

Date: 18th September 2017
Time: 13:00 until 16:00
Chair: Simon Westwood, Independent SSCB Chair
Venue: Committee Room 4, Civic Centre,
Chorley Road, Swinton, M27 5AW

MINUTES

1. Welcome and Apologies

Chair of meeting:

Westwood, Simon Independent SSCB Chair

Members in attendance:

Ms Armfield, Karen	Head Teacher, Boothstown Methodist Primary School
Dr Clancy, Karen	Deputy Director of Integrated Governance, Lead Named Nurse Greater Manchester Mental Health
Ms Ford, Emma	Head of Safeguarding, Salford City Council
Ms Hubber, Sharon	Assistant Director Specialist Services, Salford City Council
Ms Murray, Louise	Deputy Chief Executive, CVS,
Ms Nathan-Lingard, Sarah	Service Manager, CAF/CASS
Ms Patel, Andrea	Designated Nurse, NHS Salford CCG
Ms Pugh, Nicola	Community Director (Manchester, Salford and Trafford) Cheshire & Greater Manchester CRC
Ms Ramsden, Charlotte	Director of Adult and Children's Services, Salford City Council
Ms Seale, Manjit	Assistant Chief Executive, National Probation Service

Officers in attendance to represent SSCB members:

Mr Clitherow, Alan	Detective Chief Inspector, Greater Manchester Police (representing Chris Allsop)
Ms Case, Helen	Named Nurse: Safeguarding Children, SRFT (representing Clare Kelly)

Officers from the SSCB in attendance:

Ms Bentley, Vivienne (minutes)	Senior Business Support Officer, SSCB
Ms Slack, Tiffany	Interim Business Manger, SSCB
Ms Clayton, Kathy	Performance and Quality Assurance Coordinator, SSCB

Other agencies or groups invited onto the Board as co-opted members and advisors

Ms Shannon, Mary	Senior Lecturer in Children, Young People & Families, Institute of Childhood and Education
Mr Moran, Paul	Service Manager, Salford Carers Centre
Ms Lay, Mick	CDOP Independent Chair

The Lead Member for Children's Services (participating observer)

Cllr Walsh,	Executive Support for Education and Learning (representing Cllr Lisa Stone)
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Sub Group Chairs (attend when required):

Apologies received from:

SSCB Members:

Mr Allsop, Chris	Superintendent, Greater Manchester Police (Representative attended)
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Ms Blackburn, Deborah	Assistant Director: Public Health Nursing
Dr Dixit, Kalpesh	Designated Doctor, SRFT
Rabbi Grant, Simon	Lay Member
Ms Kelly, Clare	Assistant Director of Nursing, SRFT
Ms Thorpe, Francine	Director of Quality & Innovation, NHS Salford Clinical Commissioning Group

The Lead Member for Children's Services (participating observer)

Cllr Stone, Lisa	Assistant Mayor: Services for Children & Young People
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Not expected to attend

SSCB Members:

Ms Browse, Laura	Head of Primary Care, NHS England
Mr Hassall, Anthony	Chief Accountable Officer, Salford CCG
Mr Herne, David	Director of Public Health

Sub Group Chairs (attend when required):

Ms Metcalfe, Madeline	Learning Support Service Manager, Salford City Council
Ms Rogers, Polly	Salford Health Works Advisor
Mr Rumley, Tim	Senior Youth Service Manager, Salford City Council

Other agencies or groups invited onto the Board as co-opted members and advisors

Ms Armitage, Emma	Learning Support and Safeguarding Manager, Salford City College
Ms Ashton, Lorraine	Solicitor, Manchester & Salford Legal Section
Dr Burfitt, Elaine	Named Doctor: Community Child Protection, SRFT

Did not attend

Ms McGovern, Jennifer	Assistant Director Joint Commissioning
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- 1.1. The Chair welcomed everyone to the meeting and thanked everyone for their help, support and well wishes provided after he took ill at the last meeting.

