

# Achieving Change Together (ACT), as part of Complex Safeguarding in Greater Manchester

# What is complex safeguarding?

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*“Complex Safeguarding is criminal activity (often organised), or behaviour associated with criminality, involving children and young adults (often vulnerable) where there is exploitation and/or a clear or implied safeguarding concern (Complex Safeguarding Delivery Plan, 2019)”.*

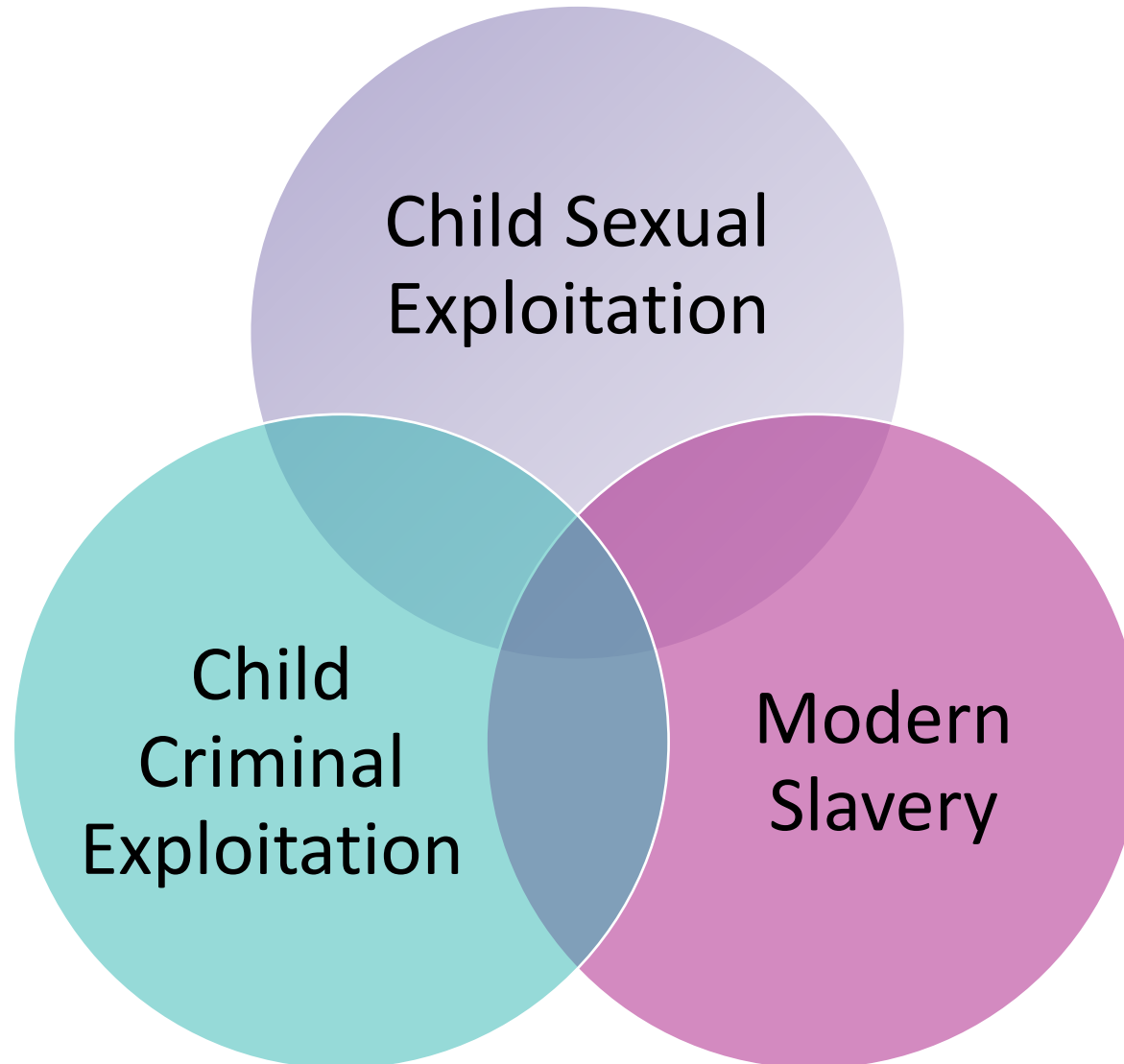
# Vision

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“Greater Manchester vision is that all children and adults who are vulnerable to exploitation or other forms of serious and organised criminality will be protected by agile multi-agency and multi-skilled services, working in local places and joined up across the sub-region. Services are delivered in a co-ordinated, trauma informed and consistent way. Services work with children, families and their communities, building on their strengths, finding joint solutions and improving outcomes.

