

*Review of*

# TAMESIDE'S MULTI-AGENCY SAFEGUARDING ARRANGEMENTS



APRIL 2020 / MARCH 2021

# Scrutinizing The New Safeguarding Children Partnership In Tameside – Dr Henri Giller, Independent Chair of the Tameside Safeguarding Children Partnership

The new safeguarding arrangements, introduced by the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018, require that they include provision for the scrutiny by an independent person of the effectiveness of the arrangements. This section of the report provides the scrutiny of the Independent Chair of the Tameside Partnership of the second working year of the new partnership arrangements. The criteria for scrutiny is that proposed by Sir Alan Wood in his report proposing new safeguarding arrangements (para. 69 Wood report: review of the role and functions of local safeguarding children boards (2016)). These criteria are said to reflect the key strategic issues that need to authorise and underpin effective multi-agency practice.

## **Determining the physical area of operation covered by the multi-agency arrangements**

This issue remained unaltered during the period under review. The issue may need to be revisited during 2022 with the reconfiguration of the NHS into integrated care systems. In particular, the remit and reach of services that will service the Greater Manchester area may require the Tameside Partnership to establish new working arrangements with the newly configured commissioning authority.

Judgement: **Green**

## **The authorising vision for multi-agency arrangements, the partnership commitment**

This issue remained unaltered during the period under review. This issue may need to be revisited during 2022-023 with the reaffirmation of the contribution of the child's lived experience to the local safeguarding enterprise and proposed refreshed messages with respect to the engagement of localities in safeguarding initiatives.

Judgement: **Green**

## **The resource framework, e.g. the cost of the multi-agency strategic decision making body, the cost of agreed initiatives, e.g. joint training, agreed local research, innovation in service design**

The Covid pandemic effectively constrained any further consideration of reframing the resource framework in the period under review. Initiatives which commenced in 2019-29 – MASH, enhanced team around the school, improved early help offer, enhancing workforce skills, developing a complex safeguarding team – were all consolidated during 2020-21 and became established elements of the Tameside safeguarding architecture.

The work proposed by the Tameside Children's Improvement Board in early 2020 to undertake a "framework approach" to resourcing across the Partnership was stalled by the Covid crisis. This is now getting back on track and further developments are anticipated in 2021-22.

Judgement: **Amber**

## **The method to assess outcomes of multi-agency practice, including how intervention happens if performance falters, and how "independent" external assurance/scrutiny will be utilised.**

The assessment of outcomes, particularly in relation to the strategic priorities of the Partnership, has been a real strength of activity in the period under review, despite the impact of Covid. Multiagency audits have been undertaken with respect to neglect and domestic violence and have demonstrated the need to enhance policy and practice in both areas. Tameside complex safeguarding team has fully participated in the GM complex safeguarding initiative, including participation in the GM peer review process on the way in which the team has been deployed and has engaged with those with safeguarding risk.

The proposed peer review of practice with Cheshire East, flagged in the last annual review, did not materialise due to the Covid pandemic. Rescoping of the peer review initiative has now commenced with the Oldham safeguarding partnership and the fieldwork should be undertaken in 2021.

The GM safeguarding alliance did not become operational in the period under review. Tameside will engage with the alliance's proposed programme of shared learning when it commences in autumn 2021.

Throughout the period of the Covid pandemic the statutory partners and the independent chair have been meeting regularly (initially weekly, latterly monthly) to monitor the impact of the pandemic on safeguarding demand and agency response to it. This has provided a significant opportunity for the partners to share intelligence and perspectives on the impact of the pandemic, develop a risk register to document the safeguarding risks created by the pandemic and the actions taken to mitigate them and evaluate the effectiveness of modified safeguarding work practices and how these might be built into any new normal ways of working.

External review of the working of the Partnership arrangements continues to be led by the independent Chair. This exercise in the evaluation of the Wood strategic criteria is a further iteration of that function.

Judgement: **Green**

## **The strategy for information and data sharing, including to allow for identification of vulnerable children in need of early help.**

A protocol for information sharing between the statutory partners and between the partnership and key stakeholder organisations was operationalised during this period. This has proven robust and effective and has enabled information to be shared both in the arena of safeguarding need and for the purposes of early help.

Work proposed in the last annual report to consider how the identifiable risk factors to criminal exploitation can be used in a proactive manner by operational teams to prevent and protect children and young people was interrupted by the Covid pandemic. The request from Government to report on initiatives in the Borough to combat youth violence demonstrated the need for Partners to more readily share intelligence on critical need issues and on strategies being developed to impact on concerns. Currently there is a resurgence of interest in intelligence-led strategy development and a focus on what effective intervention looks like.

Judgement: **Amber**

## **High level oversight of workforce planning, e.g. gaps in skilled areas.**

Work force planning continues to be primarily undertaken on a partnership- specific basis, with limited consideration of the potential for cross-partnership work force development. Active strategies to enhance the quality and quantity of the workforce were significantly interrupted by the Covid pandemic, with the primary emphasis on supporting the workforce thereby enabling staff to continue to provide support and services for those with significant safeguarding risk. The demands created by Covid undoubtedly affected the capacity of the workforce to engage with the strategic agenda of the Partnership, their priority understandably being to discharge the operational imperative of safeguarding.

Multi-agency training initiatives continued to be provided during this period, with virtual learning being the predominant medium. Training initiatives continued to be focussed on Partnership priorities, with the experience of the past 12 months being assimilated into the Partnership's forward planning for training and workforce development.

Judgement: **Amber**

## **A multi-agency communication strategy on protecting children**

As with workforce planning, communicating issues relating to safeguarding has hitherto been addressed on a partnership-specific basis. The children's partnership in this period had commenced scoping the communication needs of the learning and improvement sub-group. Particular communication initiatives were undertaken relating to improvements recommended from child safeguarding practice reviews. These included initiatives with respect to the mental health needs of children and young people, self-harm and sexually harmful behaviours.

There is a growing recognition that there needs to be more ready communication between the various partnerships in Tameside. Members of the children's partnership who sit on other partnerships will be expected to report back more routinely on emergent issues being considered elsewhere that may have an impact on the safeguarding of children.

Judgement: **Amber**

## **Risk strategy, identifying and adapting to challenges including new events, and establishing a core intelligence capacity.**

The Covid pandemic rapidly accelerated the Partnership's understanding and appreciation of risk identification and risk management and the sharing of information and intelligence on these issues. Identification of patterns of safeguarding risk, both on an individual and a real basis, were well documented by the local statutory partners throughout the period and the knowledge and experience gained stored for the development of the next iteration of the local (three year) safeguarding strategy. Strategic risk identification, management and amelioration will be focussed on both priority risk groups and risk settings such as key localities and neighbourhoods, school clusters and estates. Sharing information across the Partnership to facilitate an intelligence-led approach to safeguarding is intended to become a hallmark of the Tameside approach. Key in this will be effective working between the wide variety of Partnerships that operate across the Borough (e.g. Health and Wellbeing, Community Safety etc.). Continued efforts will be made to ensure that shared priorities are effectively delivered on and demonstrated to be effective.

Judgement: **Amber**

## **The model of local inquiry into incidents**

The rapid review arrangements in Tameside have quickly become established as an effective mechanism for responding to serious child safeguarding incidents. A variety of methods for undertaking review and reflection continue to be trialled and tested and active communication with the National Panel has continued to produce positive outcomes from local decisions and support for local initiatives. The development of local arrangements to date has led to a streamlining of the review process and the avoidance of unnecessary duplication.

The Partnership continues to be challenged to ensure that arrangements are in place to deliver effective practice change where required from practice reviews. This remains a priority for the partners, and one that continues to require audit and evaluation. The Learning and Improvement Group has a continuing responsibility to provide assurance in this regard.

Judgement: **Green**

## Section 2- General Information about Tameside

The Office of National Statistics (ONS) recorded 2,629 births in 2020. In Tameside there is an estimated 50,956 children within its geographical boundaries (see table 1 for breakdown).

**Table 1 Breakdown of Children living within Tameside geographical boundaries** (ONS Mid-year estimates)

0-4	5-10	11-16	17
14,117	18,080	16,355	2,404

The number of children on a school roll within Tameside is 37,313 with a breakdown shown in Table 2. A snapshot on the March 21 showed that pupils in either a good or outstanding Ofsted rated were; Primary (89%), Secondary (66%) and Special categorised schools (71%).

