

SSCB

Annual Report

2015-2016



Salford
Safeguarding
Children Board

Salford City Partnership

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Foreword



This is my third annual report as Independent Chair of the Salford Safeguarding Children Board (SSCB) and covers the period to the end of March 2016.

The last two years have been of continuous improvement with steady forward progress, recognised in 2015 by an Ofsted Inspection judgement of the Board as 'Good'. That has been coupled with growing partnership involvement, purpose, and respect. As a consequence, the Board is confident that safeguarding arrangements in Salford are robust but can still be strengthened. Ofsted found that the Board had clear and appropriate priorities based on the current needs assessment with a clear action plan. From that we have been able to confidently re-affirm continuing priorities and set new ones for action for 2016 and beyond.

In my first annual report I said I was heartened by the involvement, positive contributions and challenges by all members of the Board which I believe indicated a strong partnership. I continue to be struck by the commitment to continuous improvement in Salford. I have found partnership working to be very strong in operational practice and strategic oversight. That has continued and strengthened over the last two years, despite the financially challenging public sector environment.

Within this report we have set out the achievements made this year but also identified the improvements that we must continue to address over the next few years.

The continuing challenge will be maintaining the progress of the last few years, through a time of policy change and new national priorities that include changes to Safeguarding Boards; without losing sight of what matters – the safeguarding of children in Salford.

Going forward we must all keep a relentless focus on recognising children who need support.

Government guidance recognises ***“Children are best protected when professionals are clear about what is required of them individually, and how they need to work together.”***¹ No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

To practitioners, I say, continue to be **‘professionally curious’** and share thoughts and concerns with others even when you are unsure.

On behalf on the Board I want to thank everyone, young people, parents, carers, volunteers and professionals for their dedication and effort in helping to make Salford a safer place for children and young people.

Simon Westwood,
Independent Chair, SSCB

¹ Working together to safeguard children - A guide to inter-agency working to safeguard and promote the welfare of children
HM Government, March 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 structure 2015-18 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.

Budget

Please see [Appendix 3](#) for a breakdown of SSCB income and expenditure 2015-2016.

The SSCB has an annual budget of circa **£206K** which resources staffing, infrastructure and inter-agency training but not Serious Case Reviews (SCR's).

The year-end budget shows a deficit of **£29,121** this is due to the additional cost of the SCRs (Child N and R), 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 12 months.

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 SCRs 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 **2017-2019** 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. The SSCB is represented on all network Boards, receives and provides reports to meetings as appropriate. The organisational structure showing lines of reporting and accountability is set out in [appendix 4](#).

The City Partnership has developed a draft inter-board protocol. It outlines the co-operative relationship between the Salford Safeguarding Adults Board (SSAB), SSCB, the Community Safety Partnership (CSP), the Health and Wellbeing Board (HWB) and the Children and Young People's Trust (CYPT). The protocol sets out clear accountability and governance arrangements between partnership Boards and scrutiny and challenge framework. The SSCB initiated this process by looking to extend the [Partnership Safeguarding Children Compact](#) in place (SSCB, CYPT and HWB) to include the CSP and SSAB.

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 their priorities, especially early help and emotional health and wellbeing.

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. Since Adult Boards have been placed on a statutory footing we have been working increasingly together to address safeguarding issues. There is scope for further improvement.

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, a Detective Chief Inspector, Greater Manchester Police chairs the Tackling Domestic Abuse Board (TDAB) which is a sub-committee of the partnership. The Head of Safeguarding chairs the Children's Domestic Abuse (CDA) Subgroup and is a member on the TDAB and there is a standing item regarding the CDA sub-group.

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 on the SSCB. The Independent Chair has agreed with the City Director to approach the Mayor and the City Partnership to consider 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.

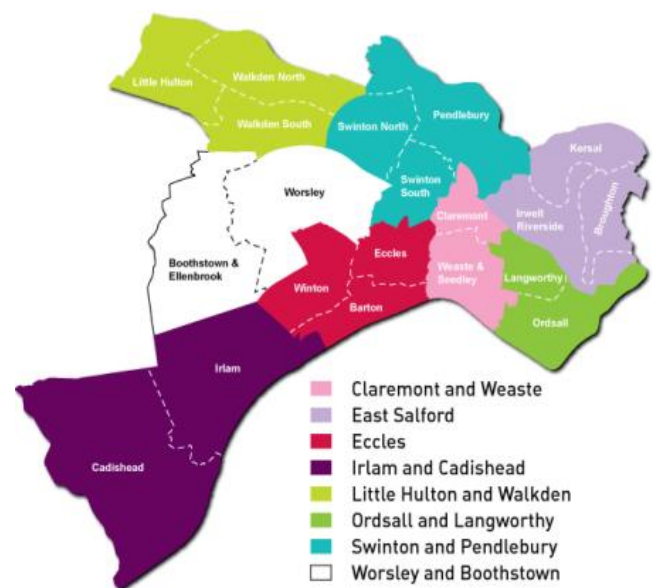
CAFCASS representative on the Board provides the link to [Manchester Family Justice Board](#).

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)²
- It is estimated Salford's total population has increased to 245,614 and the total under 24 population will be at 79,268 (32.3% of the total population).³
- 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.⁴
- 4,447 (4.2%) lone parent households with dependent children are not in employment compared to 3.2% England average.⁵



² Source: Census 2011, ONS

³ Source: [mid-2015 population estimate](#), ONS

⁴ Source: Census 2011, ONS

⁵ 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.⁶
- The school-age population is 79.1% White, 5.3% Black or Black British, 3.2% Asian, 0.2% Chinese, 7.5% Mixed Race and 3.8% Other.⁷
- Salford birth rate has been falling since 2010 with 67.7 live births in 2014 (per 1000 women aged 15-44) compared to 68.5 in 2013.⁸
- Approximately 13.5% of children living in households with only one parent compared to 10.6% across England and Wales⁹
- Infant Mortality for 2012-2014 is 3.8 infant deaths per 1000 live births, compared to 4.0 for England.¹⁰
- Salford was ranked as the 16th most deprived local authority in England, with more than a quarter of the neighbourhoods in Salford (43 out of 150) amongst the 10% most deprived neighbourhoods in the country.¹¹
- Approximately 25% of the local authority's children are living in poverty.¹²
- 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.¹³
- The largest minority ethnic groups of children and young people in the area are Other White, Black African, and Mixed White and Black Caribbean.¹⁴
- The proportion of children entitled to free school meals:¹⁵
 - in primary schools is 21% (the national average is 15%)
 - in secondary schools is 21% (the national average is 13%).
- The proportion of children and young people with English as an additional language:¹⁶
 - in primary schools is 18% (the national average is 20%)
 - in secondary schools is 13% (the national average is 16%).
- The net population gain resulting from international migration has been the single most important driver of population growth within Salford – adding about 1,400 to the population per year (average 2003-14).¹⁷
- Natural change (the number of births minus the number of deaths) is projected to be the biggest driver of population growth over the next 10 years, adding around 1,600 to the population per year.¹⁸

⁶ Source: *Census 2011, ONS*

⁷ Source: *Annual School Census, January 2016, DfE*

⁸ Source: *Live Births by Area of Usual Residence, September 2015, ONS*

⁹ Source: *Census 2011, ONS*

¹⁰ Source: *Public Health Outcomes Framework, 2016, PHE*

¹¹ Source: *Indices of Deprivation 2015, DCLG*

¹² Source: *HMRC Snapshot as at 31 August 2013*

¹³ Source: *Census 2011, ONS*

¹⁴ Source: *Census 2011, ONS*

¹⁵ Source: *DfE Schools, pupils and their characteristics, 2016, DfE*

¹⁶ Source: *DfE Schools, pupils and their characteristics, 2016, DfE*

¹⁷ Source: *Local area Migration Indicators 2015, ONS*

¹⁸ Source: *Sub-National Population Projections 2014-based, ONS*



Section 2: Progress on Business Plan Priority Areas 2015-2016

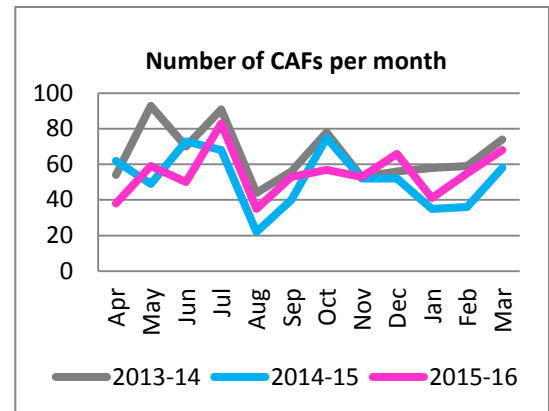


Priority Area 1: Early Help

Background

Early Help is a key priority for the SSCB and CYPTB, the CYPTB lead on the implementation and the SSCB undertake a scrutiny and challenge role.

- In 2015-16 the Early Intervention and Prevention (EIP) Service received a total of 2460 referrals, an 8% rise on last year.¹⁹
- 64% of referrals requiring EIP support were at Level 2, a 9% reduction compared to 2014-15.
- 658 CAFs were authored in 2015-16, a 6% rise on last year. Of these, 131 (20%) were co-authored. The number of co-authored CAFs has increased by 44% compared to 2014-15.
- Over half of all CAFs are authored by Education.

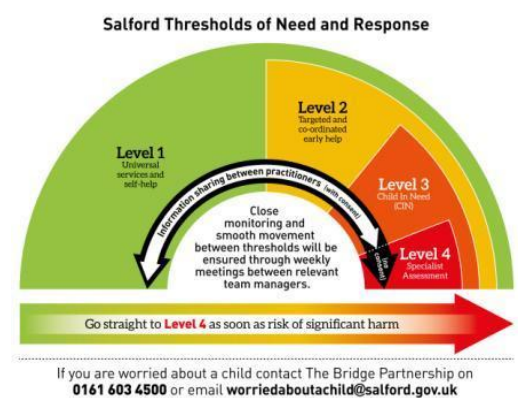


Key Achievements 2015-16

- Published our revised [Early Help Strategy 2016-18](#). This aligns with the new [Neglect Strategy 2016-18](#). Both strategies will be launched at the Early Help and Neglect Summit event in May 2016.
- The Early Help Strategy includes an outcomes framework. Regular assurance reports are provided by the CYPTB this includes the Early Help section of the CYPTB dashboard 2015-16.
- Published our revised Thresholds of Need and Response Diagram. The guidance is currently under review. The [Practitioner Forum](#) and partners were consulted in March 2016.
- Published our revised [Joint Working Protocol](#) with Salford voluntary, community and social enterprises organisations.
- The Salford Bridge Partnership (the Bridge) replaced the MASH in April 2015. The Bridge is our 'single front door' for all contacts and referrals, including early help. An Early Response Team sits within the Bridge to complement the screening process and support the correct application of thresholds thereby preventing the needless escalation of cases where possible
- Greater Manchester policies, supporting local pathways, Board website and multi-agency training have been updated to reflect the Bridge developments.
- The Bridge Partnership is complemented by the development of the new delivery model for Early Help through the 0-25 project. The 0-25 transformation project has identified 5 areas of work which are being explored as either test cases or pilots. There has been substantial groundwork during 2015-2016 on the 0-25 service transformation, enabling pilots to be rolled out in 2016-17. Regular '[Shaping Our City](#)'- 0-25 programme briefings have been disseminated to partners.
- The 'Family Assessment' is still evolving and has been adapted for use with the 0-25 pilot in Little Hulton.
- Launched a new [online Bridge referral form](#) for practitioners and the public
- The CAF team have strengthened links with organisations that work closely with the Jewish community. They continue to offer support with the early help process and referrals. Education providers have also been approached to provide training in future.

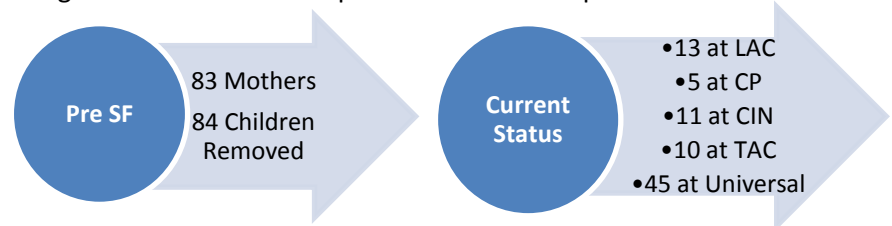
What difference has it made?

It is too early to identify outcomes for phase 2 of the Bridge. The evidence to collate and evaluate this will take some time and a plan is in place to consider the options to do this.



¹⁹ Source- EIP Report card Year End 2015-16

- '86% of practitioners reported they understand the Thresholds of Need and Response guidance and how to apply it to practice' and '90% reported they are aware and understand the local strategies relating to SSCB priority areas'²⁰
- Early Help and Neglect Summit Event evaluations will provide further assurance regarding impact
- The Early Response Team - in the first six months of operation only 18% of 163 contacts were escalated for a social work assessment and a third were referred to the EIP Service.
- The Family Assessment -strengths scoring tool -the 'bullseye wheel' enables self-assessment and to measure progress.
- The Strengthening Families programme has been able to reduce the number of children taken into care from a young age / from birth. Since the inception of the programme 118 children have been born, the parents of these children have had a combined total of 145 children previously removed from their care. Of these 118 children we are actively tracking 84 of them and the diagram below details the pre SF data for their parents and shows a direct comparison to where these children are at now (end Q4 2015-16) and the impact the programme had on their parents.



Key Challenges

- The introduction of Customer Relationship Management (CRM) system 'Citizen' at the Bridge and how it interfaces with other IT and data systems is an ongoing problem.
- Limited communication to partners regarding the implementation of the on-line Bridge referral form because there was an unexpected refresh to the City Council website which automatically changed the referral process.
- Difficult to demonstrate the effectiveness and impact of early help. The IT and evaluation systems of early intervention need to be in place to be able to readily demonstrate outcomes for families as individuals
- To maintain progress in offering early help and support to families in order to prevent problems from developing, escalating or reoccurring linking to the 0-25 transformation programme.
- Due to the increasing population within Salford and the changing demographics the challenge for partners is understanding different cultures, providing services and education for families and their children where English is not their first language.

Priorities 2016-17

- Early Help and Neglect Summit Event to be held May and June 2016
- The Bridge Partnership to develop a more streamlined pathway to access early help across the partnership.
- Continue to ensure partners are regularly updated and contribute to the delivery and evaluation outcomes of the 0-25 service transformation pilots.
- Roll out the Family Assessment with the inclusion and consideration of the Statutory Young Carers assessment within the Little Hulton 0-25 pilot and develop a web-based version.
- IT systems and processes fit for purpose and support developments at the Bridge and 0-25 service, as well as providing key evaluation and reporting mechanisms.
- Continue to seek assurances from the Strategic Bridge Group regarding the effectiveness of The Bridge Partnership on early help. This should include the quality of decision making at the front door.
- Facilitate workshops with partners to evaluate The Bridge Partnership and our priorities areas

Additional information:

- www.partnersinsalford.org/sscb/thresholds.htm
- www.partnersinsalford.org/earlyhelp.htm

Debbie Blackburn

Assistant Director Public Health Nursing, Salford City Council
Early Help- CYP Trust Board Lead

²⁰ S.11 Practitioner Survey, February 2016



Priority Area 2: Neglect

Background

The Neglect Task and Finish Group Reports to the Coordination and Delivery group.

- At 31 March 2016 196 (40.6%) children were subject to protection plans under the category of Neglect. This remains one of the highest categories and continues to increase every year.

Key Achievements 2015-16

- Published and disseminated the Neglect Strategy 2016-18. Task and Finish Group monitor the implementation of the strategy action plan.
- The strategy takes into account the learning from local case reviews and the SSCB neglect practice audit.
- Practitioners piloted the use of the MARAM Graded Care Profile tool. Feedback has informed the revised [GCP tool](#) which is available online
- Revised programme for Neglect and Graded Care Profile training in place.
- SSCB Neglect training has now been updated and is now a single day of training to encourage greater participation. Neglect training has been revised to incorporate learning in relation to medical advice being acted upon in line with SCR.
- Neglect presentation to VOCAL Forum – March 2016
- Established agency GCP champions and data lead roles to report on activity.
- Consideration has been given to sharing specific indicators within the Early Help Strategy across both the Trust and Safeguarding Board.
- [Greater Manchester Neglect Policy](#) was launched in June 2015. It will be updated further to reference obesity.
- Salford is represented on the GM Neglect Group which is developing a GM neglect strategy.

What difference has it made?

- MARAM Pilot Evaluation: *“Easy to identify action which can then be used to inform assessments.....family was able to complete the assessment with me”* (Family Support Worker) and *“Previously the completion of GCP has not been consistent – it is a requirement now. The GCP tool is the evidence base re: neglect”* (Social Worker)
- There is still a need to evaluate the long term impact of neglect training on practice.
- Revised indicators to continue to be monitored through to evaluate impact.

Key Challenges

- Data is developing but gives a limited picture of GCP activity. GCP's are stored on different agency recording systems and data is currently not available across all partners.

Priorities 2016-17

- Early Help and Neglect Summit Event- May and June 2016.
- Develop a neglect webinar in partnership with Salford University
- Continue to link with the overarching GM Neglect Group to inform local activity.
- Agency GCP champions and data leads to provide information

Additional information:

- www.partnersinsalford.org/sscb/neglectsubgroup.htm

Sean Atkinson

Service Manager – IRO, Salford Children's Services
Neglect Task and Finish Group Chair



Priority Area 3: Sexual Abuse and Exploitation

Background

Child sexual abuse and exploitation remains a key priority area for the SSCB. We know there are strong links between CSE and children who go missing from home, care or education. Missing is a standing item at the Sexual Abuse and Exploitation Subgroup. Please see [Priority Area 6](#) for more information.

