

# SSCB

# Annual Report

# 2014-2015

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Salford  
Safeguarding  
Children Board

Salford City Partnership

# Table of Contents

## Foreword

## Section 1: Governance and Accountability Arrangements

- [Our Vision](#)
- [Function and purpose of LSCB](#)
- [Board Membership](#)
- [Attendance](#)
- [Structure](#)
- [Budget](#)
- [Strategic Partnerships](#)
- [Regional Work](#)
- [Salford Context](#)

## Section 2: Progress on Business Priority Areas 2014/2015

Priority Area 1: [Early Help](#)

Priority Area 2: [Neglect](#)

Priority Area 3: [Child Sexual Exploitation](#)

Priority Area 4: [Children Affected by Domestic Abuse](#)

Priority Area 5: [Emotional Health and Wellbeing](#)

- [E-Safety and Anti-Bullying Sub-group](#)

Priority Area 6: [Quality of Practice and Learning and Improvement](#)

- [Learning and Improvement Framework](#)
- [Case Review Sub-group](#)
- [Performance Management Sub-group](#)
- [Child Death Overview Panel](#)
- [Strategic Training Sub-group](#)

## Section 3: Effective Communication and Engagement

- [Publicity and Communication Sub-group](#)
- [Voice of the Child](#)
- [Voice of Practitioners](#)
- [Voice of the Community](#)

## Section 4: Planning for the Future

- [Key Priorities for 2015-16](#)

## Section 5: Child's Journey-Scrutinising the Effectiveness of Safeguarding Children

- [Early Help](#)
- [Helping Families](#)
- [Contact and Referrals](#)
- [Child in Need](#)
- [Child Protection](#)
- [Looked after Children](#)
- [Disabled Children](#)
- [Young Carers](#)
- [Private Fostering](#)
- [Local Authority Designated Officer](#)

## Section 6: Safeguarding Assurance from Partners

- [Salford Clinical Commissioning Group](#)
- [Salford Royal Foundation Trust](#)
- [Greater Manchester West NHS Mental Health Foundation Trust](#)
- [NHS England](#)
- [Salford City Council](#)
- [Child Employment and Licensing](#)
- [Schools](#)
- [Greater Manchester Police](#)
- [CAFCASS](#)
- [Probation](#)
- [Adult Safeguarding Board](#)
- [CVS and VOCAL](#)

## Section 7: Key Contacts and Information

- [SSCB Contact Details](#)
- [Worried about a Child?](#)
- [Key Information](#)
- [Glossary](#)

## Appendix 1: [Membership](#)

## Appendix 2: [Board Structure 2014-2015](#)

## Appendix 3: [Budget 2014-2015](#)

## Appendix 4: [SSCB Core Dataset 2014-2015](#)

## Foreword



This is my second annual report for Salford Safeguarding Children Board (SSCB) and covers the year ending on 31<sup>st</sup> March 2015. However, in April 2015 the SSCB was inspected by Ofsted<sup>1</sup> and judged as Good.

As that inspection considered the work of the Board during the report period, I feel it is appropriate in this foreword to recognise the tremendous effort that agencies in Salford have made over the past few years to make such an improvement in services to safeguard children.

A critical factor in safeguarding children is the skill, effectiveness and professionalism of people who work day to day with vulnerable children and their families. Their jobs are exceptionally hard; something generally not recognised in the media. On behalf of the Board I want to thank all those people for their dedication and effort to support children and young people in Salford.

The Board is committed to providing leadership and challenge to ensure all agencies continue to support staff with continuous learning and ensure policies and procedures support practice.

The positive external validation by Ofsted of the work of the Board is very welcome but over the next three years we need to build on that and move from good to outstanding; something no safeguarding board in the country has yet achieved.

As a Board we are going to rise to that challenge and be tenacious even in the face of continuing resource pressures.

We want children and young people to:

- **feel safe at home, at school and in the community**
- **be protected from abuse, exploitation, neglect and violence**
- **be provided with opportunities to develop emotional resilience, self-worth and confidence**
- **know who to turn to for support when needed and to be able to get it when they need it**

I want to thank the Board members and support team for their contributions in making this report a true reflection of our effective multi-agency working.

A handwritten signature in purple ink, appearing to read 'S Westwood', with a long horizontal flourish underneath.

Simon Westwood  
Independent Chair -SSCB

<sup>1</sup> Inspection of LA children's Services and review of the LSCB, June 2015



## Section 1: Governance and Accountability Arrangements

## Our Vision

*‘Safe and Sound in Salford’* – doing the best for Salford’s children.

The SSCB will work together – with children, young people and families to:

- Build resilience
- Prevent harm
- Ensure support and care is provided

## Function and purpose of LSCB

Working Together 2015 provides the statutory guidance on how an LSCB should run and what its core purpose is. This references Section 14 of the Children Act 2004, which explains the LSCB’s role as:

- Coordinating 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; and
- Ensuring the effectiveness of what is done by each such person or body for those purposes.

The following themes are therefore of paramount importance for the LSCB:

- Facilitating clear accountability
- Providing a clear picture to allow agencies to improve practice
- Demonstrating improvement as a result of the board’s actions
- Providing a credible challenge that can lead to improvement in practice

The SSSCB is dedicated to working with children, families and professionals to make our children’s lives safer.

The SSCB:

- Facilitates and promotes interagency cooperation and partnership working
- Provides robust independent challenge whenever there is evidence of practice which fails to promote the best interests of children
- Supports agencies in developing and improving their safeguarding practices
- Is a responsive, learning organisation which strives to continuous improvement and continues to develop mechanisms which monitor its own and partner agencies performance
- Uses any emerging lessons to improve practices and outcomes for children
- Seeks the views of children and their families to inform how services can better meet their needs

## Board Membership

The membership of SSCB comprises of statutory and non-statutory members from different services and agencies in Salford.

Members hold a strategic role in relation to safeguarding and promoting the welfare of children within their organization. Please see [appendix 1](#)

## Attendance

The SSCB meetings are always extremely well attended by all members, both statutory and non-statutory, and by advisors. It is expected that members or a named deputy attend every meeting. The Independent Chair communicates directly with the City Director or Chief Officers of partners if this standard is not met.

## Structure

The SSCB organisation chart is set out in [appendix 2](#).

The structure is designed to embed the following principles in the future work of the Board:

- **Clear accountability:** Each Board partner retains their own existing line of accountability for safeguarding.
- **Understanding limitations:** While LSCB's do not have the power to direct other organisations they do have a role in making clear where improvement is needed and organisations should take steps to comply with this advice.
- **Enable effective co-ordination, scrutiny and challenge**
- **Dispersed leadership:** Engage with a wide range of stakeholders.

Following a Board development day and a full review of the structure and function of the Board, the Board endorsed the implementation of a new structure from April 2015.

## Budget

Please see [appendix 3](#) for a breakdown of SSCB income and expenditure 2014-2015.

The SSCB has an annual budget of circa £207k which resources staffing, infrastructure and inter-agency training but not Serious Case Reviews (SCR's).

The year-end budget shows a deficit of **-£60,275** this is due to the additional cost of the Child N SCR and Case 15 Case Review, unachieved savings from previous years and no provision for external multi-agency audits. We were able to cover this year's shortfall through funds carried forward from previous years but this will only last a further 1.5 years.

Nationally expectations of LSCBs are increasing and the SSCB needs to resolve the funding pressure if it is to sustain its current level of activity. It is anticipated that there will be an increase in the requirement for SCR's therefore the Board should make contingency provision for two SCR's each year.

The SSCB Independent Chair will write to the Chief Officers of the key funding agencies to seek clarity on funding commitments for the future funding of the Board to secure an agreement for a three year budget plan for contributions 2016-2019 and a model for funding future SCR's.

## Strategic Partnerships

The SSCB is part of a network of boards and other forums that have a shared interest in the health, safety and wellbeing of children and young people in Salford.

We have a [safeguarding compact](#) between the SSCB, Children's Trust and Health and Wellbeing Boards. This needs to be extended to include the Community Safety Partnership (CSP), Salford Adult Safeguarding Board (SASB).

The SSCB is represented on [Salford's Children and Young People's Trust](#) (CYPTB) by the Business Manager who provides a report to every CYPTB meeting. The Chair of the CYPTB is also a member of the SSCB and there is a standing agenda item regarding the CYPTB. CYPTB provides SSCB with an annual review of progress on the priorities, especially early help.

The SSCB is represented on the [Salford Health and Wellbeing Board](#) (HWB) by the Director of Children's Services. The SSCB annual report is presented to the Health and Wellbeing Board. The Health and Wellbeing Board submits its joint strategic needs assessment to SSCB.

The SSCB is represented on the [Salford Adult Safeguarding Board](#) (SASB) by the Head of Safeguarding.

The SSCB is represented on [Community Safety Partnership](#) (CSP) by the Greater Manchester Police Divisional Superintendent who provides the partnership with informal feedback on SSCB matters. In addition the Assistant Chief Executive, National Probation Service chairs the Violence against Women and Girls Board (VGW&GB) which is a sub-committee of the partnership.

The SSCB is represented on the [City Partner Group](#) (CPG) by the Independent Chair who provides the partnership executive with feedback on SSCB matters. The SSCB annual report is also submitted to the CPG. The CPG reports back to SSCB through the Independent Chair.

The Independent Chair meets with the **Local Authority City Director** every 3 months. The Lead Member for Children is a member of the SSCB. The Independent Chair has agreed with the City Director to approach the Mayor and the City Partnership to implement a bi-annual meeting of key Chairs for strategic bodies on public protection issues.

## Regional Work

The SSCB is represented on the [Greater Manchester Safeguarding Partnership](#) (GMSP) by the Independent Chair. The Director of Children Services Chairs the GMSP and reports to SSCB at every Board meeting.

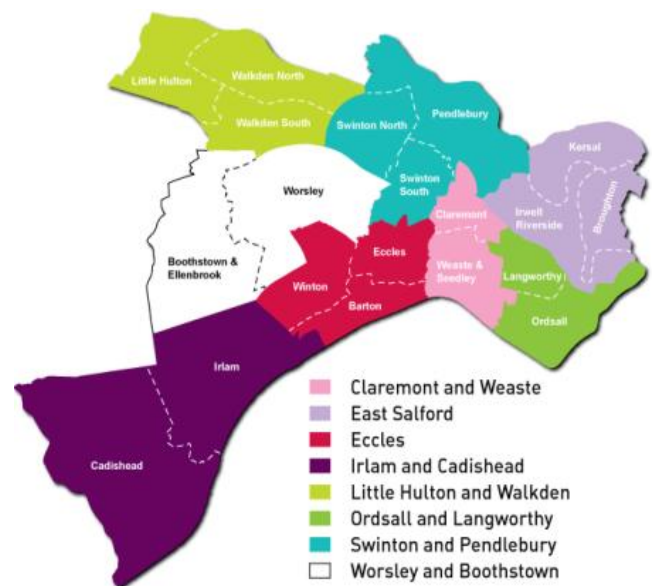
The SSCB should improve links with [Manchester Family Justice Board](#) and it is proposed that the CAFCASS representative of the Board provides that link along with the Independent Chair. This needs to be explored during 2015-2016.

The Independent Chair, on behalf of the Board will continue to promote regional work where efficient and commit to peer support through the GM Safeguarding Partnership, GM LSCB Chairs network, North West Sector Led Improvement Board and as North West Regional Director of the Association of Independent LSCB Chairs.

## Salford Context

Salford is a unitary authority that has the following demographic features that provide the context for safeguarding children and young people.

- Salford is situated to the west of the Greater Manchester and covers an area of 37 square miles.
- 233,933 people living in Salford and of these 76,875 are aged 0-24 years (32.9% of total population)<sup>2</sup>
- It is estimated Salford's total population will increase to 242,040 and the total under 24 population will be at 78,040 (32.2% of the total population).<sup>3</sup>
- 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.
- A large proportion of residents are Christian 150,111 (64.2%) and 7,687 (3.3%) Jewish.<sup>4</sup>
- 4,447 (4.2%) lone parent households with dependent children are not in employment compared to 3.2 England average.<sup>5</sup>



<sup>2</sup> Source: Census 2011, ONS

<sup>3</sup> Source: mid-2014 population estimate, ONS

<sup>4</sup> Source: Census 2011, ONS

<sup>5</sup> Source: Census 2011, ONS

- 88.3% of the population of Salford were born in the UK, 5.2% in other parts of Europe (including Ireland), 2.3% in Africa and 3.5% in Asia.<sup>6</sup>
- The school-age population is 81.4% white, 4.5% Black or Black British, 2.7% Asian, 0.2% Chinese, 6.4% Mixed Race and 2.9% other.<sup>7</sup>
- Salford birth rate has been falling since 2010 with 67.7 live births (per 1000 women aged 15-44) compared to 68.5 in 2013.<sup>8</sup>
- Approximately 13.5% of children living in households with only one parent compared to 10.6% across England and Wales<sup>9</sup>
- Infant Mortality for 2010-2012 is 5.2 infant deaths per 1000 live births, compared to 4.3 for England.
- Salford was ranked as the 16th most deprived local authority in the country, with approximately 1/3rd of the neighbourhoods in Salford amongst the 10% most deprived in the country.<sup>10</sup>
- Approximately 26% of the local authority's children are living in poverty.<sup>11</sup>
- Children and young people from minority ethnic groups account for 14% of all children living in the area compared with 22% in the country as a whole.<sup>12</sup>
- The largest minority ethnic groups of children and young people in the area are Asian or Asian Black and Mixed.<sup>13</sup>
- The proportion of children entitled to free school meals:<sup>14</sup>
  - in primary schools is 27% (the national average is 17%)
  - in secondary schools is 23% (the national average is 15%).
- The proportion of children and young people with English as an additional language:<sup>15</sup>
  - in primary schools is 15% (the national average is 19%)
  - in secondary schools is 10% (the national average is 14%).
- The net population gain resulting from international migration is the single most important driver of population growth within Salford – adding about 1,400 to the population per year (average 2001-12)

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<sup>6</sup> Source: Census 2011, ONS

<sup>7</sup> Source: Annual School Census, January 2015

<sup>8</sup> Source: [Live Births by Area of Usual Residence, September 2015](#), ONS

<sup>9</sup> Source: Census 2011, ONS

<sup>10</sup> Source: Indices of Deprivation 2015

<sup>11</sup> Source: [HMRC Snapshot as at 31 August 2012](#)

<sup>12</sup> Source: Census 2011, ONS

<sup>13</sup> Source: Census 2011, ONS

<sup>14</sup> Source: DfE Schools, pupils and their characteristics

<sup>15</sup> Source: DfE Schools, pupils and their characteristics



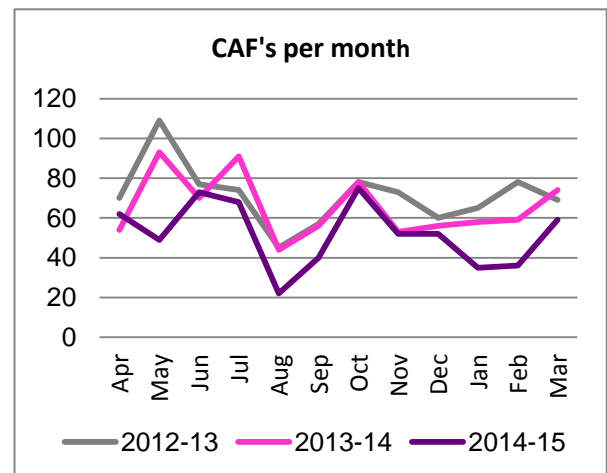
## Section 2: Progress on Business Plan Priority Areas 2014-2015



## Priority Area 1: Early Help

Early Help is a key priority for the SSCB and CYPTB, with the CYPTB leading the implementation and the SSCB undertaking a scrutiny and challenge role.

