

SSCB

Annual Report

2016-2017



Salford
Safeguarding
Children Board

Salford City Partnership

Address: Salford Safeguarding Children Board, Sutherland House, 303 Chorley Road, Swinton, M27 6AY
Tel: 0161 603 4322 **Email:** SSCB@salford.gov.uk **Web:** www.partnersinsalford.org/sscb

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Foreword



This report covers the period to the end of March 2017. The key purpose of this report is to assess the impact of the work the Salford Safeguarding Children Board and its partners have undertaken in 2016-17 to improve safeguarding outcomes for children and young people.

The work of the Board continues to be driven by its vision:

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

We can never entirely eliminate risks to children. We need to be as confident as we can be that every child is supported to live in safety, free from abuse and neglect. The Board is assured that, whilst there are areas for improvement, agencies are working well together to safeguard children in Salford. The SSCB are ambitious for continuous improvement and are committed to working collaboratively across Greater Manchester but we will ensure the children of Salford are our first priority.

A particular strength across all agencies is the commitment of resources and a clear determination to remove barriers to effective joint working. For example, the investment in ‘the Bridge’ is effective in enabling children and families to access help at an early stage through a wide range of good early intervention services.

In September 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Probation) undertook a joint targeted area inspection (JTAI) which included a ‘deep dive’ focus on the response to children living with domestic abuse. They found that *“The SSCB drives improved multi-agency working. The Board identified a gap in sharing domestic abuse notifications with schools, and this led to the SSCB initiating, and supporting, a pilot project to share domestic abuse notifications so that all schools now receive this information”*.

As we move into 2017-18 the Board will consider making changes to the way the partnership works in response to the Children and Social Work Act 2017 and the new statutory guidance due out at the end of the year. The current arrangements were judged as ‘Good’ by Ofsted in June 2015. Therefore, after early discussions it is felt that the SSCB should not make changes simply for changes’ sake but use this as an opportunity to enhance arrangements which are already working well.

This year the Board has identified three key assurance areas (Early Help, Children Affected by Domestic Abuse and Emotional Health and Wellbeing) where it will seek assurance from other strategic partnerships and agencies about the impact of their work to effectively safeguard children. In addition there are four thematic priorities that the Board will focus its core business on (Child Sexual Abuse and Exploitation, Neglect, Missing from Home, Care and Education and Complex Safeguarding).

Some examples of the key issues the SSCB will continue press agencies to improve on in 2017/18 are; improve understanding of the high prevalence of emotional abuse as a reason for children to be the subject of child protection plans; support and challenge the Emotional Health and Wellbeing Board and partners to continue to improve access to mental health support services, including an audit of self-harm and monitoring hospital admissions as a result of this.

Finally, I hope that this report provides you with information and assurance that all partners in Salford are continuing to prioritise safeguarding children and working together in a time of continuing pressure from austerity measures. The SSCB will continue to play their part in promoting a culture where the community, statutory agencies, schools, voluntary and community organisations work together to protect the most vulnerable.

Simon Westwood,
Independent Chair, SSCB



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

SSCB Function and Purpose

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 SSCB 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
- Ensures emerging lessons improve practice 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 organisation. Please see [appendix 1](#).

Attendance

The SSCB meetings are always extremely well attended by all members, both statutory and non-statutory, and by advisors. Please see [appendix 2: Statutory Board Members Attendance 2016-17](#).

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 2016-18 is set out in [appendix 3](#). 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 4](#) for a breakdown of SSCB income and expenditure 2016-2017.

The SSCB has an annual budget of circa **£205K** which resources staffing, infrastructure and inter-agency training but not Serious Case Reviews (SCR's).

The year-end budget shows a deficit of **£48,825** this is due to increased CDOP contributions, additional cost of the SCRs (Child R) and multi-agency concise reviews (MACRs) and unachieved savings from previous years. 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.

The SSCB needs to resolve the funding pressure if it is to sustain its current level of activity. The SSCB Independent Chair wrote to the Chief Officers of the key statutory funding agencies in November 2016 to seek clarity on funding commitments for the future funding of the Board to secure an agreement for a two-year budget plan for contributions 2017-2019 and a model for funding future SCR's. This will apply until revised national guidance on SCR's is published.

There are national changes on the horizon for local safeguarding arrangements. During 2017 planning will be undertaken to agree future safeguarding arrangements for Salford including funding. The SSCB Independent Chair will write to key statutory agencies late 2017 to update on the developments.

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 5](#).

The SSCB Chair initiated work that has now been developed into an [inter-board protocol: Safeguarding the People of Salford](#) which is being implemented by the respective Business Managers. 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 leadership, accountability and governance arrangements between partnership Boards and scrutiny and challenge framework.

The SSCB is represented on [Salford's Children and Young People's Trust](#) (CYPTB) by the Business Manager. 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 0-25 Integrated Support Programme Board established October 2015 reports to the CYPTB which reports to the SSCB on a bi-annual basis.

The SSCB is represented on the [Salford Health and Wellbeing Board](#) (HWB) by the Director for Children's and Adult 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 Safeguarding Adult Board](#) (SSAB) 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 appetite to build on this especially around multi-agency training and performance management.

During the 1st half of the year the SSCB was represented on [Community Safety Partnership](#) (CSP) by the Territorial Commander for Salford and Trafford, Greater Manchester Police who provided the partnership with informal feedback on SSCB matters. Following changes in personnel a link with the CSP was maintained with other Board members. In addition, a Superintendent, Greater Manchester Police chairs the Tackling Domestic Abuse Board (TDAB) which is a sub-committee of the CSP. The Head of Safeguarding chairs the Children's Domestic Abuse (CDA) Sub-group and is a member on the TDAB and there is a standing item regarding the CDA Sub-group.

The Independent Chair meets with the Local Authority City Director every 3 months. The Lead Member for Children is a member of the SSCB. The Independent Chair has requested the City Director to arrange a meeting of key strategic chairs to consider a bi-annual joint meeting on public protection issues.

Regional Work

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

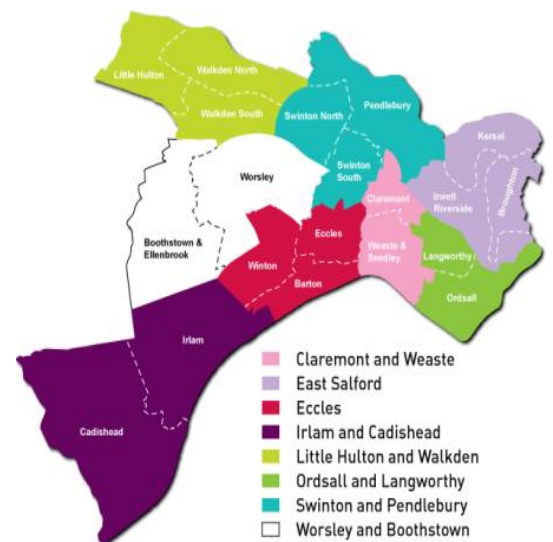
CAFCASS representative on the Board provides the link to [Manchester Family Justice Board](#).

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.
- 248,726 people living in Salford in 2016 and of these 79,526 are aged 0-24 years (32% of total population)¹
- It is estimated Salford's total population has increased from 233,933 in 2011 to 248,726 in 2016. The 0 to 24 population has increased by 3.4% (2,651) over the same time period.²
- 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.³
- There are 6,500 (12.4%) workless households (out of work, retired, students or ill health) with children, compared to 13.8% in Greater Manchester and 10.7% in England.⁴
- 26.6% of children in Salford were born to mothers whose country of birth was outside of the UK. Of these mothers 11% were from Europe, 6.7% from Middle East or Asia and 7.6% from Africa.⁵



¹ Source: mid- 2016 population estimate, ONS

² Source: [mid-2016 population estimate](#), ONS

³ Source: Census 2011, ONS

⁴ Source: Households by combined economic activity status, [Annual population survey Jan-Dec 2016](#), NOMIS, 2016

- The school-age population is 73.2% White British, 5.3% Black or Black British, 2.8% Asian, 0.2% Chinese, 7.0% Mixed Race and 3.0% Other.⁶
- Salford birth rate has been falling since 2010 with 67.8 live births in 2015 (per 1000 women aged 15-44) compared to 74.4 in 2010.⁷
- Approximately 13.5% of children living in households with only one parent compared to 10.6% across England and Wales⁸
- Infant Mortality for 2013-2015 is 3.9 infant deaths per 1000 live births, this is the same as England.⁹
- More than a quarter (43 out of 150) of LSOAs fall within the most deprived decile, making Salford the 16th local authority with the highest proportion of their neighbourhoods in the most deprived 10 percent in the country.¹⁰
- Approximately 26.8% of the local authority's children are living in poverty.¹¹
- The proportion of children entitled to free school meals:¹²
 - in primary schools is 20.3% (the national average is 14.1%)
 - in secondary schools is 20.4% (the national average is 12.9%).
- The proportion of children and young people with English as an additional language:¹³
 - in primary schools is 18.8% (the national average is 20.6%)
 - in secondary schools is 14.2% (the national average is 16.2%).
- 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 2010-15).¹⁴
- 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.¹⁵

⁵ Source: [Local Area migration statistics](#), 2016

⁶ Source: [School census 2017](#), Salford council

⁷ Source: [Live Births by Area of Usual Residence, September 2015](#), ONS

⁸ Source: [Census 2011](#), ONS

⁹ Source: [Public Health Outcomes Framework](#), 2016, PHE

¹⁰ Source: [Indices of Deprivation 2015](#), DCLG (Based on rank of overall score)

¹¹ Source: [Children in low income families \(under 16s\)](#), [Public Health Outcomes Framework](#), PHE, 2014

¹² Source: [School census 2017](#), Salford council

¹³ Source: [School census 2017](#), Salford council

¹⁴ Source: [Local Area migration statistics](#), 2016

¹⁵ Source: [Sub-National Population Projections 2014-based](#), ONS



Section 2: Progress on Business Plan Priority Areas 2016-2017



Priority Area 1: Early Help

Background

Early help is a key priority for the SSCB and CYPTB, the CYPTB lead on the implementation of the Early Help Strategy and the SSCB undertake a scrutiny and challenge role. SSCB continues to seek assurance reports from the CYPTB regarding the effectiveness of early help via themed Boards.

Please see [Section 5: Child's Journey- Scrutinising the effectiveness of Safeguarding, early help](#) information.

Key Achievements 2016-17

- The partnership has invested significantly in early help.
- Early Help and Neglect Summit Events held 26 May and 8 June 2016 to launch the [Early Help Strategy 2016-18](#) and promote early identification and assessment of neglect.
- Published our revised [Thresholds of Need and Response](#) November 2016.
- SSCB organised 3 workshops in preparation for improvement activities and developed a self-assessment template for agencies to evaluate the effectiveness of the Bridge Partnership and domestic abuse.
- SSCB continues to seek assurance reports from the Strategic Bridge Group regarding the effectiveness of the Bridge Partnership via themed Boards.
- 0-25 Integration Board provided a briefing on the programme activity September 2016 and continues to disseminate '[Shaping Our City](#)' 0-25 programme newsletters to partners.
- A pilot was launched in April 2016 as part of the [0-25 transformation programme](#). The pilot tested a framework for an integrated model and a 'place' based approach to early help for families in one locality. Through the West Locality pilot, we have:
 - Tested a joint triage and case allocation process for early help referrals. This is coordinated by the Locality Manager, supported by Team Leaders and a partnership case management meeting structure.
 - Reviewed the referral and allocation pathways for early help services. West locality early help referrals to the Bridge are sent to the west locality inbox, where the locality manager screens to allocate appropriately.
 - Trialled a designated Schools Co-ordinator role to support schools with assessment and referrals for early help and, where appropriate, to support them to retain the lead for supporting families.
 - Explored the role of a designated early help 'Key Worker'. The pilot tested the effectiveness of Key Worker posts adopting smaller caseloads and an extended duration of intervention.
- Family Assessment will replace the CAF (Common Assessment Framework) on the 1st April 2017. The CAF team have a programme of training seminars arranged on how to use the new Family Assessment and scoring tool.
- Rolled out the GM Early Years Delivery Model (EYDM) in partnership with SRFT. The EYDM and Children's Centre re-design has concentrated on four key strands for delivery – parenting, speech and language, integrated working and the universal and targeted offer of 0-5 services within Children's Centres.
- SRFT secured a contract to ensure universal public health services 0-19 are integrated, responsive and innovative.
- Health Visitors have focused on the delivery of the 5 mandated contacts and addressing the 6 high impact areas.
- Excellent uptake of the universal offer for the Health Visiting Service. The coverage of the service to the population of Salford is up to 100% at the core contacts. The Central 0-19 team were nominated for a Nursing Times award in October 2016

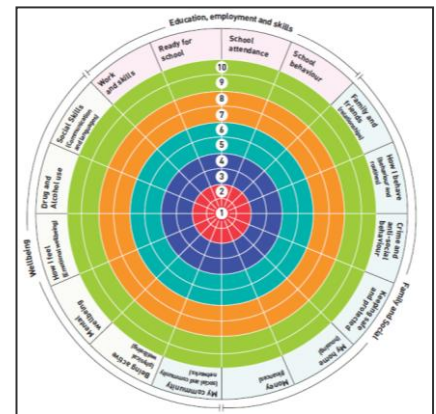
"The Bridge is effective in enabling children and families to access help at an early stage through a wide range of good early intervention services. Effective information sharing was evident in early help and is improving further with the development of the 0-25 pilot for early help in the West locality, which is supporting the co-location of adult and children's services"
JTAI, September 2016



- Safer Families has been commissioned for a further year. They are helping to develop community resilience and support the step down process of cases moving from Children Social Care and EIP to universal services.

What difference has it made?

- Early Help and Neglect Summit Event Evaluations- see [Priority Area 2: Neglect](#)
- Almost 50% of families referred by schools for Family Support in the pilot were triaged by the Schools Co-ordinator and were managed without allocation of a Family Support Worker. In addition, schools consulted the Schools Co-ordinator about a further 61 children and young people and, following advice and support, 77% of these children were managed at school level.
- Early Help Locality Manager co-ordination of referrals is reducing duplication.
- *'Thresholds are understood and well managed' and 'the ethos of early intervention and prevention is family led, which enables the family to engage in services and supports better outcomes for children'*¹⁶
- An additional Social Work Practice Manager post in the Bridge oversees all early help referrals/request for service made to the Bridge. Additional screening in the Bridge is then undertaken by Locality Managers and Locality Team Managers to ensure the right thresholds for intervention are identified appropriately.
- A snapshot of Family Support waiting lists in February 2017 shows that the West Locality is carrying a lower waiting than the other Localities.
- The West Locality pilot has improved our understanding of the impact of early help services across the city. 642 families have been supported through Salford's multi-agency early help offer to sustain improved outcomes. This has enabled the Local Authority to secure £513k of funding through Helping Families Payment by Results that is re-invested in early help offer for families. The national evaluation will start to indicate the broader impact of the Helping Families approach.
- More than 30% of sustained outcomes claimed in the most recent Helping Families Payment by Results were delivered in West locality. This is proportionately more than would be expected given population size and demand in the locality.
- The Family Assessment includes a strengths based scoring tool, enabling self assessment and to measure progress travelled.
- Over the year 1019 children were referred to the early response team (outreach team) and only 106 progressed to Duty and Assessment Team for a CAFAS (10%). This prevented 913 CAFAS.



Family Assessment: scoring tool for children

Key Challenges

- Increasing number of complex referrals and the impact on case loads and waiting lists for early help services. The West Locality pilot has explored ways to reduce waiting lists and dependency on services.
- Increasing population and the changing demographics in Salford. The challenge is understanding different cultures, providing services and education for families where English is not their first language.
- Customer Relationship Management (CRM) system at the Bridge Partnership and how it interfaces with other IT and data systems within Children's Services remains an ongoing problem.
- Data quality in CRM and the subsequent impact on performance management and operational practice continues to be a concern. This is being addressed as part of the 0-25 Transformation Programme.
- The CYPTB is in a transition period following a refresh of their Board priorities and the Early Help Strategy indicators are under review. This has limited the ability to scrutinise the effectiveness of early help. This has been flagged at the joint SSCB and CYPTB Performance and Quality Assurance Sub-group and the Board.
- Where the detail of GM Devolution is yet to be confirmed there is a risk that Salford's direction of travel does not align and has to be re-worked e.g. Greater Manchester will operate differently under the national troubled Families programme.
- GM Life Chances Fund (Payment by Results) is dependent on areas demonstrating transformation of their early help offer to achieve improved outcomes for children, young people and families.

¹⁶ [Joint targeted area inspection of the multi-agency response to abuse and neglect in Salford](#) (September 2016)

Priorities 2017-18

- CYPTB to clarify the governance of Early Help, their operating model, forward plan for reporting and involve the Board in the consultation of the early help indicators.
- Develop and implement a comprehensive workforce development programme to support practitioners working with families across early help.
- Continue with the development of the Bridge as a single point of contact and increasing the volume and spectrum of early help referrals through the front door.
- Continue to evaluate IT systems and processes that support the Bridge and the Early Help offer to drive performance.
- Continue to evaluate the West Locality pilot to inform future implementation of locality working across the City.
- Improve how we collect and use evaluation data to better measure the impact of what we do with families at an early help level.
- Continue to evaluate the Family Assessment across the City, with a particular focus on sources of assessments.
- To review commissioning arrangements for The Fed and Hershel Weiss that support the locality early help offer.
- To scale up the Strengthening Families programme in Salford.
- Re-focus the Helping Families programme and firmly position as a public service transformation programme.
- Develop an Investment Plan for Helping Families over the next three years for submission to the GM Reform Investment Panel.

Additional Information:

- www.partnersinsalford.org/earlyhelp.htm
- www.partnersinsalford.org/sscb/thresholds.htm
- www.salford.gov.uk/children-and-families/safeguarding-children/troubled-families/

Debbie Blackburn

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

Katie Kelleher

Strategic Commissioning Manager- Helping Families



Priority Area 2: Neglect

Background

The Neglect Task and Finish Group Reports to the Coordination and Delivery group and provides assurance reports on effectiveness of neglect activity via themed Boards.

- At 31 March 2017 140 (33%) children were subject to protection plans under the category of neglect. This remains one of the highest categories.
- 5.7% of early intervention and prevention involvement where neglect has been identified as a factor.

Key Achievements 2016-17

- Early Help and Neglect Summit Events held 26 May and 8 June 2016 to launch the [Neglect Strategy 2016-18](#) and promote early identification and assessment of neglect.
- Task and Finish Group continues to monitor the implementation of the neglect strategy action plan. All actions have been completed or incorporated into the 2017-19 action plan.
- Multi Agency Risk Assessment Model (MARAM) tools can now be submitted via the secure upload. This supports the monitoring and reviewing of usage by agency. The framework includes two neglect assessment tools [Graded Care Profile](#) and [Home Conditions Tool](#) and three assessment tools for understanding [Capacity to Change](#).
- Identified 14 agency GCP champions 2016-17
- Significantly high attendance at the MARAM seminars.
- Engagements with GPs regarding the Neglect agenda.
- Communication via Schools Secondary Heads briefing.
- CP Coordinators ensure agencies complete Graded Care Profiles prior to CP conferences where neglect is a feature. This is helping to embed into practice.
- Family Assessment training now incorporates MARAM information.
- Key SSCB courses have been updated to include up-to-date neglect research.
- Salford is represented on the GM Neglect Steering Group and has contributed to the GM Neglect Strategy and Action Plan. This has been endorsed by the GM Safeguarding Partnership.
- The proposed neglect webinar is now in the GM Neglect Action Plan to further disseminate the learning.

What difference has it made?