Presentation of Reports

2. Evaluation of Signs of Safety

- 2.1. Mary Shannon attended the meeting to present the Signs of Safety Evaluation report which was included with the papers for this meeting and was also available with the papers for the meeting held in June.
- 2.2. Ms Shannon explained that Chris Broadbent, Child Protection Service Manager asked Salford University to undertake the research into the Signs of Safety model. Ms Shannon supervised six post-graduate students during the pilot phase of implementing the Signs of Safety model in Salford. The later, follow up evaluation was completed quickly as Ms Shannon was leaving the university. Unfortunately they did not manage to complete as many interviews as they wanted.
- 2.3. The database analysis of 12 months children's details at conference was used and a random sample were selected. There was a high level of issues identified including domestic abuse. Ms Shannon commented on the number of police reports submitted for these meetings, the length and complexity of these reports. There are complex cases being managed in Salford.
- 2.4. The evaluation found that the signs of safety features were working well. There were differences to chairing styles; however this was becoming more consistent.

- 2.5. Ms Shannon acknowledged that this system has been implemented in Salford with very little resources.
- 2.6. The recommendations note that Salford has not had funding or the trademark training. The model could usefully be rolled out to other meetings such as core groups, this would enable a more in-depth evaluation.
- 2.7. Children's involvement in meetings could be improved and the use of Viewpoint would facilitate an improvement.
- 2.8. The small sample of parents interviewed were positive about the model however some still felt that their views were not heard or that everyone was against them. Therefore it is recommended that some advocacy service may be beneficial.
- 2.9. The Chair asked the meeting to note that this evaluation is a small follow up to a larger piece of work. It is worth noting the potential to role out this model to other areas and considers how we make it work. We should also consider the feasibility of introducing parent advocates.
- 2.10. Ms Ford informed that Salford are looking to role out signs of safety on a consistent basis and will look at how to do this. With regard to advocacy, looking at what is commissioned through the advocacy service to ensure that young people can contribute to meetings if attendance is not the best for them.
- 2.11. It was asked if there is anything specific that should be included in the training. The length of meetings has reduced as people are more used to this type of meeting. Good foundation was already in place and professionals have welcomed the new way of working. There is nothing additional to include in training.
- 2.12. The Chair noted that one of the messages from the national evaluation was the importance of strategic ownership of the process and asked if it is embedded and understood with health services. Ms Patel informed that school nurses have reviewed the information that is submitted to conference to ensure it is child and parent friendly, this system is viewed as positive and is embedded and understood by them. Dr Clancy will need to check with Salford leads and ask them to provide assurance that the signs of safety model is understood and embedded in their practice.

Action 2.1: Dr Clancy

- 2.13. Ms Ramsden informed that this system also fits with 0-25 strategy in terms integrated service delivery, integrated early help model, linking to integrated specialist help models. Signs of Safety have been really successful and there is interest in rolling it out more widely to different types of meetings and engagement with families. The principles of this model are the glue in the system, it is important to ensure that we are making a difference, this will be evidenced by the number of families being de-escalated through the system.
- 2.14. Ms Ford noted that however the system is rolled out across city, it needs to be parallel to another study, in conjunction with the Quality Assurance Team to look at the outcomes.
- 2.15. Ms Armfield agreed that schools understanding of this system is important and will discuss this staff regarding how to include the voice of the child. The school's responsibility is to get the voice of the child and their perspective.

2.16. Ms Hubber commented that this validates systems thinking. The second evaluation was requested to check how the system is working and to ensure that complacency has not set in. The signs of safety model has started to be used in core groups and other meetings. PLO is a good place to introduce the model as generally these meetings are attended by internal staff initially with other professionals invited in. Professionals now feel this is a good system that gives a structure on how to work together and include the voice of the child.

2.17. The Chair thanked Ms Shannon for attending the meeting today.

3. Seldom Heard

3.1. Paul Moran, Service Manager, Salford Carers Centre attended the meeting and presented a PowerPoint presentation about seldom heard events. This presentation is available on the SSCB Sharepoint site.

3.2. Mr Moran questioned why separate seldom heard events are still required noting that existing groups should include school councils. School councils should also include member from seldom heard groups.

3.3. Mr Moran noted that the issues raised by young people at these events do not relate directly to child protection, their priorities are often around street lighting, safety in parks and access to emotional support

3.4. Ms Ford agreed with the observation that members of youth groups are often cherry picked, for example the Fight for Change council is fantastic however it includes young people who want to engage. Including young people from certain areas and those who are not as willing or able to be engaged remains an issue to address what is needed to support to enable them to contribute. We would need to work together to enable this and ensure we are getting the true voice. Mr Moran observed that what we try to do is ask children to fit into tried and tested adult systems. Children that cannot engage with those systems also need to be heard. Seldom heard has been successful in the city.

