



Salford Safeguarding Children Board

Annual Report 2011-12

Contents

Foreword	3
1. Safeguarding in Salford	4
2. Role and scope of Salford Safeguarding Children’s Board (SSCB) ...	5
3. Structure of SSCB	8
4. SSCB Income and expenditure 2011-12	10
5. Governance arrangements	11
6. Making an Impact	13
7. Performance	16
8. Challenge	21
9. Serious Case Reviews	23
10. Review of Key priorities and activities 2011-2012	26
11. Salford Safeguarding Strategy – overview	31
12. Salford Safeguarding Strategy – Summary of priorities	32
Appendix 1: Sub Group reports	34
➤ Policy and Procedures Sub Group report	
➤ Strategic Training Sub Group report	
➤ Performance Management Sub Group report	
➤ Safe Working Practice Sub Group report	
➤ Serious Case Review Sub Group report	
➤ Child Death Overview Panel Sub Group report	
Appendix 2: SSCB members, observer, advisors and support.....	43
Appendix 3: SSCB Business Plan	45
Appendix 4: Detail from Children and Young People’s Trust Priority Action Plan	63
Glossary	65

Foreword

This is the 2nd annual report for Salford Safeguarding Children Board (SSCB). I hope that the report gives a flavour of what is happening in Salford to ensure that children and young people grow up as healthy, happy and safe.

The vast majority of parents and carers in Salford want the best for their children and do their utmost to achieve this. But at some point everyone will need help to do this and when things don't go right we need to make sure that the services are in place to safeguard the welfare of children and young people.

This annual report endeavours to reflect the balance between continuity of previous developments and the innovation in the future arrangements we make to safeguard children. You will see in the priorities for 2012-13 that we want to improve the participation of people in Salford in the business of the SSCB. So I would be very pleased for you to provide feedback to us about any aspect of this report or the on-going activities of the SSCB. To find out more please contact the SSCB officers or have a look at the website:

www.partnersinsalford.org/sscb

The aim of the report is to demonstrate the extent to which the functions of the Safeguarding Board are being discharged in Salford. Safeguarding children in Salford continues to be a very challenging task, and the Improvement Notice issued by the Department for Education (DfE) in 2010 is still in place. Considerable work has been done to achieve a successful standard to ensure that Salford can be confident that it can take forward services for children without the close scrutiny of the DfE. The Improvement Board and the SSCB have worked closely together to prepare for the future.

Most important of all I want to thank the parents, carers and practitioners for caring so much and working so hard to make a real difference for children and young people who in turn are proving to be inspirational in showing what a credit they are to Salford on the local, national and international stage.

Sally Rees - Independent Chair, Salford Safeguarding Children Board

19th November 2012

1. Safeguarding in Salford

“Doing our best for children and young people means knowing more about their experience of living in Salford” – Marie Boles, Chair SSCB Performance Management Sub Group

Salford has the following features that are the context for safeguarding children and young people.

Population Features

- Salford is situated to the west of the Greater Manchester and covers an area of 37 square miles. There are around 216,400 people living in Salford and of these 55,763 (25%) are children and young people aged 0-19 years, a high proportion of whom are children aged 0-4 years.
- In the report on the Indices of Deprivation in England, (2010), the Local Concentration measure shows the severity of multiple deprivation in the authority, measuring hot spots of deprivation, Salford ranked 13th most deprived area in the country, with approximately 1/3rd of the areas of Salford amongst the 10% most deprived in the country. The city is traditionally mostly of white British ethnicity as well as having the second largest Orthodox Jewish Community in the country for some years now. But Salford has an increasingly diverse population.
- Salford has an increasing birth rate with approximately 12.9% of children living in households with only one parent, (compared to 9.6% across England and Wales). Salford has a significant amount of social housing (approximately 45%) and there has been an upward trend in rates of unemployment. In Salford on average there are 30.4% of children living in poverty. This compares to a national average of 21.6%.
- Infant Mortality has shown a persistent downward trend in England since 2003/5. However the rate in Salford has not shown the same downward trend and the figure for 2008-2010 stands at 6 deaths per 1000 live births (compared to 4.6 in England). Despite small numbers, it is a critical issue because:
 - it is linked to deprivation and to social inequalities
 - the risk factors that contribute to infant mortality have a cumulative affect across a person's lifetime
 - the risk factors, and therefore infant mortality, are preventable

Through Improvement to Sustained Performance

The 2011 SSCB Annual Report documented that there have been significant challenges to safeguarding services within Salford over the past two years. In response to these the SSCB and partner agencies have made significant changes to arrangements at both the governance and operational levels. During 2011 the SSCB appointed a new Independent Chair and a new Business Manager, both commencing in September 2011.

The Independent Chair has reviewed the way that the Board works and implemented changes to ensure that there can be a clear demonstration of how the work of the Board makes a difference for children and young people. This includes a strong emphasis on the participation of children and young people in the business of the Board. During 2012-13, work will also progress on further engaging with parents and carers.

There was a significant and focussed response to this both within the Council and across the partnership. A Safeguarding Improvement Board was established to respond to an Improvement notice issued by the Minister of State for Children and Families, with an Independent Chair, underpinned by a safeguarding action plan. There has been substantial activity to improve the safeguarding service, and improvements to safeguarding services have been noted across the partnership, although it is recognised that sustained action will continue to be needed to ensure that the improvement journey continues.

The SSCB is now providing a more robust challenge to its constituent agencies over their safeguarding activities and multi-agency auditing has been developed. An assessment of each agencies arrangement for safeguarding is being carried out through a Section 11 audit. Capacity has been increased through the recent appointment of a Board manager.

There has been an increased investment in Health Visiting services, however, it is accepted that the future changes as laid out in the Health and Social Care Act 2012 will create a significantly changed environment for the commissioning of health services. The SSCB will continue to monitor the impact of these changes on safeguarding arrangements.

2. Role and scope of Salford Safeguarding Children's Board (SSCB)

“We want children and young people to be safe, happy and well in Salford” – Sally Rees, Independent Chair SSCB

The principles and values which underpin the work of the Local Safeguarding Children Boards are in line with paragraph 5.4 of *Working Together to Safeguard Children*, 2010 and endorse the United Nations Conventions on the Rights of the Child.

66 Child centred –The child should be spoken and listened to, and their wishes and feelings ascertained, taken into account (having regard to their age and understanding). Some of the worst failures of the system have occurred when professionals have lost sight of the child and concentrated instead on their relationship with the adults.

66 Rooted in child development

Those working with children should have a detailed understanding of child development and how the quality of the care they are receiving can have an impact on their health and development.

66 Focused on outcomes for children

When working directly with a child, any plan developed for the child and their family or caregiver should be based on an assessment of the child's developmental needs and the parents/caregivers' capacity to respond to these needs within their family and environmental context

66 Holistic in approach

Having a holistic approach means having an understanding of a child within the context of their family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up.

66 Ensuring equality of opportunity

Equality of opportunity means that all children have the opportunity to achieve the best possible developmental outcomes, regardless of their gender, ability, race, ethnicity, circumstances or age.

66 Involving children – the 'voice of the child'

In the process of finding out what is happening to a child it is important to listen to the child, develop a therapeutic relationship with the child and through this gain an understanding of his or her wishes and feelings.

66 Involving parents and carers

The importance of developing a co-operative working relationship is emphasised so that parents or caregivers feel respected and informed; they believe staff are being open and honest with them and in turn they are confident about providing vital information about their child, themselves and their circumstances.

66 Building on strengths as well as identifying difficulties

Identifying both strengths (including resilience and protective factors) and difficulties (including vulnerabilities and risk factors) within the child, his or her family and the context in which they are living is important, as is considering how these factors are having an impact on the child's health and development.

66 Integrated in approach

From birth there will be a variety of different agencies and services in the community involved with children and their development, particularly in relation to their health and education. Multi- and inter-agency work to safeguard and promote children's welfare starts as soon as it has been identified that the child or the family members have additional needs requiring support/services beyond universal services, not just when there are questions about possible harm.

66 A continuing process not an event

Understanding what is happening to a vulnerable child within the context of his or her family and the local community and taking appropriate action are continuing and interactive processes, and not single events.

66 Providing and reviewing services

Action and services should be provided according to the identified needs of the child and family in parallel with assessment where necessary. It is not necessary to await completion of the assessment process.

66 Informed by evidence

Effective practice with children and families requires sound professional judgements which are underpinned by a rigorous evidence base, and draw on the practitioner's knowledge and experience.

The core objectives of the SSCB are set out in primary legislation (Children Act 2004) and regulations, as follows:

- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and
- To ensure the effectiveness of what is done by each such person or body for that purpose

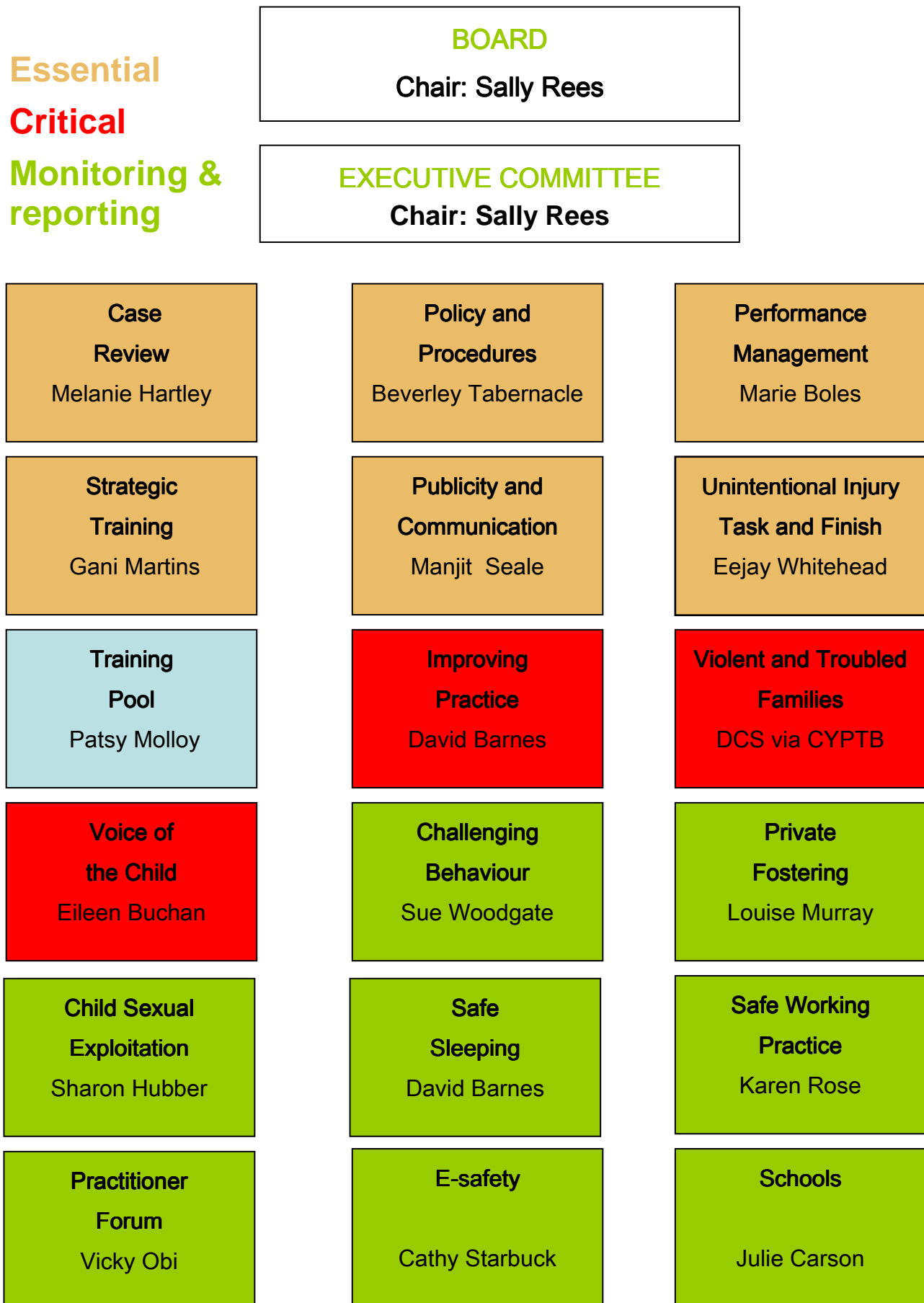
A LSCB is not an operational body or one which delivers services to children, young people and their families. It contributes to broader planning, commissioning and delivery of services and holds frontline practitioners accountable for operational work.

