National Child Protection Inspections

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Foreword

All children deserve to grow up in a safe environment, cared for and protected from harm. Most children thrive in loving families and grow to adulthood unharmed. Unfortunately, still too many children are abused or neglected by those responsible for their care; they sometimes need to be protected from other adults with whom they come into contact and some occasionally go missing, or are spending time in environments, or with people, harmful to them.

While it is everyone's responsibility to look out for vulnerable children, police forces, working together and with other agencies, have a particular role in protecting children and ensuring that their needs are met.

Protecting children is one of the most important tasks the police undertake. Only the police can investigate suspected crimes and arrest perpetrators, and they have a significant role in monitoring sex offenders. Police officers have the power to take a child who is in danger to a place of safety, or to seek an order to restrict an offender's contact with children. The police service also has a significant role working with other agencies to ensure the child's protection and well-being, longer term.

Police officers are often the eyes and ears of the community as they go about their daily tasks and come across children who may be neglected or abused. They must be alert to, and identify, children who may be at risk.

To protect children well, the police service must undertake all its core duties to a high standard. Police officers must talk with children, listen to them and understand their fears and concerns. The police must also work well with other agencies to ensure that no child slips through the net and that over-intrusion and duplication of effort are avoided.

Her Majesty's Inspectorate of Constabulary (HMIC) is inspecting the child protection work of every police force in England and Wales. The reports are intended to provide information for the police, the police and crime commissioner (PCC) and the public on how well children are protected and their needs are met, and to secure improvements for the future.

Contents

Foreword **2**

1. Introduction **4**

2. Background **4**

3. Context for the force **5**

4. The police role in child protection **8**

5. Findings: the experiences, progress and outcomes for children who need help and protection **10**

Initial contact 10

Assessment and help 12

Investigation 15

Decision making 17

Trusted adult 19

Management of those posing a risk to children 20

Police detention 22

6. Findings: leadership, management and governance **24**

7. Findings: the overall effectiveness of the force and its response to children who need help and protection **27**

8. Recommendations **28**

9. Next steps **30**

Annex A Child protection inspection methodology **31**

Annex B Glossary **34**

1. Introduction

This report is a summary of the findings of an inspection of child protection services in Greater Manchester Police which took place in July 2014. The report comprises nine chapters in three main parts. The first part provides information on the background to the inspection and Greater Manchester Police. The second part focuses on the inspection findings, and the third part looks to the future and makes recommendations for improvement.

2. Background

Between October 2011 and March 2013, HMIC was involved, on a multi-agency basis, in a number of child protection inspections. Along with evidence of strengths and effective practice, these inspections highlighted areas for improvement, in particular: the quality of joint investigations; the identification of risk; dealing with domestic abuse; and the detention of children in custody.

To address these issues, HMIC decided to conduct a programme of single agency inspections of all police forces in England and Wales. The aims of the inspection programme are to:

- assess how effectively police forces safeguard children at risk;
- make recommendations to police forces for improving child protection practice;
- highlight effective practice in child protection work; and
- drive improvements in forces' child protection practices.

The focus of the inspection is on the outcomes for, and experiences of, children who come into contact with the police when there are concerns about their safety or well-being.

The inspection methodology builds on the earlier multi-agency inspections. It comprises self-assessment and case audits[1] carried out by the force, and case audits and interviews with police officers and staff and representatives from partner agencies, conducted by HMIC.

[1] Details of how we conduct these inspections can be found at Annex A.

3. Context for the force

Greater Manchester Police is one of the largest forces outside London. It has approximately 11,223 staff and the work force is made up of:

- 6,997 police officers
- 3,079 police staff; and
- 789 police community support officers.[2]

Manchester is the major city in the Greater Manchester Police area and the third largest in England, with a population of approximately 500,000. Other significant towns within the Greater Manchester Police area are Wigan with a population of 318,000, Bolton with a population of 261,035, Oldham with a population of 217,273 and Rochdale with a population of 211,000.

Within the Greater Manchester Police area there are ten local authorities and these are responsible for child protection within their boundaries. There are also ten separate local safeguarding children boards (LSCBs)[3], one in each local authority administrative area.

The most recent Office for Standards in Education, Children's Services and Skills judgments for each of the local authorities are set out below.

[2] *Police workforce, England and Wales, 31 March 2014.* Home Office, www.gov.uk/government/statistics/police-workforce-england-and-wales-31-march-2014

[3] LSCBs have a statutory duty, under the Children Act 2004, to co-ordinate how agencies work together to safeguard and promote the welfare of children and ensure that safeguarding arrangements are effective.

Local authority	Judgment	Date
Bolton	Requires improvement	January 2014
Bury	Adequate	April 2012
Manchester	Inadequate	September 2014
Oldham	Good	January 2012
Rochdale	Inadequate	November 2012
Salford	Adequate	October 2012
Stockport	Adequate	February 2012
Tameside	Adequate	March 2012
Trafford	Good	April 2010
Wigan	Good	May 2012

Greater Manchester Police has a public protection division (PPD) with 563 staff who are responsible for dealing with child protection, domestic abuse, vulnerable adult abuse, registered sex offender management and the investigation of rape and serious sexual offences. The PPD is led by a detective chief superintendent, and supported by three detective superintendents and four detective chief inspectors.

Teams working centrally are:

- the safeguarding vulnerable persons unit, which includes the central case conference team, the domestic homicide review team and a co-ordination function for multi-agency risk assessment conferences (MARAC);
- a co-ordination function for multi-agency public protection arrangements (MAPPA);
- the serious sexual offences unit;
- the sex offender management unit;
- the missing from home central team; and
- the sexual crime unit.

Child protection services are delivered both centrally by the safeguarding vulnerable persons unit within the PPD, and locally by divisional public protection teams.

The divisional public protection teams are managed by detective inspectors who report to the PPD detective chief inspectors.

At the time of the inspection, in July 2014, there were six multi-agency safeguarding hubs (MASHs) operating in the force area; all were at different stages of development. A further four hubs were planned.