3.5. Cllr Walsh commented that we need to reach parts of communities we never reach, and mentioned learning cities and the PACT project from the Albion. There are skills in the community that are passed on to children; these skills are not always what we would want for them We need to link with Mr Moran and seldom heard to help change perceptions and engagement. Mr Moran noted that there are elements of things done in the city which are driven by the youth council and youth parliament. Meetings such as Voice of the Child should be attended by young people in the majority, not just representatives from youth boards but also include representatives from services.

3.6. Ms Ramsden commented that it is not good enough as a system until we collate what everyone is doing to identify the voice of the child. There are a few reports on the views of children that have been collated and analysed. We can see how many children are asked for their views, we do not currently analyse what children say. We need to look at how we build a structure to record this.

3.7. Ms Hubber noted that our approach is very traditional. A lot of young people do not want to come speak in a room full of adults. The Chair commented that young people are often skilled at technology, we need to get better at talking to young people in a way they are used to, using communication methods they are comfortable using.

3.8. Ms Nathan-Lingard suggested linking with the Family Justice Board, which is run by young people. The family justice board is a national organisation that raises the voice of children in court proceedings.

- 3.9. Ms Patel noted that it would be beneficial for children with complex needs to be included if there is a broad range of ways to contribute.
- 3.10. The Chair thanked Mr Moran for his attendance today and informed that he attended the Seldom Heard event held in 2015.
- a. We need to think about how to engage with the event in November.
 - b. There is already a lot of information out there, how can we support the collation of this?
 - c. Collectively we need to think about different ways to use technology to broaden the scope of consultation with young people.
- 3.11. Ms Ramsden informed that as 10 authorities engage with a youth focus, that links the ten youth systems to the Greater Manchester approach. The Greater Manchester Mayor is also looking at forming a Greater Manchester youth community.

4. Future Safeguarding arrangements

- 4.1. The Chair highlighted that The Children's Social Work Act came into force in May 2017. The Department for Education (DfE) is in the process of drafting guidance. Consultation meetings were held pre-draft, now they are drafting guidance. There are meetings on 20th and 27th September to discuss the guidance, the Association of LSCB chairs will be represented at these meetings.
- 4.2. The Chair understands the DfE is looking at producing two separate guidance notes, one to cover broad safeguarding guidance, the other specifically for serious case reviews. It is expected that the guidance will be available in November. The DfE is working on a consultation end date of the end of December.
- 4.3. The timetable to implement the changes remains the same; this means that local authorities will need to have new safeguarding arrangements in place by the end of September 2019. There is nothing currently in place to indicate what arrangements need to be in place in the interim.
- 4.4. The Chair will meet with Ms Slack next week to identify proposals for the new safeguarding arrangements. These proposals will be shared at the development session on 16th October.
- 4.5. The Chair has met with strategic partnership board chairs and Jim Taylor, City Mayor. He has been asked to feedback on the current thinking at the next meeting in November.
- 4.6. There will be another development session in January 2018 at which point the guidance will be available.
- 4.7. The Chair will ask the Chief Executive to convene a meeting of strategic partners to agree a timetable for decision making for the final arrangements. It is hoped that the SSCB will be able to give a view on this in March 2018.

5. CDOP Annual Report Mick Lay 14:00 - Paper

- 5.1. Mick Lay attended the meeting today to present the CDOP Annual Report 2016-17 and highlighted the following points:
- There were 19 Salford child deaths in the reporting period, the ratio of deaths has reduced in Salford which is against the trend.

- Closed 21 cases involving Salford children. 13 of these were under 1 year, this is below average.
- 7 of the deaths were from the two most deprived quintiles.
- There were 3 SUDI, two of which had factors relating to smoking and sleeping environment.
- 6 of the 13 deaths of children under 1 were either premature or extremely premature born under 26 weeks).
- 7 of 13 cases; mother's weight classed as overweight or obese.
- Age of mother: only one case was a teenager, 17, two under 21, 5 less than 30 and 5 greater than 30 years old.
- 4 children older than one died as a result of existing conditions or a diagnosis of inoperable conditions in later life.
- Ethnicity: In Salford the white population is 79.9 % and 67% of child deaths in Salford were white children. This is reflected nationally in the inequality in relation to white population against deaths.
- Deprivation: 29% of the population in Salford live in the most deprived quintile, 62% of child deaths in Salford live in the most deprived quintile.
- Categories of death: 6 chromosomal, 3 SUDI. North West is second highest in the country for SUDI deaths.
- Modifiable factors: 7 cases identified with modifiable factors which is 33%, the average is 32.5% and nationally it is 27%. All 7 were under 1 year old, 4 were aged 0-27 days old and 3 were 28 days to 1 year old. Modifiable factors identified include; obesity, co-sleeping, prematurity, smoking, domestic abuse, health care access and language issues.
- BME: whilst there are small numbers, there is still a consistent issue regarding representation of child deaths and BME. Some of the issues are relevant to Salford, some bigger than one area and need to be addressed regionally.

