Safeguarding Children Annual Report


Julie Adesanya Designated Nurse Safeguarding Children/Children in Care
Diana Jellinek Designated Doctor Safeguarding Children/Children in Care
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1.0 INTRODUCTION

1.1 This is the 3rd safeguarding children report for the NHS Trafford CCG and sets out progress and developments from 1st April 2014 to March 31st March 2015.

1.2 The report will focus on key areas, for example, national and local contexts, performance and governance arrangements and child protection activity in Trafford. The report will also give a flavour of the complex set of commissioning arrangements and service provision for health services which makes it essential that safeguarding children is given a high level of priority at all times by providers and commissioners alike.

1.3 Although the report does include information regarding children in care, a separate report will focus on meeting the health needs of this cohort of children and young people.

2.0 NATIONAL CONTEXT

2.1 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any service that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Section 11 places a duty on NHS organisations, including the NHS Commissioning Board (NHS CB) and Clinical Commissioning Groups (CCGs), NHS Trusts and NHS Foundation Trusts.

2.2 Safeguarding children practice is further directed by the following key legislation, guidance and reports:

- Children Acts 1989 and 2004
- Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (HM Government (2015))
- The Munro Review of child protection. A child centred system (2011)
- Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2015)
- GM/Trafford Safeguarding Children Board safeguarding children procedures

Information Sharing Guidance (2015):

What to do if you’re worried a child is being abused (2015):


In addition, the NHS England ‘Safeguarding Vulnerable people in the NHS: Accountability and Assurance Framework (March 2013) is currently under review.

2.4 With regard to NHS England, Working Together (2015) highlights the expectation of health services (and other agencies) and provides a brief synopsis of this:

“NHS England is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It is also accountable for the services it directly commissions, including health care services in the under 18 secure estate and in police custody. NHS England also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for LSCBs and Health and Wellbeing Boards to raise concerns about the engagement and leadership of the local NHS”
(p.57)

2.5 In response, NHS England Lancashire and GM (previously GM Area Team) Area Team (AT) has established a safeguarding (children, children in care and adult) collaborative. The Designated professionals are actively involved with these arrangements. A representative from the AT attends the Trafford Safeguarding Children Board (TSCB)

2.4 With regard to CCGs, Working Together (2015) states:

“CCGs are the major commissioners of local health services and are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations....”
(p.57)
2.5 The Local Authorities are responsible for most local public health services (this will include health visiting services from October 2015), supported by Public Health England. The focus remains on improving outcomes and driving standards of care for the population as a whole, but with an emphasis on tackling inequalities.

2.6 The NHS CB, CCGs and NHS provider organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children including:
- A clear line of accountability for the commissioning and or/provision of services designed to safeguard and promote the welfare of children
- A senior board level lead to take leadership responsibility for the organisation’s arrangements
- Clear arrangements for information sharing with other professionals and the Local Safeguarding Children Board (LSCB)
- A Designated professional lead
- Named professionals lead (in provider organisations)
- Safe recruitment practices and policies
- Appropriate supervision and support for staff, including access to mandatory safeguarding children training in keeping with national guidance\(^1\). This includes those who predominantly work with adults
- Clear policies in line with those from the LSCB

2.7 In this regard Trafford’s arrangements for safeguarding children are well established. Governance arrangements are described in section 7 of this report.

2.8 Planned joint inspections of safeguarding children systems with Ofsted have been deferred. The CQC is in the process of undertaking its own inspections of how health services keep children safe and contribute to promoting the health and well being of looked after children and care leavers.

2.9 These reviews are targeted around how health services identify, help, protect and provide child-centred care and to ensure that children’s health needs are effectively met. Inspectors will evaluate the quality and impact of local health arrangements for improving health outcomes within health for all children. This includes mapping the child’s journey at all stages – from pre-birth through to transition to adulthood, and from the point of their entering to leaving care.

2.10 The inspectors will inspect health services within local authority areas in England and will case track individual children in each area. Inspections will be prioritised based on the identified risk within the health services in those areas and inspectors will visit at short notice. The CQC will use their powers under Section 48 of the Health and

\(^1\) Safeguarding Children and Young People: roles and competencies for health care staff, Royal College of Paediatrics and Child Health (2014)
Social Care Act 2008 to conduct such reviews and will publish a report for each area they inspect.