The scope of the SSCB role falls into three categories:

- Engage in activities that safeguard all children and aim to identify and prevent maltreatment, or impairment of health or development, and to ensure that children are growing up in circumstances consistent with safe and effective care;
- Lead and co-ordinate proactive work that aims to target particular groups;
- Lead and co-ordinate arrangements for responsive work to protect children who are suffering, or likely to suffer, significant harm.

3. Structure of Salford Safeguarding Children Board

The following diagram shows the structure of the SSCB, the Executive and the sub group structure beneath it. (As at 1st April 2012).



Agency commitment to the work of the SSCB in 2011-12

The SSCB is a multi-agency partnership that depends on the commitment and work of its members to deliver the business plan. This section sets out the involvement of agencies in the range of SSCB activities in 2011-12.

AGENCY/ORGANISATION	SSCB Exec	SSCB	Policies & Procedures	Strategic Training	Case Review	Performance Management	Publicity & Communication	Unintentional Injuries	Safe Working Practice	Schools	Challenging Behaviour	Child Sexual Exploitation	Sleep Safe Implementation Group	E-Safety	Private Fostering
CAFCASS		Y													
Careers Solution				Y											
Connexions						Y									
City West Housing							Y								
GM Fire & Rescue	Y							Y							
GM Police	Y	Y	Y	Y		Y	Y		Y			Y		Y	
GM Probation	Y	Y	Y	Y	Y	Y	Y					Y			
Great Places									Y						
Health: CMFT					Y										
Health: GMW	Y	Y		Y	Y	Y	Y								
Health: NHS Salford	Y	Y		Y	Y	Y	Y				Y				
Health: Public Health	Y							Y					Y		
Health: SRFT	Y	Y	Y		Y	Y	Y	Y	Y			Y		Y	
Independent Chair	Y	Y													
Lay Member		Y													
Salford City College		Y												Y	
Salford City Council: Children's Services	Y	Y	Y	Y	Y	Y		Y	Y		Y	Y		Y	Y
Salford City Council: Health & Social Care	Y	Y							Y						
Salford City Council: Other	Y	Y		Y	Y	Y	Y	Y	Y			Y		Y	Y
Salford City Council: Sustainable Regeneration	Y		Y	Y	Y			Y							
Salford Community Leisure								Y	Y						
Salix Homes						Y									
Schools	Y	Y		Y			Y			Y	Y	Y		Y	Y
Voluntary Sector	Y	Y	Y	Y				Y	Y			Y			Y
Urban Vision								Y							

4. SSCB Income and expenditure 2011-12

Salford Safeguarding Children's Board Income and Expenditure 2011-12

Training Fees - Non Attendance	670
CAFCASS	550
GM Probation Service	7,532
GM Police	13,500
GM West MHT	2,511
NHS Salford	66,594
Salford NHS Trust	2,511
Connexions	1,883
Salford City Council Children's Services	139,206
Total Income	234,957
Direct Staffing Costs	161,989
Other Staff Related Costs	11,242
Professional fees	36,896
Training	3,991
Office Expenses	3,980
Total Expenditure	218,098
Balance carried forward to 2012-13	16,859

5. Governance

“Clear accountability is vital for public confidence in safeguarding arrangements” – Nick Page, Strategic Director, Children’s Services, Salford City Council

The Salford Strategic Partnership (SSP) provides the forum for setting and reviewing the strategic vision for the local area, contained in the Sustainable Community Strategy. It is therefore appropriate that the SSCB is accountable to the SSP. It also fulfils the requirement that the Chief Executive and Leader of the Council (and from 2012/13 the Mayor of Salford and Greater Manchester Police Commissioner) are able to satisfy themselves that the Director of Children’s Services is fulfilling the responsibility for safeguarding and promoting the welfare of children and young people.

The responsibilities of the SSCB are complementary to those of the Children and Young People’s Trust. The SSCB works alongside the Salford Children’s Trust to promote co-operation between partners, including children and young people and their families, to improve the wellbeing of children in the local area. The Chair of the SSCB is a member of the CYPTB, and the Chair of the CYPTB is a participating observer on the SSCB

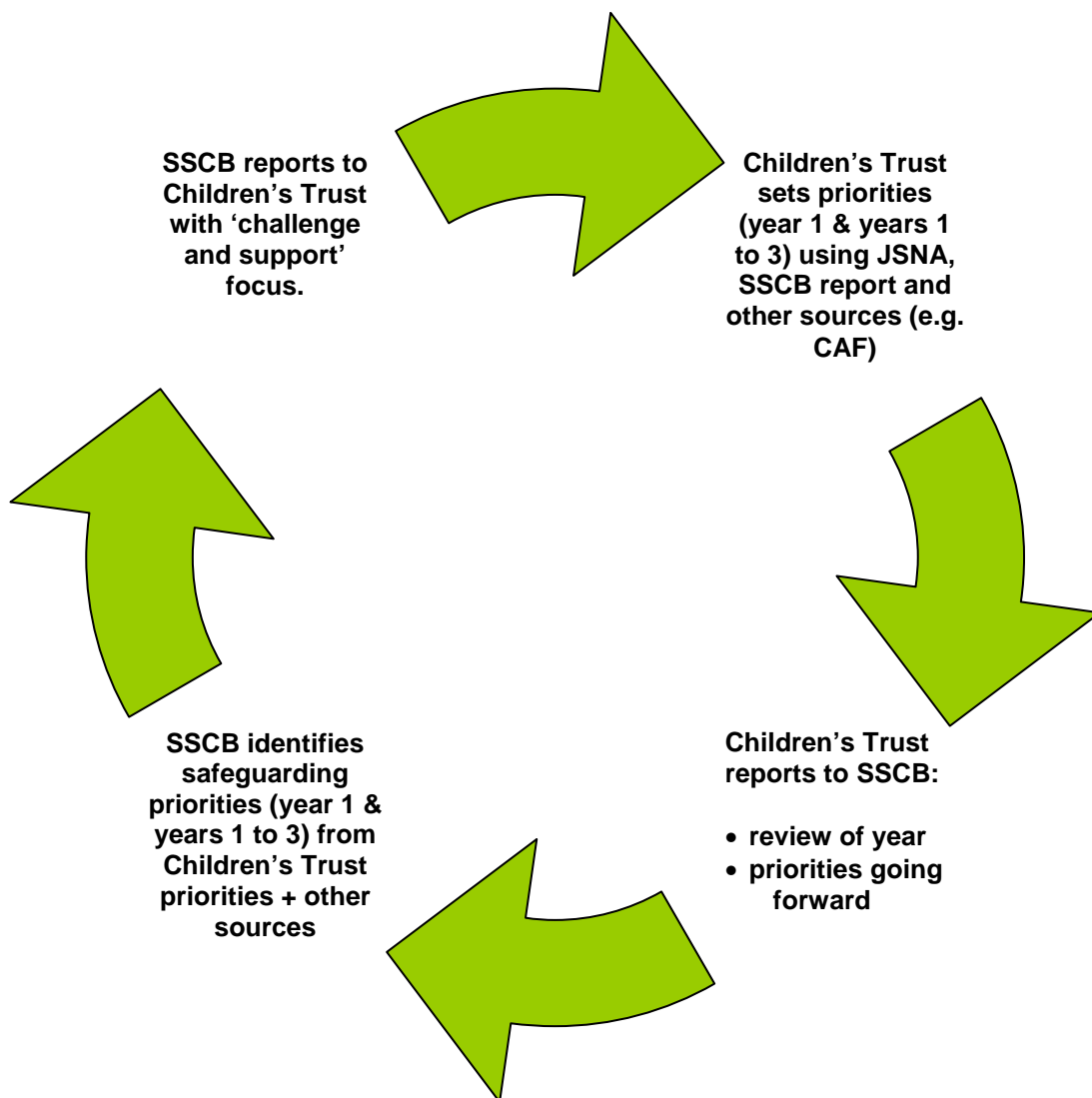
The LSCBs in England and Wales were established to ensure the protection of children is effectively co-ordinated and to link and integrate child protection into the broader range of universal and targeted services to meet the needs of children. Their main scope includes safeguarding and promoting the welfare of children in the following three broad activities:-

- Responsive work to protect children who are suffering or are likely to suffer significant harm
- Proactive work to target particular groups who may be vulnerable
- Activity which aims to identify and protect all children from maltreatment or harm and ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

The SSCB works with the CYPTB to improve the well being of children and young people and addresses the causes and consequences of the issues that affect the safeguarding of children and young people. The SSCB has a role in effectively challenging and scrutinising the work, commissioning and delivery of the CYPTB to safeguard children in Salford. The Accountability Cycle enables this arrangement.

Accountability Cycle

SSCB and Children's Trust Accountability Cycle



6. Making an Impact

How do we know if the business of the SSCB has an impact on the quality of life for children and young people in Salford?

This is the key challenge question posed by the chair of the SSCB to all member agencies and this section sets out how the SSCB attempts to achieve this impact:

1. What do we know (1)?

This is the 'Evaluation and Monitoring' function of the SSCB

We have a range of information that should help us to know how well children and young people are safeguarded in Salford:

- Performance data – for example, we collect information about how many child protection assessments are carried out within the required timescale. This tells us if assessments are being done promptly but it doesn't tell us how well they are done.
- Audits (1) – we do practice audits looking at how practitioners work with children, young people and their parents and carers with a focus on safeguarding; for example, when a concern arises about the possibility of harm to a child, how do agencies help practitioners help families to reduce the likelihood of harm? Are assessments properly identifying the needs of children? Are there opportunities to improve how this is done?
- Audits (2) – we also do audits under section 11 Children Act 2004 to assure that agencies have the right arrangements in place to safeguard children. For example, do agencies have single agency safeguarding audit arrangements in place.
- Audits (3) – auditing practice can be an onerous task for small organisations so the SSCB has worked with NHS Salford and Salford CVS to produce Salford Safeguarding Standards for the Voluntary & Community Sector which provide a focussed approach to making sure the right arrangements are in place, especially for commissioned services.

2. What do we know (2)?

This is the 'Case Review' function of the SSCB

- Case Reviews – as explained elsewhere in this report, in April 2011, the SSCB published the Serious Case Review (SCR) in respect of Child H who was tragically killed and resulted in the criminal conviction of murder by her uncle. Following this the SSCB has given close examination to how agencies work with people in similar circumstances, resulting in increased knowledge about this area of practice and the impact on children.

3. What do we know (3)?

This is the 'Child Death Overview' function of the SSCB

- The tripartite Child Death Overview Panel (Bolton, Salford and Wigan) analyses the pattern of all child deaths of children in Salford (as well as Bolton and Wigan). During 2010-11 it had identified that in the north west there is a relatively high incidence of sudden unexpected deaths of infants (SUDI). It also identified that co-sleeping with the baby is a risk factor in incidents of SUDI. Therefore in 2011-12 the CDOP allocated funding for the Sleep Safe Campaign which has been rolled out via public awareness materials and training for practitioners.

4. What do we do?

This is the 'Thresholds, Policies and Procedures' function of the SSCB

The SSCB does not itself deliver services but does have a responsibility for ensuring that the agencies that do deliver services have in place arrangements to safeguard children. This often means having in place the right inter-agency policies and procedures that guide practitioners in how they carry out their work.

These are examples of policies developed by the SSCB in 2011/12:

- Escalation Policy
- Safeguarding policy templates for schools
- Supporting Guidance for Children's and Adults Services in responding to Safeguarding Concerns

1. How do we do it (1)?

This is the 'Training function of the SSCB

During 2011-12 the SSCB delivered 66.5 days of training courses covering 16 practice areas, attended by 684 practitioners from 20 agencies. Many of these courses were revised following learning from case reviews.

