



Salford Safeguarding Children Board

Annual Report 2012-13

Contents

	Foreword.....	3
1.	Safeguarding in Salford.....	5
2.	Salford Safeguarding Strategy	6
3.	Role and Scope of Salford Safeguarding Children Board (SSCB)	9
4.	Structure of Salford Safeguarding Children Board	11
5.	SSCB Income and Expenditure 2012-13	12
6.	Governance	12
7.	Understanding what happens in safeguarding in Salford	14
	- The 'Evaluation & Monitoring function' of the SSCB	14
	- The 'Case Review function' of the SSCB	15
	- The 'Child Death Overview function' of the SSCB	16
	- The 'Thresholds Policies and Procedures function' of the SSCB ..	17
	- The 'Training function' of the SSCB	17
	- The 'Communications function' of the SSCB	18
8.	What is the impact of safeguarding activity?	18
	- Pathways to safeguarding	19
	- Early Intervention	19
	- Children's Centres	20
	- Referrals to Children's Social Care	20
	- Child Protection	21
	- Private Fostering	22
	- Child Sexual Exploitation (CSE).....	23
	- Unintentional Injury	24
	- Child Death	25
9.	Review of key priorities and activities 2012-2013	27

10.	Appendix 1 – SSCB Members, Observer, Advisors and Support	29
11.	Appendix 2 – SSCB Business Plan	31
	Glossary	43

Foreword

This is the 3rd annual report for Salford Safeguarding Children Board (SSCB). As in previous years I hope that the report tells you something about what is happening in Salford to make sure that children and young people grow up healthy, happy and safe. In wanting what is the best for your children I'm sure you expect us to make sure that the services are in place to safeguard the welfare of children and young people.

The Safeguarding Children Board is where agencies come together, to put in place plans, policies and procedures to help keep children safe. This is about working in partnership. The task of keeping children safe is a partnership between parents and carers and the practitioners who work with families. This partnership works because the vast majority of people in Salford want what is best for children so that they can thrive and achieve their potential in life.

Sometimes the practitioners in services have to ask difficult questions so that they can be sure that the children that really need additional help are given it at the right time in the right place. But we also expect parents, carers, the wider public and children and young people to want answers from us about what we are doing in Salford to safeguard our younger population from harm.

In 2012-13 Salford's safeguarding arrangements were inspected by Ofsted and found to be 'adequate', which is an improvement on the previous 'inadequate' judgement and I congratulate the concerted work by the Council and partner agencies to make this improvement happen. But I also share with the Mayor of Salford the determination that Salford's services should progress to be 'good' or 'outstanding' in the near future.

This will not be an easy achievement in the current context of public service delivery; there are many challenges on the horizon which will have to be faced but I know that members of the Board are determined to face those challenges and make the best possible decisions about how to deliver services and work with the people and communities of Salford to do our utmost for all Salford children.

Salford has a very strong sense of identity which makes it a place to be proud of. As it continues to change, the values which underpin that identity will be essential in ensuring that children, whatever their background, are welcomed, nurtured and supported. Part of the task of safeguarding is respecting the diversity of communities so that all children are protected from harm and can all enjoy the unique heritage and opportunities that being a child of Salford brings.

Sally Rees - Independent Chair, Salford Safeguarding Children Board

21st October 2013

1. Safeguarding in Salford

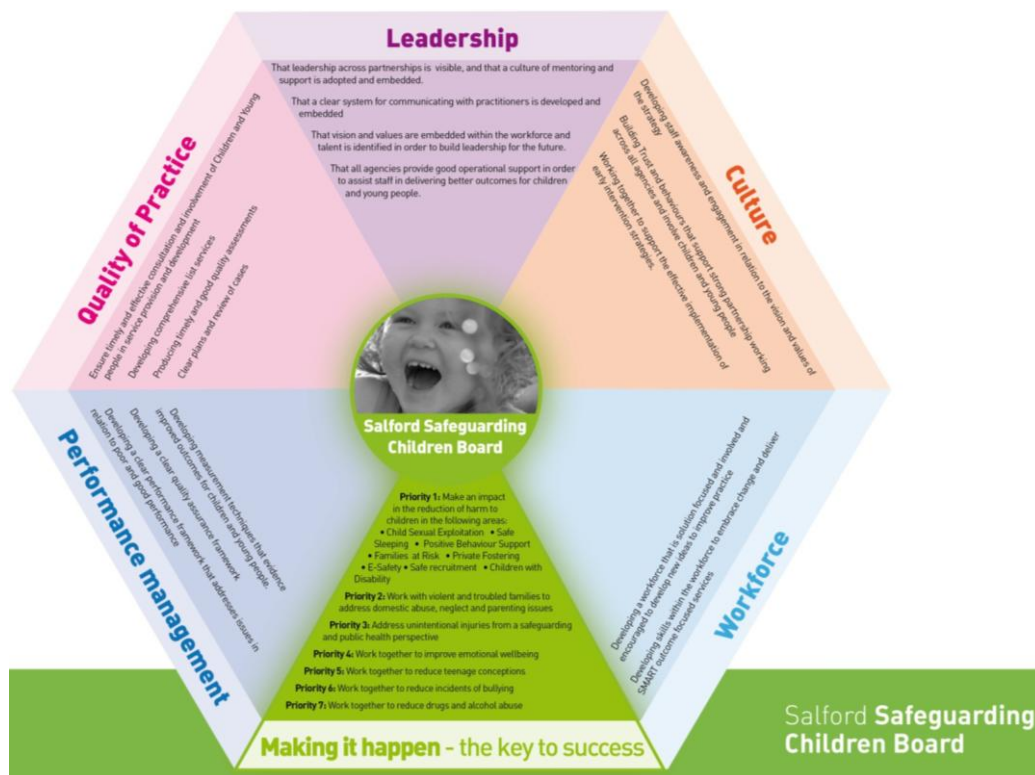
Salford has the following features that are the context for safeguarding children and young people.

Population Features

- Salford is situated to the west of the Greater Manchester and covers an area of 37 square miles. There are around 233,933 people living in Salford and of these 76,875 are aged 0-24 years, a high proportion of whom are children aged 0-4 years (16,255 or nearly 7% of the population, compared to 6.1% in north west England as a whole).
- Just over 90% of the total population is white. In the 0-24 years group this percentage is 87%. It is a feature of Salford's population that it is slowly becoming more diverse in ethnicity and this trend can be anticipated to continue over the coming years.
- 88% of the population of Salford were born in the UK, 5% in other parts of Europe (including Ireland), almost 2 ½ % in Africa and almost 3 ½ % in Asia.
- 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.
- 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

2. 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. The priorities from the Salford Safeguarding Strategy are embedded in the SSCB Business Plan at appendix 2.



Featured achievements for 2012-13

♦ **Priority One** – develop staff awareness and engagement in relation to the vision and values of the strategy.

The Practitioner Forum has been established in 2012-13 to provide a conduit for the Board to achieve this engagement and for practitioners to influence the business of the Board

♦ **Priority Two** – Build trust and behaviours that support strong partnership working across all agencies and involve children and young people.

Board and Executive members are now attending at least one day of SSCB training each year to participate in the courses that build multi agency working.

♦ **Priority Three** – Work together to support safeguarding through the effective implementation of early intervention and prevention strategies.

The Board and Executive have carried out developmental work on the relationship between early intervention and child protection and this has been the subject of a deep dive analysis via the Performance Management sub group. In 2013-14 the re-launched Early Help Strategy will include revised threshold guidance.

♦ **Priority four** – Develop a workforce that is solution focused, involved and encouraged to develop new ideas to improve practice around safeguarding.

The Practitioner Forum will deliver innovation via task and finish projects and the Equality & Diversity Action Plan will result in community impact assessments of policies and procedures so that the issue of 'identity' is central to all assessments in safeguarding.