- Positive evaluations from practitioners that attended the Early Help and Neglect summits events. *'Informed about the new strategies and joint working protocol which feel like real working documents', 'Greater awareness of the number of services that are available in Salford to provide support to families', 'Better knowledge of what these services do', 'Awareness of referral processes' 'A good opportunity to network and establish positive relationships with other agencies that the delegates didn't know existed until the sessions.*
- GCP champions have identified examples where MARAM tools have evidenced impact.
- Marked increase in the completion of Graded Care Profiles. Integration of the GCP into Carefirst will allow for the collation of those completed by social work staff.
- Neglect course feedback: *'It made me think about my practice and how I can re-evaluate what I do', 'would welcome this training becoming mandatory for all professionals working with children and families', course has given me a better understanding of recognising early signs of neglect'.*

Key Challenges

- Developing an effective suite of neglect performance data and aligning the local dataset to the proposed GM dataset.
- Number of trainers to deliver training in respect of the use of MARAM tools.
- Evaluate the quality of single agency GCP training
- Integrating actions from the GM Neglect Strategy
- Impact of welfare reform on families in Salford

Priorities 2017-18

- Continue to contribute to GM Neglect Steering Group and integrate with local activity. Link in with the work streams coming out the GM Neglect Strategy Action Plan. These include- Guidance and Policy, Training, Awareness Raising and Quality Assurance.
- Integrate the Graded Care Profile into CareFirst
- Continue to increase scope of training to equip the workforce
- Complete a multi-agency practice audit of neglect cases. To ensure identification and assessment of neglect is consistent and integral to the working of the Bridge. Recommendations will be incorporated into 2017-2019 action plan.
- Benchmark Salford against the published [neglect JTAI reports](#) (May-December 2017)
- Arrange a Practitioner Forum regarding Neglect and MARAM tools
- Review the neglect dataset to ensure accurate and meaningful

Additional Information:

- www.partnersinsalford.org/sscb/neglectsubgroup.htm
- www.partnersinsalford.org/sscb/gradedcareprofile.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 7](#) for more information.

- Following the introduction of the Bridge in April 2016 we have seen a total 565 referrals on CRM with a main category of 'sexual abuse' and 415 referrals to the Bridge with a main category of 'child sexual exploitation'.
- 195 referrals in Carefirst where there are concerns of CSE which is 4.1% of the total referrals during 2016-17.
- 166 single assessments identified sexual abuse as a factor of concern and 51 where CSE was a factor during 2016-17. The percentage of assessments with CSE as a factor decreased to 1.4% in 2016-17 compared to 3% in the previous year.
- At the end of 2016-17 there were a total of 23 Child Protection Plans with a category of sexual abuse which was 5.4% of the total number of Child Protection Plans.

Key Achievements 2016-17

- Reviewed the [CSE and CSA Strategy 2017-2020](#)
- Reviewed the [CSE local pathway](#)
- Developed an [operational handbook](#)
- Commissioned a regional CSE problem profile and drafted a Salford report these will inform divisional safeguarding responses.
- Salford Phoenix Peer Review 15th July 2016 reviewed six complex CSE cases that were open to the Protect Team. The Protect Management Board has monitored the implementation of the recommendations.
- 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. For example, through the CSE week of action lead by Operation Avert.
- Participated in the CSE week of action in October 2016 which focused on the public transport network across Greater Manchester in an attempt to raise public awareness. Social media packs were disseminated to partners to promote consistent messages.
- Phoenix Salford attended school breakfast clubs to seek advice from children about how they could use social media more affectively. *'This was a good initiative as it is crucial that children are consulted about what they think are the best ways of reaching them.'*¹⁷ This has informed the young people's website and social media platforms.
- Engagement of taxi drivers – 225 drivers in total attended CSE briefings. GMP are in negotiation with the Licensing Authority to agree the training package is mandatory for taxi licence renewal.
- Supported [Safer Internet Day 2017](#) and disseminated the 'Its Not Okay' campaign social media toolkit to remind practitioners of the dangers of online exploitation, grooming and sexting.
- [@PhoenixSalford](#) received a national policing award for its use of social media. In October 2016 alone, it made 1.7 million Twitter impressions on users. *'It adopts a youth friendly approach and relies heavily on active content to get its messages across and uses memes, images, inspirational quotes and popular hashtags'*¹⁷
- Protect have developed questionnaires to collect the users experience and will be a good source of data going forward.
- Agreed Footlights Theatre will host a local showcase of their '[INVISIBLE](#)' CSE awareness play summer 2017.
- Revised the SSCB CSE training structure to develop a half day CSE basic awareness to be delivered each term as part of the seminar programme and available to all agencies/practitioners and for practitioners who work with

"There is an impressive amount of local leadership, energy and initiative across Greater Manchester ...The challenge now is how to use the knowledge gained from these projects to drive forward the cultural change in all organisations"

Real Voices: Are they being heard?
Ann Coffey, March 2017



children as part of their core business and require a more in-depth and developed a 1 day enhanced CSE course to be delivered 3 times per year.

- Delivered a CSE basic awareness course specifically to the Responsible Authorities Group which is made up Environmental Health, Trading Standards, Licensing, Private Sector Housing Team, Immigration and Salford Drug and Alcohol service.

What difference has it made?

- *'As a result of the yearly increases, it's feasible to suggest that the 2016-17 data will also show an increase in offences. Arguably, these incidents are not indicative of more CSE offences being committed, but a greater awareness around CSE from both the police, partner agencies and the wider general public. As a result of this increased awareness, more crimes are being reported, which suggests a greater confidence in the police and services in regards to these types of offences.'*¹⁷
- *'This heightened awareness amongst the wider public is largely due to the work of the GMP and Project Phoenix across Greater Manchester with various initiatives to raise awareness in the community. The work being done in schools is also very important.'*¹⁸
- Re-design of CSE training has meant that demand for CSE training has been met and a greater number of agencies/practitioners have received CSE training and now have a greater awareness.

Key Challenges

- An increase in demand on services brings challenges with funding and resources e.g. CSE week of action
- Progressing local Protect and Avert operating models whilst having a joint Manchester and Salford Protect Team
- Inconsistencies in practice between Avert and Protect.
- CSE has dominated the sub-group agenda therefore the balance must be redressed.
- Quality of recording - no Home Office code exists for CSE offences, with a variety of codes being utilised. This can make searching for CSE crimes challenging, as not all crimes will have a CSE marker.
- Accuracy of data and intelligence gaps. Hopeful the electronic Protect referral will ensure more robust data.
- Effective risk management and robust disruption of adults who pose risk to children
- Social media plays a key role in a large proportion of offences, and increases can be seen in 'sexting' and 'peer on peer'.

Priorities 2017-18

- Review the CSE dataset to ensure accurate and meaningful
- Partnership to agree the sustainability of Salford remaining part of the wider Protect infrastructure.
- Ensure the subgroup coordinates local assurances on 'child sexual abuse'
- Participate in the week of action in June 2017 which will focus on issues relating to CSE in sport in Greater Manchester.

Additional Information:

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

Chris Walker

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

¹⁷ Child Sexual Exploitation Profile - Salford Division, Version 4, September 2016

¹⁸ [Real Voices: Are they being heard? Ann Coffey MP. March 2017](#)



Priority Area 4: Children Affected by Domestic Abuse

Background

Work to address domestic abuse 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 directly to the TDAB and to the SSCB Coordination 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 in 2016-17
- 390 (63%) MARACs 2016/17 involved children and young people under 18 years of age. A fall from the 64% recorded last year.
- 38.2% of Children and Family Assessments completed in 2016-17 identified domestic violence as a factor. Although the percentage has dropped the number are greater due to the rise in CAFAS being completed.
- Of the 424 children subject to a Child Protection Plan (March 2017) domestic abuse was present in approximately 52% of cases. This is believed to be because the conference chairs recognition of underlying risk factors within the home has improved.
- 65 (80%) of YPDAM referrals 2016-17 are regarding young people exhibiting domestic violence against their parents (majority mothers).¹⁹

"The SSCB drives improved multi-agency working. The board identified a gap in sharing domestic abuse notifications with schools, and this led to the SSCB initiating, and supporting, a pilot project to share domestic abuse notifications so that all schools now receive this information"
JTAI, September 2016

Key Achievements 2016-17

- The [CSP Strategy 2016-19](#) was published November 2016.
- Continued to have thematic SSCB meetings to monitor and evaluate the work on domestic abuse.
- Developed a consolidated action plan for the CDA Sub-group. This has combined the action plans from the thematic audit, CDV and the YPVA steering groups.
- Published the [Joint Inter-Board Protocol](#) which clarifies governance for domestic abuse.
- September 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Probation) undertook a Joint Targeted Area Inspection (JTAI) which included a 'deep dive' focus on the response to children living with domestic abuse. A number of key strengths were identified in Salford.²⁰
- SSCB Chair raised the issue regarding DHR notifications at the GM safeguarding Partnership in February 2017.
- Produced a [Domestic Abuse Seven Minute Guide](#) and [Guide to Working with Perpetrators](#) for practitioners
- STRIVE GM Behaviour Change Programme: the Greater Manchester Combined Authorities (GMCA) are piloting three models of behaviour change programmes for people who have been involved in low level domestic abuse. Salford is introducing 'Inner Strength' which is a voluntary strength-based approach to behaviour change (not a perpetrator's programme). Referral pathways and staff briefings will follow.
- Disseminated the JTAI and Domestic abuse multi-agency audit findings at the [SSCB Learning from Case Reviews and Audits Event](#) 31 March 2017.
- Salford local pathway has been added [Greater Manchester Domestic Abuse Policy](#) (Update 9).
- TDAB is developing a suite of DA performance indicators which will focus on the impact of services on outcomes for children and their families. This will enable the CSP to take effective action to improve practice and services.
- Utilised survey monkey to evaluate the impact of multi-agency DA training on practice and ensure practitioners feel sufficiently skilled. A task and finish group will take this work forward via the TDAB.

¹⁹ CPR3 Annual Report 2016-17

²⁰ [Joint targeted area inspection of the multi-agency response to abuse and neglect in Salford](#) (September 2016)

- Supported the GM domestic abuse [#SittingRightWithYou](#) campaign empowering Salford residents to report domestic abuse.
- GM LSCB Business Managers are now represented on the GM DA Partnership Board and TDAB/DA Partnership minutes are a standing item CDA Sub-group.
- Identification and Referral to Improve Safety (IRIS) is a two year pilot programme undertaken by the NHS Salford CCG in conjunction with Salford Women's Aid until March 2018. IRIS Project in Salford has 16 GP Practices in total who are engaging with pilot. The aim of the project is to identify indicators of domestic abuse within health and provide a client-centred approach in supporting victims of domestic abuse.
- Salford 'Holding families' is a substance misuse service which intervenes effectively when children are living with domestic abuse. *'One child stated after the family had received the service, 'Now they [my parents] have stopped arguing and my mum understands how I felt.'*²¹
- The STRIVE initiative continues to develop in Salford with Talk, Listen, Change (TLC) providing volunteer co-ordination to recruit and train local volunteers who assist PCSOs to conduct re-visits to addresses where there has been a callout for domestic abuse, but has been identified as a low risk incident.
- 'Real Love Rocks' and 'Black Eyes and Cottage Pies' theatre productions have been delivered to Salford schools. These initiatives are supporting children to better understand healthy relationships.
- Innovative approaches such as the Young People's Domestic Abuse Meeting (YPDAM) enable young people to access appropriate help and support to reduce the risk of their becoming perpetrators of domestic abuse in the future.
- The development of Young People's Domestic Violence Adviser (YPVA) role has enabled a more effective response to young people who harm. We now have 27 trained YPVA's.
- MARAC have recently evaluated a pilot of holding tri-weekly MARAC meetings and following the evaluation have returned to holding weekly meetings. It is reported that MARAC Meetings are well attended by practitioners from Children's Services, Early Help and Outreach which ensures the smooth running of the meeting and information sharing.
- YOS have offered intervention for most of the YPDAM cases through the 'Step Up' programme, which works with both the young person and family. 20 cases from YPDAM -4 have completed Step Up, 16 have done relationship work. Positive feedback was given to the inspectors during the JTAI from the young people and parents following the Step Up programme. The YPDAM is now increasing its focus upon referrals relating to intimate teenage relationships. The recent training with school staff should support this increase.
- 3 twilight sessions on domestic abuse and the impact on a child, to education staff. The attendees were from 4 high schools and 13 primary schools. Following on from the training, 20 education staff undertook the two day YPVA training. They will now join the other YPVAs on the peer supervision sessions that are run every 3 months. This programme will be running again in November 2017.



What difference has it made?

- We will utilise survey monkey to evaluate 'Real Love Rocks' with schools
- A 'deep dive' will demonstrate the effectiveness of the STRIVE model in Salford
- Essential Safeguarding Ltd Evaluations of Black Eyes and Cottage Pies: *'Staff attending the training reported feeling more confident to spot the signs and identify teenage domestic abuse and respond to disclosures'*.
- Salford IRIS GPs *'IRIS provides approaches to look at how we can get patients to disclose violence', 'learning actual DV statistics, that were higher than we thought' 'It will make me think more about listening and looking for opportunities to ask questions to women'* The prioritisation of DA and safeguarding by the CCG has led to increased GP awareness of children living with domestic abuse²¹
- Sitting Right With You evaluation: *'The combined traffic to the website from social media was 7,184 –the highest traffic driver of all channels. Visits to www.endthefear.co.uk rose by 26% in the initial weeks of the campaign.'*

Key Challenges

- High demand area
- Sustaining funding to address identified needs within Salford e.g. permanent Domestic Abuse Co-ordinator
- Tracking implementation of local and out of area Domestic Homicide Reviews (DHRs).

²¹ [Joint targeted area inspection of the multi-agency response to abuse and neglect in Salford](#)

- Low attendance at SSCB domestic abuse courses from social care has made it difficult to demonstrate the impact and effectiveness. This has been addressed at the Strategic Training Pool Group and then escalated to the Coordination & Delivery Group.
- Some professionals report they are still not confident and sufficiently skilled in working with perpetrators and high risk.
- Low level referrals for 16-17 years (regional and national issue)
- Ensuring priorities within CDV Sub-group Action Plan aligns with overall Community Safety Partnership Strategy
- Contributing to and integrating developments arising from GM DV Partnership Board.

Priorities 2017-18

- CDA Sub-group to adopt the [CSP strategy 2016 – 19](#), Protecting Vulnerable People section in respect of DA.
- Impact of updated training to be measured on quality of assessment and intervention planning.
- TDAB to map service provision and data intelligence
- Task and finish group to develop a suite of performance indicators in relation to domestic abuse
- Update the YPDAM Pathway
- Salford University to evaluate YPDAM model
- Request assurance from CSP about how commissioned services are evaluated e.g. behaviour change programmes
- Support CSP to implement the DA JTAI recommendations
- Continue to explore further opportunities to work with other local Partnership Boards and build on regional links/activity regarding DV.

Additional Information:

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

Lana Shannon

Interim Head of Safeguarding, Children Services
Children's Domestic Abuse (CDA) Sub-group Chair



Priority Area 5: Emotional Health and Wellbeing

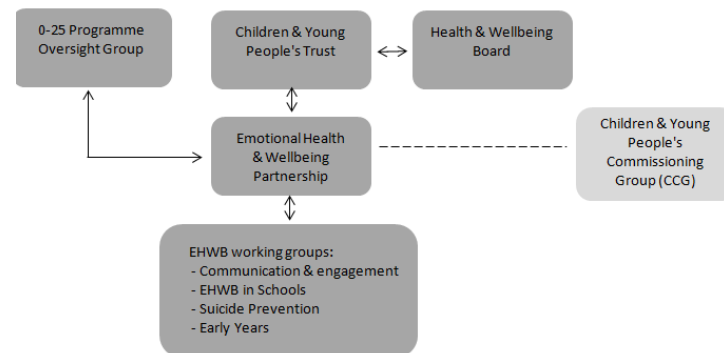
Background

The [Emotional Health and Wellbeing Partnership](#) is acting as the 'expert reference group' for the 0-25 test case and has formed themed sub groups to lead on priority areas including: early years, emotional health in schools, communication, transitions, suicide prevention and LGBT. An EHWB project team meets fortnightly and is responsible for implementation of agreed priorities and actions.

The CAMHS Transformation Plan links with 0-25 reporting arrangements, and is supported by a CAMHS Transformation Plan Project Implementation Group reporting through the CCG Children and Young People's Commissioning Group and Commissioning Committee and the joint 0-25 Integration Board and ultimately to the Health and Wellbeing Board.

The 0-25 Integration Board receives reports from the Programme Oversight Group (POG), which receives reports from the test for change project groups. The 0-25 Integration Board reports through to the Health and Wellbeing Board, Children's Trust and local Safeguarding Children Board.

- At 31 March 2017, 234 (55%) children in Salford were subject to protection plans under the category of emotional abuse. This is higher than any in other locality in GM and remains the highest category.
- 326 children and young people under 18 in Salford attended A&E due to self harm in between April 2016-March 2017, of which 124 were admitted.²²
- There were 8 deaths amongst 0-25 year olds as a result of suicide between 2011-2015 in Salford.²³



Key Achievements 2016-17

- Developed online [emotional health resources](#) for [young people](#) and staff, including a [service directory](#) of provision.
- GM [Young People and Self-Harm Policy](#) now links to the local directory
- Launched the i-Thrive model, a whole system and workforce approach to children's and young people's emotional wellbeing and mental health, 58 attended the joint launch event with Manchester February 2017
- Published [LGBT report](#) and recommendations on the emotional health needs and experiences of young people
- Audited multi-agency training needs of practitioners and developed a training and development plan which will inform commissioning of training provision in 2017.
- Engaged and consulted young people to find out what they want and need from services and staff. Developed a set of 'We statements' which describe their views and expectations of EHWB in Salford.
- Reviewed the arrangements for the transitions of young people from children's' to adult mental health services.
- Supported the SSCB [multi-agency self harm practice audit](#) which will inform improved pathways and services.
- Reviewed EHWB for Early Years
- Established a schools emotional health group to lead the a whole school approach, including drama workshops for Year 9s in secondary schools and PRUs around self harm, eating disorder and body image and suicidal feelings. Nine schools have volunteered as peer leaders to champion a whole school approach to emotional health and pilot the accreditation of Salford's [Emotionally Friendly Schools Framework](#).



²² Source data: SUS A&E/Inpatient tables

²³ Source: Primary Care Mortality Database

- Developing an emotional health dashboard of indicators. The dashboard will cover both 0-25 EHWP and CAMHS Transformation Plans and will be reported quarterly to the EHWP Partnership.
- Contributing and influencing the GM Mental Health Strategy and Work Programme around children's mental health, in particular the development of a GM service specification for core CAMHS, a GM wide approach to crisis care and perinatal mental health.
- 30 schools in Salford have participated in the schools/CAMHS link pilot, improving links and pathways and enabling direct referrals from schools to CAMHS, and 2328 Y9 students participated in the *'The Spiralling Mind'* drama workshops in 2017 across 19 places of learning in Salford.
- Local emotional and mental health services have worked collaboratively to improve pathways and services.
- SCC/CCG contract management and performance monitoring arrangements have been joined up and significantly improved.
- A CYP Suicide Prevention Sub Group has led on the review of evidence and influenced the development of Salford's Suicide Prevention Strategy and proposed objectives.
- New services / pilots have been developed directly in response to needs identified through 0-25 / CAMHS Transformation work, including a single point of contact for CAMHS, an early help locality pilot, an integrated first response/rapid access to support de-escalation of young people in emotional distress, and the development of a community eating disorder service.

What difference has it made?