2. How do we do it (2)?

This is the 'communications function of the SSCB

The SSCB Publicity and Communications sub group has been established in 2011-12 and has produced a Communications Strategy with the following features:

- To raise the awareness of the importance of safeguarding children and young people to identified audiences, including the dissemination of good practice;
- To promote the role of the SSCB and maintain the profile of the SSCB via the website, newsletter and other communication methods;

- To develop and implement arrangements for the participation of young people in the work of the SSCB in respect of publicity and communications;
- To develop and implement arrangements for the participation of parents/carers in the work of the SSCB in respect of publicity and communications;

As mentioned above, during 2011-12 the SSCB in a tri-partite arrangement with the local safeguarding children boards of Bolton and Wigan, has launched a public awareness campaign about keeping baby safe when asleep. This will contribute to the planning for wider safeguarding campaigns.

7. Performance

To know if the SSCB is making an impact depends on understanding how agencies are performing in relation to their responsibilities for safeguarding. In this section we provide information on a range of these performance measures, namely:

- Referrals
- Common Assessment
- Child Protection Plans
- Looked After Children
- Private Fostering
- Missing from Home
- Children killed or seriously injured in road traffic accidents
- Unintentional injuries to children and young people
- Child Death

Referrals

Referrals to Salford Children's Services (part of Salford City Council) have continued to rise significantly in the past few years. In 2011/12 4,767 referrals were made to Salford Children's Services, a 4% increase from 4,600 referrals in 2010/11 which was itself a 46% increase on the previous year 2009/10 (3,152).

This means that in 2011/12 the referral rate per 10,000 was 1016.6. This is significantly higher than the referral rate in Salford last year at 979 per 10,000. It is also significantly higher than the average for England as a whole (557), for North West England (620) and when compared with Salford's Statistical Neighbours¹ (602).

A number of factors appear to influence this sustained increase in referrals. Research by the ADCS² has shown that across England there was evidence of increases in: initial contacts; referrals; children subjects of a child protection plan and children looked after. The increases appeared to be the result of a wide range of reasons including better awareness amongst professionals, but also due to a rise in population, domestic abuse, and the economic downturn.

Therefore the rising referral rates in Salford should be considered in this wider context as well as reflecting a real increase in the needs of local children. This may be linked to the high levels of deprivation in the city as well as the high rates of domestic abuse.

The upward trend may also reflect the increased national focus on Child Protection and safeguarding through high profile cases such as Peter Connelly and the Munro Review of Safeguarding and the reform and realignment of services, including the changes made to integrate more frontline services, which has improved access for front line staff and citizens in Salford.

¹ Statistical neighbours have similar characteristics. Salford's statistical neighbours are: South Tyneside, Middlesbrough, Newcastle upon Tyne, Hartlepool, Halton, Liverpool, Knowsley, Gateshead, Tameside and Sunderland.

² *Safeguarding pressures project phase 2: Exploring reasons and effect Executive Summary* ADCS September 2010

The highest number of referrals to Children's Services continues to be from the police. Referrals from the police accounted for 33.5% of referrals in 2011/12. Thresholds for domestic violence referrals have been reviewed and the inclusion of police officers within the Referral and Initial Assessment Team (RIAT) in Children's Services has begun to impact on the management of referrals so that they are more closely aligned to the level of risk presented by the circumstances in individual situations.

There were 4,333 social work assessments in total in 2011/12. These determine the level of vulnerability and need in children referred. Of these children, 1,302 (30%) required complex comprehensive assessments. This is higher than statistical neighbours. 64.9% of referrals required an initial assessment compared to 61.6% in 2010/11.

There has been a marked improvement regarding timeliness of completion of Initial and Core Assessments but further progress is required. 82.3% of initial assessments were completed within the 10 day timescale compared to 59% in 2010/11. But this is below that achieved by statistically neighbours (89%) and England average (77%). 63.4% of core assessments were completed within 35 days compared to 2010/11 outturn at 56%. This again is below statistical neighbours (84%) and national averages (75%) respectively.

The re-configuration of Children's Services has included an increase in the number of social workers and staff working directly with children and families with the aim of addressing delays in the completion of assessments. This is beginning to have a positive impact.

CAF

The Common Assessment or CAF (for Common Assessment Framework) is a tool for enabling early help for children and families. Common Assessments are carried out in partnership with parents with their consent to provide a holistic approach to their child's welfare whereas previously the focus was more on the use of the CAF to simply access a service; hence the change of approach has resulted in less CAFs being completed. In 2011-2012 855 CAFs were completed, compared with 1,335 CAFs completed in 2010-11.

A large range of agencies and practitioners complete CAFs with children and their families. The Early Intervention and Prevention Service (EIP – part of Salford City Council) includes family support workers, education welfare officers, housing officers and Children's Centre workers. In 2011-12, 394 of CAFs were completed by EIP practitioners and 461 were completed by practitioners from other agencies such as CAMHS, Young Carer's project, SMART³, SLT⁴, DISC⁵, educational psychology and community paediatricians.

Child Protection Plans

A high level of referrals often correlates with a continued high number of children subject to a Child Protection Plan. However, provisional data for 2011/12 shows the number of children subject to a Child Protection Plan has steadily decreased to 330 as at 31/3/2012, in comparison with 450 in 2010/11.

³ SMART: Salford Substance Misuse Advice & Referral Team

⁴ SLT: Speech & Language Therapists

⁵ DISC: Developing Initiatives Supporting Communities

With Child Protection Plans a category of abuse is identified in each case. In Salford in 2011/12 162 (49.1%) of the CP Plans were for emotional abuse and the second highest category was neglect with 101 (30.6%) CP Plans as at the end of 2011/12.

The increasing awareness of the impact of domestic abuse on children and young people has had an effect on Child Protection Plan numbers. In 2011/12 170 children (66.3% of all children in Salford with a CP Plan) were subject to a Child Protection Plan where domestic abuse was identified as an underlying risk factor.

The age range with the largest percentage of children on a Child Protection Plan in 2011/12 is 0-4 years with 40.6%. There were slightly more males (53.3%) than females (46.6%).

Most children on a Child Protection Plan are of White ethnic origin (85.8%) and this reflects the demographic profile of Salford. As the social and ethnic demography of Salford changes, further work will need to be done to understand the ethnic make-up of children subject to Child Protection Plans, and the needs of these different ethnic groups.

During 2011-12, on average, 1.5% of the total number of children on a Child Protection Plan were children with disabilities. A more proactive approach is needed to ensure safe care for this very vulnerable group of children. The Children with Disabilities Service is now based within the Referral and Initial Assessment Team in order to improve joint work and support management of risk.

Looked After Children⁶

Salford has a relatively high number of children who are looked after by the local authority and this will be due to the same factors as those identified above for Referrals. There has been a decrease over the last 12 months so that there were 555 Looked After Children on 31/03/2012 compared to 580 on 31/3/2011. The launch of the family support panel is beginning to have an impact by having a focus on sustainable community-based solutions. But children and young people have very individual needs so it continues to be the priority to do what is right for the individual child. One measure of success for the local authority in looking after children is that the number of moves they make is as low as possible; this relies on good care planning so that the right placements are made in the first place and real support as the placement progresses. It is therefore significant that placement stability rates for Salford's Looked After Children are higher than those for our Statistical Neighbours and than the North West average.

Private Fostering

Private Fostering is an arrangement whereby the child is looked after by a person (or persons) who is not a close relative of the child. During 2011/12 there were a total of 12 children/young people identified as being subject to Private Fostering arrangements within Salford. The number of children known to Children's Services as meeting the definition of being privately fostered in Salford remains relatively low. According to BAAF⁷ estimates, it is reasonable to anticipate a prevalence of cases much higher than this although this is a common feature of Private Fostering nationally.

⁶ 'Looked After Children' is the nationally used term for children and young people who are looked after by the state (whether subject to a Care Order or by agreement with their parents)

⁷ British Association for Adoption and Fostering

In Salford it has been identified that there is a significant lack of awareness of private fostering across all agencies and the mandatory requirement for all practitioners to identify and notify any private fostering arrangement for young people under 16's (18's if with a disability) into children's services. In the case of the general public, awareness remains extremely low added to an apparent reluctance to notify.

SSCB has endorsed the development of the Task & Finish Private Fostering Group to ensure that identification rates are increased in the medium-long term.

Missing From Home

Children who go missing from home or care are amongst the most vulnerable children and running away can be seen as an indicator of underlying problems. The SSCB now receives regular data reports on the numbers of children missing from family homes and Care Homes in order to ensure their needs are identified and met. In 2010, there were 761 Salford children reported missing from home logged by Greater Manchester Police. A high proportion of this number were young people who repeatedly went missing. The largest group of young people reported missing from home are those young people reported missing from Residential Care. In response to this, plans were put in place, including a weekly multi agency meeting. This led to a significant reduction in 2011-12 with the number of logged reports down to 461 which reflects better joint working between the police, the missing from home team, children's services and residential services.

On 2nd March 2012, pan-Greater Manchester, was launched a missing from home protocol. It was developed by key stakeholders from across Greater Manchester, including young people (Salford's Fight for Change Council were consulted with) and aims to bring some consistency and sharing of good practice. The new policy will be launched in Salford in July 2012.

Children killed or seriously injured in road traffic accidents

The validated year end total for 2011 is 13, which is higher than the 2010 all time low figure of 5. Investigation of the most recent collisions reveal that the majority involved children running out into the road and so additional child pedestrian training and road safety educational visits will be targeted at the relevant year groups within those schools in closest proximity to the collisions

Road safety education, training and publicity schemes continue to be implemented. Infant and junior schools are visited annually and resource packs are left with teachers to be integrated into appropriate topics. All year six pupils attend a multi-agency safety exercise and senior schools are visited on request. Cycle training and "Kerbcraft" schemes continue to operate throughout the city, although take-up is not universal.

The Salford Road Safety Partnership has been established with its role to develop new road safety focused partnership procedures and projects. It currently includes representation from a range of public and voluntary sector agencies.

Unintentional injuries to children and young people

Over the last 30 years there has been a steady decline in deaths from unintentional injuries in England and Wales. However unintentional injury remains a key public health and

safeguarding challenge because of the inequalities that surround it. Children from disadvantaged backgrounds are disproportionately affected, and the consequences of injury are more difficult to manage for their families.

A multi-agency Task and Finish group was established in October 2011 to investigate unintentional injury prevention in Salford. The needs assessment that was produced highlighted a number of key factors, including a review of the data and the evidence base. Unintentional injuries to children in Salford are above the North West and England averages. There were 38 deaths between 2001 and 2010 to 0-19 year olds in Salford, and the principle cause of death was traffic related incidents. There were 2,789 hospital admissions for injuries (including deliberate injuries) to 0-17 year olds between 2007/8 and 2010/11, with falls the most common cause of admission. The direct and indirect costs for unintentional injuries can be considerable, and can be long lasting.

The needs assessment made seven recommendations for future work to build on the current good practice within agencies. These included better co-ordination of unintentional injury prevention work, training for frontline staff, further consultation with parents and young people and the enhancement of the Home Safety Equipment Scheme.

Child Death Overview Panel (CDOP)

The Bolton, Salford and Wigan tri-partite CDOP reviews the deaths of all children up to the age of 18. Since its inception in April 2008, there have been 323 child deaths, 115 of which were of Salford children. In the year April 2011 to March 2012 there were 76 child deaths notified across the three areas, 27 of which were Salford cases and this represents a consistent number across the four years.

Just over two thirds of the deaths over the four-year period occurred within the first year of life (designated as infant deaths). The North West has the highest rate of infant deaths in England and Wales, an identified risk factor being the high rate of smoking. An additional factor is unsafe sleeping practices. While infant mortality in England is falling, the infant mortality rate in Salford is not showing a decline. Salford has a higher overall proportion of infant deaths because of its higher proportion of neonatal deaths (within the first 28 days). In fact, Salford has the highest rate of neonatal deaths in Greater Manchester alongside Oldham, and Bolton is next highest. They compare poorly with the North West and England rates. The conclusion is that it reflects the relative level of deprivation in Salford.

There have been 10 deaths over the four years as a result of suicide or deliberate self-harm, four of them from Salford. As a consequence, Salford LSCB instigated a sample audit of 16/17 year-olds referred to the Referral Intake and Assessment Teams in Children's Social Care in order to assess the levels of vulnerability and indications of self-harm or suicidal thoughts.

The CDOP has made a number of recommendations to the three LSCBs relating to the trends emerging from the categories of death notified over the past four years.