♦ **Priority Five** – Embed effective communication of case reviews and evaluate impact of learning on improving practice.

The SSCB ran one major event in early 2013 addressing case review learning and launched the Learning & Improvement Framework encompassing case review, training and performance management functions.

♦ **Priority Six** – Improve the quality of safeguarding practice by social workers and other front line staff.

The SSCB Training Programme is an excellent resource for practitioners to hone and refresh their skills and knowledge.

♦ **Priority Seven** – Develop and ensure consistent implementation of policies and procedures across the partnership.

The SSCB has been at the forefront of the development, implementation and delivery of the new Greater Manchester Safeguarding Children Procedures.

♦ **Priority Eight** – 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.

SSCB Board and Executive members are committed to mentoring members of the Youth Council and many member agencies take part in the National Takeover Day.

♦ **Priority Nine** – Develop and embed a clear system for communicating with practitioners at all levels within each agency

The SSCB e bulletin is well received and supports SSCB learning and improvement initiatives.

♦ **Priority Ten** – That the vision and values are embedded within the workforce and talent is identified in order to build leadership.

The Training Pool is a fine example of the realisation of this priority. Practitioners are encouraged to develop their skills and knowledge for their own professional career and for the benefit of the wider workforce.

♦ **Priority Eleven** – Ensure effective working arrangements between the SSCB, the Children's Trust and key partnerships.

The joint SSCB/SCYPT Compact has been published and reflects increased commitment to the partnership working that is so essential for effective safeguarding arrangements.

♦ **Priority Twelve** – Develop a clear quality assurance and performance framework that evidence improved outcomes for children and young people.

The Performance Management function of the Board has been significantly enhanced in 2012-13 through a range of initiatives, including challenge questions, new dashboard for the Integrated Performance Report and focused, area-based Practice Audits.

♦ **Priority Thirteen** – 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 has led on the development of the DVD, 'Voice of the Child' in Greater Manchester and on the Salford Participation Strategy with the SCYPT.

♦ **Priority Fourteen – The 'Making It Happen' priority**

This is evidenced in the section 8 of this report.

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

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.

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.

●● **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.

●● **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.

●● **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.

●● Holistic in approach

Having an 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.

●● 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.

●● 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.

●● 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.

●● 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.

●● 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.

●● 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.

●● Challenge and Scrutiny

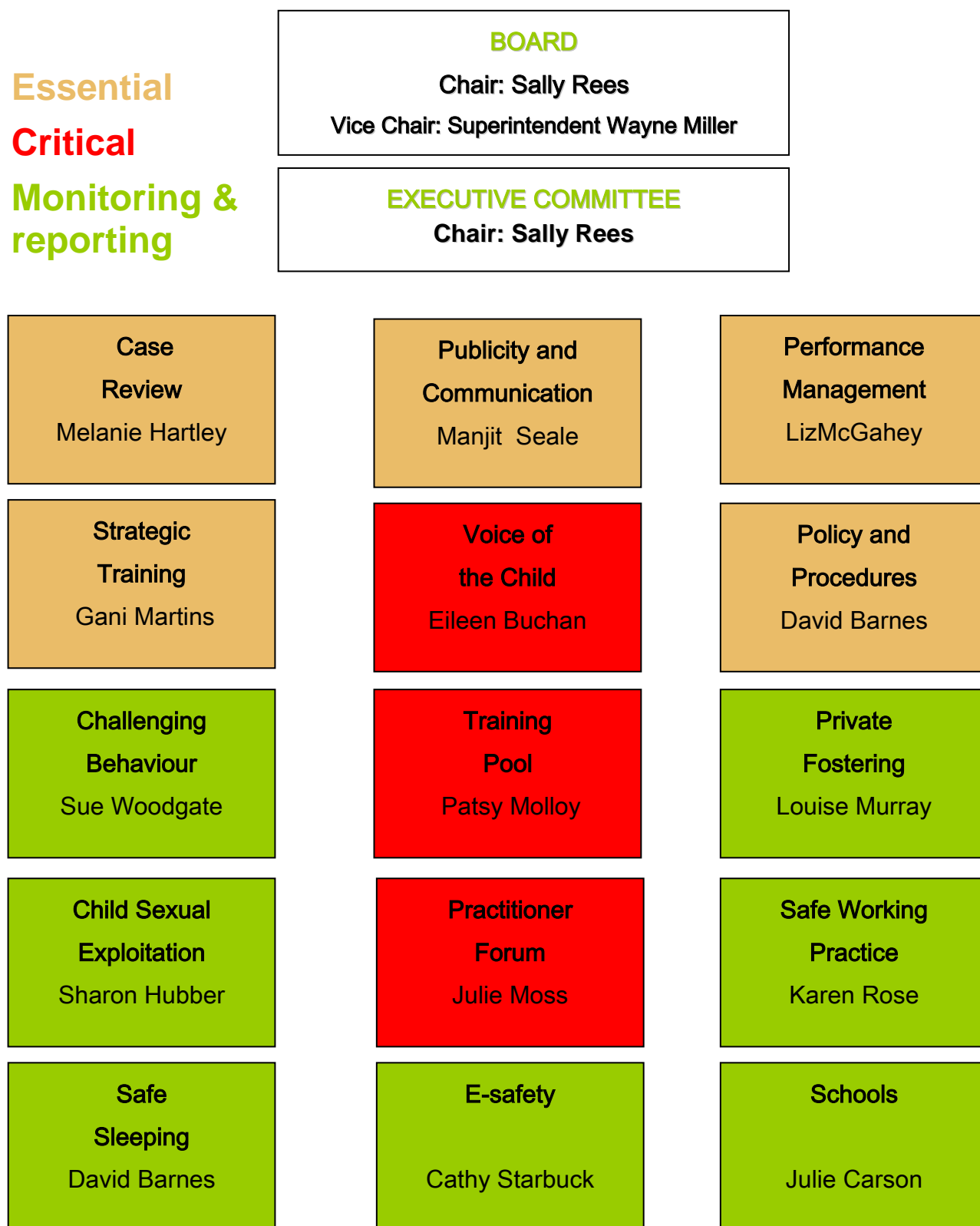
Action and services should be provided according to the identified needs of the child and family in parallel with assessment where necessary. It is not necessary to await completion of the assessment process.

●● 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.

4. 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 2013).



5. SSCB Income and expenditure 2012-13

Salford Safeguarding Children Board	
Income and Expenditure 2012-13	
CAFCASS	550
Connexions	1,883
GM Probation Service	7,532
GM Police	13,500
GMW Mental Health NHS Foundation Trust	2,511
NHS Salford/CCG	66,594
Salford Royal NHS Foundation Trust	2,511
Salford City Council Children's Services	157,927
Training fees (non-attendance)	260
Munro Money	21,100
Total Income	274,268
Direct Staffing Costs	148,447
Other Staff Related Costs	732
Professional Fees	55,800
Training	10,491
Office Expenses	19,825
Total Expenditure	235,295
Balance carried forward to 2013-14	39,073

6. Governance

The SSCB is accountable to the Salford Strategic Partnership (SSP). This 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 Salford Children and Young People's Trust (SCYPT). This broadly involves oversight of safeguarding activity being the SSCB's responsibility and early intervention activity resting with the SCYPT. The SSCB works alongside the SCYPT 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 SCYPT, and the Chair of the SCYPT is a participating observer on the SSCB