4. The police role in child protection

Under the Children Act 1989, the police service, working with partner agencies such as local authority children's social care services, health services and education services, is responsible for making enquiries to safeguard and secure the welfare of any child within their area who is suffering (or is likely to suffer) significant harm.[4] The police are duty-bound to refer to the local authority those children in need they find in the course of their work.[5] Government guidance[6] outlines how these duties and responsibilities should be exercised.

The specified police roles set out in the guidance relate to:

- the identification of children who might be at risk from abuse and neglect;
- the investigation of alleged offences against children;
- their work with other agencies, particularly the requirement to share information that is relevant to child protection issues; and
- the exercise of emergency powers to protect children.

Every officer and member of police staff should understand their duty to protect children as part of their day-to-day business. It is essential that officers going into people's homes on any policing matter recognise the needs of children they may encounter. This is particularly important when they are dealing with domestic abuse and other incidents where violence may be a factor. The duty to protect children extends to children detained in police custody.

Many teams throughout police forces perform important roles in protecting children from harm, including those who analyse computers to establish whether they hold indecent images of children and others who manage registered sex offenders and dangerous people living in communities. They must visit sex offenders regularly, establish the nature of risk these offenders currently pose and put in place any necessary measures to mitigate that risk.

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[4] Section 47 of the Children Act 1989.

[5] Section 17 of the Children Act 1989 places a general duty on the local authority to safeguard and promote the welfare of children in their area who are believed to be 'in need'. Police may find children who are 'in need' when they attend incidents and should refer these cases to the local authority. A child is 'in need' if he or she is disabled, unlikely to achieve or have the opportunity to achieve a reasonable standard of health or development, or if their health and development is likely to be impaired without local authority service provision.

[6] *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children*, HM Government, March 2013.

To ensure that agencies co-operate to keep children safe and look after their welfare, each local authority must establish an LSCB. The ten LSCBs in the Greater Manchester Police area are made up of senior representatives from all agencies (including the police). They promote safeguarding activities, ensure that the protection of children remains a high priority across their area, and hold each other to account.

5. Findings: the experiences, progress and outcomes for children who need help and protection

During the course of the inspection, Greater Manchester Police audited 30 cases in accordance with criteria provided by HMIC. Although Greater Manchester Police was not asked to rate each of the 30 self-assessed cases individually, practice was viewed as good by the Greater Manchester Police assessors in about two-thirds of the cases and adequate in just under a third. Two cases were found that required improvement. Inspectors reviewed all 30 cases that had been self-assessed. They considered eight cases to be good, sixteen adequate, one requiring improvement and five inadequate.[7] Overall, inspectors identified more weaknesses in practice than the self-assessors. Although the assessments differed, the inspectors and the self-assessors found similar strengths and weaknesses in the cases and in only two of the cases did judgements differ significantly.

Inspectors found good examples of critical analysis where the self-assessors identified areas for improvement and then arranged an immediate management review of those cases that were a cause for concern.

The inspectors selected and examined a further 84 cases where children were identified as being at risk. Overall, 29 were assessed as good, 33 adequate, 4 requiring improvement and 18 inadequate.

Initial contact

In most of the cases examined, the police responded quickly to concerns and incidents that clearly raised child protection issues. Officers promptly undertook a range of preliminary tasks, such as ensuring the immediate safety of children, checking police information and the whereabouts of suspects, making an assessment of how best to proceed, arresting suspects quickly and engaging with other agencies such as children's social care services. For example:

- officers quickly assessed the risk as high when a woman's ex-partner made threats to kill her and their children; they arrested the suspect as they travelled to the victim's home and contacted children's social care services so that they could be ready to provide appropriate support for the children;

[7] The case types and inspection methodology are set out in Annex A.

- an aunt had noticed a possible burn mark on her four-year-old nephew; response officers attended promptly and sought advice from social workers before taking action; officers arranged for the child to remain overnight in the care of the aunt, and organised a joint visit (with children's social care services) and a medical examination for the following day; and

- in a case of suspected ongoing physical assault on a 14-year-old girl by her father, response officers went to the house immediately and undertook sensitive and thorough enquires; they spoke with the girl and her father separately, and with an independent witness, to establish the full circumstances; timely liaison took place with children's social care services to provide further support to the family.

The inspection team found that the initial response to child protection incidents was prompt in many cases and decisive action taken to safeguard the child. However, the police response was poor in some cases. For example, staff from a hospital contacted police about a 13-month-old baby admitted with a head injury that may have been deliberately inflicted. The management of this case was weak in the initial stages. A detective on night duty initially took charge of the investigation, but inspectors found no evidence in the record that the police had considered what needed to be put in place to safeguard the baby. There was no record of enquires or discussions with children's social care services, or other safeguarding checks. The baby was left unsupervised with the mother in the hospital and two other children were left at home with their father, who was also a possible suspect.

Inspectors found that most officers checked on the welfare of children when called to incidents of domestic abuse but this was not always the case. Some children were not seen or spoken to alone when this would have been appropriate (i.e. if the presence of a parent might inhibit a child expressing their view). One case of concern involved an offender who strangled the victim in front of her children until she lost consciousness. The attending police officers did not consider the effect of such a grave incident on the children or the risks to them. Nor did they discuss with children's social care services the longer-term implications for the children's well-being and safety.

The behaviour and demeanour of a child was not often recorded in domestic abuse cases. A child's demeanour, especially in those cases where a child is too young to speak to officers, or where to do so with a parent present might present a risk, provides important information about the effect of the incident on the child. It should inform the initial assessment of the child's needs and whether there should be a referral to children's social care services. At the time of the inspection the force had just started a training programme on domestic abuse for frontline staff, which includes awareness and recording of children's demeanour.

We recommend that, within three months, Greater Manchester Police undertakes a skills audit to determine, as a minimum:

- **how well staff understand the effect of abuse on children, including exposure to chronic domestic abuse; and**
- **how well front line staff assess risks to children, with particular attention to the extent to which staff engage directly with children at an early stage to form part of that assessment.**

We recommend that, within six months, Greater Manchester Police implements a plan to address the results of the audit and, where necessary, pays particular attention to improving staff understanding of the importance of children's demeanour and ensures that relevant information is recorded at an early stage for the purpose of achieving effective risk assessments.

