



# Annual Report

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2016/2017

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This is the first Annual Report on the work of the Wigan Safeguarding Children Board in my time as the new Portfolio Holder for Children and Young People. The 2016-2017 report shows the good progress being made by the Board partnership across all areas of safeguarding.

In the last year the Board underwent an Ofsted inspection which allowed us to reflect on our strengths and also on some key areas for development. We have gained real momentum in establishing and maintaining safe communities for our children and young people and engaging community and voluntary organisations as major stakeholders. Through effective communication and engagement, our young people have received clear and consistent messages around safeguarding and the entire children's workforce has had the benefit of a rigorous training programme.

The Board acknowledged in late 2016 that the mirroring of the Children Board and Adult Board processes provides a good foundation for a strategic 'life course' approach to safeguarding. This aligns with adopting a whole family view when working with children and families in order to build on their current strengths and future potential. The work is well underway and as the report details is already bringing positive benefits.

The Board has also made good progress in helping to bridge the gaps among schools, mental health services and community organisations supporting young people. A good example is amateur sports clubs, who have been successful in receiving grants from the Council's Community Investment Fund. Closer working relationships in local communities has benefited our children and young people.

In 2016-17 through the candour and cooperation of the partnership on Serious Case Reviews, the Board has created enhanced opportunity for valuable lessons to be learned and acted upon; improving practice in more timely and effective ways.

As a result of new legislation next year, further reviews of the work of the Board are anticipated. However, at the forefront of our policies and practice is the strong commitment to providing the very best services for the wellbeing and safeguarding of our children and young people in the borough.

This is of paramount importance to all of us.

Cllr Jenny Bullen

# Section 1 Executive Summary:

## **Purpose**

The Wigan Safeguarding Children Board (WSCB) annual report aims to reflect the Board's evaluation of its activity: where the board has achieved against the challenges it set itself and what impact the Board's work is having on the safety and wellbeing of children and families in Wigan.

During the year 2016-17, the Board was evaluated as part of Wigan's OFSTED Inspection in January – February 2017. The OFSTED outcome, that the Board required improvement, was as the Board had expected and recognised and validated the positive progress that the Board was making on a continuous journey towards outstanding.

This report goes into detail regarding the individual activities that have contributed to those broader objectives.

The Annual Report is also part of the requirements of the Board's function in law, as defined in Working Together 2013 as a requirement to report on the effectiveness of arrangements to promote welfare and safeguard the children of Wigan.

The Report contains detail on the outcomes of work undertaken by the Sub Groups of WSCB, Governance, training activity and contributions from member organisations.

## **Achievements and Work Programme**

Over 2016-17, the Board took a strategic decision to see safeguarding in both its universal and statutory responsibilities as a lifelong model. Based upon a whole family approach to early help which increases the strength and resilience of individuals and communities, the approach also tackles what can be a disconnection at the transition point between services for children and those for adults. As part of this, over 2016-17 the board has enhanced the training offer, support and collaboration available to the voluntary and community sector through support of Community Investment Fund projects and engagement with young people.

The Board made marked progress against all 6 of its strategic objectives over 2016-17, and this will allow 2017-18 to commence with innovative work underpinned by a new board team structure and a set of refreshed strategic priorities.

## **Highlights of the Year have been:**

- Reviewed and strengthened chairmanship of the Board and appointed a combined chair (WSAB & WSCB).
- Review and refresh of the WSCB Child Sexual Exploitation strategy.
- WSCB led on bringing learning into the safeguarding practice ; providing more than 1000 places on Locality Briefings for practitioners over the year, a successful annual

conference for over 200 people, face to face training accessed by over 1500 people and a strong online learning offer.

- The launch, in September 2016, of a new WSCB Learning and Improvement Performance Framework which provides consistent trackable information to the various different Board groups and sub groups.

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## Section 2: Context

### **The demographic of Wigan:**

Wigan is a town in Greater Manchester, England. It stands on the River Douglas, 7.9 miles south west of Bolton, 10 miles north of Warrington and 16 miles west northwest of Manchester. The Borough had a total population of 323,100 in 2016.

- Wigan is ranked 85th most deprived local authority in England
- 67,900 children and young people in the Borough
- Number of children Looked After by the local authority 446
- Number of young people left care : 177
- Number of children adopted : 42
- 4.5% from ethnic background other than White British
- 1.9% speaking a first language other than English
- 15% of school children across the Borough are eligible for free school meals, but 34% in the 3% most deprived areas
- Infant mortality rates are in line with the national average – current figures show that there are 4 deaths per 1,000 live births in Wigan, compared to 3.9 deaths per 1,000 live births in England.
- A range of health providers including one Acute Trust, one Community Healthcare Trust and a Clinical Commissioning Group that oversees 63 GP practices
- Mental health care is provided to children and young people by both Bridgewater NHS Foundation Trust and North West Boroughs Health via a 'Single Point of Access' referral route.
- 127 maintained schools (19 Academies), 6 special schools and 1 pupil referral unit. In addition we have a Free School; a UTC (University Technical College), 2 Charity/Trust (independent) funded schools and 5 Start Well Family Centres (Sure Start Children's Centre's).
- Wigan's population is increasing (up 1.7% at the 2011 census) but at a slower rate than both England (up 4.1%) and the North West (up 2.3%)

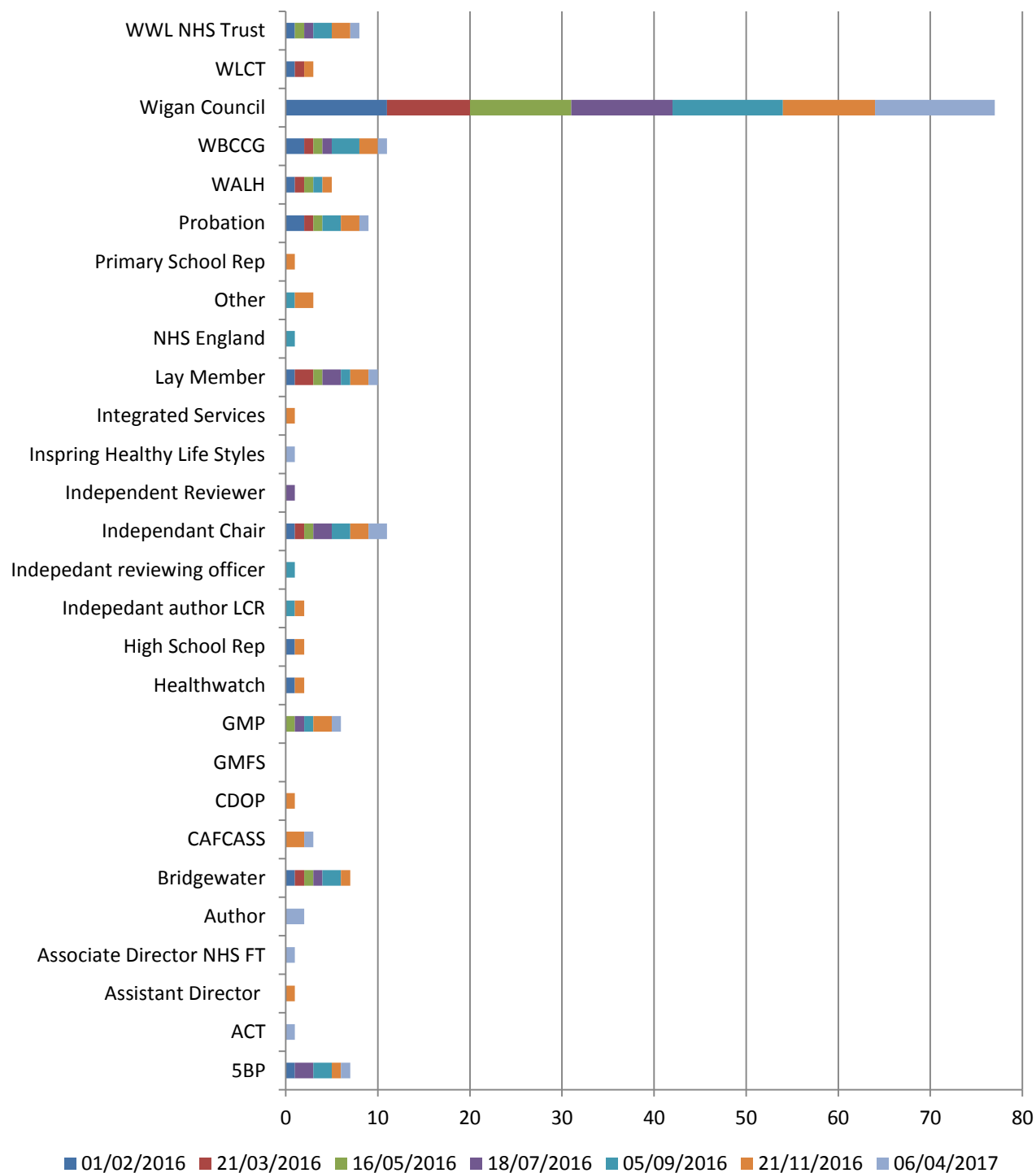
### **Wigan Safeguarding Children Board Vision:**

- Wigan believes in its children and young people. In Wigan, children should be supported to grow and live in a safe environment where all aspects of the community work together to protect them from all forms of harm.
- The aims of the Wigan Safeguarding Children Board is to co-ordinate and ensure the effectiveness of what is done by each of the Board's partners, individually and collectively for the purpose of safeguarding and promoting the well-being of children and young people in Wigan.

- Wigan Safeguarding Children Board is aware that to meet the needs of the children and young people that it serves, it has a crucial role in ensuring that anyone from the borough has equality of access to services that they need. Services must be active in identifying needs, and commit to continuous improvement that rigorously examines whether systems of support are accessible and meet children and young people's needs.
- Wigan Safeguarding Children Board carries out statutory and non-statutory duties, but underpinning both is the commitment to evaluation of its practice and providing challenge and a collaborative model of working to guard against any child in the borough experiencing preventable disadvantage or harm.

Agency		21/03/2016	16/05/2016	18/07/2016	05/09/2016	21/11/2016	06/04/2017
5BP				2	2	1	1
ACT							1
Assistant Director						1	
Associate Director NHS FT							1
Author							2
Bridgewater		1	1	1	2	1	
CAFCASS						2	1
CDOP						1	
GMFS							
GMP			1	1	1	2	1
Healthwatch						1	
High School Rep						1	
Independant author LCR					1	1	
Independant reviewing officer					1		
Independant Chair		1	1	2	2	2	2
Independent Reviewer				1			
Inspring Healthy Life Styles							1
Integrated Services						1	
Lay Member		2	1	2	1	2	1
NHS England					1		
Other					1	2	
Primary School Rep						1	
Probation		1	1		2	2	1
WALH		1	1		1	1	
WBCCG		1	1	1	3	2	1
Wigan Council		9	11	11	12	10	13
WLCT		1				1	
WWL NHS Trust			1	1	2	2	1

## Services Attending WSCB by Service and Meeting Date 2016 - 2017



## **Wigan Safeguarding Children Board Key Priorities for 2016/2017**

Wigan Safeguarding Children Board set key strategic issues

1. Refresh, improve and strengthen the governance and operation of the WSCB within the wider partnership architecture.
2. Advocate for a system wide, consistent approach to Early Intervention and evaluate its effectiveness.
3. Support, challenge and critically evaluate the development of a life course Multi Agency Safeguarding Hub to ensure it realises its potential.
4. Engage with children, individuals, families, communities and professionals in order to safeguard children and young people in the context of wider public service reform and the deal for children.
5. Continue to develop and inform a confident, committed and competent workforce operating consistently and effectively across partnerships to safeguard children and young people.
6. Develop an intelligent approach to assessing and evaluating the work of the board and partners engaged in safeguarding children and young people.

## **Section 3 – Governance and Accountability Arrangements**

### **What is Wigan Safeguarding Children Board?**

The Children Act 2014 and the Local Safeguarding Children Board (LSCB) Regulations 2005 required all Local Authority Areas to establish statutory LSCBs.

LSCBs are required to coordinate and ensure the effectiveness of local arrangements and services to safeguard and promote the welfare of children in their area. Further, under Working Together 2015 there is a requirement for Safeguarding Children Boards to publish Annual reports on their performance.

Wigan Safeguarding Children Board has undergone significant change over the last 12-18 months and has used this opportunity to develop robust governance, quality assurance and reporting mechanisms. The Board brings together organisations from across the borough who are committed to keeping children and young people safe to create a strong, mutual partnership where organisations can develop their practice and offer supportive challenge.

Wigan Safeguarding Children Board also offers a broad range of training across the partnership, accessible to all partners, and that is free of charge to community and voluntary sector organisations. The Training Offer from the Board addresses all aspects of the Board's response to local and national learning, and allows timely dissemination of learning.

The objective of Wigan Safeguarding Children Board:

Wigan Safeguarding Children Board is committed to ensuring the effectiveness of the work undertaken by each partner organisation in relation to safeguarding and promoting the welfare of children in Wigan.

We aim to do this in two ways:

To coordinate local work by

- Ensuring that policies and procedures related to Safeguarding are appropriate for purpose, robust and accessible.
- To work in partnership with the Children's Trust to participate in the planning of services for children in Wigan.
- Communicating the key messages about how everyone can promote the welfare of children, and explaining how this can be done.

And in order to ensure the effectiveness of that work the Board:

- Monitors the work undertaken by partner organisations to safeguard and promote the welfare of children.
- Undertakes Serious Case Reviews, Local Case Reviews and Local Learning Reviews, and sharing learning from these reviews.
- Collects and analysing information about child deaths.
- Publishes an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of the children of Wigan.

### **Key Roles**

There are some key roles on Local Safeguarding Children Boards (LSCB), which are laid down in the *Working Together 2015* guidance. These are:

#### *Independent Chair*

- It is expected that all LSCBs appoint an Independent Chair who can bring expertise and a clear guiding hand to the Board, to make sure that the LSCB fulfils its roles effectively. Wigan Safeguarding Children Board welcomed this role, as having an Independent Chair frees up all the members to participate on an equal footing, without any single agency having the added influence of chairing the Board. The Independent Chair of both Wigan Safeguarding Children Board and also Wigan Safeguarding Adult Board is Dr Paul Kingston.

#### *Director of Children and Families Services*

- The Director of Children Services is required to sit on the main Board of WSCB, as this is a pivotal role in the provision of education and children's social care in Wigan Borough. This post is held by James Winterbottom. The Director of Children's Services has a responsibility to make sure that the WSCB functions effectively and as such will liaise closely with the Independent Chair.

#### *Local Authority Chief Executive Officer*

- The ultimate responsibility for the effectiveness of the WSCB rests with the Chief Executive of Wigan Borough, Donna Hall. The Director of Children's Services is answerable to the Chief Executive, who forms the final link in this chain of accountability.

#### *Lead member*

- The elected councillor who has responsibility for children and young people, known as the Lead Member, sits on the board as a 'participating observer'. This role is held by Councillor Jenny Bullen. The Lead Member's role is to scrutinise WSCB and challenge it, if necessary from her political position, as a representative of the elected members and Wigan communities.

#### **Attendance**

- The Board and its subgroups generally experiences good attendance and this is monitored. The chart below shows attendance at the Board in 2016/2017.

## Section 4 - Strategic Objectives

Over 2016-2017 Wigan Safeguarding Children Board maintained the same strategic priorities as set out in the Business Plan for 2015-18.

Wigan Safeguarding Children Board is committed to developing strategy that is responsive first and foremost to the issues affecting the prevention of harm to children in the borough, and in order to do this the Board utilises a range of information including :

Learning from Serious Case Reviews and Local Case Reviews

Learning from national reviews of practice

Wigan's performance data around key areas such as child protection plans, looked after children, children in need, and Early Help data.

#### **Each Strategic Objective was underpinned by a series of Key Objectives:**

1. **Refresh, improve and strengthen the governance and operation of the WSCB within the wider partnership architecture. This will be achieved by:**

- Undertaking a review of board membership and sub groups, purpose and roles to ensure it is fit for purpose.
- Undertake a review of subgroups functioning.
- Consider whether the representation of the third sector / community on the Board is sufficient.
- Improve communication between partners, sub groups and practitioners.

**2. Advocate for a system wide, consistent approach to Early Intervention and evaluate its effectiveness. This will be achieved by:**

- ‘The Deal’ to be owned by Board partner organisations
- Increase partnership engagement and understanding of the Early Help process and the thresholds of need.
- The Board to challenge and support partners around the quality of Early Help assessments.
- The Board to agree the development of an audit tool to provide evidence of the impact of early intervention

**3. Support, challenge and critically evaluate the development of a life course Multi Agency Safeguarding Hub to ensure it realises its potential. This will be achieved by:**

- Provide a place for review and critical questioning of the development of the MASH.
- Support the development of processes and procedures including
- Clear terms of reference
- Information sharing protocol between the partner agencies.
- Ensure appropriate partnership processes are in place to deliver the Child Sexual Exploitation strategy.

**4. Engage with children, individuals, families, communities and professionals in order to safeguard children and young people in the context of wider public service reform and the deal for children. This will be achieved by:**

- Development of a strong and effective communication strategy for engaging with professionals, parents, carers and children and young people.
- Ensure that a range of communication methods are utilised.
- Ensure that there is a clear agreement on how feedback is shared with the community.
- Ensure elected members are fully trained and briefed on their roles and responsibilities around safeguarding.
- Work with the community sector to develop new avenues for consultation and input on Safeguarding issues.

**5. Continue to develop and inform a confident, committed and competent workforce operating consistently and effectively across partnerships to safeguard children and young people. This will be achieved by:**

- Reviewing training plans and strategy to ensure they remain fit for purpose.
- Ensure there is clear guidance of expected levels of training – multi-agency, 3rd sector, community and volunteers.
- Monitor uptake of training by agency and challenge and support further uptake where deemed appropriate.
- Develop further evaluation of the impact of training on outcomes for our children and young people.

**6. Develop an intelligent approach to assessing and evaluating the work of the board and partners engaged in safeguarding children and young people. This will be achieved by:**

- Ensure that learning from Serious Case Reviews / Local Case Reviews / Case Audits etc is captured and influences the transformation of services across the borough.
- Develop a performance framework that demonstrates outcomes on objectives 1-5.
- Performance framework to include essential data around safeguarding (CLA, CPP, CIN etc).
- Set up a task and finish group to interrogate the information that is available across the system:
- All agencies to consider their own data and how it might feed into a performance framework.

## **Strategic Objective 1:**

**Refresh, improve and strengthen the governance and operation of the WSCB within the wider partnership architecture:**

**Activity during 2016-17**

- The board has reviewed its sub-group structure again, and developed a Case Review task group to activate the action plans from Serious Case Reviews, and Local Case Reviews in a manner that speed up taking learning to into practice outcomes.
- Through the work of the Learning and Improvement Sub Group, the WSCB Executive and WSCB receive activity reports, presented as a range of dashboards that provides Board Members with an intelligent data set which assists strategic decision making.
- The Board support team and mechanisms continue to become more aligned across both WSCB and Wigan Safeguarding Adult Board work. This prepares the Board for when the local impact of both the Wood Report and Child and Social Work Bill is clearer later in 2017 / 2018.

- The Board has continued to strengthen the relationship between its work and the quality assurance frameworks that exist in partner organisations. Over 2016-17 the Board has worked closely with the CCG and Local Authority Children's Services in relation to the issue of Child and Adolescent Mental Health Service provision.
- The Board has increased awareness of its role across the partnership, and beyond in 2016-17, through significantly increasing its profile through events, social media and campaign.

## **Strategic Objective 2:**

**Advocate for a system wide, consistent approach to Early Intervention and evaluate its effectiveness:**

Activity during 2016-17

- The Board has been a key partner in developing the development of The Deal for Children, and has engaged this strength based / relational approach throughout its policies and work.
- The Board partnership has worked collaboratively on the creation and embedding of the Start Well model, and the development of the Service Delivery Footprints.
- Over 2016-17 the Board has been provided with an increasingly refined and insightful set of Early Help data to assist decision making and scrutiny.
- With the commitment of Board partners, the Board has facilitated several multi-agency thematic audits to augment the learning from Serious Case Reviews or to address immediate safeguarding concerns with a particular cohort of young people, for example those who are electively home educated, children who are on a child protection plan for a second time etc.
- The Board facilitated an Annual Conference in March 2017 for over 180 delegates, with the agenda being based on developing an early intervention, relationship based approach to safeguarding which aligns with Early Help processes.
- The implementation of Operation Encompass has been supported by WSCB in updated Safeguarding Training to schools.
- The Board has had an active role in the improvement of Child and Adolescent Mental Health services in the borough over 2016-7, and has been a key partner in the CAMHS recovery plan.