# Current Response

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# GM Central Complex Safeguarding Hub

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- Greater Manchester Head of Complex Safeguarding;
- Superintendent Complex Safeguarding Lead;
- 2 x Complex Safeguarding Practice Leads;
- 1 Analyst.
- Embed Complex Safeguarding standards of practice across Greater Manchester
- Shared approaches to strategy, policy & assessing risk – GM Safety Planning
- Co-ordinating governance & performance – GM performance framework
- Diagnostic work & data analysis – Demand profile, threat & current capabilities
- Quality Assurance – Annual peer reviews

# Workforce Development

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- The aim of the hub is to respond to the needs of the service and offer development and training to ensure there is a motivated, supported workforce who are highly skilled.
- So far:
  - Speech & language training
  - Strength based & trauma informed
  - Engaging young people & Impact Chronology training
  - ACT Training and Practitioner Forum
  - Understanding Exploitation Training, GM-wide
  - Developmental days and supportive networks
  - Adolescent Theory & Understanding what works with young people
  - Contextual Safeguarding
  - Transitional Safeguarding

# Additional Vulnerabilities

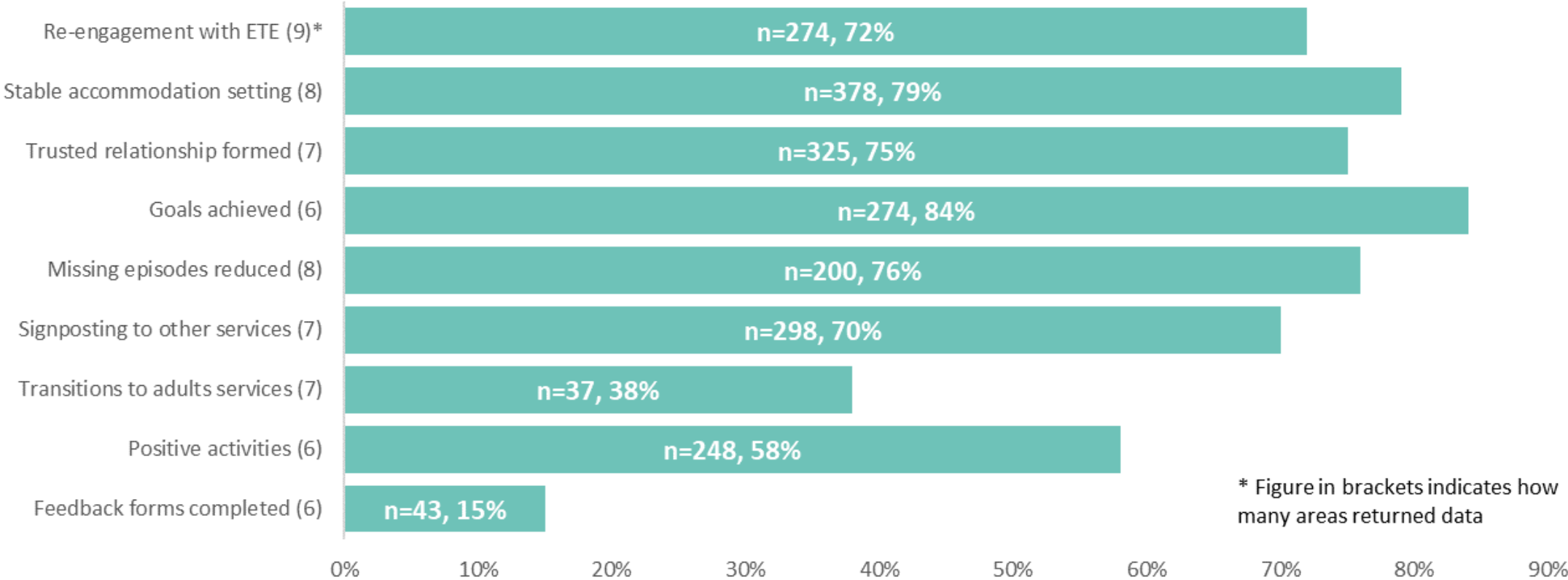
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Quarterly caseload data highlights that consistently throughout 2019-20:

- More than half of young people have missing reports
- At least 1 in 5 are open to youth justice services
- At least 1 in 4 have a parent accessing support
- At least 1 in 5 are accessing mental health support themselves
- At least 1 in 5 are attending a pupil referral unit or alternative provision
- At least 1 in 5 are not attending any education, training or employment
- At least 1 in 4 have additional needs, learning difficulties or disabilities
- Speech and language needs have risen to 1 in 10, which is likely due to workforce awareness increasing.