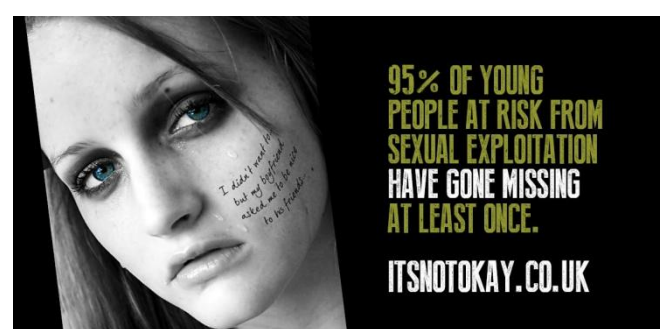
- At 31 March 2016 15 young people had been identified at high risk, 18 at medium risk and 19 at low risk. The rise in the numbers in the last year reflects the dedicated work of the local specialist CSE teams.

Key Achievements 2015-16

- Governance arrangements for responses to CSE are clear and effective.
- The local and Pan-Greater Manchester Project Phoenix strategy is well embedded and understood. The strategy links with the Missing from Home and the Protect strategies.
- Protect CSE peer review (July 2015) highlighted good practice and areas for improvement. Recommendations have been added to the CSE strategy action plan. There will be another peer review in summer 2016.
- GMP and Protect have delivered a Train the Trainer CSE Course. Participants (CSE champions) are expected to deliver single-agency basic CSE training within their agency. SSCB will evaluate and audit this model.
- Rolled out Barnardos 'Real Love Rocks' healthy relationships resource for primary and secondary schools. 80% take up in Salford – which is the best in Greater Manchester.
- Barnardo's have delivered x2 twilight sessions for licensed, hospitality and community services as part of the Nightwatch project.
- Salford's GMP CSE response team 'Operation Avert' continues to complement the work undertaken by Protect through a combination of intensive disruption and awareness-raising activity within the community.
- [GM CSE Policy](#) was updated in November 2015 and developed a local supporting CSE Pathway.
- Commissioned a CSE external audit to provide independent assurance. The report was very positive about community engagement.
- 17 Salford secondary schools responded to the GM schools survey regarding CSE. All schools knew where to report concerns about a child being sexually exploited.
- Project Phoenix has developed a GM CSE problem profile and Protect team continues to report quarterly on activity.
- Local representative on the GM Phoenix communications group. Project Phoenix has created a GM campaign 'It's Not Okay' Facebook and Twitter account. Single agencies utilise their social media accounts to promote the CSE activity.
- Participated in the CSE week of action March 2016. The focus of the campaign was to raise awareness around the strong link between CSE and children who go missing. Social media packs were disseminated to partners to promote consistent messages.

"The Board maintains good oversight and scrutiny of work to identify and protect young people who may be at risk of child sexual exploitation and those who go missing from home or care"

SIF – June 2015



What difference has it made?

- *'Children in Salford who go missing from home and school or who are at risk of CSE benefit from a coordinated multi-agency response to assess risk and need. They receive good support which is helping some of those most at risk to reduce the numbers of times they go missing'* ²¹
- GMP figures show a rise in the number of incidents reported to police in 2015/16. The rise can be attributed to an increase in public awareness, enhanced police officer understanding and more accurate recording of CSE crimes.
- Future weeks of action will be evaluated.
- Salford University will evaluate 'Real Love Rocks'.

Key Challenges

- An increase in demand on services brings challenges with funding and resources.
- Progressing local Protect and Avert operating models is difficult when they align to the Manchester Division.
- CSE has dominated the sub-group agenda
- Capturing and implementing the views and wishes of young people

Priorities 2016-17

- Review and publish the CSE Strategy and action plan.
- Develop an operational handbook and one-minute guide for practitioners
- Develop a regional and Salford division problem profile
- Continue to improve community awareness
- CSE training to be provided to registered taxi drivers and consider if this should be mandatory for taxi licence renewal.
- Participate in the week of action in October 2016 which will focus on issues relating to CSE and public transport in Greater Manchester.
- Seek local assurances on sexually harmful behaviour

Additional information:

- www.partnersinsalford.org/sscb/cse
- www.itsnotokay.co.uk/

Chris Walker

Detective Chief Inspector, Greater Manchester Police
Sexual Abuse and Exploitation steering group Chair

²¹ [Single inspection of LA children's services and review of the LSCB](#), June 2016



Priority Area 4: Children Affected by Domestic Abuse

Background

Work to address Domestic Violence in Salford is led and governed by the Community Safety Partnership (CSP) and driven forward by the Tackling Domestic Abuse Board (TDAB). There is also a joint Children's Domestic Abuse (CDA) sub-group which reports to directly to the TDAB and every six months to the SSCB Co-ordination and Delivery Group.

The SSCB actively monitors, promotes, coordinates and evaluates the work of the statutory partners that help and protect children at risk of domestic abuse, including working effectively with other multi-agency groups that have responsibility for responding to domestic abuse.

- There remains a high prevalence of domestic abuse within Salford.
- 2nd highest number of cases discussed in GM at MARAC, 2015/16
- 64% MARACs 2015/16 involved children and young people under 18 years of age
- 48.8% of children and families' assessments completed in 2015/16 identified domestic violence as a factor
- Of the 483 children subject to a Child Protection Plan (March 2016), domestic abuse was present in approximately 47.6% of cases.

Key Achievements 2015-16

- Good understanding of the nature and extent of domestic abuse in Salford, which informs strategic planning.
- Commitment of resources to tackle this issue and a clear determination to remove barriers to effective joint working.
- CDA monitored the implementation of the Children's Domestic Abuse Strategy 2014-15. The Strategy and Action Plan is currently being reviewed and will be integrated into the CSP Strategy 2016-19.
- Thematic Board meetings to monitor and evaluate the work on Domestic Abuse
- The new Joint Inter-Board Protocol in development clarifies governance
- TDAB commissioned New Economy to produce a Salford problem profile (October 2015)
- The Board initiated and supported a pilot project to share domestic abuse notifications with schools. This will be embedded into the TDAB.
- The [GM Domestic Violence policy](#) and [MARAC guidance](#) have been reviewed and will be updated further in June 2016 (update 7)
- Published the [DASH Risk Assessment- Young People Version](#) and [supporting pathways](#) for young victims and perpetrators
- Rolled out of Barnardos 'Real Love Rocks' healthy relationships resource for primary and secondary schools. 80% take up in Salford – which is the best in Greater Manchester.
- Implementation of Operation STRIVE policing model which is an early intervention for standard risk/ non-crime DA incidents that have prompted a police callout. Following the police callout, a re-visit is made to the victim and then a referral is made to the Bridge as appropriate for specialist support. The intention is to reduce repeat demand on policing and to prevent "standard risk" calls for service escalating further.
- Operation Strive have commissioned Essential Safeguarding Ltd to roll out the 'Black Eyes and Cottage Pies' a drama production addressing intimate teenage violence to all secondary schools in Salford. Essential safeguarding is also working with BME communities to discuss how STRIVE can work with their communities.
- CCG have commissioned IRIS which is an evidence-based programme of training and support in primary health-care practices to increase the identification of domestic violence & abuse and refer to specialist advocate services.
- Successful roll-out of the innovative Young Person's Domestic Abuse Meeting (YPDAM). The YPDAM was established by CDA Subgroup in acknowledging that a high level of young people were both victims of domestic abuse and also responsible for causing harm to others, from the age of 10yrs to 17yrs.

“The Junior MARAC is effective in helping children who are the victims and the perpetrators of violence.”
SIF – June 2015

- Post graduate students from Salford University have evaluated the new YPDAM model.
- Completed a multi-agency audit on children living with domestic abuse which raised a series of priorities for action. This also provided a revised baseline for the situation in respect of services and practice in Salford
- Plans are in place to audit the effectiveness of the tri-weekly MARAC meetings
- A range of multi-agency training and workshops have taken place to develop further the skills and knowledge of frontline professionals, including in the voluntary sector, so that they are able to engage with communities to provide support and reduce risk.
- Effective commissioning has led to the development of some good and effective services for victims such as Salford independent domestic abuse support service.

What difference has it made?

- A timely evaluation of the projects will help us to understand impact. Salford University will evaluate 'Real Love Rocks' and University of Worcester plan to evaluate 'Black Eyes Cottage Pies'.
- 'DVA-related incidents in early 2015 had dropped by 2% relative to the year prior – suggesting recent interventions ...were a success'²²
- 'The Bridge's model in relation to the referring process, information sharing, triaging and signposting domestic abuse cases is effective'²³

Key Challenges

- Despite the themed audit being disseminated to practitioners across the partnership, there is still a need to continue to embed the learning in frontline practice.
- We need to develop a better criteria to measure the impact of the work undertaken with children living with domestic abuse.
- Attendance at multi-agency training is low so it is difficult to demonstrate the impact or evaluate effectiveness.
- Contributing to and integrating developments arising from GM DV Partnership Board.
- Continued scoping of funding streams to address identified needs within Salford.
- Tracking implementation of local and out of area Domestic Homicide Reviews (DHRs).

Priorities 2016-17

- Ensure the CDV strategy is integrated into the CSP strategy 2016-19 and it is published.
- Review CDA action plan and develop a consolidated action plan.
- Explore further opportunities to work with CSP e.g. consolidate local learning from reviews.
- Request assurance from CSP about commissioned services e.g. perpetrator programme models.
- Ensure performance monitoring arrangements are sufficiently robust and we understand fully the quality of frontline.
- Evaluate the impact of multi-agency and single agency training on frontline practice.
- Review the performance monitoring process with CSP to ensure we focus on the impact of services/activities upon outcomes for children and their families.
- Build on links between regional and local activity regarding DV e.g. support the GM DA Campaign.

Additional information:

- www.partnersinsalford.org/sscb/da.htm

Emma Ford

Head of Safeguarding, Children Services

Children's Domestic Abuse Sub-group Chair

²² "Start in our own homes": Domestic Violence and Abuse in Salford (New Economy, October 2015)

²³ 'Domestic Violence and Young People: Evaluating a New Model of Working with Referrals' (Salford University, March 2016)



Priority Area 5: Emotional Health and Wellbeing

Background

The Emotional Health and Wellbeing Partnership (EHWP) is accountable to the CYPTB. The Partnership reports to the CYPTB on progress against the priorities within the 0-25 Integration and CAMHS Transformation Plans and the emotional health and wellbeing strategy 2015-16. Please see the [CYPTB Annual Report 2015-16](#) for more information.

- At 31 March 2016, 232 (48%) children were subject to protection plans under the category of emotional abuse. This remains the highest category and continues to increase every year.
- There were 145 suicides by children and young people in England between January 2014 and April 2015. 28% had been bereaved, 36% had a physical health condition, 29% were facing exams, 22% reported bullying and 54% had indicated their risk through previous self-harm. 43% were not known to any service or agency.²⁴

Key Achievements 2015-16

- Salford CCG have provided assurance to the Board they have completed their CQC inspection action plan.
- EHWP now provide assurance reports for thematic meetings to enable the SSCB monitor and evaluate activity.
- SSCB attended the EHWP partnership to present SCR Child N lessons learnt. This informed the revised [Emotional Health and Wellbeing Strategy 2015-16](#)
- [GM Young People and Self-Harm Policy](#) was rewritten in November 2015.
- 411 young people responded to Healthwatch Salford's questionnaire exploring views on emotional wellbeing and mental health. Responses will inform the 0-25 transition work around CAMHS.
- 0-25 Emotional Health and Wellbeing Test Case and CAMHS Transformation Plan will enable better understanding of need, to review services and develop improved pathways and services for children and young people.
- Salford was one of three GM authorities to benefit from a CAMHS Schools link pilot scheme. The pilot has supported ten schools to work with Salford CCG, Salford Council and child and adolescent mental health service providers to develop a single point of contact for help with pupils with mental health problems.
- Published the new Children and Young People's Emotional Health Directory. The pathway for young people attending A&E for self-harm has been embedded within the directory.
- A Schools Counselling Approved Provider Register has been established which will provide a vehicle for primary and secondary schools to access a menu of provision and a pool of quality assured counselling providers.
- Salford CCG commissioned Odd Arts to deliver 'A Spiralling Mind' drama workshops to secondary schools across in March 2016, involving 2,040 pupils. The project raised awareness of self-harm and eating disorders among young people and how to signpost them to support.
- Planning a bereavement, attachment and loss conference for education- April 2016

What difference has it made?

- Both the 0-25 and CAMHS transformation programmes are informing discussions around future commissioning options for Salford, re-shaping services and pathways, and are contributing to the Greater Manchester Mental Health strategy and devolution work.
- The Self-Harm play and conference will be evaluated to measure impact.

Key Challenges

- An emerging GM devolution approach to mental health presents real opportunities and challenges
- Funding and commissioning arrangements not aligned for local child and adolescent mental and emotional health services.
- Capacity of current system to meet need and ensure timely access to services for those who most need it.

²⁴ Suicide by Children and young people in England (NCISH, May 2016)

Priorities 2016-17

- Improved integration of commissioning and delivery arrangements and flexibility to move investment 'up stream' to improve capacity where it's needed. Re-specification of the Core CAMHS service
- Delivery the Salford 'Gold Standards' – our ambitions for children and young people's emotional health and wellbeing, and ensuring children and young people involved and have a voice.
- Greater focus on Early Help pathways, increased self-help through update to date information and advice and resilience building, including a whole school approach to emotional wellbeing to help more children and young people to 'thrive' and prevent problems from escalating.
- Improved transition arrangements for young people aged 18-25 with mental health needs, and increased collaboration between children's and adult mental health commissioners and providers.
- Delivery of a new Community Eating Disorder service and a new rapid access / home treatment service across Salford and Manchester
- Improving access and waiting times for services for children and young people who need help
- Training to support workforce development

Additional information:

- www.partnersinsalford.org/youngemotionalhealth.htm
- www.salfordccg.nhs.uk/camhs

Sue Woodgate

Assistant Director SEN, Access and Inclusion, Salford City Council
Emotional Health and Wellbeing Partnership Chair

E-Safety and Anti-bullying Sub-group

Background

Ensuring young people are safe online is a growing issue as children and young people's use of mobiles and tablets grows and become all-encompassing for large numbers of young people. Parents and professionals struggle to keep up with the constantly changing and emerging technologies and the respective e-safety issues. It is important the SSCB supports children and young people to be safe in the online world and protect themselves and others.

Key Achievements 2015-16

- Updated guidance on managing e-safety and disseminated regular 'Stay Safe Online' briefings.
- Children, young people and practitioners came together to discuss third party bullying and online safety at the 2015 Anti-Bullying conference (19 November 2015).
- Over 1,500 children participated in the annual anti-bullying survey. The survey also highlighted that 88.9% feel confident that their school will respond effectively to bullying; a slight decrease from the previous year.
- Continue to deliver a multi-agency e-safety seminars and it is incorporated into CSE training.
- We supported the Youth Council's priorities and campaigns and received updates on the GM Youth Assembly, Youth Poverty Strategy, Young Mayor's Employment Standards Charter and the 'Don't Hate Educate' and Make Your Mark campaigns.
- A number of Salford schools have successfully achieved the BIG Award this year for excellence in bullying intervention.
- The Respect Programme, delivered by Integrated Youth Support Services, is being rolled out to all Primary schools in Salford to address issues of bullying and e-safety with years 5 and 6.

What difference has it made?

- 78% of secondary pupils and 68% of primary school stated they felt safe. This highlights the positive work teachers, school support staff, parents and the behaviour of fellow pupils contributing to most pupils feeling safe. The data suggests there is still more work to be done.
- Evaluations from the respect programme evidence it has had a strong impact on the young people's behaviour and the cultures in the school.

Key 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 2016-17

- Evaluate the impact of activity on practice.
- Utilise social media to disseminate key messages, survey findings, training etc.

Additional information:

- www.partnersinsalford.org/antibullying.htm
- www.salford.gov.uk/schools-and-learning/r-u-cyber-safe
- www.wuu2.info/young-persons-guide/online-safety/
- www.salford.gov.uk/schools-and-learning/info-for-parents-students-and-teachers/anti-bullying/



Priority Area 6: Complex Safeguarding

Key Achievements 2015-16

- Established a local multi-agency Complex Safeguarding Task and Finish Group to coordinate assurances regarding Prevent, Modern Slavery, Female Genital Mutilation (FGM) and emerging safeguarding issues.
- Established a local multi-agency FGM Task and Finish Group which is accountable to the TDAB and the SSCB via the Complex Safeguarding Task and Finish Group.
- Local representation on relevant GM forums and linked in with Programme Challenger. Linked into the GM devolution work strand regarding complex safeguarding.
- Audited local single agency and SSCB multi-agency training available
- GM FGM Policy has been updated to reflect the legislative changes made by the Serious Crime Act 2015.
- Developed a supporting local FGM pathway. GM FGM Partnership wants to adopt ours.
- Local Health Trusts and Primary Care now report FGM to the DoH. Numbers of identified cases continue to increase and Salford appears to be performing well in comparison to other areas.
- FGM data is now available. 85 newly recorded cases (women and girls) of FGM in Salford for 2015-2016.²⁵ 100 referrals to the Bridge Partnership where FGM features in 2015-16. Information on identified FGM cases is captured within the SSCB performance report.
- New Economy have been commissioned to develop a GM FGM Strategy, problem profile and services map.
- The GM FGM Forum has produced FGM training standards. This has been incorporated into SSCB training.
- GM SARC provision now commission AFRUCA support for children referred for FGM.

Key Challenges

- Complex safeguarding is a new and emerging landscape.
- Duplication regarding reporting of FGM activity
- Lack of GM and local service provision available
- Data is developing and therefore currently gives a limited picture of activity.

Priorities 2016-17

- Build on links between regional and local activity and explore further opportunities to work across GM.
- Continue to engage with Programme Challenger to tackle serious and organised crime.
- Develop a comprehensive multi-agency training plan for complex safeguarding issues
- Develop a local complex safeguarding pathway and toolkit for practitioners
- Develop robust local data collection
- Support campaigns to raise awareness e.g. NHS FGM campaign, GM Modern Slavery Week of Action.
- Clarify the long term governance and leadership
- Consider developing a local FGM profile

Additional Information

- www.partnersinsalford.org/sscb/complexsafeguarding.htm

Andrea Patel

Designated Nurse Safeguarding Children & LAC, Salford CCG
FGM Task and Finish Group Chair

Deborah Blackburn

Assistant Director Public Health Nursing, Salford Council
Complex Safeguarding Task and Finish Group Chair

²⁵ [Female Genital Mutilation \(FGM\) Enhanced Dataset](#)



Priority Area 7: Missing from Home, Care and Education

Background

The Missing from Home (MFH) Team provide independent, face to face support for children and young people up to the age of 18yrs who have been reported missing either from home, care or education.