## **Strategic Objective 3:**

- The safeguarding children board has led the ongoing development of the Multi Agency Safeguarding Hub, and the evaluation of this approach. Through joint across with Board,

the MASH has developed into a successful model of partnership working and facilitates joined up responses at an early stage of any referral. Importantly, as the MASH has evolved, there is proving the successfully how the approach provides a link across the traditional transitional age boundaries that sometimes stymie information flow.

- WSCB has developed a revised CSE Strategy and a new Wigan Neglect Strategy over 2016-2017. These strategies are both based upon a strengths focussed partnership approach to working with children and their families at whichever point in their lives they require support from the Board partner organisations.
- WSCB has supported the Achieving Change Together innovation funded project through hosting briefings for the children's workforce at which awareness of ACT has been promoted and at a more strategic level the board has received reports on the activity of the project.

## **Strategic objective 4: Engagement**

- WSCB has a well-established Communication and Engagement Strategy, and a Sub Group driving forward the work stream in this area, chaired by the Cabinet Portfolio for Children and Young People.
- The 2017 OFSTED inspection of the Board fed back their observation that having young person representation on the Communication and Engagement Sub Group showed commitment to achieving collaboration.
- Over 2016-17 WSCB has actively led and developed direct engagement with young people. For example, the 'Safe Pitch' event at Wigan Youth Zone in August 2017 was an innovated launch of the Board's approach to collaborative co-design. At this event, two groups of young people presented their ideas of how they would like to improve safeguarding issues that affect them in their communities to a group of selected officers and managers from the local authority, who can work with the young people and support them to drive forward their ideas.
- WSCB has continued to host successful community engagement lunches immediately before Board meetings. These informal discussions have allowed Board partner agencies to identify opportunities to contribute resources and time to the great work being done in the community and voluntary sector, and to bring the networks closer together.

- WSCB is at the forefront of nationally significant work with the Rugby Football League (RFL) which progressed from a Local Case Review undertaken by the Board in 2016. The Board recognises the fantastic community resource and contribution to fitness and wellbeing of children that local amateur sporting clubs provide. The local case review identified great benefit in strengthening the links, both formally and informally between the statutory organisations and amateur clubs. WSCB have delivered bespoke training to all Club Welfare Officers across the borough in the 19 amateur clubs, facilitated better referral pathways for Club Welfare Officers to the Early Help Hub, and developed awareness of adolescent mental health across the sport by presenting at the RFL National Safeguarding Conference.

*The commitment that Wigan Safeguarding Children Board has shown to promoting the emotional health and wellbeing of young people who play rugby league across the borough - in terms of awareness raising, training for Club Welfare Officers and helping to join support networks up around young people - is great. It is an impressive innovative and forward thinking approach to working with the existing safeguarding frameworks in sport. As a national governing body, we look forward to continuing our partnership with Wigan Safeguarding Children Board as we look to provide the best welfare support and safeguarding we can to young men and women playing our sport.” - Colette Eden, Safeguarding Manager, RFL.*

- WSCB has promoted key safeguarding messages through a variety of community events over 2016 /2017 including at Wigan business Expo 2017, Wigan Pride, National Play Day, local carnivals and at events run by Board Partners.
- WSCB has commenced a full redesign of the Board website in 2016-17 (to be completed early 2018) to improve accessibility, resources and the structure of the site.
- The Board has established links with Wigan Athletic FC over 2016-17, delivering training to coaches and the Club’s Community Foundation.

## **Strategic objective 5: Training and development**

- WSCB has written a Workforce Development Strategy through the work of the training and development subgroup. This new strategy embeds models of reflective practice, direct observations of practice, quality assurance underpinned by the Kirkpatrick model of taking learning into practice outcomes.
- WSCB has continued to offer schools across the borough a suite of high quality training, with 83% of the education settings signed up to receive online training and / or face to face training.

- WSCB commissioned specialist training for 92 people from Professor David Shemmings ('A New Mindset') regarding the impact of early life experiences.
- The Board has created and distributed a series of '7 minute briefings' responding to learning from Serious Case Reviews, and thematic issues.
- WSCB has reviewed the scope and breadth of the e-learning offer, linking the current offer to evidence based learning from reviews and quality assurance processes.

### **Strategic Objective 6: Developing an intelligent approach to assessing and evaluating the work of the Board and partners**

- Over 2016 / 17 there has been continuous improvements to the Learning and Improvement activity of the Board. This has included improving the activity reporting pathways and presentation of information on 'dashboards' for the Board to consider.
- The board has had a year in which there was considerable Serious Case Review activity – as a result the Board created a Case Review Group to drive forward the action plans and to bring a bring the learning into practice more quickly than previously.

## **Section 6 – Performance Update on strategic objectives**

The WSCB and the Children's Trust work together to improve outcomes for the children and families in the Wigan Borough. The Board continues to develop its oversight of performance, and has tasked its Learning and Improvement team to look at data held by partners to understand how it can evidence the impact of the Board's work.

Currently, a range of specific outcomes are scrutinised on a regular basis, and these will be added to as data becomes available.

- Improved outcomes for children in care, on a child protection plan or on a child in need plan delivered by Wigan Council's Children's social care team and their multi-agency partners.
- Improved outcomes for children in families identified as Confident Families under the Department of Communities and Local Government's Troubled Families Programme.

- Improved outcomes delivered through our Early Help and our Early Intervention and Prevention services.
- Improved outcomes for those young people who are subject of a Child Protection Plan for a second time.
- Improved outcomes for children who are from homes where they have witnessed Domestic Abuse.

**Percentage of section 47 enquiries going to initial child protection conference Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
Proceeded to Conference	418	522	545	486
Section 47 Enquiries	609	872	1126	1051
Wigan	68.6	59.9	48.4	46.2

**Number of initial child protection conference per 10,000 population Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
CP Conferences	398	516	547	468
Wigan	58.7	76.1	80.7	69.0
Stat Neighbour	78.0	75.7	80.1	80.1
North West	62.9	72.6	79.5	79.5
England	56.8	61.6	62.6	62.6

**Percentage of initial child protection conferences held within 15 working days of start of section 47 enquiry Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
Within 15 Days	376	492	501	401
Conference Requests	398	516	547	468
Wigan	94.5	95.3	91.6	85.7
Stat Neighbour	67.5	82.5	80.9	80.9
North West	70.9	74.1	74.4	74.4
England	69.3	74.8	76.7	76.7

**Number of children currently subject to a child protection plan per 10,000 population Report Year: 2016/2017**

<b>Low</b>	2013/14	2014/15	2015/16	2016/17
Children Subject To Plan	213	317	271	260
Wigan	31.4	46.8	40.0	38.3
Stat Neighbour	57.4	55.8	58.9	58.9
North West	50.8	49.9	55.2	55.2
England	42.1	42.9	43.1	43.1

**Percentage of children who became subject to a child protection plan for a 2nd or subsequent time Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
Subsequent Period on a Plan	41	102	115	84
Children Subject To Plan	380	488	505	452
Wigan	10.8	20.9	22.8	18.6
Stat Neighbour	14.2	16.1	16.9	16.9
North West	15.6	17.8	18.2	18.2
England	15.8	16.6	17.9	17.9

**Percentage of children who became subject to a child protection plan within 2 years of a previous child protection plan Report Year: 2016/2017**

<b>Low</b>	2013/14	2014/15	2015/16	2016/17
Within 2 Years	21	62	64	43
Children Subject To Plan	380	488	505	452
Wigan	5.5	12.7	12.7	9.5

**Percentage whose child protection plans ceased, who were subject of a child protection plan continuously for 3 months or less Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
Ceased within Three Months	115	105	162	119
CP Plans	347	384	551	463
Wigan	33.1	27.3	29.4	25.7
Stat Neighbour	17.8	18.1	17.7	17.7
North West	22.6	20.6	19.7	19.7
England	20.3	20.1	20.0	20.0

**Percentage of child protection plans reviewed within required timescales Report Year: 2016/2017**

<b>High</b>	2013/14	2014/15	2015/16	2016/17
Within Timescales	135	200	149	134
Reviews	140	203	158	146
Wigan	96.4	98.5	94.3	91.8
Stat Neighbour	94.2	94.1	84.9	84.9
North West	96.1	94.0	94.5	94.5
England	94.6	94.0	93.7	93.7

**Number of children looked after per 10,000 population Report Year: 2016/2017**

<b>Low</b>	2013/14	2014/15	2015/16	2016/17
Number of LAC	497	504	483	446
Wigan	73.3	74.3	71.2	65.8
Stat Neighbour	81.9	81.9	83.4	83.4
North West	81.0	82.0	82.0	82.0
England	60.0	60.0	60.0	60.0

**Percentage of looked after children with reviews in timescales Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
Within Timescales	429	427	421	383
Total Reviews	453	461	444	411
Wigan	94.7	92.6	94.8	93.2

**Percentage of children with a LAC Review who were consulted by the IRO prior to their meeting Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
Consulted Prior to Review	93	533	669	700
Total Reviews	1457	1469	1315	1255
Wigan	6.4	36.3	50.9	55.8

**Percentage of children with a LAC Review where the Allocated Social Worker attended Report Year: 2016/2017**

	2013/14	2014/15	2015/16	2016/17
Allocated Social Worker Attended	205	1328	1215	1110
Total Reviews	1457	1469	1315	1255
Wigan	14.1	90.4	92.4	88.4

**Percentage of young people with a LAC Review who have an up to date Care Plan Report Year: 2016/2017**

<i>High</i>	2013/14	2014/15	2015/16	2016/17
Up to Date Care Plan	133	1229	1161	1083
Total Reviews	1457	1469	1315	1255
Wigan	9.1	83.7	88.3	86.3

**Local Authority Designated Officer (LADO)**

The Wigan Safeguarding Children Board has a duty to ensure that all allegations of abuse or maltreatment of children by a professional, staff member, foster carer, or volunteer are taken seriously and treated in accordance with consistent procedures. The Board ensures that there are effective inter-agency procedures in place for dealing with allegations against people who

work, or volunteer with children, and monitoring and evaluating the effectiveness of those procedures.

Working Together 2015 states that Procedures must be in place to deal with an allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The LADO team identify their specific responsibilities as:

- To be involved in the management and oversight of individual cases.
- To provide advice and guidance to employers and voluntary organisations.
- To monitor the progress of cases in order to ensure that they are dealt with as quickly as possible.
- To maintain information databases in relation to allegations and to produce quantitative and qualitative reports.
- To contribute to the LSCB interagency training programmes and awareness training across the agencies.

The LADO provides an annual report to the Wigan Safeguarding Children Board to ensure appropriate oversight and scrutiny of activity.

## **Early Help**

The Early Help process is a strengths based approach that promotes co-operation between the Local Authority and all partners in order to assess need, plan intervention and achieve positive outcomes for children and families. The WSCB Threshold of Need document has clear Early Help guidance, embedding the Early Help process across level 1, 2 and 3, encouraging improved partnership engagement. Startwell drives forward Early Help as an umbrella process for addressing need at levels 1-3 but partners may use the process independently from the Local Authority and form their own multi-agency teams around children and families.

Quality Assurance for Early Help is overseen by the Learning and Improvement Team and the multi-agency Startwell Quality Assurance group. A prior area of concern has been around the low completion rate of Early Help assessments and plans amongst partners. In 2013, on implementation, the Gateway (now Startwell) Service adopted the Early Help assessment as their initial tool for identifying need and supporting families. The 2014/2015 reporting period evidenced a need to further embed awareness of Early Help, and therefore increase usage of the approach. However, 2015/2016 showed a consolidation and increase in engagement by all agencies and this increase continued in 2016/2017. A great deal of effort has gone into driving forward awareness of Early Help across the partnership; through training, locality briefings, presentations and audit activity. This has provided Wigan Safeguarding Children Board with the assurances required to make it clear that the approach is enabling partners, as well as the Local Authority to identify need at an earlier stage and providing a framework for strengths based interventions.

## **Child Death Overview Panel**

Wigan remains committed to the tripartite arrangements for the Child Death Overview Panel (CDOP) along with Bolton and Salford and the Safeguarding Board team attends each of the bi-monthly meetings of the panel. The Independent Chair of CDOP produces an annual report and this will be presented to Wigan Safeguarding Children Board in November 2017.

The Board responded to the 2015-16 CDOP annual report with the creation of an Action Plan which is monitored by through the Learning and Improvement Sub Group. This takes into account the learning from two key pieces of learning published during the year; The National Confidential Enquiry on Suicide in Children and Young People (HQP 2016) and the PHE report on Infant Mortality.

Learning from CDOP processes has formed the basis of some the topical input to Locality briefings, for example regarding subjects of safe sleep and of adolescent mental health.

## **Serious Case Reviews / Local learning Reviews**

A Serious Case is defined as when:

- Abuse or neglect of a child is known or suspected,
- Either if the child has died or has been seriously harmed and there is cause for concern as to the way in which the Local Authority, their Board Partners or other relevant persons have worked together to safeguarding children.

Local Safeguarding Children Boards are required to consider undertaking a review of these serious cases. These reviews are called Serious Case Reviews (SCRs). The purpose of a SCR is to establish whether there are lessons to be learnt from the case about the way in which professionals and organisations work together to safeguard and promote the welfare of children.

In 2016/2017 Wigan Safeguarding Children Board commissioned one Serious Case Review which was presented to the Board by the Independent Author in April 2017.

## **Section 7: Training and development**

**The Training and Development Sub Group oversee the training provided by the Board. The Sub Group chaired by the Assistant Director for Safeguarding from Wigan Borough Clinical Commissioning Group.**

Safeguarding training offered by the Board is continually reviewed and updated as a result of learning from reviews and case audits. For 2015, the WSCB training programme has been made

available via the WSCB website rather than published. This is to ensure it is easily accessible to a wider audience and is regularly updated with regards to course availability and venue.

Ofsted framework (Ofsted, 2013) requires that 'opportunities for learning are effective and properly engage all partners' and that the LSCB has ensured that 'sufficient, high quality training is available and evaluates its effectiveness and impact on improving frontline practice and the experiences of children, young people, families and carers. All LSCB members support access to the training opportunities in their agencies.'

The current challenge for WSCB has been to discharge their multi-agency training and staff development role during a period of organisational instability ensuring that training provides value for money as budgets come under increasing pressure across the public sector and meeting the aspirations of *Working Together 2013* and the Ofsted framework.

Over 2016-17 WSCB continued to have a blended learning approach in partnership with Virtual College. Basic awareness (Level one) courses have been via e learning. WSCB have had responsibility for multi-agency and community sector training with level one training the responsibility of single agencies.

This report covers Virtual College, e-learning, face to face courses and training data and analysis.

#### Face to face Courses:

Data from Virtual College 1<sup>st</sup> April 2016 to 7<sup>th</sup> March 2017 showed that 2603 places were booked for training however the attendance rate was 1497. 558 places were cancelled and 241 failed to attend. The numbers however do not add up, indicating a potential recording issue which will be addressed in 2017-18.

1124 less people attended training in 2016/17, a decrease of 40% from the year before. This can be accounted for in part by the unavailability of the Level 3 course due to a review of the course and absence of trainers as this course regularly attracted numbers of around 500, however it does include the Safeguarding Adults courses generating around 100 participants which have not been the remit of WSCB/WSAB training until June 2016. The decision by health partners to deliver their own training in accordance with the Inter-Collegiate Safeguarding Guidance has relieved the demand on places but also means as partners they are now unavailable to deliver this course on behalf of WSCB.

A partnership with the Council licensing authority commenced in February 2017 has continued and to date over 1300 taxi drivers have been trained in disability awareness and child sexual exploitation.

The number of children and young people trained has fallen from 3500 in 2015/16 to 120 in 2016/17. This is a direct result of the Training and Engagement Officer post being vacant for 9

months as referred to elsewhere in this report. Requests for training pupils in school on e - safety have broadly been unable to be met.

Impact reports for some of the training courses were produced in preparation for the OFSTED inspection in January 2017, and this quality assurance process will continue for future courses.

The tables below outline training activity. Table one shows data for 2016-17 and agreements regarding training for 2017/18.

In 2016/17 33 individual courses were planned, some with multiple dates. Currently only 14 individual courses have been agreed which represents a 40% drop in planned courses

As a result of the work WSCB continues to do to engage community organisations ; the Board over 2016-17 received an increase in requests for training from the community sector, for example sports and other organisations directly engaging with young people.

Table One Courses and trainers agreed

Course	Courses planned	Courses delivered	Places available	Attended
Building Resilience in Young People	4	2	66	23
Child Sexual Exploitation (CSE)	6	4	132	68
Children's Advocacy	3	2	54	16
Domestic Abuse in Wigan 2 days	3	3	60	49
Fabricated Induced Illness	2	1	36	14
Graded Care only	4	4		
Local Authority Designated Offer (LADO)	5	0	90	0
MAPPA	3	2	54	35
Private Fostering	3	1	45	6
Safeguarding Awareness and the Early Help process	2	3	150	15
Safeguarding Children from sexual abuse	2	0	36	0
Safeguarding and Working with adolescents	3	3	56	50
Safe Sleep Training	7	7	200	88
Supporting Parents who use	3	2	54	15

substances				
WRAP	18	16	320	232

Table 2 Course trainers and courses not agreed

Course	Courses planned	Courses delivered	Places available	Attended
Adolescent Mental Health	0	0	0	0
Child Protection Conferencing and CORE group	3	0	0	0
Compromised Care	0	0	0	0
Drug and Alcohol Identification and Brief Intervention tool Joann Hitchen	6	3	120	32
Graded Care Profile and neglect	0	0	0	0
Human Trafficking /Modern slavery	0	0	0	0
Mental Health and Parenting	3	1	54	10
Physical injuries in children	4	0	320	0
Professional Curiosity and challenge <b>NEW</b>				
Public Law Outline	2	0	36	0
Responding to the death of a child	0	0	0	0
Safeguarding Children CORE (level 3, part 2)	0	0	0	0
Safeguarding Children with Disabilities	3	0	54	20
Safeguarding adults Foundation From June	6	5	120	80
Safeguarding adults S42 Enquiries From June	5	3	100	41
Safeguarding adults S42 Practice From June	2	2	80	34
Supervision skills	3	2	48	28
Working with Fathers	2	0		
Working with Homeless and Vulnerable people	0	0	0	0
Working Together (formerly level 3 )	0	0	0	0

#### Commissioned / Additional Courses 2016/17

	Impact Report	Courses planned	Courses delivered	Cancelled	Places available	Attended
Awareness of sexual behaviours in prepubescent children.	Yes	1	1	No	25	25
A new approach to CP assessment and intervention	Yes	1	1	No	100	90
A New Mindset and model for CP 2 day	Yes	1	1	No	25	26
Child Sexual Exploitation Nicholas Marsh	Yes	2	2	No	100	54
Locality Briefings May	Yes	6	5	One	480	246
Locality Briefings Nov	Yes	6	6	None	530	414

#### Course Cancellations

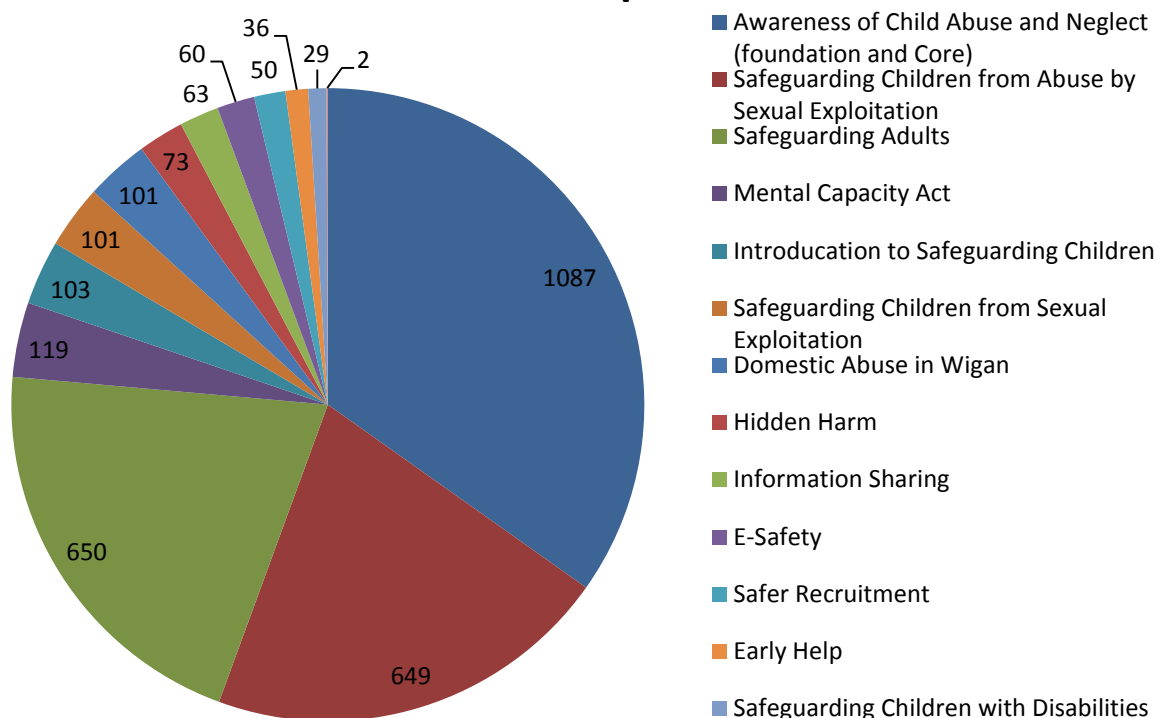
There has been an increase in the number of cancelled courses in 2016/17 as seen in the table below

A total of 47 courses were cancelled. This equates to over 40%

34 were due to lack of participants and 2 were due to Ofsted requiring the room (one of these was deferred and alternative date made available)

11 courses were due to trainer availability. This is due to staff leaving the borough but also where there are competing demands on trainer's time, especially when trainers are in a senior position and no back up trainer has been identified.