# Outcomes at Case Closure

## 2019-20 Outcomes recorded on closure to Complex Safeguarding Teams





# Achieving Change Together

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- ACT was developed in Rochdale and Wigan in 2015 as an alternative response for young people deemed at 'high-risk' of CSE;
- Funded as part of DfE Innovation programme;
- GM was spending £8.9 million on out of borough placements for 130 young people - many experienced poor outcomes;
- Co-designed with survivors and professionals in the field (Children's Society, social workers, foster carers);
- The model was underpinned by the most up to date research and practice in working with adolescents, trauma & CSE;
- The most high risk and challenging young people engaged;
- No secure welfare placements of Rochdale young people since ACT was implemented in 2015/16

# Achieving Change Together

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- The evaluation found that for every £1 spent, £5 was saved on accommodation costs alone
- The cost benefit analysis estimated a £48k saving per person over a 5 year period based on agency costs not including accommodation
- Our learning is this is a strong model for working with **adolescents with complex needs – not just those affected by CSE**
- ACT practitioners are qualified social workers, with experience in statutory services
- Highly flexible and intensive support - Case loads of 6 maximum
- Relational, strength-based and future focused practice – Our Focus Phase, Ambitions Meetings, Safety Planning
- Feedback from young people, parents/carers and professionals is key to the continuous development of ACT

