed from September 2015 when a new Training Assistant will be in post and provide crucial administrative support to the Training Organiser.

## New Training Courses for 2015/16

The extensive Train the Trainer programme in CSE rolled out in 2014/15 will continue as the Real Love Rocks training packages are offered to all agencies, with schools forming the first cohort in June and July 2015.

New training is planned in Female Genital Mutilation, alongside training already in the programme on Forced Marriage. The Mosques and Madrassahs in Tameside are due Refresher training in Safeguarding and this is planned for September 2015 onwards. The TSCB course on Safeguarding Disabled Children will be run as an awareness course and a more advanced day is in development.

## POLICIES AND PROCEDURES

Tameside along with the 9 other Greater Manchester Local Authority areas has adopted the Greater Manchester Safeguarding Procedures Manual. The online resource provides a set of common multi-agency policies for use across Greater Manchester.

The manual is updated twice a year with the support of Tri-x and input from LSCB Business Managers. The TSCB Business Manager has attended all of the meetings to review and amend relevant policies and procedures in accordance with new legislation or learning from case reviews in 2014/15.

Tameside continues to have its own 'Thresholds for Assessment and the Continuum of Need' guidance that all agencies and practitioners work to. The guidance was launched in April 2014 and a series of multi-agency workshops were run between April and June 2014 to over 200 practitioners from a range of different agencies.

## STRATEGIC PRIORITIES FOR 2015-18 AND BUSINESS OBJECTIVES 2015-16

Based on the Board's current and ongoing safeguarding activity and the emerging safeguarding trends locally the following Strategic Priorities have been agreed for 2015-18.

### Domestic Abuse

- To develop and deliver an educational awareness programme to universal services
- To continue to deliver multi-agency training on the 'whole family approach to Domestic Abuse' and to evaluate its impact
- To explore and develop ways to tackle domestic abuse at an earlier stage

### Child Sexual Exploitation

- To improve intelligence gathering from multi-agency partners
- To ensure that a tiered package of support is available for victims of CSE
- To increase awareness of CSE amongst children and young people, parents and community
- Develop a local Missing from Home Protocol that reflects the response to missing children who are known to be at risk of CSE

## **Self-Harm**

- Develop and promote a self-harm and preventing suicide policy
- Develop and deliver a package of self-harm and suicide training and support
- Improve practitioners understanding that patterns of risk taking behaviour e.g. substance use & eating disorders may also be a form of self-harm
- Work with the Emotional Health and Well Being Board to develop the referral pathways and service offer for CAMHS

## **Early Help**

- Review the Public Service Hub
- Revise Children's Needs Framework including an updated Thresholds of Need, Escalation and Step Up/Step Down procedure
- Strengthen joint working through effective and timely information sharing across the thresholds of need
- Improve recognition and understanding of children's disabilities and specifically the impact that they can have upon safeguarding
- Improve offer of early help at the early years stage where threshold for statutory intervention is not met i.e. refer to Children's Centres and to free Child Care Placements

## **Neglect**

- Develop a multi-agency neglect strategy that enables partners to identify and respond to neglect at the earliest opportunity and escalate when necessary
- Encourage the consistent use of the Graded Care Profile in all cases of known or suspected neglect and develop a system to track progress and improvement against the Graded Care Profile



## APPENDIX A

### Tameside Safeguarding Children Board Membership 2014/15

| <b>Working Together (2015)<br/>LSCB Membership<br/>requirements</b>   | <b>TSCB Membership</b>   | <b>Representative</b>   |
|---|--|---|
| <p>Metropolitan Borough Council;</p> <p>The NHS Commissioning Board and clinical commissioning groups;</p> <p>NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;</p> <p>Public Health</p> <p>Chief officer of police;</p> <p>Greater Manchester Community Rehabilitation Company</p> <p>Tameside and Stockport Probation Service<br/>Cafcass;</p> <p>Voluntary &amp; Community Sector</p> | <p>TMBC, Chief Executive</p> <p>TMBC, Executive Director for Communities, Adults, Children's and Health</p> <p>Director of Nursing &amp; Quality, Tameside &amp; Glossop CCG</p> <p>Acting Director of Operations and Delivery NHS England</p> <p>Associate Director, Stockport Foundation Trust Community Healthcare Business Group</p> <p>Service Director, Pennine Care NHS Foundation Trust (Mental Health Services)</p> <p>Deputy Director of Nursing, Tameside Foundation Trust (Emergency and Specialist Services)</p> <p>Director</p> <p>Chief Superintendent, Tameside Police</p> <p>Strategic Lead for Criminal Justice Interventions</p> <p>District Manager</p> <p>Service Manager, CAFCASS</p> <p>Community and Voluntary Action Tameside (CVAT).</p> | <p>Steven Pleasant</p> <p>Stephanie Butterworth</p> <p>Nikki Leach</p> <p>Margaret O'Dwyer</p> <p>Michelle Lee</p> <p>Stan Boaler</p> <p>Peter Weller</p> <p>Angela Hardman</p> <p>Donna Allen</p> <p>Enda Ross</p> <p>Fuschia Allen</p> <p>Glen Hagan</p> <p>Ben Gilchrist</p> |