**Table 2 Number of Children on Roll by school type and whether eligible for Free School Meals (FSM)**

Type	Roll	FSM	FSM%	Pupils in Schools with good/outstanding rated Ofsted
Primary	22,468	6,242	28%	89%
PRU	125	52	42%	
Secondary	14,076	3,324	24%	66%
Special	644	264	41%	71%
Grand Total	37,313	9,882	26%	

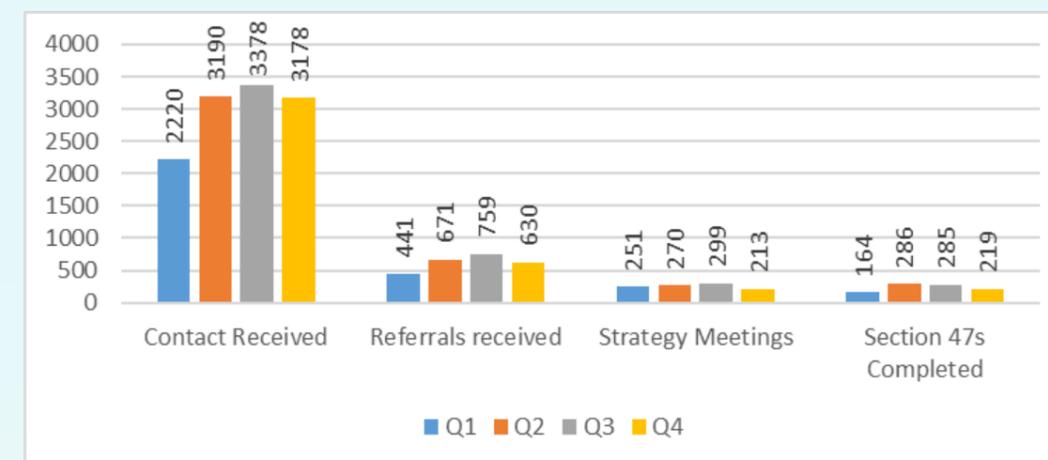
Across Tameside and Glossop there are approximately 14,471 children resident and 14,286 registered aged under the age of five years.

In 2020 there were 2,475 babies born in Tameside & Glossop, with 28% of babies born in the most deprived decile. 6% of babies were born with a low birth weight (<2,500 grams) and the highest proportion of births were born to mothers aged 25-34 years (60%). Less than 1% of babies were born to mothers under 18 years; 20% to mothers aged 18 to 24 years and 19% to mothers over the age of 35 years.

## Section 3- Vulnerable Children in Tameside

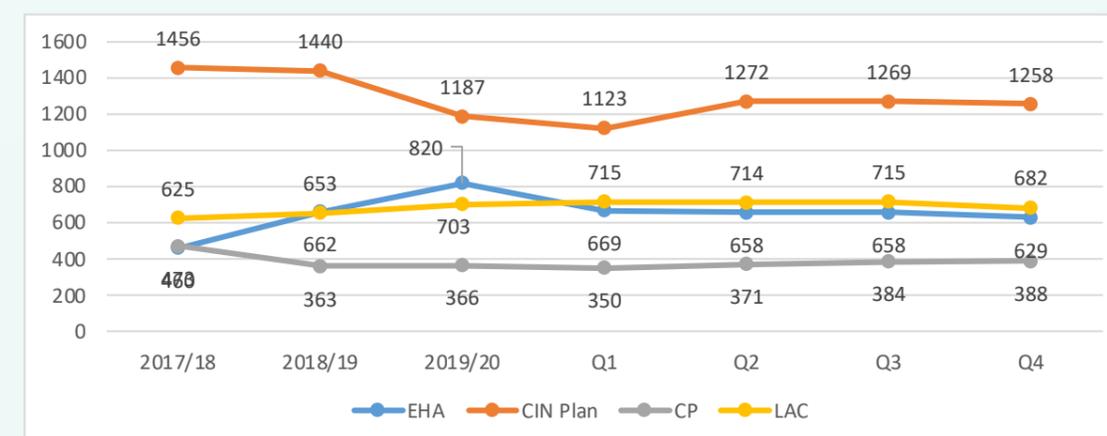
### Contacts and referrals

The volume of contacts and referrals to children services remains high, with the last three quarters of 2020/21 receiving over 3,000 contacts per quarter, and averaging over 600 referrals to social care.



### Children Services demographic data

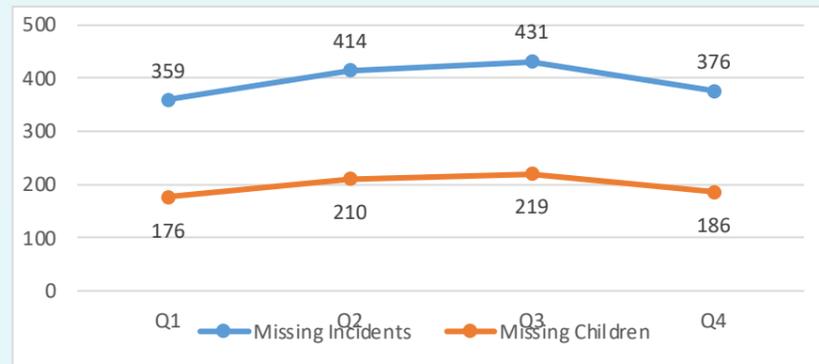
The number of Cared for Children (LAC) and Child Protection Plans has remained stable during 2020/21. The number of Children in need status has increased but is still lower than 2018/19. We have seen a decline in the number of children with an Early Help Assessment.



EHA= Early Help Assessment, CIN- Children in Need, CP, Children Protection Plan, LAC= Cared for Child.

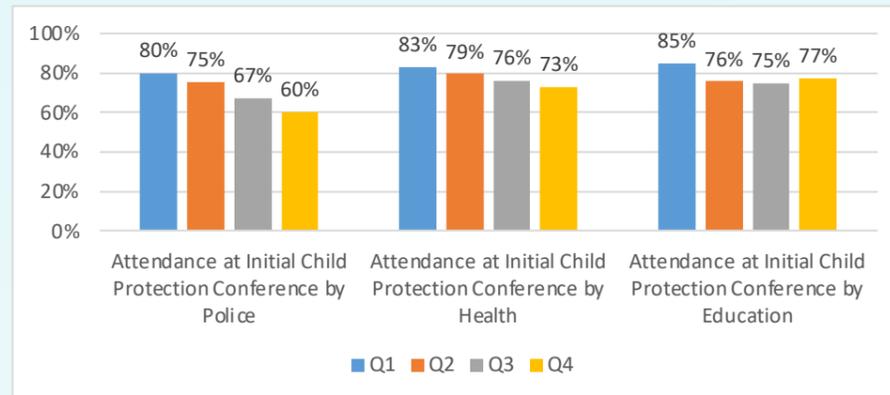
## Children Missing from Home and Missing from Home incidents

The number of children missing from home and missing from home incidents have been consistent at just below 200 children and with an average of 395 incidents per quarter.



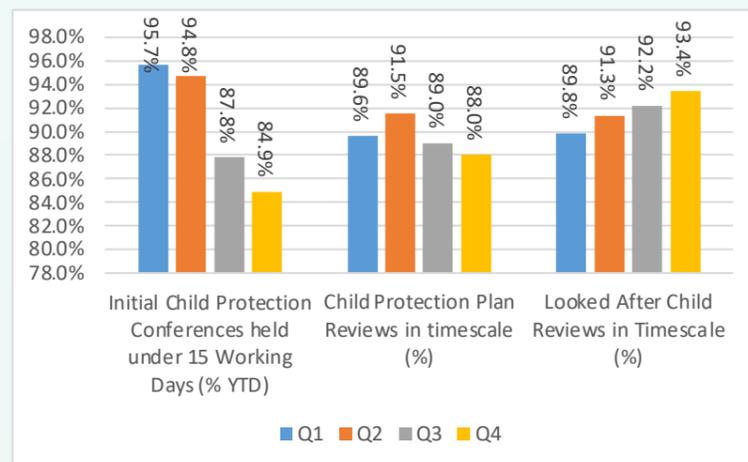
## Attendance at Initial Child Protection Conferences by agency

During 2020/21 there has been a decline in multi-agency attendance at Initial Child Protection Conferences.



## Timescales in CP and Cared for Children meetings.

The timescales for meetings (ICPC, CPP and LAC reviews) has remained over 80% in 2020/21.



# Section 4 - What do we know about the quality of services supporting children and families in Tameside?

## Tameside Children's Services

### What went well in 2020/21?

During the 2020/21 pandemic Children's Services were able to respond proactively to changing needs and to ensure a robust service was maintained for the DfE defined "vulnerable". Effective joint working across CSC, Education, Schools, EH and wider supported early identification of families on edge of crisis & response. Innovative methods of engagement supported many 100s of children and prevented all but a handful of escalations to statutory services.

TSCP Covid strategic group provided partnership oversight & response, CLT Covid operational group provided real time problem solving & decision making.