# 7 Key Principles

**1. The Young Person is at the centre**

**2. Exploitation is complex**

**3. Context matters; young people need a holistic approach**

**4. No Agency can address CSE in isolation; collaboration is essential**

**5. Knowledge is critical**

**6. Communities and families are valuable assets and may also need support**

**7. Effective services require resilient practitioners**

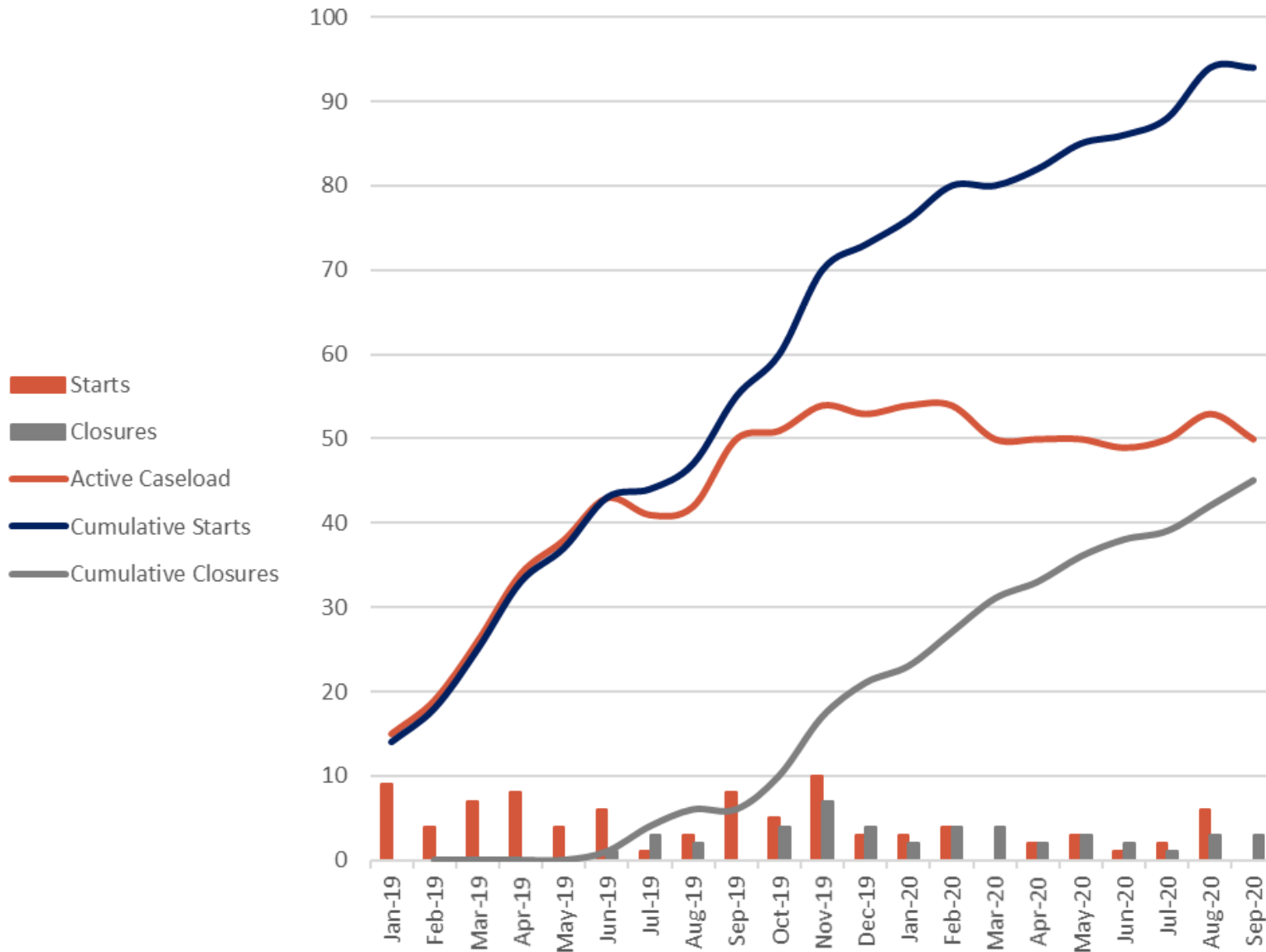
# ACT - Progress with implementation

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active Caseload across 5 areas of GM, September 2020

**up to 45**

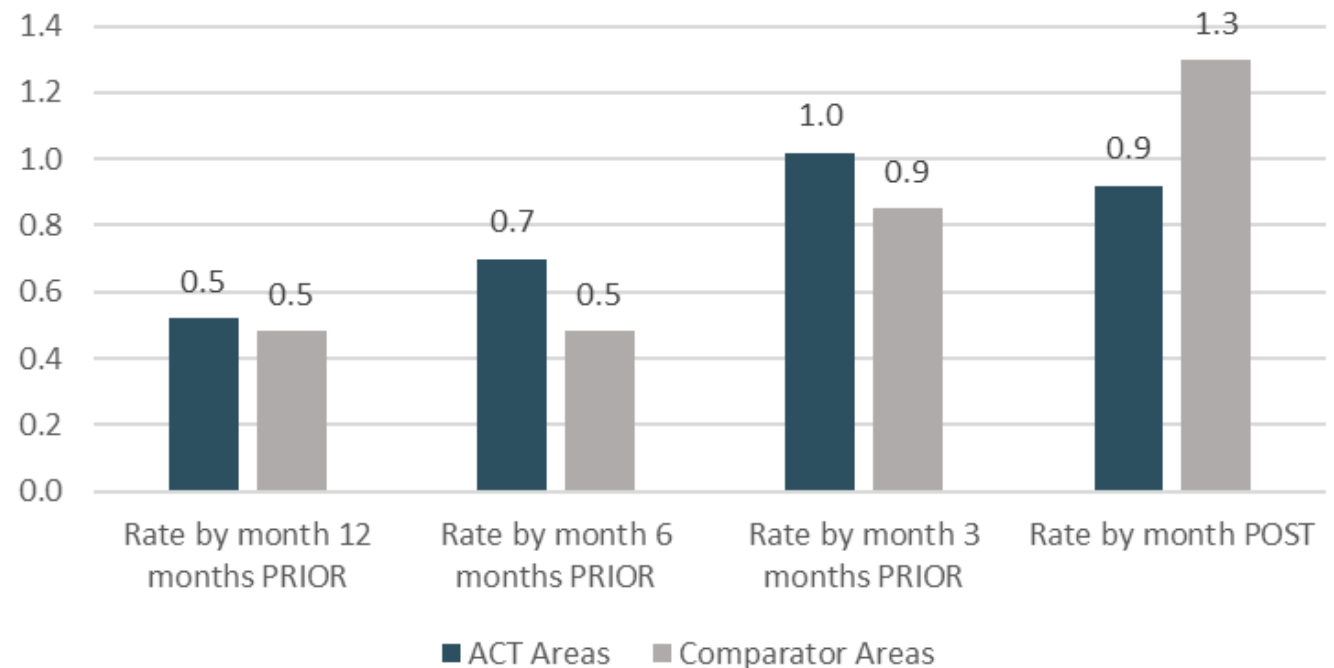
cases successfully closed since summer 2019