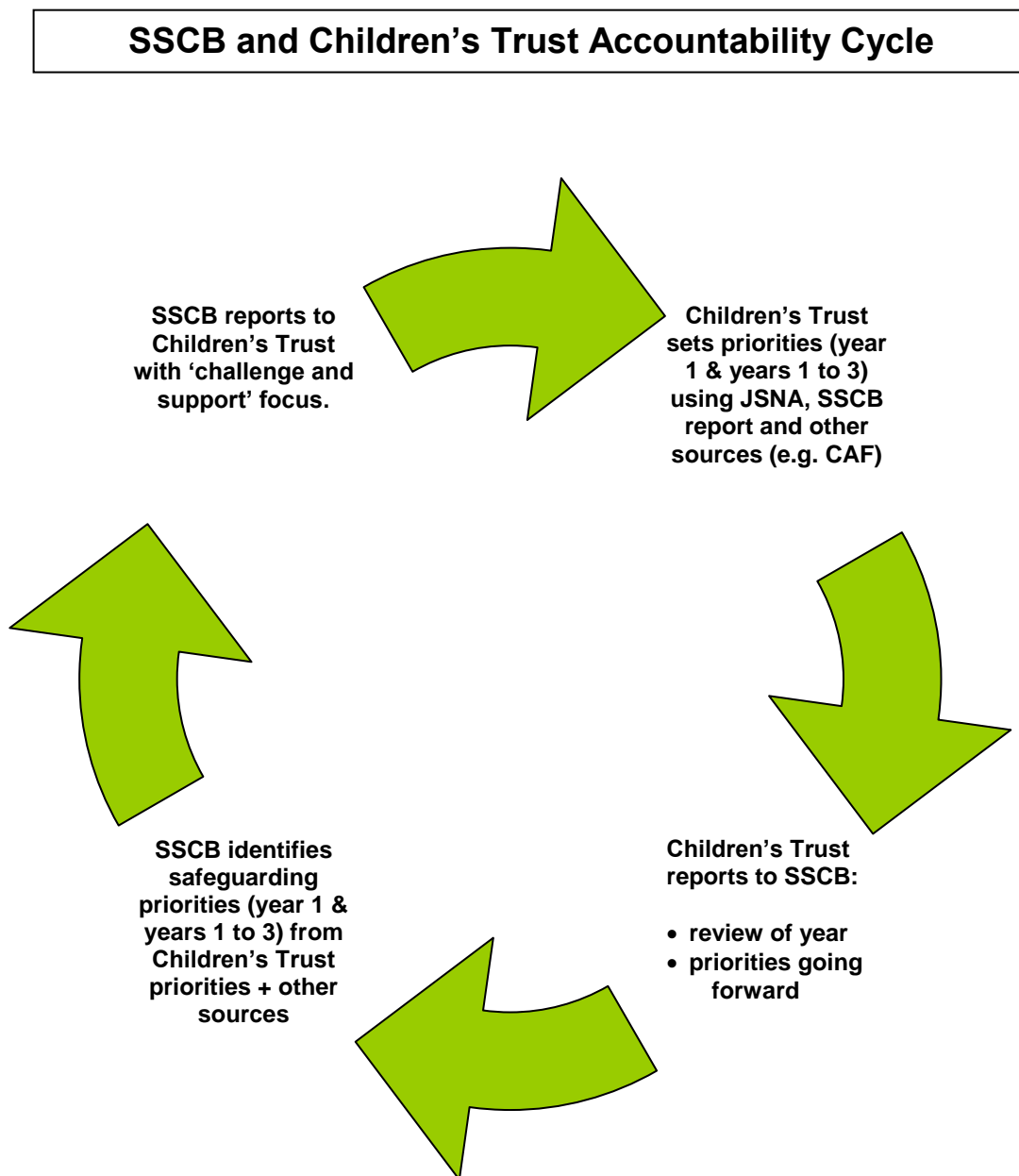
The LSCBs in England and Wales were established to ensure the protection of children is effectively co-ordinated. Their main scope includes safeguarding and promoting the welfare of children in the following three broad activities:-

- 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 harm and ensuring that children are growing up in circumstances consistent with safe and effective care

The SSCB works with the SCYPT 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 SCYPT to safeguard children in Salford. The Accountability Cycle enables this arrangement.

Accountability Cycle



7. Understanding what happens in safeguarding in Salford

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 measure this impact:

What do we know (1)? 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. A selection of the results of the evaluation and monitoring activity is described in section 7 below.

- 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. This data is compiled in the Integrated Performance Report (IPR) and since early 2013, this report has enabled the presentation to the SSCB Board and Exec of 'Challenge Questions'.
- 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. Section 11 audits are carried out on a biennial basis, last being done in 2001-12 and the next one due in 2013-14.
- 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.

During 2012-13, the evaluation and monitoring function has been strengthened by introducing two new tools. First, the IPR is used to generate 'Challenge Questions' for the SSCB Exec and Board. These specifically address those indicators that are rated 'RED', i.e. not meeting the target. Remedial actions are then the subject of negotiation with the responsible agencies. Second, member agencies are expected to submit summary reports of their single agency safeguarding case file audits for scrutiny.

What do we know (2)?

The 'Case Review' function of the SSCB

There have been no Serious Case Reviews undertaken this year. Six cases have been referred to the Case Review Sub Group (CRSG) over the 12 months.

For two of these cases CRSG recommended that Screening Panel Meetings should be convened to determine whether or not the cases met the criteria for a Serious Case Review.

The outcome of the Screening Panel Meeting for the first of these cases was a decision by the SSCB Chair that a review was not required but three actions were identified, namely:

- Royal Manchester Children's Hospital should work with Salford Royal Foundation Trust to review the arrangements for oversight of medical investigations – this work has been completed with increased clarity for all agencies involved in child protection enquiries that require medical investigation.
- The use of challenge and escalation is vital in Child Protection cases. To embed this further in practice, the Practice audits in 2013/14 will specifically examine this aspect of practice.
- The current arrangements for Strategy Meetings will be re-asserted to ensure that police, health and education representatives are invited to all strategy meetings and that a written record of these meetings is produced.

The recommendation from the Screening Panel Meeting for the second case was that a Case of Concern Review should be undertaken. This recommendation was accepted by the SSCB Chair and it was agreed that learning from this case would be maximised by involving the practitioners working with the case and their managers fully in the review process.

We have therefore introduced a new methodology for undertaking case reviews this year – Multi-Agency Learning Events and in this case the event was facilitated by Clare Hyde from the Foundation for Families. This event effectively resulted in recommendations being made from the front line and delivered to the Board via the CRSG. Feedback from involved practitioners was positive as endorsed by the following quotes:

The recommendations made by the CRSG for the other four cases referred this year have been that the criteria for multi-agency Case of Concern reviews has not been met but actions have been identified for specific agencies involved in the cases...

One example has been the identification that the current Bolton, Salford and Wigan Sleep Safe campaign has not been fully implemented within all agencies. Two actions undertaken have been to refer the findings to the Local Implementation Group for the campaign and to provide further information to Salford General Practitioners about the campaign.

A second example has been action undertaken by Housing and Children's Services members of the CRSG to review cases of young people presenting as homeless in order to identify whether or not any amendments are required to the Joint Protocol between Housing Services and Children's Services for 16 and 17 year olds.

A priority for CRSG in the forthcoming year is to develop an options paper for case review methodologies to present to SSCB. This work will enable SSCB to agree the methodologies for future case reviews in line with Working Together to Safeguarding Children 2013.

A further priority is to ensure that lessons from case reviews are cascaded to all agencies. This work will be informed through feedback from practitioners including those involved with the Multi-Agency Learning Event.

***What do we know (3)?* The 'Child Death Overview' function of the SSCB**

The tripartite Child Death Overview Panel (CDOP) for Bolton, Salford and Wigan analyses the pattern of all child deaths of children in Salford (as well as Bolton and Wigan).

Working Together to Safeguard Children (2013) sets out the functions of the CDOP to include:

- reviewing all child deaths up to the age of 18, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law;
- collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members;
- discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
- determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
- making recommendations to the LSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
- identifying patterns or trends in local data and reporting these to the LSCB;
- where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the LSCB Chair for consideration of whether an SCR is required;
- agreeing local procedures for responding to unexpected deaths of children; and
- cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.