We know there are strong links between CSE and children who go missing. MFH is a standing item at the Sexual Abuse and Exploitation Sub-group. Please see also see [Priority Area 3](#) for more information.

- 1267 episodes of children in Salford reported MFH to GMP 2015-16, a 34.3% increase from 2014-15
- 93.9% of return interviews completed 2015-16
- 524 children missing from Education 2015-16, a 9.7% decrease from 2014-15
- 95% of young people identified as being at risk of CSE went missing on more than one occasion²⁶

Achievements 2015-16

- 'Robust arrangements in place to track children missing education and who go missing from care'²⁷
- Quarterly MFH/care reports are scrutinised at the Sexual Abuse and Exploitation Subgroup meetings.
- The weekly operational MFH meeting monitors the number of children at risk of/regularly MFH and known to be at risk/involved in CSE. They agree interventions and support for children and their parents and carers.
- All return interviews are quality assured by the MFH Practice Manager to ensure all interviews contain sufficient detail of the missing episode to inform plans to keep children safer and contribute to intelligence gathering about trends and patterns of children going missing. This data is reported to the Sexual Abuse and Exploitation Sub-group.
- Salford was awarded funding from the Police Innovation Fund to set up an out of hours MFH project. It was launched in January 2015 with the aim to look focus on young people who are regularly reported as missing and try to understand what the triggers are and deliver interventions 7 days a week from 6pm – midnight.
- [GM MFH and Care Policy](#) was updated in November 2015. This includes a return interview form for consistency.
- GMSP have developed a GM MFH action plan and will oversee its implementation
- GMSP has teamed up with the charity '[Missing People](#)' and their [Runaway Helpline](#) to support young people.



What difference has it made?

- There has been a steep rise in the numbers of children reported MFH. This is believed to be because there is heightened community awareness of CSE and parents are reporting children MFH earlier.
- Number of return interviews completed within 72 hours of notification – 79.4% (Year end 2015/16) compared to 26% prior to the project launch.
- The project has been highly successful in targeting the most prolific missing persons, through a joint process with the Police. This targeted approach, complimented by the shared intelligence and the work of the Police analysts has led to some significant achievements in reducing, managing and in some cases eradicating missing episodes.

Key Challenges

- Future funding for the MFH project
- Addressing issues encountered during the pilot

²⁶ www.gmsafeguardingchildren.co.uk/missing

²⁷ [Single inspection of LA children's services and review of the LSCB](#), June 2016

Priorities 2016-17

- Consider developing a local supporting pathway
- Improve links with Private Providers in respect of information sharing when children are placed out of area and go missing
- Salford University to evaluate the pilot project. This should inform the GM MFH Action Plan.
- SSCB to seek local assurances on elective home education

Additional information

- www.gmsafeguardingchildren.co.uk/missing

Phil Varghese

Service Manager Next Steps (Leaving Care Service)

Missing from Home Operational Group Chair



Other Subgroup Activity

Case Review and Audit Sub-group

The Case Review and Audit, Performance and Quality Assurance and Strategic Training Sub-groups are responsible for the implementation of the local [quality assurance and learning and improvement framework](#) and [North West Learning and Improvement Framework](#).

Key Achievements 2015-16

- 13 case referrals to the Case Review and Audit Sub-group in this reporting period. The outcomes included:
 - 2 screening panels, 1 SCR referred to another LA and 1 recommended SCR (Child R)
 - 1 – Multi-agency Concise Review (Child S)
 - 1 – Multi-agency actions
 - 2– NFA/ no concerns regarding working together. 1 YOS critical learning review
 - 5 – single agency actions
 - 2– outcome not decided
- 2 learning events for practitioners (Child R and Child S)
- Develop the GM SCR [administration toolkit](#) and facilitated a workshop.
- Sent regular reminders re the NSPCC repository to inform local practice improvements.
- Reviewed the local [Case Review Policy](#) and referral template to enable us to track Ofsted notifications. Total of 3 in 2015-16.
- Refreshed the [Terms of Reference](#).
- Disseminated the annual [lessons learnt e-bulletin](#) to practitioners. There was a further Practitioner Forum 1st July 2015 to further share the learning.
- Developed [guidance for parents](#) on Serious Case Reviews
- Undertaken more multi-agency audits this year to inform practice improvements:
 1. Homeless young people (September 2015)
 2. Neglect (November 2015)
 3. Commissioned an external CSE audit (January 2016)
 4. Domestic Abuse (March 2016)
- Agreed a forward plan for multi-agency discussion forums (practice audits) for 2016/17.
 1. Self-harm
 2. Disability
 3. Older Young People (including Child Protection Medicals/homeless)
- Child N SCR – 16/17 single agency action plans are complete and the Board action plan 71% complete.
- Adult/Child 15 – published the [independent case review child/adult 15](#) report, [consolidated action plan](#) and [SSCB action plan](#) June 2015. SSCB action plan is complete. Case Review Subgroup members attended scrutiny meeting to review progress of single agency action plans. Each member verified 3 action plans.
 - 6 agencies are fully complete and verified
 - 3 agencies complete but await verification
 - 4 in progress. The majority are 90% completed
- [Developed a Child protection medical local pathway](#). This will be uploaded to the GM Policies (Update 7).

What difference has it made?

- Learning event evaluations: “able to objectively look at cases as a whole, identifying constructive criticism without agencies feeling blamed”, “increased awareness of effects of child's disability/complex needs on whole family”, “safe environment to challenge”, “I will embed learning into training delivered”.

Key Challenges

- Ensuring the learning is meaningful for front-line staff in order to improve outcomes.
- Although this is a well attended group that is both dynamic and productive the amount of work required of members is enormous. The challenge will be to continue to engage the members and keep them motivated.
- There continues to be issues around the participation of some agencies this is being addressed and should the issue not improve in 2016 it will be necessary for the chair of the board to contact the organisation lead.
- We don't routinely get notified of DHR's and SAR's and there may be learning for children. The partnership protocol in development will reference this.
- LSCB national review and how the intended centralisation of serious case reviews will work.
- Long multi-agency chronologies, it's a real struggle to capture learning.

Priorities 2016 -17

- Complete the outstanding action plans (Child N and Case 15)
- Complete Child R SCR. Publish the overview report and Board action plan
- Ensure Child S Board and single-agency action plans are implemented.
- Plan the next annual lessons-learnt practitioner event and e-bulletin
- Develop multi-agency chronology guidance
- Align multi-agency audits to the JTAI themes

Additional information:

- www.partnersinsalford.org/sscb/sscbcasereviews.htm
- www.partnersinsalford.org/sscb/news.htm

Sharon Hubber

Assistant Director Specialist Services, Salford City Council
Case Review and Audit Sub-group Chair

Performance & Quality Assurance Subgroup

Key Achievements 2015-16

- Safeguarding data is scrutinised regularly by the sub-group and the Board. Members agree highlights and set challenge questions each quarter and these are addressed prior to the SSCB.
- Implemented a revised thematic performance framework. The SSCB has developed and continues to refine a comprehensive multi-agency dataset which aligns to Board priorities. This is supplemented with core Children's Services performance data. This enables more equitable challenge of all partners.
- Agreed core performance indicators for the City Partnership Performance Framework 2015-16. Progress with this dataset is on hold.
- The GMP's quarterly safeguarding performance monitoring report has improved and is routinely disseminated.
- 0-25 Strategic Review profile complete and available [online](#).
- There is a comprehensive bi-annual Section 11 audit programme to quality assure the effectiveness of agencies' safeguarding children arrangements in Salford.
 - Stage 1: 765 practitioners completed the staff survey, 321 respondents were from educational settings.
 - Stage 2: The GMSP has refreshed the [self-assessment toolkit](#). Salford has piloted the new tool.
 - The survey findings will be triangulated with the overall compliance dashboard to identify key themes and gaps in multi-agency safeguarding practice.
 - The sub-group has developed a verification template to support this process.
- The group continues to monitor escalation notices in order to identify areas to improve practice.

What difference has it made?

- 'Good opportunity to reflect on practice'²⁸

²⁸ S.11 Practitioner Survey, February 2016

Key Challenges

- The Board has found it challenging to develop consistent performance report. There are intermittent gaps in information which can inhibit the LSCB's ability to assure itself of performance regarding practice in certain areas such as 'Complex Safeguarding' and Graded Care Profile. Gathering analysis from theme leads has been challenging and developing robust key definitions for the dataset is ongoing.
- Devising an appropriate performance report has been complicated by attempts to incorporate changing GM safeguarding datasets e.g. Neglect.
- GMP- Salford Division to provide local commentary and attend the sub-group
- The performance post has been vacant since July 2014 so there has been limited capacity to drive the agenda forward. A performance officer from the council continues to support the SSCB but this is not sustainable.
- Initial feedback is that the GM S.11 audit toolkit is less onerous than the [Salford Safeguarding Standards](#) for voluntary and community sector.
- Performance monitoring is still too focused on process. We need to better evaluate the impact on the child's life or the quality of services.
- The understanding about the quality of decision making at the Bridge is not sufficiently robust.

Priorities 2016-17

- Development session in June 2016 to review performance indicators and subgroup TOR
- Meet with thematic leads prior to each submission to formally agree routine data collection and review gaps.
- Board partners to continue to provide the SSCB with data to enable it to fulfil its statutory functions effectively.
- Ensure single agencies implement learning from the S.11 audit.
- As part of preparation for inspection under the new Joint Targeted Area Inspection (JTAI) framework run a series of workshops to ensure that each agency's arrangements are fit for purpose.
- Recruit a performance and quality assurance officer with the Adult Board.

Additional information:

- www.partnersinsalford.org/sscb/galif.htm
- www.partnersinsalford.org/sscb/sscbperformancemanagement.htm

Andrea Patel

Designated Nurse Safeguarding Children & LAC, NHS Salford CCG

Performance & Quality Assurance Subgroup Sub-Group Chair

Child Death Overview Panel (CDOP)

The CDOP is a statutory subgroup of SSCB. 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. The CDOP reviews are retrospective and are not undertaken until other processes are completed and all information is available.

- Since 2008 BSW CDOP has recorded 591 child deaths
- In 2015-16 BSW CDOP received 72 notifications, of these 22 notifications (31%) were children normally resident in Salford.
- The panel closed 50 (69.4%) of cases within 12 months of notification. A total of 56 cases were concluded in 2015/16. 23 (41%) of these cases were children normally resident in Salford.
- In 2015/16 of the 56 cases closed, 66% were children under 1-year-old. These deaths have consistent themes around prematurity, parental smoking (particularly by mother during pregnancy), low birthweight and life limiting conditions when the child is at its most vulnerable.
- Of those, 21 (37.5%) were identified as having modifiable factors. Where modifiable factors are identified, consistent features are smoking by mothers in pregnancy, prematurity and associated low birth weight.
- In 2015/16 the CDOP identified 6 SUDI cases. (Salford 3) Across GM there were 24 cases. The common features in these cases were that parents smoked and/or had been co-sleeping with their child in bed or on a settee. Research shows that the North West and Wales have the highest rate of sudden unexplained deaths in England and Wales.

- Since 2011 BSW CDOP have run a joint campaign to highlight factors such as safer sleeping and the risks of parental smoking. However, there are still incidents where the advice is not followed or in some cases tragic incidents just occur

LA	Notified Cases			Total over 3 years
	2013/14	2014/15	2015/16	
Salford	16	27	22	65
BSW total	57	63	72	192

Key Achievements 2015-16

- The Board is updated annually in detail about the BSW CDOP.
- A National Network of CDOPs (NNCDOP) has been created with a view to co-ordinating the work of CDOPs and establishing consistent standards across England. The BSW CDOP chair is a member of the national committee.
- The Directors for Public Health across Greater Manchester have initiated a Sector Led Improvement (SLI) plan working with CDOPs to reduce infant mortality helping to promote learning and dissemination at a regional level
- A Salford CDOP Working Group led by Public Health has now been established to meet the CDOP annual report 2014/15 recommendations. This Group reports to the CDOP Chair and to SSCB.
- The SSCB Case Review and Audit Subgroup review any complex child deaths which meet the referral criteria for an in-depth multi-agency review.
- Bi-annual meetings between the BSW LSCB Independent Chairs and the CDOP Chair. The GM CDOP Chairs meet 3 times a year to discuss themes and trends
- The BSW Safe Sleep Project Group continued to meet. Achievements 2015/16 included:
 - Revised [BSW Safe Sleep Guidance](#) was launched during the national Safer Sleep Week of action (March 2016).
 - Organised [radio interviews](#) and a [media statement](#) was disseminated
 - SSCB funded more Safe Sleep leaflets for partner agencies

Key Challenges

- To draw conclusions from a relatively small number of cases each year. This makes analysis on a yearly basis difficult and susceptible to 'blips' in numbers.
- Funding for the safe sleep campaign has now ended and it now needs to be embedded in universal services.
- Early in 2016 the government commissioned Alan Wood to look at the work of CDOPs and their effectiveness. The main conclusion was that CDOPs should sit under the Department of Health rather than the Department for Education. However, it is not expected that any changes will take place before 2018.
- There is a need for a national database for CDOPs which was recognised in Wood's report

Priorities 2016-17

- Public Health to continue to provide evidence of the work being carried out both locally and across GM to reduce the number of child deaths.
- Partners to continue to embed the safe sleep campaign into mainstream services.
- Publish the GM CDOP annual report 2015-16

Additional information:

- www.gmsafeguardingchildren.co.uk/about-us/child-death-overview-panels/

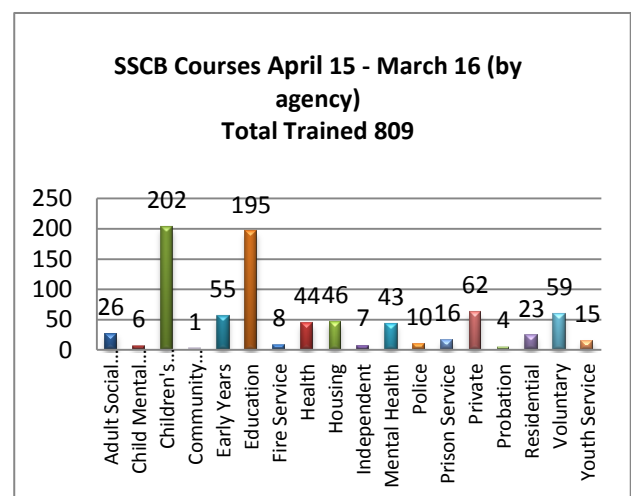
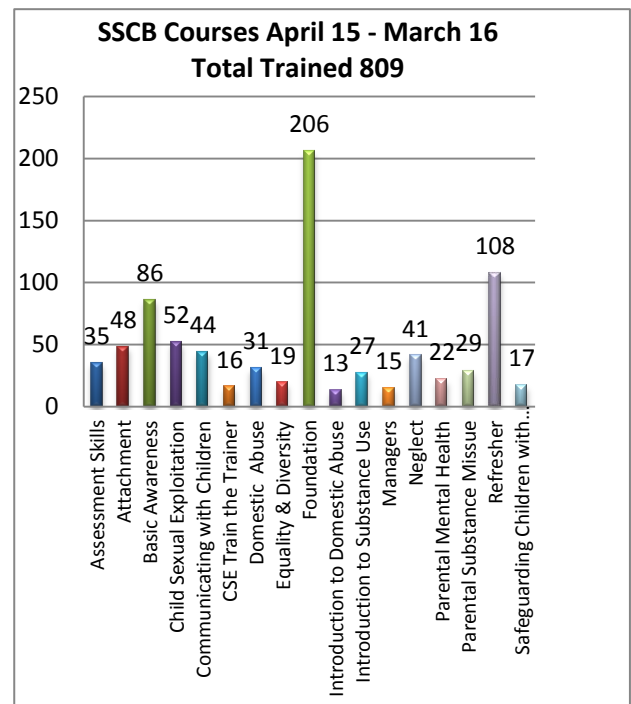
Mick Lay
BSW CDOP Independent Chair

Deborah Blackburn
Salford CDOP Working Group Chair

Strategic Training Sub-group

Key Achievements 2015-2016

- The SSCB provides a comprehensive annual programme of learning and development opportunities linked to Board priorities, core knowledge requirements, and emerging issues and lessons.
- A wide range of multi-agency training is delivered, supported and accessed by partner agencies. Multi-agency training facilitated and promoted by the SSCB is accessed by a variety of agencies.
 - Over 1700 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.
 - 14% increase in practitioners accessing a course or seminar compared to last year.
 - 132 e-licenses have been made available to partner agencies.
 - Education and Children Services had the highest attendance
 - Increase in attendance from Adult Services, Health, Mental Health and Private Sector
- Multi-agency partners are integral to delivering the multi-agency training programme. During 2015/16 the number of training pool members has increased to over 60 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 associated with their specific knowledge and experience.
- The single agency training audit and training needs analysis has informed the training plan to ensure a closer alignment between priorities, needs and delivery.
- A seminar and a course are being evaluated to measure the long term impact on practice, their agency and improve outcomes for children.
- In response to the demand for CSE training a multi-agency CSE Train the Trainer course was delivered by Protect Team and accessed by 16 staff from 11 different agencies with the aim of delivering both single and SSCB multi-agency basic CSE training and where relevant identified as agency CSE champions.
- SSCB priorities have been implemented into all SSCB courses.
- The SSCB and SASB are working in partnership to develop an introduction to safeguarding children and adults at risk course.
- Single agency training champions from several agencies across Salford have been identified and are regularly updated with training and learning opportunities. SSCB training is being accessed by agencies that have never accessed the SSCB programme before.



What difference has it made?