Assessment and help

When an incident involving a concern about a child is reported to Greater Manchester Police, it may be dealt with by a public protection team or by response officers or neighbourhood teams. Generally, public protection teams deal with more serious cases or those where the potential victims are immediately recognised as being at risk of harm. If a case is dealt with by a public protection team, it will be investigated by specialist officers who have a greater level of knowledge and expertise. If a case is assessed initially as being low risk, it will be dealt with by response or neighbourhood teams. This is likely to include certain domestic abuse cases, for example where there is no injury. This can lead to cases being dealt with as minor incidents, unless a pattern of incidents is identified or other relevant information is drawn together and considered.

Inspectors found a number of cases where the cumulative impact of a pattern of incidents had not been considered. For example, in a case involving a heavily pregnant woman where there had been five previous reports of domestic abuse, the latest incident was dealt with in isolation and as a less serious offence. The police did not confer with children's social care services or develop a plan to protect the victim and her unborn child, even though pregnancy and childbirth are known to be one of the most vulnerable times for women in abusive relationships.

Where systems and processes in the MASH were better developed, inspectors found examples of good practice. One example in Rochdale involved a 16-year-old boy with learning disabilities who had been groomed over several months and then sexually assaulted by his school bus driver. Through sharing information among a number of agencies including the school, the offender was quickly found, arrested and charged with a number of sexual offences against the boy, and a plan was put in place to protect him against future risks.

However, in Stockport, inspectors found considerable delays in assessing risks and planning with children's social care services and other agencies to protect children and meet their needs. This was particularly so for cases involving domestic abuse incidents that occurred at weekends and in those teams where the MASH was less robust. At Stockport, inspectors saw delays of over two weeks in some cases, including a woman with a child who was at risk from an ex-partner just released from custody.

Inspectors found examples of good practice in cases of missing children, particularly when the child was assessed as being at risk of sexual exploitation. In these cases detailed plans were attached to police records so that officers could quickly respond and locate the child.

However, inspectors assessed the handling of four of the ten cases involving children missing from home as inadequate. One case involved a 15-year-old girl who was found in Manchester city centre at 1 o'clock in the morning, and another case involved a 14-year-old girl who had been missing from her home all night with a new boyfriend. In both of these cases the officers failed to check on the welfare of the children involved and the risks associated with their behaviour.

Designated police officers in neighbourhood teams were linked with most of the care homes across the force area. These officers visited the care homes regularly and discussed any concerns about the children identified by the home or the police. This provided good information and intelligence, built good working relationships and helped to ensure that police were contacted quickly when a child was missing. Inspectors found this to be an effective and valuable commitment on the part of the force. In some areas, for example Rochdale, there were also well developed links with the multi-agency local child sexual exploitation (CSE) team.

However, the force raised concerns about the increasing number of children being transferred into care homes and private foster care from other parts of the country without notifying them or children's social care services.

When a child is considered to be at risk of significant harm, an initial case conference will be arranged by children's social care services where long term plans for the child are discussed.[8] Inspectors noted that officers were attending only about three quarters of these initial case conferences. This means that the force is not complying fully with it's responsibilities under the statutory guidance '*Working*

[8] Following section 47 enquiries (see chapter 4 above), an initial child protection conference brings together family members (and the child where appropriate) with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth. *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children,* HM Government, March 2013, chapter 1, page 40.

Together to Safeguard Children'[9]. The central team responsible for attending these conferences told inspectors that they did not have enough staff to respond to the increasing demand and would always send a written report. However, a report is no substitute for the presence of a police officer to discuss children who are in need of help and protection.

Greater Manchester Police refers domestic abuse cases that are assessed as 'high risk' to a MARAC for longer term safeguarding plans to be put in place. MARACs are attended by a wide range of agencies. Inspectors found that agencies did not always share information, such as previous history and updates on prosecution cases, either prior to or during meetings, and that protective measures relied heavily on action by children's social care services rather than all agencies making a contribution. Police actions included checks on restraining orders[10], notifying court results to the other agencies and checking or issuing harassment notices[11]. Inspectors concluded that the police could make a more effective contribution, for example, by undertaking home visits jointly with children's social care services to check the welfare and safety of children. Inspectors also found cases where a strategy meeting[12] with children's social care services would have enabled a better risk assessment and protection plan to be developed, for example, when an ex-partner with cocaine and alcohol problems was having regular contact with his children.

Inspectors visited St Mary's Sexual Assault Referral Centre (SARC). The force had worked with partner agencies to establish the centre, which provides a range of services across Greater Manchester to support victims of sexual violence from first report through the criminal justice process and longer term. Services include a dedicated consultant forensic paediatrician, a young persons' advocate for young people at risk of being sexually exploited and a child advocate to support children and families. The centre meets forensic requirements and the medical needs of the child and provides access to continued support from outside agencies. The centre provides an integrated and child-focused approach.

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[9] See footnote 5 above.

[10] A restraining order is a form of court order that requires a party to do, or to refrain from doing, certain acts and is most commonly used in reference to domestic violence or sexual assault.

[11] Police Information Notices, also known as Harassment Warning Notices, are non-statutory notices that can be issued by police where there is an allegation of harassment, to make the individual aware that their act has caused harassment and to deter them from carrying out a further act.

[12] Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care, the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process. *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children,* HM Government, March 2013, chapter 1, page 32.

We recommend that, within three months, Greater Manchester Police takes steps to secure a reduction in the time taken to prepare assessments at the Stockport MASH where delays have been identified.

We recommend that, within three months, Greater Manchester Police puts arrangements in place to ensure that, when a missing child returns, the child is spoken to by the police to assess whether the child is safe and well. If there are concerns about the child following that assessment, the police should take action to address the risks to that child in the future.