The aggregated findings from all child deaths should inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children

in the area. Each CDOP should prepare an annual report of relevant information for the LSCB. This information should in turn inform the LSCB annual report.

The CDOP report for 2011-12, is the latest from which data is available and extracts are reported in section 7 below.

What do we do? - 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.

During 2012-13 the major work on policies and procedures has been in preparing for the launch of the Greater Manchester safeguarding procedures which took place on 1st April 2013. These procedures can be found at <http://greatermanchesterscb.proceduresonline.com>.

These are intended to ensure that there will be increased consistency of approach to safeguarding concerns across Greater Manchester. Some local procedures and guidance will be maintained for Salford but incrementally the majority of these will be replaced by Greater Manchester procedures.

Also the new Working Together to Safeguard Children (2013) has stipulated that LSCBs should publish a **threshold document** that includes:

- the process for the early help assessment and the type and level of early help services to be provided; and
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:

How do we do it (1)? - The 'Training function' of the SSCB

Training is essential in ensuring that practitioners and managers have the necessary skills and knowledge to deliver the safeguarding arrangements and practice. The SSCB has a strong programme of courses and seminars.

In 2012/13, 35 courses were delivered on 17 topics for 810 people from all of the SSCB partner agencies. Additionally, seminars were presented on 11 topics for 350 practitioners and managers from 18 different services. An extra 126 people (>18%) attended a training course compared to the previous year of whom 41 attended new courses (Cultural Competence (19) and Introduction to Substance Use (22)). An additional 36 people received Foundation training and 32 Refresher Training because more courses were delivered than in previous years. Significant increases in numbers attending training were seen on the Assessment Skills (22), Attachment (19) and Child Sexual Exploitation (27) course.

12 safeguarding modules provided by Virtual College are now available and promoted via the SSCB web pages from April 2013. The e-learning modules are a valuable learning resource that should be used to introduce new topics as pre-course reading or to consolidate learning following attendance at a relevant SSCB training course.

During 2012/13 the number of active training pool members fell by a quarter. However, a recruitment drive meant that 6 new training pool members were recruited to the pool before the end of March 2013. Recruitment to the Training Pool will continue as this will increase the diversity of perspective, expertise and knowledge as well as spreading the load.

The 2012-15 Training Strategy and Business Plan has been signed off by the SSCB Executive Committee. A Learning and Improvement Framework, required under the Working Together 2013 guidance has been prepared for consultation and implementation in 2013/14.

How do we do it (2)? - 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.

For further information: <http://www.partnersinsalford.org/sscb/childdeathoverviewpanel.htm>

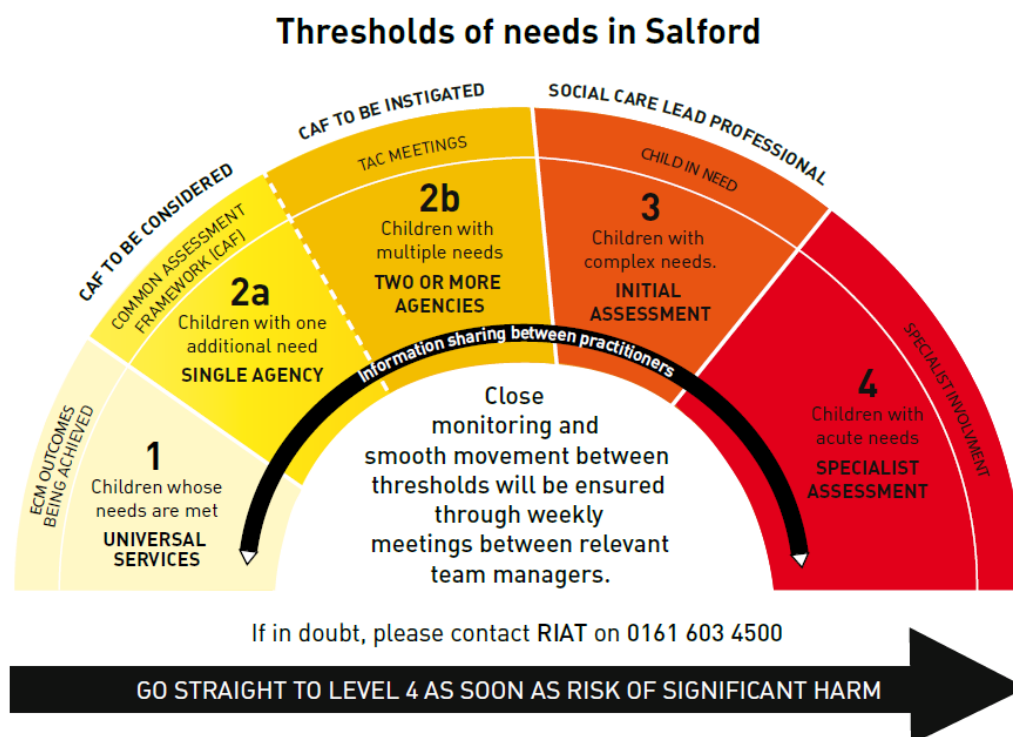
8. What is the impact of safeguarding activity?

In this section we set out some key areas of activity delivered by partner agencies as monitored and given scrutiny by the SSCB. The SSCB is not a service delivery body but agencies are accountable to the SSCB for their safeguarding arrangements and practice.

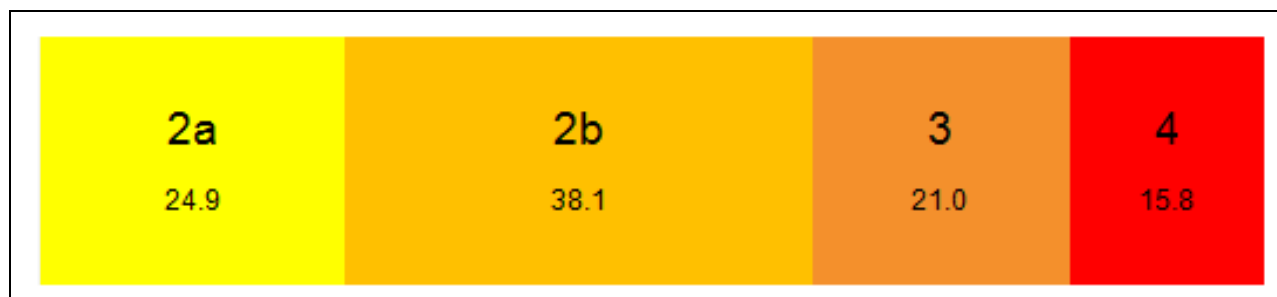
Pathways to safeguarding

When people are worried about a child, whether because they think the child (and family) needs help to support their development, or to prevent harm to the child, there is a number of ways that help can be accessed. The best way to help a child (or indeed anyone) is to provide the help as early as possible without over-interfering in a child or family's life. This is a complex task and involves professional judgement based on listening to the child, to their parents and carers and to those who are motivated by the best interests of the child.

One of the ways that help services get this level of intervention right is by using the 'Thresholds of Need and Response' (see <http://www.salford.gov.uk/thresholds.htm>) approach.



In 2012-13, the majority of children accessed services at level 2b, i.e. where a Common Assessment (commonly known as a 'CAF') was required and more than one agency was involved.



Early Intervention

The Ofsted inspection of Safeguarding Arrangements in Salford in October 2012 commented that

“Good EIP [Early Intervention and Prevention] services provide timely and effective help to children, young people and families. Services [in Salford] are comprehensive in range, responsive to the needs of localities, reflect good commissioning and link very strongly with children’s centres and schools”

One of the ways that the effectiveness of early intervention can be measured is by seeing how the help has reduced the level of concern for a child’s welfare. As an aggregate of the impact of services generally this can be looked at in terms of the number of interventions in respect of children that are escalated or de-escalated along the continuum of the threshold windscreen.