2.11 In addition, health services contribute to Ofsted inspections of the Local Authority. Ofsted carried out their inspection of Trafford local authority in February 2015 (see section 14 of this report).

2.12 A detailed paper has been provided to the Trafford CCG Governing Body and Quality, Finance and Performance Committee which describes the inspection process and key lines of inquiry.

2.13 At the time of writing this report the CQC inspection of safeguarding systems across the health economy is still awaited.

3.0 LOCAL CONTEXT

3.1 Trafford has approximately 52,925 children and young people aged 0 to 17, (mid-2013 estimate, which will be updated in June 2015 mid-2014 figure)\(^2\)

3.2 The delivery of Trafford children’s services has been via integrated multi-agency teams since 2007. The Area Family Support Teams (AFSTs) are a partnership between the Local Authority, providers of community health services and Acute Hospital Trusts. Its vision was based upon a determination to ensure better outcomes for children and young people by providing integrated commissioning and delivery services.

3.3 The partnership brings together staff from the council, Pennine Care NHS Foundation Trust, Central Manchester Foundation Trust (CMFT) and Greater Manchester Police who are all deployed into the service under a strategic partnership agreement.

3.4 The integrated model is delivered through multi-agency teams co-located, for example:

- 4 Area Family Support Teams which include professionals groups such as (not exhaustive) health visitors, school nurses, social workers.

- Multi-agency referral and assessment team – the ‘front door’ of Children’s Social Care’. This team includes a health practitioner, a police officer, two additional police officers to increase capacity to respond to the issues of child sexual exploitation, an education representative and an early help team leader.

- The multi-agency Youth Offending Service (YOS), which also includes a health practitioner

- CAMHS

\(^2\) ONS mid year data
Children with Additional Needs Service (CANS)
The Safeguarding Children Health Team which consists of:
- Designated Nurse Safeguarding Children and Children in Care
- 2 Named Nurses for community
- 1 Named Nurse (Acute setting)
- Designated doctor Safeguarding Children and Children in Care
- Named Doctor
- 2 Children in Care Nurses
- Named GP (part of wider team)
- Health visitor liaison
- Business support staff

3.5 With regard to vulnerable children and young people, at the time of writing this report the following data was relevant:

- 679 child in need cases (642 at this point last year)
- 337 children in care. Following a long period of stability at around 320-325 this measure has found a new level at around 335-340
- Additionally there are 247 children and young people placed in Trafford from other areas (60% of these are placed by Manchester – in total 35 Local Authorities have children placed in Trafford)
- 90-100 of Trafford children and young people are placed out of Trafford
- 254 children subject of a child protection plan. The number of children and young people that are the subject of a CP Plan continues to show a period of relative stability. The current figure of 254 remains below (better than) the target of 270 (51/10,000) with an average of 262 over the last 6 months. It is 58 (19%) below the high point in June, and remains below the last year end figure of 283

- Of these, the categories under which the plans were initiated are:
  - Emotional abuse: 44.9% (compared to 58% the previous year)
  - Neglect: 46.9% (compared to 30.2% the previous year)
  - Physical: 4.7% (compared to 5.7% the previous year)
  - Sexual: 3.5% (compared to 5.7% the previous year)

3.6 The ‘spread’ of children subject to a child protection plan across the borough is as follows:

- Central: 53 cases
- South: 41 cases
- West: 60 cases
- North: 90 cases
- 10 out of area cases

3.7 The purpose of highlighting the above data in this report is to illustrate the numbers of known vulnerable children and young people in Trafford (who have met the criteria for Children’s Social Care involvement) at any one time, rather than provide any analysis of what such data tells
Analysis of data relating to open cases to children’s social care is an ongoing key feature of work within CYPS to which the safeguarding health team contribute.

3.8 The open referrals to Children’s Social Care described above form a major part of the work undertaken by health professionals across the health system, particularly health visitors and school nurses.