- Emotional Health Seminar – “I came away with some really useful resources that can be used straight away which was great. The material was easily transferable for use with children of primary school age. I will mention it to other learning mentors in our cluster.” (Learning Mentor, December 2015)

- Domestic Abuse: Impact on Children – “I understand that my manager has also thanked you. I found it very helpful. We were given a toolkit of resources to work with; and difficult subjects were handled with sensitivity and creativity by the trainers.” (Adult Social Worker, December 2015).

Key Challenges

- Attendance impacts on effective evaluation and a number of courses and seminars have been cancelled or postponed due to low numbers.
- E-learning provision previously offered to partner agencies will come to an end on 31st March. Plans will need to be made regarding the future provision of e-learning.
- Not all members on the training pool are actively training and not all agencies are represented.
- The Training Co-ordinator and Training Officer have co-delivered a significant number of courses which has impacted on the capacity to further develop the training programme.

Priorities for 2016-17

- Continue to evaluate the quality and impact of multi-agency and single agency training on frontline practice.
- Monitor attendance at multi-agency training aligned to priority areas.
- Implement the revised training levels (including e-learning) to enable practitioners to identify the appropriate training to fulfil roles and responsibilities
- Explore further options to work with other Partnership Boards
- Continue to develop and deliver a quality, multi-agency safeguarding children training programme in line with the SSCB priorities, emerging learning and current training needs of practitioners and managers.
- Continue to work with single agency training champions to support partners to deliver single agency safeguarding training.
- Continue to 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.

Additional information:

- www.partnersinsalford.org/sscb/sscbtraining.htm
- www.partnersinsalford.org/sscb/sscbcourses.htm
- www.partnersinsalford.org/sscb/sscbseminars.htm
- www.partnersinsalford.org/sscb/externalelearningcourses.htm

Manjit Seale

Head of Salford & Trafford Local Delivery Units- National Probation Service
Strategic Training Sub-group

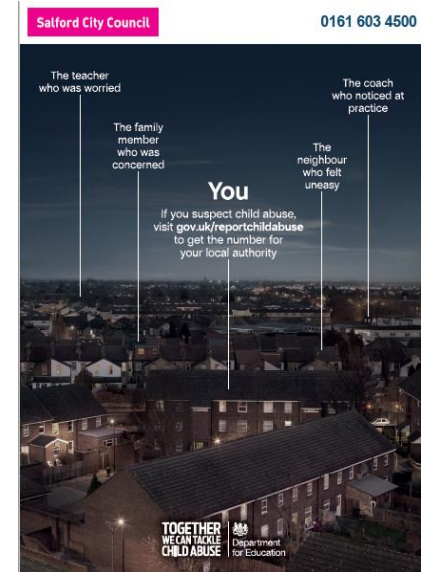


Section 3: Effective Communication and Engagement

Publicity and Communications Sub-group

Key Achievements 2015-16

- Developed a SSCB Communications Strategy 2015-17 which sets out how we will promote Board activity to different stakeholder. This includes internal and external communication following a SCR.
- GMSP have agreed in principal with the proposal to adopt our communications strategy
- Disseminated e-bulletins and briefings to partners ([0-25 Programme Briefings](#), [SSCB](#), [City Partnership](#), QUIP, [Tri-x policy briefings](#) etc.)
- The SSCB continues to support community events related to priority areas and those hosted by single agencies to promote the work of the Board and build stronger links with the community. See [Priority Areas 1-7](#)
- SSCB website for all stakeholders continues to be updated
- We supported the national “Together we can tackle child abuse” campaign led by DfE to encourage members of the public to look report child abuse or neglect. We developed a local implementation plan detailing how the campaign toolkit would be distributed. This included commissioning [local campaign posters](#) and an article in the [Life in Salford magazine](#) (March 2016).
- We continue to utilise GM/partner agency social media platforms to disseminate key messages.
- We utilise regional promotional materials for events
- A weekly newsletter is now distributed to all schools in Salford.



What difference has it made?

- There has been a marked increase in members of the public contacting the Board for advice.
- ‘Awareness raising on a range of risks including CSE, gang involvement and radicalisation. As a result, children in Salford benefit from well-coordinated multi-agency help which is improving outcomes for many.’²⁹

Key Challenges

- Limited communications sub-group meeting during 2015-16.
- Our website functions well but cannot sustain the demands we are putting on it.
- Limited budget available for campaign resources.
- Awaiting the outcome of the Wood Review to inform direction of travel

Priorities 2016-17

- GMSP to implement a regional communication strategy
- Continue to support local and regional campaigns that link to Board priority areas
- The website will continue to be refined by Board officers and Sub-group chairs
- Explore links with the Partnership Communications Group and GM Combined Authority’s Communication and Engagement Group

Additional Information:

- www.partnersinsalford.org/sscb/news.htm
- <https://twitter.com/hashtag/SalfordWorkingTogether>

Debbie Blackburn

Assistant Director Public Health Nursing, Salford City Council
Communications Task and Finish Sub-group Chair

²⁹ [Single inspection of LA children's services and review of the LSCB](#), June 2016

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. It is a shared group with the CYPTB.

Key Achievements 2015-16

- Salford celebrated all that's good about young people on the fifth and best [#SalfordYouthDay](#) (12 August 2016).
- We updated our [Participation Action Plan](#) and promoted our request to consult form to encourage partners to attend the Voice of the Child Sub-Group when consulting with children and young people.
- Youth Council safeguarding representatives continue to attend voice of the child sub-group.
- Viewpoint is a web-based consultation tool it incorporates audio computer assisted interviewing in a software package that allows children to listen, read and respond immediately on screen. A task and finish group is leading on the implementation across the threshold of need.
- Schools are piloting the Tootoot app to enable young people to report safeguarding concerns.
- 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 2015) VOCAG had a joint development session with members of the youth council.
- SSCB Chair met with the Youth MP and safeguarding representatives to discuss how the Board could build stronger links with VoCAG and the Youth Council. It was agreed to plan a social media event for the Board.

What difference has it made?

- Young people's voices are being heard in child protection review meetings and inform planning
- 'there are clear and robust mechanisms to gather the views of young people in Salford regarding services and their experiences. This information is used proactively to inform service development and review service provision'³⁰

Key Challenges

- While there is a great willingness and drive from the Board to involve young people the participation agenda this needs be to adequately supported.
- Ongoing commitment and assurance from partners is needed, including attendance at meetings

Priorities 2016-17

- Embed Viewpoint system into regular use by looked after children and young people
- Continue to improve the contribution and engagement with the board that young people are able to make.
- Explore developing an annual survey for young people which links all priority areas

Additional information:

- www.partnersinsalford.org/sscb/voc.htm

Tim Rumley

Integrated Youth Support Services Senior Youth Work Manager, Children's Services Directorate,
Voice of the Child Sub-group Chair

³⁰ [Single inspection of LA children's services and review of the LSCB](#), June 2016

Voice of Practitioners

Key Achievements 2015-16

- Practitioner Forums in 2015-16 included:

Date	Theme
July 2015	Unseen Child
Sept 2015	CSE
Nov 2015	Domestic Abuse
Jan 2016	Neglect
March 2016	Threshold of Need & The Bridge Partnership

- The co-ordination and promotion of the forums has improved.
- SSCB Chair met with the forum chairs– it was agreed subgroup chairs should attend the practitioner forums to improve contribution/engagement.
- Forums have been aligned to Board priorities, emerging issues and practitioner needs.
- Feedback from the forum has informed the Neglect Strategy and revised Threshold of Need. GCP tool is now available on the SSCB website
- Lessons learnt from case reviews were disseminated to practitioners
- A homeless protocol has been developed and there will be a future Forum on this issue

What difference has it made?

- Marked improvement in attendance
- Practitioners reported increased knowledge of roles and responsibilities, understanding of services e.g. Operation Avert and processes e.g. CSE referral pathway and assessment tools e.g. DASH
- Highlighted training needs for staff e.g. revised GCP

Key Challenges

- Evidencing impact of the forum

Priorities 2016-17

- Plan future forums in accordance to Board priorities, lessons learnt and JTAI themes.
- Continue to encourage practitioners from adult services to attend.
- Consider the equality calendar when agreeing future forums
- Consider how we evaluate the impact of the forum

Additional information:

- www.partnersinsalford.org/sscb/practitionerforum.htm

Melanie King

CAF Coordinator

Practitioner Forum Co-Chair

Madeline Metcalfe

Learning Support Service Manager, Children's Services

Practitioner Forum Co-Chair

“The LSCB’s practitioners’ sub-group 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.”
SIF, June 2015

Voice of the Community

Key Achievements 2015-16

- The joint Equality Diversity Group was disestablished in March 2016.
- The Board is now represented on the City Equality Network. This is a voluntary body steering the delivery of the Equality Strategy for Salford and its associated action plan. The Network also acts as an advisory group / challenge board for equality and diversity issues as they arise across the city to help inform Salford City Partnership make informed decisions
- The [Equality Strategy for Salford](#) and citywide equality action plan were adopted by the [City Partner Group](#) on behalf of Salford City Partnership
- Coordination and Delivery Group in February 2016 focused on equality and diversity.
- Key questions have been added to the sub-group report template to ensure quality and diversity issues are embedded. Any concerns will be escalated to the Network.
- We have 1 lay member on the Board from the Jewish Community. He had an induction in June 2015 and we have arranged peer support with York's Board lay member.
- 2 BME students shadowed the Board for work experience
- 20% of the safeguarding training that has been verified by the SSCB and delivered by CVS is to BME participants

"The LSCB considers equality and diversity issues well, 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"

SIF, June 2015

What difference has it made?

- Too early to know the impact of the Equality Network

Key Challenges

- Recruiting another lay member has been halted until the outcome of the Wood Review.
- Ensuring safeguarding issues are sufficiently considered at the Equality Network

Priorities 2016-17

- Ensure the FGM and Complex Safeguarding Task and Finish Group's link to the Equality Network.
- Partner agencies to consider implementing safeguarding standards for commissioned translation services.

Additional information

- www.partnersinsalford.org/SEqN.htm

Nava Kestenbaum

Director of Interlink

Equality and Diversity Subgroup Chair



Section 4: Planning for the Future

Key Priorities for 2016-17

The priority areas for this year's SSCB Business Plan will remain the same. 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.

Priority Area 1: Early Help	<ul style="list-style-type: none"> • Further Bridge Partnership developments to enable a more streamlined pathway to access early help across the partnership. • Continue to seek assurances from the Strategic Bridge Group regarding the effectiveness of the Bridge Partnership on early help. This should include the quality of decision making at the front door. • Facilitate workshops with partners to evaluate the Bridge partnership and our priorities areas • Continue to ensure partners are regularly updated and contribute to the delivery and evaluation outcomes of the 0-25 service transformation pilots. • Roll out the Family Assessment within the Little Hulton 0-25 pilot and develop a web-based version. • IT systems and processes fit for purpose and support developments at the Bridge and 0-25 service, as well as providing key evaluation and reporting mechanisms.
Priority Area 2: Neglect	<ul style="list-style-type: none"> • Early Help and Neglect Summit Event- May and June 2016. • Develop a neglect webinar in partnership with Salford University • Continue to link with the overarching GM Neglect Group to inform local activity. • Agency GCP champions and data leads to provide information
Priority Area 3: Child Sexual Abuse and Exploitation	<ul style="list-style-type: none"> • Review and publish the CSE Strategy and action plan. • Develop an operational handbook and one-minute guide for practitioners • Develop a regional and Salford division problem profile • Continue to improve community awareness • CSE training to be provided to registered taxi drivers and consider if this should be mandatory for taxi licence renewal. • Participate in the week of action in October 2016 which will focus on issues relating to CSE and public transport in Greater Manchester. • Seek assurances on services provided to address sexually harmful behaviour
Priority Area 4: Missing from Home, Care and Education	<ul style="list-style-type: none"> • Consider developing a local supporting pathway • Improve information sharing when children are placed out of area and go missing • Salford University to evaluate the pilot project. This should inform the GM MFH Action Plan. • SSCB to seek local assurances on elective home education
Priority Area 5: Children Affected by Domestic Abuse	<ul style="list-style-type: none"> • Ensure the CDV strategy is integrated into the CSP Strategy 2016-19 and it is published • Review CDA action plan and develop a consolidated action plan • Explore further opportunities to work with CSP e.g. consolidate local learning from reviews • Request assurance from CSP about commissioned services e.g. perpetrator programme models • Ensure performance monitoring arrangements are sufficiently robust and we understand fully the quality of frontline. • Evaluate the impact of multi-agency and single agency training on frontline practice. • Review the performance monitoring process with CSP to ensure we focus on the impact of services/activities upon outcomes for children and their families • Build on links between regional and local activity regarding DV e.g. support the GM DA Campaign
Priority Area 6: Self-Harm	<ul style="list-style-type: none"> • Improved integration of commissioning and delivery arrangements and flexibility to move investment 'up stream' to improve capacity where it's needed. Re-specification of the Core CAMHS service • Continue to raise awareness of children who are self-harming, expressing suicidal

	<p>ideas or attempting suicide. The importance of making referrals for all children who self-harm will be highlighted to tackle issues relating to suicide in children and young people.</p> <ul style="list-style-type: none"> • Greater focus on Early Help pathways, increased self-help through update to date information and advice and resilience building, including a whole school approach to emotional wellbeing to help more children and young people to 'thrive' and prevent problems from escalating. • Seeking assurance from services that there are clear pathways to treatment and support • Sharing and considering application of any learning arising from current University of Manchester Research into suicide
Priority Area 7: Complex Safeguarding	<ul style="list-style-type: none"> • Build on links between regional and local activity and explore further opportunities to work across GM • Continue to engage with Programme Challenger to tackle serious and organised crime. • Develop a comprehensive multi-agency training plan for complex safeguarding issues • Develop a local complex safeguarding pathway and toolkit for practitioners • Develop robust local data collection • Support campaigns to raise awareness e.g. NHS FGM campaign, GM Modern Slavery Week of Action. • Clarify the long term governance and leadership • Consider developing a local FGM profile



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

Early Help

- In **2015 – 2016** the EIP Service received a total of **2460** referrals, an 8% rise on last year
- **Central Locality** continues to highest number of requests for service at 31%
- In 2015 – 2016 **69%** of families requiring EIP support were at **Level 2** on the Threshold of Need at time of request for service being made. This is a decrease of **9%** on 2014-2015. However there has been a **24%** rise in EIP requests for service for families who are at **Level 3**.
- Of all cases closed in 2015 – 2016 a total of **2145 (98%)** have both pre and post involvement thresholds recorded, using this information we were able to look at outcomes for families through Threshold movement. 46% maintained threshold, 44% moved down and 10% moved up.
- In 2015–2016 a total of 658 CAF's were authored, this includes the new Family Assessment.
- **21%** of all CAF's opened had **EIP Authors**
- **131 (20%)** of all CAF's in 2015 – 2016 were **co-authored**.
- At year ending 2015 -2016 **885** CAF's remained **Active**
- **98%** of all CAF's opened in 2015-2016 were for children at **Level 2** on the Threshold of Need
- **38% of CAFs** have Special Educational Needs (**SEN**).
- **50%** of children with a CAF authored in 2015 - 2016 live in the **Top 10% Most Deprived areas (IMD)**.
- In 2015 – 2016 **13%** of all CAF's were for families from **BME** backgrounds, this is a 5% decrease on 2014-15

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 ensure they access the right services and support to meet their needs. Salford's approach to delivering the Troubled Families programme is based on ensuring that these families are able to access services with a strong track record of achieving outcomes.

As part of Phase 2 of the programme, Salford is now working towards an ambition to work with a further 2,800 families by 2020 as contribution towards a Greater Manchester commitment to support 27,200 families over the next five years.

Key Achievements 2015-16

- During 2015-16, the Helping Families approach has been integrated more closely with mainstream delivery. In particular, the 0-25 pilot in West Locality has become the vehicle for testing key principles of integrated support for help for families.
- Aligned referral routes and data gathering with the Bridge to support better decision-making;
- Embedded the Helping Families Outcomes Plan in delivery of early help services for families, including: Early Intervention and Prevention (EIP) and Salford Integrated Prevention Hub (SIPH); and
- Creation of eight Key Worker roles to test the approach across early help locality teams.

What difference has it made?

- During 2015-16, 477 families meeting the 'Troubled Families' criteria were engaged in the programme and 61 families had their lives successfully turned around by interventions from a variety of services supported by the partnership.
- Over the next twelve months, information relating to the national evaluation study will start to indicate the broader impact of the Helping Families approach.

Key Challenges

- Salford has stretched targets for Payment by Results outcomes relating to the national Troubled Families programme. This means evidencing more than 600 success outcomes for Salford families during 2016-2017.
- Further integration with mainstream delivery will be critical to achieving this level of performance.

Priorities 2016-2017

- Pilot and evaluate the use of an early help family assessment and scoring tool in West Locality, making recommendations for roll-out city-wide;
- Test and evaluate the impact of dedicated family Key Worker roles in early help locality teams;
- Test a 'family view' of referrals and case management and embed Helping Families monitoring and 'Payment by Results' measurement into the electronic system for early help – EMS;
- Develop and pilot a training and development programme to support people working with families across the Helping Families Outcomes Plan.

Additional information:

- www.salford.gov.uk/children-and-families/safeguarding-children/troubled-families/

Katie Kelleher

Strategic Commissioning Manager- Helping Families

Contacts and Referrals to Children's Social Care

- 11,227 contacts during 2015/16
- Salford Children's Social Care received 4185 referrals in the year 2015/16 (788.5 per 10,000). This is a 2.0% increase from the 4103 referrals received in 2014/15
- 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 2016, 2306 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 1,854 at 31 March 2015.
- There continues to be an increased number of children on Child in Need plans, which is reflective of the increased numbers and complexity of referrals seen across Children's Services, including Early Intervention and Prevention. The EIP Service provides support across the thresholds of need, so families receive continuity of support as cases escalate up to social care and when they de-escalate back down which helps decrease risk of concerns re-emerging.