In 2012-13, 47% of interventions moved down the threshold; i.e. the concerns about the child reduced; in 42% cases the level of intervention has been maintained steady and 11% moved up the threshold.

In addition rates of re-referral to the Early Intervention & Prevention (EIP) service are low at 3.3% over the last 12mths. This suggests that the large majority of interventions have been effective and have addressed the previous concerns about the child’s development or risk of harm.

Children’s Centres

Children’s Centres are a central part of the early years provision of services in Salford. They do early intervention for the youngest in our communities and increasingly activities within the centres are aimed at working with the most vulnerable families. During 2012-13 a pilot project was established to reassign to Children’s Centres those cases involving a child under the age of 4 years that did not meet the threshold for intervention at Child in Need level. This is so that families can be offered support and advice about the Children’s Centre offer, including free childcare entitlement, early help and home safety checks.

Referrals to Children’s Social Care

Referrals to Salford Children’s Social Care have in recent years risen significantly. This trend has been sustained nationwide since the ‘Baby Peter’ abuse case emerged in 2009. However, in 2012/13 3,828 referrals were made to Salford Children’s Social Care, which is a significant decrease (19.9%) from 4,777 referrals in 2011/12.

This means that in 2012/13 the referral rate per 10,000 was 742.5. This is lower than the referral rate in Salford last year at 940.6 per 10,000. But it is significantly higher than the average for England as a whole (533.5 for 11/12), for North West England (597.8 for 11/12) and when compared with Salford’s Statistical Neighbours¹ (664.2. for 11/12).

A number of factors appear to have influenced the decrease in referrals. A more robust management of the contact and referrals which are made to the Multi-Agency Safeguarding Hub, 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 and an improved use of the Thresholds document.

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.

The thresholds for domestic violence referrals have been reviewed so that response can be made in a more targeted way. The inclusion of police officers within the MASH 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.

The re-configuration of Children's Services has also included an increase in the number of social workers and family support practitioners 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.

This increased focus on those at risk has also probably resulted in an increase in the percentage of referrals that has required and 76.6% of referrals in 2012/13 required an initial assessment compared to 64.9% in 2011/12.

There has been a marked improvement regarding timeliness of completion of Initial and Core Assessments but further progress is required. 73.1% of initial assessments were completed within the 10 day timescale compared to 82.3% in 2011/12. But this is below that achieved by statistical neighbours (86.2% in 11/12) and the England average (77.4% in 11/12). 77.7% of core assessments were completed within 35 days compared to 2011/12 outturn at 63.5%. This again is below statistical neighbours (83.6% for 11/12) but above national averages (75.5 in 11/12%).

Child Protection

Provisional data for 2012/13 shows on the 31st March 2013 there were 349 children subject to Child Protection Plans (CPPs). This figure represents an increase on the previous figure at the end of March 2012; there has been a gradual increase in numbers, rising from 330 in 2012 to 349 at the end of March 2013.

In the past it was noted that Salford had slightly higher numbers of child protection plans per 10,000 of the population than the national average. Nationally there were 37.8 per 10K children who were the subject of a child protection plan at the end of 2011-2012 and on that date there were 65 children per 10,000 in Salford.

The national 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. There are a number of reasons why Salford has higher numbers of child protection plans per 10,000 than the national average, including rise in population, high levels of social deprivation, high rates of domestic abuse, the economic downturn, questions around whether thresholds are correct, a risk averse culture beginning to emerge again and lack of challenge at conference from agencies and child protection coordinators. These factors continue to be monitored by both the LSCB and Salford Council.

The increasing awareness of the impact of domestic abuse on children and young people has had an effect on Child Protection Plan numbers. In 2011/12 148 children (44.8% 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 compared to 123 children (35%) in 2012/13. For the period ending 31st March 2013, there were 5,382 recorded incidents of Domestic Abuse in Salford, which is the 5th highest rate

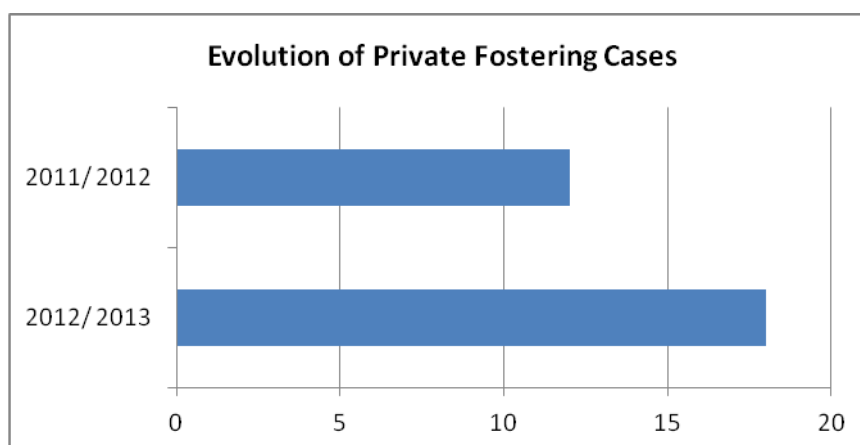
across the 11 GMP divisions. The number of high risk cases heard at Salford MARAC² was 431; 272 of the cases involved a family with children. Using the data from MARAC, in total 541 Salford children were living in households where a parent was a high risk victim of domestic abuse.

Of the 349 children subject to CPPs by end of March 31st 2013, the highest percentage was categorised as due to Emotional Abuse (often associated with Domestic Abuse) (198 or 56.7%), whilst the second largest category for CPPs is Neglect (77 or 22.1%).

Private Fostering

Private fostering is the name given to the arrangements by which a child up to 16 years of age (18 if with a disability) is living with and looked after by someone who is not a close relative for the majority of a 28 day period or more.

During 2012/2013, there were a total of 18 cases identified by Salford Children's Services. This represents an increase of 6 cases in relation to the previous year. In addition, a higher volume of queries and consultations were received.



A coordinated strategy remains in place through the SSCB Private Fostering Sub Group. This is a strategic work group that is chaired by Louise Murray (Salford CVS) and comprised of lead practitioners. The activity of the group is focused on raising awareness and embedding private fostering within the ethos of partner agencies. This included the use of an online survey and coordination of awareness raising actions.

The online survey sought to ascertain awareness levels among practitioners and obtained over 700 responses of which 45% acknowledged not to be aware of private fostering. Furthermore, it showed that between 70 and 80% of practitioners may encounter some difficulty in identifying instances of private fostering.

² MARAC – Multi Agency Risk Assessment Conference

As part of the awareness raising actions, a private fostering competition was launched and a number of children and young people took part in the development and selection of artwork through Broughton Hub Youth Club, YMCA Training, Buile Hill Arts College, School Councils and Fight for Change. The winning designs will be utilised in posters and fact sheets to be widely distributed across Salford at a later stage.

In addition, Salford Children's Services is leading the development of a Greater Manchester Private Fostering Group in which discussions are expected to happen around resource efficiency, publicity and streamlining pathways between local authorities. Similarly, the Salford Private Fostering team continues to be involved in forums run by the British Association for Adoption and Fostering which allow for consideration of examples of best practice across England, sharing achievements and specialised legal advice.

In conclusion, it would appear that the profile of private fostering is slowly but steadily rising and this is enabling Salford Children's Services to be more effective in identifying and improving outcomes for privately fostered children. Feedback received from carers reflects appreciation for the support and empowering approach applied in these instances. We do know, however, that this needs to improve and the Board both challenges and supports the private fostering service to effect this improvement.

Child Sexual Exploitation (CSE)

As priority 14 in the Salford Safeguarding Strategy 2012-2015 the SSCB during 2012-13 has undertaken a great deal of work around Child Sexual Exploitation (CSE) with clear direction provided by the CSE sub Group.