- The 0-25 and CAMHS transformation work is really beginning to improve our understanding of need and development of a whole system approach, and improved pathways and support for young people in Salford.
- LGBT research helps us to better understand the experiences and emotional health needs of young people. The recommendations have helped to raise awareness of issues and improve delivery.
- After attending the ['Spiralling Mind' drama workshops](#), 85% of those who provided feedback reported an increased knowledge about self-harm, and 91% said they felt better equipped and knew where to go for help if they experienced mental health difficulties. As a result, the drama workshops have been re-commissioned for the 2017-18 academic year.
- Evaluations from the bereavement, attachment and loss conference - April 2016: *'Workshops offered valuable information to better support my work with children', 'drama performance was fantastic and very thought provoking' and 'I feel much better equipped personally and professionally to deal with issues of bereavement'*.
- i-Thrive is providing a platform to engage a wider workforce in providing an improved emotional health offer for children and young people. The CCG has commissioned the Centre for Public Innovation to undertake a detailed review of provision to see how 'thrive-like' our approach is and how we might need to change the way we work to meet future need.

Key Challenges

- An emerging devolution agenda around children's mental health is beginning to challenge how well the system is supporting young people and additional resources have been allocated to commission new services such as Crisis Care across the GM footprint.
- The Council and CCG continue to consider how funding and commissioning arrangements can be aligned to provide the best children's and young people's emotional health services.
- Significant demand on children's mental health services, and excessive waiting times. This is a key driver for transformation work and collaboration with schools and primary care to ensure the referrals are appropriate and timely.
- Improved integration of commissioning and delivery arrangements and flexibility to move investment 'up stream' to improve capacity where it's needed, with an increased focus on prevention and early help.
- Improved transition arrangements for young people from primary to secondary school, to further and higher education, as well as from children's to adult mental health services.

Priorities 2017-18

- Implement the key deliverables of the Emotional Health and Wellbeing test case (2016-2018):
 - Refresh and republish CAMHS Transformation Plan
 - New commissioning arrangements (CAMHS, tier 2)
 - iThrive Hub – local development and implementation

- Improved Transitions 16-18
- New and improved pathways
- Emotional Health in Schools
- Implement 'Ambitions'
- Training and workforce development plan
- Joint communications and engagement (SCC/CCG)
- To better understand why more children in Salford were subject to protection plans under the category of emotional abuse than in any in other locality in GM.
- To monitor children's admission to hospital for self-harm and seek assurance of the effectiveness of early support pathways.

Additional Information:

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

Debbie Blackburn

Assistant Director Public Health Nursing, Salford Council

Executive Lead on 0-25 Integration Test Case Emotional Health & Wellbeing into CAMHS

Emotional Health and Wellbeing Partnership Chair

E-Safety and Anti-bullying Sub-group

Background

Parents and professionals working with children and young people have to try to keep pace with the latest technology and reiterate the key principles of having healthy and positive relationships and understanding the permanence of online bullying remains a key concern of young people, particularly online, using social media. As trends of sexting and risks of grooming continue to grow it is important the SSCB supports children and young people to be safe in the online world and protect themselves and others.

Key Achievements 2016-17

- 1056 children and young people participated in the annual anti-bullying survey. The survey highlighted that 95.8% feel confident that their school will respond effectively to bullying; an increase from last year 88.9%.
- The [Respect Programme](#) has been delivered to 9 primary schools (approximately 450 pupils). It is aimed to educate young people, tackling diversity, hate crime, respect, anti-bullying, homophobia, racism, sexism etc.
- Continued to deliver multi-agency e-safety seminars and e-safety is incorporated into CSE training.
- Developed a local response to hate crime campaign aimed at young people and professionals with a one Salford message. A series of workshops were delivered by the Youth Council as part of the national campaign 'Don't Hate Educate'.
- Supported the '[Let's End Hate Crime](#)' week of action 6th – 10th February 2017. Disseminated the social media toolkit to partners. [#WeStandTogether](#)
- Supported second phase of the Home Office '[Disrespect Nobody](#)' campaign which focused on consent and sexting. Disseminated the partner brief and supporting materials.
- A local online safety campaign was sent out via social media at Christmas targeting parents to consider age appropriate technology and games and privacy settings.
- Delivered a briefing on sexting to school governors and developing a sexting toolkit for schools.



What difference has it made?

- 70.87% of secondary and 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 continue to evidence a strong impact on the young people's behaviour and the cultures in the school. *'I really value the focus on positively. It really helps children (particularly the vulnerable ones) to see the good in each other and themselves. It is effective in raising their awareness of wider issues and their role in the community'* - School Teacher.

Key Challenges

- Developing social marketing campaigns with greater expertise, reach and evaluating impact
- Engaging with parents and carers on safety issues

Priorities 2017-18

- Continue to utilise social media to disseminate key messages, survey findings, training etc.
- Continue to monitor attendance at e-safety training
- Complete the sexting campaign for schools and evaluate impact
- Develop a sexting [7 Minute Briefing](#) for practitioners
- Complete the 'Don't hate Educate' campaign in partnership with the GM 'Lets End Hate Crime' campaign
- Complete the annual anti-bullying survey
- Support the Anti- Bullying week in November 2017
- Support the [Share Aware NSPCC campaign](#), supporting parents to help keep their children safe online

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/

Tim Rumley

Senior Youth Work Manager, Integrated Youth Support Services
E-Safety and Anti-bullying Sub-group Chair



Priority Area 6: Complex Safeguarding

Background

The Complex Safeguarding Task and Finish Group coordinate's assurances regarding prevent, modern slavery, organised crime, female genital mutilation (FGM) and emerging safeguarding issues. Links with GM Programme Challenger, Operation Gulf and the GM DCS lead for Complex Safeguarding are continuing to develop and inform local responses to organised crime and modern slavery in Salford.

The **FGM Task and Finish Group** is accountable to the TDAB and reports to the SSCB via the Complex Safeguarding Task and Finish Group. The FGM Task and Finish Group attends the GM FGM Forum and links into the GM Safeguarding Partnership work via the work on complex safeguarding.

The **Prevent and Channel Oversight Panel** sits under the CSP. The Programme Board for the CSP provides scrutiny of both the Panel and Working Group.

Key Achievements 2016-17

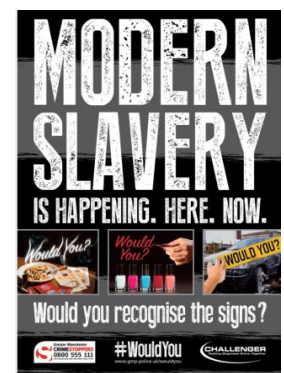
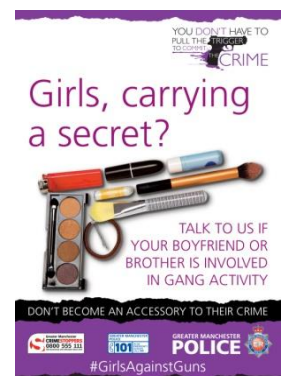
- Local representation at the GM County Lines conference 30th March 2017
- Promoted GMP 'Girls Against Guns' campaign (October 2016) which launched following a steady increase in firearm discharges across Greater Manchester.
- Complex Safeguarding [Practitioner Forum](#) 15th March 2017
- GMP have developed [threat to life guidance](#) (GM Policies update 9)

Modern Slavery

- Supported the GM modern slavery week of action (WOA) 17th October 2016 to enforce, disrupt and prevent activity.
- Operation Challenger provides GM modern slavery data which is helping to build an intelligence picture. Identification and reporting is improving. In 2016 there were 137 modern slavery crimes recorded in GM and GMP received 757 pieces of intelligence. There has been a year-on-year steady increase since recording began in 2012.
- Developing of local poster for modern slavery to raise awareness in Salford
- Developed a comprehensive multi-agency complex safeguarding training package which includes:
- Local seminars regarding modern slavery, organised crime, FGM, forced marriage. All seminars hyperlinks to national e-learning.
- Operation Challenger developed a train the trainer's modern slavery package for local leads.
- Developing a local pathway and toolkit for practitioners
- GMP is an early adopter of the independent [child trafficking advocate scheme](#). This team will be managed by the modern slavery unit.
- Operation Challenger has developed a GM Modern Slavery Response Network strategy and programme plan with four work streams (Information Sharing, Victim Protection, Awareness Raising Monitoring and Evaluating)

FGM

- Continued to coordinate the local work incorporating both the GM strategy and action plan and the national emerging statutory guidance, work streams and safeguarding issues related to FGM.
- The [Salford FGM pathway](#) for children under the age of 18 years was adopted by the GM FGM Partnership for the [GM FGM Policy](#). GM FGM Policy has been updated to reflect the national statutory guidance.
- A Salford adult FGM pathway and a FGM health pathway are in development pending review and agreement via local governance processes.
- Promoted the NHS FGM campaign (July 2016) to raise awareness of the health implications of FGM.



- Local Health Trusts and Primary Care continue to report FGM via the HSCIC national reporting system to the DoH. Salford appears to be performing well in comparison to other areas with their numbers of identified and reported cases.
- Information on identified FGM cases is captured within the quarterly SSCB performance report. Salford FGM data for 2016-17 has identified that there were 125 referrals into the Bridge Partnership where FGM was a feature. 50 newly recorded cases (women and girls) of FGM in Salford for 2016-2017.²⁴
- Reviewed the local single agency and SSCB multi-agency FGM training available and introduced the core GM training standards for FGM within Salford.
- GM SARC provision continues to be commissioned and delivered by AFRUCA and NESTAC to support children referred for FGM.
- The Guardian Project is a new service across Greater Manchester aiming to safeguard and support girls and young women affected by FGM.
- Developed and disseminated a [FGM 7 Minute Briefing](#) in support of the FGM week of action February 2017.

Prevent

- The Prevent and Channel Oversight Panel meets every six weeks to review Channel referrals and agree interventions for those individuals vulnerable to extremism
- The Panel oversees the delivery of the prevent strategy action plan across the city.
- Developed a schools survey to self assess their awareness of prevent and identify areas of improvement
- Briefed head teachers and school governors on prevent issues.
- Rolled out online training resource for partner organisations.
- Provided Home Office WRAP training to frontline staff.
- Set up a multi-agency cohesion working group to develop ways to foster good community relations.
- Completed a counter terrorism profile and self assessment in relation to prevent
- Monitored, responded and managed a number of prevent and cohesion tensions across the city
- Commissioned and delivered training to front line staff and councillors on managing conflict

What difference has it made?

- Operation Challenger WOA evaluation: *'207 addresses have been visited across the force resulting in 14 Police arrests and 13 Immigration arrests. This has resulted in the recovery of 18 potential victims of trafficking of which 2 has been entered into the National Referral Mechanism, 10 are Duty to Notify'*
- Girls Against Guns campaign *'was innovative and used a striking image to generate conversation about a very difficult and sensitive topic'* and *'intelligence submissions during the month of the launch rose by 16 per cent'*.
- GMP Neighbourhood Survey: Salford remained static, 56% of people who feel they can influence decisions made in their local area, similar to the GM average of 54%. This is a key indicator of community cohesion.
- There has been a rise in the numbers of referrals of cases the Bridge where FGM was indicated to be a feature. This is believed to be because there is heightened awareness and recognition among professionals and communities.

Key Challenges

- Complex safeguarding is an emerging landscape and difficult to identify
- Contributing to and integrating regional developments whilst continuing with local activity
- Data is developing and therefore currently gives a limited picture of local activity.
- Impact of welfare reform on families in Salford

Modern Slavery

- The Modern Slavery unit does have the capacity to continue co-delivering local multi-agency seminars. This has been escalated to GMSP and GM LSCB Business Managers meeting.
- GM data does not drill down to Salford

FGM

- Quality assurance of local data recording of activity.

²⁴ [FGM Annual Report 2016/2017, NHS Digital, July 2017](#)

- Level of regional and local service provision available to meet the needs of individuals and communities.
- Engagement with public and communities.

Prevent

- Limited trainers to deliver WRAP multi-agency training
- Increase in referrals to Prevent and Channel Oversight Panel and in hate crime incidents.
- Data for radicalisation and extremism is limited and no mechanism to monitor activity on a regional basis.
- The wider cohesion agenda, such as challenging intolerance and building trust in communities.
- Right wing extremism is prevalent in some parts of GM. There are concerns from Government and Ofsted about unregistered and unlicensed premises that increase the risk of radicalisation.

Priorities 2017-18

- Clarify the long term governance of the Complex Safeguarding Task and Finish group.
- Consider emerging safeguarding issues e.g. County Lines and 'Beds in Sheds'.
- Develop a Salford Complex Safeguarding Strategy
- Build on links with community groups and third sector to ensure effective engagement
- Further develop robust local data reporting mechanisms to improve referral rates
- Consider coordinating a complex safeguarding conference for practitioners and communities
- Continue to support national and GM campaigns to raise awareness of complex safeguarding issues.
- Continue to build on links between regional and local activity and explore further opportunities to work across GM.

Modern Slavery

- Develop a plan on a page for the public and professionals
- Develop a local poster for the public and professionals
- Operational Challenger to consider developing a GM model to deliver multi-agency training. Single agency training provision should link to this model.

Prevent

- Implement the restricted Counter Terrorism Local Profile (CTLP) Prevent Action Plan, sharing practice across Salford and provide a communication network.
- Develop a multi-agency pool of prevent trainers.
- Review the local multi-agency violent extremism pathway
- Review the local scrutiny arrangements to strengthen leadership and governance.

FGM

- Continue to deliver the FGM seminar as part of the multi-agency complex safeguarding training model
- Provide quarterly reports to the TDAB and the SSCB Complex Safeguarding Task and Finish Group
- Continue to quality assurance local data and contribute to the GM and national data set collection. Review of national data recording to support local work on FGM
- To continue to develop the local FGM action plan and FGM profile.

Additional Information

- www.partnersinsalford.org/sscb/complexsafeguarding.htm
- www.gmp.police.uk/wouldyou
- www.salford.gov.uk/crime-reduction-and-emergencies/emergencies

Deborah Blackburn

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

Andrea Patel

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

Jeanette Staley

Head of Community Safety
Prevent and Channel Oversight Panel Chair



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.

- 1460 episodes of children in Salford reported MFH to GMP 2016-17, an increase from 2015-16 when it was 1267. This is the highest number recorded in the 6 years and has been monitored closely and performance in following up return interview has been good.
- 1325 (90.8%) of return interviews were completed in 2016-17
- 80 children missing from education (CME) in 2016-17 which is a major fall from the 524 recorded in 2015/16.

Achievements 2016-17

Missing from Home and Care

- Quarterly MFH/care reports are scrutinised at the Sexual Abuse and Exploitation Sub-group.
- 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.
- Sharing of intelligence between the MFH team and police from West and East Divisions continues to enable successful disruption/prevention work.
- Salford Children Services continues to work closely with the Police in the delivery of the out of hours MFH service. The service focuses 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.
- Salford University have evaluated the pilot project. It recommended GMP to establish a dedicated officer on each shift that takes on this work.
- Salford have been selected to pilot a Children Society led project '[Footsteps](#)' which has been funded by the Police and Crime Commissioner to reduce children going MFH who have experienced between 2 and 5 episodes within a 12 month period. A GM referral process map has been developed.
- [GM MFH and Care Policy](#) was updated in November 2016 to include the Greater Manchester Safeguarding Partnership Missing from Home Helpline.
- SSCB [MFH seminar](#) has been updated and delivered alongside the Children Society and the Police.
- Funding has been agreed for Unity Radio to engage with persistent MFH young people on the evening programme.
- GMSP have developed a GM MFH action plan and GM DCSs oversee the implementation.

Children Missing from Education (CME)

- Robust arrangements in place to track CME. This process is overseen by the EWS coordinator every week to ensure all referred cases are actively being tracked, monitored and recoded appropriately.
- All schools have been briefed on the CME statutory guidance, September 2016 to ensure schools fully comply with the new requirements.
- Regular CME team meetings to review the processes and implement learning
- CME is now a standing item at monthly MFH meetings.
- Agencies can now complete an [online referral form](#) to notify the Local Authority of CME or if a child is not receiving suitable education provision.

- Facilitated an Elective Home Education [Practitioner Forum](#) 11th January 2017
- Developed [EHE good practice guidance](#) and [policy for parents/carers](#)

What difference has it made?

Missing from Home and Care

- The seminars, road shows and national media message have increased awareness about reporting children missing. This increased awareness is reflected in the rise in the numbers of children reported MFH.
- Number of return interviews completed within 72 hours of notification – 82.7% (Year end 2016-17) compared to 26% prior to the project launch.
- *'The pilot has helped to reduce the number of missing from home episodes', 'improvement in the working and organisational relationships between GMP and partner agencies in this field' 'The pilot has all the elements that the HMIC identify as key factors in developing the most effective responses to this issue.'*²⁵
- The 'Footstep' pilot will start in April 2017 so it is too early to evaluate the impact. It is hoped the interventions for those MFH 2-5 times reduces the number of Salford's missing episodes.



Children Missing from Education (CME)

- Having a team to carry out this function has reduced the risk of gaps in the service.
- No longer have to await for a home visit request from a partner agency

Key Challenges

Missing from Home and Care

- Future funding for the MFH project
- Despite successful disruptive activities the MFH episodes continues to rise
- Limited GMP resources and attending in uniform
- Agencies not consistently notifying missings/returns over the weekend
- Information sharing and/or affective planning of high risk young people placed in Salford by out of area local authorities.
- A small number of young people from the care system regularly being classified as
 - 'absent' when their whereabouts are unknown and there are significant risks associated; Or
 - 'missing' when their whereabouts are known and the risks previously associated have reduced

Children Missing from Education (CME)

- Increase in CME notifications
- Children might have been taken off the school roll 'unlawfully'
- Parents may choose home education to avoid prosecution
- Limited duty to regulate home education provision

Priorities 2017-18

Missing from Home and Care

- Develop a local pathways for MFH/Care and referral pathway for 'Footsteps'
- Improve links with private providers regarding children placed out of area and go missing
- Build on links with other local authorities who place looked after children in Salford to agree responsibilities and ensure information is shared when other agencies are commissioned to complete return interviews.
- Launch a six weekly governance meeting to review interventions and critically scrutinise performance.
- Establish service user feedback mechanisms to enable the experiences of young people to inform the service.
- Review older looked after young people's contact arrangements with family and friends.
- Distribute MFH leaflets to practitioners and the community

²⁵ Salford Missing from Home Pilot: Evaluation Report, University of Salford

- Undertake return interviews with young people from the care system who are reported as 'absent' to monitor their behavioural trends and share intelligence with the police
- Localise the MFH Risk Assessment Plan
- Develop a MFH step by step guide for practitioners.
- Develop a MFH safety plan template to complete with young people

Children Missing from Education (CME)

- Develop IT systems to include alerts to ensure cases are reviewed regularly
- Attend the regional CME meetings to share and develop best practice
- Develop and deliver a CME/EHE seminar for partner agencies
- Develop a CME and EHE [7 minute briefings](#)
- Support the development of a GM CME policy and develop a local referral pathway

Additional Information

- www.gmsafeguardingchildren.co.uk/missing
- www.salford.gov.uk/schools-and-learning/info-for-parents-students-and-teachers/

Phil Varghese

Service Manager Next Steps (Leaving Care Service)

Missing from Home Operational Group Chair

Gail Leach

Business Manager, Education Welfare Service (EWS)



Other Sub-group 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 2016-17

- Effective and skilled group of professionals who attend and contribute on a monthly basis.
- 8 referrals to the Sub-group in this reporting period. The outcomes included:
 - 2 Multi-agency Concise Reviews (including 1 SCR Screening Panel)
 - 1 Multi-agency Actions
 - 3 Single Agency Actions
 - 1 Self Harm Practice audit and Critical Friend Review Model
 - 1 No Further Action (NFA) Required
- Total of 2 Ofsted notifications received in 2016-17.
- Facilitated a practitioner learning event regarding SCR Child R in June 2016.
- [Published executive summaries of multi agency practice audits](#)
- Facilitated an annual learning event 2017: [learning from case reviews and multi-agency practice audits 31st March 2017](#).
- Distributed regular NSPCC repository updates to inform local practice improvements.
- Developed and piloted a 'Critical Friend Model'. It is a supportive but challenging approach to assist the subgroup highlight agency strengths and identify areas for improvement.
- Coordinated a self harm multi-agency practice audit in partnership with EHWP to inform practice improvements.
- [Child N SCR](#) – Board and single agency action plans are complete and verified
- [Adult/Child 15](#) – Board and single agency action plans are complete and verified
- Child S- Board and single agency action plans are ongoing. Subgroup members are verifying action plans.
- [Child R SCR](#) - published the overview report and SSCB action plan in March 2017.
- Developed [multi-agency chronology](#) guidance
- Bolton 'Be Safe Partnership' attended the SSCB in December 2016 to update on the DHR. The multi-agency action plan is complete and the report briefing has been disseminated to partners.
- DHR notifications- SSCB chair raised the issue at the GMSP in February 2017
- Aligned the multi-agency practice audit calendar 2017-18 to the anticipated future JTAI themes and model

What difference has it made?