Child Protection

- At 31 March 2016, 483 children and young people were the subject of a child protection plan. This is an increase from 357 at 31 March 2015. This equates to 91.9 (per 10,000),
- The number of children who became newly subject to a child Protection plan was 658.
- By the end of 2015/16 16.5% children subject to a child protection plan for a second or subsequent time changed from 19.6% for 2014/15. 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 483 children subject to Child Protection Plans, Emotional Abuse and Neglect continue to represent by far the largest categories. Emotional Abuse accounts for 48% (232) of children on CPP and Neglect is 40.6% (196). Physical Abuse (5.8%) and Sexual Abuse (5.6%) fall well behind these two.
- Over the past 12 months there has generally been 100% for CPR being held on time for 8 months, this led to an overall average of 98.4% of reviews on time during the year.

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 2016, 554 children are being looked after by the Local Authority (a rate of 103 per 10,000 children). This is a decrease from 587 (111 per 10,000 children) at 31 March 2015.

- Of this number 228 (41.1%) live outside the local authority area
- 45 live in residential children's homes, of whom 33.3% live out of the authority area
- 0 live in residential special schools
- 375 live with foster families, of whom 45.3% live out of the authority area
- 88 live with parents, of whom 30.7% live out of the authority area
- 8 children are unaccompanied asylum-seeking children.

The number of new entrants to care for the past three years: 250 in 2012/13, 220 in 2014/15 and 186 in 2015/16.

- The timeliness of these reviews is now 98.2%, which is a considerable improvement on previous figures.
- 224 children who have ceased to be looked after
- The percentage of care leavers in suitable accommodation was 94.8% for 2015/16 at the end of the year,
- 71.1% 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:

- 30 adoptions which represents an improving picture
- 44 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

There is an intention to modernise our approach in Salford for the delivery of services to children and young people with disabilities and their families. This has been a priority for the Council since the implementation of the Children and Families Act 2014 (SEND reforms).

There are 147 disabled children currently in receipt of a council funded short break. All of these families will be reassessed using the revised criteria and RAS at their next planned six monthly review following implementation.

The Disability resource panel has been formalised and representatives from different disciplines identified:

- Number of referrals to CWD team 15-16– 244
- Number of these which led to a CAFA – 154
- Number of carers assessments requested – 244
- Number of carers assessments undertaken – 153
- Number of children on a CP Plan with a disability at 31/03/16 – 57
- Number of LAC with a disability at 31/03/16 - 104
- Number of children transferred to adult services – 12

Key Achievements 2015-16

- The team are part of the formulation of Education Health and Care plans. They input into the document attend implementation and review meetings.
- Referrals for services to enhance education are heard at the Resource Panel.
- We have introduced a RAS (Resource Allocation system) to identify indicative budgets for care packages that come to panel. All current cases will be updated and RAS undertaken
- All requests for intervention come via the BRIDGE Partnership processes.
- Advanced practitioner attends MARAC meetings
- NRPF guidelines and human rights assessments take place
- Strengthening families accessed
- Transfer protocol used for our families
- Continuation of close ties with Starting Life well
- Disability Resource Panel has been formalised and pertinent members identified from other disciplines such as Health and Adults
- The team now refer for Continuing Care Pathway to be started with a view to funding decisions
- Disability Resource panel paperwork is now on Carefirst and auditable.
- Process for review cases being formulated to assist auditors
- Reviewing schedule now in place and working into 3rd year Other professionals now understand the process
- Carers assessment requests have increased and CWD are part of the new carers centre steering group.
- Carers assessor used to signpost to Local Offer
- Parents directed to Local Offer in first instance
- Springwood Play area continues to be very popular with family and team administers eligibility for passes.
- Training course on safeguarding disabled children in diary.
- Closer working with Jewish Fed service on inputting on Carefirst, attendance at training and team meetings and joint working
- The transition process, referral pathways and reviews are now embedded and there will be 2 transition social workers in Adults working with our teenagers

What difference has it made?

- It is early days following introduction however a number of families who have been reassessed under the revised eligibility and RAS have shown a better understanding about how levels of support are agreed. This is because they have played a full part in completing the RAS with the social worker so they can see the key areas where support is required and understand why they do not need support in certain areas.
- The RAS identifies an indicative budget therefore the family can look at a range of services within their budget and identify the services that best fit their child's needs and there need for a short break. Therefore, being very transparent in its nature also there is an audit trail of decision making.
- This is the key in developing PERSONALISATION and the development of personalisation supports a culture of resilience and control rather than dependency and thus reduces the need for statutory services.
- Being involved in the EHC Planning means that social care needs are coordinated with other provision and support educational requirements.
- Processes on carefirst can be codified to give statistics and data
- Working with preventative services enable us to input into commissioning processes based on our operational knowledge
- Working in a multi-disciplinary way enables holistic care planning to take place. It also enables a key worker system to be introduced.
- In respect of complaints coming into the Local Authority the data show that from April 2015 - March 2016 we received 10 CWD Complaints, of these only one complaint was in relation to delays over Carers Budgets/ assessments and that was received in June 2015. We haven't received any since January to date. This could be due to the fact that carers feel much more involved and informed.

Key Challenges

- Maintaining a culture of personalisation and resilience
- Consistent use of the RAS
- Impact of personalisation on the commissioning of short breaks.

- A review of staffing levels within the disability team to reflect changes through the development of personalisation.
- Improved alignment with the EHCP process with a move to having the EHCP as the main plan for a child/young person
- The CARE ACT and its requirements have had the impact of increasing the number of requests made for carers assessments.
- Communication with children who are non-verbal can cause barriers and therefore be a challenge
- Transfer to adult services is an anxious time as Adults use self-assessments and very much concentrate on maximising independence and capacity testing, this is a key challenge when advocating for young people.
- Targeted commissioned services are available but with Salford's geography they are often in the wrong place. There is also little for younger children.

Priorities 2016-2017

- Further embedding of the RAS
- Integrated/ Locality Services
- CSE training
- Thematic audit feedback
- New policy on personalisation
- Review of staffing within the team to ensure that the right people with the right skills are used to assess need.
- Alignment of the team with SEN
- Further develop integrated pathways, models of integration whilst maintain a culture where disability is everyone's business.
- Transfer of cases from old Plans to EHCP
- Ensure all professionals fully understand how to complete quality EHC Plans

Additional information:

- www.salford.gov.uk/children-and-families/disabled-children/

Lana Shannon

Head of Integrated Social Work and Prevention- Salford Children's Services

Young Carers

A young carer is a child or young person aged 17 and under 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. In the past 12 months the youngest carer the Service has worked with was aged 4.

Over 10% of the population provide care to family members and others, around 26,000 people. This figure in the Local Plan, produced for Greater Manchester Health & Social Care Devolution, shows a 4.3% increase on the previous census figures with a 25.2% increase in those caring for between 20-49 hours and a 13% increase in those caring for 50+ hours a week.

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 2016 Salford Carers Centre were working with 168 young carers (17 and under) and 104 aged 18-24. Over the year 2015/16 they worked with 245 (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 is 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 or for the young people supported by schools and families who are not seen as being carers by others.

If the 8% figure, as found by the BBC survey 2010^[2] 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 came into force in April 2015 and all young carers are now 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.

Salford Carers Centre works closely with all agencies, including schools, colleges and employers to try to identify hidden carers and provide the ongoing support so many require.

We presently have nearly 20 schools actively involved in the national Young Carers in School Awards, with 5 having achieved Bronze Standard, another 8 awaiting the moderation of their portfolios and 2 of the original 5 awaiting the outcome of their Silver applications. We hope to roll this out across all schools over the next 18 months.

The Young Adult Carers Team have also been working with Salford University developing a Student Carers Policy, one of the first in the country, and is engaged with 30 local businesses and organisations looking at Carers Policies for employees and raising awareness regarding developing employment opportunities for carers.

Planning of awareness training for adult social care staff will be progressed through a new quality assurance post

A new Carer's Strategy for the city is being developed. A revised Action Plan for young carers will be included in the Strategy and will be based on consultation with young carers around their priorities.

Work is ongoing to develop a young carers' pathway and assessment process within Children's Services. We need to ensure that the pathway is further developed to include Adult Health and Social Care Services, as part of the new Carers' Strategy.

Additional information:

- www.salfordyoungcarers.org/
- www.partnersinsalford.org/youngcarers.htm
- <https://carers.org/news-item/schools-recognised-young-carer-support-new-national-awards>

Janice Lowndes

Assistant Director, Health Improvement Service
Trust board lead for Young Carers

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
2014 – 15	176	148	324
2015 – 16	197	114	311

As can be seen a large proportion of the 197 referrals were dealt with at the initial stage and did not require a strategy meeting. The majority of those that did not go to a strategy meeting did not reach the threshold. The high number though is an indication that organisations are vigilant in attempting to recognise inappropriate behaviour by staff who work or volunteer with children and are seeking support. To seek advice and support in a transparent manner at a lower level can allow for issues to be addressed early on, leading to safer practice and this can be seen

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

as an indicator of a safer working culture.

Referrals to LADO Apr 15 – Mar 16	Total
Total number of consultations	114
Total number of referrals	197
Number of initial referrals with LADO which led to NFA	128
Of which, the reason was: Employer action only required	39
Referred to a different LA	2
Threshold not met	52
Malicious	3
Unfounded/false	32
Number of referrals with LADO which led to a strategy meeting	58

The LADOs receive referrals from a number of sources. Table 3 below shows the employment sector and category of abuse for those who have an allegation made against them. The majority of referrals (49%) fall under the category of “pose a risk of harm”.

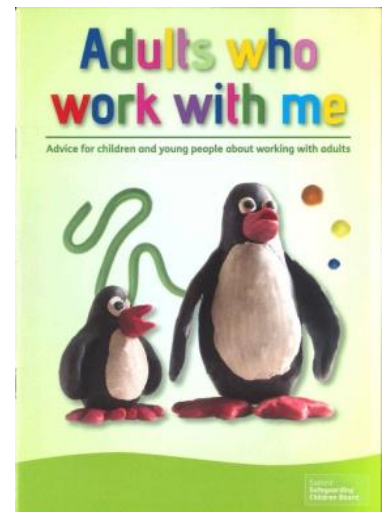
Table 3: Abuse category by employment sector Apr 15- Mar 16

Employment Sector:	Physical	Emotional	Sexual	Neglect	Pose a risk of harm	Totals
Foster Carer Local Authority	10	2		3	8	23
Foster Carer Non-Local Authority	3				2	5
Residential Worker Local Authority	1			1	7	9
Residential Worker Non-Local Authority			1		1	2
Other Social Care Staff	2	1			4	7
Health			1			1
State funded school staff	31	3	5	2	45	86
Independent school staff	5		2		3	10
Further Education						0
Early Years	7		1		21	29
Services for YP					1	1
Police						0
Probation						0
YOT						0
Secure Estate	1					1
Voluntary Organisations	1		1		2	4
Faith Groups	1		5			6
Transport	1		1			2
Self Employed						0
Other	5		6		4	11
Total	65	6	23	6	96	197

81% of cases that did not go to strategy meeting were concluded within one month, although decisions are made in the majority of cases in fewer than 5 days. 42% of those that went to initial strategy meeting were concluded within 3 months. Where cases take over 3 months these usually involve a criminal investigation which can take some time to conclude. The 3 cases that took over 12 months to conclude all involved criminal investigations.

Key Achievements 2015-16

- The role of the LADO is well understood as evidenced by the number of consultation and referrals to the service.
- SSCB multi-agency training has continued to be delivered to practitioners (x1) and to managers (x1).
- Training on Safe Care and Managing Allegations was delivered to Salford foster carers over 2 sessions. A total 62 carers attended.
- Accredited Safer Recruitment Training is offered to Heads and Governors. LADO present the first half of the programme concentrating on sex offenders' behaviour and profiles, implications for recruitment and safer working practice and managing allegations. In the reporting period 3 dates were delivered to a total of around 30 attendees.
- This year has seen many changes to guidance around managing allegations. With the consultation and subsequent review of 'Working Together to Safeguard Children' March 2015 there were proposed changes around the future role of LADO. However, this has not resulted in any notable changes in the role and function of the LADO. The process for managing allegations in Schools is now firmly embedded within 'Keeping Children Safe in Education' March 2015 (KCSIE).
- Positive links have been made within the Yemini community through the Arabic School. There are also links within the Jewish community, although this is a large group, covering many service providers and organisations and further plans are required.
- The leaflet to give information to children and young people has been distributed to organisations through the board. Information about this has been placed in the SSCB e-bulletin and CVS e-bulletin. There are still places where children attend where these could be made available and a plan is in place to address this.
- A tracking system has been developed to assist in the process of monitoring new and ongoing cases.
- SSCB has adopted the [GM Managing Allegations Procedure](#).



Key Challenges

- A staff vacancy for 4 months led to a backlog and delays in responding. The new part time LADO is now in post and all LADO referrals are being managed in a timely manner.
- With a number of staff taking referrals and managing cases during the period of the above 4 months, it has proven to be a challenge to ensure there is no drift and cases are robustly monitored. A new tracking system has been developed and there are plans to offer induction and ensure access to information is available to address this in the future.
- There remain sectors that have proven more challenging to ensure Managing Allegations procedures are embedded in practice. In particular this has been within the Jewish community and the organisations coming under the umbrella of the voluntary sector. A plan will be drawn up within the first quarter to attempt to address this.

Priorities 2016-2017

- Increase the LADO provision through skilling up other staff to provide consistent cover
- Embed the tracking system and review the effectiveness.
- Promote and support the implementation of 'Keeping children safe in education' statutory guidance, which will commence as from September 2016.
- Increase management oversight of managing allegations cases.

"In cases sampled, effective management by the LADO ensured that allegations against professionals were taken seriously and appropriate steps taken to safeguard children, including the convening of strategy meetings"

SIF, June 2015

- Audit of managing allegations cases to inform next annual report.
- Identify and establish working relationships within minority groups. A plan to be drawn up to address this.
- Work cooperatively with CVS to ensure a comprehensive awareness of the managing allegations procedure across the sector.

Additional information:

- www.partnersinsalford.org/sscb/safepractice.htm

Patsy Molloy

LADO, Safeguarding Children and Quality Assurance Unit



Section 6: Safeguarding Assurance from Partners

Salford Clinical Commissioning Group (CCG)



Strategic safeguarding children assurance processes within the CCG have continued to develop during 2015-16. 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. These have been achieved by;

- The Designated Nurses attending the SRFT Quality Outcomes and the GMW Quality Meetings
- The preparation of safeguarding reports and providing feedback following review of the safeguarding arrangements of these providers
- The Designated Nurses attend other key CCG meetings -the Quality Meetings for Oaklands Hospital, the Children and Young People's Commissioning Group and the Commissioned Services Quality Group.
- The inclusion of a quarterly safeguarding audit tool within the SRFT and GMW contracts.
- The findings from these audit tools are included within the safeguarding reports presented at the relevant Quality Meetings enabling timely escalation and management of any concerns.
- This audit tool has been updated for 2016/17 to include compliance data on the provision of safeguarding training to volunteers- recommendation four in the Lampard report.
- The inclusion of both the provider safeguarding assurance processes and the CCG safeguarding assurance framework within the CCG Covalent System. This work is progressing well.
- Additionally, the Designated Nurses have met with key CCG colleagues to ensure that safeguarding arrangements are reviewed during commissioning processes and have commenced discussions with local authority children's commissioning leads to review local safeguarding assurance processes.

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.

The action plan arising from the 2014 CQC inspection was signed off by the CQC 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 updated action plan was reported to the SSCB May 2015. NHS Salford CCG quarterly assurance meetings with providers ensured that the self-harm pathways are embedded into practice.

Single inspection of LA children's services and review of the LSCB³¹ included one recommendation for LAC health services which was for all care leavers to have details of and understand their health histories. This recommendation is being met through the provision of a Health Passport by the SRFT LAC Health Team. Assurances are being obtained that this recommendation which is included in the previously referenced CCG LAC action plan has been fully met.

Safeguarding and Primary Care

A priority area identified in the previous CCG Safeguarding Children Annual Report was for the on-going work with GP Practices to strengthen their engagement with safeguarding children processes to continue and further develop. This work continues to be supported by the Safeguarding Team and embedded into practice.

Detailed reports on the progress being made in this work in order to gain assurance that member GP Practices are meeting their safeguarding children responsibilities have been presented by the Designated Nurses to the Quality and Safety PMG in June and December 2015. Key achievements include:

- The percentage of GPs who have completed face to face Level 3 Safeguarding Children training by the end of March 16 is 89%

³¹ <https://reports.ofsted.gov.uk/local-authorities/salford>

- The percentage of reports submitted by GPs for Initial Child Protection Case Conferences increased from 78% in Quarter 4 (January to March 2014) to 98% in Quarter 4 (January-March 2015) and remained consistent (January to March 2016) at 97%.
- The percentage of reports submitted by GPs for Multi-agency Risk Assessment Conferences (MARAC) increased from 74% at the end of April 2014 to 97% at the end of March 2015 and has shown a slight decline at the end of March 2016 to 92%.

The bimonthly meetings of the GP Safeguarding Leads Forum have continued and are well attended. This provides the opportunity for the Safeguarding Team to discuss current priority safeguarding issues, disseminate learning and to engage with the GPs regarding practice issues.

Processes had been embedded which continue to inform GPs of high risk victims of domestic abuse and to request information from GPs for the Multi-Agency Risk Assessment Conferences (MARAC) which determines the actions required to support high risk victims. In addition, processes are now in place to inform GPs of all domestic abuse incidents which have been notified to the police where there are children within the household to support the management of health issues that may be related to domestic abuse.

The Safeguarding Team have secured funding from the CCG and continue to implement the Identification and Referral to Improve Safety (IRIS) programme within Primary Care in 2015/16. This will further support the development of practices to manage domestic abuse within the Primary Care setting. It is an evidence-based programme of training and support in primary health-care practices to increase the identification of women and men experiencing domestic violence and support their referral to specialist advocate services. The IRIS programme provides an opportunity for early intervention where primary care clinicians and their patients can talk about domestic abuse with the potential to improve the outcomes for the affected person and the lives of their children.