## Number of completions



### Schools

Training for schools continued to be provided through a Service Level Agreement and individual spot purchase over 2016/17. The programmes assist education settings in meeting their OFSTED inspection criteria, the requirements of Working Together to Safeguard Children 2015 and of Keeping Children Safe in Education 2016. Level one, whole school training was provided to 57 schools (1471 staff, volunteers and governors).

### E- Learning

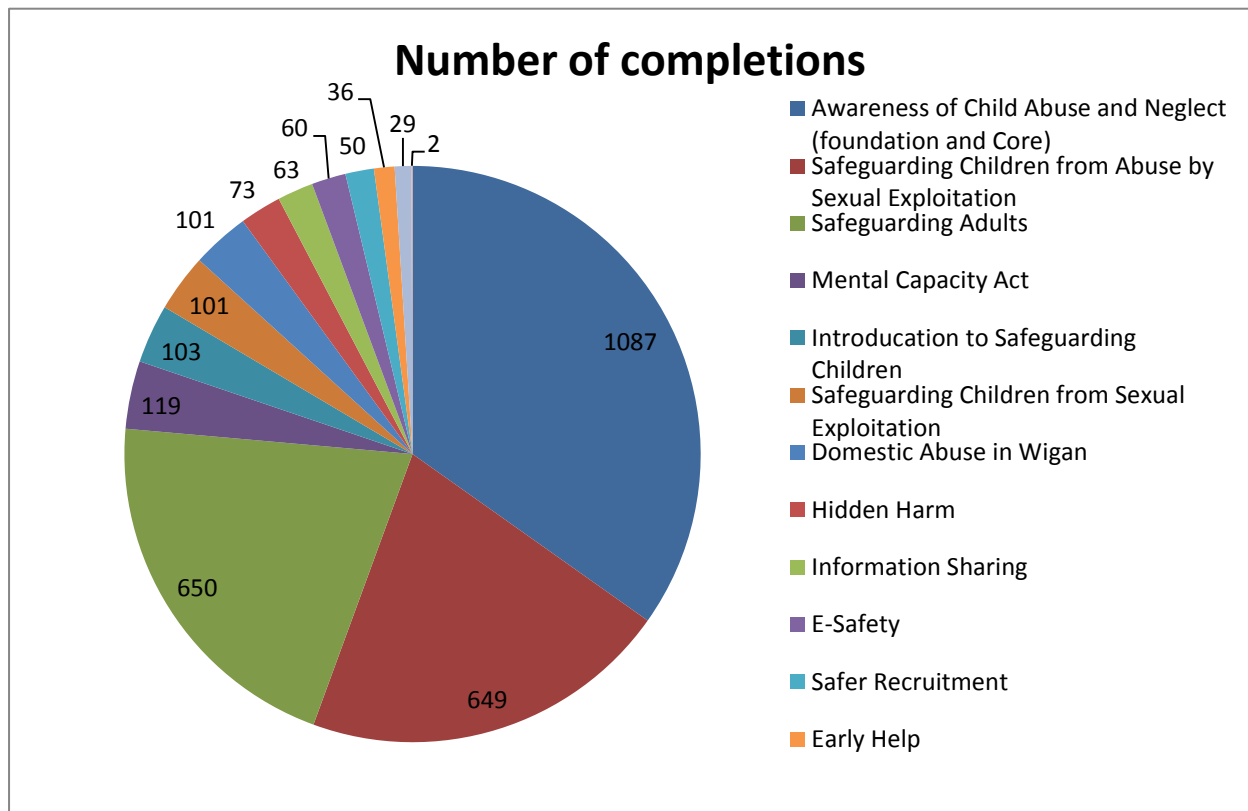
WSCB/WSAB have 5000 licenses to use per year across a suite of 12 modules chosen from a list of 54 modules.(see course list) Modules are selected on the basis of the learning needs of partners and staff development. In addition an additional 5 modules are able to be requested at a cost of an additional £12.50plus VAT per license. This results in an average additional cost of £1500 per year.

3, 371 licenses were allocated 1<sup>st</sup> April 2016 to 7<sup>th</sup> March 2017, 3,274 of these were completed. The completion rate has risen by 7.5% over the past year, potentially due to the notification to applicants that a £25 charge could be applied for non-completion of each module. The system has also now been set up with reminders at 14 and 28 days to complete or face charges. The completion rate now stands at 87.5% which is above the average. The cost per license has fallen from £1.68 to £1.53 over the past year.

WSCB also have 5000 licenses per year at no cost for the Safeguarding in Education module. Schools can now be directed to register for this module.

Modules in package with courses completed 1<sup>st</sup> April 2016 to 7<sup>th</sup> March 2017.

Course completions;



### Training sub group

The training sub group has met regularly throughout the year, combining with WSAB during the year. The terms of reference have been revised and a standardised presentation with agreed slides to be used across all courses has been agreed. The training strategy and plan is being developed. All training packages are to be ratified by the training sub group.

## Section 8 – Engagement

### Engagement with Children and Young People

In 2016-2017 Wigan Safeguarding Children Board has made significant progress in consulting with young people around their experiences of safety and wellbeing, and in them co-designing the ways in which WSCB communicates with children and their families.

*“The Board is engaging well with children and seeks to ensure their involvement in business plan objectives.....The website provides a good level of accessible information to parents, children and professionals, and work is under way to develop it in order to raise the profile of the Board in the wider community.” – OFSTED Review of the effectiveness of the Local Safeguarding Children Board, Feb 2017*

The work of the communication and engagement sub group has included a young person led analysis of digital communication methods, and liaison with young people through lunches that bring together board members and children in an informal setting to discuss what they see as the important safeguarding issues for them.

In 2016-17 the Safeguarding Children Board Team went through an extended period where staffing resource issues impacted on the capacity for direct engagement activities with young people. Nonetheless over 2016 / 2017 the board has been involved in a wide variety of work with young people:

- WSCB have provided information into the CSE Week of Action events.
- The Board has distributed information to schools through several routes.
- Increased social media presence using Twitter.
- Workshops with young people and staff in Wigan’s colleges around healthy relationships & sexting.
- Work done by Wigan Safeguarding Children Board in children’s homes with young people and staff around safe use of social media, sexting and healthy relationships.
- Attendance at community ‘Have Your Say’ events to raise awareness of Wigan Safeguarding Children Board and our response more locally.
- WSCB attendance at school parents evenings to address safeguarding awareness issues with parents.

The young people who have attended the engagement sessions have also provided some valuable insight into how young people experience well-being support in education, and helped the Board identify how the accessibility of emotional and mental health support can be improved in 2016/2017.

## **Engagement with Professionals**

### *Annual Conference*

The 2017 WSCB Annual Conference was attended by over 200 professionals and gave the Board an opportunity to increase awareness around adolescent mental health, the learning from the Board's most recent Local Case Review, the progression of place based working and Public Sector Reform in relation to safeguarding, and a number of other key themes.

Delegates were also given the opportunity to take part in a workshop presented by AFTAthought, an established partner of the Safeguarding Board, which posed a series of challenging questions and explored professionals practice around domestic abuse.

### *Locality Briefings*

Throughout the year, the Board held a series of locality briefings ensuring for over 600 professionals across the borough that followed on from the Annual Conference and brought the learning themes to a local practice focus.

## **Engagement with the Community**

Over 2016/2017 Wigan Safeguarding Children Board has developed an increased social media presence through Twitter, and through the Board's Communication and Engagement Sub Group it has developed shared plans and strategy to engage the community through what would be classed as 'single agency' events such as school parents evenings.

The Board has continued to have a strong presence supporting local service provider's events; this has included having information stands at National Play Day, at events run by My Life charity, summer festivals and carnivals across the borough and the first Wigan Pride event in 2016.

Also over the last year, Wigan Safeguarding Children Board has also continued to develop strong community and voluntary sector engagement through offers of training and safeguarding policy support to several social enterprises and charities. At the forefront of this has been the work detailed elsewhere in this report regarding local amateur rugby league and the work to support Wigan Athletic FC train their coaches and academy staff around safeguarding. Over 2016-17 the Board has also worked directly with individual licenced premises to promote awareness of their responsibilities to safeguard children who may attend Under 18's events and to train staff.

The central Wigan Safeguarding Board staff have also donated their volunteer days, supported by Wigan Council, to support local initiatives at Greenslate Farm.

## Section 9 – Financial Report

	2014 / 2015	2015 / 2016	2016 / 2017
	Actual	Actual	Actual
<b>Expenditure</b>			
Salaries and Expenses	208,422	147,749	188,149
Professional Fees	25,266	32,785	22,487
Equipment and Supplies	20,990	12,174	3,747
Conferences and Meetings	9,641	21,574	26,183
Marketing and Publicity	2000	9,115	1,485
External Training			7,974
<b>Total Expenditure</b>	<b>266,319</b>	<b>223,397</b>	<b>250,025</b>
<b>Contribution</b>			
Wigan Council	96,956	75,206	59,206
Training Income	114,310	92,470	117,596
Wigan Borough Clinical Commissioning Group	54,000	54,000	54,000
Bridgewater Community Healthcare Trust	5,994	5,994	5,994
5BP NHS Foundation Trust	5,994	5,994	5,994
WWL NHS Foundation Trust	5,994	5,994	5,994
Greater Manchester Police	14,400	14,400	14,500
National Probation Service	1,800	1,800	1,800
Cheshire and Greater Manchester Community Rehabilitation Company	1,800	1,800	1,800
Wigan and Leigh Homes	3,600	3,600	3,600
CAFCASS	540	540	540
<b>Total Income</b>	<b>305,388</b>	<b>261,798</b>	271,024
Transfer to Reserves	39,069	38,401	21,000
2013 / 2014 Reserves Position	101,054	140,123	
<b>Total Income in Reserve</b>	<b>140,123</b>	<b>178,524</b>	199,124

## Section 10 – Partner Updates

### 1. Contact Details of Person Completing the Report

<b>Name</b>	Francine Mitchell
<b>Designation</b>	Designated Protection Officer, Wigan & Leigh College
<b>Email</b>	f.mitchell@wigan-leigh.ac.uk
<b>Telephone</b>	01942 761600
<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

### 2. Safeguarding in Your Organisation

#### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

<b>a. Policies and Guidance</b>
<ul style="list-style-type: none"> <li>The safeguarding team ensures that all legislative changes are reviewed implemented and communicated throughout the organisation.</li> <li>In order to raise awareness and ensure all staff, visitors and students are aware of members of the safeguarding team all buildings feature a Welcome to your safeguarding team notice displayed in the foyer.</li> <li>The introduction of an External Guest Speaker Procedure has been developed in order to ensure all speakers who meet with Wigan and Leigh College students have been investigated and are relevant to their social and academic development.</li> <li>Executive Approval has been given to the engagement with Operation Encompass Protocol. This is to commence September 2017.</li> </ul>
<b>b. Private Fostering</b>
<ul style="list-style-type: none"> <li>Whilst this does not directly affect the organisation, if it becomes apparent that there is in terms of where a young person is living, the DPO along with DDPO's relay this information to Safeguarding Central Duty Team.</li> </ul>
<b>c. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.</b>
<ul style="list-style-type: none"> <li>All members of the safeguarding team have undertaken update training in terms of Personal Education Plans for young people.</li> <li>DPO has provided further training for the Apprenticeship Assessors Team with regards to Prevent. A follow up training has been developed and is ready to deliver as required.</li> </ul>

<ul style="list-style-type: none"> <li>Support Staff along with Heads of Study, Student Liaison Officers, and Learning support Officers have undertaken compulsory training for Mental Health First Aid.</li> </ul>
<b>d. Child Sexual Exploitation</b>
<ul style="list-style-type: none"> <li>Whilst this issue does not tend to affect the organisation directly, all staff are fully informed of updates and sources of support for this issue.</li> </ul>
<b>e. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews</b>
<ul style="list-style-type: none"> <li>In evaluating organisational practice, it was felt that a back to basics strategy was the most effective way to enhance aspects of both safeguarding and student behaviour particularly with regard to safety practices, including identification onto college sites via ID badges.</li> <li>All new staff have an introduction to safeguarding by their line manager as part of their induction to Wigan and Leigh College. Following this, staff undertake Level Three Core Online Training which must be completed during a period of probation. The safeguarding team deliver relevant updates as appropriate taking into account a local focus within the community.</li> <li>A new induction day for staff includes an introductory session from DPO and team in terms of operational practice</li> </ul>
<b>f. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues</b>
<ul style="list-style-type: none"> <li>Wider partnership has improved information sharing with high schools within and outside of borough. More effective information sharing has ensured students with previous, current, and specific needs are identified quickly.</li> <li>Student representatives and ambassadors have undertaken safeguarding awareness sessions during the Annual Student Conference, students are encouraged to participate and comment upon current operational process.</li> <li>Student Perception Survey undertaken by sample of students across the organisation directly asks students if they feel safe, 100% of students said they feel safe whilst at college.</li> </ul>
<b>g. Child / adolescent mental health and wellbeing</b>
<p>This remains a high propriety for the organisation, in Term One, we have experienced the death of two students who have taken their own lives. A full response strategy has been developed with support from local authority services, along with internal services.</p>

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

In the autumn term, the college made a report to Channel with regards concerns about Right Wing Extremism. The Safeguarding Team became aware that a Looked After Child had become the chairperson for UKIP. In the interest of ensuring all students have a full awareness of all viewpoints and following police guidance, the safeguarding team asked the area involved to undertake a project focussing on Holocaust Memorial Day. This has been a highly effective strategy and will be utilised in future. Both students took on board the information presented, and we have had no further cause for concern.

**How are safeguarding issues and information from the Wigan SCB been shared/communicated within your organisation and what has been the impact of this?**

Safeguarding issues and updates are communicated directly as DPO attends the Wigan SCB Education sub group and disseminates information through Safeguarding team and College management team as appropriate. A Key Performance Indicator Paper is drawn up each month for the Executive Team, along with termly reports to College Governors. One College Governor has specific duty with regards to Safeguarding. The impact of this is comprehensive safeguarding practice across whole college. Rapid response to safeguarding issues along with a team approach to all case risk identification and decision making.

**What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?**

- Mental health continues to be a focus for the organisation, further development of strategies such as 'time to talk' to be further developed.
- Maintenance of excellent links between Wigan SCB and Wigan and Leigh College in order to further develop outstanding practices.

## 1. Contact Details of Person Completing the Report

<b>Name</b>	Helen Williamson
<b>Designation</b>	Safeguarding Children Lead, Greater Manchester Mental Health NHS Foundation Trust
<b>Email</b>	Helen.williamson@gmmh.nhs.uk
<b>Telephone</b>	0161 358 2094
<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## 2. Safeguarding in Your Organisation

### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

<b>a. Policies and Guidance</b>
<ul style="list-style-type: none"> <li>The GMMH <b>Safeguarding Children Policy</b> is under review. In January 2017, what was Greater Manchester West Mental Health NHS Foundation Trust (GMW) took over Manchester Mental Health and Social Care Trust. The organisation then became Greater Manchester Mental Health NHS Foundation Trust (GMMH). The policies from both trusts are still being reviewed and merged to ensure that staff have the best possible policy</li> <li>GMMH has <b>FGM guidance</b> for staff, which details record keeping, mandatory reporting and recording and safeguarding processes, as well as support agencies for women and girls affected by FGM</li> <li>GMMH also now has a Child Abduction policy</li> </ul>
<b>b. Private Fostering</b>
<ul style="list-style-type: none"> <li>Is included in level 3 safeguarding children training (1 day, classroom based training, delivered by the safeguarding children lead for GMMH) to remind staff that service users could privately foster their children in times of crisis, or in a planned way – and the need to ensure that the local authority children’s social care services are informed.</li> <li>Is included in the Safeguarding Children Policy.</li> </ul>
<b>c. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.</b>
<p>GMMH has developed bespoke 4 different level 3 safeguarding children training packages (full day, classroom based session) i.e.</p> <ul style="list-style-type: none"> <li>CAMHS</li> <li>Adult Mental Health inpatient</li> <li>Adult Mental Health community</li> </ul>

- **Adult Substance misuse**

Each training course has much of the same content, but with a different emphasis according to the service user group i.e. in each training DVDs/ clips are shown of children talking about their experiences.

The training was recently ratified as level 3 by the Salford local safeguarding children board training team, in accordance with the Intercollegiate document for health (guidance about content required in levels 1-5 training).

The course evaluates very well, and staff report that it helps them to feel more confident and competent in relation to safeguarding children

The impact of the training is evidenced by the good practice within our services

Aron Moss delivers the 'Supporting parents who use substances' course on behalf of the Board.

Simon Morton and Aron Moss have actively participated in the Training sub-group as members this year.

**d. Child Sexual Exploitation**

Child Sexual Exploitation is included within the level 3 training. This includes lessons from Rochdale, Rotherham and recent serious case reviews i.e. the Bradford case of a 13-year-old boy who was gay sexually and exploited by older males.

**e. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews**

Serious Case Reviews that involve GMMH and that include new learning are always added to the level 3 training.

Locally, in Wigan, GMMH staff attend the case review briefings that the WSCB provide.

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

As a mental health trust, GMMH now has to follow the mandatory reporting process for cases of FGM. The Trust as a whole (not just in Wigan) have had 6 cases within the last 6 months (all adults). This has raised the issue of FGM for staff, and made it very real. As a result of this, we have created an FGM recording form in the electronic records to ensure that staff record all the required mandatory information (for business intelligence to transfer to the CAPS/ national audit platform). The recording

<p>form also ensures that the FGM lead for the Trust (the safeguarding children lead) is notified of cases and follows them up to ensure that all appropriate action and safeguarding takes place.</p> <p>The substance misuse service has become engaged within the Place-Based development structures, and has developed referral pathways from the 'huddles' to the Active Case Management Team, with children involved, where safeguarding issues arose, and social services were involved.</p>
<p><b>How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?</b></p>
<ul style="list-style-type: none"> <li>• Updates from the Wigan Executive meeting are disseminated to staff</li> <li>• Staff attend briefings provided by the board</li> </ul> <p>Staff have been consistently supported to be released to attend the Locality Safeguarding Briefings. Staff also attended the Safeguarding Adults Conference on 8/12/16; and the Children's conference on 16/3/17. Information and learning is fed back through team minutes and supervision.</p>
<p><b>What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?</b></p>
<p>Cuts to services (in general) continue to affect the way that agencies provide early help and work together in Wigan, as in other localities. This includes the pressure on caseloads within GMMH and other services, including children's social care, as well as pressures on health visitors and school nurses and consequently on thresholds for intervention - this is challenging for all.</p> <p>As such, it would be / is very helpful that Wigan SCB are continually mindful of this, and support staff and services.</p> <p>Staff in the service are aware that if families' holistic needs not met at an early stage that safeguarding issues may – or are more likely to – emerge, take hold, and present. WSCB can support families and frontline support by ensuring health and social care is commissioned and delivered in an 'holistic 'joined up' way.</p>

## CASE STUDY

<p><b>Substance misuse:</b></p> <p>Staff supported these three cases:</p> <ol style="list-style-type: none"> <li>1. Female with one son, who is now 12 years old. Long history of alcohol misuse and aggressive behaviour as a result of this. Social services have been involved with this</li> </ol>
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- family on and off for some years.
2. Poly drug use. Teenage daughter. Long history of trouble for daughter as a result of this. Unsavoury characters frequenting the property and suspicion of prostitution disguised as an ironing business.
  3. ACM Female client who does not have any children, but lives with drug users, and reported an incident where another female was using drugs and behaving inappropriately, with her 3 year old son in tow. She was also in the company of a male who was not supposed to be near the child. Social services were already involved and the child is now in foster care.