Complex Safeguarding Team was fully established and staffed, ACT launched.

Single point of access for CAMHS launched alongside EHAP.

FIWs supported over 400 families on a CIN plan.

Early Years virtual GROW offer. 1,200 children supported through Children Centre pathways (over 92 with SEND) and over 3,000 attendees on virtual groups.

Group and 1-1 parenting support - Over 200 families have received support.

Virtual Early Help Panel. 53 TAS settings with FGC support as needed supporting 320 children.

Young Carers service virtual offer. Activity packs for 674 Young Carers as well as food parcels.

Targeted Holiday Activities with Active and Action Together.

Links with schools identified 964 children only 2 escalated to CSC.

### What were the major challenges / issues faced?

Significantly increased contacts in to the service and to a lesser extend referrals from Sept/October 2020 onwards has seen a rise in open cases, CIN and CP both investigations and plans, together with staffing vacancies has created a challenging environment over the past 10/12 months. Effectively closing the loop on audit learning, both individually and collectively and embedding learning has proved challenging and a revised and update/enhanced QA framework remains to be full embedded.

GCP has not been fully embedded.

Although CS service has launched and now produces a comprehensive CS offer, the ACT training was impacted by the pandemic and demand into the service is high and increasing.

Rapid reviews have highlighted early recognition and response to CCE as an area for development. What areas have been identified for improvements in 2021/22?

More fully embed SoS practice model and align QA to this approach.

Improve learning from Audit, QA and reviews, move more from quantitative to qualitative.

Improve consistency in quality of SW practice.

Stabilise staffing (specifically SWs) and enhance capacity in key areas to support direct work and a focus on the child's lived experience.

Further develop multi-agency locality approach to service delivery through tiers 2 – 4.

Early identification and action re CCE.

Predicted demand / challenges for next 12 months

At this time demands into the system does not appear to be reducing and indications are that this may increase further.

## Jigsaw Homes

### What went well in 2020/21?

- Despite the challenges faced by Covid, we have still been able to keep up our training with staff with the 1395 individual training sessions being delivered on line.
- We were able to identify 100's of our customers who were more vulnerable and make direct contact at the beginning of the pandemic and within the first few months of the initial lockdowns. This in turn helped us identify safeguarding concerns and make appropriate referrals.
- Within the year we have extended the number of properties specifically for Care leavers and have also introduced a number of measures to assist this vulnerable group, such as listing them as a priority group for housing, guaranteeing interviews and giving greater access to additional training opportunities linked to healthy eating and getting back into the workforce.
- Internally we have investigated 613 concerns around people's welfare over the year via our dedicated Neighborhood Safety Team.
- We have established a dashboard for greater transparency and communication of what we are doing within the organisation around safeguarding. This is also reported to our Board every quarter. Under reporting in some areas has enabled us to target training.
- We have established a cross departmental working group to share good practice and lessons learned. This brings all areas of the business together to ensure we are consistent with our approach and that everyone takes responsibility for safeguarding no matter what their role.

### What were the major challenges / issues faced?

- As Covid resulted in the bulk of staff working from home, who would have previously been out visiting customers or present within our Neighborhoods, there was a reduction in the opportunity to identify Safeguarding cases.
- The lack of one to one contact is something we have been able to overcome with new ways of working and moving services online, but inevitably our ability to have the same depth of conversations will have been affected.
- Like all businesses and industries, we had to adapt to home working, change a number of processes, procure IT equipment and ensure risk assessments were in place. This was a major distraction for the work force and for a short period we also saw a drop in demand at the beginning of lockdown.
- Concerns about Domestic Abuse increase and effect on children due to reduced contact with customers.
- Staffing shortages due to isolation/infection.
- Increase in drug overdoses due to daily scripts going to weekly due to pandemic.

### What areas have been identified for improvements in 2021/22?

- We have recently taken the opportunity to write a suicide prevention strategy and have now separated our Domestic Abuse strategy from our Anti- Social Behaviour Strategy, so it can have its own focus in line with the new DA bill.
- Rolling out of Trauma informed training across Jigsaw Support staff.
- Regular safeguarding messages to all staff at interim periods across the year.

### Predicted demand / challenges for next 12 months

- Mental health is a growing concern within our communities, which will have been exacerbated by the pandemic and self-isolation.
- We have also just employed a new post of Hoarding specialist who will be working on our strategy to tackle this area, which will likely identify more individuals at risk of self-neglect.
- Increase in Homelessness due to eviction ban being removed – effects on children's home environment.
- Increase in Domestic abuse – greater pressure on the Children's IDVA's in our Bridges service.

### What went well in 2020/21?

#### 1. Continuous Improvement Of Service Delivery

##### Training

CCG continue to support the TSCP training pool and support multi agency training. We have improved GP leads safeguarding sessions via virtual platforms there has been an increase in sessions. Topics delivered include; Domestic Violence, ICON, Alcohol and drug use & safeguarding and Complex Safeguarding.

##### Learning

CCG designated doctor has chaired a short life task & fish group to accelerate the pace of implementing actions from case reviews.

We have contributed to the development of the TSCP communication strategy and have used this to improve the way we communicate learning with commissioned health providers and CCG staff.

CCG hold a safeguarding assurance meeting with commissioned providers to share learning and assure learning from reviews are embedded within the health system.

During covid the Designated Nurse has facilitated a new communication and network forum that reports to the L&I sub group. The forum was established to provide agencies an opportunity to share updates in safeguarding practices within their own agency, to highlight problems, which they may be encountering, and to receive information about multi agency children is safeguarding practice in Tameside.

#### 2. Ensuring Compliance And Quality Of Safeguarding Arrangements

We have contributed to multi agency audit throughout the year including DA and neglect. CCG have participated in channel and complex safeguarding peer reviews across greater Manchester.

CCG have continue to undertake annual safeguarding assurance and there has been a good return despite impacts of covid. We have seen an increase in GP returns. Themes that have affected full compliance during covid is the ability to undertake training and supervision. We have changed the way that training is delivered and agencies have been encouraged to access virtual training and webinars.

#### 3. Response To Strategic Priorities And Emerging Need

##### Icon

ICON is a programme aimed at preventing abusive head trauma in babies. This was launched to multi-agencies partners with good attendance in Jan 21 .The designated nurse is leading on the roll out across 5 touch points

- Ante-natal.
- Hospital based following delivery, within the first 10 days of birth – Community Midwife.
- Health Visitor - birth Visit (within 14 days).
- Health Visitor - team follow-up (within 21 days).
- Primary Care - 6/8 week check.

##### Perinatal and Parent Infant Mental Health

Work to refresh the P&PIMH integrated pathway is almost complete, ensuring that parents have swift and easy access into the right service, whether this is the Perinatal Community MH Team, psychological therapy, the Early Attachment Service or our rich VCSE offer. Chosen as one of three Pilot

sites for the new Maternal MH Service our local offer will be enriched by the addition of a specialist service for women experiencing mental health difficulties due to the maternity experience.

##### Complex Safeguarding

CCG have commissioned a full time complex safeguarding nurse within the complex safeguarding team. This role is co-located with the CST however; this has been impacted by covid restrictions. The aim of the role is to coordinate effective health provision to meet health needs, the role has made improvements to the communication between health professionals and providers. A focus has been to develop pathways and fast track to services for vulnerable young people. There are improved links with sexual health, universal services and primary care.

##### What were the major challenges / issues faced?

- Covid capacity and demand.
- COVID19 act easements.
- COVID 19 Prioritisation community.
- Increase in demand at all levels.
- Increased complexities in child and family presentations - either new or exacerbated.

##### **What areas have been identified for improvements in 2021/22?**

Cared for children health outcomes: timeliness of health assessments continues to be problematic for partners despite efforts to make quality improvements. The CCG have established a strategic group of leaders across the partnership to drive quality improvements required. It is acknowledged that the system is complex and multi-faceted that it needs to work cohesively as one accountable system.

Ofsted findings and improvement plan affecting partnership work. We will continue to work with LA and police partners to review and improve the MASH arrangements including timeliness of and attendance of partners at statutory meetings. CCG will work with health partners to improve coordination of health information in statutory and safeguarding processes in response to audit findings. Waiting list for ADHD and ASC is long. More work to understand the impact of the waiting list initiatives in ASC and ADHD pathway and then improve the pre and post diagnosis support for ASC and ADHD.

Commissioning for children with complex needs. We need to review how we make decisions across the strategic commission and use budgets in a better joined up way.

##### **Predicted demand / challenges for next 12 months**

The effects of COVID-19 continue to affect the safeguarding system. The effects present a “situational risk” for vulnerable children and families, with the potential to exacerbate pre-existing safeguarding risks and bring new ones.