- In 2014 – 2015 the Early Intervention and Prevention (EIP) received a total of 2282 referrals.
- In 2014 – 2015 73% of families requiring EIP support were at Level 2a and 2b this is a decrease of 7% from 2013-2014.
- In 2014–2015 a total of 623 CAFs were authored, seeing a 21% reduction on 2013 - 2014. 22 (14%) of all CAFs in 2014 – 2015 were co-authored.
- 51% of all CAFs in 2014 - 2015 were authored by Education; a significant 11% rise on last year.



## Achievements 2014-15

- We published the [Early Help Strategy 2014-17](#) and revised [Thresholds of Need and Response 2014](#) guidance in September 2014. The threshold document supports the correct application of thresholds and provision of appropriate interventions at the right time to prevent needless escalation wherever possible. **Protocols regarding escalation and de-escalation** of cases up and down the thresholds have been strengthened between EIP/Outreach and statutory workers.
- From the Early Help Strategy action plan the **Family Nurse Partnership** is in place (supporting young parents), the **0-25 Strategic Data Review** was completed and the Greater Manchester Early Years approach was piloted in Little Hulton.
- The Board closely monitors early help safeguarding performance data and investigates trends and evaluates effectiveness through the use of **targeted case reviews and audits**. This includes **monitoring movement on the thresholds** of need to show how EIP support has prevented problems from escalating as well as low re-referral rates providing evidence of how problems are less likely to reoccur.
- Following the SSCB 'Early Help' [Practitioner Forum](#) in November 2014 there is now a '**Joint Working Protocol**' in place between Voluntary Community Social Enterprise (VCSE) organisations and Children's Services.
- November 2014 the Board received an update regarding the '**The Bridge Partnership**' (was MASH) to reflect the team's remit is wider than child safeguarding. There are a range of services now co-located within our Bridge Partnership focussed on early help intervention as well as the single point of referral for all safeguarding concerns in the city.
- **Targeted early help offer** is delivered through the **EIP Service**, which offers a range of support services, including family support, parenting programmes and Family Group Conferencing (FGC). This enables the early identification and offer of help at the earliest opportunity to support families to reduce family breakdown and avoid escalation of need.
- **Strengthening Families** programme is aimed at pregnant women, pre 20 weeks gestation, most at risk of their unborn child being removed from their care and parents who have already had children removed. At

**Salford Children's Services Joint Working Protocol with Voluntary and Community Organisations and Social Enterprises**



the end of 2014/15 72% of the parents had successfully completed the programme. Of all the cases closed it was recorded that the parents had a total of 73 children previously removed, however at closure only 2 children became LAC, reducing the need for statutory intervention. The programme achieved second place in the national **Royal College of Midwives (RCM) Awards 2014** for innovative partnership work.

- Good **outreach systems** are in place to enable the targeting of the most disadvantaged families to ensure that **funded childcare places** are offered and taken-up at the earliest opportunity.
- Early indication of outcomes from the **Family on track team** show promising results. In the first two months of the pilot 40 (82%) of the children referred to the team remain at home with ongoing outreach support. Only 4 (8%) became LAC.
- A new **Family Assessment** has been devised and piloted following consultation with partner agencies and families. A decision is awaiting regarding the feasibility of an electronic version before it is fully implemented. The SSCB and CYPTB logo will be added to promote partnership working
- EIP in partnership with Children's Centres has delivered the **NFA Project**. This involves Children's Social Care reassigning cases for children under 4 years who would normally be offered no additional service. The review showed that Children's Centres have had contact with nearly half of the NFA cases referred through and that it is proving to be a useful tool for targeting the most vulnerable families in their reach area. Once embedded, it should impact on the number of re referrals to social care.
- Substantial work has been carried out to **promote co-authoring of CAFs between agencies and bespoke training** being offered to agencies completing limited CAFs. As a result there has been an increase from schools and Private, Voluntary and Independent (PVI) sector and better engagement from housing and probation.
- AFRUCA have been commissioned to deliver **targeted parenting programmes for Black African families**. Community engagement with the service has increased and community champions for early help have been established.

## Challenges

- Despite the drive to increase the number of CAF's completed this has not been achieved.
- Slow multi-agency communication regarding the official launch of the '*The Bridge Partnership*' restricted the updating of multi-agency policies, thresholds guidance and training. This was challenged.
- An electronic web version of the new early help 'family assessment' is in development. There has been some difficulties with the system and EIP service are working hard to address these issues.
- Responding to the rapid change in the demography within Salford, in particular the increasing population of families from an Eastern European, Jewish or other BME background.
- A key challenge in the current climate of austerity is to continue to demonstrate the effectiveness and impact of early help. Commitment and participation of partners across the city is essential to achieve positive impact that is sustainable.

## Priorities 2015-16

- Publish a revised Early Help Strategy (**CYPTB lead**) and supporting Threshold of Need and Response guidance.
- Publish a new 'outcomes framework' which will give us a better picture of early help. (**CYPTB lead**)
- Ensure the 'family assessment' is implemented and launched city wide.
- Ensure that multi-agency safeguarding procedures accurately reflect local services, pathways and recent changes.
- Ensure all partners have a good understanding of the early help strategy, thresholds of need, and arrangements for a multi-agency single point of contact as these initiatives continue to develop and mature.
- Ensure partners are informed about the design of an integrated 0-25 year service.
- Seek assurances from The Bridge Partnership regarding the impact of the new front door on early help and safeguarding.
- Increase work with BME communities, particularly with Jewish community in order to offer early help and to meet the needs of different communities.



## Priority Area 2: Neglect

- At 31 March 2015 171 (47.9%) children were subject to protection plans under the category of Neglect. This remains the highest category and continues to increase every year.
- Neglect is a factor in 60% of serious case reviews<sup>16</sup>.

### Achievements 2014-15

- The [Early Help Strategy 2014-2017](#) says that early help is an important element of preventing neglect.
- The SSCB has been proactive in driving forward progress on the **neglect strategy**. The draft strategy has been consulted upon but is not yet complete.
- Neglect was a core theme at this year's annual event '*The Unseen Child*' to share the lessons learned from local Case Reviews with practitioners. Post-event 63 delegates agreed the Graded Care Profile (GCP) should be used as soon as there are concerns compared to 43 pre-event.
- The SSCB **neglect course** has been revised in line with national and local learning from the recent case review.
- Salford has agreed to pilot the multi-agency risk assessment model (**MARAM**) **GCP** which includes a variety of tools including an adapted GCP and home conditions tool.
- There is a **Greater Manchester Neglect Policy** in development. This will go live in June 2015.

**“There is better emphasis on the need to attend the Graded Care Profile seminar and practitioners are aware they should use the tool to assess neglect”**

Quality Assurance Officer  
- SSCB Training Pool member

### Challenges

- Limited attendance by all agencies at GCP seminar.
- The use of the GCP assessment tool has reduced. The partnership is aware of this, has analysed the reasons and intends to deliver further training to support practitioners to use the tool effectively.
- Feedback about practice has highlighted examples of disguised compliance.
- Data is developing and gives a limited picture of activity. Data is currently not available across all partners regarding GCPs.

### Priorities 2015-16

- Ensure that the neglect strategy and action plan is finalised and disseminated so partners are clear about their responsibilities to address this issue.
- The strategy will be a working document that is informed by learning from case reviews and the planned Neglect multi-agency practice audit.
- Evaluate the MARAM GCP pilot.
- Plans are in place to evaluate the long term impact on practice in relation to participants attending neglect training.
- Ensure relevant Salford agencies contribute to Manchester's SCR regarding nutritional neglect.
- Neglect indicators to be revised to improve analysis of outcomes. We want to use outcome information from commissioned services to provide assurance that early indicators of neglect are being addressed.



**MARAM- GCP Form**

<sup>16</sup> Source: Neglect and Serious Case Reviews, NSPCC 2013

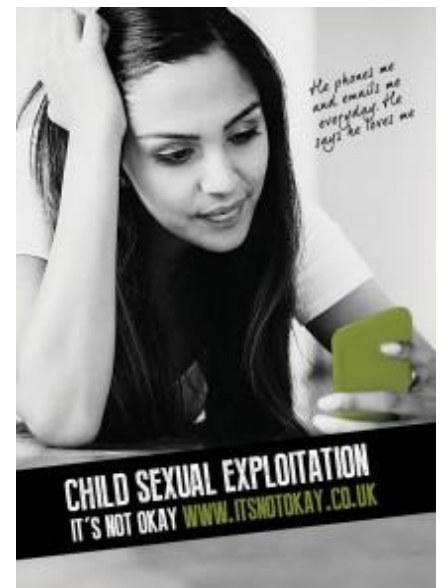


## Priority Area 3: Child Sexual Exploitation

- There were 112 referrals between April 2014- March 2015 which is a significant increase in referrals. The main source of referral continues to be GMP intelligence and open case referrals from social work teams.
- At 31 March 2015 9 young people had been identified at high risk, 4 at medium risk and 13 at low risk. The rise in the numbers in the last year reflects the dedicated work of the local specialist CSE teams.
- GMP figures show a rise of 268% in the number of incidents reported to police, from 886 in 2013/14 to 3258 in 2014/15. The rise can be attributed to an increase in public awareness, as well as enhanced police officer understanding and more accurate recording of CSE crimes.

### Achievements 2014-15

- The SSCB maintains good oversight and scrutiny of Child Sexual Exploitation (CSE) work. The multi-agency strategic **sub-group continues to monitor the strategy** and services to support children at risk of CSE and missing.
- Manchester and Salford have continued to provide a **joint multi-agency CSE team** working across the two cities. **Information sharing has led to improving intelligence** of CSE and disruption activity is effective and coordinated.
- A wide range of multi-agency **safeguarding training is delivered**, supported and accessed by partner agencies. Awareness-raising and training with foster carers and children's homes has been rolled out.
- Greater Manchester **'Project Phoenix'** provides the **umbrella framework** within which local strategies and services are delivered. Key achievements include:-
  - Protect use the GM **Phoenix CSE risk measurement tool** this ensures consistency
  - GM Phoenix has launched a **communications strategy** to tackle CSE.
  - The launch of the **'It's not Okay'** campaign in September 2014, including the introduction of a website [www.itsnotokay.co.uk](http://www.itsnotokay.co.uk) and comprehensive social media campaign.
  - SSCB has adopted the GM CSE policy with supporting local guidance.
- Pupils at The Albion Academy in Salford have **produced short film** in support of the greater Manchester #itsnotokay publicity campaign. They recently received **ambassador status** for their commitment to tackle CSE.
- The local specialist Protect team provides **quarterly qualitative reports** on its activity.
- We have agreed to commission an **independent audit** to provide assurance responses to address CSE are effective and robust.
- Salford's GMP CSE response team **'Operation Avert'** complements the work undertaken by Protect through a combination of intensive disruption and awareness-raising activity. This includes regular **visits to potential 'hotspots'** and areas of risk such as off licenses, takeaway restaurants, hotels, public toilets and taxi ranks.
- Work has been undertaken with the **responsible authorities' team** to ensure that when they are entering buildings the issue of CSE is recognised and addressed.

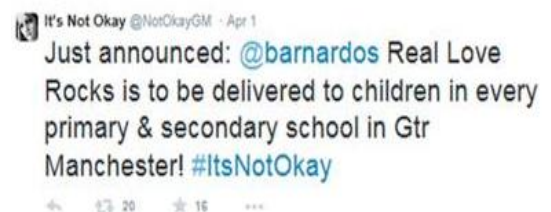


It's not Okay campaign Poster



Albion Academy [#itsnotokay](https://www.youtube.com/watch?v=...)

- Barnardos have secured funding from the police innovation fund to implement their **healthy relationships resource 'Real Love Rocks'** into every school across GM. The SSCB training officer will coordinate the briefings for schools. The resource is promotes healthy, consensual, safe relationships amongst children and young people. It aims to raise awareness of grooming, child sexual exploitation and online safety. There are two separate resource packs, one for primary and secondary schools.



Tweet from @notokaygm

## Challenges

- Although awareness of CSE has increased in light of high profile cases across the country, it is still difficult to fully assess the scale of it.
- Not all cases where there are CSE concerns are referred through The Bridge Partnership.
- Intelligence about hotspots is known and shared, although there is currently no localised Salford problem profile.
- The extent, reach and impact of CSE training has not been mapped.
- Ensuring that all available opportunities for receiving of intelligence are obtained. The bulk of information received has been from GMP sources.
- Capacity within SSCB training pool to meet training demand in relation to CSE has been stretched.

## Priorities 2015-16

- The subgroup has recently been redefined as the Sexual Abuse and Exploitation steering group with a wider remit including ensuring links are in place regarding missing.
- All children's social care teams and partners should have a CSE champion who has, as a minimum, conducted CSE awareness raising sessions with their teams in conjunction with CSE police officers.
- Review the CSE strategy and action plan ensuring that data and outcomes demonstrate impact and maximise information sharing opportunities.
- Roll out of 'Real Love Rocks' to all schools in Salford by March 2016.
- Further develop a range of training models to incorporate targeted single agency requirements and discrete groups e.g. taxi-drivers, entertainment venues, licensed premises and accommodation providers.
- Review local pathway guidance.
- Explore options for improving communication through social media.
- Complete the CSE external audit and associated activity.
- Support GMP to produce a CSE Greater Manchester and local Salford problem profile.
- Plans are in place to raise awareness among young people through schools and promote community awareness through Operation Avert e.g. Parents' CSE Awareness Day 13<sup>th</sup> May 2015.
- Participate in the Phoenix CSE peer review and use the learning to inform practice.



## Priority Area 4: Children Affected by Domestic Abuse

The Community Safety Partnership (CSP) has overall responsibility for domestic abuse agenda in Salford. CSP has established a Violence against Women and Girls Board (VAW&GB) to drive forward its domestic abuse strategy. Salford now has a multi-agency Children's Domestic Violence Strategic Group which will report to the VAW&GB.

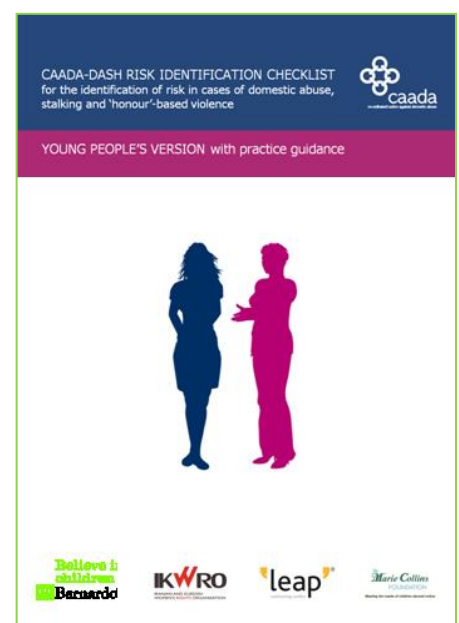
- There remains a high prevalence of domestic abuse within Salford. Salford has the highest number of domestic abuse incidents across Greater Manchester and it continues to increase.
- A significant proportion of domestic abuse cases occur in households with children - 793 for 2014/15.
- Although, the end of March 2015 168 children were on plans under category of emotional abuse. Of those 168, 162 had primary risk as DV (45.63%) this decrease may be a good indication that the integrated approach across all partners is having a positive impact.