## 1. Contact Details of Person Completing the Report

<b>Name</b>	Janet Bergman
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<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## 2. Safeguarding in Your Organisation

### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

<b>f. Policies and Guidance</b>
<p>Safeguarding lead updates procedures following lessons learned from serious case reviews and recommendations from the board. For example, CSE and Female Genital Mutilation guidelines developed following debates and guidelines issued by the WSCB.</p> <p>Safeguarding policy identifies the organisation's responsibilities towards children. The policy is shared with staff during mandatory Safeguarding Awareness training. The policy is regularly updated following recommendations from the board or in line with changes in legislation. Current issue is version 3.</p> <p>Staff are aware of their responsibility to safeguard service users and are aware of the issues facing our service users from ethnic minority groups.</p>
<b>g. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.</b>
<p>635 members of staff have received Inspiring healthy lifestyles mandatory Safeguarding Awareness Training, which is delivered in house by one of our Level 3 qualified Safeguarding Champions. 136 of these received this training in 2016/17.</p>

<p>6 Safeguarding Champions have undertaken WSCB level 3 Safeguarding Children and CORE training. Refresher training is due to take place in 2017/18.</p> <p>All staff across the organisation have access to WSCB training. A safeguarding training matrix is in place incorporating all job roles within Inspiring healthy lifestyles. The matrix details all WSCB face to face and E-learning mandatory and recommended courses for each job role within the organisation.</p>
<p><b>h. Child Sexual Exploitation</b></p>
<p>Our mandatory training course for all staff across the organisation has been updated to include CSE.</p> <p>WSCB Child Sexual Exploitation and Safeguarding Children from Sexual Abuse face to face training courses have been identified for all staff in regular contact or intense irregular contact with children, young people, vulnerable adults and / or parents / carers.</p>
<p><b>i. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews.</b></p>
<p>Section 11 audit completed for our contract in Cannock Chase. HICT VCFS Safeguarding Audit Tool completed for Wigan Borough CCG.</p> <p>Internal audit completed with Safeguarding Champions to identify any additional training requirements across all of the sites we manage in Wigan, Cannock Chase and Selby.</p> <p>Audit has identified that training has increased the awareness of safeguarding issues amongst employees, increased awareness and confidence in staff of how to respond to a safeguarding concern and how to report concerns.</p> <p>This has lead to our Safeguarding Lead being contacted by more staff to discuss potential safeguarding concerns and any issues that staff experience. Staff are more confident to come forward and report issues or concerns.</p> <p>Central record kept by Safeguarding lead of all reported concerns to monitor concerns that do not reach the threshold of needs, and keep a central record of avenues of support and help available to service users.</p>
<p><b>j. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues.</b></p>
<p>We run a holiday based activity scheme, offering a range of cultural and physical activities for young people to participate in.</p> <p>Any complaints or issues that may have a safeguarding link are passed to the organisation's Safeguarding lead to monitor and advise on.</p> <p>All staff within Inspiring healthy lifestyles understand that they have a duty to report</p>

safeguarding concerns. Safeguarding our service users is everyone's responsibility and not just those who work directly with vulnerable groups.

**k. Child / adolescent mental health and wellbeing.**

One of our Safeguarding champions chairs Wigan Youth Forum, which is a partnership of Voluntary and Community Sector organisations that deliver activities for young people within or for the Borough of Wigan.

The forum enables all children and young people to take part in positive activities to help their personal development and wellbeing.

The forum has a significant **collective** impact on the following **Outcomes**:-

- Increased levels of physical activity.
- Reduced youth-related anti-social behaviour , Offending & Re-offending
- Improved employability
- Reduction in young people not in employment, education or training
- Improved opportunities for young people to participate
- Improved community cohesion
- Improved mental health and wellbeing
- Improved attendance at school and improved learning outcomes
- Increased community wellbeing, resilience and connectedness
- Increased training, education, qualifications
- Increase in the number of volunteers registered within Wigan Borough and the number of volunteer hours committed
- Improved information and advice about the range of community activities for young people.

**WSCB BUSINESS PRIORITIES**

**1. Refresh, improve and strengthen the governance and operation of the WSCB within the wider partnership architecture.**

The organisation Safeguarding lead is a member of the WSCB, this ensures that we are familiar with issues affecting the board and wider partners and are able to adapt our working procedures in line with the Board and partners to ensure a consistent approach to safeguarding.

**2. Advocate for a system wide, consistent approach to Early Intervention and evaluate its effectiveness.**

All safeguarding concerns are reported to the organisation's safeguarding lead, who is a member of the WSCB and is therefore aware of who to report concerns to for intervention that do not meet the threshold of needs.

**3. Support, challenge and critically evaluate the development of a life course Multi Agency Safeguarding Hub to ensure it realises its potential.**

As above.

**4. Engage with children, individuals, families, communities and professionals in order to safeguard children and young people in the context of wider public service reform and the deal for children.**

Our services include weight management and child obesity, sports courses and activities for children and vulnerable groups. We run Community projects in hard to reach areas across the Borough with the aim of giving the young people something to do and somewhere safe to go, whilst providing them with an option to participate in physical activity as well as having a trained professional to talk to. The areas are targeted through anti-social behaviour and youths causing annoyances calls from residents with information coming from the Joint Intelligence Unit.

**5. Continue to develop and inform a confident, committed and competent workforce operating consistently and effectively across partnerships to safeguard children and young people.**

Safeguarding Awareness training is mandatory for all staff and volunteers across the workforce. All safeguarding procedures are available in site Safeguarding manuals and on our Facebook at work page for staff to access outside of the work-base.

**6. Develop an intelligent approach to assessing and evaluating the work of the board and partners engaged in safeguarding children and young people.**

Where relevant, documents produced by the board are shared with Champions and comments sought. Annual safeguarding audits are completed and two year action plans produced as a result.

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

We have identified all of the various sports clubs that work with our organisation in preparation for a partnership approach with the board to evaluate the level of safeguarding awareness and reporting procedures across the borough.

**How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?**

Procedures are updated in line with WSCB procedures as and when required. Priorities and progress are fed to Safeguarding Champions across the organisation.

No issues raised with the board.

**What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?**

Referring concerns in relation to children to Gateway services who do not meet the Threshold of Needs for a referral to Children's services. Without parental consent, it is often difficult to report concerns. We are working with Safeguarding leads from school's in an attempt to address this.

## **1. Contact Details of Person Completing the Report**

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<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## **2. Safeguarding in Your Organisation**

### **2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES**

#### **a. Policies and Guidance**

We manage Wigan Council and Wigan and Leigh Homes properties we follow Wigan Council policy and procedures with regards to safeguarding. Please see link below

<https://www.wigan.gov.uk/WSCB/Professionals/Latest-guidance.aspx>

#### **b. Private Fostering**

Homes staff identifying any private fostering arrangements would highlight these with Children's social care at the earliest opportunity so that the arrangement can be appropriately monitored.

#### **c. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.**

Homes have an ongoing training plan for all staff with safeguarding awareness mandatory and included in all staff inductions, training and case management as part of the My Time process. Training is identified through regular My time, mandatory training is also provided through 'Me learning' (online e-learning program) or via the safeguarding board. We have also delivered safeguarding awareness training for our

<p>partner contractors, and our tenants and residents groups.</p> <p>In addition we look at posts individually and tailor appropriate safeguarding training to the job role for example Tenancy Sustainment officers who provide advice and support to vulnerable tenants will receive more enhanced safeguarding training.</p> <p>We have a culture of continuous learning and improvement in all areas of business and especially safeguarding; there is regular refresher training completed with staff. Homes also participate in corporate safeguarding events e.g. annual safeguarding conference.</p> <p>We also attend the WASB and WSCB training and development group, identifying any areas for improvement that need to be made following review of policies and procedures, so that these can be implemented at the earliest opportunity.</p>
<p><b>d. Child Sexual Exploitation</b></p>
<p>Homes are involved in the daily governance meeting completing checks and any relevant follow up actions. We also attend the CSE sub group so that practice can be monitored and reviewed. Staff have also been involved in a number of initiatives throughout action weeks to raise awareness of CSE.</p>
<p><b>e. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews</b></p>
<p>Homes have a designated mailbox as a point of contact for all safeguarding issues which is monitored and managed. (<a href="mailto:HotAdmin@wigan.gov.uk">HotAdmin@wigan.gov.uk</a>) this is an improved process meaning issues are identified much quicker through the one dedicated point of contact. This also makes it easy for staff to understand their role and responsibilities.</p> <p>Each request received through the designated mailbox for Homes attendance at Safeguarding meetings is assessed and directed to the most appropriate team/officer to lead and contribute to ensure the YP is safeguarded.</p> <p>Safeguarding cases also have a unique identity code on our internal system which is linked to the individual so that staff are aware of any family support issues. This identifier is described as 'family support issues' to reduce the possible stigmatisation of individuals who may have safeguarding issues.</p> <p>Senior managers also attend the below board and groups so that practice can be monitored/improved and actions can be agreed.</p> <p>Adult Safeguarding Board  Children's Safeguarding Board  Adult Safeguarding Executive Board  Children's Safeguarding Executive Board  Corporate Parenting</p>

Children's Trust

Learning and Improvement Group Children's

Learning and Improvement Group Adults

Early Help Steering Group

CSE Sub Group

DV Steering Group

Training and Development Group for Children's and Adults

Information from the above groups is then fed into the bi-monthly Homes safeguarding meetings which have recently been set up with standard agenda items covering Performance monitoring, feedback and actions from boards and subgroups, training plan and communication of key messages.

Information is shared from Lessons Learnt Sub Group following SCR's and DHR's and changes to procedures made if required as an outcome of these investigations.

As a result of DHR we amended the homeless investigation form and Housing Register application form to ask questions about DV, this is still standard practice within Homes. If someone indicates there are experiencing DV on their Housing application a triage appointment is made with a specialist officer to investigate further providing appropriate information and advice.

**f. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues**

Homes staff contribute to the whole range of Safeguarding meetings, and serious case reviews providing information and reports regarding the young person or their family if appropriate.

In addition to this we are a member of the Borough-wide multi agency Youth Forum (young people attend this) from a governance perspective, a senior manager attends this

We are also a patron of the youth zone and have supported a number of activities for young people throughout this year via Better Neighbourhood Fund and use these activities to help us hear the child's voice in our communities these include events at the youth zone, summer camps and grow your own.

Homes continue to chair YPAG taking into consideration the views and needs of young people wanting to access supported accommodation. We also attend the CSE sub group and CSE hub to share information as quickly as possible to achieve the best outcome for the YP.

We have a dedicated officer working with the Council's Initial Assessment Team. Any referral coming through where the reason is either unsuitable living conditions or inadequate housing is passed through to the housing officer to case manage and find resolutions.

We follow Wigan Council policy in relation to any complaints made relating to

safeguarding issues which allows us to learn and make improvements where required. All staff are required to follow these procedures they are made aware of them initially at induction, refresher training is also provided to staff and compliance checks are completed by managers.

**g. Child / adolescent mental health and wellbeing**

We work collectively with other teams and partners to ensure that children are safeguarded and that their views are considered to ensure the correct outcome for the young person, we will implement any changes required as a result of any feedback that other leads have identified from the perspective of a young person.

Homes continue to chair YPAG; Individual cases are influenced by the YP (under 18) and are documented on the YPAG action Sheet. Also attendance at daily CSE governance meetings leads to cases being referred to Homes for follow up.

Additionally, support plans, Pathway Planning Meetings, Early Help (Voice of the Child) and detailed discussions with HOAC staff provide further opportunity to influence decisions around wellbeing. During discussions at meetings we will consider the case holistically from the young person's perspective, for example any support from friends, carers, consider location of schools or college. If the young person is a care leaver consider background information, wishes, will they be able to sustain the tenancy in an area they are/are not familiar with, what support will be required and what outcome would they like to achieve.

## **WSCB BUSINESS PRIORITIES**

**Homes support WSCB business priorities in the following ways.**

**CSE**

Work closely with other teams and partners on Child Sexual Exploitation and continue to be involved in the MASH and sub group.

**Early Help**

Homes staff sits with the Early Help team, screening referrals and carry out joint assessments.

**Child deaths**

Homes contribute to reports where families residing in our accommodation have experienced a child death or Sudden Infant Death Syndrome (SIDS). Any learning from these reviews is shared with staff as part of our ongoing commitment to continuous training and awareness of safeguarding issues.

**Young Persons Accommodation Group (YPAG)**

Homes work with Wigan's Children's Social Care (CSC) to assist them to deliver their duties under the Children Act 1989 and to co-ordinate services. Over the last 12 months

there has been a concentrated focus on assisting with cases where there is a high cost to the public purse and in several of these cases Homes have provided accommodation and support for cases at a vastly reduced cost.

**Wigan Council's Allocations policy**

Homes administer Wigan Council's Allocations policy. The policy includes a joint protocol to ensure a smooth transition for care leavers into supported or independent accommodation. In 2016/17 Homes housed 20 care leavers.

**Domestic Abuse /Integrated Safeguarding and Public Protection (ISAPP)**

Homes have an ISAPP officer seconded, based with the MASH.

**Child Protection Conferences**

Homes have a robust process in place to ensure appropriate attendance at child protection conferences.

**Place Based Initiative/SDF**

Homes have had designated officer's working on a full time basis with the place based initiative. Now that this has been developed to the SDF's across 7 localities we have aligned staff to these areas so that there is a representative attending each huddle.

**Ongoing Commitment**

Homes continually strive to improve governance and improve partnership working generally but specifically in relation to safeguarding. We have developed a culture of early intervention, accountability and commitment to safeguarding.

We continue to develop and inform a confident, committed and competent workforce operating consistently and effectively across partnerships to safeguard children and young people.

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

Homes have assisted with the rehousing of several complex care cases in partnership with children's social care resulting in major savings to the public purse.

We have also set up an HMO (House of Multiple occupation) for 3 young people so that they can live independently in the community and still share with other's making the transition from care to independent living much smoother.

**How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?**

Safeguarding of both adult and children is embedded within the culture of Homes. There is a comprehensive training programme for staff which picks up any good practice locally or nationally, new guidance and any changes in procedures and protocols within Wigan Council or with other partners.

**What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?**

The main challenge currently is reducing resources. In 2016/17 Wigan and Leigh Homes restructured their tenancy services directorate to better align delivery of services with Wigan Council, improving multi agency working, making better use of resources and reducing duplication of effort. We moved back into the council in April 2017 aligning with various teams and there is currently a review of Homes, to further improve better use of resources, there may be changes with representation at meetings in the future, however we remain committed to the safeguarding and multi-agency groups that we attend.

**CASE STUDY**

A social worker had contacted Homes regarding a family who lived in a two bedroomed property, they had 4 children aged between 5 months and 8 years and needed a four bedroomed property as one of the children had behavioural issues and could not share with siblings. The family had a large amount of rent arrears and their housing application had been suspended, under normal circumstances the housing application would not be activated until payment had been made.

There had been significant safeguarding concerns regarding the family and the children were placed under a care order with the local authority. The family were engaging with services regarding parenting and their finances and had made significant improvements. Due to the improvements the family court agreed that the children could return home if alternative accommodation could be found for the family.

Two of the children were placed at home and the other two children were placed in foster care, which was distressing for the family continually living apart. The judge had recommended a short time frame for the family to return home; therefore we reactivated the application and awarded additional priority. A suitable property was identified in conjunction with the family and Social Care, within close proximity to the school. This allowed some familiarity and stability for the children and enabled the family to stay contacted with their support network. Funding was also secured to clear the rent arrears so that they could make a fresh start and sustain their tenancy moving forward. The children have all now returned home which has also contributed to making public purse savings with the reduction in cost of the foster care placements. The family continue to receive support and are currently satisfactorily maintaining their tenancy.

## 1. Contact Details of Person Completing the Report

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<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## 2. Safeguarding in Your Organisation

### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

<b>a. Policies and Guidance</b>
<p>The Wrightington, Wigan &amp; Leigh Foundation Trust (WWLFT) Safeguarding Children Team have made every effort to systematically review Trust safeguarding processes and procedures, during 2016/2017. This has been in response to national guidance and local learning from case reviews conducted by the WSCB, although changes to policies and procedure have not always been completed within prescribed WWLFT timescales.</p> <p>Revisions and adaptations to pathways for midwifery cases have been completed, for example, complex safeguarding /learning disability cases.</p> <p>The number and complexity of referrals is increasing particularly for families with previous involvement with Children's Social Care (CSC), previous children in local authority care, domestic abuse, drug and alcohol use, mental health issues, learning disability and similar issues with mother's partners/ father of the unborn. Overall safeguarding the unborn has become more challenging, however, midwives are being encouraged to take responsibility for managing safeguarding cases in line with national and local policies and procedures.</p> <p>Reviews of the Safeguarding Children Policy and related Safeguarding Policies for example Child Death and CSE have been undertaken.</p>
<b>b. Private Fostering</b>
<p>An explanation of Private Fostering has been included into the safeguarding children level 3 training and awareness raised via the safeguarding bulletin.</p>
<b>c. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.</b>
<p>WWLFT offer all staff safeguarding children training at level 1, 2 and 3. The standard and competency levels for safeguarding training at WWLFT have been reviewed during 2016/2017 and significant improvements made. All staff roles and area of work have</p>

been reviewed and benchmarked against *Intercollegiate Document safeguarding children roles and competencies* (2014).

Revised training packages and competencies have been introduced throughout the WWLFT in November 2016. The level of competency for all staff has been reviewed in line with the standard and it was necessary for some staff to be re aligned to a more appropriate level of competency.

Prior to November 2016 all staffs in post at WWLFT had attended training and were compliant for the previous Level 3 training. Therefore, WWLFT staff did have a good understanding before the introduction of updated training packages and revised competency levels.

The safeguarding children's team have arranged frequent level 3 face to face training sessions for relevant staff and these have been well attended.

**d. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews.**

During the time frame of this report WWLFT Safeguarding Children's team have reviewed and refined the collecting and reporting of activity data into a dashboard/table format. This is also shared and accepted by partner agencies. Some audit activity has been conducted in-house and proactively, however, the main multi-agency audit involvement has been in response to particular safeguarding cases. The findings of which have informed further reviews, supervision and training.

WWLFT have also audited the regional standards for safeguarding section 47 assessments. Following this audit a number of action plans were initiated including devising a joint leaflet for section 47 medicals; use of an interim report; joint SOP for social care, health and the police for arranging a section 47 medical. We are currently working with partner agencies to have these agreed and accepted for current use.

There are plans to re-audit the injuries in non-mobile policy to ensure consistent practice in this area.

Lessons learned for reviews are disseminated through training, supervision and the safeguarding bulletin.

**e. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues.**

WWLFT have adopted the revised WSCB pathway for injuries on non-mobile children and the recently devised 'parents leaflet' to help promote engagement with families.

Work has been continuing on capturing the voice of the child, particularly within documentation at WWLFT.

**f. Child / adolescent mental health and wellbeing.**

There has been much activity across the whole Trust regarding the raising of awareness and establishment of appropriate response to domestic abuse. WWL have been part of a pilot alongside Wigan Council, for a Hospital based Independent Domestic Violence Adviser (IDVA) service. The role of the hospital IDVA has a 'golden window of opportunity' to support victims due to proximity and co-location. Victim's who have accessed hospital health services due to injury have been shown to be more comfortable disclosing domestic abuse in a health environment. The statistics and evidence from this pilot so far have been extremely encouraging.

