

DRAFT MINUTES TO BE APPROVED AT THE APRIL MEETING

Children's Board Notes of the Meeting, 09 March 2009

Present: Steve Mycio (chair), Pauline Newman, Malcolm Philp, Martin Cash, Hooshang Rahmani, Wiktor Daron, Mark Roberts (for Gerry Donnellan), Laura Roberts, Graham Mellors, Mike Wild, Cllr Sheila Newman, John Edwards, Geoff Little, Don Berry (for Liz Richardson) Sally Bradley, Ian Rush (Chair: MCSB), Bridget Keane & Joanne Waterhouse (for item 3) Darryl Lester (for item 8) Christine Pritchard (minutes).

1. Apologies for absence.

1.1 Apologies were received from Gerry Donnellan, Emma Hicklin, Liz Richardson and John Harrop.

2. Minutes of the previous meeting and matters arising

2.1 MW asked for his name to be added to the attendance list; the minutes were otherwise agreed as an accurate record. There were no matters arising.

2.3 GM summarised the action points from the February meeting. All actions had been completed with the exception of the following:

1. Report due to VCS strategic engagement	GM / MW to confirm the timing of the next report.
2. PCT peer review model to be passed to Pauline Newman	JH to provide information outside the meeting.

NOTE THAT ALL AGREED ACTIONS ARE SUMMARISED AT THE END OF THE MINUTES

3. Child Sexual Exploitation - update (Bridget Keane)

3.1 BK introduced the report and highlighted key areas, including a profile of perpetrators, the detail of which she unpicked, and then answered questions.

3.2 The Board went on to discuss:

- Operation Ouze: SM asked what is needed to ensure that the Operation will be repeated this summer, and noted that the scheme was funded through money found by GMP. BK advised that discussions are ongoing concerning future events and funding. It was agreed a meeting would take place outside of Children's Board to further. It was noted the part of Operation Ouze is awareness-raising among young people and professionals, with much work undertaken in schools, so that victims of CSE know who to contact; however, there is more to do, especially in the area of publicity. WD commented that awareness-raising in Greater Manchester is concentrated on the 13-16 age range, and that it is therefore usually 2nd- or 3rd parties who pass on information in schools.
- Prevention and Engagement: SM commented that the report is encouraging, but asked how many young people are engaged. JW explained that there have been 205

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referrals, of which 25 have been submitted to CSE procedures and a further 7 are waiting for submission, in addition to the young people with whom the VCS is currently working. JW added that up to 27 January there had been 41 case conferences, but that not all of them come under CSE procedures, and advised that the need is being met as it arises.

- BK commented that demand will increase and that there will need to be a review of capacity in the service. Cllr Newman asked whether, in view of the shortage of police officers, there will be extra recruitment. MR explained that the task was to fill existing vacancies and he was hopeful of some progress in the very near future. BK commented that there is a critical need for a Sergeant on the team to manage police operations and MR advised that a meeting will be convening soon to decide whether a Sergeant or a Chief Inspector would be most appropriate. MW asked whether all relevant VS organisations, in particular smaller organisations, are being reached; it was noted that Barnardo's and The Children's Society have networks, but BK noted the offer of support if needed.
- Information Sharing: JW advised that this is not currently an issue for the team, but that it has been a wider issue, and a protocol was being drawn up which BK explained would ensure that it does not become an issue in the future.
- Victim and Perpetrator Profiles: SM asked what is being learned from the intelligence submitted about perpetrators of CSE. It was noted that the team lacks the capacity to pull together all the intelligence, lacking as it does an analyst, so that it is difficult to draw any conclusions from the data; moreover, some of the perpetrators are not Manchester residents. IR noted that there is no set pattern to NW perpetrator profiles, and queried whether there are active links with other projects in the NW. JW advised that any abuse cases in Manchester, even involving non-Manchester residents, result in the holding of a case conference, and observed that 20% of victims are LAC; however, this figure represents an improvement on past evaluations.
- Areas for Future Development: MP and BK agreed that the recommendation that Health and Education Services second staff into the Protect Team would enhance the work of the team, and MP asked for a paper on this outlining skills, target group and time involved.

- 3.4 The Board agreed the recommendations in the report and that, in order to support the Protect Team, there needs to be greater dialogue with schools and some help given to the Team in analysing data. PN also suggested that information be gathered to raise awareness of CSE among young women, including Resilience issues. It was agreed that WD will raise the issue of CSE at a future meeting of Head teachers, and there was a need to obtain the involvement of Elected Members to ensure the message was being communicated in the wider community.