### Achievements 2014-15

- The SSCB carried out a **multi-agency practice audit** in February 2014 to assure itself how well agencies work together to safeguard children who experience domestic abuse. The messages have informed practice and service development.
- From November 2014, **Multi-Agency Risk Assessment Conference (MARAC)** meetings have moved from a fortnightly to three times per week to ensure robust, timely consideration of risk and effective multi-agency work.
- CSP is developing a **domestic abuse strategy and action plan for 2016** onwards. The SSCB partners will be consulted on this.
- A **problem profile** has been commissioned and this will be reported to the VAW&G Board in June 2015. This will inform the strategy and performance indicators.
- There has been a recent **domestic homicide review** which has been sent to the Home Office, the recommendations from this will be worked through by the CSP.
- The children's sub-group have produced a **children's domestic violence strategy 2014-2016** with a clear action plan.
- Salford now has a part time **young person violence advisor (YPVA)** based at The Bridge Partnership, Monday, Wednesday and Friday. Multi-agency briefings were held in December 2014 to raise awareness of the MARAC within The Bridge Partnership, role of the YPVA, **young person DASH assessment tool** and **junior MARAC**. The YPVA champion has trained 29 trained YPVA's across partner agencies.
- We are one of the few areas in GM to have **set up a system for young people who are the victims and perpetrators of violence** since the Home Office definition of domestic abuse was extended. This has improved identification of young people who are victims or perpetrators of domestic abuse, helping break the cycle of abuse in some families. Post graduate students from **Salford University** have agreed to evaluate the **junior MARAC**.
- As a consequence of the **NFA project**, if a child under the age of four lives in

**"A weekly Junior MARAC is resulting in early identification of children and young people at risk of perpetrating domestic abuse, with clear pathways of referral for support"**

YPVA Champion



Young Person DASH

the household when police attend a DA incident, a referral should be made to a children's centre and a home visit should be undertaken to engage the family.

- We have a **new 1 day introduction course and a 2 day DA course** this is well attended and supported by partner agencies.
- The SSCB has adopted the [GM Domestic Violence policy](#) and [MARAC guidance](#). This will be updated further in June 2015.
- We have **challenged partners** about the high numbers of children subject to child protection plans where DA is a risk factor.
- Worked with schools and family support teams to **raise awareness amongst young people of DA** and CSE through healthy relationships in schools. Integrated Youth Support Services (IYSS) are going into schools and **working with children through the PHSE programme** and undertaking group work with young women to make them aware of the dangers.
- Salford has **piloted 'Safe and Healthy Family Relationships'** which aims to intervene at an early stage to help prevent the cycle of domestic abuse. The full evaluation will be considered by the HWB and decisions made about future options and plans.

## Challenges

- The VAW&GB lacked sufficient focus on children and young people.
- Resources to manage needs identified through the junior MARAC only just meet the current demand.
- The YPVA post funding is under threat and the service may not be sustained.
- The young person's MARAC receives a lot of referrals about boys who are being violent to their mothers. There needs to be some work in place to undertake some preventative work and address this, Youth Offending Services indicate there are not have the resources to address this.
- There are no adult perpetrator programmes other than those mandated by the court. The safe and healthy relationships programme was not successful as men would not attend because attendance was not court mandated. The sub-group are looking at other areas across the country that have successfully engaged male perpetrators.
- Currently there is no mechanism to regularly share domestic abuse notifications with schools.

## Priorities 2015-16

- To ensure the Board has a clear overview of DA activity we will have a thematic Board meeting in May 2015.
- The problem profile and strategy will be disseminated to the SSCB for consultation to ensure it includes a focus on children and young people.
- The Strategic Bridge Group will look at how to facilitate the regular information sharing with schools.
- Long term the CSP will devise performance data to provide assurance to SSCB.
- The partnership compact will be extended to the CSP who can then assure the SSCB that the issues for children are being covered.
- Press for further perpetrator programmes particularly non-statutory.
- GM procedures will increase consistency of practice but there will be some local variations. The local pathway guidance will be reviewed by the Children's Sub-group.
- Ensure the young person DASH and supporting pathways for young victims and perpetrators is available online for partners.



## Priority Area 5: Emotional Health and Wellbeing

Emotional wellbeing is a priority area for the CYPTB. The Emotional Health and Wellbeing Partnership (EHWP) report to the CYPTB bi-annually on the impact of the emotional health and wellbeing strategy 2013-2015. Many preventative actions have been driven by the Trust. Please see the [CYPTB Annual Report 2014-15](#) for more information.

- The 4 GM CDOPs reviewed 40 child deaths between October 2008 and September 2014<sup>17</sup>. 23 (57.5%) are recorded as either having self-harmed or had suicidal thoughts and 25 (62.5%) recorded to either have had mental health issues themselves or members of their immediate family had.
- GM data shows there were 1,553 attendances for deliberate self harm by residents aged 13-17 year between April 2011 and March 2014<sup>18</sup>
- At 31 March 2015, 168 (47.1%) children were subject to protection plans under the category of emotional abuse. This remains the second highest category and continues to increase every year.
- Early signs indicate there is a decrease in the number of children presenting at A&E for self-harming with 52 in 2014/15 compared to 94 in 2013/14 but this is yet to be verified.

### Achievements 2014-15

- Self-harm was an issue in a recent **SCR**. **Child N** presented to the local hospital adult A&E department- two attendances related to overdoses and one was a deliberate suicide attempt. The SCR recommended *'that a **clear pathway of mental health services for 16-18 year olds** is created and disseminated to all agencies'*.
- GM Safeguarding Policies Group have agreed to add the National Centre of Clinical Excellence (**NICE**) **guidelines on anti-depressant medication** for young people (March 2015). This will go live June 2015.
- CAMHS have agreed to deliver a multi-agency **self harm seminar**.
- The CQC inspection (March 2014) recommended that health services should review care pathways when young people attend the emergency department following self-harm (4.1). The CCG is awaiting confirmation from GMW that the **draft pathway** has been finalised and implemented. The CCG intends to seek assurance that the revised pathway is consistently being followed after implementation.
- CCG commissioned a **drama workshop 'All in the Mind'** in March 2015 to raise awareness of mental health and self-harm. It was offered to all secondary schools and PRUs across the City. 382 students completed evaluations. **Over 95% said a drama workshop is an effective way to learn about difficult issues.**
- We hosted an Emotional Health and Wellbeing **Practitioner Forum** in March 2015. An Educational Psychologist did a presentation regarding the **Targeted Mental Health in Schools (TaMHS)** programme and **emotionally friendly schools resource**. This is a significant start in developing capacity at a universal service level.
- CAMHS have produced some **clear referral pathways** which will be disseminated widely.
- **Salford Youth Council has chosen mental health as its priority** for 2015-16 and there is a Health and Wellbeing lead.

**"The most significant difference was seen by students who said they already knew 'a lot' about self harm, with 85 saying they now knew 'loads more' and 100 claiming they know 'a bit more'"**

Engagement Officer, Salford CCG

<sup>17</sup> GM Safeguarding Partnership, November 2014.

<sup>18</sup> TIIG Greater Manchester Themed Report: Deliberate Self-Harm across Greater Manchester April 2011 to March 2014

## Challenges

- Awareness of what activity is underway in public health across Greater Manchester, public health locally, and activity driven by the LSCB and the CQC inspection action plan remain relatively new.
- There is a need for collation of reliable data about the scale of the emotional health issues and better evaluation of services
- Funding barriers and logistical limitations currently exist. There is a need to draw together some ownership, accountability and clarify funding streams.

## Priorities 2015-16

- Salford CCG to provide an update regarding the CQC action plan. In particular action 4.1.
- Ensure the SSCB is aware of what local activity is underway regarding self harm/suicide prevention.
- Ensure the Emotional Health and Wellbeing Strategy is reviewed and that impact is measured. **(CYPTB lead)**
- Ensure lessons learnt from Child N SCR are shared with Emotional Health and Wellbeing Partnership Board.
- Ensure care pathways adopted when young people attend the emergency department following incidents of self-harm link with those being developed through the emotional health and wellbeing strand of the 0-25 development and are clearly articulated in any outcome documentation. **(CYPTB lead)**
- GM Suicide and Self harm Policy should link to local pathways (where the young person is under 16 and where a young person is 16-17).
- Develop a questionnaire exploring young people's views on emotional wellbeing and mental health. This will inform the 0-25 review and to feed into the ongoing transition work around CAMHS. **(CYPTB lead)**

## E-Safety and Anti-bullying Sub-group

### Achievements 2014-15

- Developed **guidance on managing e-safety**.
- Children, young people and practitioners came together to discuss 'the **spectrum of bullying and hate**' at the **Anti-Bullying Conference** in November 2014
- The **anti-bullying annual survey** highlighted that most children and young people feel safe from bullying with 33.2% responding they have been bullied within the current year; a year on year reduction. The survey also highlighted that **91.5% feel confident that their school or setting will respond effectively to bullying**; a year on year improvement. This information is being used to feedback into schools and to promote the restorative practice approach to bullying.
- Delivered multi-agency **seminars regarding e-safety** and there is a 2-hour slot on the 2-day multi-agency CSE training.
- '**Stay Safe Online**' briefings regularly disseminated to Salford practitioners
- **City West Housing Youth Empowerment Panel** attended the CYPTB in October 2014. They have an **anti-cyber bullying campaign** and launched an **anti-cyber bullying competition** during anti bullying week.
- Salford Young people took part in **hate crime workshops** with Transport for Greater Manchester, supported by the North West Anti Bullying Group, to design posters which hit out at bullying. They are now on display at 900 locations across the city.
- A number of Salford schools have successfully achieved the **BIG Award** this year for excellence in bullying intervention.

**"Salford has developed excellent guidance on managing e-safety which was considered outstanding by the evaluators"**

Director of the Bullying Intervention Group (BIG)

## Challenges

- Ensuring our messages reach the Salford community and are consistent across the city.
- Engaging parents and carers.
- Engagement of young people in planning work on e-safety

## Priorities 2015-16

- Utilise social media to disseminate key messages.
- Get involved with wider Salford initiatives to capture the views of children and young people
- Anti-bullying conference planned for 19<sup>th</sup> November 2015. Contact [wuu2@salford.gov.uk](mailto:wuu2@salford.gov.uk) (CYPTB lead)
- Facilitate a young person lead event for the Board on social media.
- Develop Board understanding about the dark web and consider actions to improve the understanding of risks with young people.



## Priority Area 6: Quality of Practice and Learning and Improvement

The SSCB developed a local [quality assurance and learning and improvement framework](#) in July 2013. The framework supports the SSCB and partner agencies to enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.

The case review, performance management and strategic training sub-groups are responsible for the implementation of the framework.

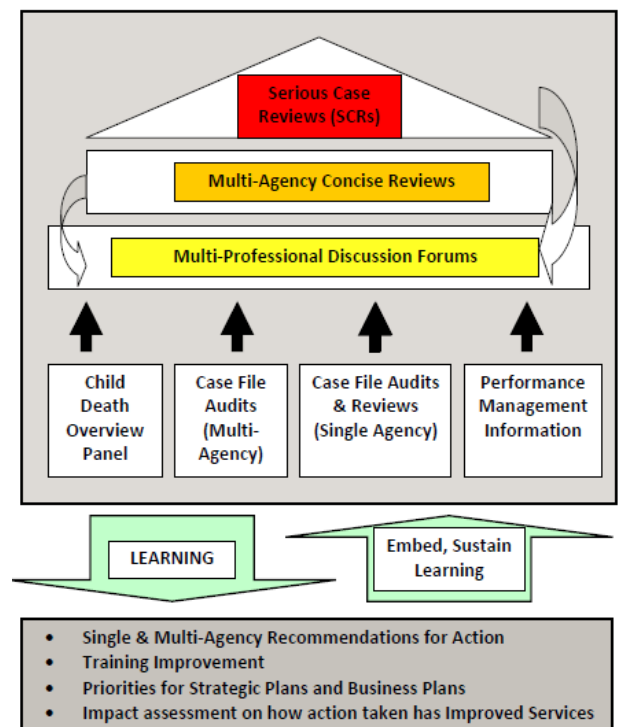
During this reporting period there has been a range of activity in order to assist the SSCB and partner agencies to drive improvement.



## Case Review Sub-group (CRSG)

### Achievements 2014-15

- Implemented a [North West Learning and Improvement Framework](#) May 2014.
- There were **10 case referrals** to the CRSG in this reporting period. The outcomes include:
  - 5 NFA/ no concerns regarding working together
  - 3 single agency actions
  - 2 will inform the CSE external audit
- All **serious incidents are carefully considered** and all key decisions are ratified by the independent chair.
- The CRSG considers the **progress of action plans at each meeting** and this promotes transparency and swift completion of actions.
- There has been **effective and timely communication with the National Panel**.
- The [Child N Serious Case Review Overview Report](#) and [Board action plan](#) were published on 31<sup>st</sup> March 2015. The recommendations focus on safeguarding vulnerable 16-18 year olds, in particular those with mental health concerns and those who present to agencies as homeless.
- Child/Adult 15 case review** was jointly commissioned by SSCB and Salford Adult Safeguarding Board (SASB). Child/Adult 15 was a victim of child trafficking from Pakistan into the UK for the purpose of domestic servitude and sexual exploitation. Child/Adult 15 was deaf and without speech and perceived to be 20 years old when she was believed to be a girl of ten. **There is national and local learning for both Safeguarding Boards.**
- The lessons learnt from Child N SCR, Child/Adult 15 and a neglect case were presented at the **annual learning event for practitioners 'Unseen Child'** 6th March 2015. The event was attended by 115 practitioners and the feedback was positive. The event also provided opportunity to inform attendees of the work of the CRSG and the revised [SSCB Case Review policy](#) including the [case referral](#) process.



### North West Learning and Improvement Framework

- To further cascade the lessons learnt from these complex cases, the CRSG has developed a lessons **learnt e-bulletin** and has arranged to provide **further seminars** including at a **Practitioner Forum**.
- To quality assure practice and identify learning there where two **multi-agency discussion forums (practice audits)** on domestic abuse and CSE. The findings from the CSE audit will be triangulated with the external audit.

## Challenges

- Limited GMP attendance at the CRSG regarding Child N SCR. This was promptly followed up by the independent chair, resulting in an internal review and agreement to revise their single agency action plan.
- SASB have the overall responsibility for Adult/Child 15 but do not have the same infrastructure and resources as the SSCB to ensure learning are implemented.
- Ensuring the learning is meaningful for front-line staff in order to improve outcomes.

**"I was particularly struck by the lessons from the Child N case - very powerful! – I will bring back awareness of vulnerability of adolescents in my QA/Training role"**

Delegate

## Priorities 2015 -16

- Ensure Adult/Child 15 report and Board action plan(s) are published.
- Undertake more multi-agency audits a year to inform practice. A bigger sample will improve the reliability and validity of findings.
- Ensure Child N Board and single-agency action plans are implemented.
- Ensure that the Adult/Child 15 SSCB actions are implemented and work with SASB to ensure implementation of single agency action plans.
- Review the child protection medical pathway
- Agree a forward plan for multi-agency discussion forums (practice audits) for 2015/16. Future themes identified include neglect, emotional health and children with disabilities.
- Ensure the communication strategy references publication of SCR's.

## Performance Management Sub-group (PMSG)

This is a joint sub-group with the CYPTB.