We recommend that, within six months, Greater Manchester Police improves its recording practice in relation to the risks to children in domestic abuse cases and provides, as a minimum, information on: any history of abuse; the number of children in a family; and court result updates to other agencies before a MARAC meeting takes place. The force should take steps to ensure this practice becomes routine.

Investigation

Inspectors saw many examples of thorough investigations by Greater Manchester Police, with sensitive interviewing of children, pursuit of evidence from a range of sources and attention to detail in searches of homes and computers. In some cases of CSE, the police built a sensitive rapport with parents and helped them approach their conversations with the child in ways that would allow the child to be supported by the family but would not jeopardise any future criminal proceedings. Police also visited the interview suite with families before conducting interviews and gave the child sufficient space between contacts with the police to get used to the idea of telling their story. All the interviews were undertaken by specialist officers.

Inspectors also saw good examples of multi-agency joint investigations, with police and children's social care services gathering information quickly and providing continued support to a child victim through the investigation and court processes. For example, Operation Cedar was initiated following concerns about the potential sexual exploitation of a number of girls at a school. Forty potential victims were interviewed. As a result of the joint investigation, which involved building relationships with the young people and supporting and listening to them, disclosures of rape and false imprisonment were made. In total, 7 victims were identified and the offender subsequently pleaded guilty to 26 offences, including rapes. Close working by the police and children's social care services resulted in more victims feeling able to come forward.

Another example involved a 14-year-old girl who was regularly going missing. She was referred to the specialist multi-agency team set up to tackle CSE in Rochdale: Operation Sunrise. The team established that the girl was having a relationship with a man in his twenties. The man was identified and served with an abduction notice[13]. However, the girl continued to visit him. The Operation Sunrise team located him and then went to his home where they found the girl hiding in the loft. The man was arrested on suspicion of child abduction. A further in-depth investigation revealed a number of other serious offences.

Delays can have a detrimental effect on the welfare of the child. Children need to be protected, otherwise the confidence of children and their carers in the police may be lost. Officers told us that there were significant delays to investigations because computers and other media submitted to the high-tech crime unit were taking too long to analyse. For example, eight months elapsed before an evidential report on a computer was provided in a case involving a school governor, it took over six months to provide a report on a computer belonging to a known sex offender, and over seven months to analyse the phone of an alleged offender said to have recorded two rapes of 14-year-old girls. At the time of the inspection there were 174 cases that had not been allocated to a member of staff in the high- tech crime unit for analytical work. Some of these cases went back to November 2013 and three quarters were child abuse related. One hundred and forty one cases were currently being worked on by 14 staff. Staff in the unit were committed and wanted to 'get the job done' but were under extreme pressure and working long hours. Managers in the unit were aware of the problems and, at the time of the inspection, had reported their concerns to senior officers.

Inspectors also found other significant investigation delays in 8 out of 36 cases they examined. For example:

- a case of suspected physical abuse of a 13-year-old girl by her father, which took 10 days to be allocated to a child abuse investigator; the father was not arrested and this left her at risk of harm;
- a child neglect case where a young child was seen crawling on a floor covered in drugs paraphernalia and the child's mother was incapacitated through drug use; the investigation had not progressed in five months; and
- an alleged rape of a nine-year-old boy by his grandfather where it took three months before the suspect was interviewed.

[13] A non-statutory notice issued when the police become aware of a child spending time with an adult who they believe could be harmful to them. A notice is used to disrupt the adult's association with the child or young person, as well as warning the adult that the association could result in arrest and prosecution.

Staff attributed delays to lack of capacity within the teams, an increase in the number of historic abuse cases that required investigation and officers being deployed to deal with domestic abuse investigations.

Inspectors also found delays in cases sent to the Crown Prosecution Service (CPS) for review and decisions on charging. In the cases we examined we found delays of around six months. For example, two files submitted to the CPS on 15 December 2013 involved the alleged rape of children. At the time of the inspection in July 2014, no decision had been made about whether the suspects were to be prosecuted. Police had been told by the CPS that this delay was due to a large increase in caseloads. The force had discussed the problem with the regional CPS office and steps taken to improve the timeliness of decision making, but inspectors found evidence that this improvement had not been sustained.

We recommend that Greater Manchester Police immediately takes steps to reduce delays in the high-tech crime unit, taking into account the increase in domestic and historical abuse cases.

We recommend that, within three months, Greater Manchester Police discusses with the CPS how best to reduce delays in the prosecution process so that timeliness of submission of prosecution files by the police and the timeliness of prosecution decisions are regularly reviewed and improved.

Decision making

Decision making was generally good when the concern was clearly defined as a child protection matter from the outset. Protective action was taken based on a good assessment of risk and in consultation with other agencies. This included the immediate arrest of an alleged offender when required and removal of children from danger. Where appropriate, police used interpreters to ensure children could express their concerns. Where there was insufficient evidence for criminal proceedings, the police used abduction notices[14] to protect potential victims.

Inspectors saw an example of good decision making by a duty inspector in the case of a 12-year-old boy found by police after he had been missing from local authority care for 4 days. The boy had previously been reported missing on 18 occasions in the 6 weeks since his placement in the care home. The inspector recognised the ongoing risks to the child, listened to his views, gathered information from police sources and other agencies and contacted children's social care services.

In light of the information and his discussions with the child, he decided the child should be moved to a place of safety. In the circumstances, this was the right decision to protect the child from further harm.

[14] See footnote 12 above.

It is a very serious step to remove a child from his or her family into police protection.[15] Inspectors examined nine cases of children being taken into police protection and found that the police had considered the best interests of the child in each case. For example, while investigating a burglary, police found drugs, needles and syringes in a house with three young children. They arrested the parents and quickly removed the children from the house.

However, inspectors found a number of examples of poor record keeping which contributed to less effective decision-making. For example,

- four young people identified as being at risk of CSE but who were not identified on the force IT system as such; as a result frontline officers were not aware that the children were particularly vulnerable;
- three domestic abuse cases where records indicated that no children were involved, but inspectors identified children at risk;
- poor and late recording of agreed actions from MAPPA meetings;
- limited recording of children's views, behaviours and demeanours;
- little focus on outcomes for children; and
- inaccurate recording of offenders' details; for example a sex offender whose offending history was not identified at the time of arrest because the offender's name had been inaccurately recorded.