Concerns that continued investment into children’s services without equitable investment in other areas will further impact partners’ ability to withstand demands and pressure in the system.

Development of ICS. CCG will no longer exist. There will be a significant amount of work in planning shut down and transfer of business. Safeguarding statutory function will transfer to ICS and there is no current model of how this will link in with Place.

## Tameside and Glossop Integrated Care NHS Foundation Trust

### What went well in 2020/21?

The past year has been a year like no other in the history of the National Health Service (NHS) with the challenges of the global pandemic caused by the COVID-19 virus and its impact. The Trust recognises that it is only able to provide quality and safe health care for the population of Tameside and Glossop with the dedication and commitment of its staff. During the unprecedented pressures of COVID-19, our colleagues and staff have gone significantly above and beyond what might be expected of them to ensure that patients are treated safely, compassionately and with respect. In recognition of the priority afforded to safety and therefore safeguarding within the Trust's values, during the last year the Trust has ensured that patient safety and Safeguarding has remained a top priority and this focus has been assertively managed throughout the pandemic.

#### 1. Continuous Improvement Of Service Delivery

As one of the TSCP strategic priorities, there has been ongoing development of the Complex Safeguarding Agenda across the Trust. A specialist nurse for safeguarding children- complex safeguarding commenced in post in 2020. This post is co-located within the multi-agency complex safeguarding team (although this was limited due to the Covid-19 pandemic) and takes a lead role across the health economy for complex safeguarding.

We have continued to provide daily representation in the Multi-agency Safeguarding Hub (MASH) with a Specialist Safeguarding children's Nurse, although during the pandemic this has been undertaken remotely. This is a key role and contributes to the overall aim of the MASH in providing a high level of knowledge and analysis of all known intelligence and information across the safeguarding partnership to ensure all safeguarding activity and intervention is timely, proportionate and necessary. An increasing demand and complexity of safeguarding has been observed

Safeguarding is included on the agenda at the daily Trust wide site safety huddles introduced in 2020, ensuring it is 'our everyday business', providing key messages and informing management of risks, incidents and concerns. This has generated useful conversations where actions and learning have been identified and shared

To promote key messages about safeguarding, staying safe, health and wellbeing, a number of our services launched;

- Integrated Safeguarding Twitter handle @tgsafeguarding  
Tameside School Health Service Facebook page  
Tameside Health Visiting Service Facebook page  
School Health Advice Line (for parents)

Keeping our children safe- The national immunisation programme is in place to protect the nation's health from the impact of devastating disease but vaccinations routinely given in schools were suspended during the COVID-19 pandemic. Recognising that one of the most important things that a parent can do for their child is to make sure that they have all their routine vaccinations, our School Nursing Service addressed the challenge, despite the snow, wind and rain, taking the learning from

the community COVID-19 vaccination hubs and set up Drive Through Clinics for children from Tameside schools to ensure the immunisation programme was still operational.

In total 1318 immunisations were given in our 'Drive through clinics' during term time over 26 sessions between 18th January 2021 and the 10th March 2021 with the support of the School Nursing Team. As a result our immunisation programme will be completed within the current year without the need for catch up in 2021/22. The Immunisation Team and their team Leader have become finalists for the Patient Safety Awards 2021 for this work.

#### 2. Ensuring Compliance And Quality Of Safeguarding Arrangements

Although Covid - 19 priorities have remained the Trust's primary focus, our staff have demonstrated resilience and responsiveness to competing demands and maintained a focus on safeguarding unborn babies, children, young people and their families. The Trust has remained vigilant and fully sighted to the challenges that have presented to safeguarding throughout Covid-19.

Although business continuity plans the safeguarding team continued to be proactive, reactive and visible in supporting staff and in offering advice, guidance and support as required to empower them to fulfil their duty to safeguard in a timely and effective manner. Home visiting did not stop for vulnerable unborn babies and children.

Section 47 medicals continued face to face and as a priority / business as usual, with no change, other than to consider Covid-19 during the triage upon receipt of the referral. The number of referrals were monitored which significantly reduced in the initial lockdown period in line with the reduction in referrals into the MASH. Oversight and scrutiny of this was undertaken with children's social care in providing assurance that those children requiring a medical had taken place.

Named Nurse for Safeguarding Children contributed to the weekly partnership operational group established early in the pandemic, and reported back key messages through the Trust command structure.

Within the Tameside and Glossop Integrated Foundation Trust (TGICFT), the Director of Nursing/Executive Lead for Safeguarding chairs the bi-monthly Integrated Safeguarding Committee (ISC), with support from the Deputy Director of Nursing Professional Standards, Safeguarding and Assurance. This meeting is attended by the Head of Nursing for Integrated Safeguarding, Named Professionals and service leads from across the ICFT. The Safeguarding Committee continued to meet throughout the pandemic to ensure that the Trust was able to meet with its statutory and regulatory requirements. The ISC receives key updates and is sighted on emerging themes, partnership activity, headlines and risks about the safeguarding system across TGICFT and partnership. The membership feeds into local governance and divisional management structures and meetings. The ISC reports to Service Quality & Operational Governance Group (SQOGG) that reports to Quality & Governance Committee which reports to the Trust Board that all reports and updates about Safeguarding. Baseline self-assessment has been completed against the Safeguarding Children, Young People and Adults at Risk Contractual Standards Audit 2020/2021 providing assurance and action plans in response.

Partnership working has continued to be strong with membership and contribution to TSCP Executive, subgroup meetings, multi-agency meetings, safeguarding children's reviews, and domestic homicides reviews. We have contributed to all requests for information and ongoing case review activity.

The Trust contributed to the development of the TSCP communication strategy detailing our floor to board approach to communication and dissemination of key messages, 7 minute briefings and embedding learning.

### 3. Response To Strategic Priorities And Emerging Need

Along with our safeguarding partners, we have focused on Domestic Abuse and preventing abusive head trauma, two areas of learning from a local review (Child V) that we know were critical during this pandemic. We have increased awareness raising and targeted A&E and Maternity services, promoted access to the early help offer, had a refreshed focus on routine enquiry in pregnancy and have implemented ICON (a national programme of intervention based around coping with crying babies and preventing abusive head trauma).

#### Complex Safeguarding

The newly commissioned specialist nurse for complex safeguarding contributed to the complex safeguarding peer review on behalf of the Trust. The audit demonstrated a positive impact of the employment of the Complex Safeguarding Nurse to the team. It was clear that there was an improved understanding of the role which health services can bring to the Complex Safeguarding Multi agency Team and the benefit which this brings to the young person and their family.

#### Neglect

The Trust contributed to the multi-agency neglect audit and are actively engaged with tackling neglect as a TSCP priority.

#### Domestic Abuse

The Trust contributed to the TSCP Domestic Abuse audit and completed the single agency audit on routine enquiry for domestic abuse in pregnancy.

We supported 16 days of Activism against gender based violence campaign in 2020.

The Trust continued to contribute to the MARAC, virtually during the Covid-19 pandemic, as it remained absolutely vital that we continued to share information to safeguard our highest risk victims and their children.

#### Mental Health

The Trust recruited a practitioner for Children and Young Person's Mental Health and Substance Misuse who is based on the Children's Unit providing an expert resource and a key link with Pennine Care.

#### **What were the major challenges / issues faced?**

Impact of Covid -19 Pandemic on-

- Delivery of services and redeployment of staff;
- National guidance informed our business continuity plans during the pandemic.; COVID-19 prioritisation within community health services; Novel coronavirus (COVID-19) standard operating procedure: Community health services NHS England; iHV Covid-19 Professional Advice for delivering the Healthy Child Programme; Guidance for antenatal and postnatal services in the evolving Coronavirus (Covid-19) pandemic

- Mandatory training. This was stepped down reflecting the national decision that Trusts should reduce training demands in order to effectively address the pandemic.
- Workforce- Staffing, operational pressures and service delivery including changes to agile working practices.
- Work streams, such as the implementation of the Neglect Strategy and embedding learning from case reviews, did not progress at the pace we had anticipated during 2020 /21 as a result of reprioritisation.

A continued area of focus and risk has been the ongoing issues with the timeliness of health assessments. It is acknowledged this is system wide issue

#### **What areas have been identified for improvements in 2021/22?**

The Trust has identified a number of actions required to strengthen the Safeguarding service. Actions have been determined from our internal practice and review, regulatory and commissioning requirements, restoration and recovery of services, safeguarding reviews and from the lessons learned from case reviews.