## Achievements 2014-15

- **Safeguarding data is scrutinised** regularly by PMSG and the Board. PMSG members agree **highlights and set challenge questions** each quarter and these are addressed prior to the SSCB.
- A C4EO Consultant was commissioned to develop a **GM outcome performance framework**. This was launched in September 2014.
- More recently the SSCB has **developed a more comprehensive multi-agency dataset** by supplementing the core Children's Services dataset with performance reports aligned to our priorities 2014-15. This enables more equitable challenge of all partners.
- Produced an **audit calendar 2014-15** to enable the PMSG to monitor audit activity.
  - The Board undertakes **two multi-agency themed audits a year** to inform practice.
  - There is a **comprehensive section 11 audit programme**. Partner agencies are required to complete the GM section 11 audit biennially and triangulate findings with an annual practitioner survey. PMSG hosted a **section 11 challenge panel to scrutinise single agency action plans** and evidence submitted. This proved to be effective as agencies provided additional assurances where shortfalls had been identified.

- **Single agency safeguarding audits are shared** e.g. private fostering to drive improvement and provide valuable lessons about how organisations are working together to safeguard children.
- **PMSG track escalation notices.** The group disseminated a **survey to practitioners** to develop a better understanding of escalation in order to identify areas to improve practice. 117 Salford practitioners responded and reported they are now more familiar with the local SSCB Escalation Policy. 86% reported they are aware of the SSCB policy, **91% reported they know who to contact in the 1st instance and 89% know what to do if the issue is unresolved.**
- For small commissioned services and the voluntary sector CVS and NHS Salford developed **safeguarding standards.** The standards offer an opportunity to self-assess safeguarding practice and identify areas for improvement. The [template and guidance](#) is available on our website. PMSG receive **bi-annual updates from commissioned services** regarding the standards register.
- The Board completed an **Ofsted self-assessment** in June 2014. This helped identify areas of good practice and areas for improvement.

## Challenges

- The board has found it challenging to develop consistent performance report that is clear, includes trends, and supports scrutiny. The current dataset is of limited use and intermittent gaps in information inhibit the LSCB's ability to assure itself of performance regarding practice in children's social care.
- Devising an appropriate performance report has been complicated by attempts to incorporate the recently developed GM safeguarding dataset. Salford piloted the GM safeguarding dataset -part A. The framework is too social care heavy, not sufficient for local need, limited indicators definitions which will cause issues for benchmarking and there is currently no allocated resource to pull together an overall GMSP dataset.
- The performance post has been vacant since July 2014 so there has been limited capacity to drive the performance agenda forward. The Independent Chair raised this risk to the City Director. Following this an interim a performance officer from the council was allocated to support the SSCB.

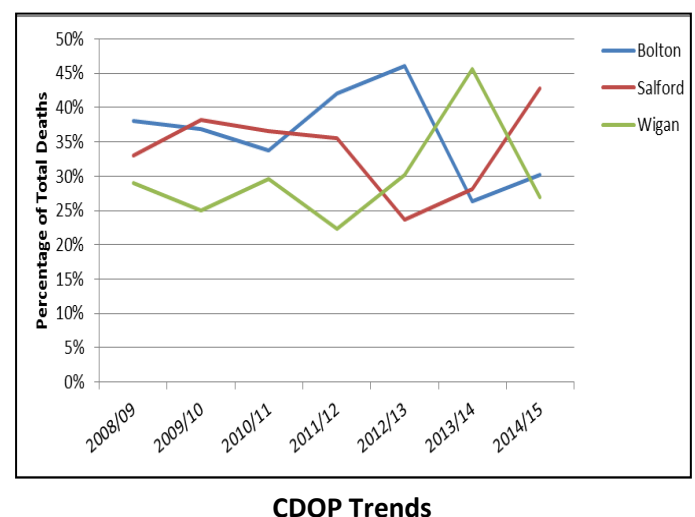
## Priorities 2015-16

- Embed the revised thematic performance framework linked to Board priorities and themed discussion at the Board.
- Agree core performance indicators for the city partnership performance framework 2015-16.
- Board partners to continue to provide the SSCB with data to enable it to fulfil its statutory functions effectively. GMP's Public Protection Division plan to improve the GMP's quarterly safeguarding performance monitoring report to incorporate LSCB requests and local narrative.
- Complete the JSNA with respect to safeguarding, child population ethnicity and diversity data.
- Ensure the S.11 audit and supporting practitioner survey are completed to assess whether partners are fulfilling their statutory obligations.
- Audit multi-agency policies and procedures to ensure they are embedded in practice and accessible to practitioners.

## Child Death Overview Panel

Salford CDOP operates as a tri-partite arrangement with Bolton and Wigan authorities to review all child deaths where the child is normally resident in these areas. Findings are used to prevent future child deaths.

- Since 2008 BSW CDOP has recorded 519 child deaths
- Two-thirds of these deaths are children under 1 year. This is similar across GM and nationally. These deaths have consistent themes around prematurity, smoking, low birth weight and life limiting conditions.



- In 2014-15 BSW CDOP received 63 notifications, 32 (51%) concluded in that period. 17 (25.7%) were identified as having modifiable factors.
- Salford has seen a significant rise in child deaths and is the highest since 2009-10. 27 (42.9%) notifications from Salford. 19 (70.3%) were closed in that period.
- In 2014-15 the BSW CDOP identified 3 SUDI cases. Common features in these cases were that parents smoked and/or had been co-sleeping. CDOP categorized 1 death as a sudden unexpected death in infancy (SUDI) in 2014-15 in 2014-15 compared to 5 in 2013-14.

## Achievements 2014-15

- The Board is **updated annually** in detail about the BSW CDOP.
- Since 2011 BSW CDOP have run a **joint campaign** to highlight factors such as safer sleeping and the risks of parental smoking. Of the cases closed in 2014-15 only 1 death involved safe sleeping issues with that case and 1 other featuring parental smoking.
- BSW CDOP has forged **close links with Public Health** both locally and across Greater Manchester based on the recommendation made in the CDOP annual report. These focus on areas such as smoking during pregnancy, infant nutrition, obesity in mothers, maternal and infant infection.
- The data collection process and analysis around CDOP has continued to develop both locally and across GM. This has resulted in the production of a [GM CDOP annual report](#) which is able to analyse trends using larger numbers. The GM CDOP report 2014-2015 will be published in November 2015.

**“A review of these local SUDI deaths in 2014 has identified that the universal safe sleep messages were given to parents by several professional groups and safe sleep assessments were completed”**

Designated Nurse Safeguarding Children & LAC, Salford CCG

## Challenges

- To draw conclusions from a relatively small number of cases each year.
- Funding for the safe sleep campaign is due to end and it now needs to be embedded in mainstream services. Coordination with both national and GM public health and alignment with priorities being considered in relation to modifiable risk factors.
- The quarterly monitoring of CDOP business by the Board lapsed.

## Priorities 2015-16

- Ongoing objectives of the BSW CDOP will be to reduce the number of child deaths under 1 years and continue to work closely with public health.
- Ensure public health provide evidence of the work being carried out both locally and across GM to reduce the number of child deaths.
- Ensure regular meetings between the LSCB Independent Chairs and the CDOP Chair in 2015/16
- Partners to embed the safe sleep campaign in mainstream services.
- Safe sleep guidance is currently being updated in line with NICE Guideline 37.
- Safe sleep will be incorporated within SSCB training programme and the neglect course.

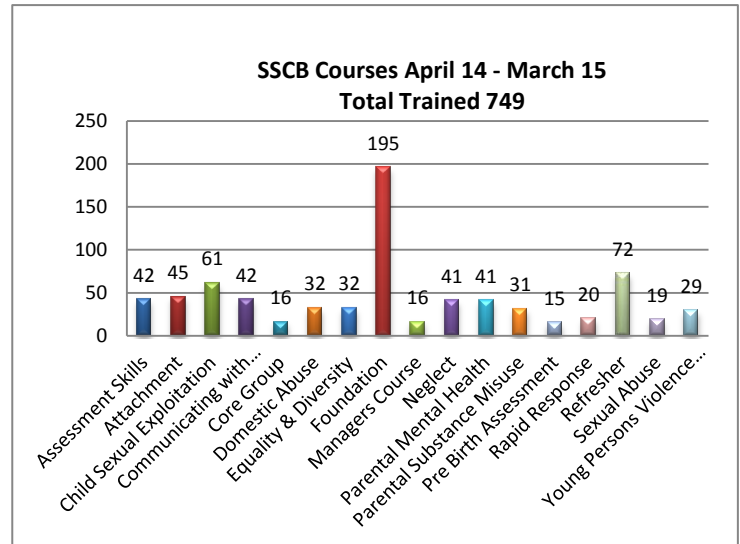


A joint initiative between  
Bolton, Salford and Wigan  
Safeguarding Children Boards

# Strategic Training Sub-group

## Achievements 2014-2015

- The SSCB provides a **comprehensive annual programme of learning and development** opportunities linked to Board priorities, core knowledge requirements, and emerging issues and lessons.
- The multi-agency **training programme is well-attended** and more partners are accessing it.
  - Over **1500 delegates have accessed an SSCB course, seminar, e-learning or learning event** which included over **80 face-to-face learning opportunities** including a choice of 19 courses, 17 seminars, 13 e-learning courses and a learning event.
  - 2.7% increase in practitioners accessing a course or seminar** compared to last year.
  - 117 e-licenses have been made available** to partner agencies compared to 37 last year.
  - Education had the highest attendance**
  - Increase in attendance from Salford Community Leisure and Jewish community**
- Multi-agency partners are integral to delivering the multi-agency training programme. During 2014/15 the number of **training pool members has increased to 53 members**.
- All **courses were updated** in the light of national policy revisions, serious case reviews, local audits and case reviews.
- Implemented **specialist mini-training pools** that write, revise and deliver specific courses
- A Protected Characteristics audit was carried out on courses in June 2014. Overall, **45% of the courses addressed a protected characteristic with 78% of these exploring the characteristic** through an activity, presentation or discussion. **Lessons learnt have been shared** with the strategic training sub-group and training pool members to ensure equality and diversity issues are covered within training.
- The recent **single agency training audit and training needs analysis** provided some strong evidence of training and learning opportunities available in partner agencies.
- All **participants are now encouraged to reflect on how training will impact on their own practice**, their agency and improve outcomes for children.



**“My awareness of trafficking has increased. Trust your ‘gut instinct’!”**

Delegate

**“Awareness of the Southwark policy will influence the advice I give to acute staff”**

Delegate

## Challenges

- Balancing our commitment to evaluate the long term impact of training, and the effective use of resources to undertake this task.
- There are signs that there has been a reduction from some services accessing the training programme, with some services not accessing the programme at all.
- E-learning offered to partners is heavily under used with only 34% of the expected number of modules completed. It has also proved difficult to monitor completed e-learning courses.
- Not all members on the training pool are actively training and not all agencies are represented.
- Translation services deal with vulnerable families and it is unclear what level of understanding translators/interpreters have in relation to child safeguarding.

- Whilst there is a marked improvement it remains difficult to engage Jewish independent schools.
- We are revising the single agency verification process for basic awareness based on capacity and practicality.

## Priorities for 2015-16

- Continue to develop and deliver a quality, multi-agency safeguarding children training programme.
- Plans have been made to evaluate the long term impact on practice in partnership with The North West Trainers Group.
- Work with single agency training champions to support partners to deliver single agency safeguarding training.
- Continue to request training data from partner agencies to monitor the provision of training.
- Review the current training levels (including e-learning) to enable practitioners to identify the appropriate training to fulfil roles and responsibilities.
- Ensure the training pool has a good representation and professionals are committed to deliver the training programme.
- Continue to respond to additional multi-agency identified learning needs and undertake activities that ensure the dissemination of learning from case reviews and audits, to promote best practice in safeguarding children.
- Commissioning from partner agencies to consider implementing safeguarding standards for translation services.



## Section 3: Effective Communication and Engagement

# Publicity and Communications Sub-group

## Achievements 2014-15

- **Seasonal SSCB E-bulletins** have been disseminated to practitioners.
- The SSCB **attends events in the community** and events hosted by single agencies to promote the work of the Board and build stronger links with the community e.g. SRFT open day and the anti-bullying conference.
- The website **www.itsnotokay.co.uk was launched**. The website gives information about CSE, advice and support, contact information for specialist teams in GM, information about how to report CSE and a suite of posters and leaflets to support the campaign.
- Developed and disseminated **campaign resources for private fostering, child employment and CSE**.
- **CSE week of action 16th March 2015**.
- **Mapped the communication activity** for each partnership and the bi-annual City Partnership newsletter now includes a standard item regarding the SSCB.
- Launched the **SSCB Practitioner Forum webpage**.



## Challenges

- The joint publicity and communications sub-group didn't meet during 2014-15.
- Our website functions well but can not sustain the demands we are putting on it. Website work has been delayed by the departure of communications officer. A draft layout has been circulated to the Executive Committee.
- Limited budget available for campaign resources.

## Priorities 2015-16

- Establish a communications task and finish group and develop terms of reference.
- Develop a safeguarding communication strategy 2015-2017.
- Sub-group chairs to regularly review relevant website pages and ensure the content is up date.
- Further promotional materials for events are needed.
- Explore what social media platforms partner agencies use to disseminate key messages.
- The existing website format will continue to be used/refined pending launch of new version.
- The Partnership Communications group to provide SSCB with an annual report giving assurance on safeguarding aspects of community support delivery
- Partner agencies provide evidence of engagement.

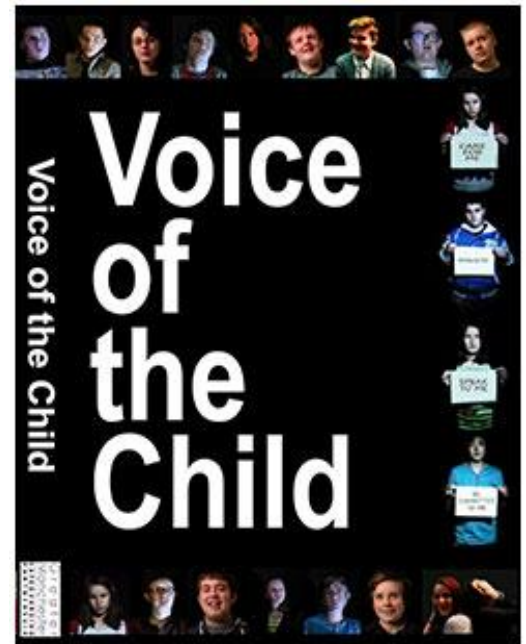
SSCB E-bulletin - Winter 2014

## Voice of the Child

The Voice of the Child Advisory Group (VoCAG) ensures children and young people effectively participate in the work of SSCB to inform learning and drive service improvement.