IT systems in Greater Manchester Police are not well integrated and can be cumbersome to use. This makes it difficult to ensure that staff have all the information they need before they make decisions. However, inspectors concluded that insufficient attention to important detail, for example incomplete checks of databases, also played a part in the case examples given above.

We recommend that, within six months, where there are concerns about children, Greater Manchester Police takes steps to ensure that all relevant information is properly recorded, is readily accessible in all cases, and that information is shared with partner agencies in a timely and consistent way.

[15] Section 46(1) of the Children Act 1989 empowers a police officer who has reasonable cause to believe that a child would otherwise be likely to suffer significant harm (a) to remove the child to suitable accommodation and keep him/her there or (b) to take such steps as are reasonable to ensure that the child's removal from any hospital, or other place, in which he/she is then being accommodated is prevented.

Trusted adult

When the concern was serious and immediately recognised as one of child protection, investigation processes were carefully considered – resulting in stronger relationships between the victim and the police. In most cases, the police officer explored with the parent (or social worker when the parent was a suspect) how best to engage with the child, and the social worker and police determined together how best to communicate with the family throughout the case. Two examples of this involved:

- a referral received from a school that a 12-year-old boy had been assaulted by his mother following an argument over his behaviour. A joint visit was made to the school by police and children's social care services. The boy was spoken to and his wishes were taken into account. Police and social workers recognised at an early stage that a criminal prosecution would not be in the public interest. A restorative justice[16] outcome followed and the family was supported by children's social care; and

- a 14-year-old girl from Afghanistan who was at risk of sexual exploitation. Police spoke to the girl through an interpreter, listened to her concerns about a recent bereavement and her struggle to adapt to living in England, and supported her throughout the investigation.

Inspectors also noted that Greater Manchester Police was in the process of developing a courtroom link for victims at the SARC to provide a better environment for children to give their evidence during criminal proceedings.

There were examples too of where police had tried to act in the best interests of the child. This included occasions where they were challenged by parents and where there was parental indifference, such as when a 15-year-old girl returned home after being missing for a month and disclosed rape.

However, inspectors found evidence to show that officers had listened to children in only 6 of the 84 cases they assessed. And there were examples where the child's best interests had not been given priority or were lost, such as the domestic abuse case highlighted in the Initial Contact section above. In one case, young children were not spoken to when they were found in a filthy house during the arrest of their drug using parents for growing cannabis in the kitchen. Nor was there any evidence that action had been taken to safeguard the children.

[16] Restorative justice is the process of bringing together those harmed by crime or conflict with those responsible for the harm, to find a positive way forward. In criminal justice, restorative processes give victims the chance to tell offenders the real impact of their crime, get answers to their questions and get an apology. Restorative justice holds offenders to account for what they have done. It helps them understand the real impact, take responsibility and make amends.

We recommend that, within six months, Greater Manchester Police:

- **develops practice to record the views and concerns of children and to record outcomes at the end of police involvement in a case, ensuring that it is also clear from the record how children are informed of decisions made about them;**
- **takes steps to provide information routinely about children's needs and views to the police and crime commissioner and to service managers to inform future practice; and**
- **reviews police officer and staff interactions with children and considers what needs to be done to improve them further, working where appropriate, with other agencies to do so.**

Management of those posing a risk to children

Greater Manchester Police has a dedicated unit to manage sex offenders. Staff working in this unit were clear about their responsibilities; they assessed risk and took action to reduce it. At the time of the inspection, there had been an increase in the number of registered sex offenders living in the force area.[17] This had increased workloads in the unit.

Officers responded well to concerns raised with them about individuals who may pose a risk to children. They acted quickly, undertook thorough enquires, and used their powers to arrest those who failed to keep to their registration requirements or other conditions (for example, prohibiting contact with children). They took positive action when required and worked with other agencies to protect children. For example, when officers established that a registered sex offender was in a new relationship with a pregnant woman, they recognised the risk to the unborn child, discussed this with her and relevant agencies and ensured that the case was closely monitored.

Inspectors found other examples of good risk management. For instance, on a home visit to a sex offender who was prohibited from having access to children, police found a young child and her mother in the flat. Officers immediately warned the mother of the risks and contacted children's social care services to seek support for her and the child. With this support, the child eventually told her mother that the

[17] The Multi-agency public protection arrangements (MAPPA) annual report 2012-13 attributes an increase in registered sex offenders between 2011/12 and 2012/13 to a combination of more people being convicted of, and sentenced to custody for, sexual offences, the average custodial sentence length increasing, and through many sexual offenders being required to register for long periods of time, with some registering for life.
www.gov.uk/government/statistics/multi-agency-public-protection-arrangements-mappa-annual-report-2012-13

offender had sexually assaulted her. Following a joint investigation, the offender was charged.

Local neighbourhood officers did not always know if registered sex offenders were living in a particular area because this information was not routinely shared. Previously, officers from the sex offender management unit attended neighbourhood policing briefings to ensure that neighbourhood teams were aware of the five most serious offenders living in their locality. At the time of the inspection, this practice had been discontinued.

There was an inconsistent approach to CSE across the force. Greater Manchester Police had worked with local partners to set up nine CSE teams across the force area - all were at different stages of development. Two were managed by the PPD, the other seven by the police divisions in which they were based. Teams in Rochdale and Manchester were well established but in Trafford, where inspectors saw poorer practice, the team was at an early stage of development. There was no designated social worker and two police officers had only recently been identified for roles in the team. The Stockport team was wholly reactive, resulting in limited intelligence gathering and work to deter and arrest suspects.