5.2. The Chair noted the point around access to appropriate interpreters and the point around if information is not getting out regarding how to access health care or understanding if there are barriers in place to restrict access to health care. Mr Lay explained that it is difficult if the parent is in spontaneous labour and needs access to help immediately. It is easier to talk and understand what is being said when the situation is calm, but when in a stressed situation and help is required immediately it is much more difficult.

5.3. Ms Hubber noted that 5 years data is now available. The SSCB spent a lot of money on safe sleep. Smoking has always been identified as a modifiable factor. Ms Hubber asked if we need to go back and check the safe sleep information given to parents. Ms Patel informed that in all cases safe sleep information had been given. It is difficult to facilitate change in behaviour. Mr Lay said it is important to note that when a health visitor becomes involved it can be difficult for them to get upstairs to see where the baby sleeps. It was suggested to target grandparents; however, it was noted that grandparents were included in the safe sleep campaign.

5.4. It was highlighted that the North West is the second highest region for SUDI.

5.5. Recommendations:

- Previously recommendations have been specific, this year they are more wide ranging. Theme regarding under 1-year olds. The Greater Manchester report also makes recommendations, the challenge is to analyse the 5-year data. It is suggested to use a public health analyst supported by LSCBs.

- Ms Blackburn worked with team to reduce child mortality in Salford and across Greater Manchester. Mr Lay suggested that the SSCB hold Ms Blackburn to account and request quarterly updates. The Greater Manchester report and the directors of Public Health should have understanding.
- CDOP and Public Health have organised a regional conference on 14th November, Kathy Rodway, who has researched suicide to speak, Lizzie Garrett who leads on the Rapid Response Team which is a gold standard across the county, Mick Lay will speak on modifiable factors and Jackie Gormay will speak on a regional scale about gathering data and how we make best use of it.

5.6. The SSCB agreed to the recommendations included in the CDOP Annual Report 2016-17

5.7. The Chair reminded the meeting that the responsibility for CDOP is changing to Department of Health.

5.8. The Chair thanked Mr Lay for attending the meeting today.

6. CDOP Action Plan

6.1. The Chair explained that we have received a comprehensive, draft action plan. **It was agreed to circulate the action plan when it has been agreed by Ms Blackburn**

Action 6.1: D Blackburn/V Bentley

7. SSCB Annual Report

7.1. The Chair thanked Ms Slack for all her hard work pulling information together and chasing partners for contributions to this annual report.

7.2. Ms Slack thanked all that have contributed to the report so far and noted that the outstanding areas are highlighted on the contents page.

- CSE & CSA data has been discussed with Alan Clitherow and Emma Ford
- Disabled children and private fostering:
- NHS England: not received any information. Ms Patel will follow up

Action 7.1: A Patel

7.3. Ms Slack informed that she has tried to encourage contributions to demonstrate the impact of work undertaken.

7.4. The SSCB were asked to endorse the report and agree the priority areas. If SSCB members have any further comments or submissions for the report they are asked to send these to tiffany.slack@salford.gov.uk by 25th September 2017. The Chair noted that the priority areas for this year are on pages 43-46 and asked members to prioritise these pages when they read the report.

Action 7.2: ALL

7.5. The Chair confirmed that if information has not been received by 25th September, the section will be removed from the annual report as the final report needs to be signed off by the end of September.

7.6. The meeting agreed that The Chair and Ms Slack can sign off the final version of the annual report on behalf of the SSCB.

- 7.7. The annual report is due to be shared at the Health and Wellbeing Board on 10th October 2017.
- 7.8. Ms Murray commented that the annual report is comprehensive, as a result it is also lengthy and asked if an executive summary can be produced. Ms Ramsden informed that the Safeguarding Adults Board produces an easy read version of their annual report. The Chair agreed to consider this further.