### Achievements 2014-15

- Until very recently the sub-group met during office hours, but now **meets outside of school hours to enable Youth Council safeguarding representatives to attend.**
- Our [Children and Young People's Participation Strategy](#) sets out how we are making this happen. It includes an engagement framework (Appendix 3). The VoCAG monitors the implementation of the strategy and reports to the SSCB Executive and CYPTB.
- A **powerful film has been made by young people across Greater Manchester** who have all had experience of professional support from a range of services. For more information see the [press release](#) on Salford Online. It has been embedded into our multi-agency [communicating with children](#) course.
- **Viewpoint is a web-based consultation tool** it incorporates audio computer assisted interviewing in a software package that allows children listen, read and respond immediately on screen. The pilot involved 30 young people subject to a child protection plan and considered child protection review conferences that took place from April 2014 - June 2014. Viewpoint proved to be an effective tool. Most children and young people liked using it and staff found that it was effective in helping children contribute to their reviews, which in turn helped them participate in the decision making process and in some cases directly influenced the outcomes of reviews. There is currently a task and finish group leading on the implementation across the threshold of need.
- Takeover Day promotes the UN Convention Rights of the Child Article 12, "children should have a say in matters affecting them and their views taken seriously. **Takeover Day (November 2014)** VOCAG had a joint development session with members of the youth council.
- S.11 audit practitioner survey: **81.7% said 'The service where I work takes account of the views of children and families and actively seeks their participation in individual work or in shaping service delivery'**
- Embedded '**Hear by Right**' standards within the section 11 audit process. SSCB and CYPTB members completed a '**Hear by Right**' self audit questionnaire, the results were reviewed at the joint development day July 2014.
- Childrens Charter implemented and was audited at the CYPTB in March to see how well we are applying it.
- [Consultation form](#) developed to help the VoCAG match the consultation activity with the right target group and track of consultation activity.
- SSCB Independent Chair is planning to **meet with the Youth MP and safeguarding reps** to discuss how the Board could build stronger links with VoCAG and Youth Council.
- SSCB provide multi-agency training regarding [communicating with children](#).



Voice of the Child DVD

### Challenges

- While there is a great willingness and drive from the Board to involve young people the participation agenda needs to be adequately supported. The SSCB Participation and Performance post is still vacant.
- Ongoing commitment and assurance from partners is needed.

### Priorities 2015-16

- Review the participation strategy.
- Improve the contribution and engagement with the board that young people are able to make.

- Develop a survey for young people to cover a range of safeguarding issues.
- Address Child/Adult 15 and SCR Child N recommendations.

## Voice of Practitioners

### Achievements 2014-15

- The SSCB's **Practitioner Forum** enables the Board to hear directly from practitioners. This group also helps to deliver key messages from the Board to their colleagues and is a popular and easy way for practitioners to engage directly with Board priorities.
- [The practitioner forum webpage](#) is now live. All flyers and PowerPoint's are available online.
- Practitioner Forums for 2014-15 included:

**“Practitioners feel more confident. It helped them understand the screening process”**

Practitioner Forum Co-Chair

Date	Theme
April 2014	<b>Voice of the Child</b>
June 2014	<b>Helping Families</b>
September 2014	<b>MASH - referrals to social care</b>
November 2014	<b>Early Help - helping communities to help themselves</b>
January 2015	<b>Information Sharing with Adult Services</b>
March 2015	<b>Emotional Health and Wellbeing</b>

### Challenges

- Attendance fluctuates and there is limited representation from adult services.

### Priorities 2015-16

- Board engagement and promotion of the Practitioner Forum will be strengthened. Training courses will advertise forums and a wider distribution list will be developed.
- Plan future forums in accordance to Board priorities. This will include 'The Unseen Child' to further disseminate learning on neglect.
- Improve the engagement with adult services practitioners.

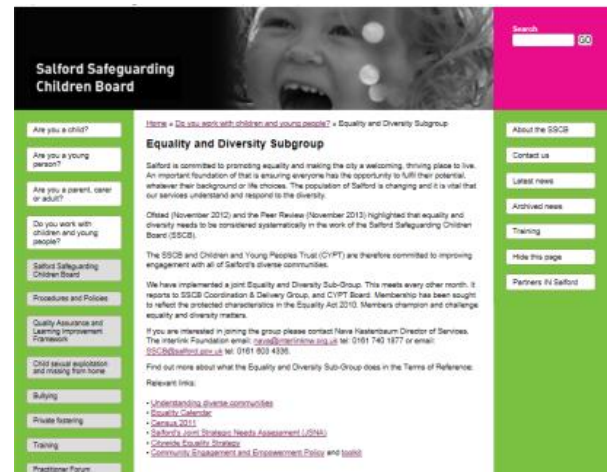
## Voice of the Community

Ofsted (November 2012) and the Peer Review (November 2013) highlighted that equality and diversity needs to be considered systematically in the work of the SSCB. We are committed to improving engagement with all of Salford's diverse communities.

### Achievements 2014-15

- We have implemented a **joint Equality and Diversity Sub-group**. It reports to SSCB Executive and CYPT Board. **Members where sought to reflect the protected characteristics** (Equality Act 2010), they champion and challenge equality and diversity matters.
- The group considers a range of relevant issues, for example, the **standard of translation services**, take up of services by recent immigrants and others such as Gypsy, Traveller and Romany groups, and awareness of the Equality Act.
- There is good cross-referencing between the sub-groups with, for example, the equality and diversity sub-group being **consulted on the anti-bullying strategy and citywide equality strategy**.

- **Community Impact Assessments (CIA)** carried out four policies (DA/CSE/forced marriage and pre-birth).
- We have **1 lay member on SSCB from the Jewish Community**, Director of Community Services, Binoh Manchester and we are looking to extend his contribution.
- Work with targeted schools has taken place regarding **female genital mutilation** where the ethnicity makeup of the community indicates they are the most vulnerable children, due to risk factors being higher given their community cultural beliefs.
- **SSCB foundation course was delivered to multi-agency Jewish professionals with** support from Interlink following on from a request for bespoke training to meet the specific needs of these professional and who would not traditionally access multi-agency training.
- Threshold of Need and Response 2014 references **diverse community self-help arrangements** may also support parents and carers in providing good care for their children.



Equality and Diversity Sub-group Webpage

## Challenges

- Equality and Diversity is a City Partnership priority and there is potential duplication of effort with the Equality Network.

## Priorities 2015-16

- Review and update relevant Greater Manchester policies.
- Improve the contribution and engagement with the Board that lay members are able to make.
- Complete the JSNA with respect to safeguarding data, child population ethnicity and diversity data.
- Consider efficiencies with work across other Boards.



## Section 4: Planning for the Future

## Key Priorities for 2015-16

Majority of priority areas for this year's SSCB Business plan will remain the same. Amendments or/and additions have been made in response to the learning improvement framework and national developments. The components of each of these priorities remains, of course, subject to continual review and revision as new or recurring issues and trends are identified. Additional areas for the Board's attention may also be added at any time.

<b>Priority Area 1: Early Help</b>	<p>The re-focusing and refreshing of our early help strategy and arrangements is helping to place early help at the heart of strategic multi-agency planning and prioritising resources. Our understanding about the impact of early help arrangements continues to improve.</p> <p>Early help provision forms the foundation for prevention of the escalation of more complex needs and statutory intervention. Targeted funding and continual investment in early help provision will, in the longer term, render services throughout the spectrum from early to statutory intervention, more efficient.</p> <p><b>Priorities action for 2015-16 are on page 10</b></p>
<b>Priority Area 2: Neglect</b>	<p>Although progress has been made in some important areas there is a pressing need for an improved coordinated response. Neglect remains an ongoing challenge both nationally and locally.</p> <p>The underpinnings of neglect as a priority for the Board derive from learning from case reviews and along with national reports from the Children's Society, Ofsted and the data indicating the prevalence of neglect as the dominant category for children subject to a child protection plan. The overall purpose of the Neglect Sub-group will be to improve the early identification and the effectiveness of the professional response (at all tiers of need) to child neglect.</p> <p><b>Priorities action for 2015-16 are on page 12</b></p>
<b>Priority Area 3: Child Sexual Exploitation</b>	<p>2014/2015 has seen an increasing focus on Child Sexual Abuse and CSE in response to national focus, reports and guidance. Child sexual abuse and exploitation remains a key issue and information from enquiries in other local authorities and nationally tells us that, to some extent, we are only beginning to understand the scale of the problem and what is effective in tackling it.</p> <p><b>Priorities action for 2015-16 are on page 13</b></p>
<b>Priority Area 4: Children Affected by Domestic Abuse</b>	<p>Domestic abuse remains a significant priority for the Safeguarding Board but the strategic lead in this area will be via the Violence against Women and girls sub group of the CSP. The Board will continue to support the joint children's sub group and will undertake a scrutiny and challenge role</p> <p><b>Priorities for 2015-16 are on page 15</b></p>
<b>Priority Area 5: Self-Harm</b>	<p>Emotional Health and Wellbeing Board is the strategic lead on this. SSCB will seek assurances regarding work to reduce self harm and will undertake a scrutiny and challenge role ensuring all the various strands are coordinated.</p> <p><b>Priorities actions for 2015-16 are on page 17</b></p>

## Additional Priorities

<b>Priority Area 6: Complex Safeguarding</b>
<p>A complex safeguarding sub-group will be implemented to coordinate assurances regarding prevent, trafficking and FGM. Assurance reports will be sought by the Board.</p>

**Prevent- Radicalisation** is an emerging area for the SSCB. The Board need to give consideration to the national 'prevent' agenda and guidance designed to addressing the issue of young people becoming involved in violent extremism of any kind.

**Priorities actions for 2015-16:**

- Monitor the implementation of Prevent and Channel responsibilities (radicalisation).
- SSCB to ensure partner agencies are aware of and endorse prevent strategy.
- Agree with the local authority and its partners the levels for the different types of assessment and services to be commissioned and delivered for children who have been or may be radicalised (Working Together 2015)

The **Modern Slavery Act 2015**, which becomes statute in 2015 is designed to tackle slavery in the UK and consolidates previous offences relating to trafficking and slavery.

**Priorities actions for 2015-16:**

- Modern Slavery Act 2015 and associated guidance will require the attention of the Board and an understanding by Board members of the implications for Salford.
- Implement Adult/case 15 recommendations
- Build local understanding about sham marriages especially those where children are involved.

**Female Genital Mutilation (FGM)** is an important area of national concern was discussed at the SSCB in September 2014. It was agreed that the key messages that the Board should promote were:

- To reinforce to frontline practitioners to recognise that FGM is child abuse and not to be discouraged from reporting it due to cultural/racism fears.
- We need to consider what can be done locally to communicate this issue in particular areas and schools.
- Ensure practitioners are aware that the procedures are available on the Greater Manchester Safeguarding Procedures website.

Greater Manchester has been identified as a 'hotspots' for FGM. It has been agreed by SSCB and VGWB Chair that FGM will be lead from the VGW&GB. Updates on FGM to the VGWB will be provided to the SSCB for assurance.

**Priorities actions for 2015-16:**

- Ensure the engagement of agencies and all partners
- Monitor implementation of statutory reporting by health and schools.
- Raise awareness in relation to the safeguarding element of FGM
- Obtain accurate data about the prevalence of FGM in the city
- Ensure FGM cases are referred into the Bridge when concerns are raised.
- Ensure that training is available to all agencies within the city
- Develop local pathway guidance to support the Greater Manchester FGM policy.
- Report to and from the Greater Manchester FGM Forum and other regional groups.

### Priority Area 7: Missing from Home, Care and Education

The Board will continue to require information about the scale of the issue in Salford and, in addition to this, the action being taken to protect those most vulnerable children. Cross reference will be required in regard to those children and young people known to be at risk of CSE. Assurances reports will be sought from the Board regarding this priority area.

**Priorities actions for 2015-16:**

- Improve consistency in the quality of return interviews to inform plans to keep children safer and contribute to intelligence gathering about trends and patterns of children going missing.
- Review the Greater Manchester safeguarding policy and local pathway.



## Section 5: Child's Journey- Scrutinising the effectiveness of Safeguarding

## Early Help

- In **2014 – 2015** the Early Intervention and Prevention Service received a total of **2282** referrals.
- On average in 2014-2015 cases remained open to EIP Services for **121** days.
- **Central Locality** continues to highest number of requests for service, despite a **3%** drop on the year compared to 2013/14.
- In 2014 – 2015 **73%** of families requiring EIP support were at **Level 2a** and **2b** on the Needs and Response Framework at time of request for service being made, this is a decrease of **7%** on 2013-2014. However there has been a **7%** rise in EIP requests for service for families who are at **Level 3** and **4** on the framework
- Of all cases closed in 2014 – 2015 a total of **1574** have both pre and post involvement thresholds recorded, using this information we were able to look at outcomes for families through Threshold Movement.
- 2014 – 2015 has seen a marginal decrease of 0.34% in re-referrals, the re-referral rate on the year is **4.68%**.
- In 2014–2015 a total of **623** CAF's were authored, seeing a **21%** reduction on 2013 - 2014.
- **14%** of all CAF's opened had **EIP Authors**
- **22** (14%) of all CAF's in 2014 – 2015 were **co-authored**.
- At year ending 2014 -2015 **858** CAF's remained **Active**
- **61%** of all CAF's opened in 2014-2015 were for children at **Level 2b** on the Needs and Response Framework.
- **26%** have Special Educational Needs (**SEN**).
- **49%** of children with a CAF authored in 2014 - 2015 live in the **Top 10% Most Deprived areas** (IMD).
- In 2014 – 2015 **16%** of all CAF's were for families from **BME** backgrounds, the numbers have remained consistent

## Helping Families

Helping Families is Salford's response to the national Troubled Families programme, delivering the government's commitment to turn around the lives of the country's most 'troubled' families. It is a way that Salford City Council and its partners are working differently with families with complex problems to get children back to school, get parents into work and reduce youth crime and anti-social behaviour.

Salford's commitment to the national programme was to 'turn around the lives' of 835 families between April 2012-March 2015. At the end of 2014-15, Salford achieved 100% success outcomes against this target. In 2014-15 542 families (from a target of 542 meeting the 'Troubled Families' criteria had their lives successfully turned around by interventions from a variety of services supported by the Team.

From April 2015 the government's Troubled Families Programme expanded to support families with a wider range of needs under at least two of the following headlines;

- Parents and children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- Adults out of work or at risk of financial exclusion or young people at risk of unemployment.
- Families affected by domestic violence and abuse.
- Parents and children with a range of health problems.

The national commitment has grown in ambition – to 'turn around the lives' of 400,000 more families over the next five years. In total, Salford has committed to work with more than 2,800 'troubled' families over the next five years.

Due to successful performance, GM was accepted as an 'early starter' to the next phase of the programme and this was set out in the devolution agreement for Greater Manchester. This 'early starter' period commenced in September 2014 and Salford has been working with other GM authorities to help inform the national programme. During this period, Salford identified an additional 422 families under the 'early starter' phase.

During the next phase of the programme, Salford will integrate its approach to Helping Families more closely with mainstream delivery. Work is underway to enable live referral routes and identification for Helping Families via a single point of contact – the Bridge. The role of the Key Worker across the partnership is being developed as a key element of delivery during 2015-16. The CAF team have been supporting the delivery and roll out of the Helping Families programme and have delivered numerous training sessions to frontline staff across the city. Work is being undertaken to develop a 'Family assessment' tool to be used with all families, including those within the Helping Families cohort, a draft document has been compiled in consultation with a wide multi-agency group, with the final draft now being piloted by frontline staff across a range of partners.

Salford is participating in a national evaluation of the programme and regular analysis of the broader impact of Helping Families will be made available during the next phase of the programme. This model is set to expand as Phase Two of the national Troubled Families programme is rolled out.

## Contacts and Referrals to Children's Social Care

- 10,497 contacts during 2014/15
- Salford Children's Social Care received 4103 referrals in the year 2014/15 (773.0 per 10,000). This is a 41.6% increase from the 2897 referrals received in 2013/14 and significantly higher than statistical neighbours 685.4 England 573.0 (per 10,000)

It is difficult to give a definitive explanation for these variations but it does appear to reflect a national trend of rising referrals to Children's Social Care. It is believed that the recent publicity arising from the Jimmy Savile allegations and a number of other celebrity prosecutions has increased awareness in sexual abuse/exploitation.