Some police divisions had responded well to the risks posed by those who sexually exploit children, most notably in Rochdale, Bolton and Manchester. Partner agencies were co-located and worked together to identify children at risk and tackle CSE. As part of Operation Sunrise, the Rochdale CSE team targeted suspects using abduction notices. The team engaged in other disruptive activity to deter suspects from offending. For example, Operation Noric involved high visibility police patrols in locations known to be of higher risk for CSE to disrupt and gather intelligence on suspected offenders going to those areas. This included places where young people congregated, for example, outside a local hostel for homeless young people.

Officers generally understood the signs of sexual exploitation that they should look for and local officers routinely carried photographs of suspects of CSE so they could keep a look out for them.

We recommend that, within three months, Greater Manchester Police ensures information on registered sex offenders, particularly those who are high risk, is routinely available to local neighbourhood officers.

Police detention

Inspectors looked at 12 cases of children in detention. The youngest was 12 years old and the oldest 17. Two of the detainees were girls aged 16 and 14. Greater Manchester Police self-assessed 3 of the 12 cases, all boys.

Inspectors found seven of the cases to have been adequately dealt with and five cases to be inadequate. In these cases the custody record was deficient, lacking information about contact with an appropriate adult and whether the child's rights and entitlements were repeated in the presence of the appropriate adult, and details and any implications of illnesses or injuries of the detained children. The records did not provide evidence to show that the minimum requirements set out in the Police and Criminal Evidence Act 1984 had been met.

There was good use of police bail by custody staff to ensure young people under investigation were not unnecessarily detained overnight. Children were bailed to return to the police station the following morning for further interviewing or a decision on criminal proceedings. Inspectors noted that all the children came back as required.

Inspectors had significant concerns about officers' failure to keep children informed about the progress of an investigation while they were detained in police custody. Two of the three custody reviews (checks by more senior staff that custody officers are handling the case properly)[18] had been conducted over the telephone and none involved a conversation with the young person or the appropriate adult.

Only custody officers could access the previous risk assessment records. These records may contain important information that should inform any new assessments for children coming back into custody and all custody staff should have this information available to them.

Inspectors saw evidence of custody officers seeking local authority accommodation appropriately, including challenging (successfully) a children's home that was refusing to allow a child in their care to return. However, although custody staff requested residential and secure accommodation, it was seldom available. If a child has been charged and refused bail they should be only be kept in custody in exceptional circumstances[19].

We recommend that, within three months, Greater Manchester Police undertakes a review with children's social care services and other relevant

[18] Police and Criminal Evidence Act 1984 (PACE) Code C, Revised code of practice for the detention, treatment and questioning of persons by police officers: www.gov.uk/government/uploads/system/uploads/attachment_data/file/117589/pace-code-c-2012.pdf

[19] A Court of Appeal judgment in 2006 recognises that children should not be detained in police cells if that is at all possible: R(M) v Gateshead Council (2006) EWCA Civ 221.

agencies of how it manages the detention of children. This review should include, as a minimum, how best to:

- **ensure that custody staff make a record of all actions and decisions on the relevant documentation;**
- **ensure specific additional consideration is given to conducting reviews of children in person and that the child is spoken to;**
- **make available previous risk assessments to all custody staff; and**
- **assess at an early stage the likely need for secure or other accommodation, and work with children's social care services to achieve the best option for the child.**

6. Findings: leadership, management and governance

Protecting vulnerable people is a clear priority for the force and the police and crime commissioner. There is a particular focus on CSE in the police and crime plan[20] and the force's delivery plan which supports it. Inspectors found that progress against the delivery plan has been made, but there is still some way to go to ensure that there are consistently high standards of practice in all aspects of child protection across the whole force area.

Senior leaders provide governance and visible leadership and direction for child abuse investigations, and the force is working hard to bring about improvements in understanding and dealing with child protection. Staff now had a stronger understanding of the importance of safeguarding the vulnerable. It also involves improving the way that different parts of the force work together. Safeguarding is an identified priority for Greater Manchester Police, and is increasingly understood as such by staff, as is the importance of early action to prevent further harm to children.

The force's commitment to protecting children was further demonstrated by an increase in funding for digital video interviewing; training for specialist roles; the development of joint teams with children's social care services with multidisciplinary approaches and co-located teams; expanding investigation teams; the production of guidance leaflets on child safeguarding for frontline staff; and the introduction of twice-daily meetings, attended by inspectors, to focus police activity on incidents involving the most vulnerable people.

Throughout the inspection, it was apparent that the majority of specialist staff responsible for managing child abuse investigations were knowledgeable, skilled, committed and motivated. Most of these staff had been trained in the specialist child abuse investigator development programme and further courses were planned for the next year.

The force has invested time and resource into training response officers on their role in safeguarding - a necessary step to improve awareness of child protection matters. However, at the time of the inspection, the majority of the neighbourhood policing teams had not received this training.

Most staff knew to whom they were accountable and were satisfactorily supported by their immediate line managers and heads of unit. However, in some of the child abuse investigation teams, staff expressed concerns about excessive caseloads.

[20] The Greater Manchester police and crime plan for 2013-16 can be accessed at: www.gmpcc.org.uk/wp-content/uploads/2013/03/WEB_FULLPoliceAndCrimePlanNov2013.pdf

The volume of work meant that supervisors had to take responsibility for progressing particular cases. This limited their ability to provide management oversight and support staff.

Greater Manchester Police has developed good working relationships with the ten local authorities and other services that operate across the force area. There is evidence of joint working to deliver better services and an improving picture of inter-agency co-location that is assisting communications and speed of response. The co-location of police and children's social care referral teams across all ten local authority areas should improve joint working and the flow of relevant information to and from partners. While this is at different stages across the policing divisions, it is an important development for child protection being driven forward and funded by both the force and the local authorities.

The force is represented at a senior level on the ten LCSBs by divisional superintendents or chief superintendents. Chairs of the LSCBs and the directors of children's services with whom inspectors spoke praised the commitment and support for child protection shown by the force. However, they said that police did not attend all LSCB sub-group meetings and this made it difficult to develop some initiatives, for example, multi-agency training of staff. This was particularly evident in Stockport. In contrast, police attendance at, and contributions (including resources) to, MAPPA and MARACs were good.