The Primary Care Quality Scheme was launched across General Practices in Salford in 2014/15 this continued to include a safeguarding component for 2015/16. Practices have engaged with this safeguarding component which has centred upon further improving the quality of safeguarding practice within Primary Care. Individual safeguarding Practice Profiles have been developed by the Safeguarding Team as part of the overall Primary Care Quality Dashboard. This supported the continued progress of the safeguarding children priority areas within GP Practices.

Priorities 2016-17

- To ensure that Salford CCG continues to meet all statutory safeguarding children responsibilities and is fully compliant with the revised NHS E Accountability and Assurance Framework
- To ensure that recommendations from all completed case review processes are implemented across the health economy
- To continue to work with SSCB in achieving joint safeguarding children priorities
- To ensure that the CCG LAC action plan is implemented
- To further develop safeguarding quality monitoring systems and processes as part of the CCG quality and patient safety agenda
- To continue to work with GP Practices in further developing their contributions to safeguarding children processes including the implementation of the IRIS programme.
- To further develop the health service responses to FGM including responding to the national guidance on mandatory reporting.

Additional information:

- www.salfordccg.nhs.uk/

Francine Thorpe

Director of Quality & Innovation, NHS Salford Clinical Commissioning 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.

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
- A Lead Nurse for Looked After Children.

Other safeguarding personnel includes:

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

SRFT have access to support from:

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

The safeguarding team sit within Corporate services, reporting to the Assistant Director of Nursing. 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.

Key Achievements 2015-16

- Developments in the identification of FGM in specific SRFT services for mandatory reporting and routine enquiry
- Extension of safeguarding supervision into allied health professions
- SRFT continues to be represented at key multi-agency safeguarding meetings / forums / training
- Domestic Abuse lead attends the 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.
- Delivery of single agency training at levels 1, 2 and 3 in accordance with the intercollegiate document
- Recruitment of new ADNS followed a vacancy of several months in this post. The team worked hard to maintain developments across the Trust during this period

What difference has it made?

- SRFT have maintained a high profile across multi-agency forums around safeguarding children.
- There have been notable developments in the identification and response to Female Genital Mutilation and a continued high priority to the recognition and response to domestic abuse across children's and adults' services.
- This has raised awareness across a large health workforce of the wider safeguarding agenda. It has raised awareness of areas of abuse, risk and harm that affect all sectors of the population of Salford, children and adults, and has opened the debate on a family approach to safeguarding which will continue to develop.
- Impact can be seen on individual cases, particularly the ongoing work in the A&E department around domestic abuse, where selective enquiry has identified several high risk cases that would not have been otherwise identified.

- The Children's community workforce continues to be exceptionally well engaged with their safeguarding responsibilities despite significant issues of capacity particularly within the school nursing workforce.

Key Challenges

- the identification and management of children and young people with mental health problems through acute and community services
- The delivery of single agency training to a busy workforce. This is a particular issue within acute services e.g. staff being released for training
- The safe transition of young people with complex health needs into adult services
- The safeguarding team is relatively small for the size and complexity of the organisation
- Development of 'safeguarding champions/ leads' within service lines requires further development and co-ordination between children and adult services

Priorities 2016-2017

- Extending the scope of the Looked After Children service up to 25yrs to align with National drivers
- Establishing a clear role and function for health in the Salford Bridge Partnership to prepare for multi-agency triage
- Influencing the multi-agency domestic abuse agenda to ensure an effective and efficient approach to the Salford MARAC
- Development of the CSE lead role and improvement of the links with Protect
- Continued development of the SRFT safeguarding team in relation to the Integrated Care Organisation (ICO)
- Working with Key stakeholders to review the pathways for improving the care and support to children and young people with mental health problems.
- Working with key stakeholders to support safe transition of children and young people with complex health needs into adult health and social care services

Additional information:

- www.srft.nhs.uk/

Clare Kelly

ADNS Safeguarding, Salford Royal NHS Foundation Trust

GMW NHS Mental Health Foundation Trust



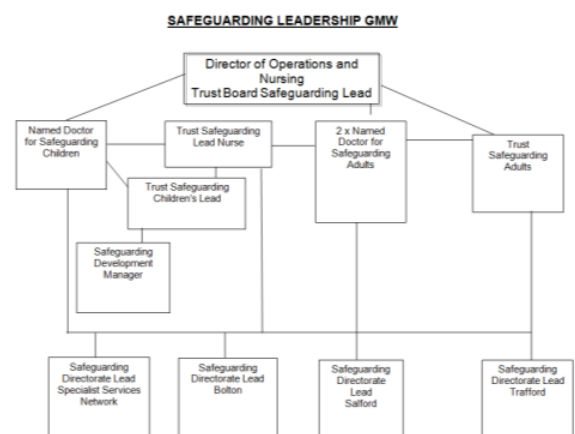
GMW is a NHS Foundation Trust with statutory duties under section 11 of the Children Act to ensure its functions are discharged having the regard to the need to safeguard children and promote the welfare of children.

GMW has specific duties under the Mental Health Act as detaining authority for children and young people under the age of 18 who are admitted to its services under the Act.

GMW is a partner agency to the local safeguarding children boards (LSCBs) of all councils within whose geographical boundaries we provide services, nine in total.

Child safeguarding practice across the Trust is coordinated by the Trusts Joint Safeguarding Group (JSG Children's and Adults). JSG provides assurance to GMW Board via the Quality Governance Committee through monthly board performance reports, bi-monthly chairs reports, annual safeguarding report, Section 11 audits, CCG annual audits and additional reporting on specific issues as required.

Board level leadership is provided by the Executive Director of Nursing and Operations who is lead Executive Director for Safeguarding.



Professional leadership is provided by the Named Doctor who is a CAMHS consultant psychiatrist and a member of the Child Death Overview Panel (CDOP) and the Named Nurse who is a Deputy Director of Clinical Governance. The Named Nurse is the Trust lead for Prevent and Child Sexual Exploitation (CSE) and a member of the CSE subgroup, the Bridge Strategic Group and the Learning & Improvement, Performance and Quality Assurance Group. The Trust Safeguarding Children Practitioner is a member of the Case Review subgroup, attends the Strategic Training subgroup and training pool meetings and co-delivers the SSCB training for parental substance misuse. She is also the Trust lead for FGM.

Each service directorate has a designated safeguarding lead who is a member of GMW JSG and represents GMW at LSCBs and subgroups.

Key Achievements 2015-16

- Organisational FGM and CSE lead
- Re-audited admissions of <18yrs onto an adult ward. No admissions during timeframe of report
- Appointed WTE Safeguarding Workforce Development Manager
- Reviewed and further developed our Lessons Learnt
- Ratified Prevent Policy
- Incorporated the Prevent Intercollegiate competencies into our mandatory training
- Improved Safeguarding Training Figures
- Our level 2 training includes, honour based violence, FGM, CSE
- Development of a safeguarding tile in the electronic patient record to store all safeguarding documents
- Reviewed all training against the Intercollegiate Document for Health (2015)
- GMW approved Safeguarding Training Strategy
- Reviewed the Trust Safeguarding Leadership Hub

What difference has it made?

- Our recent CQC inspection (February 2016) positively recognised the staff safeguarding knowledge and their understanding of how to raise a concern and escalate concerns
- Good partnership working with all agencies involved

Key Challenges

- Raise staff awareness of complex safeguarding: FGM, Trafficking, Prevent

Priorities 2016-2017

- SSCB to approve level 3 training package for child safeguarding
- Roll out approved level 3 safeguarding training
- Embed the use of the safeguarding tile in the clinical record

Additional information:

- www.gmw.nhs.uk/

Dr Karen Clancy

Named Nurse for Child Safeguarding, GMW Mental Health Foundation Trust.

NHS England North is committed to the work of Greater Manchester Safeguarding Children's Boards and working with our partners to ensure that all health services safeguard and promote the welfare of children and young people.

NHS England as the commissioner of primary care (GPs, Dentists, Pharmacists and Opticians) and specialised services is responsible for ensuring these services meet all required safeguarding standards. These standards include essential safeguarding training for all staff and how staff must listen to children and young people to improve the services they deliver. We monitor these standards regularly and work with organisations to make improvements to the care they deliver. Below is the work undertaken by NHS England North during 2015/16:

Child Sexual Exploitation

- Inclusion of CSE within standard national contract from April 2016, requires all NHS Trusts to have an identified CSE lead to support implementation of national guidance and ensure voice of child is central to health services.
- Distribution of 100,000 NHS England CSE pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.

Female Genital Mutilation

- Development and implementation of health pathway regarding FGM and mandatory reporting
- Distribution of 200,000 FGM NHS England pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.
- Nine regional events regarding FGM and role of health services. Over 2,000 delegates attended all events

Looked After Children

- Completion of NHS England North Region benchmarking tool to assess CCG compliance with the statutory guidance in relation to discharging their safeguarding responsibilities for commissioning of LAC health services.

PREVENT

- A north regional Prevent conference was held in December 2016 to raise awareness of Prevent with evaluation from attendees being very positive
- Development of communication and awareness-raising materials (banners; posters; notebooks) across NHS England North region
- Delivery of a series of executive master classes to raise awareness of Prevent; slavery and human trafficking at a senior level within organisations and ensure that there was confidence in understanding the requirements under the new statutory duty.

Management of Allegations against Staff

- North regional event held to share learning from Bradbury Investigation with 90% of health providers from across North Region being represented
- Dissemination of all information relating to Goddard Inquiry to all NHS organisations to ensure aware of duties in relation to the inquiry and management of allegations
- Communication to LADO's to ensure allegations involving those professions managed via NHS England (GPs; Pharmacists; Dentists and Opticians) are referred to NHS England Safeguarding Lead for investigation in accordance with safeguarding policies and procedures.

NHS Dental Services

- All practices have received primary care safeguarding toolkit
- There is a steering group established to explore using and sharing routine dental data that could be helpful to predict and prevent before crisis. Information that would be shared could include children / vulnerable adults with identified need who fail to attend for treatment. For example, children who have repeat general anaesthetics or pain and then are not brought for treatment There is a new proforma being developed to support dentists refer these routine data electronically and safely

- The dental commissioning team will have a named individual who will contact practices to check if LAC have attended should requests for information come into dental practices from safeguarding teams

Priorities 2016/17

NHS England North supports the delivery of the NHS England National Children Safeguarding priorities for 2016/17 in relation to Looked After Children; Child Sexual Exploitation and Female Genital Mutilation. However, confirmation is still required regarding these priorities and deliverables and will include commissioning of health services to support those experiencing:

- Child Sexual Abuse/Exploitation (including historic and routine inquiry)
- Female Genital Mutilation
- Trafficking and Modern Slavery
- Unaccompanied children and adults from abroad
- PREVENT and embedding this agenda within all safeguarding practice
- Looked After Children and access to health services and payment mechanisms

Additional information:

- www.england.nhs.uk/

Laura Browse

Head of Primary Care, NHS England

Child Employment and Licensing

Achievements 2015-16

- 25 Chaperone licenses were issued which is an increase of 227% from 2014/15 figures.
- Visits were made to Employers to ensure the employed young people are not being exploited and that their Health, Education and Welfare are protected whilst they are in employment. Employer visits also provide an opportunity to raise awareness of related issues of exploitation, for example CSE and internet safety.
- 40 work permits were issued to children during 2015/16.
- 75 modelling and 218 entertainment licenses in 2015/16.
- Salford received 680 notifications from other authorities in 2015/16 which is a 66% increase on the previous year.
- There has been a 100% increase in Body of Persons applications for 2015/16 and this is mainly due to awareness raising undertaken by the Child Employment Officer. 16 Body of Persons licences were issued in Salford for 2015/16 which licensed 1065 children from 20 local authorities to perform in Salford.
- Salford continues to play an active Role in National Network for Child Employment and Entertainment (NNCEE) and at the regional and Greater Manchester level.
- Further activities to raise awareness about the risks and opportunities for children and young people working in safe environments, as follows:
 - School assembly seminars were delivered in 7 Secondary Schools in Salford
 - Developed a multi-agency seminar to raise awareness about children in employment and entertainment
 - Developed a [Chaperone Guidance Pack](#) and chaperone training in partnership with Manchester and Trafford. 5 training sessions have already been delivered to more than 70 chaperones ensuring they are aware of safeguarding procedures and their roles and responsibilities when undertaking their chaperone role
- Visited licensed premises across Salford to raise awareness of CSE

Priorities 2016-17

- To continue to deliver core business
- The school assembly seminar programme will continue to be rolled out across schools in Salford
- Continue to distribute publicity Materials.
- Continue to deliver Chaperone Training in partnership with Manchester and Trafford
- Further work will be conducted with Salford Licensing Officers on proactive campaigns to address public safety.
- To increase the number of approved chaperones.

- Support for the National Child Employment fortnight with a range of awareness raising activities.
- Implement a Charge for Modelling and Entertainment Licences.
- To change the Body of Persons Licence application procedure to ensure all Chaperones in charge of Children are Local Authority Approved Chaperones.
- To enhance the procedural base for licensing, promoting and facilitating safeguarding training for licensed taxi drivers and license premises within Salford, in partnership with the SSCB and the responsible authorities.
- To review and develop bye law relating to child employment
- To enhance the procedural base for licensing. This will include promoting and facilitating safeguarding training for licensed taxi drivers and license premises within Salford, in partnership with the SSCB and the responsible authorities.
- To increase the number of licenses issued, scoping out the viability of charging a fee for quick application turnover.
- To implement a Code of Conduct for Salford Local Authority Approved Chaperones.

Additional information:

- www.salford.gov.uk/schools-and-learning/info-for-parents-students-and-teachers/child-employment/
- www.nncee.org.uk/

Karina Daniels

Child Employment Entertainment and Licensing Officer, Salford City Council

Education

Schools play a pivotal role with increasing demand on schools to address safeguarding. The Education Sub-group provides a good conduit for raising concerns, disseminating information and sharing good practice between schools and SSCB partners.

Key Achievements 2015-16

- Rolled out Barnardos 'Real Love Rocks' healthy relationships resource for primary and secondary schools. 80% take up in Salford – which is the best in Greater Manchester
- Developed a Prevent self-assessment toolkit
- Prevent training for designated leads and whole school training. 60 schools have had WRAP training and a 136 have attended briefing sessions.
- Reviewed whole school safeguarding training.
- 48 schools have piloted [Tootoot](#) - a secure, easy to use, mobile-friendly safeguarding tool for young people. It allows pupils to report bullying or any other incident directly to their school.
- Encouraged representation from faiths groups and the independent sector.

What difference has it made?

- Salford University will evaluate 'Real Love Rocks'.
- Schools have created action plans to address learning.
- Audit tools ensure that safeguarding remains high profile for schools and Governing Bodies.
- Tootoot pilot will be evaluated. It claims to improve attendance and reduce bullying by up to 60%.

Key Challenges

- Engaging all schools
- Ensuring that Governing Boards monitor identified actions
- A small number of schools haven't signed up to Salford's Service Level Agreement
- Some schools have good existing reporting mechanisms and don't feel the need to engage with the Tootoot app. Schools may still not be fully aware of its features and capabilities.
- Multiple audit tool and duplication, which could impact on school engagement.

Priorities 2016-2017

- Encourage more schools to engage in Real Love Rocks and the Tootoot pilot.
- Ensuring implementation of the PHSE programme
- Develop the role of Young People's Domestic Abuse Advisors in schools and engage in the DA notifications pilot.
- Ensure education is represented on CSE and DA Sub-groups
- Increase awareness of the Neglect Strategy.
- Produce a single safeguarding audit toolkit.

Additional information:

- www.partnersinsalford.org/sscb/education.htm

Karen Armfield

Headteacher, Boothstown Methodist Primary School

Education Subgroup Chair

Salford College



Key Achievements 2015-16

- The Director of Learning Support and Safeguarding sits on the SSCB and works closely with the Local Authority regarding provision for students with additional needs.
- Excellent partnerships and inter-agency working in line with statutory guidance and provide a “co-ordinated” offer of early help where needs are identified.
- Robust safeguarding arrangements take into account the procedures and practices set up by LSCB’s
- A designated member of the governing body/link governor is nominated to liaise with the Local Authority and/or partner agencies on issues of child protection/safeguarding vulnerable adults and in the event of allegations being made against the principal.
- High quality training in safeguarding procedures ensuring that all staff are aware of their safeguarding responsibilities and duty to report concerns
- The Director of HR and Director of Learning Support and Safeguarding are accredited WRAP trainers.
- GMP delivered 12 WRAP training sessions. In addition, there is Counter Terrorism training module on Moodle for SCC staff to complete; currently 96% of staff have completed this. Further staff training on Prevent and British Values took place at August inset. WRAP training has enabled staff to identify the issues and refer to Channel via the regional co-ordinator.
- The college has developed a Prevent Strategy and will use the schools Prevent self-assessment toolkit.
- A senior lead with responsibility for safeguarding with operational responsibility overseen by the Director of Learning Support and Safeguarding.
- There is a clear process for reporting safeguarding concerns to a designated member of the Safeguarding Team. This is well publicised through training, on the intranet and in staff rooms.
- Robust systems and tracking for making appropriate referrals in the event that there is a risk of immediate or serious harm. These are followed up by the pastoral team to ensure early intervention is put in place. In 2014/2015, 745 safeguarding incidents were recorded. Similarly, 1473 serious pastoral incidents (wider safeguarding incidents) were recorded. The data shows a marked increase overall in cases recorded and a specific increase in certain areas. The most frequently recorded safeguarding incidents were “family problems (serious)” followed by “mental health (serious)” and thirdly “self-harm”. We also recorded 22 incidents (10 students) of Child Sexual Exploitation and increase from 2013/2014. We have recorded 3 instances of issues relating to possible radicalisation and have recently added a data field for this.
- Effective provision to teach children/young people/vulnerable adults about safeguarding and promote ways in which they might access help and support. Including keeping themselves safe from the dangers of social media.
- Safe recruitment of all staff working with students across the organisation
- There is a robust and transparent system in place to manage allegations against staff members and/or other students.