3.9 In Trafford, health visitors and school nurses continue to prioritise safeguarding children work, particularly regarding the contribution to multi-agency assessment and planning, for example, case conferences, core groups and Multi-Agency Risk Assessment Conferences (MARAC) ³.

3.10 The pathway for undertaking section 47 medicals (also referred to as a child protection medicals) has been reviewed as a result of changes to the delivery of the Community Paediatric service. Since February 2015 section 47 medicals are undertaken at Woodsend clinic by a Trafford Community Paediatrician. Existing procedure has been amended to reflect the changes and relevant staff notified. Section 47 medicals out of hours and those for children under the age of 18 months are carried out at University Hospital of South Manchester (UHSM).

3.11 Between April 2014 and the end of March 2015 there were 38 section 47 medicals of Trafford children compared to 33 for the previous year.

3.12 A system of peer review, in line with the Royal College of Paediatrics and Child Health best practice guidelines and the local safeguarding supervision policy operates in the Community Paediatric team to ensure a continuing high standard of practice and peer challenge of case management.

4.0 EARLY HELP - LOCAL RESPONSE

4.1 The Common Assessment Framework (CAF) is a shared assessment tool for use across all children’s services and all local areas in England. It aims to help early identification of need and promote co-ordinated service provision ⁴.

4.2 Data regarding the number of CAFs completed is collated by the Local Authority. The number of active CAFs at the time of writing this report stands at 430 (compared to 393 in the previous year) which demonstrates a continuing increased use of the CAF in which to engage with/assess children and families at a level below which Children’s Social Care are involved. The number of active CAFs changes on a daily basis as might be expected.

³ MARAC is the (victim led) forum to which high risk domestic abuse cases are referred for multi-agency assessment and planning.

4.3 It is evident through multi-agency audit activity and critical friend reviews\(^5\) that both the adult and children’s (health) workforce understand the need for early intervention. The Trafford partnerships are currently looking at how to best capture other approaches to early help being delivered outside of the CAF. This work should give a more detailed picture of early help being offered for Trafford children. The CAF/Early Help Steering Group (work stream of the TSCB) is driving this agenda.

4.4 An early help assessment e tool is currently being developed to make the process of completing and recording a CAF much simpler

5.0 HEALTH VISITING SERVICE

5.1 The health visiting service for Trafford is currently commissioned by NHS England (until October 2015) and delivered via Pennine Care Foundation Trust with the contract being agreed between Trafford CCG and Pennine Care Foundation Trust

5.2 The Health Visitor ‘Call to Action’ implementation targets for Trafford\(^6\) have been met (15 extra whole time equivalent health visitors by April 2015).

5.3 The service is meeting all requirements of the healthy child programme, and all staff have been trained in promotional and motivational interview techniques

5.4 New models of care in partnership are being implemented with multiagency colleagues relating to perinatal health and teenage parents

5.6 The Family Nurse Partnership (FNP) model is now operational in Trafford and the teenage parent pathway has been revised (for those young parents who do not fit/decline the FNP)

5.7 This year has seen the development of the Early Help models for 0 to 11 years and 11 to 18 years, to focus on vulnerable families and young people, in partnership with children’s centres, social care, youth services and connexions

5.8 In March 2015 the Health Visiting and School Nurse services took part in a Critical Friend Review which highlighted the following:

Areas of strength within the HV/SN service include:

\(^5\) The Critical Friend Review findings reports to the Trafford Safeguarding Children Board as part of the section 11 process and gives additional assurance regarding compliance

\(^6\) The Health Visitor Implementation Plan requires all areas to increase Band 6 Health Visitor numbers according to a set national formula.
Commitment and passion for providing the best service possible to Trafford children and young people and their families

- Excellent work force development and record of staff retention
- Inter-agency working
- Good record keeping
- Strong examples of practice which contribute to early help
- Aware of safeguarding children procedures/policies and how to access
- Robust safeguarding supervision and safeguarding children training arrangements - with a positive regard for both by staff
- Both managers and the focus group felt that support for health visitors and school nurses with the safeguarding children agenda is strong