The force has a number of recording systems for different areas of police activity: public protection investigation, which includes child abuse; crime recording; command and control; intelligence; and sex offenders. These were not well integrated and could be cumbersome to use, making it difficult to ensure that staff have all the information they need before making decisions. The force are planning a £30 million investment to improve their IT systems.

In Rochdale, children's social care services provides both residential and secure accommodation to children who might otherwise be detained in custody post-charge. This accommodation did not appear available in other local authorities within the force area.

Performance and other data to help develop services were limited. At the time of the inspection, performance information included the numbers of incidents and cases, for example, the number of child abuse crimes and domestic incidents with children present. Information on outcomes would help identify areas for improvement. Profiles of CSE, which show the extent of the problem and who is at risk, had been developed by the force for each division and were used to help target resources. Rochdale LSCB had supplemented this information with multi-agency data.

Inspectors saw limited evidence of internal inspection or audits of child protection work. In Rochdale, inspectors saw some multi-agency audits which had resulted in learning and improvement plans, but this approach was not evident elsewhere.

Practice across the force area was inconsistent. Inspectors found examples of excellent practice but there were also examples of poor practice, with standards varying within teams and between teams. Some areas, notably Rochdale, had made considerable improvements in recent times, while others appeared to be struggling to achieve consistently good practice and/or establish the structures and multi-agency arrangements with the different local authorities. This was most noticeable in respect of CSE but applied to other areas of practice too.

While some differences in approach are to be expected as divisions respond to particular local needs, the force has recognised that the disparity in performance needs to be addressed and has implemented a force-wide CSE action plan to improve consistency of service and drive up standards.

We recommend that, within six months, Greater Manchester Police develops a force-wide good practice regime that improves its response to child protection issues, so that no child receives a poor service by reason of the place where they live.

7. Findings: the overall effectiveness of the force and its response to children who need help and protection

Greater Manchester Police has a strong commitment to improving child protection, with a clear set of priorities and plans that support it.

The force has developed constructive and productive relationships with partners and LSCBs. There is effective and growing co-located multi-agency working and a plan to develop a MASH within every local authority area.

Leadership of the force is strong with demonstrable progress in aligning resources with service priorities, for example, through increased resources for the teams protecting vulnerable people and the development of work on CSE.

The focus now needs to be on driving consistently high standards across the whole force area. In particular, the force must tackle delays at all stages of investigations. The time taken to analyse computers and other media in the high-tech crime unit needs to be reduced. Further work is required with the CPS to reduce delays in the provision of advice and charging decisions.

Although we found examples of good practice, more needs to be done to improve awareness of child protection issues, particularly among neighbourhood policing teams.

Improvements are necessary in record-keeping. Although IT systems tended to inhibit the exchange of information, the force should do more to ensure that relevant information about child protection cases is captured and shared as appropriate. And more should be done to develop a performance framework that focuses more on the outcomes for children who need protection.

When the force's officers recognise that an incident is a child protection matter, and when they have the capacity to deal with the incident or investigation, they respond well, both taking action directly and working with children's social care services so that they can safeguard children. Some of the case examples in this report reflect good practice and provide evidence of individual officers taking action confidently. The force needs to improve the identification of potential harm or risk in cases where the issues are not so clear, for example in cases involving domestic abuse and those relating to CSE with teenagers reluctant to co-operate.

The force has recognised many of the challenges it faces, particularly with inconsistency in practice across the divisions, and is continuing to work with partners to develop a consistent model and approach for child protection.

8. Recommendations

Immediately

We recommend that Greater Manchester Police immediately takes steps to reduce delays in the high-tech crime unit, taking into account the increase in domestic and historical abuse cases.

Within three months

We recommend that Greater Manchester Police undertakes a skills audit to determine, as a minimum:

- how well staff understand the effect of abuse on children, including exposure to chronic domestic abuse; and
- how well front line staff assess risks to children, with particular attention to the extent to which staff engage directly with children at an early stage to form part of that assessment.

We recommend that Greater Manchester Police takes steps to secure a reduction in the time taken to prepare assessments at the Stockport MASH where delays have been identified.

We recommend that Greater Manchester Police puts arrangements in place to ensure that, when a missing child returns, the child is spoken to by the police to assess whether the child is safe and well. If there are concerns about the child following that assessment, the police should take action to address the risks to that child in the future.

We recommend that Greater Manchester Police discusses with the CPS how best to reduce delays in the prosecution process so that timeliness of submission of prosecution files by the police and the timeliness of prosecution decisions are regularly reviewed and improved.

We recommend that Greater Manchester Police ensures information on registered sex offenders, particularly those who are high risk, is routinely available to local neighbourhood officers.

We recommend that Greater Manchester Police undertakes a review with children's social care services and other relevant agencies of how it manages the detention of children. This review should include, as a minimum, how best to:

- ensure that custody staff make a record of all actions and decisions on the relevant documentation;
- ensure specific additional consideration is given to conducting reviews of children in person and that the child is spoken to;
- make available previous risk assessments to all custody staff; and
- assess at an early stage the likely need for secure or other accommodation, and work with children's social care services to achieve the best option for the child.

Within six months

We recommend that Greater Manchester Police implements a plan to address the results of the audit[21] and, where necessary, pays particular attention to improving staff understanding of the importance of the children's demeanour and ensures that the information is recorded at an early stage for the purpose of effective risk assessments.

We recommend that Greater Manchester Police improves its recording practice in relation to the risks to children in domestic abuse cases and provides, as a minimum, information on: any history of abuse; the number of children in a family; and court result updates to other agencies before a MARAC meeting takes place. The force should take steps to ensure this practice becomes routine.

We recommend that, where there are concerns about children, Greater Manchester Police takes steps to ensure that all relevant information is properly recorded, is readily accessible in all cases, and that information is shared with partner agencies in a timely and consistent way.

[21] See first recommendation under "Within three months", above.