## ACT Early signs of impact: MFH rate

- Young people worked with by ACT demonstrated higher rates of Missing Episodes in the months leading up to their referral than young people worked with in similar circumstances in comparator areas.
- It is worth noting that neither cohort experienced a decrease in missing rates, once working with teams, which may suggest that individuals are helped to stabilise but remain complex for some time. However, the data does show that **the rate of missing episodes post-starting was demonstrably lower for young people being worked with under ACT vs the comparison group.**

Missing Episodes - Rate by month Prior/Post Start



**PLACEMENT SPEND AVOIDED**

Prior to the involvement of the ACT worker, Gabby did not have a stable living arrangement as she has moved frequently between her mums and her Grandma’s home. Since the involvement of ACT, Gabby has a settled and stable home with her Grandma, who now has a Special Guardianship Order for Gabby and her siblings. Gabby’s caseworker has advised that, without ACT, it is most likely that Gabby would have been placed in a residential placement in Salford as her Grandparents were struggling to cope. The average cost of in-house residential placements in Salford is £3,854 per week (adjusted for average occupancy rates). Even without the additional cost of possible placement breakdown, **this represents over a £200,000 cost avoidance over 12 months, were this alternative path to have been followed.**

# ACT Salford Case Study

**RE-ENGAGED IN SCHOOLING**

Prior to the involvement of the ACT worker, there were long-standing issues with Gabby’s attendance at school. At the time of her referral to ACT, Gabby had a 50% attendance rate.

It is likely that Salford Council’s Education Welfare Service would have been required to intervene, had the support from ACT not been available. Depending on the level of work required, **this is likely to have cost the authority in the region of £330 in staff time.**



Gabby’s ACT worker was able to help Gabby develop trusted relationships with two of the school staff members, which helped to attain a 100% attendance rate.

Gabby was successful in achieving her GCSE’s and is now attending college studying towards A-levels.

**IMPROVED MENTAL HEALTH AND WELLBEING**

Prior to receiving support from her ACT Worker, Gabby suffered from very low self-esteem and had experienced a bereavement of a close friend. Gabby found it difficult to regulate her emotions following this bereavement and would often self-harm, causing superficial wounds. These injuries did not require hospital admission, but significantly impacted her confidence and school attendance. Prior to working with ACT Gabby had been put forward for behavioural therapy and had been referred to a therapeutic social worker. In this case, it is felt unlikely that the intervention of the ACT worker prevented urgent and emergency care related savings (e.g. hospital admissions for self harm, which is estimated to cost over £1,000 for just a single admission episode). However, it is appropriate to point towards a more conservative probable cost avoidance in this case: PSSRU academic evidence on the adolescent mental health shows that unaddressed, Gabby’s anxiety could have translated into cross-sectoral service use costing health partners and the local authority **upwards of £1,700 per annum**, with demand upon services likely recurring over multiple years.

**ACHIEVING CHANGE TOGETHER (ACT) CASE STUDY**

**GABBY'S STORY\***

Gabby is 16 years old and lives in Salford with her grandparents.

Social Services have been involved in Gabby's life for as long as she can remember due to neglect and mums alcohol abuse. When she was 10 years old Gabby and her older brother went to live with grandparents under a Supervision Order.

Gabby experienced bullying at school when she was in Year 10, the same year that her best friend died. Both of these events had a massive impact on her self esteem and her ability to be positive about the future.

When Gabby was 15 she was contacted by a male on social media. They began messaging and she believed that he was her boyfriend. They arranged to meet for the first time and Gabby left her grandparents a letter explaining that she had left home to live with her boyfriend. The Police were alerted and managed to track Gabby down. She had been raped. *....she believed that he was her boyfriend.*

Gabby returned to her Grandparents however the incident had cause real strain on the family who felt guilty that their lack of knowledge of social media had led Gabby down. Due to this she went to live with her mum, this didn't work out and after five weeks she returned to her Grandparents' care.