- Student's wishes or feelings are taken into account when determining what action to take and what services to provide to protect individuals. In doing this however, we also ensure that staff members do not promise confidentiality and always act in the interests of the student.
- There is a Joint Working Protocol between the College and Salford Leaving Care Service.
- We successfully gained the "Buttle" UK Quality Mark this is awarded to further and higher education providers who demonstrate their commitment to young people in and leaving care.

Additional information:

- www.salfordcc.ac.uk

Emma Armitage

Director of Learning Support and Safeguarding, Salford City College

Greater Manchester Police (GMP)



In the last twelve months GMP at Salford have been developing a problem profile in order to fully understand the issues surrounding the exploitation of children within our borough. The aftermath of recent historic investigations from around the Country has been a wakeup call for the police service and partner agencies nationally and they have highlighted the fact that we need to adopt a pro-active, joined up approach when dealing with Child Sexual Exploitation. It is no longer acceptable to wait for vulnerable victims to walk through the front doors of a police station and for victims to tell us about how they have been abused. We need to be ahead of the game and we need to actively seek out and bring to justice, those individuals who commit criminal offences against our children.

Furthermore, with advances in technology, the style of offending has also changed from the more conventional method of grooming such as; older male engages with teenage girl, buys her alcohol and food in return for sexual favours. The police at Salford are currently investigating numerous incidents involving online grooming of children via the internet, sharing of indecent images of children and sexting, which all come under the umbrella of Child Sexual Exploitation.

Key Achievements 2015-16

In an effort to improve our response to addressing issues of Child Sexual Exploitation, the Salford Police Division has established a team of officers named 'Operation Avert'. Operation Avert's primary function is to gather intelligence regarding Child Sexual Exploitation within the Borough of Salford as well as engaging with the community on such issues. The Avert team work closely with our partners within the Local Authority as well as Project Phoenix and Protect, which is the Greater Manchester response to tackling CSE.

What difference has it made?

Operation Avert have recently investigated the owners of a Salford based hotel that was being frequented by adults for the purpose of sexually grooming children. Working alongside the Local Authority, Operation Avert was successful in obtaining a civil injunction that placed a number of restrictions on the owner of the hotel that prevented adults from entering their premises with children. Furthermore, a number of joint community based initiatives were run throughout the previous year, the purpose of which was to raise awareness surrounding the Sexual Exploitation of Children. These initiatives involved social media web chats, media interviews with Operation Avert staff, engagement with education establishments throughout the borough and a voluntary survey that examined the depth of knowledge and understanding of CSE within our communities in Salford.

The team are also managing a number of complex CSE investigations which span the length and breadth of the United Kingdom as well as investigating issues of children who engage in sexual activity with other children i.e. peer on peer sexual intercourse and children who are reported as Missing from Home and who are believed to be at risk of CSE.

Priorities 2016-2017

In the coming months an operational review of Operation Avert will be conducted. The purpose of this review is to ensure the police at Salford are providing an adequate response to this area of vulnerability. We will also examine if there is a requirement for the Avert team to join forces with Phoenix and Protect as one centralised team or if we could sustain a Borough based CSE team here at Salford.

Additional information:

- www.gmp.police.uk/
- www.yourcallgm.co.uk

Mary Doyle

Chief Superintendent- Trafford Divisional Commander, GMP



Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

The following are examples of work undertaken by Cafcass in 2014/15 to promote the continuous improvement of our work and support reform of the Family Justice:

Revision of both the Quality Assurance and Impact Framework and Supervision Policy which together set out the organisation's commitment to delivering outstanding services and the ways in which staff are supported to achieve this and the quality of work is to be monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved.

Implementation of the Equality and Diversity Strategy. This entails: a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice.

Extending the Child Exploitation Strategy introduced in 2014/15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a 'finger on the pulse' of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).

Working with a range of partners across family justice, children's services and the voluntary sector. Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children's Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority

The development of innovations that are aimed at improving our practice and supporting family justice reform. These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; the supporting separated parents in dispute helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so). The Parenting Plan and Family Meeting Pilot in Greater Manchester was established from April 2016 offering a free service to parents struggling to communicate over contact arrangements.

Contributing to the government review of Special Guardianship Orders, including a small piece of research that was included in the government's response to the consultation.

A Service User Feedback Survey, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically, the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests.

National Probation Service (NPS)



The new National Probation Service came into being in June 2014. We have undergone significant change and transformation as an organisation since this time, but have maintained our commitment to prioritising Safeguarding Children and our commitment to working in partnership and contribution to the LSCBs and relevant subgroups.

Increasingly we are introducing consistency across the service nationally with clearer requirements in relation to national policy and practice guidance.

We have a divisional Assistant Chief lead for Safeguarding Children who sits on the National Safeguarding Reference Group for the NPS. The governance in the Salford Local Delivery Unit is the responsibility for Manjit Seale, Assistant Chief and the Lead Middle Manager or Senior Probation Officer (SPO) for Safeguarding Children is Claudia Ricketts-Royle.

Key Achievements 2015-16

- NPS have developed a Divisional Safeguarding Practice Development Group of Senior Probation Officer (SPO) with representatives from each Cluster. Claudia Ricketts-Royle represents Salford NPS on this divisional group. The group drives and implements national, regional as well as local delivery as per the Divisional Safeguarding Children Delivery Plan.
- National Probation Service – National Framework for England Local Safeguarding Boards – February 2016 – This sets out the commitment of the NPS to Safeguarding Children Boards and outlines the level of representation.
- NOMS Interim Safeguarding Policy – This was issued in September 2015 – All NPS staff are expected to have read this document as part of their induction process and to ensure they follow the requirements within this policy.
- Commitment and active contributions to LSCB Key priorities – Manjit Seale ACE sits on the SSCB with middle manager attendance at the Case Review and CSE subgroups. Manjit Seale is also the Chair of the Strategic Training subgroup.
- Completion of a full and comprehensive Section 11 Audit – March 2016
- Training – Safeguarding and CSE briefings was delivered to all NPS staff (including admin) between December 2015 and May 2016. All practice staff are currently undertaking a National e-learning and face to face (classroom based) mandatory Safeguarding Children and Domestic Abuse training event. Practice staff are also required to attend mandatory Adult Safeguarding training both e-learning and face to face training.
- The local training record was revised in April 2016 and shared across the regional practice development group. It captures all single agency and LSCB (including seminar) events. Practice staff in Salford are now required to attend certain training arranged by the SSCB and as above there is now a more developed training process and record in place to monitor and record staff's attendance at this training. Offender Managers prioritise attendance at and prepare reports for Child Protection Conferences and applicable core groups.
- Salford SPO lead middle manager working alongside SPO leads in Lancashire and Cheshire to revise the regional home visiting principles and guidance in relation to Safeguarding Children.
- A well established and robust Risk Administration Management Arrangements (RAMA) – MAPPA level 1 – ordinary agency meeting. This is coordinated by a dedicated team of Risk Support Officers (RSO) who have knowledge and expertise supporting "Risk" to include MARAC, MAPPP, Serious Organised Crime, MASH etc. related administrative processes across Manchester, Salford and Trafford. These RAMA meetings are held between the Offender Manager, their line manager and the RSO who keeps a record. They include all High Risk of Harm offenders; Lifers and Child Protection Cases and provide an additional scrutiny of these cases and actions to manage risk and safeguard children.
- From mid-February 2016 Claudia Ricketts-Royle – lead SPO has line management responsibility for this co-located administrative hub.
- NOMs National Care Leavers guidance issued to all practice staff.

- NPS, CRC and Next Step – Care Leavers service have developed an Information Sharing Protocol. Operationally this has further developed to support daily MFH and weekly meetings. Claudia Ricketts-Royale provides weekly reports and attends the MFH meeting at least once a month.
- Stakeholder engagement – working across the prisons
- Lead Practitioners are co-located and work remotely at the Bridge another practitioner co-located with GULF team to support the information sharing as well as direct risk management of high risk individuals that are involved in serious organised crime.
- Salford NPS has actively been involved in the JTAI Inspection which has also resulted in closer links with Project Phoenix and our involvement and sight of information in relation to Missing from Home and CSE concerns as outlined above.
- MAPPA Level 2 and Level 3 meetings where there are risks to children or children involved have a key focus on safeguarding children and there is close liaison with Offender Managers and Children Services and other relevant agencies.

What difference has it made?

- Within teams – Practitioners offer support and professional challenge to develop staff undertaking the probation qualification, newly qualified or indeed supporting each other as back-up officer/s to manage high risk of harm cases with a clear focus on safeguarding children.
- Practitioners also benefit from Psychological case formulation plans prepared by suitably trained forensic psychologist that are co-located on site. This allows for expert support from our health colleagues
- CSE and Missing - for those Young People (YP) who are 18 and over and managed by the NPS records indicate excellent communication between NPS practitioners and Next Step care leavers. The sharing of pathway and sentence plans is integral to the overall management of cases. Therefore, risk assessment and risk management of these YP are at the forefront and drives appropriate support available as well as identifying which practitioners is best to act as the lead at a particular time. For example - Next Step worker may undertake prison visit more frequently and share key messages with NPS Offender Manager.
- Evidence through MAPP meetings; Professionals Meetings and other inter-agency meetings and other liaison of Offender Managers sharing their risk formulation and concerns with Children Services and both agencies' staff working very closely together to effectively safeguard children.

Key Challenges

- NPS contribution to the Salford Suicide Prevention Strategy
- Development of Information Sharing agreement with Phoenix teams across Greater Manchester (GM) with the NPS.
- From a regional/divisional level work is being undertaken across GM for LSCB's to support the national vision which is that all cases that are Domestic Abuse related or if an offender has caring responsibilities for a child then checks with Children Services need to take place to inform Pre-Sentence Report preparation.
- Report writers and Offender Managers must ask for and record the names, dates of birth and addresses of children. This information should be recorded in the personal details section of NDelius (IT recording system) and OASys (NPS risk assessment tool). Where applicable, the Social Worker name and contact details should also be recorded.
- Practice staff and managers should be cognisant of local arrangements so that where cases are below the thresholding for safeguarding but where risk or need is identified; referrals can be made to Multi Agency Safeguarding Hubs/Early Help.
- In those instances where a family member becomes known the Probation Service; even when initially the name person/s are previously unknown – National Probation Service and Community Rehabilitation Company need to support Children Services to revise their systems in order that we can contribute fully to the risk assessment and management in order to protect the child/children within the household.
- National 'Safeguarding' flags to be fully implemented and monitored
- National Quality and Audit team – developed a QA monitoring form/tool and need to ensure effective audit of our work including safeguarding children.
- Additional function in NDelius (NPS electronic case record) allowing capacity to pull off MIS reports which inform number of referrals made to Safeguarding; how many accepted/not – will assist in influencing discussions as to what may/may not be working with partnership working.
- Offender Managers to complete the e-learning re: FGM

- Review of Management Oversight arrangements re: High and Very High Risk and Child Protection and Lifer cases
- What is the learning from 0-25 pilot for the NPS working with complex individuals and families – further discussions are required in relation to our role/key worker model

Priorities 2016-2017

- Ongoing implementation and delivery of the Divisional Safeguarding Action Plan
- Sustaining a high standard of safeguarding practice in line with new thematic framework
- Manchester, Salford and Trafford Cluster to devise NPS CSE Strategy
- GM Information Sharing protocol with Phoenix Teams
- Prioritise attendance at LCSB training and refresher training events and for us to record and monitor this
- The Launch of the Home Visiting Principles and guidance across the NPS division
- NPS to contribute Multi Agency Case file audits
- Benefit from the additional function in NDelius allowing capacity to pull off MIS reports
- The launch of the Management Oversight of High and Very High Risk and Child Protection and Lifer cases
- Analyse internal training data and evaluations/reflective tools and report back to SSCB

Manjit Seale

Head of Salford & Trafford Local Delivery Units, National Probation Service

Community Rehabilitation Company



The Cheshire & Greater Manchester Community Rehabilitation Company, now owned by Purple Futures, an Interserve led partnership has been through a significant transformation programme during the last twelve months and will have implemented their new operating model by the end of Autumn 2016. The theory underpinning the "Interchange Model" is strengths based, with a focus on rehabilitation and the fundamental building blocks for this are: desistance theory, the good lives model, and personalisation. The Interchange model is built around the principles of the SEEDS 'Skills for Effective Engagement and Development' model which includes desistance based approaches. The desired high level outcomes for service users from the Interchange Model are: Hope and motivation; Something to give; Healthy lifestyle; Place in society; Family and relationships; Positive identity.

Inevitably, safeguarding remains a priority for the CRC and the strengths based Interchange Model is an exciting opportunity for the children and families of our service users to benefit from the rehabilitation process. In addition to extensive Induction and Training for staff to assist with the implementation of the new model, all CRC staff will benefit from a range of safeguarding training from Autumn 2016 which will focus on our approach to CSE, FGM and Early Help. Furthermore, The Cheshire & Greater Manchester CRC remains one of the largest providers of domestic abuse interventions for perpetrators in the Country and during the course of the last 12 months we have provided interventions for hundreds of offenders across Cheshire and Greater Manchester as requested by the Courts.

The CRC has also during the last twelve months been commended by the Ministry of Justice on our robust safeguarding processes, received positive feedback following a safeguarding peer review from the Trafford Safeguarding Children's Board and also been praised by several local authorities following completion of the Section 11 Audit which has showcased our extensive processes for safeguarding children.

Stuart Tasker

Community Director (Manchester, Salford and Trafford), Cheshire & Greater Manchester CRC

Adult Safeguarding Board



Key Achievements 2015-16

- Work has been undertaken to update guidance for childrens and adults social care staff on their respective responsibilities to be aware of any children or adults at risk they might inadvertently identify when involved with a family or adult and to know what to do should they have any concerns

- A significant number of staff have attended trafficking awareness so they are better equipped to recognise any one child or adult who has been trafficked and to know what to do about this
- Closer working across childrens and adults safeguarding has been promoted by the co-location of both services and through the joint working required as a result of the review of Case 15 which involved a young adult deaf without speech who had been trafficked into the country as a 10 year old and kept as a domestic slave
- With the development of the statutory adults board and extra business management support for this, this is providing extra capacity to look more closely at the links between the work of both boards and what opportunities exist for working more closely together. An early outcome has been to put together a joint training package for staff who work across all age groups on adult and child safeguarding so staff attending get a more joined up understanding of what to report where and why.
- The adults board now has a strategic plan and a 1 year action plan which includes identifying opportunities for more effective co working- areas such as training and communication have already been identified as areas where there is potential to deliver stronger clearer messages by working more closely together
- Gaps in terms of adult involvement in complex safeguarding have been identified and although not yet resolved there is an appreciation that this needs addressing and a plan for how to do this

What difference has it made?

- It is difficult to be sure what the impact is other than it has to be assumed that heightened awareness of child safeguarding issues means that adult staff are far more likely to recognise a situation where a child might be at risk and to act to address this

Key Challenges

- Adult social care is about to move out of the council and into an integrated care organisation under Salford Royal Hospital and Community Trust. This is a major re-organisation possibly the first of its nature and scale across the whole country. Whilst there will be long term benefits by integration health and social care, the work required is absorbing a lot of scarce senior management capacity which impacts on strategic co-working capacity. There is also a risk that in integrating with health, the historic links adult social care has with the rest of the council including childrens services could be diminished. This is a risk there is high awareness of and a commitment not to lose
- The director of adult social services DASS is also responsible for childrens services. The commissioning of adult social care remains a council responsibility but delegated via a service agreement to the ICO

Priorities 2016-2017

- Within the SSAB action plan a key action is as follows: Scope out areas of areas of shared interest across the SSAB & SSCB & its sub groups. Identify work streams & shared groups to ensure effective joined up approach as appropriate

Additional information:

- www.partnersinsalford.org/adultsafeguardingboard.htm

Jennifer McGovern

Assistant Director Joint Commissioning, Salford City Council

Salford CVS



Salford CVS is the city-wide infrastructure organisation for the voluntary, community and social enterprise sector; providing specialist information, advice, development support and opportunities for influence and collaboration. Salford CVS is committed to ensuring that arrangements are in place to safeguard and promote the welfare of children and young people and ensure that the Salford CVS complies with its responsibilities under the Children Act 2004.

Salford CVS implements appropriate arrangements, systems and procedures to ensure that Trustees, Staff and Volunteers, have the right skills, and resources to protect children and young people from harm. Salford CVS policy is

aligned with the 20 Salford Safeguarding Standards, the Salford Safeguarding Children Board Policy and Working Together to Safeguard Children 2013.

Principles upon which Salford CVS Safeguarding Children Policy and practice is based include:

- The welfare of a child or young person will always be paramount
- All children and young people will be valued equally
- The welfare of families will be promoted
- The rights, wishes and feelings of children, young people and their families will be respected and listened to
- Keeping children safe from harm requires people who work with children to work together and share information- for more information visit the Greater Manchester Safeguarding Procedures Website (see link below)

Salford CVS provides support and services to enable voluntary, community and social enterprise organisations to develop learning and share good practice in safeguarding and to contribute to the work of the Salford Safeguarding Children Board.

Key Achievements 2015-16

Salford CVS facilitates the [VOCAL CYPF forum](#) for voluntary organisations, community groups and social enterprises. This meets quarterly receiving updates from VOCAL representatives to the SSCB. The VOCAL meeting in March 2016 focussed on the development of Salford's neglect strategy.

During this year VOCAL Reps contributed to the work of the SSCB on the neglect strategy, early help strategy, CSE and performance and planning for the early help and neglect summit.

On 30th November 2015 VOCAL worked with young people from The Youth Council, Fight for Change and Salford Young Carers to deliver an event for seldom heard young people in the city. 46 young people from 5 High Schools, New Park and Salford Foundation took part exploring issues of importance to them around home, community, health and education. City Leaders, including the Independent Chair of the SSCB made pledges to young people to address these issues. Pledges are now being reviewed and a further event is being planned for Autumn 2016.

Salford CVS and VOCAL have worked with Salford Childrens Services to develop a [Joint Working Protocol](#) which aims to enhance partnership working between VCSE's and public sector children's services. The SSCB Practitioner Forum was very valuable in assisting with key barriers and opportunities to be addressed through the Protocol. The Protocol will be launched at the Early Help and Neglect Summit in May 2016

In 2015-16 feedback was given to the SSCB from VOCAL about the need for Designated Persons Training. This has since been developed with the support of Salford CVS and is now part of the SSCB seminar programme with the first seminar being delivered on 25th February. Salford CVS continue to support this training by providing a co-trainer.