Safeguarding Supervision has been enabled in a team approach by the Named Midwife and Safeguarding Nurses, however, due to the numbers of staff employed by WWLFT and capacity of the safeguarding team safeguarding supervision is offered in a targeted approach.

One to one or peer group supervision has been offered routinely, particularly for staff working in teams who carry a greater safeguarding risk.

The Trust has learnt lessons from Serious Case Reviews (SCR) published with both national and local learning. Information and learning has been shared via WWLFT staff attending Locality briefing events, in – house safeguarding children and domestic abuse training, the WWLFT monthly safeguarding bulletin and safeguarding supervision. WWLFT also hold a bi monthly meeting for senior manager and named safeguarding leads in Health and Social care this meeting was introduced in 2015 and has fostered closer working relationships between the two agencies. There has been a closer working relationship between WWLFT and the WSCB during 2016/2017, with a significant amount of joint working, particularly around case reviews.

WWLFT Safeguarding team recognises the challenges in addressing safeguarding issues safely, in a climate of austerity and shrinking services, particularly in relation to: sexual exploitation, neglect, domestic abuse, female genital mutilation (FGM), modern day slavery, trafficking and Prevent.

The team have plans to further promote staff knowledge of sexual exploitation and enhance their skills in the recognition of CSE and use the collective Wigan response to signs of sexual exploitation when patients access Trust services.

The safeguarding team recognises the need to further promote and expand the voice of the child and views of the child ensuring children are supported and listened to. This is particularly important in aspiring to a smooth Transition pathway for young people with safeguarding needs who will need specific care as an adult.

The number of safeguarding domestic abuse cases remains high and a challenge for all services across the borough, together with the highly complex nature of a significant number of safeguarding cases. WWLFT intends to continue to work with partner agencies to address this aspect of safeguarding children in Wigan.

<b>Any other key safeguarding issues your organisation has responded to in the last 12 months.</b>
The high incidence Domestic Abuse incidents and safeguarding children cases remains a priority.
<b>How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?</b>
Meetings, safeguarding supervision, training and the safeguarding bulletin.
<b>What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?</b>
The provision of CAMHS support and services for young people. The smooth transition for young people into adult services.

## 1. Contact Details of Person Completing the Report

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<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## 2. Safeguarding in Your Organisation

### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

<b>a. Policies and Guidance</b>
<p>During 2016-17 the Safeguarding and Looked After Children Team have reviewed and developed the following safeguarding children policies and guidelines:</p> <ul style="list-style-type: none"> <li>• Safeguarding Supervision Policy</li> <li>• Domestic Abuse, Honour Based Violence and Female Genital Mutilation Policy</li> <li>• Looked After Children Policy</li> </ul> <p>We have also recently updated and ratified our:</p> <ul style="list-style-type: none"> <li>• Training Needs Analysis</li> <li>• Training Strategy</li> </ul>

To ensure Bridgewater Community Healthcare NHS Foundation Trust (The Trust) staff are compliant with their training requirements as per the Intercollegiate Document (2014, Safeguarding children and young people: roles and competences for health care staff).

The Safeguarding Children Team have also contributed to the update and review of the Bruising and Injuries in Non-Mobile Children Pathway which takes into account learning from previous Serious Case Reviews.

**b. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.**

- The Trust has recently updated its Training Needs Analysis and Training Strategy in relation to Safeguarding Training to ensure our staff are compliant with their training requirements as per the Intercollegiate Document (2014, Safeguarding children and young people: roles and competences for health care staff).
- The Safeguarding Children Team aims to ensure that the Trust's employees in the Wigan Borough are equipped with safeguarding knowledge and skills and are supported through safeguarding supervision and training. This will enable the organisation to fulfil its statutory duty to safeguard and promote the welfare of the children, young people and unborn in all areas of service provision.
- The Specialist Nurses also provide a one to one training induction package for newly qualified staff, and new starters in the Wigan Borough. The Safeguarding Team actively promote Wigan Safeguarding Children Board Training to help to ensure practitioners are compliant with their training requirements
- Our Level 3 Safeguarding Children training package is updated regularly to reflect any local or national learning in addition to new legislation and guidance.
- Our training is well evaluated by staff and anecdotally we recognise that when staff have attended training they are more likely to recognise safeguarding concerns and contact the Safeguarding Children Team for advice and support.

Our Safeguarding Children training compliance as of 30.06.17 was:

- 93% Safeguarding Children Level 2
- 96% Safeguarding Children Level 3
- 95% Prevent All
- 80% Prevent Wrap 3

The compliance for safeguarding training is improving, this is due to the Safeguarding Team actively promoting and monitoring compliance. There are currently two Level 3 Safeguarding Children training sessions held per month in Wigan. In addition there are 4 Prevent Wrap 3 sessions per month that staff can access.

**c. Child Sexual Exploitation**

There is a Specialist Nurse for Child Sexual Exploitation who is a member of the Wigan safeguarding Children Team but is primarily based at Wigan Police Station. This role is still relatively a new in the Wigan Borough and the development of this post continues, although it is positive that post is now permanently funded by Wigan Borough CCG.

The role aims to address health needs and support positive health outcomes for children and young people at risk of CSE by supporting practice in relation to CSE by providing comprehensive specialist advice, support and training to staff across the health economy. The Specialist Nurse CSE continues to work closely with the Clinical Commissioning Group, Designated Nurse and other Safeguarding Children Teams across the health economy and multi-agency partners to support the development of partnership working to improve outcomes for vulnerable children.

In addition we also have a Specialist Nurse who is a CSE Champion; she meets regularly with other multi-agency champions to help promote awareness of CSE within Bridgewater.

All Children and young people who are identified as being at high risk of CSE have a flag on their electronic patient record which is visible to all staff across the Trust.

**d. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews**

During 2016-17, the Safeguarding Children Team completed an audit of flagging Electronic Patient Records where a child is either subject to a Child Protection Plan, Looked After or at high risk of CSE. The results of the audit were very positive with 100% of flags having been applied in accordance with our flagging guidance. In addition an audit of 'children not seen who are subject to a child protection plan also evidenced that staff involved took appropriate action.

The Safeguarding Children Team have also contributed to multi-agency audits in relation to domestic abuse, children subject to a plan for a second time and children who are educated at home. The results and recommendations from these audits are shared with Bridgewater staff through safeguarding training, safeguarding supervision and staff meetings.

The Safeguarding Contractual Standards and accompanying was submitted to Wigan Borough Clinical Commissioning Group and a validation visit undertaken, there is an action plan in place which is regularly monitored and updated.

The Safeguarding Children Team collects a range of data including:

- Staff attendance at safeguarding meetings
- Court Reports and Pre-proceedings reports completed

- Domestic Abuse incidents and referrals shared
- Numbers of referrals into MARAC
- Child Deaths and our response where there are potential safeguarding concerns
- Fabricated or Induced Illness cases and our involvement/response/outcomes

This data is used to identify training and support needs and also any trends which may require further consideration including audit and evaluation.

**e. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues.**

Staff in Bridgewater aim to seek the views of children and involve them in decision making, examples of this include:

- A young Care Leaver has been part of an interview panel whilst recruiting for a new Specialist Nurse for Children in Care. His views and opinions were taken into account when choosing the successful candidate.
- Practitioners completing Health Assessments with Children Looked After (CLA) incorporate the voice of the child within assessments. CLA assessments are quality assured by the Specialist Nurse for CLA. The Specialist Nurse also has responsibility for completing assessments for the 16-18 year age group. This enables the CLA team at Bridgewater to ensure the views of children are recorded and responded to effectively.
- In addition to this, Health assessments are completed for Children In Need and children on a Child Protection Plan by the School Nursing Service. This assessment involves a 'My Life' Questionnaire that seeks to capture the voice of the child.
- 'Voice of the Child' is captured in assessment templates on the child's electronic patient record and is routinely discussed and documented as part of safeguarding children supervision.
- The Trust has a complaints policy in place. The Patient Advice Liaison service (PALS) is also available to support service users in this situation. All Trust employees complete e-learning in customer care as part of their annual mandatory training.

**f. Child / adolescent mental health and wellbeing**

The Trust promotes key messages relating to mental health and wellbeing and supports children, carers and their families who are vulnerable to poor mental health by:

- Health Visitors in the Trust are trained to undertake 'New Born Observations', the primary goal is to promote an understanding of baby behaviour and development and to foster strong infant-parent relationships.
- Delivery of the Healthy Child Programme focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. There is a focus on promoting emotional wellbeing in families.

- Training has been undertaken by Health Visitors in relation to mental health in children.
- Health Visitors use screening tools to consider and recognise mental health in parents including post-natal depression.
- School Nurses provide 'drop-ins' in schools and children are able to discuss emotional and mental health issues.
- Staff are aware of how to make referrals to specialist services, including Child and Adolescent Mental Health Services (CAMHS).
- The Children in Care Team provide training to Foster Carers and Residential Care Staff in relation to emotional and mental health issues.
- Children in Care receive an annual health assessment which includes completion of Strengths and difficulties Questionnaire with appropriate interventions and referrals as required.

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

- The Safeguarding Children Team welcomed the introduction of the WSCB Bruising and Injuries in Non-Mobile Children Policy, however after supporting staff in the trust to implement this felt in needed reviewing to add clarity for practitioners. We have worked collaboratively to review this and are now launching and embedding the updated policy into practice.
- The Safeguarding Children Team have also contributed to Critical Incident Panels in relation to complex safeguarding cases and continue to participate in ongoing Serious and Local Case Reviews.
- Following a safeguarding case involving a child who was educated at home, the trust would like to work with WSCB to consider how we best safeguard children who are home educated. It is anticipated that this will be addressed in the forthcoming Serious Case Review.

**How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?**

Safeguarding issues are communicated within the Trust, this is achieved by:

- A member of the Safeguarding team attends Board Meetings and sub groups, sending a representative or apologies if unable to attend.
- Key messages are cascaded to other staff via email, the staff bulletin, team

<p>meetings and training.</p> <ul style="list-style-type: none"> <li>• Staff are encouraged to attend multiagency learning events, locality briefings and training.</li> <li>• All staff have access to 3 monthly individual or group safeguarding supervision and information is disseminated to staff through this channel.</li> <li>• The safeguarding team contribute to CDOP, Serious Case Reviews and Critical Incident Reviews when required</li> </ul>
<p><b>What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?</b></p>
<ul style="list-style-type: none"> <li>• Keeping the focus on safeguarding children whilst moving to more integrated services.</li> <li>• As Wigan considers developing a Multi-Agency Safeguarding Hub, we will need to consider Bridgewater's contribution.</li> <li>• Contributing to the high volume of SCR's and ensuring all relevant learning is embedded into practice.</li> </ul>

## CASE STUDY

Two case studies have been included, one relating to a young girl at high risk of CSE and one relating to a young boy who is looked after and how his 'voice' was considered.



### Multi-agency case study

**Case study - by CSE Social Worker Natalie Carter and CSE Specialist Nurse Lisa Forshaw to demonstrate the complexities of a case that was previously open to the CSE team and to demonstrate the benefits of a multi-agency approach.**

**The name of the child has been changed to ensure confidentiality and provide anonymity.**

### Reason for referral:

Anna was referred to the CSE team as she had a significant history of demonstrating sexualised behaviours; Anna was also known to have accessed pornography at a young age, alleged that

she was raped and reported to be having sexual intercourse with older males, which she believed to have been consensual. These concerns were deeply worrying, especially as Anna was still only 11 years old at this time. Anna was first heard at SEAM (previous multi-agency forum for reviewing CSE referrals) in December 2015 after she disclosed that she was in a sexual relationship with a 17 year old male and that she was also associating with older peers. The case was allocated to Social Worker Natalie Carter based in the CSE team and direct work commenced to explore Anna's knowledge and understanding of risk and CSE. A phoenix risk assessment was completed at this stage and Anna was deemed to be at medium risk of CSE. The locality Social Care team were already involved with Anna at this time and she was subject to a Child in Need plan.

### **Intervention:**

During the early stages of Natalie's intervention, the concerns for Anna continued to quickly escalate. This was not just in relation to CSE but also in regards to parent-child attachment. This primarily related to Anna's relationship with her mother, which involved a lot of negativity and there also appeared to be a lack of emotional warmth between them. Anna was often spoken to in a derogatory manner and was fully aware of her mother's negative views of her and her behaviours. During a 1-1 session, Anna spoke openly about her mother not liking her and admitted she had lied in the past to gain her mother's attention.

A Child Protection Plan was commenced in April 2016 and through the course of the intervention, extensive and complimentary work was completed with Anna and her parents. This included work around family therapy, school attendance, life story work and social inclusion. Natalie continued to complete regular direct work sessions with Anna that focussed on key areas of preventative CSE work.

As the CSE work continued and Natalie started to build a positive and trusting relationship with Anna, there were on-going incidents of sexualised behaviours that were putting Anna at continued risk of harm. Despite Anna's positive engagement throughout the direct work sessions, she continued to engage with older males online and both shared and received indecent images. Anna was also known to be associating with older peers in the community that potentially posed a risk to her. It was identified that Anna was possibly seeking out this attention as a result of her home circumstances that had negatively impacted on Anna's self-worth and self-esteem. This is reflected in research completed by Elly Hanson (NSPCC, 2016) who states that "Neglect increases the likelihood of early sexual activity which in turn is linked to subsequent sexual exploitation".

Natalie had completed sessions with Anna that included online safety and understanding healthy and unhealthy relationships. Work around consent and sexual health was also identified as a significant need for Anna however, due to her young age and vulnerabilities, it was acknowledged this would require a sensitive and considered approach. During a case management discussion with the CSE Team Manager Cheryl Hilton, this issue was reflected on and it was decided that the support of a practitioner with more specialised sexual health knowledge would be of significant benefit to Anna's care plan.

CSE Specialist Nurse Lisa Forshaw joined Natalie's sessions to continue to explore Anna's wishes and feelings about completing further direct work. The aim was to build on the direct work already completed and to continue to raise and increase Anna's awareness about growing up and puberty, the body, self-esteem, confidence and sexual health. Although Anna was only 11 years old, there were on-going concerns in regards to her sexualised behaviours. These sessions were developed to ensure Anna gained age appropriate knowledge and understanding with regards to sex and relationships. The purpose of which was to address any incorrect or inappropriate information she may have been exposed to elsewhere.

Throughout these sessions growing up (physical and emotional development and changes) and sexual health were explored in depth. Although we initially focussed on puberty, menstruation and reproduction we later progressed to discuss more in depth about sex, the law and consent. During the sessions we considered together the reasons why people have sex, the risks and the occurrence of pressure and coercion. Anna was also signposted to where she can go for help if needed. This involved Anna and her mum accompanying Lisa to the SHINE centre in Wigan, so they were aware of where to go in the future for advice and support. The staff in the centre were also introduced to Anna and were made aware of her needs should she require support in the future. A full sexual health screen was completed with Anna at this visit.

The sessions were completed by discussing pregnancy and sexually transmitted infections and looking at different available contraception methods including efficacy and mode of action. Work around building self-esteem was incorporated throughout all of the sessions.

#### **Engagement from young person:**

As there was no time limit on the interventions provided by the CSE team, this enabled Natalie and Lisa to build a positive and trusting relationship with Anna that in turn, facilitated meaningful engagement. By adopting a Person Centred Approach, the plan of work was adapted to meet Anna's needs and incorporate her wishes and feelings. This helped Anna to recognise that workers were acting in her best interests and focussed on keeping her safe. As a result of collaborative working, Anna felt valued, as demonstrated by her active participation during all sessions. Anna was able to complete all required tasks, asked appropriate questions and also helped to plan sessions to support her learning. Although Anna sometimes attended sessions low in mood due to external influences, she always engaged in each session and her mood would often improve as the session progressed. It is felt this was because of the Strengths based approach adopted that helped increase her self-confidence and sense of security. This approach also provided Anna with the consistency and routine that she appeared to crave in her life. Anna never missed a session and as her learning progressed, the Phoenix risk assessment tool found a reduction in risk for Anna in regards to CSE.

Research has demonstrated that relationships with adults are important, whether the adult is a parent, carer or professional. The relationships that make a difference are those in which young people experience being cared for by someone who listens to their voice, empathises with them and persistently works in their best interests (Hanson, 2016).

**Outcome of intervention:**

During the interventions with Anna, it was clear that she was confused by her own behaviours. It was through robust joint working coordinated by the Child Protection Plan that Anna was gradually able to understand the importance of building a more positive relationship with her parents. Their engagement with family therapy (CAHMS) and life story work (Locality Social Worker) strengthened their relationship which complimented the CSE intervention. This type of work has been confirmed as a core element in improving and sustaining positive outcomes for children;

“High quality relationships are typically a central feature of resilient trajectories following childhood maltreatment. When a young person experiences patience, love, consistency, positive role modelling and belief from another over time, this can go a long way towards developing the assets that research shows to be protective...” (Hanson, 2016).

The Child Protection Plan was replaced by a Child in Need plan following a reduction in risk and evidence that significant improvements had been made. In relation to CSE risk factors, the Phoenix assessment scores are detailed below and highlight the positive progress;

16.12.15 – Score 30 – Medium Risk

19.02.16 – Score 42 – High Risk

13.05.16 – Score 43 – High Risk

19.08.16 – Score 23 – Medium Risk

28.11.16 – Score 16 – Low Risk.

Anna’s case was heard at the CSE team’s Daily Governance meeting on the 28.11.16 and closure was agreed. The case has now also closed to Children’s Social Care as positive outcomes were achieved by the family and there was no evidence of on-going concern for Anna.

**Young person feedback:**

Anna’s wishes and feeling were sought throughout the intervention and work was planned in line with her needs. Anna confirmed she preferred this method of working and this was evidenced through her on going engagement and enjoyment from the sessions.

Anna often came prepared for direct work. Following a session that focussed on puberty, the body and reproduction, Anna used her own initiative to complete ‘homework’ and proudly presented this at the next session. Anna commented that she had enjoyed researching this topic and this was reflected in the quality of work she provided. This also demonstrated she had retained and reflected upon the information in her own time which was positive and differed from the feedback received from school.

Of particular significance, Anna had shared her knowledge with her sister and mother and this encouraged a positive family discussion around a sensitive matter. For Anna, this was extremely

important as she had not previously felt comfortable discussing sensitive topics with family members. Anna's confidence grew as her relationship with her mother progressed. At the latter stages of the direct work, Anna discussed that she felt more able to share her thoughts and feelings with her mother and commented that this was really important to her. During another session Anna brought with her a range of sanitary products provided to her by her mother. Anna had only just started her periods and felt able to share this with her mother. Anna explained that our previous menstruation session had given her the confidence and knowledge to discuss this personal matter.

Further evidence of the correlation between Anna's reduction in risk to CSE and progress made within family relationships was identified during the final sessions where Anna made it clear the CSE work was no longer needed. There was a period of stability, during which Anna and her mother's relationship grew stronger and the concerns around CSE significantly reduced. As a child who has experienced neglect, the crucial factor of Anna's progress linked directly to her attachment with her mother, which over time had improved and provided Anna with more emotional security. By the final stages of the intervention, Anna was able to confidently articulate that she no longer needed CSE intervention.

A final session was completed with Anna to review all previous sessions. Anna actively participated in this session and confidently produced a piece of work that highlighted what she had learnt (see figure 1). Anna was able to recall all key information from a 12 month intervention which demonstrated competent knowledge of safety and risk in relation to CSE.



**Case Study Prepared by Sue Gill Specialist Nurse Children in Care. This case study is based on how a young person has been supported in understanding the emotions relating to teenage relationships.**

Please note: the young person identified in this study agreed to the study being prepared and contributed throughout. The young person declined anonymity.

### **Setting the scene and issues identified**

Shaun is a fourteen year old male, accommodated by the local authority and placed in foster care. Shaun has had several foster placements breakdown and until recently was settled and adapting in the placement he currently resides in. Shaun was engaging with family activities and actively becoming part of his foster family.

Shaun met a girlfriend within a couple of months of being in placement and his attitude towards engagement with his foster family decreased significantly. Shaun became much focussed on his

girlfriend and pleasing her. This involved Shaun making new friendships and becoming part of his girlfriend's social network.

Foster carers felt Shaun was becoming consumed by his relationship and this was affecting his behaviour, his school work and his investment in the family placement.

Whilst Shaun was supported in his relationship he did not seem to understand the unconditional emotions that are part of a healthy relationship and as such he became focussed purely on his girlfriend and meeting her needs and demands often at the detriment to his own social life with peers, school work and family time with his foster carers.