5.9 The recommendations from the review are:

- Managers should give a written response regarding how information from the TSCB is disseminated to the team
- The service should undertake an audit of routine enquiry (domestic abuse) to assure themselves that what is presumed to be integral to practice can be evidenced
- Managers should give a written response as to how the HV/SN service will contribute to the Early Help group with particular reference to how early help will be measured outside of the CAF process
- Safeguarding should be added to team meetings as a standing agenda item

5.10 The action plan arising from this review is being developed by the service and will report to the TSCB Performance Audit and Management Committee

6.0 SCHOOL NURSING

6.1 Following a review of the school nursing services in March 2013, particularly in this reporting period, there has been an increase in capacity and implementation of the new structure
6.2 The new teams are now in place and focussing on exploring public health needs in their areas. School nurses are beginning to focus activity to address the emotional and well-being of children and young people for example anxiety, managing stress and self-esteem.

6.3 School nurses now provide a drop in service in primary and secondary schools. This has significantly increased the number of disclosures of deliberate self-harm (DSH). Managers informed the critical friend review that prior to the provision of a drop in service, School Nurses would expect to see approximately 9 DSH per month. February 2015 saw the highest disclosure rate at 43 although the average per month is around 20. School nurses follow the local DSH pathway which means 'low level' cases would be referred to the GP (where appropriate) and 'high level' to CAMHS.

6.4 School Nurses are working with Barnardos on the ‘Real Love Rocks’ project which is an innovative way of engaging with young people regarding healthy relationships and prevention of child sexual exploitation.

6.5 With regard to participation, pilot work is underway in one of Trafford’s primary schools to seek views from children about what they want from a school nursing service.

6.6 The newly developed safeguarding pathway has been implemented to ensure the school nursing service contributes to the safeguarding children agenda in a meaningful and effective way.

6.7 The service continues to work collaboratively with partner agencies around early help and asthma care.

7.0 GOVERNANCE ARRANGEMENTS

7.1 Safeguarding arrangements are an integral part of the CCG’s quality and governance processes.

7.2 NHS Trafford CCG has a clear line of accountability within the organisation for safeguarding children. As such, ultimate accountability for safeguarding children sits with the chief officer.

7.3 The Executive lead for safeguarding works closely with the Designated Nurses for safeguarding within the locality and is also a member of the TSCB and TSCB Steering Committee.

7.4 In order to further prioritise the safeguarding children agenda across the various governance systems, the safeguarding children health team continue to contribute to the following quality, performance and governance forums:
8.0 PERFORMANCE

8.1 Key performance indicators (KPIs) are scrutinised at the NHS Trafford CCG Contract Development Board and associated sub committees. Pennine Care Foundation Trust provides quarterly audit assurance feedback via the Named Nurses regarding compliance of safeguarding children activity and processes. This information feeds into the Trafford Health Integrated Governance Group.

8.2 The Designated Nurses who cover the Pennine Care footprint meet with the relatively newly appointed Head of Nursing and Safeguarding in order to seek assurance regarding compliance against the safeguarding assurance audit tool.

8.3 There is only one KPI directly linked to safeguarding children and this relates to safeguarding children training. The table below illustrates the levels of compliance for Pennine Care staff against eligibility for the different levels of safeguarding children training.

<table>
<thead>
<tr>
<th>Care Group - CYPS</th>
<th>Safeguarding Adults Level 1</th>
<th>Safeguarding Children Level 1</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>D</td>
<td>N</td>
</tr>
<tr>
<td>CYPS</td>
<td>145</td>
<td>142</td>
</tr>
<tr>
<td>Group One</td>
<td>119</td>
<td>118</td>
</tr>
<tr>
<td>Total</td>
<td>264</td>
<td>260</td>
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7 The Joint Commissioning Management Board plans and directs the commissioning of children services based on the commissioning priorities stated within the Children and Young People’s Strategy (CYP Strategy) as the strategic commissioning plan for the Children’s Trust Board. This is to ensure compliance with Trafford’s Section 75 partnership agreement.

8 Chaired by the Designated Nurse: Purpose: To develop and oversee the strategic and operational management of safeguarding children across Trafford health system.