Action 7.3: S Westwood

Business

8. Minutes of previous meeting, matters arising Chair Paper


- 8.1. The Chair thanked everyone for their kind words and confirmed that he has fully recovered now. He also thanked all who helped him on the day.
- 8.2. The minutes were agreed as an accurate record of the meeting held on 19th June 2017.
- 8.3. Item 15.1 action summary report was included in the papers. This clarifies the situation regarding BME on child protection plans and GP reports to initial child protection conferences.

9. Outstanding actions

- 9.1. The action log was updated at the meeting and the following actions were agreed as complete or no longer relevant

Date	Actions	Lead	Progress
17/10/2016	2.1 Liaise with Ms Hubber and Ms Ramsden to arrange for Mick Lay to attend the next Health and Wellbeing Board meeting to present the CDOP 2015-16 report.	Debbie Blackburn	Sharon meeting with Charlotte today and will discuss this with her 24/04/2017: Check if this happened. HWB is Chaired by Cllr Kelly. 19/06/2017: Ann Lythgoe has received communication to discuss if CDOP report should go there. 06/092017: Ms Slack has contacted Anne Lythgoe again, she is waiting for confirmation from D Blackburn. 07/09/2017: A copy of the CDOP Annual reports 2015-16 and 2016-17 will go to HWB in October 2017.
13/02/2017	5.1.ii Mick Lay, CDOP Chair will be asked to write to the ambulance service for assurance regarding rapid response training.	Mick Lay	24/04/2017: Mick Lay has contacted Andrea Edmondson, NWAS and is awaiting her response. 19/06/2017: It was agreed to ask Mick Lay for a response 27/06/2017: Mick Lay has forwarded a

Date	Actions	Lead	Progress
			response from Andrea Edmondson, NWAS: "Could you tell me please if there are any future rapid response courses being run as we have a number of clinical leads who this training would be useful for."
13/02/2017	12.1 Raise the need for formal governance links for emotional health and well being at the Joint Chairs meeting arranged for April 2017.	Simon Westwood	24/04/2017: Meeting has been rearranged as not all Chairs could attend in April. 19/06/2017: Meeting now arranged for 9 th August 2017 08/09/2017: The need to clarify Governance on EHWP was raised at the Joint Chairs meeting. This to be included in the next update of the joint protocol after liaising with Public Health lead and Chair of the Board.
13/02/2017	14.1 Discuss the SARC training for social workers with Dr Dixit	Lana Shannon	24/04/2017: KD and LS have discussed this and will arrange a meeting with Tim Littlemore 19/06/2017: Dr Dixit and Tim Littlemore are in contact to arrange a meeting. 08/09/2017: Meeting arranged for 23/10/2017
24/04/2017	2.3 Report to Greater Manchester to highlight work and inform that child protection discussions will be different at transfer in/out for children aged 15 and over.	Sharon Hubber	18/09/2017: Ms Hubber informed that at the AD meeting, looking to work on developing a regional agreement. Work is ongoing, and Ms Hubber will feedback when substantial.
24/04/2017	3.2 arrange another development session in January 2018 at which point the legislation will be published.	Tiffany Slack	19.06.2017 Arranged for 15.1.2018 10-12noon. 07/09/2017: Calendar invite sent out to SSCB members
24/04/2017	3.3 discuss outside of this meeting how we get input from the community. It is proposed to move away from the term "lay member" and use a different approach.	Louise Murray/Simon Westwood	19/06/2017: Date arranged to meet. 08/09/2017: Simon Westwood met with Louise Murray and Simon Grant and the outcomes will be fed into the proposals to be considered in November.
19/06/2017	4.1 expand the narrative to explain the effectiveness of support for perpetrators and adult victims of	Lana Shannon	20/06/2017: Revised report circulated to SSCB members

Date	Actions	Lead	Progress
	domestic abuse		 Item 04 Children Affected by Domestic
19/06/2017	5.1 confirm that identification of FGM is part of the Greater Manchester maternity review.	Andrea Patel	18/09/2018: Ms Patel has received assurance that FGM is part of the Greater Manchester maternity review.
19/06/2017	14.1 inform Ms Baker that the SSCB agree to work to this protocol	Vivienne Bentley	Complete Email sent to Ms Baker 06/09/2017
19/06/2017	14.2 ask Ms Baker when all partnership boards can upload a copy of the protocol to their website	Vivienne Bentley	Complete Email sent to Ms Baker 06/09/2017 Inter-board Protocol is available on http://www.partnersinsalford.org/
19/06/2017	15.1 look into identifying if enough is being done to target BME communities as the numbers on CPPs are disproportionately higher?	Lana Shannon	07/09/2017 Report submitted by Emma Ford
19/06/2017	15.2 investigate the data further to identify if the GPs not providing reports for conference are out of area GPs and look at recording this in the future	Lana Shannon	07/09/2017 Report submitted by Emma Ford
19/06/2017	16.1 upload the CSE Strategy and handbook to the SSCB website	Vivienne Bentley	Complete http://www.partnersinsalford.org/sscb/cse.htm