Salford also participates in the Greater Manchester Rapid Response Team of consultant paediatricians. They liaise with the family of the child and work with the Police and the relevant hospital doctor immediately following the death of a child.

For further information visit www.partnersinsalford.org/sscb/childdeathoverviewpanel.htm

8. Challenge

The Munro review re-emphasised the 'challenge role' of LSCBs, making clear that there should be robust and regular monitoring of the effectiveness of help and protective services and the extent of multi - agency commitment and participation in the provision of this help.

For the SSCB in 2011-12 'challenge' has been a major driver in the business of the board as shown throughout this report. In this section we report on the evaluation that has been carried out by the members of the SSCB on many dimensions of its business.

The SSCB during 2011-12 carried out a self evaluation scored by members of the SSCB Board and the SSCB Executive committee.

Scores were translated into a star system which resulted in the following results:

- 3 star – 'Performing' – 2 items
- 2 star – 'Achieving' – 15 items
- 1 star – 'Borderline Compliant' – 5 items
- 0 star – 'Weak' – 3 items

The two 'Performing' areas in 2011-12 were:

- **The SSCB has clear, effective and representative chairing arrangements both for the Board and its sub-structures.**

And,

- **The SSCB has established appropriate and representative work-groups, clarified their remit, commissioning and reporting mechanisms, and there is good two-way communication between SSCB and sub-groups.**

This self evaluation, especially in identifying weak or borderline compliant areas has helped set the priorities in the Salford Safeguarding Strategy.

The three 'weak' areas in 2011-12 were:

- **The SSCB has established and actively uses processes for consulting with children, young people and parents/carers in the development and review of the SSCB's work.**

This relates to **Priority 13** in the Salford Safeguarding Strategy: Develop an effective framework to ensure the voices and views of the child, young people and their carers are listened to and acted on.

- **The SSCB audits agency systems for induction, management support, development and appraisal designed to enable staff to meet their safeguarding responsibilities.**

This relates to **Priority 4**: Develop a workforce that is solution focused, involved and encouraged to develop new ideas to improve practice around safeguarding.

- **The SSCB has a public awareness strategy to inform all members of the community about the role they can play in helping to make their community safer for children.**

This is the basis for the Communications Strategy that has been developed by the SSCB. It also relates to **Priority 13** in the Salford Safeguarding Strategy: Develop an effective framework to ensure the voices and views of the child, young people and their carers are listened to and acted on.

The five 'borderline compliant' areas in 2011-12 were:

- **The SSCB has identified clear, multi-agency, child-focused outcomes. e.g.: Children feel understood and involved in safeguarding services which help them find solutions to family difficulties.**

This relates to **Priority 12**: Develop a clear quality assurance and performance framework that evidence improved outcomes for children and young people

- **The SSCB has a continuous business planning, review and improvement system underpinning all its activity and linked to the Strategic Plans of the Children's Trust.**

This relates to the SSCB Business Plan, appendix 3 of this report, which also contains priorities from the Children's Trust's Outcomes Framework.

- **The SSCB audits standards to ensure safer recruitment.**

This relates to the requirement set down by statute for LSCBs to carry out an audit of safeguarding arrangements. In 2011-12 this was carried out with the s11 audit which has a specific standard, namely, that agencies should have in place *Recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children and young people, include arrangements for appropriate checks on new staff and volunteers*

The SSCB is rolling out guidance for agencies to enable them to brief their managers on safer recruitment best practice. To support this initiative, specific agencies have undertaken a review of their internal policy and have carried out additional activities including use of e learning to embed best practice.

- **The SSCB has a communication strategy to ensure that staff in all partner agencies understand the relevance of the SSCB to their practice and to help staff engage in its work.**

This relates to **Priority 1**: Develop staff awareness and engagement in relation to the vision and values of the strategy

- **The SSCB has identified the evidence it needs to show continuous improvement in the quality and consistency of multi agency AP&R working (assessment, planning and review process).**

This relates to **Priority 6**: Improve the quality of safeguarding practice by social workers and other front line staff

9. Serious Case Reviews

“Any changes to practice should be based on learning about what worked well and what went wrong” – Melanie Hartley, Chair SSCB Case Review Sub Group

The statutory guidance “Working Together to Safeguard Children” 2010 (WT) requires that Local Safeguarding Children Boards (LSCBs) undertake a SCR in accordance with Chapter 8 of that statutory guidance in the following circumstances:-

“When a child dies (including death by suicide) **and** abuse or neglect is known or suspected to be a factor in the death, the LSCB should **always** conduct a SCR into the involvement of organisations and professionals in the lives of the child and the family.”

The purpose of an SCR is to: -

- Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and promote the welfare of children.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result; and
- Improve intra- and inter-agency working and better safeguard and promote the welfare of children

The annual report is required to include an account of the progress in implementing actions from SCR’s undertaken.

During the period covered by this report, the SSCB Case Review Sub group considered the circumstances of three cases, which resulted in case reviews. None of these met the criteria for a Serious Case Review (SCR). However the SSCB retained from 2010-11 the completion of actions arising from the Serious Case Review re Child H that commenced in 2010-11.

Progress on actions completed from this SCR during 2011-12 has included:

1. The LSCB must ensure that there is evidence that the process whereby agencies are able to challenge recommendations and decisions made in Child Protection Conferences and Child Protection Reviews is being fully utilised. This should be audited on an annual basis and a Report of the findings submitted to the LSCB for scrutiny.

PROGRESS: The SSCB has published an Escalation Procedure enabling practitioners and managers to challenge decisions by other agencies, particularly in circumstances when they are dissatisfied with the response by another agency to a concern raised by them. Anecdotal evidence is that this is being used appropriately but will be subject to audit in 2012-13.

2. The LSCB should review the use of existing models for assessment, including Initial assessments, Core Assessments and the Common Assessment Framework. The Review should consider both the quality of assessments, and the skills required by practitioners to undertake assessments. This has wider national implications in that the poor quality of assessments, particularly the lack of analysis of historical information, is a common theme of Serious Case Reviews.

PROGRESS: The use of the common Assessment Framework has been reviewed by the Early Intervention and Prevention Service and resulted in a refreshed approach that focuses on identifying need rather than using it as a screening tool for access to services. Initial and Core Assessments are monitored by the SSCB on an on-going basis and is commented on in section 6 above.

3. The LSCB should ensure that all statutory agencies are committed to attending all Initial Child Protection Conferences and Reviews. Attendance should be monitored and an Annual Report made available to the LSCB.

PROGRESS: Attendance at Child Protection meetings has steadily improved through 2011-12. In 2012-13 further attention will be given to the quality of the involvement of all agencies in Child Protection meetings.

4. The LSCB should ensure that there are clear protocols for joint work between Adults and Children's Services. These protocols should be supported by joint training of adults and children's practitioners and managers. Areas of priority for this are in the fields of domestic violence, drug/alcohol misuse and mental health.

PROGRESS: The SSCB and the Salford Adult Safeguarding Board has produced and published guidance for joint work where there are concerns about the welfare of children and/or vulnerable adults. Adults services practitioners have increased their participation in SSCB training in the areas of domestic violence, substance misuse and mental health.

5. The LSCB should lead discussions to develop a strategy whereby specialist therapeutic services (CAMHS) are able to be flexible in providing services to children in need who are difficult to reach

PROGRESS: The delivery of CAMHS services in Salford has been re-configured with new arrangements for CAMHS practitioners to work in close liaison with RIAT and child protection teams in the City Council's Children's Services.

6. The LSCB should review thresholds adopted by agencies for child protection interventions. This review should include children in need/child protection thresholds and also the thresholds used for Strategy Meetings, joint investigations by Police and Social Workers. An audit of threshold activity should be reported to the LSCB and any remedial action required prioritised in the LSCB Annual Report

PROGRESS: The Thresholds of Needs and Response in Salford was published in March 2011. Threshold activity has been audited through the Safeguarding Action Plan and has improved mainly as a result of a better join-up between CAF assessments and the Referral and Initial Assessment Team so that child concerns are identified without delay and transferred for action.

7. The LSCB should ensure that practitioners working directly with "highly resistant" families have adequate skills to offer effective interventions. This will require the LSCB to lead and coordinate individual agency safeguarding plans to improve the skill level of their staff.

PROGRESS: All of the training courses presented by the SSCB have been revised to include additional content to develop skills and knowledge about tackling resistance.

8. The LSCB should ensure that all children's records and assessment documentation, including the Common Assessment Framework documentation has a record of ethnicity and that there is evidence within the assessment processes and delivery of services that issues of ethnicity and diversity are considered appropriately.

PROGRESS: All documentation has been amended and there has been some improvement in addressing issues of ethnicity and diversity. Nevertheless, as the demographics of the City change there will be an on-going need to be prepared for further improvement in recognition and response to such issues.

9. As an initial step the LSCB should commission an audit, on a multi-agency basis, on recording standards in child protection cases. As a follow up individual agencies should report their arrangements, including audit arrangements, to the LSCB for maintaining a high standard of recording in child protection cases.

PROGRESS: The s11 audit carried out by the SSCB has identified gaps in this aspect of practice by a minority of agencies and for 2012-13 each member agency will be required to submit a report on single agency case file audits, addressing recording as an integral part of ensuring a proper response to the needs of children.

10. The LSCB should consider the benefits of introducing a model of Family Group Conferences as an additional means of supporting extended families in developing plans for children in need.

PROGRESS: This was implemented in 2011.

11. The LSCB in collaboration with the Children's Trust should introduce a multi agency "compact" setting out the standards that all agencies are committed to in child protection and child safeguarding work. This "compact" should include auditing arrangements across all agencies and be prioritised in the LSCB business planning processes

PROGRESS: This was published in March 2011.

12. The LSCB should ensure that there is effective monitoring and auditing of the agreed Regional protocol for cooperative cross boundary work. This recommendation applies to both Salford and Manchester LSCB.

PROGRESS: This protocol has been produced and will be published as part of the Greater Manchester Safeguarding procedures in 2012-13.

10. Review of Key priorities and activities 2011-2012

“Safeguarding is Everyone’s Business, everyone has a role to play” – Manjit Seale, Chair, SSCB Publicity & Communications Sub Group

The following are the key activities undertaken by the SSCB over the past year:

- Multi-agency audits
- A section 11 (Children Act 2004) Audit was completed in 2011 and has resulted in specific actions for all agencies. These are now completed and have resulted in changes that should improve the response to concerns about children’s welfare.
- Produced Datasets and implemented helping to inform a robust SSCB monitoring and reviewing process against agreed standards and targets.
- Established and enhanced the SSCB website and updated all of the procedures.
- Developed an induction pack for all SSCB members detailing their roles and responsibilities and process for annual appraisals.
- Undertook development days in 2011-12 to ensure priorities for the following year.
- Ensured effective joint work with the CYPTB, aligning responsibilities, implementing the Compact with shared objectives in the Salford Safeguarding Strategy for 2012-15.
- Commenced a programme of working more closely with the Salford Adult Safeguarding Board.
- Engaged with the Youth Council to ensure that children and young people have a voice on the Board.
- The Performance Management sub-group has been revised and has developed an audit framework and a joint performance and quality assurance monitoring process.
- The Integrated Performance Report (IPR) provides regular multi-agency data on relevant aspects of safeguarding.
- Multi-agency safeguarding training needs continue to be met. A Training Strategy has been produced and courses continue to be well attended and highly evaluated.
- Actions related to safer recruitment and arrangements for managing allegations are in place: inter-agency procedures have been audited.
- Actions have been completed and remain ongoing to ensure that appropriate arrangements are in place for Child Death Overview Panels (CDOP). The Chair of CDOP presented the annual report to SSCB in 2011.
- An e-safety sub-group has been set up and a e-safety strategy developed

In addition, the subgroups identified their key objectives for 2011-12 which are described below with a short commentary on achievement.

Objective 1. Workforce Development

To ensure that Salford has a skilled and effective workforce fit for purpose to ensure the delivery of the safeguarding agenda. This will include an assurance from all agencies that they comply with safe practices

Priority action 2011-12

- Implement the findings of the Section 11 audit – the section 11 audit has generated several changes in policy and practice including the production of public awareness material for children and young people.
- Develop links with new partner agencies to ensure they are engaged with the safeguarding agenda. Agencies that have joined the board during 2011/12 include Greater Manchester Fire and Rescue Service.