The group has good membership across both senior and operational staff from all partners including commissioning, third sector and licensing. The action plan has incorporated work from the Office of the Children's Commissioner report, Home Affairs Committee and the Rochdale Serious Case Review. The group has strategically led on the formulation of a specialist multi agency CSE team with Manchester to consider the viability of undertaking all CSE work for a period of 12 months across two geographical bases, to provide children and young people with a therapeutic service. The pilot has 4 aims:

1. Raise awareness of CSE to reduce the likelihood of children and young people becoming victims of CSE.
2. Provide a therapeutic input for children and young people who are victims of CSE providing them with support to break free from abuse.
3. Produce specialist parenting programmes for families where CSE is identified or suspected.
4. To identify, investigate, disrupt and prosecute offenders.

The pilot will allow both areas to work together to reduce the risk by identifying children earlier and sharing information to protect children. Many children are educated across the two borders and the ability to provide awareness raising and preventative work within the schools is fundamental in the work of supporting and identifying children who may be subject to CSE.

To support the work staff from Salford have been made available to the Manchester Protect Team. A full time qualified social worker and full time qualified youth worker have been seconded.

Authorities in Greater Manchester have a strong history of collaborative work and to further help in this work a diagnostic tool is being developed so that the Conurbation has a clear overview of the 10 safeguarding boards being fit for purpose in respect of CSE.

Being missing from home is a significant risk factor in CSE and information is fed into the strategic CSE sub group from the weekly Missing from Home meetings to ensure the line of governance is clear and that children who go missing from home are identified. Research shows this group of children are particularly vulnerable to child sexual exploitation.

Achievements over last 12 months

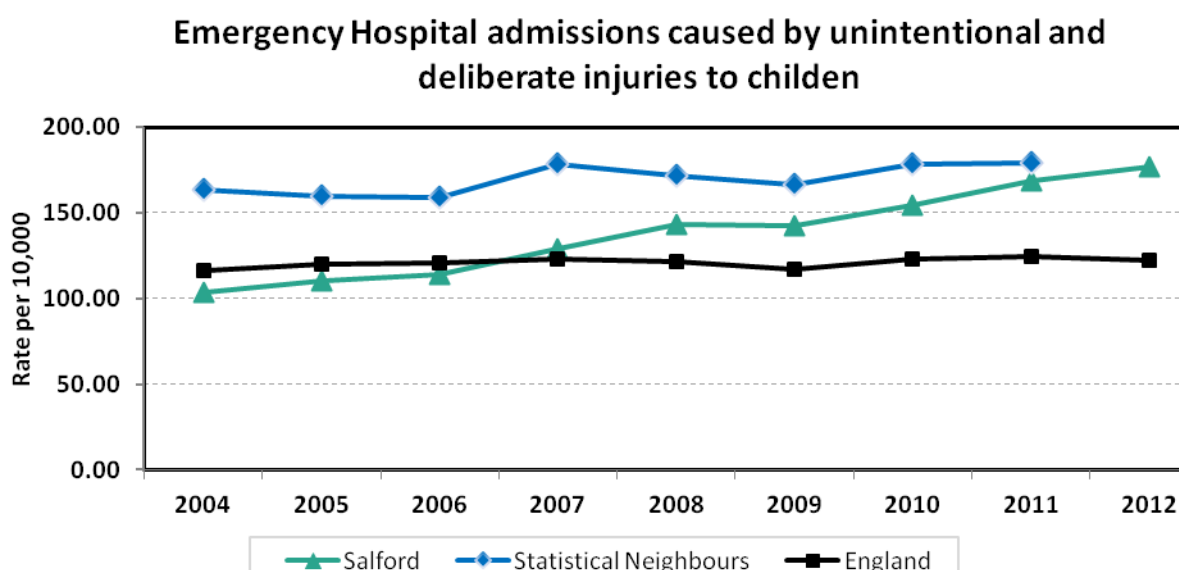
- Policy and pathway in place on SSCB website.
- Clear assessment tool in place to support partners in identifying CSE
- Training produced and accessible to all staff.
- Systems available to collate data and information on children.
- Child sexual exploitation sub group established, with terms of reference and business plan agreed.
- Clear line of governance through to the board.
- Links made with Community Safety and Licensing.
- 100% return from all high schools on survey regarding their ability to refer CSE.
- Specialist team formed with Manchester.
- Salford leading on behalf of Greater Manchester on a diagnostic tool.

Next Steps

- Evaluation to be undertaken of the effectiveness of the Protect team.
- Awareness raising across all Year 6 and Year 7 young people.
- Understand the data collected and ensure service delivery reflects the data.
- Ensure that awareness raising is provided to hard to reach communities.

Unintentional injuries to children and young people 2012-13

The principle indicator around this issue is emergency hospital admissions for unintentional and deliberate injuries to children and young people (0-17yrs). As the graph below illustrates, the rate of emergency admissions has been steadily rising in Salford, from a rate of 103 in 2003-4 to a rate of 177 per 10,000 young people in 2011-12. This highlights that unintentional and deliberate injuries to children and young people, remains a critical issue.



A needs assessment into unintentional injury prevention in children and young people in Salford was published in March 2012, sponsored by the SSCB Executive.

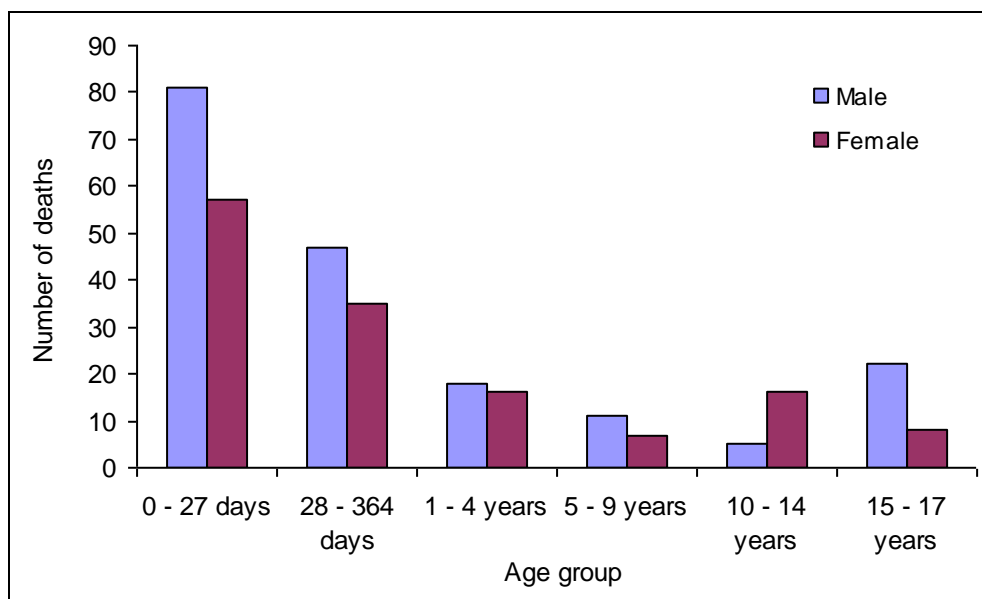
Following the completion of the needs assessment, an action plan was developed to turn the seven recommendations within the report into tangible actions. The recommendations included the need for leadership and better co-ordination of unintentional injury prevention work, training for frontline staff, further consultation with parents and young people and the enhancement of the Home Safety Equipment Scheme. As part of this process, the governance for injury prevention passed from the SSCB Executive to the Children and Young People's Trust.

Through this governance process, an Unintentional Injury Prevention Partnership was established in March 2013. The group includes representatives from different departments in the city council, health services, the fire and rescue service and the voluntary sector. This group reports to the Children and Young People's trust on a regular basis and monitors the delivery of the action plan. The action plan looks at leadership, co-ordination, training, data, consultation and involvement, home safety equipment and local issues like work with schools and housing providers.