- Annual Learning Event Evaluations: 'thought provoking and made me reflect on my practice' 'learnt things that I was not aware of' and 'more able to take on the role of Lead Professional'.
- Child R SCR Panel Evaluations: 'The best yet. It is very rare for an SCR to advance with so few difficulties. The commitment of the agencies and panel members has been extremely welcome.' SCR Child R- Independent Reviewer

"The Learning Event I attended was very supportive from the outset. I was concerned there would be blame attached to staff and this was not the case."

The multi-agency chronology was very powerful and this has taught me as a manager to ensure chronologies are updated as well as reviewed. You can see patterns forming and can see the 'journey' for the young person."

Perspectives from each service was taken into account. The session was fun and empowering by creating a 'wish' list. You were listened to!"

Early Help Locality Manager (0-25 Pilot)
Child R SCR – Practitioner Feedback

Key Challenges

- Significant reduction in the number of cases referred into the subgroup
- Balancing demand and budget pressures
- Ensuring the learning is meaningful for front-line staff in order to improve outcomes.
- No performance and quality assurance officer to undertake thematic audits. Reliant on the good will of key statutory agencies.
- Parallel GMP investigations can impact on review timescales
- SCRs will be undertaken by a National Practice Review Panel and local practice reviews will continue but the arrangements for decision making are yet to be published.

Priorities 2017-18

- Develop a self harm audit action plan with the EHWP
- Develop a generic multi-agency audit tool that can be modified /applied to all themed practice audits.
- Consider proposals on local 'practice reviews' and make recommendations to the Board
- Revise the local policy and GM procedures
- Continue to explore further opportunities to work with other local Partnership Boards and build on regional links/activity
- Consider other communication mechanisms to disseminate learning

Additional Information:

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

Sharon Hubber

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

Learning & Improvement, Performance & Quality Assurance Subgroup

The Sub-group is joint with the CYPTB with reporting arrangements to each Board.

Key Achievements 2016-17

- Facilitated a development session in July 2016 to review performance indicators and the Sub-group TOR.
- Piloted the new [GMSP 5.11 self-assessment toolkit](#). Subgroup members have verified 32 agency self-assessments.
- Organised a verification panel 9th March 2017 to quality assure agency action plans and supporting evidence. The outcomes included:
 - Complete (8)
 - Being Verified (13)
 - Awaiting Verification (8)
 - Verify next year (3)
- 78 schools have completed either the GM toolkit or the [Schools Safeguarding Standards](#). School governors will verify school audits.
- Organised 3 workshops in preparation for improvement activities and developed a self-assessment template for agencies. Workshops included:-
 - Readiness for Inspection and Triangulation Arrangements
 - Self Assessments
 - Inter-agency Challenge
- Quarterly safeguarding performance reports are critically reviewed by the Sub-group and the Board. The SSCB continues to refine the multi-agency dataset which aligns to the Board's priority areas. This is supplemented with a core dataset from Children Services ([appendix 6](#)).
- Developed an assurance proforma for Board themed priority leads – to help map out the data process and sources. This has informed the SSCB operating model and has been successfully piloted.

- The subgroup Chair has met with themed priority leads (CSE, Neglect, DA) to formally agree routine data collection and review gaps. Themed priority leads are now invited to themed subgroups to inform discussions.
- Performance monitoring is gradually moving away from a process focus. The subgroup scrutinises themed assurance reports from relevant priority areas subgroups. This enables the subgroup members to review the impact of services and challenge and facilitate improvement regarding a key strategic Board priority.
- The group continues to monitor escalation notices in order to identify areas to improve practice.
- A proposal to appoint a joint performance and quality assurance officer with SSAB was tabled October 2016. Members agreed to a full time-fixed term post for two years. The job evaluation process is complete.
- The Subgroup continues to work closely with the TDAB and the CSP to develop a suite of DA performance indicators which will focus on the impact of services on outcomes for children and their families.

What difference has it made?

- GM S.11 toolkit feedback: *'succinct and good evidence based model', 'very useful tool providing time to reflect to ensure we are fully complaint' and 'tool will be shared with staff during next staff training day.*
- Dataset narrative tells the story behind the data and highlights changes within practice.
- The Salford *'partnership is committed to evaluating the quality of multi-agency work'*²⁶ and the performance monitoring arrangements are continuing to develop to enable better understanding of the quality of frontline practice.

Key Challenges

- Unclear if S.11 will remain a statutory duty with the proposed abolition of LSCB's.
- Engaging independent schools with s.11 audits
- Limited information on GM devolution work streams regarding performance and quality assurance
- Delayed implementation of the Greater Manchester Children's Safeguarding Standards Board.
- Intermittent gaps in data and analysis which inhibits the Boards ability to effectively scrutinise frontline practice
- Developing robust definitions for performance indicators
- Aligning priority area subgroup meetings to the Board 'themed' forward plan
- Incorporating GM datasets and the evolving work from other local Partnership Boards
- Agency attendance at the subgroup has impacted on the capacity to undertake work within specific timeframes.
- Limited the ability to scrutinise the effectiveness of early help. See [Priority Area 1](#).

Priorities 2017-18

- Continue to ensure agencies implement learning from the S.11 audit.
- Contribute to the proposed local plan 2018-19 for the partnership moving forward and consider an annual development session for the Sub-group
- Agree the model and tool for the next S.11 tool
- Review the Sub-group membership to increase capacity
- Recruit a SSCB/SSAB Performance and Quality Assurance officer
- Continue to facilitate themed deep dives with themed priority leads to formally agree routine data collection and review gaps.
- Continue to explore opportunities to work with other local Partnership Boards and build on regional activity.

Additional Information:

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

Andrea Patel

Designated Nurse Safeguarding Children & LAC, Salford CCG

Learning & Improvement, Performance & Quality Assurance Subgroup Sub-Group Chair

²⁶ [Joint targeted area inspection of the multi-agency response to abuse and neglect in Salford](#) (September 2016)

Child Death Overview Panel (CDOP)

The CDOP is a statutory Sub-group of the 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 2007 BSW CDOP has recorded 663 child deaths
- In 2016-17 BSW CDOP received 72 notifications, of these 19 notifications (26%) were children normally resident in Salford. Salford has had a decrease from a peak of 27 in 2014-15 to 22 in 2015-16 and 19 in 2016-17.
- The panel closed 68 cases in 2016-17 of which 21 (31%) were children normally resident in Salford. Of the 21 cases in Salford 16 (76%) were concluded within 12 months of the original notification.
- In 2016-17 of the 13 (62%) of the Salford cases closed were children under 1-year-old. These deaths have consistent themes around prematurity, parental smoking (particularly by mother during pregnancy) low birthweight and a high maternal BMI.
- Of those, 7 of the 21 cases (33%) from Salford were identified as having modifiable factors. These are cases where the panel felt that there were factors which may have contributed to the death of the child. Where modifiable factors are identified consistent features are smoking by mothers in pregnancy, prematurity and associated low birth weight
- In 2016-17 the CDOP identified 3 SUDI cases in Salford. 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.
- Based on these cases the CDOP made recommendations to the SSCB around parental smoking, mothers BMI, and prematurity all linked to deaths of children under 1 year old. These recommendations were replicated across Greater Manchester to the Directors of Public Health as well as a wider Public Health Sector Led Improvement plan across the North West.

LA	Notified Cases				Total
	2013/14	2014/15	2015/16	2016-17	
Salford	16	27	22	19	84
BSW total	57	63	72	72	264

Key Achievements 2016-17

- The Board is updated annually in detail about the BSW CDOP and GM CDOP activity.
- The CDOP data collection process and analysis has developed both locally and across Greater Manchester.
- Contributed to the GM Sector Led Improvement Plan (SLI) and developed a local plan.
- The SSCB Case Review and Audit Sub-group review any complex child deaths which meet the referral criteria for an in-depth multi-agency review.
- Supported the [Lullaby Trust's](#) national Safer Sleep week of action March 2017 by disseminating the campaign toolkit to partners. [#saferleepweek](#)



Key Challenges

- To draw conclusions from a relatively small number of cases each year.
- In complex cases, or deaths where an inquest needs to be held, the length of time taken from notification of the death to closure of the case can be extended.
- Funding for the Safe Sleep campaign has now ended and it should be embedded in universal services.
- The Wood Report 2016 made recommendations about the population sizes a CDOP should cover and the creation of a national database. The report also identified that CDOPs should sit under the Department of Health rather than the Department for Education. Whilst it is universally agreed within CDOPs that the DoH is the appropriate body to hold the CDOP brief the 'hand over' has not yet taken place. This means that recommendations regarding a national database and the configuration of CDOPs remain in a state of limbo.
- The quality of the GM CDOP dataset is variable in some categories.

Priorities 2017-18

- Salford CDOP Working Group to implement the local Sector Lead Improvement Action Plan
- Ensure the local Case Review and Audit Sub-group monitors the implementation of the SLI plan
- BSW CDOP panel and public health lead to continue to conduct reviews, monitor the number of child death notifications and consider the GM CDOP recommendations 2016-17.
- BSW CDOP along with others in Greater Manchester continue to collaborate to establish common practices and produce joint annual reports using common datasets.
- Attend the regional conference in November 2017.

Additional Information:

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

Mick Lay

BSW CDOP Independent Chair

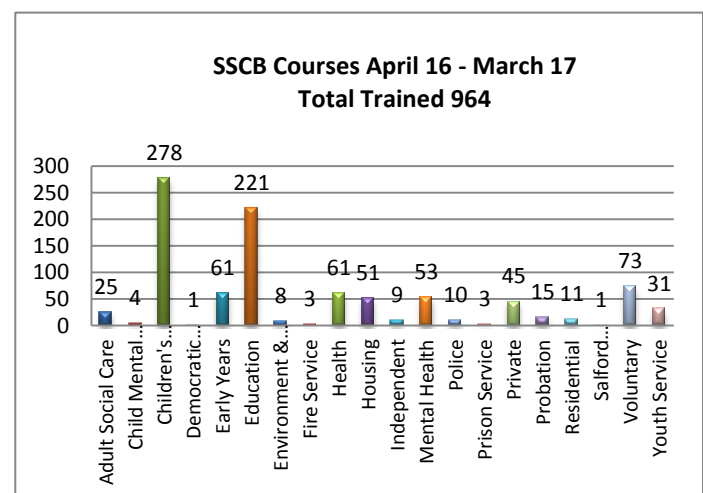
Deborah Blackburn

Assistant Director Public Health Nursing, Salford City Council
Salford CDOP Working Group Chair

Strategic Training Sub-group

Key Achievements 2016-2017

- The SSCB provides a comprehensive annual programme of learning and development opportunities linked to Board annual priorities, core knowledge requirements, and emerging issues and lessons.
- Published a [SSCB Learning and Development Strategy 2016-18](#)
- A wide range of multi-agency training is delivered, supported and accessed by partner agencies.
- Continued to monitor attendance at multi-agency training aligned to priority areas
 - Over 1800 delegates have accessed a SSCB course, seminar or learning event which included over 80 face-to-face learning opportunities including a choice of 19 courses, 20 seminars, and a learning event.
 - 7% increase in practitioners accessing a course, seminar or learning event compared to last year.
 - A number of national e-learning courses are accessible for practitioners to access free of charge, most cover the SSCB priority areas.
 - Education and Children Services continue to be the largest agencies that access the training programme
 - Increase in attendance from the Voluntary Sector, Housing and Young People's Services
 - Multi-agency partners are integral to delivering the multi-agency training programme - there are around 50 training pool members.
- All courses were updated in the light of national policy revisions, SCRs, local audits and case reviews.
- Continued to ensure the training pool has a good representation and professionals are committed to deliver the training programme.
- Specialist mini-training pools write, revise and deliver specific courses and seminars 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.
- Domestic abuse training has been evaluated to measure the long term impact on practice, their agency and improve outcomes for children via a survey.
- Agencies who have had their safeguarding courses verified by the SSCB are encouraged to record and submit the delivery and impact of single agency training particularly those that reflect the SSCB priorities.
- The SSCB and SSAB developed and delivered in partnership an 'Introduction to Safeguarding Everyone' course.



- The SSCB has established good working relationships with the EHWP in relation to developing Self Harm and the Emotional Health of Children and Young People training. Plans are in place to develop further training.
- Continued to work with and identify single agency training champions to support partners to deliver single agency safeguarding training.
- SSCB training is being accessed by agencies that have never accessed the SSCB programme before.

What difference has it made?

- Foundation Course: *'I feel it has had a positive impact on my knowledge base and therefore subsequent working practice'* April 2016
- Safeguarding Updates and Developments (Refresher): *'I have completed the learning diary during the course to highlight specific areas I would like to take back to my team e.g. voice of the child - in order to reflect on current practices and improve practices further'* January 2016
- Safeguarding Older Children: *'I will be more confident with the safeguarding process. I will be more understanding with adolescents. Always remembering that young people are still children'* October 2016
- Domestic Abuse- Impact on Children: *'A hard topic delivered with enthusiasm, dedication, full of knowledge everyone was able to share their views in a well created and safe environment. I have learnt a great deal.'* November 2016
- *'Health professionals stated that they value this training, particularly for the opportunities to network and develop their understanding of other professionals' roles and responsibilities'*²⁶

Key Challenges

- Unclear if multi-agency training will remain a duty with the proposed abolition of LSCB's.
- Difficult to monitor usage of national e-learning
- Verification of single agency training
- Budget pressures and resources e.g. venues
- Identified trainers are required to deliver sexual abuse and working with resistant families courses
- Mapping of training provision across other local partnership Boards

Priorities for 2017-18

- 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
- Continue to explore further options to work with other Partnership Boards
- Continue to evaluate the quality and impact of multi-agency and single agency training on frontline practice.
- Further embed the [SSCB Learning and Development Strategy](#) outlines the LSCB's to meet workforce development needs, standards for training and national requirements.
- Prepare a proposal paper to agree if the Strategic Training Sub-group should become a joint with SSAB
- Contribute to the proposed local plan 2018-19 for the partnership moving forward and consider an annual development session for the Sub-group

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 2016-17

- GMSP have agreed to adopt our local communications strategy
- Continued to disseminate e-bulletins to partners ([0-25 Programme Briefings](#), [AIRC Newsletters](#), QUIP, [Tri-x policy briefings](#), [NSPCC newsletters](#) etc.)
- SSCB website for all stakeholders continues to be updated e.g. [latest news](#)
- Continued to support Greater Manchester weeks of action related to priority areas to promote the work of the Board and improve community awareness. See [Priority Areas 1-7](#) for more information.
- Supported phase 2 of the DfE “[Together we can tackle child abuse](#)” campaign to encourage members of the public to look report child abuse or neglect. We distributed the campaign toolkit. [#tackleabusetogether](#)
- We continue to utilise GM/partner agency social media platforms to disseminate key messages.
- We utilise regional promotional materials for local events.
- Introduced ‘[7 minute briefings](#)’ for practitioners.



What difference has it made?

- Web activity is monitored to assess the effectiveness and reach 59,601 page views in 2016-17

Key Challenges

- To measure the impact of campaign activity and weeks of action
- Limited budget available for campaign resources.
- Capacity to maintain SSCB seasonal e-bulletins
- Linking to the GMCA communications group activity
- Maintaining momentum for a local activity whilst GM systems are being established.
- Proposal to replace the ‘[partners in Salford](#)’ website. We use this to host our [Board website](#).

Priorities 2017-18

- Continue to support local and regional campaigns that link to Board themed priority areas
- Contribute to the consultation on the ‘*partners in Salford*’ website
- Consider other mechanisms communication and engagement with stakeholders
- Consult with practitioners to understand the best channels for communications engagement
- Conduct a mapping exercise of engagement forums and communication channels
- Continue to map weeks of action for GM and link to local activities
- Consider a inter-board engagement strategy across the local strategic boards
- Continue to promote the latest news page

Additional Information:

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

Debbie Blackburn

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

Voice of the Child Advisory Group

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 2016-17

- The first Voice of the Child Advisory Group meeting with a refreshed membership and approach took place on 17th January 2017. SSCB/CYPTB partner agencies will present and be challenged on how they hear the voice of the child in their respective organisations.
- Refreshed the subgroup terms of reference and a young person now co-chairs the meeting.
- Salford celebrated all that's good about young people on the sixth and best [#SalfordYouthDay](#) (11 August 2017).
- Youth Council safeguarding representatives continue to attend the sub-group together with young people from the Young Carers Forum, the Fight for Change Council, LGBT group and You Can Disability Group.
- Viewpoint a web-based consultation tool continues to be rolled out.
- [Seldom Heard Event](#) 20 October 2016, organised and facilitated by young people from the Youth Council and Young Carers Board. The event allowed the young people to express their views on the city and their place in it. The city leaders made pledges for action to benefit young people.
- [Takeover Day](#) 9th March 2017 followed the pledge from the City Mayor, at the Seldom Heard event for young people to take over the Council. The day involved presentations and debates to enable young people to choose one of the Ceremonial Mayor's charities for 2017-18. The Youth Council took over social media for the day with live streaming interviews with staff from various teams across the Council.



What difference has it made?

- Young people's voices are being heard in child protection review meetings and inform planning.
- Viewpoint usage is increasing- 79 young people accessed the online consultation tool in 2016-17.
- Young people gaining an insight in to political decision making.
- Young people supported the development of the new Family Assessment. Their suggestions have informed the tool prompts and training.

Key Challenges

- To maintain the momentum of young people's involvement in the group
- Continue to build on viewpoint usage and implement within the SEN Service.

Priorities 2017-18

- Challenge 6 organisations on how they hear the voice of the child
- Continue to monitor the effectiveness and usage of Viewpoint
- Continue to work with Salford University to explore developing an annual survey for young people which aligns to all SSCB/CYPTB priority areas.
- Maintain a calendar for youth participation events
- Continue to improve the young people contribution and engagement with the Board

Additional information:

- www.partnersinsalford.org/sscb/voc.htm
- www.wuu2.info/

Tim Rumley

Senior Youth Work Manager, Integrated Youth Support Services
Voice of the Child Advisory Group Chair

Voice of Practitioners Forum

Key Achievements 2016-17

- Practitioner Forums in 2016-17 included:

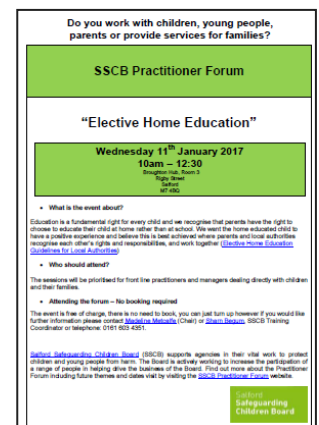
Date	Theme
18 th May 2016	Vulnerable Young People
6 th July 2016	Self Harm
16 th November 2016	Community Cohesion
11 th January 2017	Elective Home Education
15 th March 2017	Complex Safeguarding

‘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

- The co-ordination and promotion of the forums continues to improve.
- Forums continue to align to Board priorities, lessons from case reviews, JTAI themes and practitioner needs.
- The SSCB Chair attended the [Vulnerable Young People](#) forum and agreed to escalate the commissioning barriers.
- Lessons learnt from case reviews were disseminated to practitioners
- Considered how we evaluate the forum using a ‘stop, start and continue’ evaluation and an outcomes tracker.
- Appointed a new Co-Chair Polly Rogers, Salford Health Works Community Link Worker, The Work Company.