Objective 2. Quality Assurance & Performance Management

To ensure that there is an effective quality assurance and performance monitoring system which is regularly audited. This is to ensure that all of the Board partners, individually and collectively, are safeguarding and promoting the welfare of children.

Priority action 2011-12

- Implement the performance management framework. This has been implemented resulting in a range of initiatives to improve the delivery of the safeguarding agenda.
- Oversee the multi-agency audit and ensure the implementation of the recommendations from the audits. Audits have been carried out in a rigorous manner with actions progressed to completion and feedback to a wide range of audiences, particularly practitioners and front line managers.

Objective 3. Engagement and Communication

To fully engage with all agencies and with Salford's citizens, to publicise both the role of the Board and the individual's responsibilities to safeguard children

Priority action 2011-12

- Work with the CYPTB on a communication strategy
- Continue the work with the Youth Council and the Fight for Change Council to ensure that children and young people are fully involved with the SSCB. Initial contact has happened with the Youth Council during 2011/12.
- Ensure effective involvement of the lay members in the work of the SSCB. During 2011/12 the SSCB recruited two lay members and has completed the induction of one lay member to the business of the Board.

Objective 4. Agencies assuring SSCB of their effectiveness

To ensure that all agencies reflect safeguarding responsibilities throughout their organisation, and ensure that this activity is regularly considered at Chief Executive Board level in that organisation. This will include the new responsibility to review the sources of referrals to Local Authority Children Social Care and monitor both the quality of action taken and the quality of feedback to referrers.

Priority action 2011-12

- Implement the outcome of the Munro review of child protection. The SSCB has worked with other LSCBs in Greater Manchester to take forward work on developing an approach to the Voice of the Child. The Munro Review also identified the importance of supporting the use of professional judgement and in 2011/12 the lessons from case reviews have involved practitioners in conversations using the SCIE model of case reviewing, with the explicit rationale of promoting improvement being embedded throughout the workforce.
- The SSCB to hold agencies to account through the s11 audit to ensure that safeguarding responsibilities are reflected throughout each organisation and that safeguarding activity is regularly considered at Chief Executive level. The s11 audit has been implemented with commitment and verve by the full range of member agencies. A very useful development has been the identification of single agency safeguarding case file audits as an important element in quality assuring safeguarding arrangements. The SSCB will work with agencies to develop these audits in 2012/13.

Objective 5. Effectiveness of Child Protection and safeguarding arrangements for children with complex needs and compromised parenting

To ensure effective, multi-agency arrangements are in place to safeguard vulnerable children and young people, with complex needs or compromised parenting, through a mapping and scoping exercise, leading to the development of an effective early intervention approach

Priority action 2011-12

- Initiate a multi-agency project group to develop a strategy and implement an integrated and co-ordinated approach to '3B' children and their families. This will have a particular focus on children with disabilities. The lead on this area in 2011/12 has been taken by the Children's Trust and the City Council's commissioning function which has produced a review of the needs of disabled children and made this available to the SSCB. Further work will now be undertaken by the SSCB in 2012/13 to identify challenges in safeguarding relating to this analysis of need.
- Scrutinise the Children Missing from Home arrangements

Objective 6. Develop SSCB's scrutiny role and function

Priority actions 2011-12

Monitor and scrutinise the following:-

- Children missing education
- Private Fostering arrangements
- Young perpetrators of sexual abuse
- Young people experiencing sexual abuse
- Those at risk of Forced marriage
- Those at risk of Female Genital Mutilation (FGM)
- Trafficked children

Receive reports on:-

Corporate Parenting arrangements

Children missing education (CME)

Although there are no national targets set for CME, Salford's CME officer endeavours to ensure that children and young people who are identified as missing from education are re-integrated back into the education system as quickly and smoothly as possible.

It is essential in responding to concerns about children missing from education that there are good systems to share information. In 2011-12, the following developments have taken place:

- Links with the Missing from Home team have been established and regular meetings are held to share information. Similar links have been set up with the UK Borders Agency – a useful resource to establish the whereabouts of children and young people who have left the authority and for which no further details are known.
- The partnership with NHS Salford is continuing and links with the Safeguarding Team have been established.
- The post of CME officer has a good working relationship with schools which is essential for identifying CME. There are established links with the Referral & Initial Assessment Team (RIAT) within Children's Services and partnerships with other local authorities have continued to be developed.
- Links with the Safeguarding for Schools Training Team have been established and a section has been developed on their training course to inform schools on the processes/procedures relating to CME.
- Regular meetings with the Inclusion Officer have been set up to enable us to ensure that any pupil who is on a managed move or is deemed to be a "hard to place pupil" takes up the new school place and does not fall out of the education system.

- Schools have improved on their recording of new destination for child/young person so that when they either transfer between schools in Salford or to a new authority, schools record this on their systems. This has helped immensely in tracking those child/young people who move out of our authority.

Private Fostering

During 2011-12 the Private Fostering sub group has developed policies and guidance for Practitioners to raise awareness and implement best practice. The SSCB training courses have been revised to include information about Private Fostering. A publicity campaign is planned for 2012-13 to raise public awareness of private fostering.

Forced Marriage

During the past twelve months there have been no known cases of Forced Marriage brought to the attention of the Salford City Council Safeguarding Children Unit (SCU). However the Unit's Child Protection co-ordinators have developed links with the Police Sergeant at GMP's Safeguarding Vulnerable Persons Unit (SVPU) so as to have a better understanding of the process and the incidence of forced marriage.

The two units will continue to share information and highlight any cases through the link. It is expected that there will be some changes that will affect the process in relation to Forced Marriage. The proposed changes in legislation include a criminal offence of Forced marriage in England and Wales. But the legislation will not be introduced until the 2013/14 parliamentary session and the maximum sentence for the offence has yet to be decided. Breach of a Forced Marriage Protection Order (FMPO) will also be criminalised.

This shift from a civil offence to a criminal one may affect reporting of the offences which will have to be carefully monitored.

Those at risk of female genital mutilation (FGM)

The City Council Safeguarding Children Unit has continued to monitor the incidence of FGM and a raising awareness initiative is planned for 2012/13.

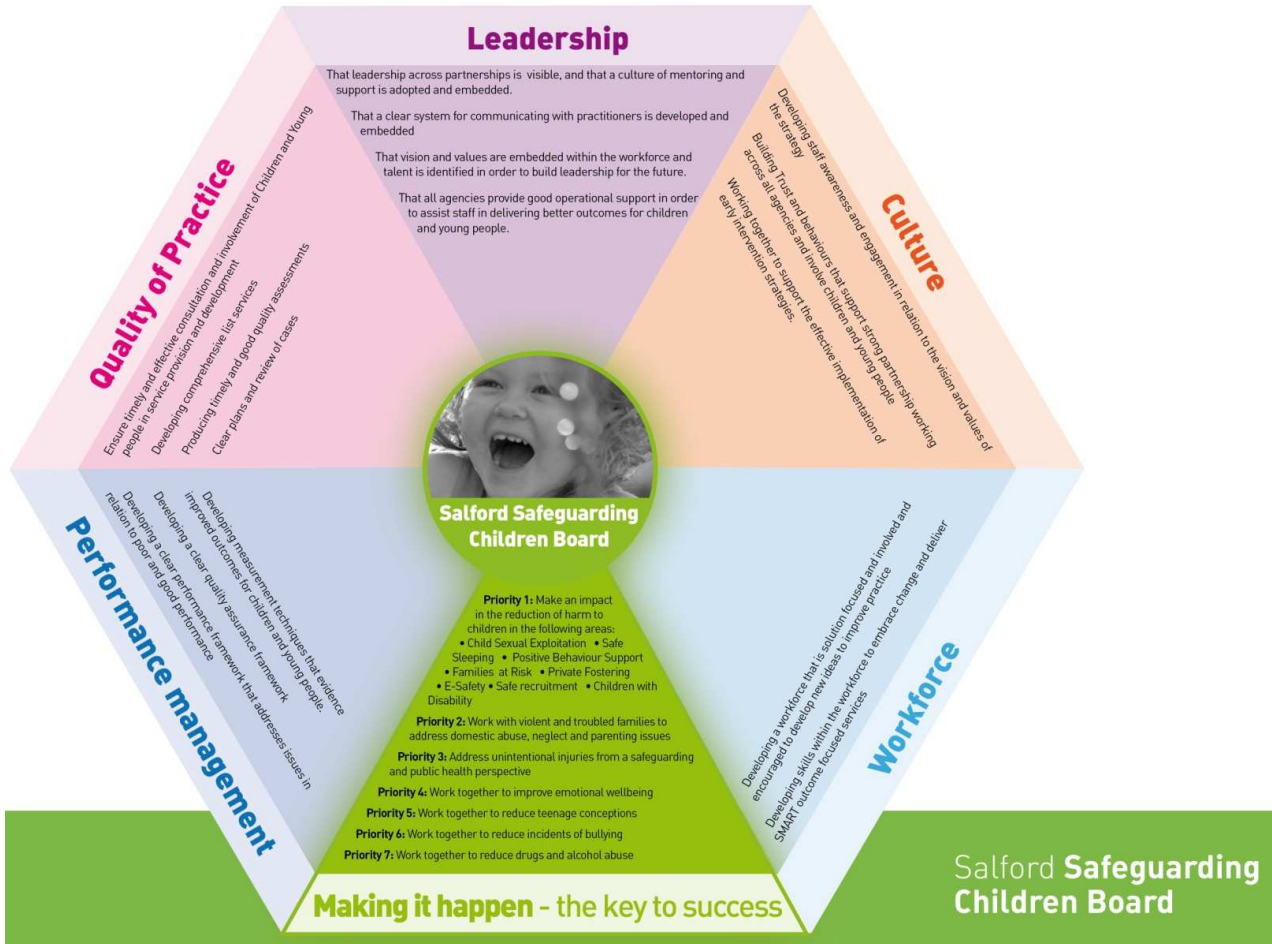
Objective 7. SSCB communicate the findings of Serious Case Reviews and evaluate impact of training and lessons on improving practice

Priority actions 2011-12

- Continue to ensure robust, evidence based mechanism to ensure that lessons from SCRs are implemented in practice.
- Ensure the lessons from Ofsted evaluations of SCR's and the Biennial review 2007-9 are implemented.

11. Salford Safeguarding Strategy – overview

The Salford Safeguarding Strategy is jointly owned by the SSCB and the Salford Children & Young People’s Trust and, through the priorities, provides the basis for the SSCB business plan.



12. Salford Safeguarding Strategy – Summary of priorities

Culture	Priority 1: Develop staff awareness and engagement in relation to the vision and values of the strategy
	Priority 2: Build trust and behaviours that support strong partnership working across all agencies and involve children and young people
	Priority 3: Work together to support safeguarding through the effective implementation of early intervention and prevention strategies
Workforce	Priority 4: Develop a workforce that is solution focused, involved and encouraged to develop new ideas to improve practice around safeguarding
	Priority 5: Embed effective communication of case reviews and evaluate impact of learning on improving practice
Quality of Practice	Priority 6: Improve the quality of safeguarding practice by social workers and other front line staff
	Priority 7: Develop and ensure consistent implementation of policies and procedures across the partnership
Leadership	Priority 8: That leadership across partnerships is visible, and that a culture of mentoring and support is adopted and embedded in delivering better safeguarding outcomes for children and young people
	Priority 9: Develop and embed a clear system for communicating with practitioners at all levels within each agency
	Priority 10: That the vision and values are embedded within the workforce and talent is identified in order to build leadership
	Priority 11: Ensure effective working arrangements between the SSCB, the Children’s Trust and key partnerships
Performance Management	Priority 12: Develop a clear quality assurance and performance framework that evidence improved outcomes for children and young people
	Priority 13: Develop an effective framework to ensure the voices and views of the child, young people and their carers are listened to and acted on
Making it happen	<p>Priority 14: Make an impact in the reduction of harm to children in the following areas:</p> <ul style="list-style-type: none"> • Child Sexual Exploitation • Safe Sleeping • Positive Behaviour Support • Families at Risk • Private Fostering • E-Safety • Safe recruitment • Children with Disability

	Priority 15: Work with violent and troubled families to address domestic abuse, neglect and parenting issues
	Priority 16: Address unintentional injuries from a safeguarding and public health perspective
	Priority 17: Work together to improve emotional wellbeing
	Priority 18: Work together to reduce teenage conceptions
	Priority 19: Work together to reduce incidents of bullying
	Priority 20: Work together to reduce drugs and alcohol abuse

Appendix 1: Sub Group reports

Policy and Procedures Sub Group

The objectives of the sub group

To maintain a framework for policy and procedure development so as to provide a standardised and consistent approach to the writing, approval process and dissemination of inter-agency safeguarding policies and procedures.