A summary of work planned in 2021 - 22 is as follows:

- Embedding learning from case reviews learning from safeguarding case reviews is a priority for 2021/2022.
- System approach to 'Cared for Children'. A multi-agency monthly monitoring and innovation group has been established chaired by Divisional Director, Surgery, Women's & Children's Services.
- Supporting continued use of digital platforms and partnership working aligned to our partners and restoration response.
- Recovery planning is ongoing to restore safeguarding mandatory training compliance by December 2021 to 95%.
- Review our training strategy underpinned by the intercollegiate frameworks. Further develop our training offer in response to working virtually and ensuring that all staff have the relevant training, to enable them to carry out their duties safely.
- Further build on the Integration of safeguarding team and workforce transformation in these teams
- Ongoing development of the Complex Safeguarding Agenda across the Trust in response to emerging themes and priorities.
- Safeguarding restorative supervision training for supervisors has been commissioned to be delivered in September 2021. This will inform the development of a new policy and embed a safeguarding restorative supervision model and approach in the Trust.
- Key to having a renewed focus on the Neglect Strategy will be the development and implementation of a Trust wide 'Promoting engagement' with services Policy to include 'Was Not Brought' and 'No Access'.
- Respond to Ofsted feedback with regards improving attendance at multi-agency meetings and timeliness of health assessments for children in care.
- To have an enhanced focus on domestic abuse for our staff and our local population aligned to the Tameside domestic abuse strategy.

#### **Predicted demand / challenges for next 12 months**

- Ongoing impact of the Covid-19 Pandemic.
- There is a continued awareness of the prolonged pressure staff are currently under in re-

sponse to the pandemic, health and wellbeing remains a priority.

- The Trust is continuing to experience very significant and sustained pressure on services.
- Recovery and restoration of services
- Our paediatric services are experiencing a significant increase in demand due to Respiratory Syncytial Virus (RSV) which can cause bronchiolitis. This is normally not seen until the winter months in babies (under age 1), but due to the impact of Covid19 there is an increase in children under the age of 2 years experiencing RSV or other respiratory type illnesses which is causing a surge in admissions of severely ill, very young children.
- Demand and capacity for health role in the MASH. The role has evolved since the original commission and now includes daily high risk triage of domestic abuse cases and an increasing number of referrals and strategy meetings.
- Increasing complexity of cases and impact on staff when managing competing priorities and emotional demands.

## **Pennine Care**

### **What went well in 2020/21?**

1. Continuous Improvement of Service Delivery.
  - Our Safeguarding Team has been fully established from May 2020 including 3 new practitioners who joined during Covid. Our safeguarding team have provided advice, support and guidance throughout Covid so our staff had access to safeguarding advice, support and guidance. In addition we continued to support the work of the TSCP and all its subgroups despite the demands of Covid.
  - Due to having to cease face to face training as a result of Covid by May 20 the safeguarding team had transferred the full mandatory safeguarding training offer on to a virtual platform enabling staff to continue to access training to develop their safeguarding knowledge and skills.
  - Our Trust Safeguarding Strategy recognises a 'Think Family' approach as children, adults and their families and carers do not exist or operate in isolation and there has been a focus in 2020/21 to deliver safeguarding children training to adult services practitioners.
  - From January 2021 the Trust implemented a new leadership structure to build a stronger and more visible clinical and professional leadership including a greater locality focus. Supported by the Network Director of Nursing, Quality and Allied Health Professionals and the Heads of Quality the leadership structure enhances the work of our services and supports our trust's commitment to the TSCP and respective sub groups.
2. Ensuring Compliance and Quality of Safeguarding Arrangements.
  - There has been consistent Trust representation at the Executive, L&I and QAPM sub groups.
  - The Trust contributed to the TSCP Domestic Abuse audit. In addition our trust identified a key priority to establish support and guidance for staff to be able to routinely enquire about domestic abuse and be confident in how to manage when there is a disclosure to ensure this is able to be evidenced in a robust way. A survey was undertaken to establish a base line of staff knowledge and awareness of domestic abuse to support a trust wide domestic abuse learning programme, [Survey results embedded.]

### 3. Response to Strategic priorities and Emerging Need.

- All our services continued to be delivered during the year although due to Covid they have had to embrace different ways of working but referral criteria did not change.
- The Specialist Safeguarding Families Practitioners continue to review every Trust child safeguarding incident, providing specialist support and advice and signposting as necessary to the Local Authority. The Heads of Quality support safeguarding and the Trust learning from incidents.
- The safeguarding team developed and recorded 'lunch and learn' sessions for our staff including managing disclosure of historical child abuse and professional challenge as the result of learning from a safeguarding multi-agency reviews which are available to all staff via the trust safeguarding web page.

### **What were the major challenges / issues faced?**

- Impact of COVID on face to face delivery of clinical services.
- Impact of COVID on face to face safeguarding mandatory training.

### **What areas have been identified for improvements in 2021/22?**

1. Enhance the work within the Trust in relation to the Mental Capacity Act to ensure compliance with NHS Assurance and Accountability Framework for Safeguarding with a focus on 16-17 year olds.
2. Establish support and guidance for staff to be able to routinely enquire about domestic abuse and be confident in how to manage when there is a disclosure to ensure this is able to be evidenced in a robust way.
3. Review Trust model for representation at local borough MARAC and develop a robust information sharing process.
4. Update Trust Safeguarding Training Strategy and explore and implement a training evaluation model which provides assurance in relation to practice and outcomes for people.
5. Review Safeguarding Supervision Strategy and implement framework that is underpinned by standards and competencies to ensure the Trust meets its responsibilities.
6. To ensure safeguarding is embedded in the new Integrated Leadership Model with clear safeguarding roles, responsibilities and assurance processes including a robust system for oversight and completion of action plans that arise from serious case reviews to prevent drift and the dissemination of the learning across the Trust footprint.
7. Review revised Looked After Children: Roles and Competencies for Healthcare Staff Framework Dec 2020 and development model for training delivery.

[Link to PCFT Safeguarding Annual Report 2020](#) [PCFT Safeguarding Annual Report 2020](#).

### **Predicted demand / challenges for next 12 months**

1. Continued impact of COVID on staffing pressures and service delivery including changes to agile working practices.

2. Increasing demand on CAMHS services due to impact of COVID restrictions in children and young people including:-
  - An increase in young people presenting with anxiety which taking into account the uncertainty of Feb-March 2021 and young people having to isolate in their bubbles.
  - Challenging behaviour and the uncertainty, lack of routine and school and parents feeling they can't manage behaviours.
  - An increase in the number of young people admitted to the Children's ward having made attempts on ending their life.
3. Capacity within the safeguarding team due to staff changes and recruitment.
4. Ensuring safeguarding is embedded in the new Integrated Leadership Model with clear safeguarding roles, responsibilities and assurance processes including a robust system for oversight and completion of action plans that arise from serious case reviews to prevent drift and the dissemination of the learning across the Trust footprint.

## Community Safety

### What went well in 2020/21?

During 2020 there has been an increase in output and activity from the Community Safety Unit despite issues relating to COVID.

The Tameside Independent Advisory Group was reinstated in March 2020. IAGs have been developed nationally by police forces and police authorities to provide independent advice in understanding the role and impact of the police in diverse communities. In Tameside we are seeking to do this in a more co-operative way, and to establish an IAG for the Community Safety Partnership as a whole. This recognises the way in which a range of partner organisations in the Borough work together, and with local people, to create safer communities and build good community relations.

Please see the attached document with the Terms of Reference.

The group has met weekly since that time, has 29 active members of whom 14 regularly attend the meetings. The group has an independent chair and provides scrutiny for policing issues and, uniquely for GM, wider Community Safety Issues. The meetings have been invaluable in sharing COVID and Vaccine messaging to the groups that are represented. One outcome for the group has been the creation of a Young Persons IAG, inaugural meeting August 2021.

This work is evidence of the commitment in the strategy of Building Stronger Communities. There has been a focus on raising awareness of Hate Crime across the borough. A significant number of online and, more recently, face to face presentations have been conducted to partner agencies and organisations to encourage reporting. These have been very popular. As a result Tameside launched its Hate Crime Fund in Feb 2021 to encourage groups to bid to a max of £1000 for their projects to raise awareness of Hate Crime. Eight bids were approved and it is hoped to run the fund each year.

### What were the major challenges / issues faced?

COVID 19 has proved a significant challenge for much of the work being carried out. Staff have adapted and conducted meetings online with greater frequency and higher attendance. Many of the funded projects have been delayed due to the pandemic and will require support as restrictions

ease. Not having the ability to run face to face events has been a challenge. It is anticipated that many of the groups the unit deals with will have funding issues post pandemic. This will be a challenge to support. We will need to be creative and innovative in identifying and allocating funding to the groups most in need.