The new Children and Families Assessment (CAFASS) was introduced in March 2014 and is having a positive impact with improved consistency of assessment processes. The timeliness of completion of social work assessments following referral has improved, with 93.9% of all social work assessments being completed within the required timescales.

## Child in Need (CIN)

- At 31 March 2015, 1,854 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 1,663 at 31 March 2014.
- CIN reviews are regular and with those that are more complex chaired by a CIN coordinators including those stepped down from child protection. This offers an additional layer of independent scrutiny and quality assurance.
- Children subject to child in need or child protection processes are now able to access support from the advocacy service.

## Child Protection

- At 31 March 2015, 357 children and young people were the subject of a child protection plan. This is an increase from 278 at 31 March 2014. This equates to 67.3 (per 10,000), compared to that of statistical neighbours (63) and England (42.9).
- The number of children who became newly subject to a child Protection plan was 543.
- By the end of 2014/15 19.6% children subject to a child protection plan for a second or subsequent time changed from 13.7% for 2012/13. Although Salford's length of time on a child protection plan is < our statistical neighbours, our % of re-registrations is still higher than our comparators 15.6% for statistical neighbours for 2014/15.
- 85.7% became subject to child protection plan which means 14.3% did not meet the threshold. It would be useful for some work to be undertaken around non-registrations.

- Of the 357 children subject to Child Protection Plans Emotional Abuse and Neglect continue to represent by far the largest categories. Emotional Abuse accounts for 47.1% (168) of children on CPP and Neglect is 47.9% (171). Physical Abuse (2%) and Sexual Abuse (3.1%) fall well behind these two.
- The Signs of Safety (Strengthening Families) model of chairing has been successfully adopted. The SOS approach improves meaningful participation for children and parents and successful outcomes are achieved. There has been a significant deterioration in meeting timescales of cases being brought to conference within 15 days of Section 47 inquiry. SSCB to ensure it is alerted to difficulties in agency attendance at child protection meetings e.g. strategy
- Over the past 12 months there has generally been 100% for CPR being held on time, with the exception of 99% for 2 months.

## Looked After Children (LAC)

The rate of children looked after in Salford is high and the number of children in care continues to rise slowly. At 31 March 2015, 587 children are being looked after by the local authority (a rate of 111 per 10,000 children). This is an increase from 575 (110 per 10,000 children) at 31 March 2014.

- Of this number 222 (37.8%) live outside the local authority area
- 51 live in residential children's homes, of whom 37.2% live out of the authority area
- 2 live in residential special schools, both of whom live out of the authority area
- 412 live with foster families, of whom 42.5% live out of the authority area
- 78 live with parents, of whom 20.5% live out of the authority area
- 4 children are unaccompanied asylum-seeking children.

Effective arrangements support looked after children to achieve good health outcomes. 94% have up to date health checks and 90.5% with up to date dental checks for 2013/14; better than England average (88.4% 2013/14). 100% of under 5 development checks were completed; the England average (86.8% for 2013/14)

The majority of looked after children are thriving educationally and socially. The proportion of young people gaining five or more GCSE grades A\*-C including English and mathematics improved from 11.1% to 17.1%, some 5.1% above that nationally for all looked after children.

The number of new entrants to care for the past three years: 195 in 2013/14, 250 in 2012/13 and 220 in 2014/15.

- The timeliness of these reviews is now 91%, which is a considerable improvement on previous figures.
- 210 children who have ceased to be looked after
- The percentage of care leavers in suitable accommodation was 95.4% for 2014/15 at the end of the year,
- 78.2% of care leavers are in employment education and training are good although access to apprenticeships is too limited.

## Adoption

In the last 12 months there have been:

- 43 adoptions which represents an improving picture
- 26 children became subject of special guardianship orders

Although there are examples of good individual work with children overall, children continue to wait too long to be adopted, much longer than in many other local authorities and 99 days above the national target.

The assessment and training of individual adopters is thorough and social workers complete reports which give a comprehensive picture of the child to assist the identification of a suitable family. Post-adoption support for placements and adopters is strong.

## Disabled Children

The Children with Disabilities team use a range of tools to work with children with a disability and all children open to the team have a communication plan. Salford Children's Services recognise however that our assessments within this team need to be more individualised clearly focusing on the child's needs – this is a driver for a planned transformation of children with disabilities service to move toward a more integrated delivery model.

- 377 children on the Child Disability Register as at 31st March 2015. Please note: inclusion on the record is voluntary
- 14 disabled children became accommodated in 2014/15, compared to 22 in 2013/14
- 62 disabled children are in receipt of direct payments 2014/2015
- Now have a dedicated carers assessor and 2 family dedicated support workers
- Local offer- Groups and activities available for disabled children and young people with additional needs. For more information visit: <http://www.salford.gov.uk/playandleisure.htm>
- Health and Wellbeing Board have signed a disability charter; this is being monitored through CYPTB.

## Young Carers

A young carer is a child or young person under the age of 18 who provides unpaid regular or ongoing care to a family member who is disabled, physically or mentally ill or has a substance / alcohol misuse problem. Young carers often take up a level of care-giving and responsibility which is not appropriate for their age, and this can have an impact on their emotional and physical health and well-being.

23,402 people in the city have unpaid caring roles within their own families. 6,449 provide 50 or more hours a week.<sup>[1]</sup>

The 2011 census identified 178,000 young carers in England and Wales alone; an 83% increase in the number of young carers aged 5 to 7 years and a 55% increase in the number of children caring aged 8 to 9 years. At the 31 March 2015 Salford Carers Centre were working with 158 young carers (17 and under) and 56 aged 18-24. Over the year 2014-15 they worked with 248 (17 and under).

Just like the national data, the local data is likely to be an under representation, as many young carers are not known to professionals. There is no systematic process to collect data on the number of Young Carers in the City. Data collected by the Carers Centre, but this does not account for the 'hidden' carers that for a number of reasons are not known to services.

If the 8% figure, as found by the BBC survey 2010<sup>[2]</sup> is applied to the 2011 census population for children and young people under 17 this would give an estimate of 4,056 young carers in Salford. The BBC figure would indicate nearer 1 million young carers in England and Wales compared to the 178,000 identified in 2011, and that in Salford, as nationally, it is believed 70% are hidden.

New legislation under the Care Act 2014 and the Children and Families Act 2014 comes into force in April 2015 and all young carers will be entitled to an assessment of their needs from the Local Authority. Where there are safeguarding concerns a referral will be made to Children's Social Care.

CYPTB updated the [partnership action plan for young carers](#) in March 2015. A group of young carers helped practitioners to update it, at an event in November 2014. The Salford Carers Strategy is at [www.salford.gov.uk/carers-strategy](http://www.salford.gov.uk/carers-strategy).

<sup>[1]</sup> Source: Census 2011, ONS

<sup>[2]</sup> Source: <http://www.bbc.co.uk/news/education-11757907>

# Private Fostering

## Achievements 2014-15

- At 31 March 2015, 15 children lived in a privately arranged fostering placement. This is an increase from nine at 31 March 2014.<sup>19</sup> The number of notifications from the public and partner agencies has also increased from 13 to 20.
- For those children who are privately fostered, statutory visits and assessments are undertaken within timescale, are thorough and in accordance with guidance.
- Salford launched a Private Fostering Week, **"Somebody Else's Child"** July 2014 to raise awareness among practitioners and the community. Targeted [campaign resources](#) for children, young people and parents/carers are available of the SSCB website. This also included a private fostering [enquiry form](#) and private fostering [quiz](#).
- There was a further awareness campaign throughout October 2014. To support the awareness campaign we have produced a range of materials this included:-
  - Email signature
  - Desktop wallpaper
  - Article for use in staff and service user publications
  - Social media messages for Twitter and Facebook

**"Surveys conducted before and after a publicity campaign aimed at agencies showed an awareness increase from 55% to 77% of respondents."**

Private Fostering Lead Officer



- At the end of October 2014, a repeat staff survey was disseminated to monitor the impact of the campaign on practitioner awareness.
- Attendance at the SSCB multi-agency Private Fostering Seminar has improved
- Engaged with key community facing teams were engaged to ensure they understand what constitutes a private fostering arrangement and can make appropriate referrals
- An audit of initial referrals to children's social care was undertaken to establish whether private fostering was considered. As a result a question relating to private fostering has been imbedded within every early help assessment.
- The service is linked into the Coram support network

## Challenges

- Awareness levels require monitoring through staff surveys and section 11 audit with a view to identifying gaps in understanding

## Priorities 2015-2016

- Focus on further community engagement, engagement of practitioners and quality assurance.
- There are opportunities for the development of innovative strategies. Given the progress attained, Local Authorities including Bury and Oldham have expressed an interest in exploring opportunities for working together regarding private fostering.
- Private Fostering can provide an indicator for child trafficking – a degree of integration between the two would be beneficial to better identify and safeguard children
- It is key that the LSCB continues to support the steering group and Private Fostering Service.

<sup>19</sup> Source: DfE Notifications of private fostering arrangements in England.

## Local Authority Designated Officer (LADO)

SSCB has a duty to ensure that all allegations against people who work or volunteer with children are investigated in accordance with consistent procedures and that there are effective interagency procedures in place for dealing with allegations. The LADO discharges these responsibilities on behalf of the SSCB, offering a referral and consultation service.

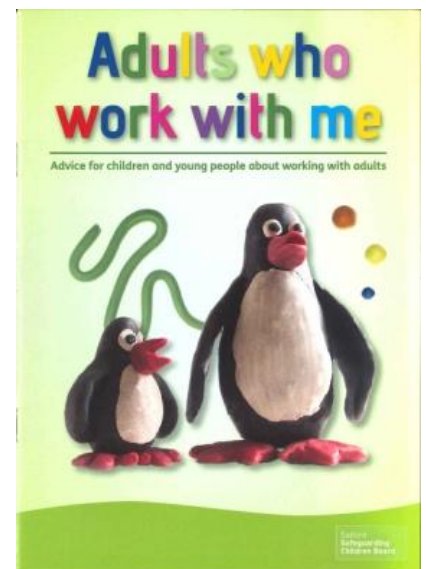
Reporting Year	Referrals	Consultations	Total
2013 - 14	276	37	313
2014 - 15	176	148	324

Employment Sector:	Totals
Foster Carer Local Authority	32
Foster Carer Non-Local Authority	5
Residential Worker Local Authority	7
Residential Worker Non-Local Authority	6
Other Social Care Staff	3
Health	7
State funded school staff	53
Non State funded school staff	5
Further Education	2
Early Years	32
Services for YP	1
Police	2
Secure Estate	5
Voluntary Organisations	4
Faith Groups	1
Self Employed	1
Other	10
<b>Total</b>	<b>176</b>

## Achievements 2014-15

- The role of the LADO is well understood as evidenced by the number of consultation and referrals to the service in the last year (148 consultations and 175 referrals). There has been a year on year increase in this figure from 190 in 2009 -10.

- Robust monitoring of the data produced allowed for a high number of referrals/ consultations from two organisations to be observed. This led to mini audits being undertaken to ensure there were no organisation specific concerns or further training needs.
- SSCB multi-agency training has continued to be delivered to practitioners (x1) and to managers (x1). Training has also been given to Heads and Governors regarding Safe Recruitment and Managing Allegations.
- Outreach work within the community - Eccles Mosque and Yemeni Community Association to promote understanding
- There have been networks forged with members of the Jewish Community which has enabled the Managing Allegations procedures and strategy meetings to take place successfully.
- Item in the [SSCB E-bulletin](#) (summer 2014) regarding managing allegations
- Commissioned leaflets for children and young people to raise awareness
- LADO attended the second National LADO conference held in London in March. The first one last year was facilitated by the North West Group.



**Young Person LADO Leaflet**

## Challenges

- Staff vacancies have led to a backlog in recording and lack of capacity. It has also led to delays in responding.
- There has been a reduction in attendance at LADO training events. Two seminars were cancelled due to lack of nominees.
- The service recognises that there is a need for renewed efforts to maintain agency and public awareness.

## Priorities 2015-2016

- It is intended to produce a plan to ensure networking and promotion is undertaken this year, particularly with faith organisations and voluntary sector as these are two sectors that it is thought are underrepresented in referrals and consultations
- Multi-Agency training will continue to be offered. It is intended to identify the employment sectors under represented on training and ensure these are targeted.
- Serious Case Reviews recommendations from other local authorities which involve LADO recommendations needs to be embedded in Salford. This includes the Department of Education documentation Keeping Children Safe in Education April 2014.



## Section 6: Safeguarding Assurance from Partners



Salford Clinical Commissioning Group

## Salford Clinical Commissioning Group (CCG)

Strategic safeguarding children assurance processes within the CCG have continued to develop during 2014-15. The CCG receive bi-monthly safeguarding children reports from the Designated Nurses Safeguarding Children and LAC into the Quality and Safety Performance Management Group meeting. These reports provide assurance around key areas of safeguarding children and where necessary flag risks with associated action plans, in relation to CCG commissioned services. Additionally the processes for receiving key data in terms of provider compliance with safeguarding children quality standards, which are integral to contractual agreements, have also continued to evolve.

On behalf of Salford CCG the Designated Professionals for Safeguarding Children have worked with providers across the health economy to support developments in front line safeguarding children practice.

Following a CQC Inspection in March 2014, the inspection report and action plan was reported to SSCB. The report was positive and the action plan developed to meet the recommendations made was reviewed at a meeting in February 2015, the outcome of which was for no further CQC involvement and for the Designated Nurses to monitor implementation of the remaining key actions.

The action plan included the following:

- A review of the LAC health service specification and actions to further develop the health service provision for LAC
- Seek assurances from two maternity services on their safeguarding arrangements
- Ensuring that all GP Practices are fully engaged in meeting required safeguarding standards
- Developing clear shared pathways of care for young people who present at the adult Emergency Department with self-harming behaviours with effective follow up to reduce the risk of further attendances

## Safeguarding and Primary Care

The NHS Salford CCG Safeguarding Team have continued to undertake extensive work with General Practitioners (GPs) and within primary care in Salford. Each GP Practice has an identified GP Safeguarding Lead. The elements of this role have been agreed by the members of the GP Safeguarding Leads Forum. The GP Safeguarding Lead role includes to;

- act as a first point of contact for colleagues with safeguarding concerns,
- act as local champion for safeguarding best practice,
- alert the CCG Safeguarding Team of local barriers to effective working together,
- disseminate relevant information to the Practice as provided by the NHS Salford CCG Safeguarding Team, SSCB SASB including safeguarding policies and procedures,
- attend relevant safeguarding training including Safeguarding Board prioritised training and to ensure all GPs and staff within their Practice are trained appropriately.

A comprehensive training programme has been delivered by the CCG Safeguarding Team resulting in 95% of GPs undertaking Level 2 Safeguarding Children Training and 83% of GPs completing Level 3 Safeguarding Children Training. Additional training is delivered to GP Safeguarding Leads in line with the SSCB priority areas.

GPs are fully engaged with local child protection procedures and they currently provide reports for 91% of initial case conferences. Reports for review case conferences are provided upon request. GPs contribute information to the local MARAC meetings which is coordinated via the NHS Salford CCG Safeguarding team. GPs are also in receipt of all the domestic violence notifications for their registered patients where there are children within the family in order to support the health needs of this vulnerable client group.

## Salford Royal Foundation Trust (SRFT)



The executive lead for safeguarding children for SRFT is the Executive Nurse Director. The Assistant Director of Nursing-Safeguarding (ADNS) leads the Safeguarding Children and Vulnerable Adult's Team. The ADNS represents the organisation at SSCB business meetings and Chairs the SSCB Performance Management Subgroup.