Develop a standardised format for policy development to incorporate impact assessment in line with the Disability Discrimination Act

To establish a programme of review whereby SSCB policies, procedures and practice guidance are reviewed at a minimum 2 yearly.

To work in partnership with Children's Services in relation to the procedure manual review and availability of the multi agency policies via the Tri-X Host.

Ensure that in the development of policies there is referencing across agencies and any implications of policies impacting on or linking to, other areas of activity are brought to the attention of the Board.

Identify areas for inter-agency practice development either arising locally or from government guidance or initiatives.

Develop an audit that will capture information to assess how well policy and procedures are accessed and used.

To develop links with the Performance Management, Training and Publicity & Communications subgroups, so that information can be used to support the successful implementation of certain policies for which the SSCB is responsible.

The achievements of the sub group

Review and updating all Policies managed by the SSCB.

Development of new policies and guidance.

Continued development of the SSCB website with additional focussed content on specific policy areas.

Review of the membership of the group to ensure appropriate representation across agencies.

Completion of multi-agency audit on access to and use of policies.

Performance management and training mapped against all developed policies.

Key priorities for 2012/13

- Refresh the SSCB Compact
- Implement programme of policy development, and implementation including leading on Salford roll-out of Greater Manchester set
- Procedures are reviewed to ensure that they promote the deployment of reasoned professional judgement

Strategic Training Sub Group

The objectives of the sub group

To deliver flexible, high quality inter-agency training in respect of SSCB safeguarding policies that is compliant with national legislation and guidance, and local policies and procedures.

Deliver flexible, high quality inter-agency training that ensures competency and confidence in the workforce to meet child protection responsibilities.

Identification of training needs to inform planning and commissioning of training
Ensure evaluation of multi-agency training that is outcomes focused.

Secure funding to ensure that there is sufficient capacity and resources to deliver the identified training and development needs.

Ensure an identified lead with responsibility for over-seeing and coordinating the training requirements and provide support to the multi-agency sub group that possess appropriate knowledge and skills to take the work forward.

Ensure there is a coordinated approach to the development and delivery of the SSCB strategic training objectives, particularly in relation to the outputs from the policy and procedures and the publicity and communications sub groups.

Provide the mechanisms for child protection training at a basic level that is easily accessible to the voluntary sector and the wider community of Salford.

Ensure a process for verifying single agency safeguarding training in accordance with the agreed SSCB standards.

The achievements of the sub group

- Effective use of training venues for 2011-12 for accessibility, function and cost
- A successful development day was undertaken with Training Pool members
- 'Practice in Focus' event held to disseminate the learning from Case Reviews, Inspections and Audits
- New courses and seminars delivered with excellent feedback
- Regular updates have been provided to the SSCB Executive Committee to monitor progress against all the objectives

- Training Needs Analysis undertaken to ensure that the programme meets the needs of all agencies and is targeted on promoting best practice in service delivery
- Induction and Learning Portfolio implemented for all Board members

Key priorities for 2012-13 are;

- To ensure that the training strategy, programme and all training activities reflect the vision and values of the Salford Safeguarding Strategy
- A Mentoring and Support Model is developed for Board and Exec members to promote the participation of young people in the business of the SSCB
- Personal Development Plans for all practitioners and managers include specific reference to leadership skills

Performance Management Sub Group

The objectives of the sub group

To develop an integrated inter-agency performance management framework for the SSCB with presentation of a management information report to the SSCB at each of its meetings.

To monitor and evaluate the effectiveness of local activity by the constituent agencies of the SSCB, both individually and collectively, to safeguard and promote the welfare of children, and advise them on ways to improve.

To monitor implementation of the SSCB Business Plan.

To consider evidence from both local and national inspection reports and inquiries and to advise the SSCB as appropriate on any action required to improve safeguarding standards in Salford.

To undertake a rolling programme of multi-agency quality audits as directed by SSCB. To monitor action taken in response to recommendations from Serious Case Reviews and provide progress reports to SSCB.

The achievements of the sub group

The group has undertaken a number of activities including a 'Section 11' (Children Act 2004) audit of child safeguarding arrangements and deep analysis of specific issues, including the impact of early intervention (via the Common Assessment Framework) on preventing escalation to child protection concerns.

The Integrated Performance Report (IPR) has been further refined and the SSCB has participated in the development of a Greater Manchester-wide model so that there can be comparison of performance across local authority areas.

A multi-agency audit was carried out providing essential information about the way that safeguarding arrangements impact on the front line and crucially affect the way that child protection concerns are responded to.

It is anticipated that the revised set of national indicators emerging from the Munro review will be integrated into the IPR.

It is essential that performance management activities lead to tangible results for practice and service delivery. Examples of this are the introduction of Safeguarding Champions in all service areas of the City Council's Children's Services and the development of public information about safeguarding. The PMSG also has a lead role in identifying for the SSCB emerging issues that should inform the setting of priorities in the Business Plan.

Key priorities for 2012-13

- To ensure that all performance management activities reflect the vision and values of the Salford Safeguarding Strategy
- Case Recording is concise and analytical with evidence of the 'child's voice'. Further guidance will be given to agencies and single agency audit reports requested.
- Develop a Quality Assurance Framework (QAF) that will link all performance monitoring activities in a concise and user friendly mode.
- Assist the Voice of the Child sub group in carrying out a Children & Young People Survey
- Develop a service user questionnaire for parents/carers
- Develop the s11 standards to better ensure that the Voice of the Child is integral to all safeguarding arrangements

Safe Working Practice Sub Group

The objectives of the sub group

To review and update inter-agency procedures for dealing with allegations against people who work with children to ensure they are robust and compliant with legislation and guidance (to include reporting, responding to and recording of concerns).

To ensure that these procedures are effectively and consistently implemented by identifying a Named Senior Officer within the organisation.

To review and update procedures for safe recruitment and selection of people who work with children to ensure they are robust and compliant with legislation and guidance.

To set minimum standards for intra and inter-agency application for the policies, procedures and practice guidance.

To establish an inter-agency performance framework that establishes the base line achievements in meeting the agreed standards and provides analysis for promoting continuous improvement. This data will be collated and reported to the SSCB.

To ensure that systems are in place to monitor and evaluate the effectiveness of arrangements for managing allegations.

To carry out recruitment and training audits.

To ensure that agencies have information in place for children and young people about what to do if they have concerns about adults in a position of trust.

To ensure that workers in agencies are clear about what constitutes safe working practice for them and others and understand their responsibility to respond to any concerns.

To agree method of resolving any procedural or practice issues.

The achievements of the sub group

Thresholds for managing allegations have been revised and work done by the LADOs to promote their application across all agencies. consistently adhered to. There are several employment sectors that have made no referrals and the group has been analysing the data.

Agencies have confirmed again that managing allegations procedures are in place and that thresholds are adhered to but further work is needed to gain an understanding of thresholds across all sectors.

Leaflets on the managing allegations process have been distributed for the subject of an allegation, children/young people and their parent/ carers.

Training programme reviewed and changes made to reflect new guidance.

Specific issues in relation to safe recruitment and managing allegations are brought to the sub-group for discussion or resolution. In 2011/12 this has included carrying out a review of the lessons from the North Somerset Serious Case Review which identified a number of areas of practice and policy improvement both for schools specifically but also for other agencies.

Key priorities for 2011-12

- Raise awareness of good practice in Safer Recruitment
- To further develop and implement best practice in safer recruitment

Case Review Sub Group

The objectives of the sub group are

Child Deaths

Oversee the effectiveness of local arrangements relating to Child Death Overview Panel (CDOP)

Take measures to ensure systems are in place to notify all child deaths occurring in Salford to the CDOP coordinator

Liaise with NHS Salford (or successor commissioning organisation) to ensure that arrangements for the "Rapid Response" paediatric service to any unexpected child death is commissioned and monitored.

Serious Case Review (SCR)

Recommend practice guidance and templates for authors to use when completing individual management reviews.

Any practice guidance and templates are reviewed and amended in light of national or regional recommendations.

Ensure systems are in place to provide feedback to staff contributing to SCRs and other reviews and to receive views from staff to improve and develop that process.

In conjunction with the Training Sub-group, ensure that training in the SCR process is available to relevant staff.

On completion of a SCR or Internal Review, monitor that all Action Plans are completed. Consideration will be given to the DCSF Biennial Analysis of SCRs to look at trends, patterns and lessons learned in SCRs conducted in other LSCB areas, which are applicable to agencies in Salford and, in conjunction with the Training sub-group, disseminate the messages to relevant organisations and staff.

To review Case Management Concerns

- Consider the information presented.
- To seek clarification or additional information.
- Decide on the actions to be taken.
- Inform the Chair of the SSCB Executive that a Case has been referred and the course of action proposed.

The achievements of the sub group

The Policies for undertaking SCRs and Case Reviews have been revised to produce one policy and referral form- this has been ratified by the policies and procedures subgroup.

Monitoring of the Action Plans for the Child H SCR has been undertaken and all these action plans have now been completed.

One Case has been reviewed utilising the SCIE pilot review model and the resultant action plan is being implemented.

A review of one Case utilising IMR methodology has commenced.

Three further Cases have been subject to discussion at Screening Panel or Information Sharing Meetings and action plans agreed at these meetings are being implemented.

Key priorities for 2012-13

- To undertake a Subgroup development session in order to determine a suite of systems approach models for undertaking Case Reviews.
- To further amend the policy for undertaking Case Reviews as required including in light of the revised statutory Working Together guidance.
- To provide a feedback session for frontline staff and managers in order to cascade the lessons learnt from Case Reviews.
- To oversee the effectiveness of local arrangements relating to CDOP.

Child Death Overview Panel Sub Group

The objectives of the sub group are

To review the available information of all child deaths (based on an agreed minimum data set) in order to determine whether or not the death was deemed preventable, as agreed by the Panel and approved by the CDOP Chair.

Identify lessons to be learnt or issues of concern, with a particular focus on effective inter-agency working to safeguard and promote the welfare of children.

Evaluate specific cases in depth, which may involve revisiting child deaths after the outcome of other types of investigation is known (for example, outcomes from SCRs or criminal proceedings).

Review the appropriateness of the professionals' responses to each death of a child, their involvement before and at the time of the death, and relevant environmental, social, health and cultural aspects of each death, to ensure a thorough consideration of how such deaths might be prevented in the future. This includes monitoring the response to an unexpected death: for example, reviewing the reports produced by the Rapid Response Team and providing feedback to the professionals involved.

Refer to the LSCB Chair any deaths where, on evaluating the available information, the Panel considers there may be grounds to undertake further enquiries, investigations or a SCR and explore why this had not been previously recognised.

Monitor the support and assessment services offered to families of children who have died.

Advise and monitor the LSCB on the resources and training required locally in order to ensure an effective inter-agency response to child deaths.

The achievements of the sub group.

1. The panel held a successful development day in 2012 to ensure the business plan was fit for purpose and made and necessary changes. This was presented to the board by Pamela Shelton (Chair of the panel) where the business plan was agreed.

2. Salford Safeguarding Children Board is committed to the panel's work and has made finances available. At this moment in time there are no financial implications and based on the projected financial report the panel will be self sufficient for a further two years, until 2014.
3. Salford Safeguarding Children Board is happy for the panel to take decisions regarding the financial expenditure of money in line with the business plan.
4. The Sleep Safe campaign is fully supported by the board and receives periodic updates as appropriate. A local implementation group is in place.
5. SSCB maintains consistency and works closely with Bolton and Wigan to ensure families receive the best service possible following a child's death.