### **Interventions undertaken**

Due to the concerns of Shaun behavioural changes, Shaun's social worker made a referral to Barnardos in the meantime the Children in Care Nurse formulated a package of care to help enable and equip Shaun with his thoughts, feelings, aspirations and the skill to recognise positive relationships.

Weekly visits commenced, by utilising both verbal communication and discussion alongside completing relationship work sheets, conversation flowed and allowed for Shaun to consider and analyse his relationship.

This was evident in the way the work sheets were completed Shaun was engaging and discussed the questions providing a clear rationale for his thinking. Shaun appeared honest in his answers and this led for further discussion regarding his future plans. Shaun demonstrated good reflection skills and engaged well during these sessions; Shaun was open and honest when considering the answers and asked for support in decision making. This shows a mature attitude and a commitment to reflect on personal behaviour.

It became evident that Shaun felt this relationship was "forever", the reason for this was around planning future carers together, whilst this is age appropriate in one sense its important young people are prepared for dealing with emotions around possible break down in relationships when they have started at a young age. When discussed emotions related to potential breakdown in the relationship it was clear that Shaun did not feel this was applicable.

Continuous work took place regarding other aspects of a relationship including "delay", sexual activity, contraception, consent and the law.

Over the weeks Shaun had disclosed he was having a sexual relationship, this in turn had caused tremendous stress and pressure on the foster carers as his girlfriend's family enforced a relationship ban on Shaun and his girlfriend, which in turn caused Shaun a significant amount of distress. This was evident in presentation and demeanour.

Despite his awareness of previous discussions from Children In Care Nurse, foster carers and his social worker Shaun maintained this was the right decision for him and his partner and that despite professional concern he stated once the relationship was allowed to continue he planned to continue in a sexual relationship.

### **What went well?**

Shaun was exceptionally honest and opens in terms of his emotions, his thoughts and feeling and his actions. Shaun was clear he understood the legalities around his decision but maintained his decision.

Shaun continued to work openly and honestly despite being aware of the issues this was causing, this indeed contributed to his placement breaking down.

### **What were the challenges?**

Whilst Shaun was open and honest it was clear from the work being completed Shaun was not emotionally mature enough to deal with the emotions attached to the depth of his relationship.

Shaun was aware of the issues caused particularly in placement however chose to withdraw from his carers. Shaun overall behaviour declined both in foster placement and at school.

Planning meetings were held to discuss the best way forward in terms of supporting Shaun to contribute in rebuilding and investing his relationship with foster carers, to discuss how Shaun could be better equipped to deal with his relationship and the emotions this entailed.

The Children In Care Nurse spoke at length at the CLA Review regarding getting Brook sexual health on board, this was met with mixed professional opinion. The Children In Care Nurse was challenged on her role and how to reinforce the law as opposed to promoting sexual activity. The Children In Care Nurse stated the role of Brook was to educate and to enable young people to feel prepared and equipped as well as providing contraception. School were very much opposed to this suggestion and stated this consultation would not be allowed in school.

After lengthy discussion the IRO (Independent Reviewing Officer) stated a recommendation for this to be actioned. The Children In Care Nurse was to continue to support Shaun and the referral to Barnardos was to be followed up.

### **What was the outcome?**

Upon discussion with Brook a referral form was sent for Children In Care Nurse to complete. Shaun by this time had started sessions with Barnardos and therefore the referral to Brook was put on hold due to other service involvement. The decision was made to wait for a further period of settlement before Brook became another service involvement and as the Children In Care Nurse had a relationship with Shaun this would continue to work alongside and in addition to the work completed by Barbados.

More recently the relationship between Shaun and his girlfriend has broken down, this has impacted significantly on Shaun and the work that was initially implemented is currently being revisited on how we deal with relationship loss and change.

### **What was the impact upon the child?**

This has been a very difficult time for Shaun, he has experienced his first relationship that progressed to a sexual relationship and with that came the additional emotional attachment. Due to the age of Shaun and his girlfriend, professional concern was explored in how best Shaun can be supported.

### **How was the child's voice heard?**

Shaun was listened too, and supported in his decisions. Shaun was provided with options to work with Children In Care Nurse, Barnardos and Brook and the interventions would happen at Shaun's pace with minimal crossover. The decisions were explored in depth by looking at both the emotional and physical changes and depth of his relationship. Legalities were explored and reinforced with Shaun.

### **Summary**

Shaun was supported by regular contacts of which he could discuss his wishes and feelings in a safe environment.

Shaun was supported and remains supported by regular visits on dealing with relationships. This is done by looking at positive and negative influences and behaviours, thoughts and feelings, respect, and how to cope with emotions attached to relationship breakdown.

Shaun is aware the sessions can be used as he wishes, by informal discussion and conversation to work sheets that may prompt discussion and allow for exploration of thoughts and feelings.

It has been a pleasure working with Shaun, he has continued to grow and develop and take some ownership for his actions. Shaun asked for information regarding consent and the law which shows he had clearly thought about consequences. Shaun worked well and engaged with Children In Care Nurse both in verbal sessions and where work sheets were used.

Shaun has remained open and honest when meeting with Children In Care Nurse and this has contributed to a positive relationship being developed.

### **Conclusion**

I would personally like to thank Shaun for his engagement, honesty and commitment to the work that has taken place and to thank Shaun for agreeing to take part in this case study.

Shaun was offered a copy of this case study which he declined. Shaun wishes for a copy of the case study to be added to his health record.

## 1. Contact Details of Person Completing the Report

<b>Name</b>	Karen Dobson
<b>Designation</b>	Named Nurse Safeguarding Children, North West Boroughs Healthcare NHS Foundation Trust
<b>Email</b>	Karen.dobson@nwbh.nhs.uk
<b>Telephone</b>	0151 344 4588
<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## 2. Safeguarding in Your Organisation

### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

#### **h. Policies and Guidance**

A link to WSCB web page including, policies and procedures, is accessible to all staff on the Trust's intranet. This is promoted as part of the L3 face to face core training and in the Safeguarding Children Policy. This policy has been updated in line with changes to legislation. The managing allegations procedure has been updated to reflect role titles and also to include updated contacts for LADO. This also includes a quick reference flow chart which is a quick reference for staff with concerns. In line with the Early Help promotion a flow chart has been produced to support the workshops provided to teams which encourage early communications and working together with Universal Health and other agencies. (See later training section.). The mobile phone and E-safety procedures have been combined and updated.

All policies and underpinning procedures are validated annually as part of the CCG Annual Audit Validation meeting. Any outstanding issues are incorporated into the QSSG bi-monthly (now quarterly) returns as part of an embedded action plan.

#### **i. Private Fostering**

This is included in the L3 Core training and promotes discussion between learners. Staff are encouraged to attend any training and 7 minute briefings are distributed across the Trust

#### **j. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.**

The Safeguarding Children Team delivers multi-agency Parental Mental Health and Parenting Capacity on behalf of WSCB and there is representation at the Training and Development Group. There have been workshops delivered to specific Wigan Mental Health Teams on Domestic Abuse. Early Help "Think Family" briefings have been delivered to Senior Managers in Wigan and to the Trust's Council of Governors. This has been supported by staff workshops. Level 1, 2, and 3 safeguarding children eLearning packages have been updated. A 1 day Specialist Course has been developed and delivered which includes CSE. This is now supported by a half day

course – 3 yearly refresher. A Modern Slavery Conference delivered by guest speakers for Trust employees and external agencies was attended by 70 people.

Training compliance has decreased, as predicted, for Level 3 safeguarding children. This is due to a large cohort of Mental Health and Learning Disability staff identified as requiring Level 3. There is a 12 month plan in place to deliver 2 sessions, totalling 80 places per month. This will provide sufficient numbers of places for all staff needing to complete the training. A 12 month amnesty period has been agreed as the mandatory training impacts on staff pay increments.

Overall training figures have fallen slightly for all 3 levels. This is due to the additional service contracts being secured for Criminal Justice Liaison Teams, Bolton Child Eating Disorder Service and SPoA and Tier 2 CAMHS .

**k. Child Sexual Exploitation**

This has been taken forward in level 3 training delivery and is now a specific topic of the 1 day specialist and half day refresher. We give the NHS England, CSE , Advice for Health Care Staff pocket booklets out at all training events. We have a CSE lead for the Trust who has developed a CSE page on our intranet site. The manager for CAMHS attends the CSE case review group in Wigan. We have representation at the Training, L & D, Health and other sub – groups and meetings. Any key messages that arise from such are taken forward by the Trust.

**l. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews.**

There have been a number of internal SI's carried out by the Trust following the deaths of children in the Wigan Borough whom we provided mental health service assessment and provision. These reports are discussed at the Lessons Learned Forum and from the forums specific local thematic presentations are delivered. The Trust has a calendar of safeguarding audits which are planned each year. These have included Impact of Training on Practice, Quality of Referrals to CSC and the Quality Checking of Child Protection Case Conference Reports. We have also supported a number of Case File Reviews carried out by WSCB in particular Domestic Abuse – second referrals and CPCC.

All training is evaluated and earlier in 2017 an Independent Evaluation was done by an external agency with excellent results and feedback.

The section 11 audit was streamlined and supported by the CCG Annual Audit. Sight of the feedback for 2015 – 2016 is awaited.

**m. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues.**

The Trust wants to ensure that children have the best possible experience of care. The Friends and Family Test is a way of gathering their feedback about this experience and help us drive improvement in our services.

The child's voice (verbal and non-verbal) is heard at every step of the assessment and review process. They are actively involved in creating their plan of therapy / care and sign their care plan to agree such.

Multi-disciplinary reviews are planned throughout the episode of care/ intervention. Children and their families are an integral part of those reviews. This provides an arena to hear the child's wishes and needs.

We have had no complaints in relation to safeguarding children in the period covered. We have a robust complaints policy and procedure which has been seen at the recent CCG Annual Audit Validation meeting.

We have an Involvement Scheme Policy and Procedure. The Trust believes that services users and carers have a lot to contribute to our services through their experience of living with health issues and accessing Trust services either first hand or via their caring role.

As 'experts by experience' service users and carers are pivotal in how the Trust:

- Develop new services
- Plan the delivery of services
- Identify how services will be run
- Recruit, train and develop Trust staff
- Monitor quality of services

The procedure has been reflected in our safeguarding recruitment by having a member of the involvement team on our panel of interviewees. Also the Internal Quality Reviews / Collaborative Quality Reviews all have members of the scheme to support and contribute to the overviews of the Trust's Team Service delivery.

#### **n. Child / adolescent mental health and wellbeing**

The child's voice (verbal and non-verbal) is heard at every step of the assessment and review process, along with the views of the carer. They are actively involved in creating their plan of therapy / care and sign their care plan to agree such.

Friends and family test captures the voices of the family.

SHOUT young people's forum influences change across the Trust.

The Trust has a safeguarding and a CAMHS page on the public Internet Website with resources and information for children and families. Part of the website includes information for adults with mental health issues.

This is supported by the "Think Family" initiatives and training previously mentioned.

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

KR, from our safeguarding children team, has been part of an audit pilot which was

developed by the NSPCC, the harmful sexual behaviour framework. This was in relation to service provision around sexually harmful behaviours in children and any improvements needed across the Trusts footprint. The overall finding of the pilot was that although there is a pit of services for children, there is a National shortage of services specific to sexually harmful behaviours.

**How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?**

Information is disseminated across the Trust via the Website and also via the agreed pathway of our Safeguarding Children Champions in each team.

Training is also an excellent medium for relaying messages. Specifically for Wigan the SCR for child F & G has been used as a desk top exercise in the 1 day specialist training delivered to our Mental Health Practitioners.

Speciality half days has been provided to our safeguarding children and adults champions. These have covered many topics including the development of safeguarding integration into our Rio care record system, Early Help, Financial Abuse and Mental Capacity Act.

Information is also shared in supervision sessions as to the relevance and usefulness to cases discussed at planned or reactive sessions. An example of how supervision, support from the safeguarding team and working together with other agencies to improve outcomes for children and their families is described in the case study contained in this report.

**What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?**

Within the boroughs of Knowsley and St Helens, an Emotional Wellbeing panel is held on a monthly basis. This panel works to support those complex cases where children open to social care are identified as at higher risk of emotional and behavioural problems. It works by agreeing a standardised measuring tool that all agencies can use- for example the SDQ and agreeing that if a certain score is or above is achieved when completing that tool with a child, then this triggers referral to the emotional wellbeing panel. At the panel, you have representatives from Social Care, Mental Health, Universal Child Health Services and any other providers within that borough such as Barnardo's, Kooth etc. The purpose of all these agencies being here is that the child identified at high risk/complex can have their case individually reviewed by specialist services and an agreement on which service would best meet that need and how.

Other than the prevention of cases being referred and declined by a number for different services and the case becoming stationary in the meantime, this panel also promotes a much more cohesive and valued relationship between the agencies involved with these complex families. At the very least, the staff that sit on the panel become very aware of the remit and provision offered by other agencies, which can reduce some misperceptions and increase understanding of each agencies approach, which further promotes a culture of working together.

If Wigan LSCB are looking for opportunities for improvements to services that work directly with safeguarding cases, this is perhaps something that could be developed.

## CASE STUDY



KR case study  
supervision - support

### Case Study:

**The aim of this case study is to demonstrate the efficacy of safeguarding children supervision and the positive outcomes for children, families, mental health service providers and professionals.**

During Safeguarding Children Supervision with adult mental health services, a case was identified by a Community Psychiatric Nurse, requesting some advice and ideas about how best to support the family. The details of the case were as follows:

Mother (Service User) had a diagnosis of depression/anxiety and had recently separated from her long term partner and father of 2 children. Mother had moved out of the family home back to parents, while children remained at their home with father. There were no immediate safeguarding children concerns for this family, but mental health staff involved felt that there was the potential for such, if the family were not supported through this difficult period. The concerns from mental health staff were that mother and father's relationship was currently strained and communication poor. Children had experienced family breakdown and the arrangements for contact between both parents were made reactively, rather than planned. Staff had concerns for the emotional wellbeing of the children living within this situation. The case had previously been referred to Children's Social Care who did not feel it met the threshold for intervention and advised referrer to consider and discuss Early Help Services available for the family, which had been declined at that time.

During the supervision session, the concept of Early Help was explored further. Particular emphasis was given to how mental health services had a fortunate position and relationship with the family. This would assist them to demonstrate early help approach and interventions, without necessarily receiving a service from a specialist Early Help Team. Through supervision, staff discussed the principles of Think-Family. They examined how the notion of adult services working with parents could reach out to those services working directly with the children. The discussion embraced the value of all professionals working together with family, to formulate a plan aimed at addressing potential concerns, before they become a reality requiring higher levels of intervention. It was agreed at the supervision session that an early help meeting would be organised for all agencies currently involved with the adults and children. This would enable service providers to meet with parents and discuss the concerns around the emotional impact on the children amidst this familial breakdown. Also the issues around parental mental ill-health could be explored in order to agree the best actions going forward, to

promote the wellbeing of the children and family.

An Early Help meeting was arranged and professionals and family attended, supported by the Trust's Safeguarding Team Advanced Nurse Practitioner. At this meeting the concerns were addressed candidly with parents, who were able to accept some challenge from professionals and show insight into the concerns raised. Agreements were made in regards to more effective ways of communication amongst parents. It was decided what information was, or was not, appropriate for child awareness and arrangements for scheduled and planned contact sessions with each parent made. The voice of the children was also captured by staff prior to attending the meeting. The children were clear in their wishes that they "wish mum and dad would stop arguing and we can get a new home with mummy".

At a review meeting 6 weeks post, the feedback from all professionals and family was very positive. The relationship between parents had improved and children were no longer exposed to the difficulties between the two; contact had been kept to as agreed and mother had also demonstrated excellent engagement with mental health care plans. A significant development was that mother had successfully bid on social housing accommodation and was due to move into an appropriate property within the same week.

Through an effective early help approach, the wishes and feelings of the children had been considered and delivered, removing those initial concerns around their emotional wellbeing. This was reinforced by child facing services such as school and health who had met with the children to clarify this. The rapport developed with parents and the level of support received had also promoted engagement with other services and a referral to specific Early Help Team was then accepted by the family. The family support worker had been allocated to maintain the progress and support the family longer-term. The positive outcome of this case was influenced directly from an informal supervision session between NWBH safeguarding Children Team and Adult Mental Health Services.

## 1. Contact Details of Person Completing the Report

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<b>Reported Endorsed by:</b>	Sally Forshaw Director of Nursing and Quality
<b>Period covered by the Report</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## 2. Safeguarding in Your Organisation

### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

<b>a. Policies and Guidance</b>
<p>WBCCG have reviewed and updated the following policies:</p> <p><b>‘Safeguarding Children, Young People and Adults at Risk – Contractual Standards 2017-2018 A Collaborative Greater Manchester (GM) Document’</b></p> <p>This document was developed by the Safeguarding Collaborative of The Greater Manchester Health and Social Care Partnership (GMHSCP). It provides clear service standards against which healthcare providers will be monitored to ensure that all service users are protected from abuse or the risk of abuse. The content of the document was refreshed and updated to better reflect the changing safeguarding landscape and structural changes within the health economy. The audit tools were also updated to include reference to Looked After Children and make the requirements of the standards clearer.</p> <ul style="list-style-type: none"><li>• <b>‘Safeguarding Supervision Policy February 2017’</b></li></ul> <p>A safeguarding supervision policy was developed by WBCCG to formalise supervision arrangements and promote and develop a culture that values and engages in regular safeguarding supervision. The policy outlines the requirement for supervision and identifies a matrix for supervision across organisations. This policy ensures that WBCCG is in line with Working Together (2015) and the NHS Accountability and Assurance Framework (2015) which states that safeguarding supervision should be an integral part of practice for all health care practitioners but particularly for named and designated professionals within their role of supporting other professionals in their</p>

agencies to recognise the risk to children.

WBCCG have worked with partners to develop the following policies and guidance:

- **‘WSCB Protocol for Injuries in Non-Mobile Children**

WBCCG Safeguarding Team has taken the lead in reviewing and updating the Protocol on behalf of WSCB. The aim of the Protocol is to provide frontline practitioners with a strategy for the assessment, management and referral of children who are not independently mobile who present with bruising or other injuries. The Protocol for Injuries in Non-Mobile Children was revised following feedback received from professionals implementing the Protocol and families experiences.

The following changes/additions have been made:

Protocol has been modified to make it clearer to professionals the actions they are expected to take;

Detailed guidance in relation to managing suspected birth marks was developed in the form of a flowchart;

A parent/carer leaflet was developed in response to feedback received from families.

- **‘Greater Manchester Looked After Children/Young People & Care Leavers GP and Practice Staff Resource Pack 2017’**

Developed by the Greater Manchester Designated Clinical Network for Looked After Children (LAC) this pack aims to assist GPs and Practice Staff in all matters relating to LAC.

## **b. Private Fostering**

The WBCCG Safeguarding Team have given a presentation to the GP Safeguarding Leads which included information regarding what a private fostering arrangement is and responsibilities to report to Children’s Social Care. The Greater Manchester Designated Network for LAC has also developed the ‘Greater Manchester Looked After Children/Young People & Care Leavers GP and Practice Staff Resource Pack 2017’ which includes a section on Private Fostering and GP responsibilities.

The Assistant Director Safeguarding Children has contributed to the WSCB Locality Briefings which included private fostering.

**c. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.**

WBCCG monitors the compliance of our 3 main commissioned providers on a quarterly basis via Quality, Safety and Safeguarding Group (QSSG) meetings in relation to the following safeguarding training:

- Level 1 Safeguarding Children Training – compliance target set at 95%
- Level 2 Safeguarding Children Training – compliance target set at 85%
- Level 3 Safeguarding Children Training - compliance target set at 85%
- Safeguarding Adults Training - compliance target set at 85%
- Mental Capacity Act Training - compliance target set at 85%
- Prevent WRAP Training - compliance target set at 100%

Standard 17 in the 'GP Safeguarding Assurance Toolkit' requires that all Practice staff have regular safeguarding children training as per Intercollegiate Guidance. The evidence which would be required to be provided by a GP Practice to demonstrate compliance includes the following:

- A system which identifies what level of safeguarding children training each staff member is required to complete. This should also include the date the training was completed and the date the training expires.
- Record clinical staff who have completed other safeguarding training e.g. Fabricated and Induced Illness (FII); Sexual Abuse etc.