**NEXT STEPS**

The Police have charged Gabby's abuser. Initially she didn't have the confidence to take part in an ABE interview however due to the support she has received from Lisa and the time to reflect, she now realises that what happened isn't her fault. Gabby felt strong enough to go ahead with the ABE interview. This will aid the police in securing a prosecution. *Gabby has ambitions to become a nurse and has applied to study...*

Following her visit to Salford University, Gabby has ambitions to become a nurse and has applied to study at Warrington. She is now much more settled at home and is feeling positive, focusing on what she can achieve moving forward.

**PRACTICE STORY**

Following the incident Gabby was referred to ACT for emotional support. The ACT Practitioner (Lisa) spent time studying Gabby's background and completed an impact chronology before meeting her. This ensured that she didn't need to ask questions as she already knew her history. Lisa could instead focus on getting to know Gabby and moving at her pace. *....she didn't need to ask questions as she already knew her history.*

Lisa has been working with Gabby for seven months and during this time they have built a strong relationship. This began with weekly visits to start building a relationship and trust. Initially this took place in school and soon progressed to visits to the gym or for walks. Gabby would decide when they would meet and what they would do. She quickly mentioned how much she would like a day out away from everything. *Gabby would decide when they would meet and what they would do.*

As Gabby began to feel more comfortable she would talk to Gabby about her difficulties in sleeping and how she often felt low in mood. Lisa suggested keeping a journal to capture her thoughts and feelings and this has really helped her to organise her thoughts, to reflect and relax.

Lisa really wanted to open new experiences for Gabby and to support her aspiration. Through a colleague she knew at Salford University she was able to encourage and support her to present in front of a panel seeking funding for a project supporting mental health through art. Gabby attended with a 17 year old girl who had been through similar experiences but was moving forward and making real progress. Both girls drew on their own experiences to convince the panel, this was a huge step for them. The pitch was successful and they received £2,000 to work alongside an art teacher in youth clubs across Salford. The experience was a massive boost to Gabby's self-esteem and her ability to think positively about her future.

**GABBY'S VOICE**

Lisa is *"really nice and easy to get along with."*

*really nice, and easy to get along with.*

If you could change anything about the support you have received, what would it be?  
*to see more than once a week*

**PRACITIONER VOICE**

*"The ACT model allows me to be a consistent practitioner in the young person's life and being there for them when they need me. I have the opportunity to be creative, exploring what the young person's strengths are and how best I can support them to reach their goals/ambitions in life. Having a limited caseload allows me the space to build positive working relationships."*

*"I initially found it difficult not being case responsible, however if the statutory social worker is willing to work together to meet the child's needs then this works really well as I have the time to chase what needs to be done or anything the young person has asked to be done. In meetings I now realise my role is vital as I am their advocate and support and what I have to say puts them at the centre of any meeting." - Lisa (ACT Practitioner)*

**FUTURE VICTIMS OF SEXUAL EXPLOITATION PROTECTED**

The successful prosecution of the perpetrator, and his ultimate imprisonment, brings a cost to the public purse. However, if this development prevents just one instance of sexual exploitation in the future, this not only protects a victim but also **saves an average of nearly £12,000 in law enforcement costs, and health service/victim support service costs.** Although the broader societal impact of such crimes cannot properly be conveyed in financial terms, **the valuation of wider economic and social 'costs' is over £330,000 per case.** Were Gabby herself to have been re-victimised, the research shows that the costs of this are £2,700 to public agencies, and £26,000 in terms of overall cost to society.

\* Pseudonyms have been used and care has been taken to protect the anonymity of the young person and family.

**TOTAL ESTIMATED COST SAVING**

**Over £200k per year**

## “Gabby”

Total estimated cost saving:  
Over £200k



# Feedback from young people

*“Having someone who I trust to talk to, Sarah guides me but will never judge my decisions. Everyone should be more Sarah!”*

*“When everything first started I didn't want anyone involved with me that hasn't already been before it all happened.. So it still takes me by surprise that I let Robin into my life even though I was strongly against it!*

*She always respects my wishes especially when it comes to not talking about the situation which was something important for me. When I speak to Robin I don't feel like a victim and she isn't condescending. She makes me feel mature and she understands the things I say which makes me feel like I'm being listened to. She always takes interest in the things I do, she remembers my favourite artists, what schools I want to go to, the crazy amount of projects and courses I take on and she always is supportive of it all....”*