### What areas have been identified for improvements in 2021/22?

The draft Community Safety Strategy is below and identified five priorities for 2021-2024 which are; Building stronger communities, Preventing and reducing violent crime, knife crime & domestic abuse, Preventing and reducing crime & anti-social behaviour, Preventing and reducing the harm caused by drugs & alcohol and Protecting vulnerable people and those at risk of exploitation.

### Predicted demand / challenges for next 12 months

The Community Safety Strategy will be signed off in due course and this will provide focus for the unit.

It is anticipated that post pandemic there will be an increase in ASB (Antisocial Behaviour), this has already started to increase as lockdown eases

## Tameside Channel Panel and Prevent

### What went well in 2020/21?

The Panel benefits from a wide range of expertise from partner organisations, including, for example, representatives from Mental Health, Social Care and a Local Authority Designated Office (LADO) representative.

The Channel Panel was reviewed as part of the GM Channel Peer Review process in May 2021 and received positive feedback overall.

The Panel membership has been expanded to include a Primary Care representative after being identified as an area of improvement for the Panel.

The above is evidence of the Panel's commitment to Strategic Priority 1 in the TCSP Business Plan, 'Continuous Improvement of Service Delivery'. The Panel have utilised online meetings due to the pandemic, and following positive partner feedback will continue to do so. Overall Panel membership attendance has been high.

During April 2020 – July 21, 4 cases have been considered at the Tameside Channel Panel after being triaged by the Counter Terrorism Policing team. Of the 4 cases discussed, all were male, 2 were adults and 2 were children.

### What were the major challenges / issues faced?

The Covid-19 pandemic's disruption on schooling and home life will have led to increased feelings of isolation for children and may have increased their vulnerability to inappropriate online sources. Schools provide a high proportion of the Prevent referrals submitted. Due to the disruption to schooling, it is a concern that the vulnerability of individuals may have gone unnoticed whilst the schools were closed.

As a voluntary process, cases are closed to the Channel Panel if consent to the process is not given.

However, the Panel has the expertise to signpost individuals to receive the appropriate safeguarding assistance if required.

### **What areas have been identified for improvements in 2021/22?**

The draft Community Safety Strategy, including an appended Prevent Action Plan, is due to commence the governance process for approval.

Please see the attached document for the specific objectives, agreed by the multi-agency Channel Panel Members.

Priorities.

The Prevent Strategy in Tameside is driven by key objectives on the Tameside Prevent Action Plan which are informed by national and local The Tameside Prevent Action Plan has five key objectives:

1. To ensure partnerships and governance structures are in place to maintain and evaluate the delivery of the Prevent Duty across Tameside.
2. Aim to tackle the causes of radicalisation and respond to the ideological challenges of extremism.
3. To identify those at risk of radicalisation, ensure safeguarding measures are in place and offer support through early intervention.
4. Enable those who have already engaged in extremism to disengage and rehabilitate.
5. To support a range of organisations where there is a risk of radicalisation.

### **Predicted demand / challenges for next 12 months**

The Counter-Terrorism Local Profile (CTLP) is due to be released shortly by the Counter Terrorism Policing North West Team. The CTLP provides a strategic threat assessment and will assist the evaluation of the challenges for the year ahead. It is possible that the effect of the pandemic, with regards to increasing the levels of isolation and therefore vulnerability in children, will continue to be a factor in the coming year.

### **Action Together**

#### **What went well in 2020/21?**

Tameside Safeguarding Children's Partnership Voluntary, Community, Faith and Social Enterprise Sector Safeguarding Event 30.11.20

- The aim of the event was to build a working relationship / partnership between the VCFSE and Tameside Safeguarding Children's Partnership.
- 16 leads from VCFSE organisations attended.
- The event included a welcome and overview of the Tameside Safeguarding Children's Partnership, Early Help overview, serious case reviews and 7-minute briefings, training opportunities and break out discussion groups.
- Organisations signed up to be involved in future training, events.

Volunteering

Action Together had 207 volunteers during covid. All volunteers received safeguarding training via

the safeguarding video for volunteers and guidance from the Tameside Safeguarding Partnership. What were the major challenges / issues faced?

Covid was an issue as organisations closed or priorities changed. However, there were also opportunities for example the increase in volunteers and uptake of safeguarding training.

### **What areas have been identified for improvements in 2021/22?**

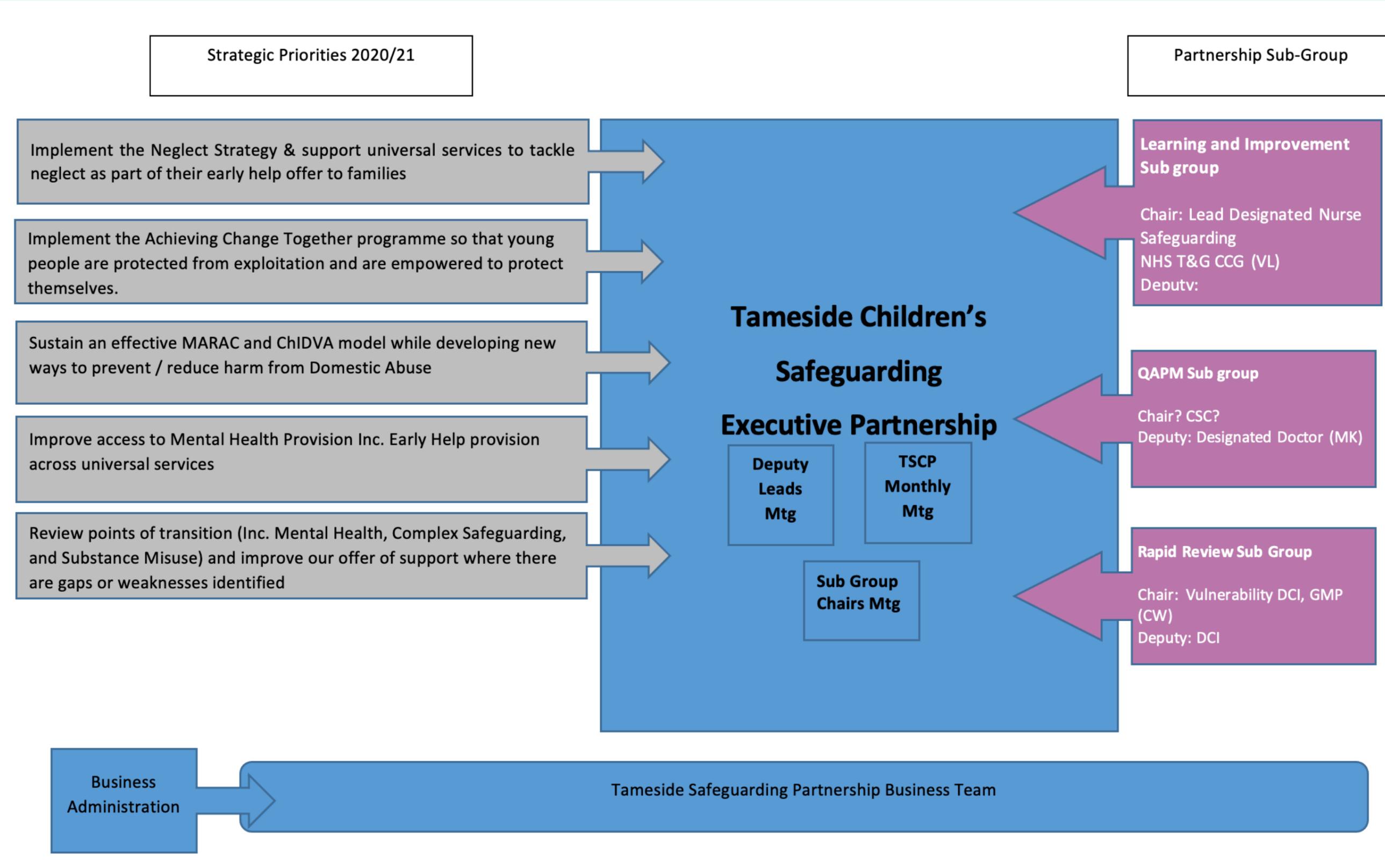
Building a working relationship/partnership between the VCFSE and Tameside Safeguarding Children's Partnership.

- 7-minute briefing training.
- VCFSE sign up to the Tameside Safeguarding Children Partnership E – bulletin.
- Promote Tameside Safeguarding training offer.
- Themed online Safeguarding, for example, Understand the Role of the Local Authority Designated Officer and safer working practices.
- Neglect strategy – promote and training. Objective 1.1 / 3.1.
- Develop communication and relationship with Complex Safeguarding Team, Community safety at a local level, for example, county lines.
- Reporting mechanism for the work is via the Learning and Improvement Group.