The safeguarding children team includes:

- A Named Nurse for Safeguarding Children
- A Lead Nurse for Safeguarding Supervision
- Two Safeguarding Supervisors
- A Domestic Abuse Lead who provides safeguarding children support within the Acute Trust
- In December 2014 the Lead Nurse for LAC joined the children's safeguarding team. This was in response to the CQC recommendation of separating the governance component from the operational arm of the service. The aim of this being to enhance the governance arrangements and the integration of the LAC service within the safeguarding team.

Other safeguarding personal includes:

- A Named Doctor for safeguarding children,
- A Designated Doctor for safeguarding children, and
- A Named/Designated Doctor for Looked After Children.

The safeguarding team sit within Corporate Governance & Quality Team, reporting to the Associate Director of Governance and Quality. The organisation has robust safeguarding governance arrangements to include the Safeguarding Committee chaired by the Assistant Director of Nursing- Safeguarding which monitors safeguarding performance and reports to the Trust Board.

Salford CCG has commissioning arrangements in place with SRFT in order that required Section 47 (child protection medicals) are undertaken and reports are provided to Children's Services. A total of 140 child protection medicals were undertaken between 1st April 2014 and 31st March 2015 compared to 150 in 2013-14.

SRFT has further developed this process over the last 12 months as follows:

- The Standard Operating Procedure has been reviewed and updated including information sharing processes.
- Interim Reports are now also shared with GMP if they are present at the medical to support their investigation process.
- Some medicals are now undertaken in a Gateway setting as opposed to the Paediatric Assessment and Decision Area (Panda) Unit in order to provide a more appropriate environment for a family at a difficult point in time.
- A Peer Review process of all medicals undertaken is in place.

Salford Royal delivers the expertise of the Designated Doctor for Children's Safeguarding and the Designated Doctor for LAC as commissioned by Salford CCG. The Designated Doctor for safeguarding attends SSCB meetings and plays an active role in the SSCB Case Review Sub-group. The Designated Doctor for LAC manages the service for LAC medical assessments and attends Adoption Panel in addition to another SRFT paediatrician who also has specialist skills in this area. During 2014-15 a multi-agency LAC health strategy group has been set up to aid interagency communication and collaboration. Following the CQC inspection, a robust process of continuous audit of the quality of health assessments has been implemented. A formal process for GP information to inform the LAC health assessments has also been developed.

Salford Royal also provides a paediatric consultant who takes part in the Greater Manchester rota for the rapid

response investigation into SUDC and who has the necessary specialist skills for this difficult role.

During section 47 enquiries social workers sometimes request a medical assessment to be carried out by a paediatrician, particularly if there are signs of visible injuries to the child. Such medical assessments had previously all been carried out on the Paediatric Assessment and Decision Area (Panda unit) however during 2014/15 some children have been seen at the children's outpatient clinic at Pendleton Gateway. This arrangement has been found to be very successful with positive feedback from social workers and families who have accessed the outpatient clinic environment. There are plans to extend the use of this venue to five days per week.

Further improvements have been achieved through joint work with children's social care who responded to our request for a secure email link which is now working very well for the rapid and secure delivery of the resulting medical reports of Section 47 medical assessments. A standard format for these medical reports was also been agreed and introduced as well as undertaking joint working with Police and social care around the accessibility and interpretation of reports.

SRFT safeguarding team has continued to develop strong partnerships with the Local Authority and other partner agencies in order to improve outcomes for children across Salford, for example;

- Domestic Abuse leads attends the now tri weekly MARAC meetings,
- Attendance at the Young Peoples Domestic Abuse weekly meetings,
- Attendance at the quarterly CDOP meetings,
- Attendance at the BRIDGE Partnership meetings,
- Participation within the SSCB case review sub group including the annual learning event.
- Participation within the SSCB Practitioners Forum.
- Representation at the Violence Against Women Board,
- Delivery of the multi-agency training programme to include, recording seminar, resistant families and Female Genital Mutilation. Plan to deliver the CSE module in 2015-16.
- Delivery of single agency training at levels 1, 2 and 3 in accordance with the intercollegiate document 2015.

## GMW NHS Mental Health Foundation Trust



- The lessons from Case 15 and Child N SCR have been incorporated into the GMW level 2 safeguarding children training. The Safeguarding Children Practitioner and the Child Safeguarding Lead for Salford Mental Health Services attended several GMW mental health team multi-disciplinary meetings to provide an overview of lessons learnt from these cases.
- Forced marriage, honour based violence, FGM, CSE and prevent awareness are all included in the GMW level 2 safeguarding children training.
- The Safeguarding Children Practitioner regularly attends the Salford mental health services safeguarding meeting to provide regular updates.
- GMW have changed electronic clinical records system, this has provided an opportunity to develop better ways of capturing and auditing safeguarding activity. A "safeguarding tile" has been created to enable staff to record in one place early help, referrals to children's social care, store child protection plans etc.

## NHS England



NHS England was established on 1 April 2013 and has an assurance role for local health systems and directly commissions some services. NHS England has worked with Clinical Commissioning Groups to ensure their commissioned providers take all reasonable steps to reduce serious incidents. NHS England provides assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals, are working effectively to safeguard and promote the welfare of children at risk (*Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013*). This role includes ensuring that CCGs are working with their directly

commissioned providers to improve services as a result of learning from safeguarding incidents. These services include acute, community, mental health and ambulance care.

NHS England is responsible for driving up the quality of safeguarding in its directly commissioned services and for holding these providers to account for their responses to serious safeguarding incidents, ensuring that safeguarding practice and processes are optimal within these services. In Salford this includes all GP practices, dental practices, pharmacies, optometrists, health and justice services and the following public health services in relation to children:

- National immunisation programmes
- Sexual assault referral centres
- Public health services for children aged 0-5 years (including health visiting, family nurse partnerships and much of the healthy child programme)
- Child health information systems

From April 2015 onwards, NHS England will commence a programme of transferring responsibility for GP practices (and eventually all other primary care providers) to CCG's with delegated powers of co-commissioning.

NHS England has worked in partnership with local Safeguarding Boards to ensure that the NHS contribution is fit for purpose and that there is no unnecessary duplication of requests for safeguarding reviews to be undertaken. NHS England also has its own assurance processes in place concerning NHS safeguarding reviews, learning and improvements.

Designated safeguarding professionals are jointly accountable to Clinical Commissioning Groups and NHS England. They have overseen the provision of level 3 training for primary care medical services. Training sessions have been provided on a locality basis rather than to individual practices. The main source of training for other primary care independent contractors has been via e-learning training packages.

## Salford City Council

**Salford City Council**

The operating environment for Local Authorities continues to change rapidly. Every area of Council business is touched by a national context characterised by huge financial pressures on public spending and significant national policy change. Children's Services are no exception however, in Salford the City Council are committed to carefully prioritising and organising our services at a local level to enable us to navigate the changes ahead and in order to maintain safe and effective services.

Here in Salford children's safeguarding is seen as everyone's responsibility with colleagues from across the Council actively participating in and contributing to this agenda. Children's safeguarding is promoted and prioritised in every aspect of Council business.

In successive annual Council budget plans children's social work and social care continues to be prioritised. These services are at the heart of the Council's strategy to safeguard some of the most vulnerable children and young people. As in any local authority area Children's Social Care must stay focused on a journey of continuous improvement. During this review period and to support our operational staff we have worked together on three key areas over the year to:

- ensure that supervision is regular and of high quality,
- embed a culture of audit activity at team and service level, and
- develop assessment skills and practice.

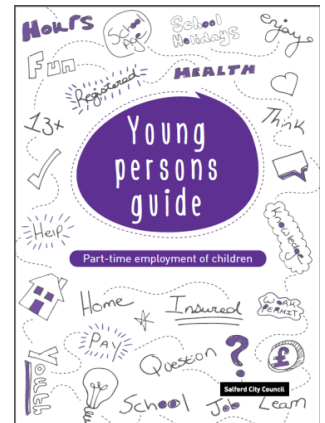
The Salford multi agency safeguarding hub (MASH) was established in 2012 with a focus on the safeguarding of children and disruption of organised crime. In 2013 the work of the MASH was evaluated and changes recommended in order to enhance the model and has received a number of national awards in respect to its innovative work.

The Bridge Partnership has replaced the MASH – it is a single front door for case and resource allocation for universal, targeted and specialist services working with families in the city. Partner agencies represented now include: Children's Services, Adult Social Care, Salford Royal Foundation Trust (SRFT), Greater Manchester Fire and Rescue (GMFRS), Early Intervention and Prevention (EIP), City West Housing Trust, Salix Homes, Together Housing Group, National Probation Service, Cheshire and Greater Manchester Rehabilitation Company (CRC), Local Authority Fraud, Missing From Home Officer, Public Protection Department (Adult, Child and Domestic Violence), Salford Independent Domestic Violence Advisors (Adult and Child), Community Safety, Trading Standards and Drugs and Alcohol.

## Child Employment and Licensing

Salford the Child Employment and Entertainment Licensing Service has been reconfigured during 2014 with the new officer post now located in the Safeguarding Unit. This is a significant increase in resource and reflects the commitment Salford has to the wider agenda to safeguard children. For more information about this service go to [www.salford.gov.uk/child-employment.htm](http://www.salford.gov.uk/child-employment.htm).

These licensing activities respond to the Salford context which has included the development of Media City. However, they are also governed by National Legislation and Guidance which has been recently revised. Salford has played an active role in the development of good practice through the National Network for Child Employment and Entertainment (NNCEE).



## Achievements 2014-15

### Young Person Employment Leaflet

- Child chaperones work with children and young people to ensure that there are safe arrangements for them when they are performing. During 2014/15 11 chaperone licenses were issued.
- Work permits are issued to children that undertake any type of part time work between the ages of 13 and 16. The purpose of the work permit is to ensure young people are protected whilst in work. During 2014/15 70 work permits were issued.
- Modelling and Entertainment licenses are issued to children aged from birth to 16 years that take part in any type of modelling, theatre or TV work– 75 modelling licences and 254 entertainment licenses were issued in 2014/2015.
- Salford received 450 notifications from other authorities in 2014/15.
- Body of Persons licenses are issued to amateur dramatic societies, operatic societies, dance schools where groups of children are performing in the Salford area. The Local Authority has powers under legislation to issue a Body of Persons licence to enable such groups to engage children in public performance without the need for each separate performance to be covered by a performance licence. 8 body of persons licences were issued in Salford for 2014/15 which licensed 666 children from many authorities to perform in Salford.
- The number of young people requiring licenses for performances and the number of notifications from other authorities has significantly increased in 2014/15 and overall has more than doubled.

Core business has been supported by further activities to raise awareness about the risks and opportunities for children and young people working in safe environments in Salford, as follows:

- School assembly seminars were delivered in 7 out of 14 high schools in Salford for pupils in years 9, 10 and 11.
- Training programme developed to deliver to SSCB member agencies.
- The preparation for publication of a set of publicity materials to be disseminated widely in 2015/16.
- Awareness raising sessions delivered to partner agencies.

- Worked in partnership with Manchester and Trafford Authorities to develop Chaperone Training and induction pack for use across Greater Manchester.
- Initiatives with other licensing Officers in Salford to achieve a joined up approach on a range of issues related to public safety.

## Priorities 2015-16

- The school assembly seminar programme will be rolled out to a wider group of schools including Pupil referral Units and Special Schools.
- SSCB Seminars to be delivered on the subject of safeguarding young people in employment and entertainment.
- Publicity materials will be printed and distributed
- Awareness raising will be extended to related issues of exploitation, for example CSE
- Delivery of a series of chaperone training sessions in partnership with Manchester and Trafford.
- Further work will be conducted with Salford Licensing Officers on proactive campaigns to address public safety.
- Support for the National Child Employment fortnight with a range of awareness raising activities.
- The provision of the statutory Licensing Function.
- Implementation of the new Chaperone Licensing approach which will include statutory checks, increased support and training with the introduction of a standard 3 year fee.

## Schools

Schools play a pivotal role with increasing demand on schools to address safeguarding. The schools sub-group provides a good conduit for raising concerns, disseminating information and sharing good practice between schools and SSCB partners. Its scope has recently been strengthened with three representatives from independent schools joining the group. Every school cluster is represented and this facilitates easy information exchange.

The schools sub-group has developed a safeguarding audit tool and reviewed the school safeguarding policy templates. There are plans to rename the sub-group 'education' to ensure the college is represented and implement safeguarding champions among young people in schools.

## Greater Manchester Police (GMP)



There continues to be an increase in reports of abuse on children, both physical and sexual creating greater demand on the GM Police service and partner agencies. This increase is exacerbated by historical reports which is due to the media coverage of the likes of Savile and "Operation Yewtree" (now Operation Hydrant) which continues to highlight offending by prominent figures or committed in prominent establishments. Historical reporting can also be seen as a positive where victims have greater confidence in the authorities and such offending is recognised and not tolerated by society as it once was.

Demand has also increased due to internet crime and GMP like many forces nationally, have seen an increase in reports of offenders using the web to identify and target/ groom children to commit direct contact offences or trick them/ threaten them into sharing images of themselves on line. The internet is also used by offenders to share images of children and as such there continues to be the created demand from other agencies such as CEOP and other forces who during their investigations identify potential victims or suspects in GMP area that require safeguarding/ investigative action being taken.

HMIC completed an inspection of safeguarding that was published in December 2014. This included recommendations (below) relevant for the LSCB to engage with and monitor.

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

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

Work has been undertaken with the GM Safeguarding Partnership and LSCB Chairs now receive regular data on requests for secure placements and young people held in custody. The Board would like to see a reduction in young people held in police custody overnight and will monitor this throughout 2015-16.

Assurance will also be sought by the Board on the implementation of a further HMIC recommendation – "Greater Manchester Police improves its recording practice in relation to the risks to children in domestic abuse cases and provides, as a minimum, information on: any history of abuse; the number of children in a family; and court result updates to other agencies before a MARAC meeting takes place."

## Cafcass



The overall responsibility for safeguarding children in family proceedings (established as a statutory function of Cafcass in the Criminal Justice and Court Services Act, 2000) is held by the Corporate Management Team (CMT) chaired by the Chief Executive (CE) within Cafcass.

Each operational area is led by an Assistant Director. The management and support of practice is provided by Service Managers (SMs) and Enhanced Practitioners (EPs).

At a practice level, expectations around direct engagement with children who are subject to court proceedings, and ascertaining their views, needs, wishes and feelings are set out within the [Cafcass Operating Framework \(2015\)](#) and quality assured by management. All reports to court set out the views of children involved in proceedings

At a strategic level Cafcass provides administrative, developmental and financial support to the Family Justice Young People's Board (FJYPB) which helps Cafcass and the wider judicial system to shape and design policies and initiatives and make sure they remain focused on children and young people. The young people on the board have had experience of the Family Courts as they are recruited from our service users.

A member of the FJYPB reviews the complaints made by children and young people and feeds learning back to the management team. The FJYPB has reviewed and updated the letters sent to children who make a complaint.

The FJYPB has inspected all Cafcass offices to ensure they are child friendly and promote participation. This involved interviewing staff about how they engage with children and young people. The FJYPB has been trained and its members are able to participate in peer reviews of Cafcass service areas. They have also reviewed the tools used to engage children and young people to ensure that they are effective from their perspective

Cafcass has signed a charter with the Family Justice Young People's Board which includes a commitment that all children, who are involved in a case where a report has been ordered and who are of an age and understanding, will be given the opportunity to directly submit his/her wishes and feelings to the court, in written or picture form.