A key action for 2012-13 was securing the continued delivery of the Home Safety Scheme in Salford to families on low incomes. This scheme provides basic injury prevention advice and the installation of home safety equipment, like stair gates, and is administered through Salford Children's Centres.

Child Death

From April 2008 to March 2012, there were 323 deaths of children (age 0 to 17, inclusive) in Bolton, Salford and Wigan. This table below gives an indication of the age range of these deaths.



Sadly, children die for many reasons and most can be explained by medical factors but there is a minority that are unexplained. Within this group the sudden unexpected death of infants (what is also known if unexplained after post mortem as ‘sudden infant death syndrome’ or SIDS and what used to be known as ‘cot death’) is an area of particular focus and the subject of much research as many of the causal factors remain unknown.

The Office of National Statistics has released details of the unexplained infant (i.e. 0 to 12 months) deaths in England and Wales. For 2010 this revealed that the North West had the highest rate (0.53 per 1000 live births), which is significantly higher than London, which has the lowest rate (0.21). This has been the position for the last seven years. Also analysis of the 3 year trend indicates that while infant mortality in England is falling, the infant mortality rate in Salford is not showing a downward decline. The conclusion is that it reflects the relative level of deprivation in Salford.

Neonatal (0 to 27 days) deaths: Salford’s rate of neonatal deaths is relatively high compared with other authorities in the North West and SUDI is part of this profile.

In a recent statement, the Foundation for the Study of Infant Deaths (recently re-named ‘The Lullaby Trust’) has drawn particular attention to the rate of smoking in the North West, which is above the national average, whilst that in London is the lowest in the UK. Smoking is a major risk factor for sudden, unexpected infant death.

As previously reported, during 2010-11 it was 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. The Sleep Safe campaign has continued through 2012-13 with on-going roll out of training and the further dissemination of publicity materials.

Suicide or deliberate self-inflicted harm: Ten young people in Bolton, Wigan and Salford have committed suicide over the past four years. This is probably consistent with the incidence of suicide in England and Wales. The definition and attribution of suicide and self harm in causing death or serious injury is not straight forward as the motivation for behaviour can be quite complex. Therefore it needs

sensitive analysis and the CDOP is always alert to this complexity and the fact that self harm has a direct impact on the lives of young people and also affects many people around the young person.

9. Review of Key priorities and activities 2012-2013

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

- Learning & Improvement Framework published. This provides the framework for the performance, case review and training activities of the Board. It supports the implementation of the Business Plan.
- The Integrated Performance Report has been significantly revised and in particular 'challenge questions are now identified and presented to each Exec and Board meeting. These identify areas of safeguarding activity that require specific attention. Additionally the 'deep dive' analyses have continued; the major one has been a focus on the relationship between early intervention and child protection.
- Greater Manchester procedures launched.
- Additional pan-Greater Manchester partnership working has been further established with the commencement of a DVD project involving young people from Salford and other Greater Manchester areas in producing a resource for training practitioners on the complexities of engaging young people in the work of LSCBs.
- 'Practice in focus' event attended by over 90 practitioners on the subject of 'Pathways from Policy to Practice'.
- The SSCB has extended its reach with additional agency representation from the UK Borders Agency and Central Manchester NHS foundation Trust (which delivers some important services for Salford children, including midwifery). Also the SSCB now has a dedicated GP representative on the board.
- Continued to ensure effective joint work with the SCYPT, aligning responsibilities, implementing the Compact with shared objectives in the Salford Safeguarding Strategy for 2012-15.
- Embedded the 'Voice of the Child' approach, increasing the participation of children and young people in the business of the board. This work is a joint initiative with the SCYPT and will develop further with the appointment of a Safeguarding Champion from the Young People's Council.
- Worked with the Improvement Board to effect sustainable improvement in safeguarding arrangements in Salford.
- Established the Practitioner Forum so that practitioners have a direct involvement in the business of the board.
- Multi-agency safeguarding training courses continue to be well attended and highly evaluated. New e learning packages implemented in partnership with Salford City Council. The Training Pool goes from strength to strength and the Learning & Improvement Framework provides the structure to explore more work-based learning in 2013-14.

- Equality & Diversity – this was the subject of an Ofsted improvement action³, namely: “ensure that systematic consideration of equality and diversity is established within the work of Salford Safeguarding Children Board”. During 2012-13 the SSCB has introduced an Equality & Diversity in Safeguarding Challenge Panel and has developed new training and commenced work on evaluating the impact of SSCB policies on communities in Salford, using the 9 protected characteristics defined in the Equality Act 2010.
- The SSCB Publicity and Communications Sub-group have **commissioned three child protection posters**, aimed at children, young people and the public. These can be accessed on the [SSCB website](#) and can be printed off and displayed within your agencies.
- Takeover day is a national event led by the Children’s Commissioner for England. On 23rd November 2012 Salford City Council and the SSCB organised a series of work shadowing opportunities for a number of children and young people in Salford. It enabled young people and adults to work together to understand how organisations are run, the processes behind decision making and how they can influence future actions.
- The SSCB, CYPTB, and Young People’s Council have now agreed their Engagement Framework as the foundation for the forthcoming Participation Strategy.
- Salford SSCB has led the development of the ‘Voice of the Child’ DVD which will be launched and implemented later in 2013 as a tool for the training of practitioners and for awareness raising.

³ *Inspection of Local Authority Arrangements for the protection of children*. October 2012

Appendix 1: SSCB Members, Observer, Advisors and Support

(at 1st April 2013)

SSCB members

Agency	Name	Job title
Independent	Sally Rees	Salford Safeguarding Children Board Independent Chair
Greater Manchester Police	Wayne Miller	Superintendent – Vice Chair of the SSCB
Children and Family Court Advisory Support Services(CAFCASS)	Glen Hagan	Service Manager
Education	Thalia Bell	Assistant Principal, Salford City College
Education	Julie Carson	Head Teacher, Fiddlers Lane Primary School
Education	Almut Bever-Warren	Head Teacher, New Park High School
Health	Karen Clancy	Deputy Director of Integrated Governance, Named Nurse Greater Manchester West Mental Health NHS Foundation Trust
Health	Alan Campbell	Interim Chief Operating Officer, NHS Salford Clinical Commissioning Group
Health	Anne Kubiak	Lead Named Nurse, Central Manchester NHS Foundation Trust
Health	Liz McGahey	Assistant Director of Nursing, Salford Royal NHS Foundation Trust (SRFT)
Probation	Manjit Seale	Assistant Chief Executive
Salford City Council Community Health and Social Care	Keith Darragh	Assistant Director: Resources
Salford City Council Children's Services	Gani Martins	Assistant Director Specialist Services
Salford City Council Children's Services	Nick Page	Strategic Director of Children's Services
Salford City Council Public Health	Melanie Sirotkin	Director of Public Health
UK Border Agency	Andrew Heseltine	Vulnerable Person Protection Manager

Agency	Name	Job title
NSPCC	Mehmood Laly	Acting Projects Team Manager
Voluntary and Community	Louise Murray	Deputy Chief Officer, Salford CVS

SSCB Participant Observer

Agency	Name	Job title
Salford City Council	Councillor Merry	Assistant Mayor – Services for Children and Young People

SSCB Professional Advisors

Agency	Name	Job title
Health – Designated Nurse	Melanie Hartley	Designated Nurse for Safeguarding Children – NHS Salford Clinical Commissioning Group
Health – Designated Doctor	Dr Kalpesh Dixit	Paediatric Consultant, SRFT
Health – GP representative	Dr Girish Patel	Clinical Commissioning Group GP Lead for Children’s Safeguarding
Salford City Council Children’s Services	Sharon Hubber	Head of Safeguarding
Salford City Council Children’s Services	Eileen Buchan	Head of Integrated Youth Support Services
Salford City Council – Solicitor	Lorraine Ashton	Deputy Head of Service in Legal Services