### **Predicted demand / challenges for next 12 months**

- Our capacity to support VCFSE groups will not change in the short term – 1 year.
- We will continue to develop appropriate support for VCFSE groups re: Safeguarding.
- Our resource is finite, we will not be able to take on additional responsibilities.

# Section 5 - Partnership Structure and Strategic Priorities 2020-21



# Section 6 - Strategic Priorities and Key Activity

## Priority 1 Child Neglect: Implement the Neglect Strategy & support universal services to tackle neglect as part of their early help offer to families

Tameside Safeguarding Children Partnership launched the Neglect Strategy in the 1st quarter of 2020.

The 4 priorities of the strategy were to;

- Secure strategic commitment across all agencies.
- Prevent neglect through early help.
- Improve awareness, understanding and recognition of neglect.
- Improve effectiveness of interventions.

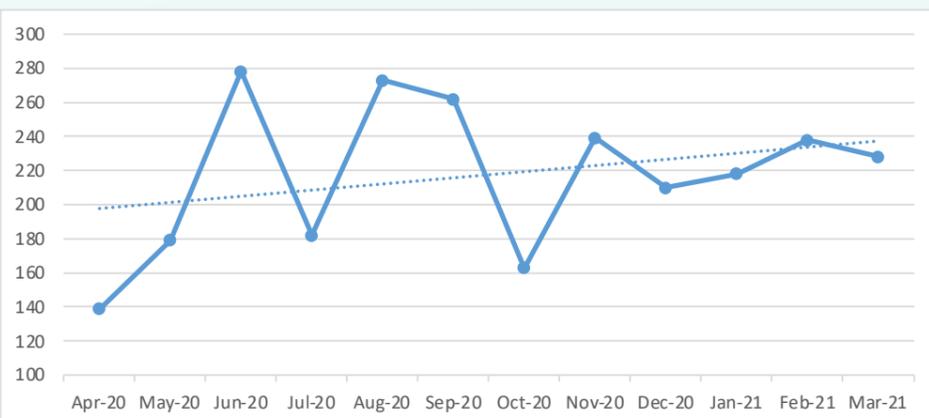
A Neglect Screening Tool and the Graded Care Profile were promoted via regular training and guidance at various points within the safeguarding system including Early Help Access Point and MASH for example. Feedback regarding training and support is positive but the use of the Graded Care Profile has remained low while the number of neglect cases has risen.

QAPM Group	March 2020	March 2021
Children in Need	726	921
Child Protection	145	193
Cared for Children (LAC)	549	537

Feedback has identified that practitioners find the existing assessment tools to be time consuming and difficult to complete within their settings alone. The Neglect Task and Finish Group has been re-convened in 2021 to update the existing tools and resources and to consider alternative approaches to tackling neglect at the earliest opportunity.

## Priority 2 Domestic Abuse: Sustain an effective MARAC and ChiDVA model while developing new ways to prevent / reduce harm from Domestic Abuse

The number of notifications for domestic abuse to Children Services has increased from an average of 155 (2019/20) to 217 (2020/21).



A full multi-agency audit on Domestic Abuse was completed by Tameside Safeguarding Children Partnership in March 2021. Six cases were audited at all levels of social care involvement and covered the full range of domestic abuse including common couple violence, intimate terrorism and violent behaviour across situations (i.e., criminality and violence towards others). In addition there were difficulties in getting victims to engage with support available.

There was evidence of strong partnership work with children and families, two out of six children had a planned to step down due to reduction in Domestic Abuse in their home and there was clear evidence of the voice of the child in all cases.

The audit did identify a 9 month waiting list for the Children's Independent Domestic Violence Advocate (ChiDVA) service. This prompted an immediate review and prioritisation of referrals and funding for an additional ChiDVA being allocated. The audit also discovered that GP's weren't fully informed of the MARAC process and a lack of evidence of direct work with children. These findings have been incorporated into a wider strategic needs assessment which will inform a new Domestic Abuse Strategy in 2021.

Other case reviews completed in 2020/21 have highlighted an effective referral process into the MARAC and an appropriate categorisation of risk. The partnership will be seeking further assurance regarding MARACs information sharing protocols to ensure there is timely sharing of relevant information with partners who are working directly with the family.

## Priority 3 Complex Safeguarding: Implement the Achieving Change Together (ACT) programme so that young people are protected from exploitation and are empowered to protect themselves.

A Complex Safeguarding Team and offer was implemented in March 2020 and now encompasses sexual exploitation, criminal exploitation, County lines/Trafficking and Modern Slavery. The team secured its first prosecution for Modern Slavery in 2020/21. The team includes a co-located Education Liaison Officer and Health Practitioner and a virtual link to a mental health practitioner. Partner agencies and front line practitioners have worked well together to identify risks and develop plans but there are improvements to be made around services planning with CAMHS and Adult mental health.

Planned operational activity and promotion of the service was disrupted due to Covid-19 and this has included the roll out of the Achieving Change Together (ACT) programme. A mock JTAI completed in June 2020 identified that there is a range of meetings and mechanisms to consider the risks for children at risk of child sexual exploitation, missing and criminal exploitation (including county lines), at an operational level, but these are not yet sufficiently coherent to direct joint working.

The Complex Safeguarding team has been operating at capacity since it was implemented. Rapid Review referrals in quarter 3 and quarter 4 indicate emerging problems in relation to child criminal exploitation and contextual safeguarding which isn't reflected in the quarterly statistics shown below. The partnership has committed to reviewing the existing service offer alongside emerging national research, recommendations and good practice to determine how to further improve its response to these safeguarding concerns.

2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of referrals into the Complex Safeguarding Team	15	26	18	21
Current children and young people open to Complex Safeguarding Team	29	40	39	38
Criminal Exploitation	10	14	10	16
Sexual Exploitation	13	17	17	11
Other	4	9	5	3
Multiple-CCE&CSE	2		7	8

**Priority 4 Mental Health; Improve access to Mental Health Provision Inc. Early Help provision across universal services.**

Tameside’s THRIVE model now offers a whole system, multi-agency approach to delivering needs based interventions. A new Single Point of Entry was launched in July 2020 alongside Early Help and Safeguarding Team which has reduced waiting times to initial appointment. There is strong partnership working between schools and mental health professionals and evidence of good partnership working was identified in the partnerships mental health assurance exercise.

The THRIVE framework below conceptualises 5 needs-based groupings for young people with mental health issues and their families. The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in that group – using language informed by consultation with young people and parents with experiences of service use.



Tameside adopted Kooth which is an online counselling & wellbeing service available to young people aged between 11 & 18 in Tameside & Glossop. It offers a safe & anonymous website that provides confidential support and is a fantastic way for young people to get the help & support they need, when they need it. Tameside Safeguarding Children Partnership supported the delivery of two awareness raising webinars to the multi-agency workforce.

A 40% increase in referrals to ADHD pathway has led to a growing waiting list for ADHD-ASC and this rise in demand will need to be addressed in 2021-22.

**Priority 5 – Transitions - Review points of transition (Inc. Mental Health, Complex Safeguarding, and Substance Misuse) and improve our offer of support where there are gaps or weaknesses identified**

Developing the transition offer for young people aged 16 & 17 years old with mental health needs has been a priority area for the Children and Young People’s Strategic Steering Group. The THRIVE model has been offered to children and young people up to the age of 18 and for some areas of work such as ADHD and eating disorders there is consideration being given to extending this to 25. Similarly the Complex Safeguarding Strategic Group has recognised the need to support vulnerable young adults at risk of harm beyond the age of 18. Adult Services are now a core member of the Complex Safeguarding Group and this work is being developed. Proposals to develop the service offer will need to be considered regarding this issue in 2021-22.

A comprehensive needs assessment for both substance use and domestic abuse have been completed during 2021. The recommendations from these will be considered and implemented as part of a new strategy for these critical areas of work.

## Section 7 TSCP Assurance Exercises

Overall, the evidence is suggestive that each agency could document the criteria set out in the S.11 of the Child Care Act (2004).

What working well (each agency provided)	What isn't working well
A list of services they commission having a lead safeguarding person, senior person taking responsibility for safeguarding in the organisation.	Little evidence of TSCP or Greater Manchester procedures being used in agency particular with escalation policy (which supportive of case reviews).
Whistleblowing procedures in place.	No references of TSCP minimum standards for delivery of training.
Safe recruitment procedures.	
Appropriate supervision process.	
Dealing with allegations against professionals.	
Voice of the Child (including the launch of Listen co-production of services in March 2020)	

### Education (S.175)

Tameside aligns the S.175 audit with the Keeping Children Safe in Education Guidance. Overall 79 out of 98 schools completed returns (2020/21), therefore leaving only five schools that we haven't received a S.175 audit over the last two years. The school self-assessment returned 274 actions for schools to complete (206 primary, 40 secondary and 28 specialist schools). This year schools reported more actions postponed due the covid-19 situation.