What difference has it made?

- Feedback from the forum has informed the Homeless joint protocol, the newly named Young Person’s Plan and the Elective Home education protocol
- Highlighted training needs for staff



Key Challenges

- Evidencing impact of the forum
- Evaluating key themes arising from practitioners
- Although the community cohesion forum had to be postponed this generated a lot of interest and has been feedback to CSP leads for consideration.

Priorities 2017-18

- Ensure Practitioner forums are consistently promoted to encourage multi-agency partners to attend
- Evaluate all future forums
- Agree forum themes for 2018-19

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



Section 4: Planning for the Future

Key Assurance and Themed Priorities for 2017-2018

There are three key assurance areas and four themed priorities for this year's Business Plan. 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.

Themed Priorities

Themed Priority Area 1: Neglect	<ul style="list-style-type: none"> • Continue to contribute to GM Neglect Steering Group and integrate with local activity. Link in with the work streams coming out the GM Neglect Strategy Action Plan. These include- Guidance and Policy, Training, Awareness Raising and Quality Assurance. • Integrate the Graded Care Profile into CareFirst • Continue to increase scope of training to equip the workforce • Complete a multi-agency practice audit of neglect cases. To ensure identification and assessment of neglect is consistent and integral to the working of the Bridge. Recommendations will be incorporated into 2017-2019 action plan. • Benchmark Salford against the published neglect JTAI reports (May-December 2017) • Arrange a Practitioner Forum regarding Neglect and MARAM tools • Review the neglect dataset to ensure accurate and meaningful
Themed Priority Area 2: Child Sexual Abuse and Exploitation	<ul style="list-style-type: none"> • Review the CSE dataset to ensure accurate and meaningful • Partnership to agree the sustainability of Salford remaining part of the wider Protect infrastructure. • Ensure the subgroup coordinates local assurances on 'child sexual abuse' • Participate in the week of action in June 2017 which will focus on issues relating to CSE in sport in Greater Manchester.
Themed Priority Area 6: Complex Safeguarding	<ul style="list-style-type: none"> • Clarify the long term governance of the Complex Safeguarding Task and Finish group. • Consider emerging safeguarding issues e.g. County Lines and 'Beds in Sheds'. • Develop a Salford Complex Safeguarding Strategy • Build on links with community groups and third sector to ensure effective engagement • Further develop robust local data reporting mechanisms to improve referral rates • Consider coordinating a complex safeguarding conference for practitioners and communities • Continue to support national and GM campaigns to raise awareness of complex safeguarding issues. • Continue to build on links between regional and local activity and explore further opportunities to work across GM. <p>Modern Slavery</p> <ul style="list-style-type: none"> • Develop a plan on a page for the public and professionals • Develop a local poster for the public and professionals • Operational Challenger to consider developing a GM model to deliver multi-agency training. Single agency training provision should link to this model. <p>Prevent</p> <ul style="list-style-type: none"> • Implement the restricted Counter Terrorism Local Profile (CTLP) Prevent Action Plan, sharing practice across Salford and provide a communication network. • Develop a multi-agency pool of prevent trainers. • Review the local multi-agency violent extremism pathway • Review the local scrutiny arrangements to strengthen leadership and governance. <p>FGM</p> <ul style="list-style-type: none"> • Continue to deliver the FGM seminar as part of the multi-agency complex safeguarding training model • Provide quarterly reports to the TDAB and the SSCB Complex Safeguarding Task and

	<p>Finish Group</p> <ul style="list-style-type: none"> Continue to quality assurance local data and contribute to the GM and national data set collection. Review of national data recording to support local work on FGM To continue to develop the local FGM action plan and FGM profile.
Themed Priority Area 7: Missing from Home, Care and Education	<p>Missing from Home and Care</p> <ul style="list-style-type: none"> Develop a local pathways for MFH/Care and referral pathway for 'Footsteps' Improve links with private providers regarding children placed out of area and go missing Build on links with other local authorities who place looked after children in Salford to agree responsibilities and ensure information is shared when other agencies are commissioned to complete return interviews. Launch a six weekly governance meeting to review interventions and critically scrutinise performance. Establish service user feedback mechanisms to enable the experiences of young people to inform the service. Review older looked after young people's contact arrangements with family and friends. Distribute MFH leaflets to practitioners and the community Undertake return interviews with young people from the care system who are reported as 'absent' to monitor their behavioural trends and share intelligence with the police Localise the MFH Risk Assessment Plan Develop a MFH step by step guide for practitioners. Develop a MFH safety plan template to complete with young people <p>Children Missing from Education (CME)</p> <ul style="list-style-type: none"> Develop IT systems to include alerts to ensure cases are reviewed regularly Attend the regional CME meetings to share and develop best practice Develop and deliver a CME/EHE seminar for partner agencies Develop a CME and EHE 7 minute briefings Support the development of a GM CME policy and develop a local referral pathway

Key Assurance Areas

Assurance Area 1: Early Help	<ul style="list-style-type: none"> CYPTB to clarify the governance of Early Help, their operating model, forward plan for reporting and involve the Board in the consultation of the early help indicators. Develop and implement a comprehensive workforce development programme to support practitioners working with families across early help. Continue with the development of the Bridge as a single point of contact and increasing the volume and spectrum of early help referrals through the front door. Continue to evaluate IT systems and processes that support the Bridge and the Early Help offer to drive performance. Continue to evaluate the West Locality pilot to inform future implementation of locality working across the City. Improve how we collect and use evaluation data to better measure the impact of what we do with families at an early help level. Continue to evaluate the Family Assessment across the City, with a particular focus on sources of assessments. To review commissioning arrangements for The Fed and Hershel Weiss that support the locality early help offer. To scale up the Strengthening Families programme in Salford. Re-focus the Helping Families programme and firmly position as a public service transformation programme.
Assurance Area 2: Children	<ul style="list-style-type: none"> CDA Sub-group to adopt the CSP strategy 2016 – 19, Protecting Vulnerable People section in respect of DA. Impact of updated training to be measured on quality of assessment and intervention

<p>Affected by Domestic Abuse</p>	<p>planning.</p> <ul style="list-style-type: none"> • TDAB to map service provision and data intelligence • Task and finish group to develop a suite of performance indicators in relation to domestic abuse • Update the YPDAM Pathway • Salford University to evaluate YPDAM model • Request assurance from CSP about how commissioned services are evaluated e.g. behaviour change programmes • Support CSP to implement the DA JTAI recommendations • Continue to explore further opportunities to work with other local Partnership Boards and build on regional links/activity regarding DV
<p>Assurance Area 3: Emotional Health and Wellbeing</p>	<ul style="list-style-type: none"> • Implement the key deliverables of the Emotional Health and Wellbeing test case (2016-2018): <ul style="list-style-type: none"> - Refresh and republish CAMHS Transformation Plan - New commissioning arrangements (CAMHS, tier 2) - iThrive Hub – local development and implementation - Improved Transitions 16-18 - New and improved pathways - Emotional Health in Schools - Implement 'Ambitions' - Training and workforce development plan - Joint communications and engagement (SCC/CCG) • To better understand why more children in Salford were subject to protection plans under the category of emotional abuse than in any in other locality in GM. • To monitor children's admission to hospital for self-harm and seek assurance of the effectiveness of early support pathways.



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

Early Help

In 2016-17:

- EIP Family Support received 684 referrals, 2% of which were re-referrals in the year.
- Central locality continues to highest number of referrals at 35%, followed by South at 27%.
- Main reasons for referral include child behaviour, domestic abuse, parenting capacity and emotional/mental health. Behaviour and DV are key issues across all localities.
- Most referrals are from Children's Social Care (44%) – either as part of joint working arrangement or through the step down process. Schools and health partners are the next largest referrers. South locality receives most referrals from CSC with over half of their referrals in 2016-17 (57%) from social workers.
- Threshold levels at point of referral were 67% Level 2, 31% Level 3 (CIN) and 2% at Level 4 (CP). A rise in CIN level cases compared to 2015-16.
- In 2016-17 there were 713 closed cases. Of these, 636 had pre and post involvement thresholds recorded. Using this information we were able to look at outcomes for families through threshold movement. 49% maintained threshold, 41% moved down and 10% moved up (only 6% moved from L2 to L3/L4).
- A total of 515 CAFs were authored, this includes the new Family Assessment (child level information). An additional 33 adult assessments were completed as part of the 0-25 pilot in West locality.
- 165 (32%) CAFs were co-authored. This is a rise of 26% on last year.
- 30% of all CAFs opened had EIP Authors
- 44% were authored by Education, 11% by Health, 10% Early Years and Childcare, 5% Voluntary and Community sector
- 51% of children with a CAF authored in the period had Special Educational Needs (SEN)
- 48% of children live in the Top 10% Most Deprived areas (IMD), with 19% living in the Top 3%
- 12% of CAFs were for children from BME backgrounds
- 62% were for males
- 33% of CAFs were for 0-4yr olds, 39% 5-11yr olds, 25% 12-15yr olds and 3% 16-17yr olds
- When looking at individual ages, most (90) CAFs are for 2 and 3 years olds (17% of all CAFs), with the majority (39) being authored for 3 yr old boys (8% of all CAFs)

Contacts and Referrals to Children's Social Care

- 18,291 contacts during 2016-17 note this is contacts to the Bridge and not directly comparable with previous years
- Salford Children's Social Care received 4805 referrals in the year 2016-17 (892.5 per 10,000). This is a 17.1% increase from the previous year
- The timeliness of completion of social work assessments following referral has improved, with 96.3% of all social work assessments being completed within the required timescales.

Child in Need (CIN)

- At 31 March 2017, 2464 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 2306 at 31 March 2016.
- 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 2017, 424 children and young people were the subject of a child protection plan. This is a decrease from 483 at 31 March 2016. This equates to 78.8 (per 10,000),
- The number of children who became newly subject to a child Protection plan was 499.

- By the end of 2016-17 23.8% children subject to a child protection plan for a second or subsequent time changed from 16.6% for 2015-16. 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 15.9% for statistical neighbours for 2015-16.
- 82.5% of ICPC led to a child protection plan which means 17.5% did not meet the threshold. It would be useful for some work to be undertaken around non-registrations.
- Of the 424 children subject to Child Protection Plans, Emotional Abuse and Neglect continue to represent by far the largest categories. Emotional Abuse accounts for 55.2 (234) of children on CPP and Neglect is 33.0% (140). Physical Abuse (6.6%) and Sexual Abuse (5.2%) fall well behind these two.
- 99.9% of reviews on time during the year.

Young Person's Plan (YPP)

- As at 31st March 2017 we had 14 cases with an open YPP classification and 2 with an open vulnerable YPP classification.
- 14 YPP opened during the year and 12 vulnerable YPP opened during the year.

Looked After Children (LAC)

At 31 March 2017, 519 children are being looked after by the Local Authority (a rate of 96.4 per 10,000 children). This is a decrease from 554 (103 per 10,000 children) at 31 March 2016.

- Of this number 211 (40.7%) live outside the local authority area
- 44 live in residential children's homes, of whom 43.1% live out of the authority area
- 2 live in residential special schools
- 350 live with foster families, of whom 46.6% live out of the authority area
- 83 live with parents, of whom 20.5% live out of the authority area
- 9 children are unaccompanied asylum-seeking children.

The number of new entrants to care for the past three years: 220 in 2014-15, 186 in 2015-16 and 197 in 2016-17.

- The timeliness of these reviews is now 99.9.
- 236 children who have ceased to be looked after
- The percentage of care leavers in suitable accommodation was 93.9% for 2016-17 at the end of the year,
- 82.5% of care leavers are in employment education and training

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

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

- Number of referrals to CWD team 2016-17 – 197
- Number of these which led to a CAFAS – 181
- Number of children on a CP Plan with a disability at 31/03/17 – 40

- Number of LAC with a disability at 31/03/17 - 106

Further work is required to understand any learning arising from changes in demand for carers' assessments and children transferred to adult services.

Young Carers

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, yet further research by the BBC and other carers organisations put the true figure at over 700,000 nationally with 70% "hidden" due to embarrassment, fear and lack of awareness by professionals.

At the 31 March 2017 Salford Carers Centre were working with 175 young carers (17 and under) and 101 aged 18-24. Over the year 2016-17 they worked with 287 (17 and under) & 112 aged 18-24.

Private Fostering

- There were 53 referrals in 2016-17
- Thirty eight of the referrals were from a summer school for young people from Saudi Arabia held at Salford University. The service supported the school to assess the suitability of the arrangement.
- At 31 March 2017 there were 23 active cases of private fostering arrangements.

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
2016 – 17	256	80	336

As can be seen a large proportion of the 256 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 as an indicator of a safer working culture.

Referrals to LADO Apr 16 – Mar 17	Total
Total number of consultations	80
Total number of referrals	256
Number of initial referrals with LADO which led to NFA	205
Of which, the reason was: Employer action only required	48

Referred to a different LA	3
Threshold not met	97
Malicious	3
Unfounded/false	51
Number of referrals with LADO which led to a strategy meeting	47

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 largest proportion of referrals 81% fall under the categories of 'physical' and 'pose a risk of harm'.

Table 3: Abuse category by employment sector Apr 16- Mar 17

Employment Sector:	Physical	Emotional	Sexual	Neglect	Pose a risk of harm	Totals
Foster Carer Local Authority	10	1	1	2	9	23
Foster Carer Non-Local Authority	1				3	4
Residential Worker Local Authority	1					1
Residential Worker Non-Local Authority	2				1	3
Other Social Care Staff	1		1		6	8
Health	2	1	2	2	6	13
State funded school staff	47	7	4		39	97
Independent school staff	2	2			4	8
Further Education					1	1
Early Years	23		3	2	13	41
Police					1	1
Probation						0
YOT						0
Secure Estate	3				2	5
Voluntary Organisations	2		5		7	14
Faith Groups	1		5		3	9
Transport	4				3	7
Self Employed		1			1	2
Other	7		8	1	3	19
Total	105	12	29	7	102	256

72% 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. Where cases take over 3 months these usually involve a criminal investigation which can take some time to conclude. The 5 cases that took over 12 months to conclude all involved criminal investigations.

Key Achievements 2016-17

- A record number of referrals have been taken and managed.
- A duty service has been offered for referrals or to consult on related matters.
- Continued to deliver multi-agency LADO seminars
- 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. These took place once a term. In addition 3 further dates were arranged to allow all the school business managers to be able to have

the same training as it was identified they are key in schools recruitment. These were well received. In total 80 heads, governors and business managers attended the training over the 6 dates.

- The process for managing allegations in Schools is now firmly embedded within 'Keeping Children Safe in Education' March 2015 (KCSIE).
- LADO attended a training course called Predators in Positions of Trust which focussed on abuse within sport. This is relevant with the high profile cases from football and sport.
- A plan was made with staff from CVS to disseminate information about the LADO process and requirements for referral. Additionally the LADO supplied case studies to illustrate these for use by CVS in their safeguarding training.
- A meeting took place with the team manager from Jewish Federation with a view to increasing the working relationships within the Jewish community. This remains an area of challenge as there are many organisations within this community who are traditionally used to dealing with matters without statutory services involvement.
- Barton Moss Secure Unit will refer where staff have undertaken restraints and there are concerns about the circumstances surrounding these. All restraints will be reviewed by the safeguarding unit. LADO.
- When an allegation is made this often leads to policies and practises being reviewed. An example of this was a case involved alcohol use by residential staff during holidays which led to a practise review and policies were updated.
- The LADO are involved with North West LADO forum and an active member of the Performance and Audit subgroup. For 4 years she has compiled the NW LADO dataset which is useful for comparing practise. The group have recently developed a peer learning framework.
- A tracking system has been developed to assist in the process of monitoring new and ongoing cases. This is now bedded in and continues to be operationally useful.
- The interim Head of Service has observed the LADO during a Strategy Meeting and worked through the case with her. There has also been regular oversight during supervisions and formal discussions relating to specific case. It is planned there will be further management oversight in the forthcoming year
- Continued to distribute the leaflet for children and young people through the board.

Key Challenges

- There have been high profile examples of abuse within football and other sports. It is anticipated that this will increase the number of referrals however if these are historical and the person concerned no longer works with children a LADO referral will not be required. LADO attended a training course in relation to this subject in March 2017.
- 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. There is a good working relationship between LADOs and CVS staff but there are so many organisations that are within this sector that it continues to be a challenge to get the message out.
- Plans to increase LADO provision through skilling up other staff to provide cover for when LADOs are on leave or unavailable is continuing to be progressed. There is pressure on resources in all areas of service.

Priorities 2017-2018

- Continue to offer a responsive duty service, providing advice and support.
- Referrals and subsequent strategy meetings to take place in a timely manner, resulting in plans to keep children safe and treat employees/volunteers fairly.
- Increase management oversight of managing allegations cases. In addition a dip sample audit will be undertaken
- Continue to raise awareness of statutory requirements within the Jewish community.
- Continue to work cooperatively with CVS. The work already undertaken will be reviewed.
- Establish consistent provision for LADO duty cover when LADOs are on leave or unavailable.
- Monitor referrals in relation to football and other sports.



Section 6: Safeguarding Assurance from Partners



Salford Clinical Commissioning Group

Salford Clinical Commissioning Group (CCG)

NHS Salford Clinical Commissioning Group (SCCG) has continued to demonstrate our commitment to safeguarding in 16-17. This commitment is outlined within the SCCG Quality and Safety Strategy and evidenced through regular reporting of safeguarding updates to the Governing Body.

The SCCG Safeguarding Team works in partnership with key stakeholders to monitor the safeguarding arrangements of commissioned health services and to respond to children who have been harmed or are at risk of harm with the intention of delivering improved outcomes for the most vulnerable.

Section 11 of the Children Act (2004) places a duty on NHS organisations, including NHS England and Clinical Commissioning Groups (CCGs), NHS Trusts and NHS Foundation Trusts. Working Together (2015) states that CCGs are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It also requires that CCGs employ, or have in place, a contractual agreement to secure the expertise of Designated Professionals.

The CCG employs a Designated Nurse and a Deputy Designated Nurse Safeguarding Children and LAC plus two Specialist Nurses Safeguarding Children who work across the health economy to build clinical awareness of safeguarding. This includes:

- Work with providers of SCCG commissioned services to ensure children are safe, and a cohesive organisation wide strategy is in place which reflects national policy, local guidance and best practice;
- Work with the Local Safeguarding Boards to ensure communication and governance processes are in place between SCCG and Local Authority (LA) in order to ensure all services commissioned provide a comprehensive service to safeguard children;
- Providing highly specialised clinical advice and expert knowledge to peers, other professionals; advanced level practitioners and agencies within the geographical area on all safeguarding concerns.

In addition the CCG employs a Designated Doctor Safeguarding Children, a Designated Doctor for LAC and a Named GP Safeguarding Children who support the work of the safeguarding team within the CCG.

Key Safeguarding Achievements 2016-17

A review of SCCG's Safeguarding arrangements was completed in May 2016 by NHSE under the requirements of the Assurance and Accountability Framework Formal assessment of our compliance with this guidance by NHS England indicated that as a CCG we meet all the required standards. The Designated Nurses are assured that Salford CCG is compliant with the recommendations.

Since April 2010, healthcare provider contracts across GM have included agreed safeguarding standards and a RAG rated self-assessment safeguarding audit tool for annual completion. The self-assessment audit tools are reviewed and monitored by the Designated Nurses.

The Designated Nurses attend relevant quality and commissioning meetings with providers to ensure that assurance is gained from providers and information shared across the CCG.