## Probation



2014-15 has been a period of significant organisational change for probation services, under the Government's Transforming Rehabilitation programme. Probation services in Salford are now the responsibility of National Probation Service (NPS), which manages high risk and MAPPA eligible offenders, and the Cheshire and Greater Manchester Community Rehabilitation Company (CRC), which manages low and medium risk offenders and is responsible for delivering interventions for the majority of offenders within the system including community payback and all domestic abuse group work interventions. During the split into two new organisations, protecting

the public, including safeguarding children, has remained our key priority and thorough and robust safeguarding arrangements have been retained.

The most recent Inspection by Her Majesty's Inspectorate for Probation (HMIP), just prior to the recent restructure, found that child protection and safeguarding was given a high priority at all levels, with management involved in all relevant multi-agency arrangements and offender managers taking an investigative approach to protecting children who are in contact with those under the supervision of the Trust. In addition, the CRC received an audit of their risk management processes and procedures in August of this year by the Ministry of Justice which inevitably covered an examination of safeguarding practices. Feedback from the audit was very positive.

For the highest risk offenders, who are now the focus of NPS work, safeguarding activity is supported by Multi-Agency Public Protection Arrangements (MAPPA), a set of arrangements to manage the risk posed by the most serious sexual and violent offenders. MAPPA bring together the Police, National Probation Service and Prison Services into what is known as the MAPPA Responsible Authority, which works with other Duty to Cooperate agencies, including Social Services and Youth Offending Teams, to share information and agree a multi-agency plan to manage any identified risks. It is a requirement that agencies meeting under MAPPA consider whether disclosure needs to be made to any individuals, to enable them to make decisions to protect themselves and/or their children from the risks posed by a MAPPA offender.

The updated multi-agency safeguarding guidance, Working Together 2015, reinforces the important role of providers of probation services in safeguarding work. Where an adult offender is assessed as presenting a risk of serious harm to children, the offender risk management plan should align and be integrated with any associated child protection plan. For any offender who is a parent, their probation officer should consider whether the work undertaken with them will impact on their parenting responsibilities and whether it could contribute to improved outcomes for the offender's children. In Salford probation continue to prioritise safeguarding through risk management of offenders in the community. There is scope to expand this focus, to support better outcomes for the children of prisoners.

The Offender Rehabilitation Act 2014 introduced a period of supervision in the community for offenders sentenced to less than 12 months imprisonment, who previously would have been released unconditionally at the end of their prison sentence. All adult offenders sentenced to more than 1 day's imprisonment, for an offence committed after the Act came into force, are now released on license. Many of these will be managed by the CRC, but those presenting a high risk of harm will be the responsibility of the NPS, giving us a further opportunity to positively influence the experience of children of prisoners.

The NPS in Salford is committed to supporting the SSCB and relevant sub-groups. The NPS has recently developed an interim safeguarding children policy which reiterates there is mandatory child safeguarding training in place for all practice staff.

On 1st February 2015 the Cheshire & Greater Manchester CRC formally came under the new ownership of Purple Futures, an Interserve led partnership consisting of 3SC, P3, Shelter and Interserve Justice. From this date the CRC were made subject to new contract performance measures, their response to which has been outstanding and the Cheshire & Greater Manchester CRC are one of the highest performing nationally. Between October 2015 and Autumn 2016 the CRC will implement their new operating model and whilst the priorities of the model centre around rehabilitation and reducing re-offending, child safeguarding will remain at the forefront of everything we do. In January 2016 the CRC will be delivering safeguarding training to all staff and this will focus on refreshing safeguarding practice ensuring everybody understands the concept of "early help", our responses to Child Sexual Exploitation, FGM, Forced Marriage and Honour Based Violence.

## Adult Safeguarding Board



Working in partnership with Salford Adult Safeguarding Board (SASB) is vital to safeguard children.

SASB meets four times a year to oversee and lead multi-agency work around improving adult safeguarding in the city. In addition to overseeing the delivery of adult protection services the board also oversees the work of the implementation group for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards introduced under the Mental Health Act 2007.

A considerable work was undertaken during 2014-15 to ensure the SASB fully understood the new requirements and had everything in place in order to make the transition from a voluntary to a statutory board. There is now a [strategic plan 2015-2018](#) in place with a particular focus on prevention. The SASB have updated their terms of reference to ensure they reflect the new requirements.

There are long standing arrangements for safeguarding children transitioning into adulthood including a jointly appointed coordinator.

Guidance for Children's and Adults Services in responding to Safeguarding Concerns has been updated by the Adult Safeguarding Manager with significant input from GMW and Children's services.

Child/Adult 15 case review was jointly commissioned by SSCB and Salford Adult Safeguarding Board (SASB). The findings of the [Independent Case Review - Child/Adult 15](#) and [Consolidated Action Plan](#) are available on the SASB website.

## Salford CVS and VOCAL



VOCAL is the voluntary community and social enterprise (VCSE) sector forum facilitated by Salford CVS. VOCAL children and young people's forum continued to play an active role in the work of the SSCB this year with representatives contributing to the Board meetings, work on CSE, chairing the Private Fostering group and working with partners to develop a Joint Working Protocol. This protocol is intended to assist all partners in the delivery of Salford's Early Help Strategy and to ensure clear expectations on key safeguarding processes. The protocol particularly recognises the need to work effectively together in the context of reduced resources so that Salford families continue to benefit from a range of appropriate services and activities in the city. Voluntary and community organisations are key partners in ensuring that a diverse range of services and approaches exist to support children and young people in the city. The protocol will aid more effective partnership working between VCSE's and key statutory services such as The Bridge partnership and this will benefit children and young people's timely and appropriate access to early help services.

Salford CVS also continues to promote the work of the SSCB to VCSE's and to enable organisations to comply with SSCB safeguarding standards. In 2014-15 Salford CVS delivered SSCB verified Child Protection and Safeguarding training to 88 VCSE practitioners and supported 25 organisations to implement Salford Safeguarding Standards.



## Section 7: Key Contacts and Information

## SSCB Contact Details

**Address:** Salford Safeguarding Children Board,  
Sutherland House,  
303 Chorley Road,  
Swinton,  
M27 6AY

**Tel:** 0161-603 4322

**Email:** [SSCB@salford.gov.uk](mailto:SSCB@salford.gov.uk)

**Web:** [www.partnersinsalford.org/sscb](http://www.partnersinsalford.org/sscb)

## Worried about a Child?

If you are worried about the welfare or safety of a child, you should contact **The Bridge Partnership** tel: 0161 603 4500 or email: [worriedaboutachild@salford.gov.uk](mailto:worriedaboutachild@salford.gov.uk)

If a child is in immediate danger of being harmed, or if a child is home alone, the police should be called on 999.

## Key Information

- [Early Help Strategy](#)
- [Emotional Health Service Directory](#)
- [Emotional Health Strategy](#)
- [Equality and Diversity](#)
- [Free Multi-agency Training](#)
- [Greater Manchester Policies](#) and [supporting pathway guidance](#)
- [Greater Manchester Safeguarding Partnership](#)
- [It's Not Okay](#)
- [Latest News](#)
- [Local Policies](#)
- [Private Fostering](#)
- [Safeguarding Vulnerable Adults](#)
- [Salford Case Reviews](#)
- [Salford Safeguarding Standards](#)
- [Practitioner Forum](#)
- [The Graded Care Profile](#)
- [Thresholds of Need and Response](#)
- [Voice of the Child](#)
- [‘Worried about a child’ posters](#)



## Glossary

AGMA	Association of Greater Manchester Authorities
BME	Black Minority Ethnic
BWS	Bolton Wigan Salford
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CEOP	Child Exploitation and Online Protection
CIN	Children in Need
CP	Child Protection
CPG	City Partner Group
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CYPTB	Children and Young Peoples Trust Board
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking and Honour Based Violence
EIP	Early Intervention and Prevention
FGM	Female Genital Mutilation
FYYPB	Family Justice Young People's Board
GCP	Graded Care Profile
GM	Greater Manchester
GMP	Greater Manchester Police
GMSP	Greater Manchester Safeguarding Partnership
GMW	Greater Manchester West Mental Health NHS Foundation Trust
HMIC	Her Majesty's Inspectorate of Constabulary
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Child
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MASH	Multi-agency Safeguarding Hub
NFA	No Further Action
NICE	National Institute for Clinical Excellence
PRU	Pupil Referral Unit
SASB	Salford Adult Safeguarding Board
SCR	Serious Case Review
SEN	Special Educational Needs
SRFT	Salford Royal Foundation Trust
SUDC	Sudden Unexpected Death in Infancy
VCSE	Voluntary Community Social Enterprise
WUU2	What You Up Too?
YPVA	Young Person Violence Advisor



## Appendix 1: Membership

Chair		
Simon Westwood	Independent Chair	Salford Safeguarding Children Board
Statutory Board members		
Alan Campbell	Chief Operating Officer	Salford CCG
Anne Kubiak	Lead Named Nurse	Central Manchester Foundation Trust
Charlotte Ramsden	Strategic Director of Children's Services	Salford City Council
David Herne	Interim Director Public Health	Salford City Council
Deborah Blackburn	Assistant Director: Public Health Nursing	Salford City Council
Deborah McCallum	Service Manager	CAFCASS
Emma Armitage	Learning Support and Safeguarding Manager	Salford College
Francine Thorpe	Head of Quality,	Salford CCG
Heather Aaron	Head Teacher	Ellesmere Park High School
Helen Watson	Head Teacher	Wharton Community Primary School
Karen Clancy	Deputy Director of Integrated Governance, Lead Named Nurse	GMW Mental Health NHS Foundation Trust
Keith Darragh	Assistant Director Resources	Salford City Council
Laura Browse	Head of Primary Care	NHS England
Liz McGahey	Assistant Director of Nursing	Salford Royal Foundation Trust
Manjit Seale	Assistant Chief Executive	National Probation Service
Mary Doyle ( <b>Vice Chair</b> )	Chief Superintendent,	GMP, Salford Division
Sharon Hubber	Interim Assistant Director Specialist Services	Salford City Council
Stuart Tasker	Assistant Chief Executive	Cheshire and Greater Manchester Community Rehabilitation Company
Non-statutory Board members		
Daniel Butterworth	Advanced Paramedic	North West Ambulance Service
Louise Murray	VOCAL Representative	Salford CVS
Mick Lay	Independent Chair	Bolton, Salford & Wigan CDOP
Advisors to the Board		
Lorraine Ashton	Solicitor, Legal Section	Salford & Manchester Councils
Eileen Buchan	Head of Integrated Youth Support Services	Salford City Council
Elaine Burfitt	Named Doctor: Community Child Protection	Salford Royal Foundation Trust
Girish Patel	Named GP representative	Salford CCG
Kalpesh Dixit	Designated Doctor	Salford Royal Foundation Trust
Melanie Hartley	Designated Nurse for Safeguarding Children and LAC	Salford CCG
Sean Atkinson	Interim Head of Safeguarding Unit	Salford City Council
SSCB Officers		

Debbie Hulme	Administration Assistant	Salford Safeguarding Children Board
Sarah Martin	Apprentice Administration Assistant	Salford Safeguarding Children Board
Shahanara Begum	Training Coordinator	Salford Safeguarding Children Board
Tiffany Slack	Interim Board Business Manager	Salford Safeguarding Children Board
Vivienne Bentley	Senior Business Support Officer	Salford Safeguarding Children Board

#### Participating Observers

Cllr John Merry	Lead Member -Salford Children's Services	Salford City Council
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#### Lay Member

Rabbi Simon Grant	Director of Community Services	Binoh of Manchester
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## Appendix 2: Board Structure 2014-2015

### BOARD

**Chair:** Simon Westwood  
**Deputy Chair:** Mary Doyle

### EXECUTIVE COMMITTEE

**Chair:** Mary Doyle

<b>Case Review</b> Melanie Hartley	<b>Policy and Procedures</b> Tiffany Slack	<b>Performance Management</b> Liz McGahey
<b>Practitioner Forum</b> Madeline Metcalfe & Melanie King	<b>Training Pool</b> Patsy Molloy	<b>Voice of the Child</b> Eileen Buchan
<b>Challenging Behaviour</b> Sue Woodgate	<b>Publicity and Communication</b> [Chair: vacant]	<b>Private Fostering</b> Louise Murray
<b>Child Sexual Exploitation</b> Sean Atkinson	<b>Strategic Training</b> Sharon Hubber	<b>Safe Working Practice</b> [Chair: vacant]
<b>Safe Sleeping</b> [Chair: vacant]	<b>Equality and Diversity</b> Nava Kestenbaum	<b>Schools</b> Helen Watson
<b>Critical</b> <b>Essential</b> <b>Monitoring &amp; Reporting</b>	<b>E-safety</b> Cathy Starbuck	



## Appendix 3: Budget 2014-2015

Income 2014-2015		Expenditure 2014-2015	
Salford City Council	£91,176	Staffing	£173,868
Health	£71,616	Training	£3,144
GMP	£13,500	Office Expenses	£32,181
GM Probation	£7,532	Professional Fees	£57,743
Schools	£22,400	Other staff related costs	£973
CAFCASS	£550		
Other (Non attendance)	£861		
<b>Total</b>	<b>£207,635</b>	<b>Total</b>	<b>£267,910</b>
Balance B/fwd into 2014/15	£169,321	Balance C/fwd into 2015/16	£109,046

Staffing Costs	
Training Coordinator 1.0 FTE	
Training Officer 0.5	
SSCB Admin Officer 1.0 FTE	
SSCB Manager 1.0 FTE	
Administrative Assistant 0.5	
Administrative Assistant 1.0 FTE	
Performance and Participation Coordinator 1.0 FTE	
<b>Total</b>	<b>£173,868</b>

Professional Fees	
Serious Case Review	£17,600
CDOP	£10,030
Independent Chair	£24,872
Other Professional Fees	£5,241
<ul style="list-style-type: none"> <li>• Peer Review</li> <li>• North West Trainers Annual Membership</li> </ul>	
<b>Total</b>	<b>£57,743</b>



## Appendix 4: SSCB Core Dataset 2014-2015

Name	SN (Source LAIT)	England (Source LAIT)	2013-14	2014-15
Percentage of contacts to Childrens Social Care which led to a Referral			32.3%	38.3%
Referrals to Children's Social Care Services per 10K population under 18			554.2	758.3
Percentage of referrals that are a repeat referral within 12 months of a previous referral	19.7%	24.0%	21.4%	22.2%
Section 47 enquiries	141.8 Rate/ 10,000	138.2 Rate/ 10,000	1,061 (286.9 Rate/ 10,000)	1,538
Number of children subject to a child protection plan	63 Rate/ 10,000	42.9 Rate/ 10,000	278 ( 67.3 Rate/ 10,000)	357
Initial child protection conferences			540	601
Timeliness of initial child protection conferences			77.7%	82.3%
Percentage of child protection cases which were reviewed within required timescales	93.2%	94.0%	96.7%	97.2%
Child protection plans lasting 2 years or more	3.8 %	3.7%	2.8%	2.1%
Percentage of children becoming the subject of child protection plan for a second or subsequent time	15.6%	16.6%	21.9%	19.6%
Reducing number of looked after children	92.3 Rate/ 10,000	60 Rate/ 10,000	575 ( 111 Rate/ 10,000)	587
Timeliness of statutory visits			79.0%	79.0%
Timeliness of placements of LAC for adoption following an agency decision that the child should be placed for adoption			80.0%	60.5%
LAC cases which were reviewed within required timescales - post 1st April 2011			98.5%	95.6%