4. Performance focus – Teenage Conceptions (Laura Roberts)

- 4.1 LR presented this quarterly paper, highlighting two key facts: firstly, that teenage pregnancy is one of the clearest indicators of health inequalities, there being a direct correlation between social class, educational attainment and teenage pregnancy; and secondly, that most conceptions are among 16/17-year-olds, there having been considerable success in reducing the number of under 16 pregnancies.
- 4.2 The Board agreed that the figures regarding the number of terminations were concerning, it and it is important to try to prevent conception rather than merely encourage take-up of

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terminations. MC asked why EHC (emergency hormonal contraception) is not used more frequently. LR advised EHC was normally used as a one off; teenage pregnancies were more often the result of repeated failure to take contraception.

- 4.3 The NST has provided considerable support and had recognized the work that Manchester has done. This includes the formation of a Teenage Pregnancy Board which was well attended by partner agencies, combined with a good action plan. In addition there has been considerable work on the collection of local data to target work on hotspots and associated services.
- 4.4 Work was being developed with the Youth Service to address the significant rise in TP during the first term of the college year. There had been recognition of the excellent work being done to support girls once they had become mothers.
- 4.5 JE updated the Board on work ongoing with the NEET co-ordinator, Sarah Ross, which suggested that persistent absence was not correlated to TP, further suggesting that lack of aspiration and TP were not as closely linked as previously thought. A working hypothesis is that young women most at risk are those that lack emotional support and security, and are particularly vulnerable at transition to a new and unfamiliar post-16 provider.
- 4.6 LR responded that a link existed between girls on health and beauty courses and TP, so information on TP was being provided as part of these courses. Work was due to begin with schools to identify those pupils most at risk.
- 4.7 GL agreed that services were in better shape, but were still not having the impact they should, and were not being targeted effectively at a local level, and more analytical information was needed on ethnicity, geographical data etc. He queried what percentage of girls who become teenage mothers came from families where this was a generational issue. LR replied it was the single strongest causal factor to becoming a teenage mother.
- 4.8 SM queried whether individual families which had been identified as being most at risk could be directly targeted. LR advised work was being done to identify hotspots, in addition to increasing outreach work, and information on EHC and long term contraception. MW advised the North West District Panel had identified the most at risk families in their district and were developing a more in depth offer to those families, and suggested bringing this information to the Childrens Board.
- 4.9 LR asked for any feedback to be given to the Teenage Pregnancy Board, and agreed to provide data split down by age-group for the next quarterly report.

5. Child Poverty – Way Forward (Pauline Newman)

- 5.1 PN updated the Board on work with 'Inclusion' Government consultants hired by Greater Manchester Economic Development Commission to explore child poverty in Manchester. Poverty did not just refer to economics but to poverty of aspiration and experience. An away day was being held to look what Manchester as a Childrens Trust could do to address this.
- 5.2 SM asked whether as a Board we were satisfied that 'Inclusion' were the appropriate consultancy to carry out this work and that they would bring added value. He emphasised

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the need for the Childrens Board to keep ownership of this issue, and to have an input into the design of the away day. PN agreed that the Board should be able to shape the workshop, and unpick the Manchester situation. It was agreed that PN, SM, GL and GM should meet to discuss this further.

5.3 GL advised it was important to link this work with the Residents Wages project, and more work was needed around skills and income. JE advised as well as addressing long term issues we were looking for what can be done in the short term to address issues in the current economic climate.

5.4 Cllr Newman asked for information on the percentage of Manchester school children on free school meals who then leave school with no qualifications, bearing in mind this figure was 70% for the country as a whole.

6. Safeguarding update (Pauline Newman / Ian Rush)

6.1 IR the new independent chair of the MSCB introduced the report. Concern was expressed over both the rise in children subject to a CPP and the rise in children subject to a second or further CPP. However since November 08 the number on the CP register has decreased.

6.2 Work was being done to look at

- Thresholds – are they at the appropriate level
- Pathways from universal entitlement to intervention, and vice versa, and whether these were being sufficiently monitored.
- Focus on the CAF

6.3 PN stressed the importance of capacity issues and the lack of stability within the social care workforce, and the work needed to address this. MC advised the need to fully investigate all the information to ensure we are investing in the right areas. The introduction of Micare and the IT problems the Council has suffered has further strained the time and morale of social workers.