What working well (each agency provided)	What isn't working well (three areas that 10% of schools reported amber or red on traffic light system)
There being significant increase in school participation in the S.175 audit over the last two years.	Bullying annual survey.
categories that flagged up concerns by schools in 2019/20 are no longer are concern include; understanding pupils views on safeguarding, promoting child protection in lessons, safeguarding training and the Early Help process.	School e-safety briefings.
No school was identified as being inadequate for safeguarding by Ofsted (snapshot in September 20).	Governing overview of mental health (new in keeping children safe in education).

## Section 8 - Workforce Development

Prior to the onset of the pandemic the Partnership's Multi-Agency Training offer comprised of traditional face-to-face courses delivered at four local authority venues spanning the borough. A typical training year commencing in April & concluding in March the following year would consist of the delivery of 58 courses covering 22 topics associated with safeguarding children.

The initial lockdown in March 2020 resulted in the scheduled programme of training for 2020-21 being cancelled & as an interim measure a suite of free e-learning courses were researched & made available to the Multi-Agency Workforce. This was a short term measure intended to facilitate redesign/modernisation of traditional training, which included research, piloting & upskilling in relation to a preferred online virtual learning platform.

In July 2020 a new programme of learning was implemented involving virtual webinar type courses utilising a combination of 'Skype for Business' & 'Zoom' technology. As the programme embedded, 'Zoom' emerged as the preferred learning platform.

In view on the nature of online learning all previous courses, which were normally delivered over one full day utilising traditional face-to-face teaching methods, were redesigned & mostly involved virtual learning activity over a 2 hour or half-day period.

Between July 2020 and March 2021 a total of 34 Multi-Agency Learning Events covering 15 topics were delivered on the Partnership's new virtual programme of learning. Please see appendix C for details.

Evaluations from all courses on the programme reflect that virtual training methodology has been well received and engaging for participants. Virtual training is seen as time efficient whilst at the same time maintaining high standards of content and learning.

Notwithstanding a positive evaluation of the new approach, face-to-face training is cited as key to in depth learning, networking & greater awareness of roles, responsibilities & Multi-Agency resources. This hasn't been lost and the situation is continually under review.

It is anticipated that at some stage in the near future there will be a reintroduction to face-to-face training and planning for this, taking into account the pandemic situation, will be informed by representatives from the Multi-Agency workforce.

## Section 9 – Learning from Case Reviews

In 2021 TSCP completed a review of its case reviews over the past 3 years. The most common themes were non-accidental injury (4 cases), sexual harmful behaviour (2) and self-harm suicide (2). Additional evidence from Public Health profile (March 2021) indicates that non-accidental injury is higher than national average and self-harm hospital admissions is similar to the national average. Tameside launched ICON and promoted prevention of accidents resources in January 2021 as a result of the learning from case reviews. The GM Strategic CDOP group has also said that non-accidental injuries will be a priority area of work. In Tameside Task and Finish Groups have been created to develop improved operational responses to sexually harmful behaviour and self-harm and further tools, training and guidance will be launched in 2021/22.

In five out of the ten cases reviewed there was either mental health problems or diagnosis of mental health condition with a child involved in the case review. There have been significant changes in the last 12-24 months around early support for mental health problems, such as adaption of I-Thrive model, and use of Kooth within Tameside.

The toxic trio (parental mental health, substance misuse and domestic Abuse) were a theme in the case reviews. These have all been identified as priority areas for the TSCP strategy in 2021-2025.

In half of the case reviews there was challenge between agencies when the case was active. In addition to the challenge between agencies there was a lack of understanding within two case reviews on the use of the escalation policy. The escalation policy has subsequently been revised and promoted.

## Section 10 - Moving Forward

**TSCP agreed to continue working towards its strategic priorities for 2020/21 up to autumn 2021. This was in light of the disruption caused by Covid-19 and the capacity issues it generated for service delivery.**

A TSCP development session was held in July 2021. The following priority areas were identified and these will be developed into a 3 year strategy following further consultation with the Children's Safeguarding Executive Partnership in September 2021.

## Strategic Priorities Oct 2021-2024

Our priorities are: -

### **Trio of Risk & Vulnerability**

At both local and national level, the toxic trio effects parental/carer ability to care for their children. The toxic trio have featured heavily in the last three years of case reviews; Domestic Abuse (50%), Parental mental health (60%) and parental substance misuse (60%). Reducing toxic trio in the population, therefore, is a partnership priority, alongside mitigating risk to children whose lived experience is affected by these risk factors.

### **Transitions**

Ensuring safeguarding is prioritised in any context of transition.

### **Complex & Contextual Safeguarding –**

TSCP will have the strategic oversight of the contribution of Partners, individually and collectively, to safeguard and protect children at risk from all forms of exploitation. TSCP strive for a Partnership approach to improve productivity and outcomes for adolescents.

### **Trauma informed professional practice –**

Local reviews have informed TSCP response to identify this as priority. Across Tameside there are pockets of good practice where ACES and trauma informed practice build resilience and can improve outcomes for the individuals, families and communities.

TSCP will embrace this work to inform and contribute to the development of this area of work, to provide a workforce that is trauma informed and able to apply an ACE lens to ensure their practice is informed by trauma.

### **Early help offer and thresholds**

This remains a continuation of the work that TSCP have been involved in to date. TSCP are committed to gain assurance that there are clear pathways so that thresholds are understood, consistently applied and that there is effective multi-agency working in responding to early identified needs.

# Appendix A - Attendance at TSCP Children's Safeguarding Executive Partnership 2020/21

TSCP Partner	15.6.2020	15.6.2020	15.6.2020	15.6.2020
Independent Chair	Yes	Yes	Yes	Yes
Children Services	Yes	Yes	Yes	Yes
Greater Manchester Police	Yes	Yes	Yes	Yes
Clinical Commissioning Group	Yes	Yes	Yes	Yes
Education	Yes	Yes	X	Yes
Secondary Head representative	Yes	X	Yes	X
Primary Head representative	X	Yes	Yes	Yes
Children's Social Care	Yes	Yes	Yes	Yes
Pennine Care NHS Foundation Trust				
Tameside & Glossop Integrated Care Foundation Trust				
Voluntary & Community Sector	X	Yes	X	Yes
Operations and Neighbourhoods (Community Safety)	Yes	X	X	X

Attendance level
75% or more
50%
Less than 50%

\* Maintaining operational delivery services during Covid impacted on attendance at TSCP meetings but there was an agreement at the start of the Pandemic that GG as a Statutory Partner, would represent all Health colleagues.

\*Population Health were unable to attend meetings due to Covid-19 but it was agreed that cover would be provided by Pennine Care NHS Foundation Trust at the June and September meetings and by T&G ICFT at the December and March meetings.

# Appendix B - TSCP Financial Statement 2020/21

Income/Contributions 2020/21	Income Position 2020/21
Tameside Council contribution	64,723
Clinical Commissioning Group	74,357
Greater Manchester Police	6,600
Schools	44,742
Academies	47,127
Other contributions	4,951
Training Charges & Contributions	3,883
<b>Total Contributions</b>	<b>246,383</b>

Account Code Description	Expenditure Position 2020/21
Staffing costs	191,723
TSCP General	18,833
Training Strategy	13,103
Case Review	22,725
<b>Total Expenditure</b>	<b>246,383</b>

**Balance at the end of March 2020/21** 0

Financial Reserve 2020/21	Movement 2020/21
Funds from 1 April 2020	83,611
+ end of March 2020/21 balance	0
<b>Balance in Reserve 31/03/21</b>	<b>83,611</b>

# Appendix C - TSCP virtual programme of learning 2020/21

Virtual event/topic.	Number of times delivered.
Working Together to Safeguard Children – Virtual Foundation Course.	7
Virtual Neglect Training.	6
Safeguarding Practice Update.	1
Virtual Domestic Abuse Awareness.	4
Virtual Reducing Parental Conflict Practitioner Training.	2
Solihull Approach Awareness Virtual Training.	2
Virtual Professional Challenge Course.	1
Reducing Parental Conflict: Role of supervisors & managers.	1
Virtual refresher training in child protection.	2
Safeguarding vulnerable teenagers: Making a connection using trauma informed practice.	2
Safeguarding Children & Parental Mental Health.	2
Virtual Forced Marriage & Honour Based Violence awareness briefing.	1
Safeguarding children facing female genital mutilation (FGM).	1
Understanding Exploitation.	1
Virtual Voice of the Child.	1
<b>Total = 15</b>	<b>Total = 34</b>