# Feedback from young people - continued..



*“Most importantly, Robin respects my boundaries. If she sees I'm uncomfortable talking about something she doesn't pry, when I say I don't want her to attend something or take me somewhere she doesn't get offended and she understands my reasoning.*

*In conclusion, Robin is the friend everyone needs, she's a good laugh and makes you feel normal even when things aren't always normal. The circumstances in which I met Robin may not have been the best but meeting her was definitely something beneficial for me. She's excellent at her job and is in touch with young people which is important. Everyone needs a Robin!”*



# Next Steps with ACT

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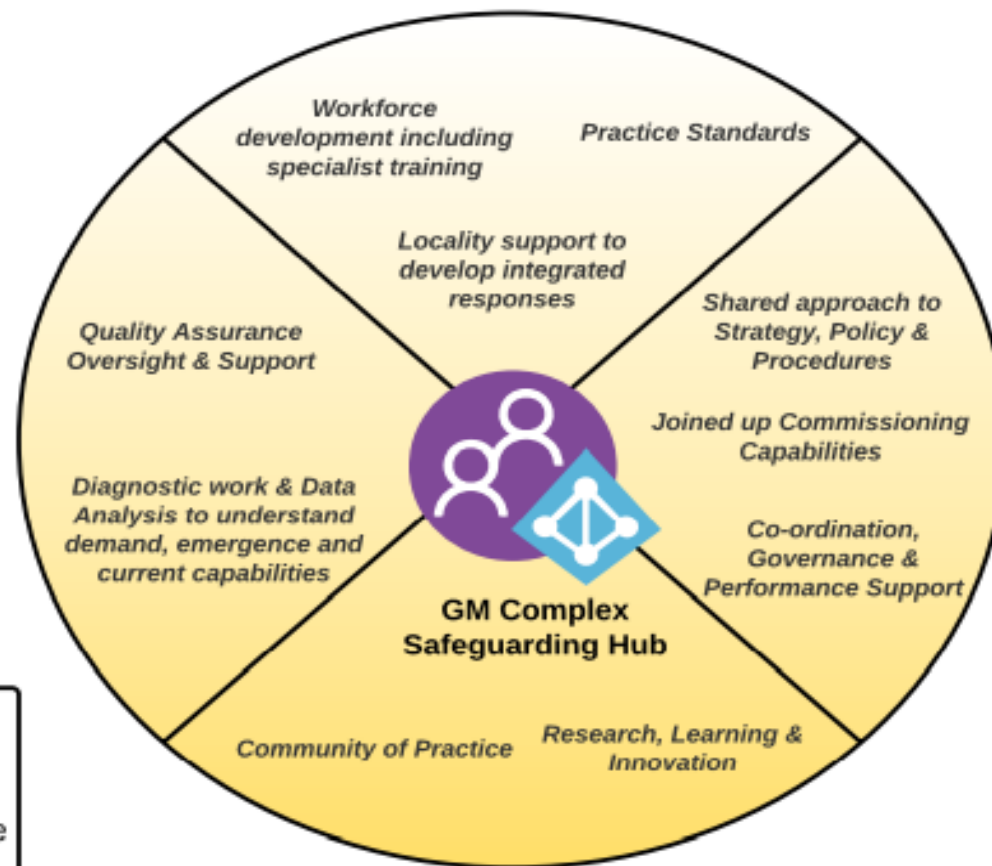
- ACT is now embedded in Complex Safeguarding teams in 7 areas of GM, working with young people at risk of all forms of exploitation;
- About to begin in 2 more areas;
- Plans developing to embed ACT in other parts of the system to support our Adolescent Safeguarding approach across GM
- In Rochdale ACT is being tested in a team for Cared For Children, with planned introduction into Pupil Referral Service. The NWD portfolio leads are being trained in the model
- In Stockport plans are progressing to embed ACT within a PRU with the ACT worker leading using the Team Around the School approach

## GM Complex Safeguarding Hub

The GM Complex Safeguarding Hub has been established to support the implementation of the GM Complex Safeguarding approach across all ten localities. The hub includes a programme lead, an analyst, and practice leads to provide strategic leadership, governance and specialist practice level expertise.

## Complex Safeguarding Principles - The Non-Negotiables

The evidence base for ACT (Hanson and Holmes, 2015) identified seven key principles that should underpin effective CSE practice responses. The principles have been refreshed and updated to support wider system redesign for adolescents facing exploitation more generally and to underpin the system change approach to Complex Safeguarding in GM. The principles (below) are translated into practice approaches.