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 2 – 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	Lead	Outcome
1A/11A Publish and implement the refreshed Compact alongside the Salford Safeguarding Strategy (SSS)	Complete Compact Refresh jointly with SCYPT	SSCB BM with SCYPT BM	Completed refreshed Compact promotes full participation by member agencies and join up with partnerships
1B/10A All SSCB communications are consistent with the vision/values of SSS	Communications Strategy	PCSG	SSS, Compact and policies and procedures are disseminated with consistency with other SSCB communication activities

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 2: Build trust and behaviours that support strong partnership working across all agencies and involve children and young people			
Action	Tasks	Lead	Outcome
2A/6A Assessments are conducted with consistent approach	Greater Manchester model is implemented with common single assessment approach across north west.	Task & finish group reporting to SSCB Exec	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	VoCSG and YPC	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 Thresholds for intervention are implemented	SSCB publishes enhanced guidance on use, with focus on early help	SSCB BM	Early help is understood and deployed effectively
2D Equality & Diversity is integrated into all aspects of the work of the Board	SSCB's Equality & Diversity Challenge panel is established and the Equality & Diversity in Safeguarding Action Plan is implemented.	SSCB Exec	In every aspect of safeguarding, the proper consideration of equality and diversity is integrated into policy and practice.

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 priorities will help to achieve this:

Priority 3:

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

Action	Tasks	Lead	Outcome
3A The EIP strategy supports the implementation of the Early Help Offer (WT2013)	EIP strategy is developed, involving consultation with partners	SCYPT	All agencies are aware of their role in implementing Early Help

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	Lead	Outcome
4A Practice improvements are identified and developed	Practitioners propose improvements	Practitioner Forum	Improvements are solution focused

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 5: Embed effective communication of case reviews and evaluate impact of learning on improving practice			
Action	Tasks	Lead	Outcome
5A SSCB implements the Learning & Improvement Framework	SSCB implements Learning & Improvement Framework, integrating all learning and improvement activities	STG, CRSG and PMSG	Learning and improvement are central to the SSS.

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	Lead	Outcome
2A/6A Assessments are conducted with consistent approach	Greater Manchester model is implemented with common single assessment approach across north west.	Task & finish group reporting to SSCB Exec	Parents, carers, children and young people report that there is consistency of approach by all practitioners and agencies working them

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 7: Develop and ensure consistent implementation of policies and procedures across the partnership			
Action	Tasks	Lead	Outcome
Policies and procedures are implemented fully	Policies and procedures are produced, implemented and reviewed	PPSG	Policies and procedures are available in the right place at the right time for all practitioners

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	Lead	Outcome
8B/10B Mentoring and Support Model is developed and implemented	Mentoring and Support Model is implemented for young people	VoCAG	Young People and Safeguarding Champions are able to promote safeguarding with confidence

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 9: Develop and embed a clear system for communicating with practitioners at all levels within each agency			
Action	Tasks	Lead	Outcome
9A SSCB members disseminate and implement the Salford Safeguarding Strategy and SSCB Business Plan	Communication Strategy and Plan makes the role of SSCB members integral to the dissemination of key messages	PCSG	Leadership is embedded throughout all safeguarding activity

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 10: That the vision and values are embedded within the workforce and talent is identified in order to build leadership			
Action	Tasks	Lead	Outcome
1B/10A All SSCB communications are consistent with the vision/values of SSS	Communications Strategy	PCSG	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	Training Coordinator with STSG	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	Training Coordinator with STSG & individual agency HR specialists	Leadership is integral to all practice.

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 11: Ensure effective working arrangements between the SSCB, the Children's Trust and key partnerships			
Action	Tasks	Lead	Outcome
1A/11A Disseminate the refreshed Compact alongside the SSS	Complete Compact Refresh	PPSG with SCYPT	Completed Refresh Compact providing companion to SSS
2C/11B Practitioners work in partnership based on shared understanding of goals and values	The issue of Domestic Abuse is addressed by all partnerships.	Inter-Partnership steering group	Practitioners implement strategies, policies and practice in a consistent way to achieve the reduction in harm to children caused by domestic abuse

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	Lead	Outcome
12A The QA and Performance Framework is implemented as part of the Learning & Improvement approach	Align to participation strategy and the Learning & Improvement Framework	PMSG	Evidence of improved outcomes for children and young people in respect of the 'Make it Happen' priorities.

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 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	Lead	Outcome
13A Participation strategy	Implement the Participation Strategy	VoCAG	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	VoCAG	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'	PMSG	
	iii. Disseminate on an annual basis	PMSG & PCSG	
13C Develop a questionnaire for parents/carers	Research methods and agree a model	PMSG	Clear understanding of community priorities for safeguarding
	Alignment to Munro 'challenge questions'.	PMSG	
	Disseminate on an annual basis	PMSG	
13E Develop the integration of the Voice of the Child in safeguarding practice	Practitioner Forum will promote this objective in practice	PF	Practitioners involve children and young people in decisions about their lives and the design of services reflects the views of Children & Young People

<p>Making it happen</p> <p>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.</p> <p>All the priorities will be supported and evidenced through:</p> <ul style="list-style-type: none"> • 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 <p>Impact priorities: Action plans to deliver specific outcomes in the following areas will be delivered by the SSCB business plan:</p>
<p>Priority 14.1</p> <p>Make an impact in the reduction of harm to children in Child Sexual Exploitation</p>
<p>Priority 14.2</p> <p>Make an impact in the reduction of harm to children via Safe Sleeping</p>
<p>Priority 14.3:</p> <p>Make an impact in the reduction of harm to children via Positive Behaviour Support</p>
<p>Priority 14.4:</p> <p>Make an impact in the reduction of harm to children in Families at Risk</p>
<p>Priority 14.5:</p> <p>Make an impact in the reduction of harm to children in Private Fostering</p>
<p>Priority 14.7:</p> <p>Make an impact in the reduction of harm to children in Safer recruitment</p>
<p>Priority 14.8:</p> <p>Make an impact in the reduction of harm to children with Disabilities</p>
<p>Priority 15:</p> <p>Work with violent and troubled families to address domestic abuse, neglect and parenting issues</p>
<p>Priority 16:</p> <p>Address unintentional injuries from a safeguarding and public health perspective</p>

<p>Making it happen</p> <p>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.</p> <p>All the priorities will be supported and evidenced through:</p> <ul style="list-style-type: none"> • 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 <p>Impact priorities: Action plans to deliver specific outcomes in the following areas will be delivered by the SSCB business plan:</p>			
<p>Priority 17:</p> <p>Work together to improve emotional wellbeing</p>			
<p>Priority 18:</p> <p>Work together to reduce teenage conceptions</p>			
<p>Priority 19:</p> <p>Work together to reduce bullying</p>			
<p>Priority 20:</p> <p>Work together to reduce drugs and alcohol abuse</p>			
Action	Tasks	Lead	Outcome
Making it Happen priorities will be subject to regular scrutiny by the SSCB Exec and Board	Information from the PMSG will inform the scrutiny	SSCB Exec	Reduction in harm for children in relation to the priority issues

Glossary

BM	– Business Manager
CBSG	– Challenging Behaviour Sub Group
CSESG	– Child Sexual Exploitation Sub Group
CRSG	– Case Review Sub Group
EIP	– Early Intervention & Prevention
ESSG	– E Safety Steering Group
HR	– Human Resources
H&WB	– Health & Wellbeing Board
PCSG	– Publicity & Communications Sub Group
PF	– Practitioner Forum
PFSG	– Private Fostering Sub Group
PMSG	– Performance Management Sub Group
SCYPT	– Children & Young People’s Trust Board
SRFT	– Salford Royal Foundation Trust
SSG	– Schools Sub Group
SSS	– Salford Safeguarding Strategy
STSG	– Strategic Training Sub Group
VoCAG	– Voice of the Child Advisory Group
YPC	– Young People’s Council