9 The Contract Development Board is the mechanism for contract monitoring and quality and includes both commissioners and providers at an appropriately senior level. 23 sub committees report to the CDB: Finance, Activity and Performance and the Service Development.
9.0 CHILDREN IN CARE

9.1 There are two KPIs relating to children in care:

- Children 0-5 receiving a minimum of twice yearly health assessments
- Children age 5+ years receiving a minimum of yearly health assessments

Additional national data is required for report on a yearly basis. The table below shows the most recent annual data against the areas of performance.

<table>
<thead>
<tr>
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<th>2013/14</th>
<th>2014/15</th>
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<tr>
<td>Number of Children in Care (CiC) longer than 12 months</td>
<td>215</td>
<td>259</td>
</tr>
<tr>
<td>Percentage of under 5s with up to date child health assessments</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of CiC 12 months with up to date immunisations</td>
<td>96.28%</td>
<td>91.50%</td>
</tr>
<tr>
<td>Percentage of CiC longer than 12 months who had their teeth checked by a dentist in the year</td>
<td>88.23%</td>
<td>85.71%</td>
</tr>
<tr>
<td>Percentage of CiC longer than 12 months who had their annual health assessment in the year</td>
<td>98.2%</td>
<td>100%</td>
</tr>
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</table>

9.2 In addition, the safeguarding health team monitor data (monthly) relating to the number of initial health assessments done within the statutory time scale of 28 days (from being received into care). 84% of 107 children and young people received an initial health assessment within the statutory timescale during this reporting period. Narrative is provided for any data showing less than 100% to understand and resolve issues which inhibit the process (usually waiting for assessments to be returned for children placed out of area).

9.3 Recent audits of the quality of initial and review health assessments have highlighted positive results in the main with actions assigned for the areas requiring improvement.
10.0 GENERAL PRACTITIONERS

10.1 From 1st April 2013 direct commissioning of primary care services became the responsibility of the NHS Commissioning Board. Although CCGs are not directly responsible for commissioning primary medical care, they have a duty to support improvements in the quality of primary medical care.

10.2 Co-commissioning arrangements are being introduced from April 2015 and involve a number of different models for involving CCGs in the commissioning of primary care services.

10.3 Trafford CCG have opted for joint commissioning arrangements with NHS England therefore the duty on the CCG to support improvements in quality is increased.

10.4 During the early part of 2015, 12 GP practices in Trafford took part in CQC inspections (general rather than safeguarding specific). Of those:

- 2 were judged as inadequate
- 9 were judged as satisfactory
- 1 received a judgement of outstanding

10.5 Where a practice has received a judgement of inadequate there is an action plan in place which is overseen locally by the Trafford Primary Care Quality Improvement and Primary Care Strategic groups; and by NHS England Area Team Quality Surveillance group.

10.6 The Named GP for safeguarding children is an active member of relevant safeguarding children forums both in Trafford and at a national level. In addition, is instrumental in the development and delivery of training for GPs in Trafford along with the health safeguarding children team.

10.7 The majority of Trafford GPs attended level 3 safeguarding children training in 2012 and are therefore required to attend an update in 2015. In that light, training events are being held throughout 2015 to facilitate compliance. At the time of writing this report 113 GPs (out of 161) have attended update training and further dates are being arranged to ensure sufficient availability for GPs.

10.8 In addition, the Designated Nurse Safeguarding Children and Named GP Safeguarding Children have arranged quarterly meetings with Trafford GP safeguarding leads.

10.9 All GP practices have been provided with contact details for safeguarding professionals and a relevant contact for the Area Family Support teams.
10.10 A GP/HV communication standard has been developed to encourage joint working between HVs and primary care. Recent audit activity shows that approximately 65% of GP practices have regular contact with a HV. This is an area of development with the GP Safeguarding Leads

11.0 TRAFFORD SAFEGUARDING CHILDREN BOARD (see also section 14 of this report)

11.1 The independently chaired Trafford Safeguarding Children Board (TSCB) is the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. It also ensures arrangements for working collaboratively to bring about good outcomes for children and young people.

11.2 Trafford CCG contributes to the work of the TSCB. The Executive lead for safeguarding attends the Board and the Designated Professionals ensure the board and its sub committees have active membership and that the voice of specialist clinicians informs the agenda.