Safeguarding Arrangements within Primary Care

Throughout 2016-17 the work within Primary Care to strengthen the engagement with safeguarding children and young people has continued.

Detailed reports on the work undertaken with Primary Care have been presented by the Designated Nurses to the SCCG Quality Commissioning Committee and Governing Body throughout 2016-17.

The CCG Safeguarding team have continued to seek Safeguarding assurance from primary care for 2016-2017. The annual GP safeguarding audit resulted in a 98% response rate from practices. These practices have all engaged with the safeguarding assurance visits which are delivered by the safeguarding team to support enhancement of safeguarding arrangements within practices in line with CQC regulations, associated national safeguarding legislation and guidance.

Key Safeguarding Priorities 2017-2018

- Continue to maintain the CCG responsibilities to the Assurance and Accountability Framework (2015) and sustain and improve upon the achievements in 16/17.
- Continue to support the CCG's statutory responsibilities to the SSCB in line with the Children Act (2004) and support the development of future changes as a result of the Children & Social Work Act (2017).
- Further develop and support quality assurance and safeguarding processes across Salford in health as part of integration.
- To ensure that recommendations from all completed case review processes are implemented across the health economy.
- To continue to support the IRIS project within General Practice with a view to extending the project to cover all GP practices in Salford.
- To continue to work with GP Practices in further developing their contributions to safeguarding children processes & domestic abuse
- 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
- A Domestic Abuse Lead who provides safeguarding children support within the Acute Trust
- A Lead Nurse for Looked After Children.
- Two Safeguarding children and adult nurses
- Senior administrator for Looked After Children

A corporate nursing review of the safeguarding team was undertaken in April 2016. Due to departures from the team of two safeguarding supervisors, and key staff reducing working hours the review was able to replace the supervisors with safeguarding family nurses whose remit is to support the lead nurses in the delivery of the core safeguarding functions of:

- Advice and support to frontline staff
- Training
- Supervision

This review released funding from the existing budget to create a vacancy for a first level nursing position. This was considered an option for extending the scope of the Looked After Children service, to bring it in line with that of the local authority. However, following the recommendations of the Joint Targeted Area Inspection (JTAI) it was agreed to pilot a mid-level nursing position co-located in the Salford Bridge Partnership. This secondment position commenced in April 2017 and aims to scope the role of health within the Bridge.

In January 2017 the Named Nurse for safeguarding Children retired and the post was vacant until May 2017. The ADNS for safeguarding covered the Named Nurse role during this vacancy period with support from lead nurses within the team

Other safeguarding personnel includes:

- A Named Doctor for safeguarding children,
- A Named / Designated Doctor for Looked After Children
- SRFT have access to support and supervision from:
- A Designated Doctor for safeguarding children, and
- A Designated Nurse for safeguarding children

The safeguarding team sit within Corporate services, reporting to the 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 Safeguarding Achievements 2016-17

- Delivery of single agency training at levels 1, 2 and 3 in accordance with the intercollegiate document, with consistently high compliance rate.
- Successful participation with the Joint Targeted Area Inspection (JTAI) on the theme of children living with domestic abuse in Salford.
- Continued success in the delivery of safeguarding supervision into allied health professions in Childrens community health services
- SRFT continues to be represented at key multi-agency safeguarding meetings / forums / training
- Recruitment of a new Named Nurse for Safeguarding Children
- Development of and recruitment to two new safeguarding families nurses to work across the safeguarding children and adults agendas
- Development of a monitoring system that alerts the safeguarding team of all admissions to Salford Royal Hospital for children and Young people under the age of 18 years.
- Continued development to implement the Child Protection Information System at SRFT
- The development of divisional safeguarding action plans across the operational divisions in the Trust. The aims of the action plans are:
 - to place safeguarding at the centre of divisional responsibility with support and monitoring from the safeguarding team
 - Ensure that assurance is appropriately provided from a divisional level
 - Promote a more robust safeguarding culture across the Trust.

What difference has it made?

- SRFT have maintained a high profile across multi-agency forums around safeguarding children.
- 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

Key Safeguarding Priorities 2017-2018

- 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
- Consideration of the CSE and scoping of the requirement for 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

Assistant Director of Safeguarding, Salford Royal NHS Foundation Trust

Greater Manchester Mental Health NHS Foundation Trust



GMMH is a statutory body, which as of 1 January 2017 brought together the expertise of Greater Manchester West Mental Health (GMW) Trust and Manchester Mental Health and Social Care Trust. The Trust provides inpatient and community-based mental health care for people living in Bolton, the city of Manchester, Salford and Trafford and a wide range of specialist mental health and substance misuse services across Greater Manchester, the north west of England and beyond. GMMH employs around 4,750 members of staff, who deliver services from more than 130 locations. Over a 12-month period, we see in the region of 53,000 service users.

The Trust has statutory duties under section 11 of the Children Act to ensure its functions are discharged having regard for the need to safeguard children and promote the welfare of children. GMMH 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.

GMMH is a partner agency to the local safeguarding children boards (LCSBs) of all councils within whose geographical boundaries we provide services, ten in total. Child safeguarding practices across the Trust are coordinated by the Trust Joint Safeguarding Group (JSG Children and Adults). JSG provides assurance to GMMH Board via the Quality Governance Committee through monthly board performance reports, bi-monthly chairs report, 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 and Audit 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 GMMH JSG and represent GMMH at LSCBs and subgroups.

Key Safeguarding Achievements 2016-17

- SSCB Section 11 compliance
- Review of all safeguarding training delivered in the Trust
- Safeguarding Level 1 training- Trust compliance 92%
- Significant improvement in safeguarding level 2 training with 88% compliance across the Trust
- SSCB approval of Trust Level 3 training
- Roll out of Safeguarding Children level 3 training
- Prevent Awareness – 90% compliance across the Trust
- Health Wrap- 64% compliance across the Trust for staff that require this training.

What difference has it made?

- Positive feedback from the JTAI inspection which focused on Domestic Abuse
- Good partnership working with all agencies involved.
- Staff knowledge on child safeguarding and a clear understanding of their responsibilities within this agenda, demonstrated through our internal annual child-safeguarding audit and data obtained from the Trust incident and risk management system (Datix).

Key Challenges

- Further strengthen our child safeguarding practices in the New Trust to ensure that our statutory duties under section 11 of the Children's Act continue to be delivered to a high standard.

Key Safeguarding Priorities 2017-2018

- Harmonisation of safeguarding and supervision policies across the newly formed Trust
- Maintain effective partnership working
- Continue our positive culture of learning

Additional Information:

- www.gmw.nhs.uk/

Dr Karen Clancy

Named Nurse for Child Safeguarding, Greater Manchester Mental Health NHS Foundation Trust

NHS England North and Greater Manchester Health & Social Care Partnership



NHS England is committed to the work of the Greater Manchester (Local Safeguarding Children's Boards (LSCB) 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.

Key Safeguarding Achievements 2016-17

- NHS England North Region safeguarding assurance tool completed and audited across all Greater Manchester CCGs. This tool supported CCGs to demonstrate compliance with national safeguarding standards.
- Inclusion of Child Sexual Exploitation/Sexual Abuse (CSE/CSA) lead within standard national contract from April 2016. This 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 NHS England CSE pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.
- Distribution of the Safeguarding Adults booklets to all frontline health staff including GPs, Pharmacists and Dentists.
- Launch of NHS England Safeguarding App to all frontline health staff.
- Promotion of national “Seen and Heard” campaign to all frontline health staff www.seenandheard.org.uk
- Continued promotion and implementation of Greater Manchester health pathway regarding Female Genital Mutilation (FGM) and mandatory reporting.
- Distribution of NHS England FGM pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.
- A north regional Prevent conference was held in December 2016 to raise awareness of Prevent with evaluation from attendees being very positive.
- Delivery of a series of executive master classes to raise awareness of Prevent; slavery and human trafficking at a senior level within health organisations and ensure that there was confidence in understanding the requirements under the new statutory duty.
- Dissemination of all information relating to Independent Inquiry into Child Sexual Abuse (IICSA) to all NHS organisations to ensure aware of duties in relation to the inquiry and management of allegations.
- Ongoing communication to all Greater Manchester LADOs to ensure allegations involving those professions managed via NHS England (GPs; Pharmacists; Dentists and Opticians) is referred to NHS England Safeguarding Lead for investigation in accordance with safeguarding policies and procedures.
- Valuable attendance from designated professionals in the priority subgroups FGM, Looked after Children (LAC), Child Sexual Exploitation (CSE).
- Greater Manchester Health & Social Care Partnership local Safeguarding lead who is professionally (nursing) accountable to NHS England is a member and attends the NHS England North Region Safeguarding Steering Group.

Key Safeguarding Priorities 2017-2018

- NHS England North regional safeguarding team and Greater Manchester Local office in partnership with NHS England Health and Justice, Primary Care and specialised commissioning will review and agree safeguarding assurance process for directly commissioned services.
- NHS England North regional safeguarding lead, Medical Director, Chief Nurse, HR Lead and regulatory bodies (where appropriate) to review and agree processes for the management of safeguarding allegations, (employees and performer,) information collection and assurance NHS England North regional safeguarding team in partnership with Greater Manchester and other regional teams will:
- Review and agree a standard process for the management of safeguarding concerns and complaints.
- Deliver safeguarding training to the required standard and level to all complaints staff in accordance with relevant national guidance.
- Ensure appropriate training is undertaken for staff involved in the management of safeguarding allegations.
- Undertake a training needs analysis to identify appropriate levels of safeguarding training for staff groups across NHS England in line with current national guidance.
- Ensure a consistent approach to the collection of information in relation to serious case reviews, (adults and children) collate themes and disseminate learning across the Region.
- Review attendance at the local safeguarding Board and determine appropriate level of representation based on local knowledge and need and provide timely feedback on the agreed template. Representation to be agreed with Board chair and Designated Nurses as required.
- Develop clear, consistent and high quality safeguarding resources for use by health staff within the NHS North Region.
- Delivery of NHS England National Safeguarding priorities within NHS England North region via the regional subgroups including time limited task and finish groups e.g. Military Veterans, Modern slavery and trafficking.
- Support the delivery of NHS England North region learning events for Designated Professionals; Named GP/Nurses Primary Care; NHS England North Commissioners.
- Commission and evaluate specific education programmes for the NHS England North Region Designated Nurses/ Named Primary Care Professionals e/g leadership, supervision skills, commissioning.
- Provide support to NHS England local offices to ensure safeguarding becomes embedded in Strategic Transition Plans (STP) Plans.

- Provide advice and support to NHS England North regional work programmes e.g. Transforming Care, Patient Experience, Independent reviews.
- Develop robust reporting process for NHS England North local offices regarding national and regional safeguarding reporting requirements.
- Work with partners to support a regional approach to emerging safeguarding issues e.g. Health and Children's Social Care reforms, IICSA.
- Support the national review of current domestic abuse training and support within commissioned services (linked to national priority).
- Implement and go live with CP-IS across of the North region.
- Embed principles of co-production with children, young people and adults in all aspect of work priorities.

Additional Information:

- www.england.nhs.uk/

Laura Browse

Head of Primary Care, NHS England

Child Employment and Licensing

Key Safeguarding Achievements 2016-17

- 53 Chaperone licenses were issued which is an increase of 112% from 2015/16 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.
- 44 work permits were issued to children during 2016/17.
- 134 modelling and 223 entertainment licenses were issued which is an increase of 29% from 2015/16 figures.
- In 2016/17 Salford received 837 notifications of performance licenses for children from other authorities performing in Salford which is a 23% increase on the previous year.
- There has been a 137% increase in Body of Persons (i.e. large group) performance license applications for 2016/17 and this is mainly due to awareness raising undertaken by the Child Employment Officer. 38 Body of Persons licences were issued in Salford for 2016/17 which licensed 4171 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. This has included leading on the development of training and code of conduct for chaperones.
- School assembly seminars were delivered across 6 Secondary Schools in Salford
- Chaperone training has continued to be delivered to all licensed Chaperones working in partnership with Manchester and Trafford. 4 training sessions have been delivered to more than 70 chaperones ensuring they are aware of safeguarding procedures and their roles and responsibilities when undertaking their chaperone role.
- 50% of Greater Manchester Local Authorities are now working in partnership ensuring a consistent approach to Chaperones is delivered across authorities.
- A Chaperone Code of Conduct has been developed to complement the guidance produced last year and all Salford Chaperones now adhere to this as part of the Salford Chaperone Application Process.
- A small change to the Body of Persons application process has been made to ensure that where possible all Chaperones are Local Authority Approved Chaperones and not just DBS checked staff.
- Visited licensed premises across Salford to raise awareness of CSE in partnership with the Police, Trading Standards, Environmental Health and Licensing whilst taking the opportunity to awareness raise about Child Employment.
- As part of Child Employment Fortnight 2016 the Child Employment Officer undertook Child Employment awareness raising visits to various sports clubs across the Salford area including Cricket Clubs, Rugby Clubs, Boxing Gyms and Leisure Centres. There was also a Social Media awareness raising campaign posted on Salford City council Twitter and Face book pages, Yammer and Salford Sports network website.

Key Safeguarding Priorities 2017-2018

- Continue to deliver the core business of licensing while also carrying out activities that give real added value to the children, young people and communities of Salford. This will include: 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 authorities
- Further work will be conducted in partnership with Salford Licensing Officers on proactive campaigns to address public safety.
- To further increase the number of approved chaperones in Salford
- To implement an online secure upload system for Entertainment Licences and Work permits and Chaperone Licences moving forward with the Salford Digital Transformation programme.
- Increase the number of Greater Manchester Local Authorities that are signed up to deliver Chaperone Training.
- To review and develop Bye Laws relating to Child Employment
- To increase the number of children and young people from deprived areas that have performance opportunities.
- To increase the number of Salford Businesses that offer employment opportunities to school aged children in Salford.
- Support the National Child Employment fortnight with a range of awareness raising activities.
- Implement a Charge for Modelling and Entertainment Licences.

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

The sub-group consists of representatives from primary, secondary, further education, the independent sector, faith groups and the Local Authority. The work of the group is disseminated through various education networks such as families of schools and Headteacher briefings.

Key Safeguarding Achievements 2016-17

- Encourage more schools to engage in Real Love Rocks
- Education is now represented on the CSE/CSA and DA Sub-groups
- Produced a single safeguarding audit toolkit to avoid unnecessary duplication.
- School governors have verified s.11 audits and provided further evidence to demonstrate compliance
- Revised the Schools safeguarding policy template to align to the in updated '*Keeping Children Safe in Education*'
- Implemented the 18 month training programme as opposed to the previous 3 year cycle. Work has been undertaken with Project Gulf, Avert Team, Modern Slavery Unit on the materials/information included in the schools revised programme.
- 73 schools engaged in WRAP training
- Sexually Problematic Behaviour training has been offered to schools' designated Safeguarding Leads
- 20 schools have engaged in bespoke Domestic Abuse training
- Young People's Violence Advisor (YPVA) training has been delivered to schools; creating a further 20 YPVAs in schools
- NESTAC and Forward have delivered Train the Trainer sessions for 7 secondary and 12 primary schools
- Plans to implement training on Child and Early Forced Marriage (CEFM) and Honour Based Violence (HBV) in the curriculum.
- A bespoke PHSE training programme has been provided and accessed in full or part by schools, resulting in many schools forming a revised package of PHSE delivery in school focusing more on healthy relationships from early years through to Y6, concluding with the Real Love Rocks .
- The Family Assessment tool has been rolled out across the West Locality and has been a success, informing plans for wider use across the city. Positive feedback from schools, families and partner agencies.

What difference has it made?

- We will utilise survey monkey to evaluate 'Real Love Rocks'
- Audit tool will hopefully impact on school engagement.
- Staff feedback on the 18month programme has been positive –chance to refresh knowledge, reflect on school systems and procedures, captures new recruits, receive new guidance and knowledge in relation to emerging, Salford specific, issues.
- Essential Safeguarding 'Black Eyes Cottage Pies' performance was seen by over 5140 young people and their teachers in Salford. The feedback received from young people was positive and staff reported an increase in their confidence to recognise and report teenage domestic abuse and how to respond to disclosures. Students and teachers completed an evaluation and as a result each school was presented with a report to include positive outcomes of the intervention and any implications for further work

Key Challenges

- Schools play a pivotal role with increasing demand on schools to address safeguarding.
- Funding cuts are placing schools under increasing pressures to sustain current activity and support for vulnerable pupils. The implementation of early help could become a challenge.
- Engaging all schools e.g. a few schools haven't signed up to Salford's Service Level Agreement.

Key Safeguarding Priorities 2017-2018

- Less funding is available to release staff for safeguarding training and an alternative structure of training needs to be implemented to accommodate this.
- Schools will be prioritising the areas of need prevalent to their setting and community. Collaboration in terms of commissioning will be essential and utilising current data available to schools to identify these needs.

Additional Information:

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

Karen Armfield

Headteacher, Boothstown Methodist Primary School
Education Subgroup Chair

Salford College



The Assistant Principal – Student Performance is now the Designated Safeguarding Lead for the college and is a member of the Senior Management Team. There is a dedicated Safeguarding Team working with the Assistant Principal and all staff are clear of their duties and responsibilities and make appropriate referrals.

The college has been judged as "Good" by Ofsted with effective Safeguarding arrangements.

Key Safeguarding Achievements 2016-17

- Excellent partnerships and inter-agency working in line with statutory guidance and that provides a "co-ordinated" offer of early help where needs are identified.
- Robust safeguarding arrangements take into account the procedures and practices set up by LSCBs
- 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 is an accredited WRAP trainer.
- The college has developed a Prevent Strategy and will use the schools Prevent self-assessment toolkit.
- 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 2016/2017, 767 safeguarding incidents were recorded, which is a very similar to the previous year (745). The

data shows a marked increase overall in cases recorded against mental health. We also recorded 14 incidents (8 students) of Child Sexual Exploitation and 2 instances of issues relating to possible radicalisation.

- 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.
- Students' 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.
- Updated Joint Working Protocol with Salford Leaving Care Service and Connexions to strengthen partnership working and support Looked After Children/Care Leavers studying at the college. 66 students in this cohort have enrolled at college this academic year and it is pleasing to report that due to the partnership work and continued support all 66 students have completed their course.
- 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.

What difference has it made?

- There has been a 7% increase in the number of students who report they feel safe at college during this period.
- Ofsted judged the college's Safeguarding arrangements to be effective: "Very experienced, appropriately trained and highly committed senior safeguarding staff investigate thoroughly and respond effectively to all safeguarding concerns. Managers work closely with agencies including social services to identify and ensure the safety of vulnerable learners. All staff and governors receive regular and relevant training on all aspects of safeguarding. Learners feel safe and know how to refer any concerns that they have. Keeping safe is a key theme in tutorials and, as a result, learners know how to protect themselves from risk."
- All staff and governors are fully aware of the risk of radicalisation and extremism, and have received comprehensive training on the Prevent strategy. The college works closely with external agencies including the police to identify and tackle potential risks.
- Standards of behaviour and the level of mutual respect in the college are very high. The number of recorded incidents of bullying and harassment is low, and any incidents are tackled appropriately by college staff."

Key Challenges

- The number of mental health and self-harm cases continues to be a cause for concern.

Key Safeguarding Priorities 2017-2018

- In response to the growing number of mental health disclosures the Progress Team have created a SCC Mental Health Campaign – "AWARE" with the tag line It's Ok not to be OK which will be launched as part on the induction programme in 2017-18 academic year. The staffing structure is currently being reviewed to accommodate the growing demand in this area.

Additional Information:

- www.salfordcc.ac.uk

Kimberley Cash

Assistant Principal Student Performance, Salford City College

Greater Manchester Police (GMP)



Protect is a multi-agency team that delivers a victim centred response to CSE by providing an initial duty and assessment service for CSE cases that meet their threshold. Protect provide joint police and social worker visits to all relevant young people. Within the Protect team there are workers who will meet with parents and carers and separately, the young person to increase their understanding of CSE.