In 2016/17 the WBCCG Safeguarding Team introduced a bespoke GP Level 3 Safeguarding Children Training in response to feedback from GP colleagues. These sessions are now delivered quarterly and in 2016/17 66 GPs received Level 3 Safeguarding Children from the Named GP Safeguarding Children.

The Assistant Director/Designated Nurse Safeguarding Children and LAC chairs the Workforce Development and Training Sub Group and delivers multi-agency training on behalf of WSCB in relation to FII Training and Sexual Abuse Training.

**d. Child Sexual Exploitation**

In 2016/17 WBCCG commissioned a CSE Specialist Nurse to deliver the 'health' contribution to the CSE Multi-Agency Team. Bridgewater Healthcare NHS Foundation Trust complete quarterly reports in relation to the work of the CSE Specialist Nurse which are shared via QSSG meetings. This work has also been fed into the WSCB CSE Sub Group.

The CSE Specialist Nurse also attended the GP Safeguarding Lead Meeting in October

<p>2016 to give an overview of CSE and the role of Primary Care.</p> <p>We have distributed 'Child Sexual Exploitation Advice for Healthcare Staff - A pocket guide to provide practical information to healthcare staff to safeguard children and young people' to our provider organisations for dissemination to frontline health staff.</p>
<p><b>e. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews</b></p>
<p>Provider organisations' compliance with statutory safeguarding responsibilities is reviewed by assessing them against the 'Safeguarding Children, Young People and Adults at Risk – Contractual Standards'.</p> <p>This document contains a safeguarding audit framework which is based on CQC Fundamental Standards and Section 11 of the Children Act 2004 and Care Act 2005.</p> <p>The WBCCG Safeguarding Team provides assurance to the WBCCG Governing Body, GMHSCP and NHSE on an annual basis in relation to the WBCCG NHS Provider Safeguarding Audit Tool review process.</p> <p>Each provider is required to demonstrate they are meeting the relevant safeguarding contractual standards by providing appropriate evidence to the WBCCG Safeguarding Team. Appropriate action is taken using the escalation process where they do not.</p> <p>Each of our three main providers has been provided with a formal report entitled 'Safeguarding Team Report: Validation of Evidence Submitted - NHS Provider Safeguarding Audit Toolkit 2016/17'.</p> <p>This report lists all of the evidence submitted by the Provider and a detailed response from the Safeguarding Team regarding the level of assurance given against each safeguarding contractual standard. The final version of this report has been agreed with each Provider at their QSSG meeting.</p> <p>The final 'Red, Amber, Green' (RAG) ratings for all three providers were submitted to GMHSCP in order for them to review and benchmark providers across GM. This information is also shared with WSCB in line with Section 11 arrangements.</p> <p>WBCCG also explore and test the actions implemented from SCRs, LCRS and DHRs by health providers when conducting Commissioner Visits.</p>
<p><b>f. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues</b></p>
<p>WBCCG have worked in partnership with the Local Authority to capture the voice of the child regarding commissioning of services particularly in relation to CAMHS provision. This is an area for development and the WBCCG Safeguarding Team plan to</p>

explore child involvement in Looked After Children services in the next financial year.
<b>g. Child / adolescent mental health and wellbeing</b>
<p>WBCCG are working closely with the Local Authority in relation to CAMHS transformation and developing plans to change the way mental health services for children and young people are delivered.</p> <p>Collaborative work with WBCCG, Wigan Council and WSCB regarding concerns raised in relation to CAMHS.</p> <p><u>Planned Work for 2017/18</u></p> <p>There are plan to deliver WBCCG themed ‘mental health and suicide in young people’ at the GP Safeguarding Lead Meeting in Q1 of 2017/18. The meeting will include a presentation regarding a WSCB Local Case Review and reviewed the lessons learned. It will also explore the ten common themes in suicide by children and young people as identified by the ‘Suicide by children and young people in England. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2016’.</p>

<b>Any other key safeguarding issues your organisation has responded to in the last 12 months.</b>
<p>The WSCB are invited to join WBCCG when appropriate in relation to work undertaken around Serious Incidents which require entering onto the Strategic Executive Information System (StEIS). WSCB are often invited to join the Serious Incidents and Never Event (SINE) Panel to review submitted investigation reports which are subject to parallel statutory safeguarding processes and also accompany WBCCG on Commissioner Visits when a collaborative approach is required.</p> <p>The WBCCG Safeguarding Team have requested our three main Providers to complete and submit audit tools or review documents in relation to:</p> <ul style="list-style-type: none"> <li>• Saville/Lampard recommendations</li> <li>• Myles Bradbury Veritas Independent Review</li> <li>• Prevent</li> </ul>
<b>How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?</b>
<p>Key WSCB issues and themes have been disseminated via a number of established groups and forums such as:</p> <ul style="list-style-type: none"> <li>• Governing Body</li> </ul>

- Clinical Governance Committee
- GP Safeguarding Lead Meetings
- Practice Nurse Forum
- Safeguarding Children Health Collaborative
- GP Quality Peer Reviews

## 1. Contact Details of Person Completing the Report

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## 2. Safeguarding in Your Organisation

### CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

#### Child Sexual Exploitation

The approach taken by partners in Wigan to address CSE has improved beyond all recognition.

A co-located multi-agency team is now fully operational and is very well resourced by managers and staff who have a thorough understanding of CSE and have effective methods of keeping children safe, supporting families and targeting perpetrators. The involvement of the Startwell staff alongside dedicated CSE social workers ensures excellent outcomes for families and the inclusion of a health worker in the team draws in the broader partnership. The team support children who have been victims of sexual exploitation. This includes on line exploitation. Over the past year, ending August 2017, the team have engaged with 462 children, about whom there has been a CSE concern, and investigated 166 crimes against children. Moving forward, there is recognition that the effectiveness of the team and outcomes for young people would be enhanced by closer integrated working with the Y.O.T team. There are benefits to be gained from more integrated working and interventions and the sharing of real time intelligence. It is hoped that over the next 12 months the team can build on their existing relationship with Y.O.T thus further improving outcomes for children.

The recent creation of the Missing Children's Hub, working alongside the CSE Team and

under the CSE managers ensures that when any child goes missing a thorough review of the circumstances is carried out and when concerns are identified they are addressed to safeguard the child. All Wigan children who are looked after on a statutory basis are offered an independent return home interview and all other Wigan children are offered the same service, ensuring each child has the opportunity to have their voice heard.

Children go missing for a reason and whilst missing they are at risk of criminal and sexual exploitation. This new service will help identify and address complex safeguarding issues. In August 2017 only 54 young people were recorded by the Police as missing, this being the lowest number per month, over the preceding 12 months.

Due to the very recent creation of the Victim's Hub, as yet there is insufficient data to enable us to present clear data for workload and outcomes, however initial review of cases points to this being a highly efficient method of ensuring concerns are identified and addressed and appropriate safeguarding measures being implemented.

## **CASE STUDY:**

### **Case Study – Anna aged 11**

#### **Reason for referral:**

Anna was referred to the CSE team as she had a significant history of demonstrating sexualised behaviours; Anna was also known to have accessed pornography at a young age, alleged that she was raped and reported to be having sexual intercourse with older males, which she believed to have been consensual. These concerns were deeply worrying, especially as Anna was still only 11 years old at this time. Anna was first heard at SEAM (previous multi-agency forum for reviewing CSE referrals) in December 2015 after she disclosed that she was in a sexual relationship with a 17 year old male and that she was also associating with older peers. The case was allocated to Social Worker Natalie Carter based in the CSE team and direct work commenced to explore Anna's knowledge and understanding of risk and CSE. A phoenix risk assessment was completed at this stage and Anna was deemed to be at medium risk of CSE. The locality Social Care team were already involved with Anna at this time and she was subject to a Child in Need plan.

#### **Intervention:**

During the early stages of Natalie's intervention, the concerns for Anna continued to quickly escalate. This was not just in relation to CSE but also in regards to parent-child attachment. This primarily related to Anna's relationship with her mother, which involved a lot of negativity and there also appeared to be a lack of emotional warmth between them. Anna was often spoken to in a derogatory manner and was fully aware of her mother's negative views of her and her behaviours. During a 1-1 session, Anna spoke openly about her mother not liking her and admitted she had lied in the past to gain her mother's attention.

A Child Protection Plan was commenced in April 2016 and through the course of the intervention, extensive and complimentary work was completed with Anna and her parents. This included work around family therapy, school attendance, life story work and social

inclusion. Natalie continued to complete regular direct work sessions with Anna that focussed on key areas of preventative CSE work.

As the CSE work continued and Natalie started to build a positive and trusting relationship with Anna, there were on-going incidents of sexualised behaviours that were putting Anna at continued risk of harm. Despite Anna's positive engagement throughout the direct work sessions, she continued to engage with older males online and both shared and received indecent images. Anna was also known to be associating with older peers in the community that potentially posed a risk to her. It was identified that Anna was possibly seeking out this attention as a result of her home circumstances that had negatively impacted on Anna's self-worth and self-esteem. This is reflected in research completed by Elly Hanson (NSPCC, 2016) who states that *"Neglect increases the likelihood of early sexual activity which in turn is linked to subsequent sexual exploitation"*.

Natalie had completed sessions with Anna that included online safety and understanding healthy and unhealthy relationships. Work around consent and sexual health was also identified as a significant need for Anna however, due to her young age and vulnerabilities, it was acknowledged this would require a sensitive and considered approach. During a case management discussion with the CSE Team Manager Cheryl Hilton, this issue was reflected on and it was decided that the support of a practitioner with more specialised sexual health knowledge would be of significant benefit to Anna's care plan.

CSE Specialist Nurse Lisa Forshaw joined Natalie's sessions to continue to explore Anna's wishes and feelings about completing further direct work. The aim was to build on the direct work already completed and to continue to raise and increase Anna's awareness about growing up and puberty, the body, self-esteem, confidence and sexual health. Although Anna was only 11 years old, there were on going concerns in regards to her sexualised behaviours. These sessions were developed to ensure Anna gained age appropriate knowledge and understanding with regards to sex and relationships. The purpose of which was to address any incorrect or inappropriate information she may have been exposed to elsewhere.

Throughout these sessions growing up (physical and emotional development and changes) and sexual health were explored in depth. Although we initially focussed on puberty, menstruation and reproduction we later progressed to discuss more in depth about sex, the law and consent. During the sessions we considered together the reasons why people have sex, the risks and the occurrence of pressure and coercion. Anna was also signposted to where she can go for help if needed. This involved Anna and her mum accompanying Lisa to the SHINE centre in Wigan, so they were aware of where to go in the future for advice and support. The staff in the centre were also introduced to Anna and were made aware of her needs should she require support in the future. A full sexual health screen was completed with Anna at this visit.

We completed our sessions by discussing pregnancy and sexually transmitted infections and looked at different available contraception methods including efficacy and mode of action. We also incorporated work around building self-esteem throughout all of the sessions.

### **Engagement from young person:**

As there was no time limit on the interventions provided by the CSE team, this enabled Natalie and Lisa to build a positive and trusting relationship with Anna that in turn, facilitated meaningful engagement. By adopting a Person Centred Approach, the plan of work was adapted to meet Anna's needs and incorporate her wishes and feelings. This helped Anna to recognise that workers were acting in her best interests and focussed on keeping her safe. As a result of collaborative working, Anna felt valued, as demonstrated by her active participation during all sessions. Anna was able to complete all required tasks, asked appropriate questions and also helped to plan sessions to support her learning. Although Anna sometimes attended sessions low in mood due to external influences, she always engaged in each session and her mood would often improve as the session progressed. It is felt this was because of the Strengths based approach adopted that helped increase her self- confidence and sense of security. This approach also provided Anna with the consistency and routine that she appeared to crave in her life. Anna never missed a session and as her learning progressed, the Phoenix risk assessment tool found a reduction in risk for Anna in regards to CSE.

Research has demonstrated that relationships with adults are important, whether the adult is a parent, carer or professional. The relationships that make a difference are those in which young people experience being cared for by someone who listens to their voice, empathises with them and persistently works in their best interests (Hanson, 2016).

### **Outcome of intervention:**

During the interventions with Anna, it was clear that she was confused by her own behaviours. It was through robust joint working coordinated by the Child Protection Plan that Anna was gradually able to understand the importance of building a more positive relationship with her parents. Their engagement with family therapy (Camhs) and life story work (Locality Social Worker) strengthened their relationship which complimented the CSE intervention. This type of work has been confirmed as a core element in improving and sustaining positive outcomes for children;

*"High quality relationships are typically a central feature of resilient trajectories following childhood maltreatment. When a young person experiences patience, love, consistency, positive role modelling and belief from another over time, this can go a long way towards developing the assets that research shows to be protective..."* (Hanson, 2016).

The Child Protection Plan was replaced by a Child in Need plan following a reduction in risk and evidence that significant improvements had been made. In relation to CSE risk factors, the Phoenix assessment scores are detailed below and highlight the positive progress;

16.12.15 – Score 30 – Medium Risk  
19.02.16 – Score 42 – High Risk  
13.05.16 – Score 43 – High Risk  
19.08.16 – Score 23 – Medium Risk  
28.11.16 – Score 16 – Low Risk.

Anna's case was heard at the CSE team's Daily Governance meeting on the 28.11.16 and closure was agreed.

The case has now also closed to Children's Social Care as positive outcomes were achieved

by the family and there was no evidence of on-going concern for Anna.

**Young person feedback:**

Anna's wishes and feeling were sought throughout the intervention and work was planned in line with her needs. Anna confirmed she preferred this method of working and this was evidenced through her on going engagement and enjoyment from the sessions.

Anna often came prepared for direct work. Following a session that focussed on puberty, the body and reproduction, Anna used her own initiative to complete 'homework' and proudly presented this at the next session. Anna commented that she had enjoyed researching this topic and this was reflected in the quality of work she provided. This also demonstrated she had retained and reflected upon the information in her own time which was positive and differed from the feedback received from school.

Of particular significance, Anna had shared her knowledge with her sister and mother and this encouraged a positive family discussion around a sensitive matter. For Anna, this was extremely important as she had not previously felt comfortable discussing sensitive topics with family members. Anna's confidence grew as her relationship with her mother progressed. At the latter stages of the direct work, Anna discussed that she felt more able to share her thoughts and feelings with her mother and commented that this was really important to her. During another session Anna brought with her a range of sanitary products provided to her by her mother. Anna had only just started her periods and felt able to share this with her mother. Anna explained that our previous menstruation session had given her the confidence and knowledge to discuss this personal matter.

Further evidence of the correlation between Anna's reduction in risk to CSE and progress made within family relationships was identified during the final sessions where Anna made it clear the CSE work was no longer needed. There was a period of stability, during which Anna and her mother's relationship grew stronger and the concerns around CSE significantly reduced. As a child who has experienced neglect, the crucial factor of Anna's progress linked directly to her attachment with her mother, which over time had improved and provided Anna with more emotional security. By the final stages of the intervention, Anna was able to confidently articulate that she no longer needed CSE intervention.

A final session was completed with Anna to review all previous sessions. Anna actively participated in this session and confidently produced a piece of work (see attached) that highlighted what she had learnt. Anna was able to recall all key information from a 12 month intervention which demonstrated competent knowledge of safety and risk in relation to CSE.

**Any other key safeguarding issues your organisation has responded to in the last 12 months:**

**Operation Encompass:**

Operation Encompass is a Greater Manchester wide initiative that seeks to notify schools where they have had a pupil who lives in a household where there has been a DA incident reported to the Police. The purpose of this is to put the child on the schools pastoral care

radar so that support within school can be provided if necessary. The information may also assist a school in identifying reasons for changes in behaviour or attendance patterns.

Since February 2016 there have been over 2200 notifications to schools. Greater Manchester Police have dedicated two officers to resource Op Encompass and all schools in the Borough have signed up, with the exception of 1. The two officers are available as a single point of contact for every school, to answer any queries or offer information/advice. Feedback from schools is that the information is welcomed and enables appropriate support to be given to children where necessary. A feedback survey sent out in May 2017 was sent out to 128 schools. There was a 30.9% return rate. 84.6% of returns found Encompass to be effective or very effective.

Feedback from one particular school has stated the following:

*Just wanted to let you know how helpful it has been receiving Operation Encompass reports from a school point of view.*

*The report helps in*

- *It explains some of the young people's change in behaviour*
- *It allows school a further insight into the family dynamics*
- *Able to put it the right support for young people*
- *Identified training needs for staff*
- *Multi-agency partnership – nice to know that you are at the end of a phone for further information / support*
- *Able to feedback to Head/Governors regarding referrals from professionals*

The success of the programme is such that the intention is to roll out Op Encompass to Early Years settings in coming months. Consideration is also being given to training and awareness sessions being delivered to schools. This was raised in feedback from the survey and a capacity assessment will determine the feasibility of delivering such training.

## 1. Contact Details of Person Completing the Report

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## 2. Safeguarding in Your Organisation

### 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

<b>a. Policies and Guidance</b>
<p>We have a number of national policies and guidance's on our intranet to promote safeguarding practices. The next step is to localise this so staff are clear what this means within the Wigan partnership.</p> <p>Use our own communication methods to highlight the importance of safeguarding.</p>
<b>b. Private Fostering</b>
<p>We continue to support the partnership by completing checks on our records on individuals applying to be a fosterer. There is a robust process in place administratively to complete the initial checks and if any individual is known then SPOC for children's safeguarding Lisa Dalby will investigate further and send through information via letter.</p>
<b>c. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.</b>
<p>The National Offender Management Service (NOMS) Safeguarding Policy and Action Plan clearly identifies minimum training requirements of all staff. It is a requirement that all staff complete Safeguarding Level 1 training and refreshed every 3 years and recorded in individual training plan. All non-operational staff need to complete mandatory NOMS stage 1 e-learning course on child protection and safeguarding. All practitioners are expected to complete and pass mandatory safeguarding and Domestic Violence E-learning events Thereafter they are required to complete a national two day class room based safeguarding event. There is also an expectation that practitioners attend the WSCB multi agency themed events in order to understand the local context and share valuable learning across the partnership. As part of their SPDR (Appraisals) there is an expectation alongside attending the mandatory in-house safeguarding events that also attend multi agency events/seminars.</p>

All newly appointed Learner practitioners receive induction according to NPS Procedures which is available via "My Services"( on the MOJ website). They also receive safeguarding training as part of their learning and development programme and required to complete the level 1 safeguarding training.

All managers are required to undertake a training needs analysis with practice staff and this requires safeguarding knowledge and skills to be reviewed and updated. All new staff in the NPS are given copies of the revised 2015 working together policy as part of their induction along with supplementary guides: information sharing for safeguarding practitioners' and "what to do if you are worried about a child being abused". They will be also provided information relating to the referral and escalation processes related to safeguarding children.

Mandatory CSE Briefings have been delivered to all NPS staff across the cluster. The local safeguarding lead manager attends the WSCB Learning and Development group and uses the multi-agency training annual report to address gaps in attendance by NPS staff.

The NW Regional safeguarding meeting have established a local delivery unit based monitoring/tracking system for attendance at the local children's board events and it is envisaged that the tracker will be maintained by the Business Support Officers.

#### **d. Child Sexual Exploitation**

Attendance and contributions are provided at the CSE meetings within the partnership, attended currently by our SPOC, Lisa Dalby. Gaps in information and joining up cases after Police / CPS secure a conviction were identified and information sharing about individuals has begun; conversation about NPS role and function in the weekly CSE meetings about live cases have also started.

Regionally an NPS North West area has been subject to a JTAI inspection focussing specifically on CSE. The outcome of this inspection for the NPS was very positive and the learning and development from this had been shared with the Safeguarding leads for the NPS for dissemination into teams.

#### **e. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews**

Regional inspections are undertaken by Her Majesty's Inspectorate of Probation on a sporadic basis focussing on a range of areas of the work undertaken by the National Probation Service (NPS). Learning and development from these inspections is disseminated divisionally and overseen by Heads of Cluster in each area. In recent months the NPS North West division has piloted and rolled out a new management oversight process which involved team managers overseeing and reviewing the most risky cases. Part of this process is dedicated to assessing and reviewing child safeguarding issues.