|   |                                       |                            |
|---|---------------------------------------|----------------------------|
| 2 Lay Members   | 2 Lay Members                         | Cathy Wilde<br>Vacant post |
| Education   | Assistant Executive Director          | Heather Loveridge          |
| The governing body of a maintained school                       | Head Teacher, Primary School          | Carolyn Divers             |
|   | Head Teacher, Secondary School        | Carol Lund                 |
| Further education institution situated in the authority's area. | Assistant Principal, Tameside College | John McCall                |
| Housing   | Strategy Housing Officer              | John Hughes                |
| Children's Services   | Assistant Executive Director          | Dominic Tumelty            |
| <b>Advisers to the Board</b>                                    |                                       |                            |
|   | TSCB Business Manager                 | Stewart Tod                |
|   | Head of Children's Safeguarding       | Lorna Schlechte            |
| Designated Doctor   | Designated Doctor                     | Munera Khan                |
| Designated Nurse  | Designated Nurse                      | Gill Gibson                |
| Legal Adviser   | Legal Adviser                         | Alison Robertson           |
| <b>Observer</b>   | Councillor                            | Allison Gwynne             |

## APPENDIX B

### Tameside Safeguarding Children Board Financial Statement 2014/15

| <b>TAMESIDE SAFEGUARDING CHILDREN BOARD INCOME</b>                           |                 |
|--|-----------------|
| In 2014/15 total annual income equalled £386,950 and was made up as follows: |                 |
| Tameside Council contribution  | £123,330        |
| School/Academies   | £90,268         |
| Clinical Commissioning Group   | £134,700        |
| Police   | £13,200         |
| New Charter Housing  | £3,569          |
| Probation  | £3,333          |
| CAFCASS  | £550            |
| Public Health – CSE Resource Contribution                                    | £6,000          |
| New Charter Housing – CSE Resource Contribution                              | £12,000         |
| <b>Total Contributions 2014/15</b>   | <b>£386,950</b> |
| <b>Reserve carried forward from 2013/14</b>                                  | <b>£148,400</b> |
| <b>Funds From 1 April 2014</b>   | <b>£535,350</b> |

| <b>TAMESIDE SAFEGUARDING CHILDREN BOARD EXPENDITURE 2014/15</b> |                 |                 |                     |
|---|-----------------|-----------------|---------------------|
| Account Code Description  | Budget 2014/15  | Spend 2014/15   | Variation to budget |
| Staffing costs  | £152,410        | £103,984        | -£48,426            |
| TSCB General  | £178,460        | £240,443        | £61,983             |
| Training Strategy   | £24,000         | £21,388         | -£2,612             |
| Serious Case Review   | £30,900         | £26,987         | -£3,918             |
| <b>TOTAL EXPENDITURE</b>  | <b>£385,770</b> | <b>£392,802</b> | <b>£7,032</b>       |

| <b>RESERVE</b>                     |                 |
|------------------------------------|-----------------|
| Headings                           | 2014/15         |
| Funds from 1 April 2014            | £535,350        |
| Total Expenditure                  | -£392,802       |
| <b>Balance in Reserve 31/03/15</b> | <b>£142,548</b> |

## GLOSSARY

|                |   |
|----------------|---|
| <b>CAFCASS</b> | <b>Children and Family Court Advisory and Support Service</b> |
| <b>CAMHS</b>   | <b>Child and Adolescent Mental Health Service</b>             |
| <b>CCG</b>     | <b>Clinical Commissioning Group</b>                           |
| <b>CDOP</b>    | <b>Child Death Overview Panel</b>                             |
| <b>CSE</b>     | <b>Child Sexual Exploitation</b>                              |
| <b>GMP</b>     | <b>Greater Manchester Police</b>                              |
| <b>ICS</b>     | <b>Integrated Care System</b>                                 |
| <b>IDVA</b>    | <b>Independent Domestic Violence Advisor</b>                  |
| <b>LADO</b>    | <b>Local Authority Designated Officer</b>                     |
| <b>LGBT</b>    | <b>Lesbian, Gay, Bi-Sexual, Trans-Gender</b>                  |
| <b>LSCB</b>    | <b>Local Safeguarding Children Board</b>                      |
| <b>MARAC</b>   | <b>Multi-Agency Risk Assessment Conference</b>                |
| <b>TMBC</b>    | <b>Tameside Metropolitan Borough Council</b>                  |
| <b>TSCB</b>    | <b>Tameside Safeguarding Children Board</b>                   |
| <b>PASM</b>    | <b>Professional Abuse Strategy Meeting</b>                    |
| <b>YP</b>      | <b>Young Person</b>   |