Key priorities for 2011-12 are;

1. To ensure multi-agency involvement in the delivery of this 3 year campaign.
2. To ensure an appropriate representative attends both the Project and Local Implementation Group meetings.
3. To ensure that staff have had training relevant to their roles.
4. To monitor the delivery of the campaign in Salford including the undertaking of Safe Sleeping assessments.
5. To participate in the evaluation of the campaign in Salford.

Other sub groups

During 2011-12 the SSCB extended its activity to include work in other areas of safeguarding. A brief note of the work of these groups is provided here.

New sub groups established in 2011-12 on:

- E Safety
- Publicity & Communications

Also during 2011-12 the SSCB also carried out work on safeguarding through task & finish groups in the following areas:

- Challenging Behaviour
- Unintentional Injuries

And, finally, as reported elsewhere in this report, the SSCB has been a full and active partner in the tri-partite Sleep Safe campaign run under the auspices of the Child Death Overview Panel for Bolton, Salford and Wigan. This has involved a Local Implementation Group.

E Safety

During 2011-12 the E Safety Steering Group has progressed the following pieces of work:

- production of the E Safety Practice Guidance
- audit guidance and arrangements for e safety in schools
- maximise use of key infrastructures, e.g. Learning Platform, as a core method of ensuring safe & effective use of technology
- develop a Salford wide e-safety training programme that embeds e-safety in basic training and induction
- develop an awareness campaign for parents & key stakeholders on how to maximise the opportunities & minimise the risks of the internet & mobile technologies
- consultation strategy for gaining the views of children and young people regarding e safety

Publicity & Communications

The Publicity & Communications Sub Group (PCSG) was established during 2011-12 and has established its Terms of Reference and the Communication Strategy for the Board. The PCSG has the editorial advisory role for the SSCB e bulletin and the SSCB website. It co-ordinates activities so that, for example, the learning from Sleep Safe campaign is embedded in all awareness raising campaigns.

Challenging Behaviour

The Challenging Behaviour Strategy Group (CBSG) during 2011-12 focussed on the task of producing, consulting on, and implementing the new Positive Behaviour Support Policy. This involved a launch event in January 2012 attended by over 120 practitioners and parents with a keynote speech by Vivien Cooper of the Challenging Behaviour Foundation.

The policy and launch event have provided the platform for further work to support practitioners and especially parents and carers in a complex area of practice.

Unintentional Injuries

This is an important public health, inequalities and safeguarding issue, as children from the poorest families are 13 times more likely to die from an unintentional injury.

To address unintentional injuries a SSCB task and finish group was established to co-ordinate the response to unintentional injury prevention. It met to understand the local need through a review of the data and mapping of current activity, and produced a rapid review and action plan based on the needs assessment.

Appendix 2: SSCB Members, Observer, Advisors and Support

(at 1st April 2012)

SSCB members

Agency	Name	Job title
Independent	Sally Rees	Independent Salford Safeguarding Children Board chair
Children and Family Court Advisory Support Services(CAFCASS)	Shabana Jamal	Head of Service
Education	Thalia Bell-Taylor	Assistant Principal, Salford City College
Education	Julie Carson	Head Teacher, Fiddlers Lane Primary School
Education	Almut Bever-Warren	Head Teacher, New Park High School
Greater Manchester Police	Wayne Miller	Superintendent
Health	Marie Boles	Deputy Director of Contracts and Performance, Named Nurse Greater Manchester West Mental Health NHS Foundation Trust
Health	Andrew Clough	Director of Clinical Professional Leadership, Salford Primary Care Trust (PCT)
Health	Beverly Tabernacle	Assistant Director of Nursing, Salford Royal Foundation Trust (SRFT)
Probation	Manjit Seale	Assistant Chief Executive
Salford City Council	Keith Darragh	Assistant Director: Resources
Salford City Council	Gani Martins	Assistant Director Specialist Services
Salford City Council	Nick Page	Director of Children's Services
Voluntary and Community	Louise Murray	Deputy Chief Officer

SSCB Participant Observer

Agency	Name	Job title
Salford City Council	Cllr Morris	Children's Services Lead Member

SSCB Professional Advisors

Agency	Name	Job title
Health	Melanie Hartley	Designated Nurse
Health	tba	Designated Doctor
Health	tba	GP Representative
Salford City Council	Sharon Hubber	Head of Safeguarding
Salford City Council	Eileen Buchan	Head of Integrated Youth Support Services
Salford City Council	Lorraine Ashton	Solicitor

SSCB Business Support

Agency	Name	Job title
Salford Safeguarding Children Board	David Barnes	Business Manager
Salford Safeguarding Children Board	Vivienne Bentley	Senior Business Support Officer

Appendix 3 – SSCB Business Plan

Culture

By culture we mean the way we work together and value each other and everyone working in Salford with children, families and young people and work to the same shared goals and values. The following priority will help to achieve this:

Priority 1: Develop staff awareness and engagement in relation to the vision and values of the strategy

Action	Tasks	Outcome
1A/11A Disseminate the refreshed Compact alongside the SSS	i. complete Compact Refresh	Completed Refresh Compact providing companion to SSS
Ditto	ii. Liaise with CYPTB to achieve joint approval of Compact	Compact ready for publication and dissemination
Ditto	iii. Publish Compact and disseminate with SSS	Clarity about how the SSS requires multi-agency approach and commitment
1B/10A All SSCB communications are consistent with the vision/values of SSS	i. Communications Strategy	SSS is disseminated with consistency with other SSCB communication activities
Ditto	ii. SSCB Meetings – all have specific agenda item re SSS	SSCB members and representatives use the SSS as a core tool for doing the business and making a difference
Ditto	iii. SSCB Training strategy, programme and activities – all reflect SSS	The SSS is integrated into all SSCB learning activities

Priority 2: Build trust and behaviours that support strong partnership working across all agencies and involve children and young people

Action	Tasks	Outcome
2A/6A Assessments are conducted with consistent approach	Assessment models are reviewed and recommendations made to enable as consistent an approach as possible	Parents, carers, children and young people report that there is consistency of approach by all practitioners and agencies working them
2B The views of children and young people inform the way that partnership working develops and is implemented	Children and young people are consulted about the behaviours and approaches that will build trust in partnership working	Children and young people report that they are involved in decisions about their lives and that practitioners make suitable practical arrangements to achieve this
2C/11B Practitioners work in partnership based on shared understanding of goals and values	The operation of Core groups is reviewed to gain an understanding of how well partnership working is in place	Core groups demonstrate partnership working across all agencies, parents/carers, children and young people

Priority 3: Work together to support safeguarding through the effective implementation of early intervention and prevention strategies

Action	Tasks	Outcome
3A EIP strategy in place and implemented	EIP is developed, involving consultation with partners	All agencies are aware of their role in implementing the EIP strategy
3B EIP is reviewed for effectiveness	Review of EIP is conducted using the CAF model	Recommendations for revision of EIP strategy

Workforce

By workforce we mean everyone who works with children, young people and their families in the city of Salford. This includes social workers, teachers, health staff, community and adult social work, police officers and voluntary workers as well as administrative and resource managers

Priority 4: Develop a workforce that is solution focused, involved and encouraged to develop new ideas to improve practice around safeguarding

Action	Tasks	Outcome
4A Practice improvements are identified and developed	i. Practitioners propose improvements	Improvements are solution focused
Ditto	ii. Practice improvements approved by Agencies	Improvements are prepared for implementation
Ditto	iii. Practice improvements implemented and audited	Report on Improvements to SSCB Exec and Board

Priority 5: Embed effective communication of case reviews and evaluate impact of learning on improving practice

Action	Tasks	Outcome
5A SSCB integrates new <i>Working Together</i> into the Salford Safeguarding Strategy (SSS)	SSCB develops Learning & Improvement Framework, integrating all learning and improvement activities	SSCB is able to show how learning and improvement are central to the SSS.
5B Case Reviews are conducted using the systems approach recommended in the Munro Review	Systems approach used by SSCB is reviewed and refined to achieve best learning	Case Reviews are conducted effectively
5C Accountability for improvement from Case Reviews is achieved by annual summary of Actions arising from Case Reviews	i. Action Accountability Report produced	Practitioners and Public are aware of what the SSCB is doing to ensure children are safe from harm
Ditto	ii. Action Accountability Report published and publicised	Practitioners and Public are aware of what the SSCB is doing to ensure children are safe from harm

Quality of Practice

By quality of practice we mean improving the quality and consistency of assessments, interventions and professional management and recording of cases, while ensuring timeliness remains high.

Priority 6: Improve the quality of safeguarding practice by social workers and other front line staff

Action	Tasks	Outcome
2A/6A Assessments are conducted with consistent approach	Assessment models are reviewed and recommendations made to enable as consistent an approach as possible	Parents, carers, children and young people report that there is consistency of approach by all practitioners and agencies working them
6B Case Recording is concise and analytical with evidence of the 'child's voice'	Case File Audit Reports to be produced by each member agency	Best practice in Case recording is evident across the full range of service settings
6C Interventions in the lives of children and young people are proportionate to the identified need	Semi structured interviews are carried out with parents/carers and young people following interventions – summary report compiled	Practitioners and management make interventions that both protect children and promote the ability of parents/carers to look after their children

Priority 7:

Develop and ensure consistent implementation of policies and procedures across the partnership

Action	Tasks	Outcome
Policies and procedures are implemented fully	i. Policies and procedures are produced and implemented	Policies and procedures are available in the right place at the right time for all practitioners
Ditto	ii. Procedures are reviewed to ensure that they promote the deployment of reasoned professional judgement	Practitioners and managers are confident that use of policies & procedures supports decision making

Leadership

One of the main priority areas for improving Safeguarding is leadership. By leadership we mean the way senior people in the partnership organise, lead and motivate the workforce in providing the skills, knowledge and expertise to deliver effective services.

Priority 8:

That leadership across partnerships is visible, and that a culture of mentoring and support is adopted and embedded in delivering better safeguarding outcomes for children and young people

Action	Tasks	Outcome
8A SSCB members participate fully in the work of the SSCB	Participation is monitored and reported on to the SSCB	Member agencies are aware of safeguarding developments and activities
8B/10B Mentoring and Support Model is developed and implemented	Proposal for Mentoring and Support Model to be made	Young People and Safeguarding Champions are able to promote safeguarding with confidence

Priority 9:

Develop and embed a clear system for communicating with practitioners at all levels within each agency

Action	Tasks	Outcome
9A SSCB members identify opportunities for promoting the message that 'Safeguarding is Everyone's Business'	Communication Strategy and Plan makes the role of SSCB members integral to the dissemination of key messages	Leadership is embedded throughout all safeguarding activity

Priority 10:

That the vision and values are embedded within the workforce and talent is identified in order to build leadership

Action	Tasks	Outcome
1B/10A All SSCB communications are consistent with the vision/values of SSS	Communications Strategy	SSS is disseminated with consistency with other SSCB communication activities
8B/10B Mentoring and Support Model is developed and implemented	Proposal for Mentoring and Support Model to be made	Young People and Safeguarding Champions are able to promote safeguarding with confidence
10C Personal Development Plans for all practitioners and managers include specific reference to leadership skills	Review PDPs for content on leadership	Leadership is integral to all practice.

Priority 11:

Ensure effective working arrangements between the SSCB, the Children's Trust and key partnerships

Action	Tasks	Outcome
1A/11A Disseminate the refreshed Compact alongside the SSS	Complete Compact Refresh	Completed Refresh Compact providing companion to SSS
2C/11B Practitioners work in partnership based on shared understanding of goals and values	The operation of Core groups is reviewed to gain an understanding of how well partnership working is in place	Core groups demonstrate partnership working across all agencies, parents/carers, children and young people

Performance Management and Quality Assurance

By performance management, we mean the reporting systems and data by which the SSCB can ensure the quality and effectiveness of safeguarding services across the partnership. Quality assurance provides the SSCB and safeguarding managers with an understanding of the standard and consistency of their services and enables all practitioners, at every level, to effect continuous improvement to ensure that they are delivering the very best services for children and young people.