11.3 The Trafford CCG Quality and Performance Committee receives minutes and e Bulletins from the TSCB.

12.0 CHILD DEATH REVIEW PROCESS

12.1 Since April 2008 there has been a statutory requirement for all child deaths to be reviewed. This includes all child deaths up to the age of 18 years and excludes babies who are stillborn and planned terminations of pregnancy carried out within the law.

12.2 The LSCB is responsible for:

a) collecting and analysing information about each child death with a view to identifying –
   • any case giving rise to the need for a review
   • any matters of concern affecting the safety and welfare of children in the area of the authority;
   • any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and

b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death\textsuperscript{10}

12.3 Each death of a child normally resident in the LSCB’s area is reviewed by a Child Death Overview Panel (CDOP). There are four CDOPs in

\textsuperscript{10} Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2013) HM Government, chapter 5
Greater Manchester - Trafford joins with Tameside & Glossop and Stockport to form a tri-partite approach to reviewing child deaths in those given areas. This is attended by the Trafford Designated Paediatrician for child deaths.

12.4 The following table demonstrates the deaths of Trafford, Stockport and Tameside children from 01/04/2014 – 31/03/2015:

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<thead>
<tr>
<th></th>
<th>Trafford 13/14</th>
<th>Trafford 14/15</th>
<th>Stockport 13/14</th>
<th>Stockport 14/15</th>
<th>Tameside 13/14</th>
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<tr>
<td>Total</td>
<td>19</td>
<td>17</td>
<td>17</td>
<td>15</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>Under 1 yr</td>
<td>13</td>
<td>4</td>
<td>11</td>
<td>11</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
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<td>14 yrs</td>
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<td>15 yrs</td>
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<td>16 yrs</td>
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<td>17 yrs</td>
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</tbody>
</table>

12.5 Even with the three boroughs working together, these numbers are small and so any changes/perceived trends over time need to be interpreted with caution. Of the 17 Trafford deaths, 11 were expected and 6 unexpected. All child deaths are reported to the Coroner. Each child death is reviewed in detail at the Child Death Overview Panel. Not all the unexpected deaths have been discussed at the CDOP to date as information about final post mortem examination results and/or Coroner’s Inquests is not yet available. Two of the unexpected deaths present as being suicides however the verdict of the Coroner is still awaited.

12.6 The chair of the CDOP is responsible for providing and annual report to the relevant LSCBs

13.0 HOW DO WE LEARN? - SERIOUS CASE REVIEWS/MULTI-AGENCY LEARNING REVIEWS
13.1 The statutory guidance ‘Working Together to Safeguard Children (2013)\textsuperscript{11} set out a new approach to learning and improvement for LSCBs and placed a duty on them to develop their own local learning and improvement frameworks (reinforced in the March 2015 revision of Working Together).

13.2 These frameworks should be developed in order to support the work of the LSCBs and their partner agencies to enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.

13.3 Local frameworks should cover a full range of case reviews and audit activity aimed at driving improvements to safeguard and promote the welfare of children. This includes reviews of cases that do not meet the threshold for a Serious Case Review, but which may provide valuable lessons about how organisations are working together to safeguard children.

13.4 The TSCB developed the local learning and improvement framework in October 2013 and the TSCB Committees responsible for the implementation of the framework are the Performance, Management and Audit (PMA) Committee and the Learning and Improvement Committee (LIC).

13.5 Learning should be wider than case reviews; therefore the TSCB has developed a wide spectrum of activity to provide valuable learning for Board members and operational staff, including:

- Serious Case Reviews both National and Local
- Local cases not reaching the criteria for a Serious Case Review but from which it is likely lessons can be learned – this includes learning from cases where child protection plans have been discontinued and re-initiated within a twelve month period
- Multiagency case file audits
- Critical Friend Reviews\textsuperscript{12}
- Child Death Reviews
- Quality Assurance & Performance Management activities (audits, surveys, data analysis, performance indicators)
- Audits of training both single agency and multi-agency

\textsuperscript{11} Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2013) HM Government

\textsuperscript{12} Critical Friend Reviews have been developed by the TSCB Performance, Management and Audit Committee to compliment the Section 11 audit process. This provides further assurance to the TSCB regarding how agencies discharge their statutory functions in relation to safeguarding children.
- TSCB conferences, seminars, courses and briefings
- Government Guidance and Policy

13.6 Each multi-agency case file audit, critical friend reviews and critical learning reviews give rise to an action plan which are monitored to completion by the PMA Committee and LIC.