The Protect team receives daily information from the Police regarding missing from home and CSE concerns, this information is reviewed daily and communication takes place with the Bridge to ensure information is effectively

shared and young people and their families are supported appropriately, at the correct threshold.

On a monthly basis Protect and Operation Avert meet to share intelligence in order to build an accurate Salford CSE profile and to support the effective disruption of CSE within Salford.

Operation Avert is a proactive intelligence led initiative that complements the work of the 'PROTECT' team. Operation Avert concentrates on offender management, targeting potential 'Hot Spots' for CSE in Salford, including parks and other public places such as takeaway restaurants, hotels, public toilets. Avert engages in raising awareness internally and within our community.

Through partnership working Operation Avert are increasing their understanding regarding the connection between children who go missing from home and CSE and through robust governance procedures involving the police, local authority, NHS and organisations from the third sector, they are able to offer the necessary support and guidance to children and young people.

There are some clear correlations between CSE / sexualised offending and members of Organised Crime Groups (OCG). It is imperative as a division that every opportunity to disrupt and dismantle OCG's that are involved in criminality of this nature. Therefore, Operation Gulf and Avert play an important role in targeting CSE / sexualised offending on the Salford division.

Key Safeguarding Achievements 2016-17

- Over the last twelve months Operation Avert has diversified within its current format from that of a pro-active CSE intelligence gathering / coordination / public engagement Unit to include an investigative / safeguarding capability.
- It has been recognised Nationally that all officers who work within the Child Protection arena should be trained and accredited to a National Standard as approved by the College of Policing. Officers who work within the unit are currently undergoing the national training programme (ICIDP) that will accredit them as PIP Level II investigators (i.e. Qualified Detective status). This will ensure that all CSE investigations and safeguarding issues on the Salford Division are dealt with by appropriately trained officers.
- As a result of this enhanced investigative capability, the Avert team have secured numerous convictions over the last twelve months.
- During the past 12 months the Avert Team have also organised a number of Community Engagement events and 'Weeks of Action'.
- The Salford Division Avert Team, working alongside the Local authority was involved in a CSE Week of Action during October. The purpose of the week was to target the public transport network across Greater Manchester in an attempt to raise public awareness.
- Staff from Avert, alongside Local Authority partners, delivered a presentation to all Salford registered taxi drivers regarding CSE and Human Trafficking.
- All taxi drivers must renew their license every 3 years. Therefore, those drivers whose licences were due for renewal in the next 12 months were required to attend the presentation. Each attendee was given a certificate of attendance and the licensing board updated their electronic records to show who had attended.
- A further presentation is planned and the police are in negotiation with the licensing authority to include the training package as a condition of the re-issue of a taxi licence.
- A further joint agency CSE WOA is due to take place in June 2017.

What difference has it made?

- The evolvement of the Avert Team has helped to broaden the source of information required for the Salford CSE Problem Profile. This profile provides direction for all agencies who operate in the CSE arena and tells us the following
- There is an increase in CSE crimes; however this is due to an increase in crimes being reported rather than committed.
- Most victims of CSE are white British females aged approximately between 14 & 15 years of age, who have been targeted by a lone white British male, who is known to them.
- An element of under reporting exists in relation to male victims and victims from within the BME communities.
- Social media plays a key role in a large proportion of offences, and increases can be seen in 'sexting' and 'peer on peer' abuse.
- The more persistent the missing episodes are, the greater the risk the young person is of becoming a victim of CSE.

- Intelligence gaps exist in relation to where offences are being committed other than private dwellings being frequented by victims of CSE / those at risk of CSE.
- There is currently no risk from Salford based OCG's in relation to CSE, however this should be monitored/reviewed on a regular basis.

Key Challenges

- On 1st September 2017 the Protect team split and the Salford staff merged with Op Avert to form Phoenix Salford – in line with the GM wide Phoenix brand.
The challenge going forward is completing the transformational work towards a locally based multi-agency CSE capability based around the 4P model – Prevent / Protect / Prepare / Pursue
- The correct flagging and general data accuracy remains a significant issue
- The drive towards a complex safeguarding provision and how Phoenix Salford can be further developed to achieve a management hub.
- Establishing how Salford can help contribute locally to understanding the national issue around under represented risk groups within the CSE arena – the grooming of boys and young men – as well as tackling online offending.
- Promoting Trapped and the issue of criminal exploitation of children – commonly referred to as County lines – and how this marries up with the Salford profile of OCG activity and associated grooming of children.

Key Safeguarding Priorities 2017-2018

- To embed sustainable improvement across all areas of business (Protect /Avert) in line with the key objectives set out by the SSCB CSE and Sexual Abuse Group
- Identifying and understanding the scale of CSE in Salford.
- Preventing Children from becoming victims of CSE.
- To support children and young people and their families where CSE is identified or suspected.
- Disrupt offenders who abuse children and young people.
- Identify and prosecute abusers and robustly manage offenders.
- Incorporating the new systems and processes within 'Protect' and 'Avert' to ensure vulnerable children and young people are appropriately safeguarded.

Additional Information:

- www.gmp.police.uk/

Chris Allsop

Superintendent, Salford, Greater Manchester Police

Cafcass



Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. Cafcass represents children in family court cases, ensuring that children's voices are heard and decisions are taken in their best interests.

The demand on Cafcass services grew once again in 2016-17, by around 13% in public law (involving the local authority) and 9% in private law (involving arrangements for children following parental separation). Demand is now approximately 30% higher in public law, and 20% higher in private law, than it was three years ago, putting the family justice system under considerable pressure. Nonetheless, each of Cafcass' Key Performance Indicators has been met.

Cafcass' main priorities in 2016-17 were to continue to improve the quality of our work, and to support family justice reform. These are a few examples of how we have done this:

Production of the Domestic Abuse Practice Pathway which provides a structured framework for assessing cases where domestic abuse is a feature, and ten new evidence-based assessment tools.

A revised Quality Assurance and Impact Framework, together with mechanisms to establish, and raise, the quality of our work including thematic audits, Area Quality Reviews, and the work of the National Improvement Service.

Provision of continuous Learning and Development opportunities for staff including: e-learning; Research in Practice resources, the Cafcass library and the dissemination of internal research.

Contributions to innovations and family justice reform, designed to improve children's outcomes and make family justice more efficient. These are formed in private law by projects trialling pre-court or out-of-court ways of resolving disputes; and in public law projects aimed at helping local authorities and parents to 'find common ground', thus diverting cases from or expediting cases within, care proceedings.

Support to our child exploitation and diversity ambassadors/champions who collate learning from inside and outside the organisation on these subjects and promote it to colleagues.

The Cafcass research programme which supports the work of external researchers, such as the ground-breaking work of Professor Karen Broadhurst and her team into repeat removals from mothers in care proceedings; and undertakes four small-scale internal research projects each year. This year we have undertaken, for example, studies into: domestic abuse in spend-time-with (contact) applications (this has been in collaboration with Women's Aid); trafficking and radicalisation cases known to us; and high conflict (rule 16.4) cases.

Sarah Nathan-Lingard

Service Manager – Private Law, Cafcass



National Probation Service (NPS)

The 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. We contributed to a positive JTAI inspection in Salford.

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 continues to be the responsibility of Assistant Chief and the Lead Middle Manager or Senior Probation Officer (SPO) for Safeguarding Children.

Key Safeguarding Achievements 2016-17

- The NPS have developed a Divisional Safeguarding Children Leads Group 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.
- NOMS Policy Statement on Safeguarding and Promoting the Welfare of Children was issued in January 2017 - Our divisional and cluster delivery plan is in line with this national policy.
- Commitment and active contributions to LSCB key priorities – Assistant Chief sits on the SSCB and the middle manager attends the Case Review and Audit and CSE & Sexual Abuse subgroups. Assistant Chief also chairs the Strategic Training subgroup.
- We received feedback on our Section 11 which was very positive and this was signed off.
- Our practice staff have attended National e-learning and face to face (classroom based) mandatory Safeguarding Children and Domestic Abuse training event.
- We have actively promoted our practice staff attending the local SSCB multi agency training/seminars and learning events, and have a well embedded process in place to monitor attendance.
- 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. The middle manager provides weekly reports and attends the MFH meeting at least once a month. There are well embedded regular meetings to ensure that the protocol is working effectively. A recent audit was completed re: Care Leavers under NPS & CRC supervision which highlighted effective information sharing between the agencies; Probation Officers and Key Workers working closely together to meet the needs of the young person. Learning re: identification of care leavers on our systems is being taken forward.
- We have 2 Probation Officers co-located with Gulf and they hold the majority of our serious organised crime cases and have excellent practice regarding safeguarding children.

- MAPPA Level 2 and Level 3 meetings where there are risks to children or children involved have a key focus on safeguarding children and our Probation Officers ensure they liaise closely with Children Services.
- Salford has reported a decrease of 26% when compared to 2015-16 MAPPA Level 3 meetings. The number of offenders managed at Level 3 in Salford has remained consistent throughout this period.²⁷
- We have reiterated the importance of our practitioners attending Child Protection Case Conferences and Core Group meetings and the importance of them submitting their written reports in a timely way.
- As a result of the JTAI we have delivered briefings to staff in Children Services and Health in relation to the role and responsibilities of the NPS.
- The NW divisional leads group devised a 7 Minute Briefing re: Neglect which we delivered to all our practice staff in Salford.
- We have well embedded Safeguarding Champions in our teams in Salford who promote good practice to their team colleagues.

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.
- We are undertaking safeguarding audits (see below) which will enable us to demonstrate how we are making a difference regarding safeguarding children and the quality of our staff's practice in this important area of work.

Key Challenges

- From a regional/divisional level work has been undertaken across GM for LSCB's to support the national vision which is that all cases that are Domestic Abuse related or if a offender has caring responsibilities for a child then checks with Children Services need to take place to inform Pre-Sentence Report preparation and post sentence supervision. It is important that in the coming year we ensure this is well embedded in the practice of our court officers and our offender manager units.
- 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. We also need to ensure that our staff are routinely implementing this.
- Practice staff and managers should be cognisant of local arrangements so that where cases are below the threshold for safeguarding but where risk or need is identified; referrals can be made.
- National 'Safeguarding' flags to be fully implemented and monitored
- Contributing to the review of divisional Management Oversight arrangements re: High and Very High Risk and Child Protection and Lifer cases
- The Launch of the Home Visiting Principles and guidance across the NPS division

Key Safeguarding Priorities 2016-2017

- Ongoing implementation and delivery of the Divisional Safeguarding Delivery Plan.
- Sustaining a high standard of safeguarding practice in line with the national policy.
- For NPS Salford practice staff to prioritise attendance at relevant LCSB training and refresher training events and for us to record and monitor this

²⁷ MAPPA Year End Report 2016-17

- The division have devised a quality assurance audit tool re: ensuring that we are achieving the required safeguarding children standards and good practice. This will be undertaken on 100 cases within our cluster of Manchester/Salford/Trafford. This will not only give us evidence of good practice but also areas where we need to improve.
- Ensure we brief the Police/Gulf re: NPS Role and Responsibilities. In light of a recent review we will also undertake briefings to key housing providers.

Manjit Seale

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

Community Rehabilitation Company



Cheshire and Greater Manchester Community Rehabilitation Company (CGMCRC) is owned by Purple Futures, which is an Interserve led partnership. CGMCRC continues to go through a period of transformation and change following its separation from the National Probation Service in 2014. In 2016 the CGMCRC implemented a strength based approach to assessment and interventions with its service users; this is known as the Interchange Model. This model focuses on rehabilitation and is based on: desistance theory, The Good Lives Model and personalisation. Key to this model are the principles of SEEDS (Skills for Effective Engagement and Development.) This model aims to instil in service users the characteristics of; hope and motivation, something to give, healthy lifestyles, a place in society, positive family life and relationships and a positive self-identity.

Key Safeguarding Achievements 2016-17

- CGMCRC does not work directly with children, young people or families. However, the CGMCRC continues to be one of the largest deliverers of domestic abuse interventions in the country by way of Court ordered requirements to sentences. Each year it delivers intervention programmes to hundreds of domestic abuse perpetrators throughout the area. CGMCRC also participates in the Integrated Offender Management scheme and MARAC meetings to facilitate engagement with partnerships and improve communication between agencies involved with regards to safeguarding.
- The CRC participates in safeguarding reviews where relevant cases are identified. All operational staff undertake mandatory safeguarding training as well as training on FGM, neglect and CSE, amongst others.

What difference has it made?

CGMCRC continues to develop its services based on service user feedback, internal audits and inspections from external agencies, such as HM Inspectorate of Probation who undertook an inspection of Manchester CRC at the end of 2016. This led to the implementation of a new quality assurance process.

Key Challenges

- The challenge for all services is to maintain quality of delivery at a time of economic and politic change. The CRC is no exception to this. Nevertheless, safeguarding remains a priority throughout the CRC and the Interchange Model offers the opportunity for service users, their families and the community to benefit from the rehabilitation process.

Key Safeguarding Priorities 2017-2018

- To increase the understanding of neglect and to roll-out staff training and embed good practice in dealing with those service users and their families where neglect is identified.

Nicola Pugh

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

Adult Social Care



In July 2016 95% of the adult social care operation transferred from the Local Authority to the Salford Royal Foundation Trust as part of an initiative supported nationally to drive forward better integration between adult social care and health. This has been a massive organisational change which even prior to the transfer took significant management and staffing capacity in terms of preparation and subsequently in term of implementation. In terms of meeting this organisational challenge, maintaining operational stability was given top priority which in practice meant that priority was given to ensuring existing operational working relationships were not adversely impacted whilst capacity was diverted to managing the new requirements on the organisation.

The Council continues have hold the statutory responsibility. The service is jointly commissioned with the CCG and a contract has been established with SRFT.

This has meant that capacity for involvement in more developmental work with children's safeguarding has been limited but ensuring appropriate liaison in key areas such as transition and the interface between adults and children's safeguarding and working together where appropriate has not been in any way adversely affected

In response to the Care Act the role of the multi-agency Adult Safeguarding Board is now statutory. This has an established budget and has employed a Business Manager and Support Officer.

Secondly in contrast the wider independent multi agency role of the adult safeguarding board This has led to further joint initiatives and working at a wider board level. For example increased multi-agency training taking place such as self neglect and making safeguarding personal training. It's understood that the training sub-group is going to develop as a shared sub group with children's safeguarding and a jointly appointed performance analyst post is shortly to be advertised.

The management structure in adult social care has been significantly modified in order primarily to drive forward the opportunities afforded by full integration with the Salford Royal Foundation Trust. These changes are still being worked through the system. There are no new appointments with specific responsibility for children but all new staff are required to be trained in children's safeguarding awareness in line with SRFT requirements reflecting the fact that child safeguarding is everyone's business.

Key Safeguarding Achievements 2016-17

- Inevitably during a period of large scale and fundamental organisational change, new developmental work has been significantly limited whilst child safeguarding has remained a high priority in terms of ensuring continuity in terms of transition work. This has included ensuring staff are aware of their child safeguarding responsibilities and ensuring awareness raising training is promoted.
- New developmental work has taken place in terms of briefings to senior children's managers regarding the law commission proposals around deprivation of liberty, their relevance to children aged 16-18 and the implications. Informally also there has been liaison with child safeguarding colleagues regarding the current situation whereby the mental capacity act applies to 16 to 18 year olds but not the deprivation of liberty safeguards and what case law is developing in this area.
- The guidance on adults encountering child safeguarding and children's staff encountering vulnerable adults in the course of their work with children and families has been revisited jointly and updated
- Work continues particularly between the transition team, jointly funded posts with adult services and the leaving care team to promote early co working of situations where children are identified as likely to need services as they move from children's services into adulthood and promote understanding of the better understanding of the differences in legal rights, resources, and constraints with a view to the best possible preparation/smooth transition

What difference has it made?

- Performance and Quality of Safeguarding remains a key area of development. This is presented at each Adult Safeguarding Board. Engagement with service users will also enhance the focus.

Key Safeguarding Priorities 2017-2018

- Ensure no deterioration in the quality of the operational service whilst integration and the impact of becoming a formally commissioned service bed in and whilst capacity is also increased as a result of restructuring and vacant posts.
- Meet the developing requirements of the adult safeguarding board which is committed to promoting co working across boards.

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 2015.

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

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 Safeguarding Achievements 2016-17

- 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 CYPF Forum meeting on 6th September focused on Domestic Abuse. Following on from the meeting information about SIDAAS services was distributed e.g. to Healthy Living Centres.
- The Seldom Heard Young People event was held in Salford on 20th October at Eccles College and a range of city leaders attended to listen to young people's presentations and to make pledges to young people for the coming year. This year the target audience was years 6 and 7 pupils. Six high schools and their feeder primary schools had been chosen to attend. To support and strengthen the pledges that were to be made by the City Leaders the young people involved created a community manifesto. Once again, Paul Moran (Gaddum) took the lead role in coordinating this event, supporting young people to deliver it, on behalf of VOCAL CYPF.
- Salford CVS worked with partners to deliver 3 sessions of the [Early Help and Neglect Summit](#) on 26 May and 8 June launching the Joint Working Protocol, Neglect Strategy and Early Help Strategy to 200 Salford practitioners. Feedback highlighted the value to practitioners of networking and meeting some of the range of organisations actively supporting children, young people and families in the city. Many practitioners felt that they would more actively seek out these organisations in future and requested regular opportunities to take part in similar events.

- 0-25 Pilot (West): Model for Integrating VCSE's 2016-17 This model was developed during 2016 in response to the rollout of the 0-25 West Locality Pilot. It was developed jointly between Salford CVS, VOCAL CYPF and the Salford City Council 0-25 Locality Manager and aimed to provide a model for Locality Teams to integrate with voluntary organisations, community groups and social enterprises (VCSE's) as part of the 0-25 transformation.
- The deliverables of this project were 3 fold: a community open day; 'work swap' and shadowing opportunities; operations manager meetings. Each approach was aimed at targeting the engagement of a different element of the VCSE sector by organisation size. All were underpinned by use of the [Joint Working Protocol](#) which provides a framework to enhance partnership working between voluntary, community and social enterprise organisations (VCSE's) and Salford City Council children's services.
- Progress has included the delivery of a successful community open day which aimed to strengthen links between the Early Help Locality 0-25 Pilot West Team based at Little Hulton Children's Centre and the local voluntary and community sector. This was well attended and received positive feedback.
- Work swaps and use of the Joint Working Protocol continue to be rolled out as part of the pilot. A number of citywide voluntary organisations were identified for operations manager meetings and Little Hulton/West Locality voluntary and community organisations for conversations with the Locality Team, potential 'workswaps' and potential use of the Joint Working Protocol. An interim learning presentation was received by the West Locality Pilot Steering Group in Feb 2017 when it was agreed that:
 - The Community open day had provided a valuable networking opportunity and knowledge exchange, building the wider team in the community. It was agreed to repeat this annually in West Locality and to roll out in other Localities as the 0-25 transformation developed.
 - There was more work to do to engage community groups – this takes time, commitment from all partners and the right people on the ground to make it happen. We thought we could effectively build into the 0-25 transformation 'cookbook' by having annual VCSE engagement plans for each Locality. We also agreed to develop the Locality Team job descriptions to reflect this VCSE engagement role and that CVS could support by delivering training to Locality Teams as part of a wider workforce development package on Understanding and Developing Relationships with Salford VCSE's.
- Salford CVS continue to support delivery of the Designated Persons Training (part of the SSCB seminar programme) by providing a co-trainer.
- Salford CVS continues to support Voluntary, Community and Social Enterprise organisations in Salford to implement the [Salford Safeguarding Standards](#). Eleven organisations have been supported by Salford CVS to self-assess against the Salford Safeguarding Standards in 2016-17. An additional seven organisations were provided with one to one support towards implementing the Standards and are in the process of completing a final self-assessment.
- In quarter four we launched the combined Adult and Children's Safeguarding Standards this following on from them being adopted by the SSCB and SAB at the end of the previous quarter. [Safeguarding Children and Young people | Salford CVS](#).
- This year we have also revised the Salford Safeguarding Standards for the Voluntary & Community Sector in partnership with SCC, NHS Salford CCG, and the VOCAL Wellbeing Forum for VCSEs. The need to develop the Salford Safeguarding Standards from the SSCB version for children to be inclusive of adults and approved by the SSAB was discussed and agreed at SSAB meetings in 2016. This work was a result of that agreement. The revised Salford Safeguarding Standards, were adopted by the SSCB and SSAB at the end of 2016 and are published.
- Four organisations have since been introduced to the Standards through tailored support to their individual organisation. These organisations approached CVS for support regarding safeguarding and the standards for a variety of reasons.
- We also launched the Standards at the Salford Third Sector Consortium AGM on 2nd February which was attended by representatives from ten Salford VCSE organisations.
- Salford CVS continues to deliver SSCB verified training – this year to 71 participants from 46 community and voluntary organisations across the city. Training has been delivered in community venues across the city.
- Monitoring and Policy Development Workshop: an additional training session has been developed to meet the needs of smaller community groups. These are micro organisations (turnover under £10k, volunteer led and community based) who need support to implement necessary policies when accessing a small grant. The training enables smaller organisations to produce useful and proportionate documents covering health and safety, equalities and safeguarding.