Priority 12: Develop a clear quality assurance and performance framework that evidence improved outcomes for children and young people

Action	Tasks	Outcome
12A Develop a quality assurance framework 2012-13	i. Align to participation strategy	A better understanding of safeguarding activity
Ditto	ii. Align the QA framework to CYPTB Outcomes framework	
Ditto	iii. Align to national Children's Safeguarding Performance Information Framework	
Ditto	iv. Consult with partners re QA framework	
Ditto	v. Implement QA framework	
Ditto	vi. Disseminate and publicise QA framework	

Priority 13:

Develop an effective framework to ensure the voices and views of the child, young people and their carers are listened to and acted on

Action	Tasks	Outcome
13A Participation strategy	Publish and Implement	Achieve participation by children, young people and their carers in the business of the SSCB
13B Children and young people survey	i. Research methods and agree a model	Inform learning, the review of the business plan and information provided used to manage performance against key performance indicators to drive service improvements
	ii. Alignment to Munro 'challenge questions'	
	iii. Disseminate on an annual basis	
13C Develop a service user questionnaire for parents/carers	Research methods and agree a model	Clear understanding of community priorities for safeguarding
	Alignment to Munro 'challenge questions'. Themes include contact, communication, discussing needs, behaviour of staff, listening to children & young people, disability/ culture/ religious needs, arranging/ receiving services and areas of improvement	
	Disseminate on an annual basis	
13D Involve children and young people in the development and implementation of the s11 standards	Consult with children and young people on the standards for the s11 audit in 2013/14	Revised s11 standards have embedded the voice of the child

Ditto	Implement revised guidance for standards	Revised s11 standards have embedded the voice of the child
13E Develop the integration of the Voice of the Child in safeguarding practice	Practice Audits will have a primary theme on voice of the child – learning from the audits will be disseminated to all agencies	Practitioners involve children and young people in decisions about their lives and the design of services reflects the views of Children & Young People

Making it happen

This Salford Safeguarding Strategy will be delivered by the SSCB business plan which will in turn be supported by comprehensive implementation plans in each partner agency.

All the priorities will be supported and evidenced through:

- Ensuring further work in understanding the current state of affairs
- Developing and sharing the vision for delivering the strategy
- Prioritising projects that improve quality and productivity
- Ensuring Implementation/action for each priority
- Development of a communication strategy to support the Safeguarding Improvement Strategy
- There will be an annual review of the strategy and reported to the SSCB and Children's Trust Board

Impact priorities: Action plans to deliver specific outcomes in the following areas will be delivered by the SSCB business plan

Priority 14.1 Make an impact in the reduction of harm to children in Child Sexual Exploitation		
Action	Tasks	Outcome
14.1A Understand the incidence and impact of CSE	Information Set compiled	Impact of CSE is clearly understood
14.1B Scope the range of services addressing CSE	Service Response Information Base established	Range of existing services and gaps are clearly understood
14.1C Service Shape and Practice Profile Proposals	Make reasoned recommendations to SSCB and CYPTB	Practice in this area and the commissioning of services is shaped by SSCB and CYPTB proposals
Priority 14.2 Make an impact in the reduction of harm to children via Safe Sleeping		
Action	Tasks	Outcome
14.2A Awareness of Sleep Safe messages are publicised widely	i. Campaign is implemented via Communications Strategy	All parents of babies in Salford are aware of the key messages
Ditto	ii. Practitioner seminars take place	All practitioners are aware of their role in promoting the sleep safe messages
Ditto	iii. Sleep Safe assessments happen	All relevant practitioners are aware of how to conduct the assessments
Priority 14.3: Make an impact in the reduction of harm to children via Positive Behaviour Support		
Action	Tasks	Outcome
14.3A Positive Behaviour Support model and approach	i. Briefings to all practitioners and managers	All practitioners and managers are aware of best practice principles

implemented		
Ditto	ii. Targeted training for specialist practitioners	All practitioners have skills and knowledge to implement the model and approach
Ditto	iii. Service delivery arrangements reviewed to ensure model and approach are promoted	SSCB report to CYPTB
Ditto	iv. Audit implementation	Audit findings
Priority 14.4: Make an impact in the reduction of harm to children in Families at Risk		
Action	Tasks	Outcome
14.4A Families at Risk Action Plan	i. Develop plan	Draft Plan in place
Ditto	ii. Consult on plan	Consultation completed
Ditto	iii. Revise and Implement	Implementation
Ditto	iv. Review	Review
Priority 14.5: Make an impact in the reduction of harm to children in Private Fostering		
Action	Tasks	Outcome
14.5A Improve awareness of the Private Fostering function and requirements	Policy to be implemented and disseminated	All practitioners have clarity about the function of Private fostering and their role in ensuring children and young people are safe in such placements
Ditto	PF seminar programme	Ditto
Ditto	Publicity Campaign	There is increased awareness by the public of the requirement to notify SCC re private fostering arrangements

14.5B Embed referral systems on a multi-agency basis	Referral arrangements to be reviewed and implemented	Referral systems are used effectively by all agencies
Priority 14.6: Make an impact in the reduction of harm to children in E-Safety		
Action	Tasks	Outcome
14.6A To progress the policy guidance to all schools using national, regional & Salford exemplars	Work continues with Schools on implementing policy guidance	Schools are confident in the safe use of technology by pupils and staff
14.6B To maximise use of key infrastructures and networks as a core method of ensuring safe & effective use of technology	E safety messages and best practice are integrated into key infrastructures (e.g. Learning Platform) and networks (e.g. PF)	E safety messages have a higher profile with improvements following in implementing policy
14.6C To develop a strategy for consulting with C&YP on their views & opinions regarding e-safety	Participation Strategy includes specific reference to e safety	The views of children and young people make a difference to the policy and practice in the use of technology
Priority 14.7: Make an impact in the reduction of harm to children in Safer recruitment		
Action	Tasks	Outcome
14.7A To raise awareness of good practice in Safer Recruitment	The availability of training for managers will be extended.	Increase in use of safer recruitment best practice
14.7B To further develop and	Recent research and national policy will be used to review	Recruitment practices use the most effective methods to

implement best practice in safer recruitment	and revise SSCB practice guidance	achieve the delivery of safe services to children and young people
Priority 14.8: Make an impact in the reduction of harm to children with Disabilities		
Action	Tasks	Outcome
14.8A The profile of Safeguarding Children with Disabilities is raised	Safeguarding Children with Disabilities Action Plan is drafted and consulted upon	Action Plan exists
Ditto	Safeguarding Children with Disabilities Action Plan is implemented and disseminated	Action Plan is implemented

Priority 15: Work with violent and troubled families to address domestic abuse, neglect and parenting issues		
Action	Tasks	Outcome
Helping Families 5-step Change Strategy	Report by TFP to SSCB on progress	Reduction in impact on children of domestic abuse, neglect and parenting deficits
Priority 16: Address unintentional injuries from a safeguarding and public health perspective		
Action	Tasks	Outcome
Unintentional Injury Prevention Partnership to be established	Unintentional Injury is both a safeguarding and a public health issue and therefore requires agreement between the SSCB and the Health & Wellbeing Board to drive the Action Plan	Reduction in Hospital admissions caused by unintentional and deliberate injuries in Under 18's; Reduction in children and young people killed or seriously injured casualties on England's roads

Unintentional Injury Prevention for Children & Young People Action Plan	Action Plan implemented	Ditto
Priority 17: Work together to improve emotional wellbeing		
Action	Tasks	Outcome
Children and Young People's Trust outcome "Emotional Health and Well Being" ⁸	See appendix 4	Relevant children and young people at all levels of need are identified and referred for support.
Priority 18: Work together to reduce teenage conceptions		
Action	Tasks	Outcome
Children and Young People's Trust outcome "Teenage Conception" ⁹	See appendix 4	Reduction in under 18 teenage conceptions.
Priority 19: Work together to reduce bullying		
Action	Tasks	Outcome
Children and Young People's Trust outcome "Anti-bullying" ¹⁰	See appendix 4	Reduction in bullying incidents in: <ul style="list-style-type: none"> • Schools • Children's homes • Children's centres Integrated Youth Support Service
Priority 20: Work together to reduce drugs and alcohol abuse		

⁸ CYPT priority action plan 2012-15, p5-6. Available at www.partnersinsalford.org/cyptrust.

⁹ CYPT priority action plan 2012-15, p9-10 Available at www.partnersinsalford.org/cyptrust

¹⁰ CYPT priority action plan 2012-15, p11-14 Available at www.partnersinsalford.org/cyptrust

Action	Tasks	Outcome
Children and Young People's Trust outcome "Alcohol and Drug Reduction" ¹¹	See appendix 4	Reduction in: <ul style="list-style-type: none"> • the number of young people 14 – 17 drinking at least once a week • the number of young people regularly binge drinking alcohol related hospital admissions among under 18's

¹¹ CYPT priority action plan 2012-15, p15-17. Available at www.partnersinsalford.org/cyptrust.

Appendix 4 – Detail from Children and Young People’s Trust Priority Action Plan

Full plan is published at www.partnersinsalford.org/cyptrust.

Emotional Health and Well Being

1. Children and young people in Salford who are identified as in need are appropriately referred to specialist services.
2. Looked After Children (LAC) have been identified as a specific group with high needs.
3. Reduce the potential for disengagement from targeted interventions.
4. Improvement noted in the evaluations of parenting programmes.
5. Reduced levels of bullying in schools.
6. Reduced levels of NEET as a result of disengagement of young people for the support system.
7. Much wider range of ownership of the importance of emotional health and wellbeing leading to greater depth and range of interventions.

Teenage Conception

1. Young people have greater awareness of sexual health.
2. Young people have greater use of sexual health services.
3. Salford young people can make responsible and well informed decisions about their lives.
4. Reduced numbers of children of teenage parents in care or requiring child protection plans.
5. Teenage parents engage in education, training or find a job/volunteering opportunity.
6. Parents feel confident in discussing sex and relationships issues and associated risk with their children.
7. Children and young people benefit from enhanced parental advice discuss these issues and risks.

Anti-bullying

1. Anti-bullying policies are in place with all agencies. Action plan is progressing.
2. All partners using common definition. Common understanding of what bullying is.
3. Better reporting of incidents in schools. Overall reduction in bullying incidents in schools reported by schools.

- Overall reduction in bullying incidents in schools reported by pupils.
Children and young people feel safer in school.
- 4. Reduction of level of bullying in children's homes.
No reported incidents of a young person being moved from a children's home due to bullying.
Young people feel safe and know staff will deal with any bullying incidents in a timely and competent manner.
- 5. Increase in the number of bullying incidents reported by Early Years settings.
- 6. Increase in the number of bullying incidents reported by children's centres.

Alcohol and Drug Reduction

- 1. Shared vision statement produced.
Workforce development plan in place.
Confident workforce.
Year on year increase in the proportion of young peoples' workforce receiving appropriate training.
Increase in number of organisations sending staff to training.
Monitoring system in place.
Increase in numbers of young people screened.
Increase in number of brief interventions.
Number of onward referrals.
- 2. Drug and Alcohol Action Team (DAAT) to have a range of new services in place for April 1st 2013.
Joint Outcomes Fund (JOF) targeting young people in those SOA where at least 50% of children are living in poverty.
Greater evidence of joint working between agencies, possibly family and children's services.
Provider network in place.
- 3. Reduction in young people reporting accessing alcohol through licensed premises.
Reduction in young people reporting accessing alcohol through their parents to drink unsupervised.
- 4. Increase in young people reporting satisfaction with the relevance and impact of Personal, Health and Social Education (PSHE).
Increase in the number of young people assessed as having positive health and well being.

Glossary

BM	–	SSCB Business Manager
CBSG	–	Challenging Behaviour Sub Group
CSESG	–	Child Sexual Exploitation Sub Group
CRSG	–	Case Review Sub Group
CYPTB	–	Children & Young People's Trust Board
EIP	–	Early Intervention & prevention
ESSG	–	E Safety Steering Group
HR	–	Human Resources
IPSG	–	Improving Practice Sub Group
PCSG	–	Publicity & Communications Sub Group
PF	–	Practitioner Forum
PFSG	–	Private Fostering Sub Group
PMSG	–	Performance Management Sub Group
SRFT	–	Salford Royal Foundation Trust
SSG	–	Schools Sub Group
SSS	–	Salford Safeguarding Strategy
STSG	–	Strategic Training Sub Group
SWPSG	–	Safe Working Practice Sub Group
VoCSG	–	Voice of the Child Sub Group
YPN	–	Young People's Network