13.7 On 9 February 2015, the TSCB independent chair agreed with the TSCB Learning and Improvement Committee recommendation to undertake a Serious Case Review (SCR) regarding 6 children in keeping with Working Together to Safeguard Children.¹³

13.8 A serious case is one where a) abuse or neglect of a child is known or suspected; and b) either the child had died; or the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board members or other relevant persons have worked together to safeguard the child.

13.9 In this case, all 6 children are subjects of care proceedings. In addition, there is an on-going criminal investigation.

13.10 For the purpose of the SCR, the SCR panel and independent SCR author have been identified and the first SCR panel met on 23 March. Local Safeguarding Children Boards (LSCBs) should aim for completion of a SCR within 6 months (although this is commonly delayed due to court proceedings). Where there is any delay, LSCBs should disseminate key messages as soon as possible.

14.0 OFSTED INSPECTION

14.1 In February 2015 Trafford Local Authority and Trafford Safeguarding Children Board were subject to an inspection by Ofsted.

14.2 Her Majesty’s Inspectors (HMI)¹⁴ carry out the inspections under section 136 (2) of the Education and Inspections Act 2006 (EIA). Her Majesty’s Chief Inspector (HMCI) has the power to carry out inspections of certain local authority children’s services functions as listed in section 135 of the EIA if he deems it appropriate. These inspections focus on the local authority functions with regard to the help, care and protection of children and young people.

14.3 The Ofsted judgements range from ‘Inadequate/Requires Improvement/Good to Outstanding’

14.4 The Ofsted judgement of Trafford Local Authority is overall ‘Good’ including the Trafford Safeguarding Children Board with ‘outstanding’ in

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¹³ Working Together to safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (2013 – revised 2015)
¹⁴ Or suitable qualified and approved associate or seconded inspectors.
the areas of ‘experiences and progress of care leavers’ and ‘Leadership, Management and Governance’

14.5 A ‘good’ Local Authority leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted

14.6 An LSCB that is ‘good’ coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services

14.7 Of note, the report makes several references to the benefits of the multi-agency delivery model at both operational and strategic levels, including the formalised Section 75 Agreement (NHS Act, 2006); Ofsted describe this as ‘that which underpins the delivery of a fully integrated, high quality, multi-agency service for children and families’

14.8 Partnership work is described by Ofsted as ‘highly effective’ in particular the ‘joint working arrangements between the local authority and the health service provider’

14.9 With regard to children who are looked after, Ofsted observed:

- Looked after children experience good health service provision which is underpinned by the highly effective health and social care service delivery model

- Health service provision is sharply focused on meeting the needs of looked after children – characterised by the good level of attention given to promoting healthy lifestyles for children through information and advice

- A very high percentage of initial health assessments completed on time

- The use of Strengths and Difficulties questionnaires as part of the health assessment process which helps to harness the views of children to influence the shape of the service they receive

14.10 The full Ofsted report can be viewed at:

http://reports.ofsted.gov.uk/local-authorities/trafford

15. CONCLUSION

15.1 Safeguarding children is complex and arrangements are frequently under review, sometimes due to local demands and often due to national drivers
15.2 There are robust safeguarding children systems in place across the Trafford health economy, however during times of ongoing change it is essential that the level of priority given to safeguarding children by Trafford CCG and provider organisations is sustained.

15.3 Trafford CCG will continue to work collaboratively with the Local Authority, the TSCB and partner agencies to keep children and young people safe.

15.4 The integrated model of commissioning and delivery of services for children will continue in Trafford. The success, value and benefits of working in this way are best summarised by Ofsted where the Trafford inspection reports states:

‘partnership working is of the highest quality and demonstrated both at strategic and operational levels. This is seen in the clearly defined integrated governance arrangements and by good levels of engagement in strategic bodies. Key overarching strategies and plans are of at least good quality, and links in objectives and priorities are delivered consistently across agencies’