Young People should be at the centre

Context Matters; Young People need a holistic approach

Exploitation is complex, therefore the response cannot be linear

No agency can address exploitation in isolation, collaboration is essential

Knowledge is crucial

Communities and families are valuable assets and may also need support

Equip and support the workforce; effective services require resilient practitioners

# GREATER MANCHESTER COMPLEX SAFEGUARDING



## Safeguarding

Young people are referred to the team by their **social worker** or the **Multi Agency Safeguarding Hub**.

A **specialist assessment** is completed focusing on extra familial harm and their experience of exploitation. This sits alongside the statutory assessment and focuses on strengths as well as harm.

**Dual support** is provided through the social worker and Complex Safeguarding Practitioner to ensure the harm they have experienced is understood and how safety can be increased. This support is **strength based** and **trauma informed**.

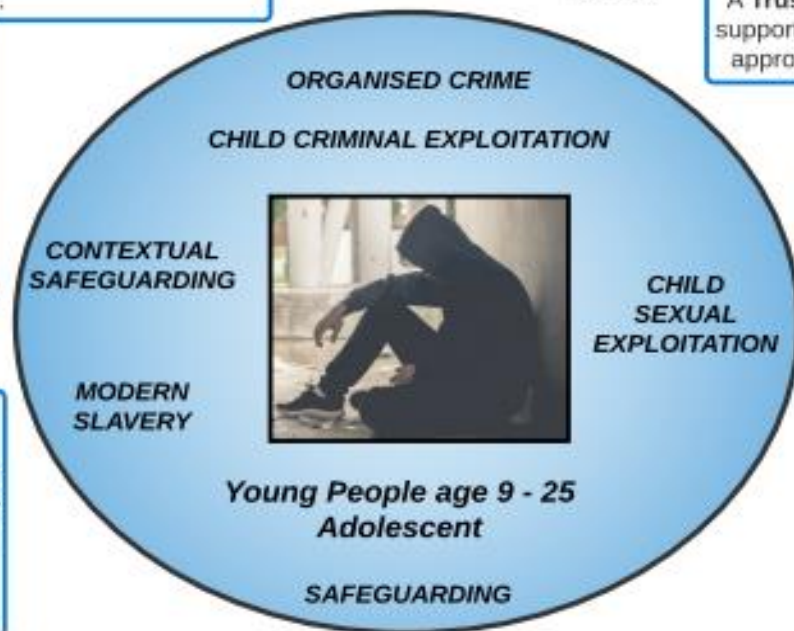
Teams are multi-disciplinary including **Early Help**, **Youth Justice** and **Social Care**. This ensures a holistic and appropriate response.



## Health

A dedicated Safeguarding Nurse with specialist knowledge and expertise of exploitation. This role completes **health assessments** for young people and provides **specialist support** and advice.

A **Trusted Relationships Psychologist** provides support to the wider team and a **Case Formulation** approach to understanding the impact of trauma.



## Police

A dedicated team of **Detectives**, supervised by Detective Sergeants and Inspector, including **specialist child abuse investigators**, who work closely with the **Organised Crime Team** and **Missing officers**. They support and safeguard young people (experiencing exploitation) and proactively seek to **disrupt** and **prosecute** offenders. The team also utilise intelligence, peer and location mapping to understand and tackle exploitation.



Achieving Change Together

ACT is a **strength based**, future focused and relational approach to supporting adolescents. Practitioners have the **time** and **capacity** to build a trusting relationship with their young people. Young people identify their **Ambitions** to formulate a plan and **co-design** their meetings



## Partnerships

Partnerships with national and **local community groups** and **charities** is crucial to supporting the multiple needs of young people. This includes organisations such as Barnardo's and the Children's Society and local groups. **Continued practice development** supported through research partners including Research in Practice and the Contextual Safeguarding Network.



## Parenting Support

Dedicated Parenting Workers work solely with parents to provide practical support, advice and guidance. This offer is delivered through an Early Help approach. Parents and the family are recognised as assets who also need support.



**Information Sharing:** Timely information sharing and intelligence gathering across agencies is critical. This is done through **daily Governance Meetings** with leads from social care, police and health. **Monthly Governance Meetings** are held with a range of partners including Community Safety, Licensing and Housing.