<p>The Senior Manager for Child Safeguarding has worked with all the regional leads, (Lisa Dalby Wigan/Bolton) to coordinate an internal audit on a number of cases. The Wigan/Bolton cluster completed 25 cases. Areas of good practice were identified in terms of working with other agencies, but development for staff identified in raising the voice of the child, role within the family, home visits practice and recording that is linked to training discussions with partnership outlined above.</p> <p>The NPS has continued to support the board by actively contributing to SCR's / LCR's etc. where an adult is known to us in the family unit.</p> <p>The NPS in conjunction with Police have also supported Children's Services with unpicking their issues around risk registers, regarding individuals with a suspected/known sexual risk.</p>
<p><b>f. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issues</b></p>
<p>The NW NPS have a robust complaints procedure and a dedicated complaints manager. Each complaint is fully investigated and those involved are provided with feedback on how to develop practice and engagement if appropriate.</p> <p>NPS is Actively involved through the L&amp;I group for the board about developing a new "resolution policy" and will promote this with staff in team meetings and training need outlined above.</p>
<p><b>g. Child / adolescent mental health and wellbeing</b></p>
<p>NPS is not a child facing organisation and our core business is managing adults. However, we support the partnership with the broader family where applicable.</p>

## WSCB BUSINESS PRIORITIES

<p><b>1. Refresh, improve and strengthen the governance and operation of the WSCB within the wider partnership architecture.</b></p> <p>The NPS are committed to attending the Board and the relevant subgroups. Learning from the Board and guidance from the multi-agency arena is fed into the locality manager meetings to be shared with teams. This ensures a direct link between the board and those in the NPS delivering offender facing services.</p> <p><b>2. Advocate for a system wide, consistent approach to Early Intervention and evaluate its effectiveness.</b></p> <p>NPS staff are aware of the EI initiatives and services in the area. As and when EI is required staff are aware of how to access this help and support and refer offenders and their families in to services.</p>
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**3. Support, challenge and critically evaluate the development of a life course Multi Agency Safeguarding Hub to ensure it realises its potential.**

The NPS are happy to support and evaluate MASH services as and when appropriate.

**4. Engage with children, individuals, families, communities and professionals in order to safeguard children and young people in the context of wider public service reform and the deal for children.**

As part of our everyday business the NPS engages with individuals and families, if as part of this interaction safeguarding issues are highlighted, all NPS staff are fully cognisant with the need to engage these individuals to ensure the safeguarding process is successful. However in cases where the family are not willing to engage NPS staff are aware of the process to ensure children are safeguarded and the correct services are referred into.

**5. Continue to develop and inform a confident, committed and competent workforce operating consistently and effectively across partnerships to safeguard children and young people.**

This is a core aim of the NPS to develop a skilled and effective workforce to protect the public. Safeguarding training is a key priority for the NPS and this is an area of staff development that is closely monitored by the regional training team.

**6. Develop an intelligent approach to assessing and evaluating the work of the board and partners engaged in safeguarding children and young people.**

The NPS is keen to be involved in continuous professional development and would embrace the opportunity to work with other board members and agencies to look at each of our areas of work to ensure we are as intelligent and effective as we can be as individual agencies and Board.

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

In recent months there has been a significant focus on organisational familiarity with NOMS Policy statement on Safeguarding and Promoting the Welfare of Children. Regionally the divisional lead for Safeguarding has devised and led on the implementation of the safeguarding action plan supported by the lead middle managers from across the North West.

**How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?**

Information from the Board is disseminated to the management team in the locality who also attend the executive Committee and the relevant sub groups. These managers then share this information with their locality teams. The impact of this is that the staff working with offenders and their families are aware of the Board priorities and have this in mind when working with individuals.

**What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?**

The organisational challenges for the next twelve months include the following

- **Children of parents in prison.** What is the impact on children of having parents in the custodial system. How can the NPS help support the work with this group? What is the boards view on taking this issues forward?
- **Safeguarding of YOT transition cases.** Young people moving from the supervision of Youth Offending Services to the National Probation Service require additional support to manage the changes in how they are managed and require safeguarding from potentially older or predatory offenders.
- **Involvement of leaving care workers with relevant NPS cases.** There is a opportunity for successful effective wrap around services for young people being managed by the NPS through active involvement in case management by the leaving care workers. This is not an active area of work and the leaving care service are not currently involved in as many cases as we would like. Active promotion and engagement with this service is a priority for the NPS moving forward.

## **CASE STUDY**

Currently XX is known to the NPS for Breach of Sexual Harm Prevention Order (SHPO)[1] and Sex Offender Registration [2].

**Offence circs - 1)** XX was sentenced for Breach SHPO X5 between 16.08.09 -08.09.16. The circumstances are that following a move from the XX area to Greater Manchester securing a private rented property. His flat was opposite a flat where a couple and their baby daughter lived. On one occasion XX knocked at their property to ask to borrow a TV aerial. The occupants confirmed in provided statements that XX had been in their property on a number of occasions and they had been in his flat both whilst in the company of the couple's daughter. This placed XX in breach of the conditions of his SHPO which was made at The Crown Court 10.02.12 for a matter of

indecent assault against a teenage girl.

Are that XX would attend a local public house and would speak to the landlady reporting that he was lonely. XX continued to attend the public house on a daily basis introducing himself with an alias. XX was aware that the female landlady had children. XX was said to play with the older child offering him sweets as treats. On a specific date, XX asked the landlady for assistance with internet banking during which she noted his name and googled him and then reported his behaviour to GMP.

XX is assessed as presenting a Very High Risk to Children [Not gender specific - wide age range deemed at risk] and the General Public [Adult Females] and High Risk to Known Adult [Parents] and Staff [Specific to Females].

**What we are doing / have done to manage this case:**

- Management of case within the MAPPA arena, initially at Level 2, escalated to Level 3 and now reduced to Level 3
- Management of XX within an Approved Premises, this was for an extended period of over 5 months. This included an out of hours trigger plan whilst at the approved premises, currently a community plan is being addressed
- Monitoring use of alcohol including an alcohol ban. Referrals for partnership agencies undertaken to access support
- SHPO to manage risk that he presents imposing prohibitions regarding children i.e. the defendant is prohibited from having any contact with children or communications of any kind with any child, under the age of 16 other than in inadvertent and not reasonably avoidable in the course of lawful daily life. There are 5 imposed restrictions. This is indefinite and incorporates the risk factors present specific to children as limited imposed licence conditions due to PSS oversight
- Shared information to agencies and those at risk including sex workers, using the 'Ugly Mugs' system
- 24 hour Buddi Tag overseen by Greater Manchester Police. Whereabouts monitored and reviewed accordingly
- Circles of Support and Accountability - XX has been referred in and is attending
- Personality Disorder Case Consultation to determine most appropriate manner to work with XX to manage risk whilst supporting needs
- Referrals for assessments regarding learning needs and adapted practice to this
- Linked in with specialist Sex Offender Probation Office to direct one to one work ensuring that needs are met whilst managing risk, exploring triggers to offending and external / internal controls in place. Development of internal controls to aid management of self
- Ensuring that accommodation is suitable to manage risk ie consideration given to location and proximity to schools and parks. Completing checks with GMP as appropriate
- If required referrals to social care would be considered, no current identified child at risk.

## 1. Contact Details of Person Completing the Report

Name	Gail Churchill
Designation	Community Director, Community Rehabilitation Company
Email	<a href="mailto:gailchurchill@interservefls.gse.gov.uk">gailchurchill@interservefls.gse.gov.uk</a>
Telephone	07590808946
Period covered by the Report	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2017

## 2. Safeguarding in Your Organisation

Please find below overview of CRC activities during 2016 – 2017 in order to provide some context during a period of significant organisational transformation:

The Cheshire & Greater Manchester Community Rehabilitation Centre (CRC) officially came under the ownership of Purple Futures, an Interserve led partnership consisting of P3, 3SC, Shelter and Interserve on 1<sup>st</sup> February 2015, and is one of 21 CRC's nationally. During 2016 the company went through a significant transformation programme to fully implement the Interchange Model. The theory underpinning the "Interchange Model" is strengths based, with a focus on rehabilitation and the fundamental building blocks for this are: desistance theory, the good lives model, and personalisation. The Interchange model is built around the principles of the SEEDS 'Skills for Effective Engagement and Development' model which includes desistance based approaches. The desired high level outcomes for service users from the Interchange Model are: Hope and motivation; Something to Give; Healthy lifestyle; Place in society; Family and relationships; Positive identity.

Other key features of the new operating model, designed to maximise practitioner ability to work towards rehabilitation with offenders more effectively, include the following:

- **Improved technology and better use of IT:** In November 2016 all staff were issued with updated IT equipment. For front line practitioners this included mobile devices (laptops and phones) that now enable them to work more flexibly with service-users, in their homes and other locations in the community. Ideally, this will also enable CRC staff to co-locate more easily with key organisations who can contribute to the rehabilitation process and enhance service user compliance and engagement. In Wigan we are negotiating our contribution to place based working across the 7 Service Delivery footprints
- **Integration of interventions and offender management:** There is no longer a split between interventions and case management with case managers having responsibility for both case holding and delivering group work interventions. Whilst it is relatively early days in testing out this model the aim is to ensure that all staff are fully tuned into the priority to reduce reoffending and enhance rehabilitation.
- **Introduction of a Directory of Services to improve offender manager access to interventions:** Whilst the completed Directory of Services won't be fully operational until later into 2017 the first phase has already been implemented and case managers now have access to an organisation wide directory which provides contact details and referral processes for providers CGM partner organisations.

## 2.1 CORE SAFEGUARDING BOARD MEMBER RESPONSIBILITIES

### a. Policies and Guidance

- CGM CRC has organisational Safeguarding policies and practice guidance in place as attached that are reviewed at required intervals
- All staff are required to undertake mandatory training in relation to Safeguarding that forms a part of an induction processes. This includes familiarisation with local policies, procedures and practice guidance
- There is currently an organisational drive to ensure that all new and existing staff have a training needs assessment and have received the required level of Safeguarding training
- There is a drive to refer relevant staff to multi-agency safeguarding training as advertised on the LSCB website
- All staff will receive an annual appraisal and supervision at the required frequency as per the Supervision and Appraisal and Performance Management policies. Knowledge and understanding of Safeguarding issues will be reviewed
- All Child Protection cases CSE cases and medium risk of harm domestic violence cases supervised by a Case Manager are reviewed by an Interchange manager at required intervals via the Risk Management Review (RMR) process
- Quality Assurance of selected cases is undertaken on an ongoing basis Interchange Managers that will review practice in relation to Safeguarding All CRC cases are assessed utilising CRC and NOMS Approved risk assessment tools
- The CRC is required to complete agency assessments on those subject to community penalties and those sentenced to a term of imprisonment
- The CRC are responsible for the management of adults who are also parents/carers. All risk assessments, risk management plans and sentence plans will incorporate identification of and risks to children. This is incorporated into CRC NOMS Approved Assessment tools, such as OAsys and SARA (Spousal Assault Risk Assessment)
- All relevant cases will have a Risk Management Plan that includes identifiable measures to keep victims and children safe. This could include licence conditions or prohibitions not to contact or approach the victim
- Safeguarding checks are made on all relevant cases and information is incorporated into assessments and risk management plans
- Senior/Case Managers are required to attend and contribute to Child Protection Case Conferences, Child In Need meetings and prepare written reports as necessary
- All addresses are checked and approved by the CRC for service users being released from custody. This will include an assessment of safeguarding concerns
- All Senior/Case manager staff are encouraged to undertake home visits
- Safeguarding policies, practice guidance and training ensures staff awareness of referral processes and thresholds of need

### b. Private Fostering

- There is a process in place with NPS and CRC to support the risk assessment of individuals known to organisations that are involved in Private Fostering

<p>Arrangements</p> <ul style="list-style-type: none"> <li>• There is an Interchange Manager SPOC in place to respond to identified cases</li> <li>• There is also a process in place for the SPOC to refer cases thought to be involved in Private Fostering arrangements to the relevant Children's Services department</li> </ul>
<p><b>c. Safeguarding Training; including information on number of workers trained, workers who contribute to the WSCB training pool, level of single agency training, single and multi-agency training evaluations and impact etc.</b></p>
<ul style="list-style-type: none"> <li>• All staff are required to undertake mandatory training in relation to Safeguarding that forms a part of an induction process. This includes familiarisation with local policies, procedures and practice guidance</li> <li>• There is currently an organisational drive to ensure that all new and existing staff have a training needs assessment and have received the required level of Safeguarding training</li> <li>• Safeguarding and public protection training has recently been refreshed and single agency training being rolled out to staff in line with Working Together 2015 expectations</li> <li>• There is a current drive to increase the number of staff referred to and attending multi-agency Safeguarding training as advertised on the LSCB website frequency as per the Supervision and Appraisal and Performance Management policies. Knowledge and understanding of Safeguarding and Domestic Abuse issues will be reviewed</li> <li>• All Child Protection cases and medium risk of harm domestic violence cases supervised by a Case Manager are reviewed by an Interchange manager at required intervals via the Risk Management Review (RMR) process</li> <li>• Quality Assurance of selected cases is undertaken on an ongoing basis by the Interchange Managers that will review practice in relation to Safeguarding issues</li> </ul>
<p><b>d. Child Sexual Exploitation</b></p>
<ul style="list-style-type: none"> <li>• CSE, FGM and Honour Based Violence policies and procedures were introduced in CGM CRC in 2016</li> <li>• There is a nominated Interchange Manager SPOC in place to attend CSE local partnership meetings</li> <li>• CSE cases are flagged internally and form part of Risk Management Review processes <i>that ensures scrutiny and management oversight</i></li> </ul>
<p><b>e. Audits/Evaluation/Quality Assurance/Performance Management of Safeguarding Practice; including any lessons learned from Serious Case Reviews, Local Case Reviews and Local Learning Reviews</b></p>
<p>Probation Services within Greater Manchester (both the National Probation Service and the Cheshire &amp; Greater Manchester Community Rehabilitation Company) were inspected</p>

by Her Majesty's Inspectorate of Probation in October and November 2016. Under the current HMIP Quality and Impact Inspection this was the largest of its kind up to this point. The full report was published in February 2017. The CRC were commended for the services and support provided to women offenders; commitment to Integrated Offender Management and its approach to "abiding by the sentence". This domain focuses on the response to compliance, enforcement and ensuring that offenders complete the sentences imposed by the Courts. Areas for improvement were also highlighted and much of these improvements were identified within the context of an organization coping with significant change under the governments' Transforming Rehabilitation agenda. An extensive improvement plan is now in place and the CRC will be reporting back to HMIP in September 2017. One of the priorities within this improvement strategy is to refresh all of our practitioners' safeguarding knowledge and skills by delivering single agency safeguarding training across the whole organization in line with Working Together 2015. This is well under way and will be completed by the end of the year.

As part of our improvement strategy the organisation is half way through refreshing key safeguarding and public protection skills and knowledge with all of our staff, delivering formal *single agency training in line with Working Together 2015 expectations*.

**f. Promoting Participation, User Involvement, Impact and Evaluation of complaints relating to safeguarding issue**

- CGM CRC has a recent refreshed Complaints Policy in place
- CGM CRC have commissioned the services of User Voice and established and Service User Council *in order to consider and respond to service user feedback*

**g. Child / adolescent mental health and wellbeing**

- The CRC does not directly work with children, however, will be observant of their voice and well-being during home visiting
- Senior/Case Managers will take into account the voice of the child within risk assessment and risk management
- Risk Management Plans are required to have objectives that prioritise safeguarding *and support the implementation of Child Protection Plans*

**Any other key safeguarding issues your organisation has responded to in the last 12 months.**

In September 2016 the CRC was part of the JTAI Inspection that took place in Salford and received significant praise for the quality of our safeguarding practice, policies, procedures and response to domestic abuse. In addition, it was acknowledged that other organisations could benefit more from accessing the information and expertise held by the organisation.

**How are safeguarding issues and information from the Wigan SCB been shared / communicated within your organisation and what has been the impact of this?**

- There is senior management or representative attendance at local Safeguarding Children Boards
- Safeguarding Executive and other meetings and forums from the Board have Interchange Manager SPOC's identified for attendance
- There is a Cluster Risk and Safeguarding lead SPOC
- Safeguarding issues and learning is cascaded to managers via regular Cluster Management Team Meetings and to staff via regular Team Meetings

**What does your organisation view as a future challenge to safeguarding children within the organisation? How can Wigan SCB support you with this?**

- Negotiating CRC contribution to 7 Service delivery Footprints
- Access to relevant partner IT systems to support effective management of domestic abuse cases
- Timely communication arrangements with key partners to support effective Safeguarding practice and information sharing.

## Section 11 – Towards 2017 – 2018:

The recent OFSTED inspection highlighted the areas in which the Board are making good progress, and endorsed the positioning of the board in taking a life-course view of Safeguarding.

Areas of development identified by the Board were shared with OFSTED and are built into an Action Plan which will drive the Boards development over 2017-2020. At the core of this action plan is the creation and implementation of thematic priorities that are more aligned to practice.

The distinct statutory responsibilities of the Safeguarding Adult Board and the Safeguarding Children Board will continue to drive forward each Board respectively. However, the last year or so has seen the boards align closely on case review methodology, how performance data is gathered and presented, a joint workforce development strategy and so on. The Safeguarding and Partnerships team are in the process of a restructure to capitalise on this combined approach.

The Wigan Council 'Deal' imbues an asset based approach, and this underpins the significant investment from the Safeguarding Children Board in developing strong links with community organisations. This area of work has seen great progress over 2016, and will continue into 2017-18, developing a community that is aware of everyone's capacity to influence the safety and wellbeing of children at risk of harm.

The implementation of a WSCB Neglect strategy aligned with the Greater Manchester Neglect Strategy, a new Child Death Overview Panel Action Plan and a review and refresh of the Missing from Home policy are three areas that will form much of the Board's agenda over the remainder of 2017. Importantly, these and other practice responsive strategies will underpin the way in which the Board influences and supports the workforce across the partnership in 2017-18.

The Board also has ongoing Serious Case Review activity that runs over the year end into the 2017-18 period; currently there is one SCR in progress which will be finalised in summer 2017.

Overall, the Board is well positioned for the coming year to continue to lead, assure and learn from practice across the partnership, and in preparation for the upcoming changes which will follow the '*Wood Report*' and Children and Social Work Bill.

## Section 12 – Membership of the Board:

Job title	Agency	Status
Independent Chair		Full
Chief Executive	Wigan Council	Full
Director of Children's Services,	Wigan Council	Full
Portfolio Holder for Children and Young People	Wigan Council	Full
Lay Member		Full
Lay Member		Full
Chief Officer	Wigan Borough CCG	Full
Director of Nursing	Wrightington, Wigan and Leigh NHS Foundation Trust	Full
Medical Director	Wrightington, Wigan and Leigh NHS Foundation Trust	Full
Associate Director for Safeguarding for Adults and Children's Safeguarding	Bridgewater NHS Foundation Trust	Full
Assistant Chief Officer	North West Boroughs healthcare NHS Foundation Trust	Full
Superintendent	Greater Manchester Police	Full
Community Safety Manager	Greater Manchester Fire and Rescue Service	Full
Assistant Director, Education	Wigan Council	Full
Vice Principal	Wigan & Leigh College	Full
Primary School Representative	School Representative	Full
Secondary School Representative	School Representative	Full
Service Manager Risk and Compliance	Inspiring Healthy Lifestyles	Full
Head of Wigan & Bolton	Greater Manchester Probation Service	Full
Community Director	Greater Manchester and Cheshire Community Rehabilitation Company	Full

Assistant Director Homes	Wigan Council	Full
CEO	Healthwatch	Full
Service Manager	CAFCASS	Full
Head of Public Health Commissioning for the GM Health and Social Care Partnership	NHS England	Full
Head of Safer Custody	HMP Hindley	Full
Assistant Director of Targeted Services	Wigan Council	Advisor to the Board
Assistant Director Partnership, Safeguarding and Reform	Wigan Council	Advisor to the Board
Assistant Director, Children's Integration	Wigan Council	Advisor to the Board
Executive Director of Quality and Safety	Wigan Borough CCG	Advisor to the Board
Director of Nursing & Quality	Wigan Borough CCG	Advisor to the Board
Assistant Director Safeguarding Children / Designated Nurse	Wigan Borough CCG	Advisor to the Board
Consultant in Public Health	Wigan Council	Advisor to the Board
Designated Doctor for Safeguarding Children	Wigan Borough CCG	Advisor to the Board
Enhanced Service Manager, Children's Services	Wigan Council	Advisor to the Board
Principal Solicitor (Child Care)	Wigan Council	Advisor to the Board
<b>Service Manager Enhanced - Services for Schools</b>	Wigan Council	Advisor to the Board
Business Support Manager, WSCB & WSAB	Wigan Council	Admin