Salford CVS continues to support Voluntary, Community and Social Enterprise organisations in Salford to implement the [Salford Safeguarding Standards](#). Organisations which have been supported by Salford CVS to self-assess against the Salford Safeguarding Standards in 2015-16 include 21 organisations. Binoh of Manchester, Brook, DIY Theatre Community Interest Company, Community Primary School Mums and Dads Club. Special Spirits, Winton Festival and The Yemeni Community Association

In addition, Salford CVS attended a number of Community Committee meetings to enable them to understand the Salford Safeguarding Standards which they ask organisations about when they apply for devolved budget funds.

Salford CVS continues to deliver SSCB verified training – this year to 69 participants from a range of community and voluntary organisations across the city.

What difference has it made?

Participants, both volunteers and paid staff, in training continue to highlight the benefits through their feedback, for example: "It's made me be more vigilant and confident on safeguarding" "More confidence in knowing how to refer" "I feel a lot more confident with safeguarding procedures"

Key Challenges

- Ensuring that we reach out to the smaller community groups operating across the city. Salford CVS continues to target this engagement for training and appreciates all partner support in assisting with this.
- Encouraging community referrals to The Bridge Partnership. This is continually encouraged through training where some responses indicate continuing reluctance from individuals in some communities to engage.
- Low level of referrals from VCSE's to the LADO
- Enabling the smallest organisations to meet safeguarding standards – this is a challenge to their resources which Salford CVS aims to creatively address e.g. through developing policy booklets

Priorities 2016-2017

- To review the Salford Safeguarding Standards working with the Adult Safeguarding Board and Salford City Council and NHS Salford Clinical Commissioning Group Commissioners to incorporate standards and guidance for safeguarding vulnerable adults
- To continue to provide support to VCSEs to implement the Salford Safeguarding Standards
- To continue to provide safeguarding training to Salford VCSE's (paid staff and volunteers)
- To support the delivery of the SSCB's Designated Person Training
- To actively support arrangements for the launch of Early Help Strategy, Neglect Strategy and [Joint Working Protocol](#) through 3 summit events for practitioners in May and June 2016
- To facilitate the [seldom heard young people](#) event in Autumn 2016, enabling vulnerable and excluded young people in Salford to have a voice an influence on city leaders including the Independent Chair of the SSCB
- To support the work of the SSCB and agreed sub groups
- To provide a focus in the VOCAL Forum on the work of the Bridge Partnership and 0-25 Transformation

Additional information:

- www.salfordcvs.co.uk/safeguarding-children-and-young-people-0

Louise Murray

Deputy Chief Executive, Projects and Partnerships- Salford CVS



Greater Manchester Fire and Rescue Service

GMFRS is a pan GM organisation employing 2100 staff across the service. In Salford we have five operational fire stations as well as our headquarters in Swinton. Safeguarding is a corporate responsibility of all staff and attendance at Safeguarding boards is undertaken by senior managers from the Prevention Directorate

Key Achievements 2015-16

- 90% completion rate in staff successfully completing and achieving the required standard in our E Learning Safeguarding.
- The internal Safeguarding Policy and Procedure is presently being reviewed and will be refreshed in the next two months
- Over the past 12 months GMFRS has referred 9 cases into Salford Children's Services
- There are now two Safeguarding internal governance groups meeting regularly made up of a practitioners group and a Strategic group
- Over 100 Protection based staff have been trained by Salford City Council on Child Sexual Exploitation
- We have a cohort of over 20 trained Designated Safeguarding Officers (DSO), who now provide 24 hour cover to the 24 hour organisation. Key staff in Salford are DSOs. Processes are in place so that North West Fire control can assist officers to identify a DSO on duty outside of office hours.

What difference has it made?

- All the above have raised the overall profile of Safeguarding in the organisation and this in turn has ensured staff have the necessary knowledge and tools to both understand and more fundamentally be able to refer and report individual cases of Safeguarding to appropriate agencies.

Key Challenges

- To ensure that all staff are kept aware of changes relating to Safeguarding legislation and practice. Also to maintain a standard of learning relating to Safeguarding across the Service. To ensure all relevant officers are DSO accredited on time
- Because GMFRS covers the 10 metropolitan boroughs of GM, a significant challenge for us is developing our policy, procedure and training so that it complements, and dovetails into, the local safeguarding procedures for both children and adults, across ten different areas.

Priorities 2016-2017

To complete and refresh the Safeguarding Policy and Procedure to incorporate new working practices as well as other Safeguarding themes such as CSE, FGM and Whistle blowing policies all which were outlined on the recent Section 11 return.

Additional information:

- www.manchesterfire.gov.uk/

Andy Pownall

Prevention Manager- GMFRS

North West Ambulance Service NHS Trust



North West Ambulance Service (NWS) NHS Trust is a regional service providing Pre-hospital Emergency Care, Urgent Care and 111 services and Patient Transport Services.

Key Achievements 2015-16

- Safeguarding activity has increased throughout the year which is reflected in the increase in the numbers of safeguarding concerns raised.
- Each month the NWS safeguarding concerns rejected by Children's Social Care are scrutinised to understand the themes and are either reallocated to the correct service or to the patients GP. Less than 5% of concerns raised about children were rejected and these are usually due to duplicate referrals- as each child in a family is referred or being sent to the wrong area (geographical boundaries). These are thereafter sent to the correct Children's Social Care department.
- Audits have been introduced to monitor the quality of safeguarding calls made by staff to the Trust Support Centre. This provides additional data relating to safeguarding knowledge and how the process has facilitated information sharing. Early indicators show that referral information is of a high quality and is captured and documented by the Support Centre Advisors accurately. Areas for improvement are highlighted and raised with the staff concerned for their learning.
- 92% of all NWS staff have now received WRAP 3 training which is the 'workshop to raise awareness of PREVENT' and part of the Government's anti-terrorism strategy. Prevent is any terror related activity that takes place in the pre-criminal space. WRAP is included within mandatory training for all staff and compliance with this national requirement has increased during 2015/16.
- As knowledge about Child sexual Exploitation (CSE) increases, a number of developments have been undertaken within the Trust to ensure children at risk of CSE are identified and offered the appropriate help and support.

Priorities 2016-2017

- Domestic Abuse referral pathways continue to be developed and working partnership are being forged between various partner agencies. A pilot is to be launched to assess the effectiveness of making direct referrals for victims of domestic abuse/violence to the relevant agency.
- The Safeguarding Team will continue to raise awareness of children who are self-harming, expressing suicidal ideas or attempting suicide. The importance of making referrals for all children who self-harm will be highlighted to tackle issues relating to suicide in children and young people.

- The Trust will be updating its mandatory training relating to Human Trafficking, Modern Slavery and Domestic Abuse in the Next Year. Training in these subjects is currently available within the Trust Learning Zone and is accessible to all staff.
- CSE will be included within mandatory training. Awareness has already been raised through the Clear Vision journal and weekly bulletins and the Trust is linked to a number of CSE Forums across the North West to ensure practice development continues with appropriate information sharing.

Vivienne Forster

Safeguarding Practice Manager- North West Ambulance Service NHS Trust



Section 7: Glossary and Appendices

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
SCR	Serious Case Review
SEN	Special Educational Needs
SRFT	Salford Royal Foundation Trust
SSAB	Salford Safeguarding Adult Board
SUDC	Sudden Unexpected Death in Infancy
VCSE	Voluntary Community Social Enterprise
WUU2	What You Up Too?
YPVA	Young Person Violence Advisor



Appendix 1: Board Membership

Chair		
Simon Westwood	Independent Chair	Salford Safeguarding Children Board
Vice Chair		
Doyle, Mary	Chief Superintendent	GMP, Salford Division
Statutory Members		
Armfield, Karen	Head Teacher	Boothstown Methodist Primary School
Blackburn, Deborah	Public Health Assistant Director	Salford City Council
Browse, Laura	Head of Primary Care	NHS England
Clancy, Karen	Deputy Director of Clinical Governance, Lead Named Nurse	GMW Mental Health Foundation Trust
Darragh, Keith	Assistant Director Resources	Salford City Council
Dixit, Kalpesh	Designated Doctor	Salford Royal Foundation Trust
Hassall, Anthony	Chief Accountable Officer	NHS Salford Clinical Commissioning Group
Herne, David	Interim Director Public Health	Salford City Council
Hubber, Sharon	Assistant Director Specialist Services	Salford City Council
Kelly, Clare	Assistant Director of Nursing	Salford Royal Foundation Trust
Nathan-Lingard, Sarah	Service Manager	CAFCASS
Ramsden, Charlotte	Strategic Director of Children's Services	Salford City Council
Seale, Manjit	Assistant Chief Executive	National Probation Service
Tasker, Stuart	Assistant Chief Executive	Community Rehabilitation Company
Thorpe, Francine	Director of Quality & Innovation	NHS Salford Clinical Commissioning Group
Non-statutory Members		
Lay, Mick	Independent Chair	Bolton, Salford & Wigan CDOP
Murray, Louise	VOCAL Representative	Salford CVS
Sub Group Chairs		
King, Melanie	Family Support Worker	Salford City Council
Metcalfe, Madeline	Learning Support Service Manager	Salford City Council
Rumley, Tim	Senior Youth Service Manager	Salford City Council
Walker, Christopher	Detective Chief Inspector	Greater Manchester Police
Advisors to the Board		
Armitage, Emma	Director of Learning Support and Safeguarding	Salford College
Ashton, Lorraine	Solicitor, Legal Section	Salford & Manchester Councils
Burfitt, Elaine	Named Doctor for Safeguarding	Salford Royal Foundation Trust
Ford, Emma	Head of Safeguarding Unit	Salford City Council
Patel, Andrea	Designated Nurse Safeguarding Children & LAC	NHS Salford Clinical Commissioning Group
Patel, Girish	Named GP representative	NHS Salford Clinical Commissioning Group
SSCB Officers		
Begum, Shahanara	Training Coordinator	Salford Safeguarding Children Board
Bentley, Vivienne	Senior Business Support Officer	Salford Safeguarding Children Board
Hulme, Debbie	Administration Assistant	Salford Safeguarding Children Board
Slack, Tiffany	Interim Board Business Manager	Salford Safeguarding Children Board
Participating Observers		
Cllr Merry, John	Lead Member	Salford City Council
Lay Member		
Rabbi Grant, Simon	Director of Community Services	Binoh of Manchester



Appendix 2: Board Structure 2015-2016

SALFORD SAFEGUARDING CHILDREN BOARD

Independent Chair: Simon Westwood

Deputy Chair: Mary Doyle

COORDINATION AND DELIVERY GROUP

Chair: Sue Woodgate

SSCB SUB GROUPS

Case Review & Audit
Sharon Hubber

**Learning & Improvement –
Performance & Quality Assurance**
Andrea Patel

Training Pool
Patsy Molloy

Education
Karen Armfield

Sexual Abuse & Exploitation
Christopher Walker

Strategic Training
Manjit Seale

JOINT OR SHARED SUB GROUPS

Children's Domestic Violence
Emma Ford
(Lead: Community Safety Partnership)

Child Death Overview Panel
Mick Lay
(Lead: Bolton Safeguarding Children Board)

Voice of the Child
Eileen Buchan
(Lead: Children & Young People's Trust)

E-Safety & Anti-Bullying
Eileen Buchan
(Lead: Children & Young People's Trust)

REFERENCE GROUPS/CRITICAL FRIENDS

Practitioner Forum
Madeline Metcalfe & Melanie King

VOCAL
Louise Murray

TASK AND FINISH GROUPS

Communication and Engagement
Deborah Blackburn

Complex Safeguarding:
Assurances re Prevent, Trafficking and FGM
Deborah Blackburn

Female Genital Mutilation
Andrea Patel

Neglect
Sean Atkinson

Monitoring & Reporting

Essential

Critical



Appendix 3: Budget 2015-2016

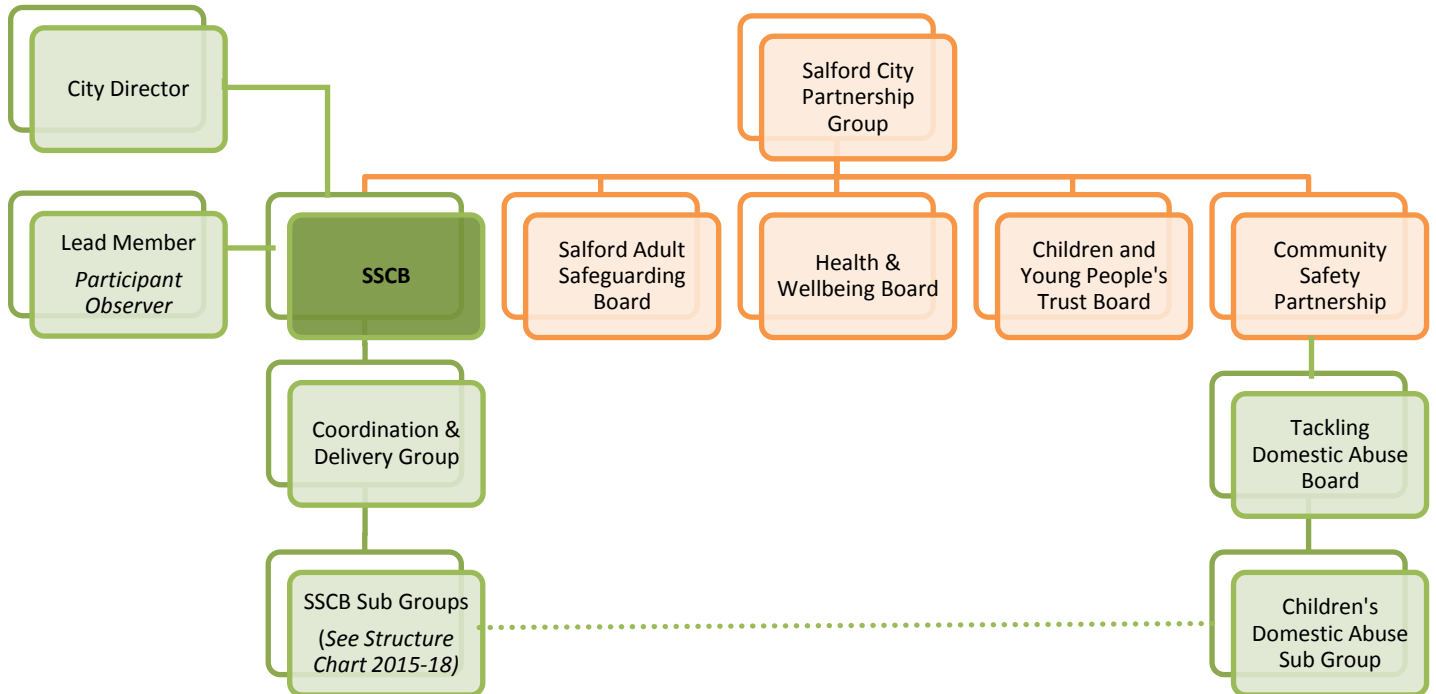
Income 2015 - 2016		Expenditure 2015 - 2016	
Salford City Council	£91,176	Staffing	£170,163
Health	£71,616	Training	£1,525
GMP	£13,500	Office Expenses	£19,034
Probation	£7,532	Professional Fees	£45,223
Schools	£22,400	Other staff related costs	£496
CAFCASS	£550		
Other (Non attendance)	£545		
Total	£207,319	Total	£236,441
Balance B/fwd into 2015/16	£109,046	Balance C/fwd into 2015/16	£79,925

Staffing Costs	
Training Coordinator 1.0 FTE	
Training Officer 0.5	
Senior Support Officer 1.0 FTE	
Business Manager 1.0 FTE	
Administrative Assistant 1.0 FTE	
Total	£170,163

Professional Fees	
Serious Case Review	£10,900
CDOP	£7,500
Independent Chair	£24,703
Other Professional Fees	£2,120
Total	£45,223



Appendix 4: Organisational Structure- Governance and Accountability Arrangements





Appendix 5: SSCB Core Dataset 2015-2016*

Name	SN (Source LAIT)	England (Source LAIT)	2013-14	2014-15	2015-16 ³²
Percentage of contacts to Childrens Social Care which led to a Referral			32.3%	38.3%	37.9%
Referrals to Children's Social Care Services per 10K population under 18			556.7	771	780
Percentage of referrals that are a repeat referral within 12 months of a previous referral	19.7%	24.0%	21.4%	22.2%	22.9%
Section 47 enquiries	141.8 Rate/ 10,000	138.2 Rate/ 10,000	1,061 (136.6 Rate/ 10,000)	1,538 (286.9 Rate/ 10,000)	1,998
Number of children subject to a child protection plan	63 Rate/ 10,000	42.9 Rate/ 10,000	278 (53.4 Rate/ 10,000)	357 (67.3 Rate/ 10,000	483 (91.9 Rate/ 10,000)
Initial child protection conferences			540	601	787
Timeliness of initial child protection conferences			77.7%	82.3%	44.3%
Percentage of child protection cases which were reviewed within required timescales	93.2%	94.0%	96.7%	97.2%	99.6%
Child protection plans lasting 2 years or more	3.8 %	3.7%	2.8%	2.1%	1.1%
Percentage of children becoming the subject of child protection plan for a second or subsequent time	15.6%	16.6%	21.9%	19.6%	16.5%
Reducing number of looked after children	92.3 Rate/ 10,000	60 Rate/ 10,000	575 (110 Rate/ 10,000)	587 (111 Rate/ 10,000	554 (103 Rate/ 10,000)
Timeliness of statutory visits			79.0%	79.0%	83.9%
Timeliness of placements of LAC for adoption following an agency decision that the child should be placed for adoption			80.0%	60.5%	80.8%
LAC cases which were reviewed within required timescales - post 1st April 2011			98.5%	95.6%	98.2%

³² 2015-16 data is provisional until we receive national final figures late autumn 2016