6.4 In addition the MSCB was reliant on several sub committees, work was being done to look at this, and at the attendance issues at MSCB. PN advised Board members they had to satisfy themselves that their representatives on the MSCB were fully carrying out their responsibilities, and were in regular communication. It was agreed that IR was to report to the next Childrens Board on the quality assurance of all agencies at MSCB.

6.5 The Board discussed the issue of the possible over auditing of social work. PN advised this most recent audit had come on the back of a challenge from Ed Balls for Councils to satisfy themselves of the robustness of their safeguarding arrangements, and for the MSCB to satisfy themselves as to the effectiveness of the front end of the service.

6.6 IR advised the audit tool is part of a range of work to help the MSCB re-engineer its business processes and enable to have a clearer focus on outcomes. The challenge is how to distil the key messages, and embed them in front line practice. The results of the audit would be produced for April's Childrens Board.

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6.7 It was emphasised that the manner in which the audit was conducted was vital, and it should not be seen as accusatorial, but there to enhance the service.

7. Sub-Board Governance Arrangements (John Edwards)

7.1 JE began by stressing it was vital to ensure the governance was correct, particularly with regard to district arrangements, to ensure that CTA are fully implemented. This work was about rationalising and streamlining current arrangements.

7.2 GL suggested using the principles stated at the relaunch of the Childrens Board and applying them to the structures below. Work was also being done to look at behaviours, and their influence on partnership working, it was suggested this could also feed into the work on governance.

7.3 The Board discussed the different purposes of DWLT's and District Partnerships. JE advising they stand apart as separate functions, with the partnerships having an in depth understanding of the districts and the ability to challenge the DWLT's, without having the responsibility of delivery.

7.4 MW raised the issue of VCS engagement and asked for clarity regarding their role in either District Partnerships or as a member of the CTLT. He advised the VCS were waiting on the release of the CTLT / DWLT handbook to enable them to start planning their future role. It was agreed that GM, MW and JE would meet to discuss this.

7.5 JE advised Debbie Nixon would be joining the membership of CTLT to reflect the balance between commissioning and practice.

7.6 It was agreed the Handbook would be brought to the next Childrens Board, and would include the governance arrangements laid out in this report.

8. Children and Young People's Plan 2009 / 2012 (Graham Mellors / Darryl Lester)

8.1 GM introduced the report, advising from 2011 it will become a revised statutory duty, and will be owned by the partners in the children's trust. Government guidance had made explicit that the Plan must reflect the focus on early intervention and prevention. It will become a much higher profile document and will be the major communication tool of the next three years.

8.2 The CYPP is the vehicle to reflect the revised arrangements around CTA, to reflect partnership working, and to engage partners in the development of the Plan. In addition it will focus on three key areas of commissioning, child poverty and budgets.

8.3 MP advised that the joint strategic needs analysis with the PCT will be looking to see reflections of each others plan within the CYPP. MP suggested the Plan could also be an opportunity to restate information around Public Health and the preventative role of the PCT's work, and that there needed to be a stronger focus on disabled children.

8.4 Cllr Newman cautioned that the timetable for consultation and involvement particularly of schools and children and young people was not realistic, and SM advised it was essential the Plan made reference to the Community Strategy.

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Children’s Board Action Point Checklist

Action	Who	Update
Meeting on 9 March 2009		
1. Consider options for repeating Operation Ouze and report back to Children’s Board.	GD / BK	Report progress in May / June meeting
2. Define more precisely the health input desired and then consider potential secondment options.	BK / MP	
3. Review current VCS networks for gaps and feedback to Mike Wild if any support is needed.	BK	
4. Follow up with Wiktor Daron and Cllr. Newman re publicity in schools and engaging with communities respectively.	BK	
5. Continue discussion about finding the analyst support needed for the Protect team	PN, GD	
6. Bridget Keane to report back in 2/3 months.	BK, GM to arrange.	
7. Provide age breakdown of conceptions	LR	Quarterly performance report in June
8. Confirm the proportion of children eligible for free school meals that leave school with no qualification and get 3 ‘A’ levels.	JE	April meeting
9. Arrange date for Child Poverty workshop.	GM	
10. Meeting to look at shape/content of above workshop	PN, GL, GM	
11. Report back on Safeguarding QA process.	IR	For April’s meeting.
12. Meet re expectations of the VCS in the children’s trust.	JE, GM, MW.	
CTLT / DWLT Handbook	JE	For April meeting.
Actions from previous meetings	Covered in 2.3	