We recommend that Greater Manchester Police:

- develops practice to record the views and concerns of children and to record outcomes at the end of police involvement in a case, ensuring that it is also clear from the record how children are informed of decisions made about them;
- takes steps to provide information routinely about children's needs and views to the police and crime commissioner and to service managers to inform future practice; and
- reviews police officer and staff interactions with children and considers what needs to be done to improve them further, working where appropriate, with other agencies to do so.

We recommend that, within six months, Greater Manchester Police develops a force-wide good practice regime that improves its response to child protection issues, so that no child receives a poor service by reason of the place where they live.

9. Next steps

Within six weeks of the publication of this report, HMIC will require an update of the action being taken to respond to the recommendation that should be acted upon immediately.

Greater Manchester Police should also provide an action plan within six weeks to specify how it intends to respond to the other recommendations made in this report.

Subject to the responses received, HMIC will revisit the Greater Manchester Police no later than six months after the publication of this report to assess how it is managing the implementation of all of the recommendations.

Annex A
Child protection inspection methodology

Objectives

The objectives of the inspection are:

- to assess how effectively police forces safeguard children at risk;
- to make recommendations to police forces for improving child protection practice;
- to highlight effective practice in child protection work; and
- to drive improvements in forces' child protection practices.

The expectations of agencies are set out in the statutory guidance *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of Children* [22], published in March 2013. The specific police roles set out in the guidance are:

- the identification of children who might be at risk from abuse and neglect;
- investigation of alleged offences against children;
- inter-agency working and information-sharing to protect children; and
- the exercise of emergency powers to protect children.

These areas of practice are the focus of the inspection.

Inspection approach

Inspections focused on the experience of, and outcomes for, the child following its journey through child protection and criminal investigation processes. They assessed how well the service has helped and protected children and investigated alleged criminal acts, taking account of, but not measuring compliance with, policies and guidance.

[22] *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children,* HM Government, March 2013. Available from www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf

The inspections considered how the arrangements for protecting children, and the leadership and management of the police service, contributed to and supported effective practice on the ground. The team considered how well management responsibilities for child protection, as set out in the statutory guidance, were met.

Methods

- Self-assessment – practice, and management and leadership.
- Case inspections.
- Discussions with staff from within the police and from other agencies.
- Examination of reports on significant case reviews or other serious cases.
- Examination of service statistics, reports, policies and other relevant written materials.

The purpose of the self-assessment is to:

- raise awareness within the service about the strengths and weaknesses of current practice (this formed the basis for discussions with HMIC); and
- serve as a driver and benchmark for future service improvements.

Self-assessment and case inspection

In consultation with police services the following areas of practice have been identified for scrutiny:

- domestic abuse;
- incidents where police officers and staff identify children in need of help and protection, e.g. children being neglected;
- information-sharing and discussions regarding children potentially at risk of harm;
- the exercising of powers of police protection under section 46 of the Children Act 1989 (taking children into a ‘place of safety’);
- the completion of Section 47 Children Act 1989 enquiries, including both those of a criminal nature and those of a non-criminal nature (Section 47 enquiries are those relating to a child ‘in need’ rather than a ‘child at risk’);
- sex offender management;
- the management of missing children;

- child sexual exploitation; and
- the detention of children in police custody.

Below is a breakdown of the type of self-assessed cases we examined in Greater Manchester Police.

Type of case	Number of cases
Child protection enquiry (s. 47)	5
Domestic abuse	5
General concerns with a child where a referral to children's social care services was made	5
Sex offender enquiry	3
Police protection	3
At risk of sexual exploitation	3
On-line sexual abuse	3
Child in custody	3

Annex B
Glossary

child	person under the age of 18
multi-agency public protection arrangements (MAPPA)	provided for in the Criminal Justice Act 2003 (CJA 2003) for each of the 42 criminal justice areas in England and Wales; they are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders; they require the local police, probation and prison services and other bodies dealing with offenders to work together in partnership in dealing with these offenders
multi-agency risk assessment conference (MARAC)	locally-held meeting where statutory and voluntary agency representatives come together and share information about high-risk victims of domestic abuse; any agency can refer an adult or child whom they believe to be at high risk of harm; the aim of the meeting is to produce a co-ordinated action plan to increase an adult or child's safety, health and well-being; the agencies that attend will vary but are likely to include, for example: the police, probation, children's, health and housing services; there are over 250 currently in operation across England and Wales

multi-agency safeguarding hub (MASH)	entity in which public sector organisations with common or aligned responsibilities in relation to the safety of vulnerable people work; the hubs comprise staff from organisations such as the police and local authority social services; they work alongside one another, sharing information and co-ordinating activities to help protect the most vulnerable children and adults from harm, neglect and abuse
neighbourhood policing team	team of police offices and police community support officers who predominantly patrol and are assigned to police a particular local community; teams often comprise specialist officers and staff with expertise in crime prevention, community safety, licensing, restorative justice and schools liaison.
Office for Standards in Education, Children's Services and Skills (Ofsted)	a non-ministerial department, independent of government, that regulates and inspects schools, colleges, work-based learning and skills training, adult and community learning, education and training in prisons and other secure establishments, and the Children and Family Court Advisory Support Service; assesses children's services in local areas, and inspects services for looked-after children, safeguarding and child protection; reports directly to Parliament

police and crime commissioner (PCC)	elected entity for a police area, established under section 1, Police Reform and Social Responsibility Act 2011, responsible for securing the maintenance of the police force for that area and securing that the police force is efficient and effective; holds the relevant chief constable to account for the policing of the area; establishes the budget and police and crime plan for the police force; appoints and may, after due process, remove the chief constable from office
registered sex offender	5. a person required to provide his details to the police because he has been convicted or cautioned for a sexual offence as set out in Schedule 3 to the Sexual Offences Act 2003, or because he has otherwise triggered the notification requirements (for example, by being made subject to a sexual offences prevention order); as well as personal details, a registered individual must provide the police with details about his movements, for example he must tell the police if he is going abroad and, if homeless, where he can be found; registered details may be accessed by the police, probation and prison service
response officer	police officer assigned to deal with emergency and priority calls