What difference has it made?

- We were contacted by an organisation following up queries raised in response to their application to be included on an Approved Provider Register. Following an assessment of their needs this organisation was provided with a copy of the updated model child protection policy and procedure and information. Following on from this support they sent this feedback. *"Hope you're well. I'm just getting in touch to let you know that we've been accepted onto the Approved Register for Counselling in Schools. Thank you so much for all your support with sorting out the Safeguarding Standards. I know we couldn't have done it without you!"*
- Of the 71 people from 46 voluntary, community and social enterprise organisations taking part in CVS training on safeguarding children in 2016-17, an average of 87% recorded an increase in skills, knowledge and confidence in safeguarding as a result of the training.

Key Challenges

There are 1,513 separately governed voluntary, community and social enterprise organisations in Salford. The majority of these are micro (with a turnover under £10k) and may not have any legal form. It is an ongoing challenge to ensure reach to all these organisations and to enable them to take proportionate steps to address safeguarding of children and young people as well as to gain recognition for the valuable work they do in communities.

Key Safeguarding Priorities 2017-2018

- To promote and support VCSE organisations to implement the Salford safeguarding Standards.
- To review the effectiveness of the combined children's and adult standards and report back to the SSCB on their use.
- To continue to promote the work of the SSCB to VCSEs and to deliver Safeguarding Basic Awareness training courses to VCSE's working with Salford beneficiaries.
- To continue work with the Locality model within the 0-25 transformation, supporting VCSE engagement through training, community open days and use of the Joint Working Protocol.

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 Safeguarding Achievements 2016-17

- 95% completion rate in staff successfully completing and achieving the required standard in our E Learning Safeguarding.
- Each crew in Salford is receiving face to face awareness raising sessions in relation to Safeguarding
- The internal Safeguarding Policy and Procedure is presently being annually reviewed
- Section 11 audit was completed and approved by SSCB
- There are two Safeguarding internal governance groups meeting regularly made up of a practitioners group and a Strategic group
- We have a cohort of over 20 trained Designated Safeguarding Officers (DSO), who now provide 24 hour cover to our 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.

- This will ensure a robust completion of referrals to Safeguarding. Over the past 12 months GMFRS has referred 7 cases into Children's Services

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.

Key Safeguarding Priorities 2017-2018

- To annually 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. Also to address new Safeguarding concerns such as Breast Ironing.

Additional Information:

- www.manchesterfire.gov.uk/

Andy Pownall

Prevention Manager- Greater Manchester Fire and Rescue Service

North West Ambulance Service (NWAS) NHS Trust



The Safeguarding Team has expanded since taking on two new Safeguarding Practitioners in early 2017. There is now a designated Safeguarding Practitioner working in each geographical area of the Trust, Cumbria & Lancashire, Greater Manchester and Cheshire & Mersey. The practitioners work directly to the Safeguarding Practice Manager and under the umbrella of the Clinical Safety Team and the Head of Clinical Safety. The increase in the workforce has allowed a stronger commitment to internal training and support for staff and for a visible engagement with Local Safeguarding Adults and Children's Boards.

Key Safeguarding Achievements 2016-17

- All of the Safeguarding Practitioners and the Safeguarding Practice Manager and Head of Clinical Safety attend external level 3 training provided by the Local Safeguarding Boards on a variety of current topics, such as CSE, Human Trafficking and modern slavery, and CDOP workshops. The Safeguarding Practice Manager and the Head of Clinical Safety attend level 4 training as the designated professionals for safeguarding.
- Safeguarding activity continues to increase each year and is reflected in the increase in the numbers of safeguarding concerns raised about adults at risk and children. 190 child safeguarding concerns referred to the Bridge in 2016-17.
- The Vulnerable Persons Policies and Procedures have been updated and designed to highlight current issues and offer guidance and raise awareness of potential risks to vulnerable people in society.
- The Safeguarding Team visit Trust areas on a quarterly basis to raise safeguarding awareness and support staff engagement with the Safeguarding Practitioners to increase their knowledge.
- Each board has been formally contacted by the Safeguarding Practice Manager to inform them of our commitment to the boards and establish good working relationships in each area.
- Each month the safeguarding concerns that are rejected by Adult and Children's Social Care are scrutinised to understand the themes and to reallocate concerns to the correct service or to the patients GP.
- The Trust has recently appointed a Mental Health Strategic Advisor who will coordinate the partnership work to develop mental health referral pathways. Rejected child safeguarding concerns generally relate to duplicate notifications as each child in a family is referred or being sent to the wrong area (geographical boundaries).
- As an additional safeguard the child concerns are also sent to the relevant community and acute health teams, this helps to facilitate multi-agency working and information sharing.
- Over 94% of all NWAS staff have now received WRAP 3 training. The Head of Clinical Safety is the Prevent lead for the Trust. WRAP is included within mandatory training for all staff and compliance with this national

requirement has increased during 2016/17. NWAS is in the top 3 of all NHS Trusts for meeting the national training requirements.

- CSE has been 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.
- Continue to raise awareness of modern slavery and human trafficking. The updated procedures include a pathway for staff to follow if human trafficking is suspected.
- Continue to raise awareness of children who are self-harming, expressing suicidal ideas or attempting suicide. Actively involved in several SCR's that have been commissioned by the LSCBs.
- Safeguarding awareness events take place each quarter to target specific areas, increase visibility and work with staff to understand barriers to raising concerns.

Vivienne Forster

Safeguarding Practice Manager- North West Ambulance Service NHS Trust

Housing Forum

At the Salford Strategic Housing Partnership meeting in July 2010, a report was presented outlining recent local and national developments in relation to the safeguarding of children and vulnerable adults. The report also highlighted the growing importance that this work has on housing organisations and included a proposal to develop a Safeguarding in Housing, as a sub group of the Partnership.

The purpose of the Forum is to give all Registered Providers, Supported Accommodation Providers and Housing Support Services in Salford the opportunity to meet with each other and to also be kept fully informed of all national and local safeguarding developments.

Key Safeguarding Achievements 2016-17

- Increased attendance and representation from registered providers at the Forum following a development session – Salford are the only local authority within the Northwest region to have a Forum of this kind for Housing Providers/Services.
- Terms of Reference for the Forum reviewed, updated and signed off by group.
- Alignment of Forum priorities to mirror Board priorities and partners/guest speakers co-operation to present to the Forum
- Introduction of a shared learning agenda item involving members giving a presentation about their organisations safeguarding arrangements and Forum members being able to give assurances that robust safeguarding arrangements are in place.
- Formal linkage to Childrens Board through attendance at Board meetings such as Coordination & Delivery, Case Review and Audit Subgroup, Performance and Quality Assurance, Strategic Training and Complex Safeguarding
- Opportunity for housing colleagues to work collaboratively with SSCB on key pieces of work such as speakers at the Early Help & Neglect Summit, stall holders at the Annual Lessons Learnt Event and attendance and involvement in SCR's and Multi-Agency Concise Reviews

What difference has it made?

- Increased commitment, effective communication. Forum members kept up to date with local and national developments, improved practice
- Greater awareness of priority issues and strengthening of networks
- Support sharing of good practice amongst providers/services, improved practice
- Improved communication and increased involvement in Board business

Key Safeguarding Priorities 2017-2018

- Continue to contribute to the SSCB Annual Report

Lindsay Barrett

Safeguarding Lead Housing, Regeneration
Housing Forum Chair



Section 7: Glossary and Appendices

Glossary

AGMA	Association of Greater Manchester Authorities
AILC	Association of Independent LSCB Chairs
BWS	Bolton Wigan Salford
CAF	Common Assessment Framework
CAFAS	Children and Family Assessment
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CDA	Childrens Domestic Abuse
CDOP	Child Death Overview Panel
CEOP	Child Exploitation and Online Protection
CIN	Children in Need
CME	Children Missing Education
CP-IS	Child Protection- Information System
CPP	Child Protection Plan
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSA	Child Sexual Abuse
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CWD	Children with Disabilities
CYPTB	Children and Young Peoples Trust Board
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking and Honour Based Violence
DHR	Domestic Homicide Review
EHE	Elective Home Education
EHWB	Emotional Health and Wellbeing Board
EIP	Early Intervention and Prevention
FGM	Female Genital Mutilation
FYYPB	Family Justice Young People's Board
GCP	Graded Care Profile
GM	Greater Manchester
GMCA	Greater Manchester Combined Authorities
GMMH	Greater Manchester Mental Health NHS Foundation Trust
GMP	Greater Manchester Police
GMSP	Greater Manchester Safeguarding Partnership
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
JTAI	Joint Targeted Area Inspection
LA	Local Authority
LAC	Looked After Child(ren)
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MARAM	Multi-agency Risk Assessment Model
MFH	Missing from Home
NICE	National Institute for Clinical Excellence
NOMS	National Offender Management Service
NPS	National Probation Service
OCG	Organised Crime Group
PCSO	Police Community Support Officer
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
TDAB	Tackling Domestic Abuse Board
TOR	Terms of Reference
VCSE	Voluntary Community Social Enterprise
WOA	Week of Action
WRAP	Workshop to Raise Awareness of Prevent
YPDAM	Young Peoples Domestic Abuse Meeting
YPP	Young Person's Plan
YPVA	Young Person Violence Advisor



Appendix 1: Board Membership

Chair		
Westwood, Simon	Independent Chair	Salford Safeguarding Children Board
Vice Chair		
Allsop, Chris	Superintendent	GMP, Salford Division
Statutory Members		
Armfield, Karen	Head Teacher	Boothstown Methodist Primary School
Blackburn, Deborah	Assistant Director: Public Health Nursing	Salford City Council
Browse, Laura	Head of Primary Care	NHS England
Clancy, Karen	Deputy Director of Clinical Governance, Lead Named Nurse	GM Mental Health Foundation Trust
Dixit, Kalpesh	Designated Doctor	Salford Royal Foundation Trust
Hassall, Anthony	Chief Accountable Officer	NHS Salford Clinical Commissioning Group
Herne, David	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
McGovern, Jennifer	Assistant Director: Joint Commissioning	Salford City Council
Nathan-Lingard, Sarah	Service Manager	CAFCASS
Pugh, Nicola	Community Director	Community Rehabilitation Company
Ramsden, Charlotte	Director for Children's and Adult Services	Salford City Council
Seale, Manjit	Assistant Chief Executive	National Probation Service
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
Shannon, Lana	Interim Head of Safeguarding Unit	Salford City Council
Patel, Andrea	Designated Nurse Safeguarding Children & LAC	NHS Salford Clinical Commissioning Group
SSCB Officers		
Barrett, Lindsay	Training Officer	Salford Safeguarding Children Board
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 Stone, Lisa	Lead Member	Salford City Council
Cllr Walsh, John	Elected Member	Salford City Council
Lay Member		
Rabbi Grant, Simon	Director of Community Services	Binoh of Manchester



Appendix 2: Statutory Board Members Attendance 2016-17

Agency	% attended
Adult Services, Salford City Council	40%
CAFCASS*	n/a
Salford CCG	100%
Children Services, Salford City Council	100%
Community Rehabilitation Company	60%
Education	40%
GMP, Salford Division	100%
GMW Mental Health NHS Foundation Trust	100%
National Probation Service	80%
NHS England	0%
Public Health, Salford City Council	80%
SRFT	80%

*Senior Head of Service - Greater Manchester wrote to Salford LSCB's in December 2015 to confirm CAFCASS local contributions and arrangements.



Appendix 3: Board Structure 2016-2018

Salford Safeguarding Children Board Independent Chair
Coordination and Delivery Group Chair: Superintendent (GMP)

SSCB Sub Groups

Education Chair: Head Teacher (SCC)	Case Review and Audit Chair: Assistant Director, Specialist Services (SCC)
Learning and Improvement - Performance and QA Chair: Designated Nurse Safeguarding Children & Looked After Children (CCG) <i>Joint SSCB and Children & Young People's Trust, led by SSCB</i>	
Strategic Training Chair: Assistant Chief Executive (NPS)	Sexual Abuse and Exploitation Chair: Detective Chief Inspector (GMP)

Joint or Shared Sub Groups

Children's Domestic Violence Chair: Head of Safeguarding (SCC) <i>(led by CSP)</i>	CDOP Chair: Independent <i>(led by Bolton LSCB)</i>
E-Safety/Anti Bullying Chair: Senior Youth Work Manager <i>(led by CYPTB)</i>	Voice of the Child Chair: Senior Youth Work Manager <i>(led by CYPTB)</i>

Reference Groups/ Critical Friends

VOCAL Voluntary and Community Sector Forum Chair: Deputy Chief Executive (CVS)	Practitioner Forum Chairs: Learning Support Service Manager & CAF Coordinator (SCC)
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SSCB Task and Finish Groups 2016/17

Communication, Engagement and Awareness Chair: Assistant Director Public Health Nursing	Neglect Chair: Independent Review Service Manager (SCC)
Complex Safeguarding: Assurances re Prevent, Trafficking & FGM Chair: Assistant Director Public Health Nursing (SCC) <i>Joint SSCB and Children & Young People's Trust, led by SSCB</i>	
Female Genital Mutilation Chair: Designated Nurse Safeguarding Children & Looked After Children (CCG)	



Appendix 4: Budget 2016-2017

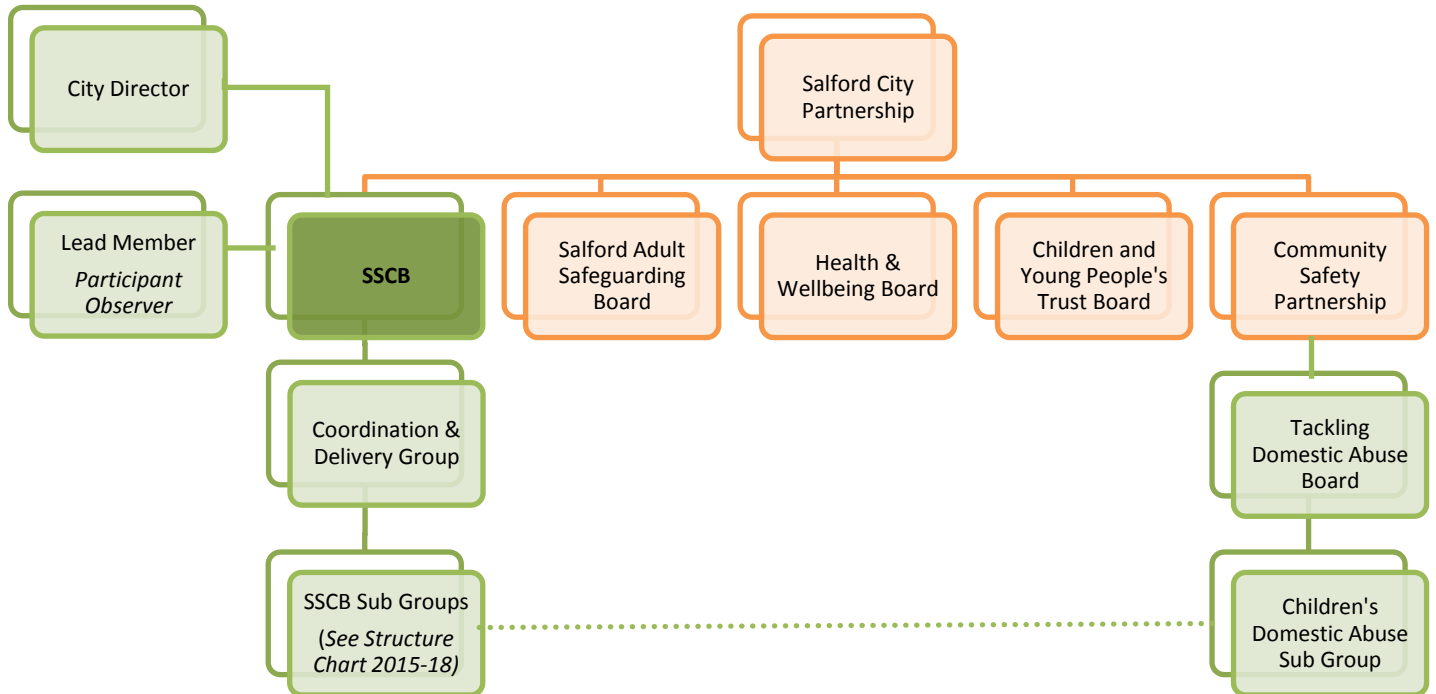
Income 2016 - 2017		Expenditure 2016 - 2017	
Salford City Council	£91,825	Staffing	£177,006
Health	£71,616	Training	£1,769
GMP	£13,500	Office Expenses	£13,195
CRC	£1,905	Professional Fees	£57,260
National Probation Service	£1,778		
Schools	£22,400	Other staff related costs	£3,592
CAFCASS	£550		
Other (Non attendance)	£428		
Total	£203,998	Total	£252,822
Balance B/fwd into 2016/17	£79,924	Balance C/fwd into 2017/18	£31,100

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	£177,006

Professional Fees	
Serious Case Review	£20,500
CDOP	£11,955
Independent Chair	£17,599
Other Professional Fees	£7,207
Total	£57,260



Appendix 5: Organisational Structure- Governance and Accountability Arrangements





Appendix 6: SSCB Core Dataset 2016-2017

Name	SN (Source LAIT)	England (Source LAIT)	2013-14	2014-15	2015-16	2016-17 ²⁸
Percentage of contacts to Children's Social Care which led to a Referral			32.3%	38.3%	37.9%	26.3% ²⁹
Referrals to Children's Social Care Services per 10K population under 18			556.7	771	780	892.5
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%	21.8%
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	1895
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)	424 (78.8 Rate/10,000)
Initial child protection conferences			540	601	787	557
Timeliness of initial child protection conferences			77.7%	82.3%	44.3%	94.1%
Percentage of child protection cases which were reviewed within required timescales	93.2%	94.0%	96.7%	97.2%	99.6%	99.9%
Child protection plans lasting 2 years or more	3.8 %	3.7%	2.8%	2.1%	1.1%	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%	23.8%
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)	519 (96.4 Rate/ 10,000
Timeliness of statutory visits			79.0%	79.0%	83.9%	77.5%
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%	85.7%
LAC cases which were reviewed within required timescales - post 1st April 2011			98.5%	95.6%	98.2%	99.9%

²⁸ 2016-17 data is provisional until we receive national final figures late autumn 2017

²⁹ Not directly comparable with previous years due to changes within the Bridge