10. Coordination & Delivery Group Update

- 10.1. Mr Allsop has had to send apologies to this meeting. The update from the last coordination and delivery group meeting was included in the papers for this meeting.
- 10.2. The Chair informed that he has had a conversation with Dr Dixit regarding the case who has accessed several tertiary centres. Need to look at how we alert all centres, this may need to be raised nationally with NHS England.
- 10.3. Ms Patel informed that she has had discussions regarding the Greater Manchester work to ensure tertiary centres communicate to Community Paediatricians. Ms Patel will raise this issue again at the safeguarding collaborative. There was a duplicate issue in London and it will be interesting to see how this issue was resolved in London. The Chair asked Ms Patel to discuss this further with Dr Dixit and to contact The Chair if they want him to contact the NHS England Safeguarding lead.

Action 10.1: A Patel/K Dixit

- 10.4. It was agreed to approve the use of 7-minute briefings. The SSCB will take on board the lead role in these briefings. SSCB members are asked to promote their use and communicate out

to staff and ensure they are being used. It was agreed that each agency will check and ensure they are being used within their agencies and get some feedback on how they are being used.

- 10.5. Ms Seale informed that the Strategic Training Group met in the last fortnight and asked for SSCB members to please actively look when you are asked if you have trainers available for subject groups. There is a training gap for the seminar “working with resistant families”. If anyone has a trainer available to deliver this seminar, please contact the SSCB Training team (sscbtraining@salford.gov.uk).

Action 10.2: ALL

- 10.6. It was recently agreed to charge organisations that request validation of training courses. There has been some discussion about charging for the use of Basic Awareness materials when used to develop single agency safeguarding training. The meeting agreed that charging for basic awareness training materials is not appropriate, the cost of administering a charge would be higher than any potential income and it is important to get the message out. It was also felt that those that most need it the training would not access it if there is a charge to use the materials.
- 10.7. Ms Seale informed that she is standing down as Strategic Training Group chair. Ms Seale would welcome discussing the role with any interested parties and highlighted that this group is really good and works well. There is excellent administrative support for the group as well as support from Ms Begum, Training Coordinator and Ms Barrett, Training Officer.
- 10.8. The FGM Type 4 briefing was included in the papers for information, this briefing will also go to the FGM task and finish group.

11. IPR: Quarter 1 2017-18 Andrea Patel Paper expected

- 11.1. Ms Patel presented this report and explained that the learning, improvement and performance management group look at SSCB themes and discuss relevant data at their meeting. The theme of Complex Safeguarding has been postponed so the full report has been submitted to this meeting without further look at theme.
- 11.2. Work has been undertaken regarding the complex safeguarding dataset, a group has met to look at provisional data and what is available.
- 11.3. With regard to early help indicators, the group is reliant on CYPTB to bring the data; there has been some discussion recently to review the early help indicators.
- 11.4. Domestic abuse is in the final stages of agreement on data; this will provide a more balanced view on domestic abuse.
- 11.5. The learning, improvement and performance management group want relevant sub groups to own their datasets and analyse the data.
- 11.6. The learning, improvement and performance management group will work with the case review and audit sub group to embed learning from case reviews.
- 11.7. Exceptions; the only ones identified have been identified from the covalent system.
- 11.8. There is not currently any designated administrative support for this group; this affects the efficiency of the group.
- 11.9. Analysis from themed leads to identify why figures are changing is required.

- 11.10. With regards to the domestic abuse data: Ms Patel reminded SSCB members that the lead partnership is the Community Safety Partnership and the SSCB hold them to account. SSCB receives domestic abuse data as part of the assurance process.
- 11.11. Complex safeguarding data is a challenge, the work is regional and we need to look at how to identify what is happening in Salford. Obtaining data will be a challenge.
- 11.12. The performance data on return interviews is good, the number of episodes of missing is increasing, but it is good that interviews and contact is made when they return.
- 11.13. The number of children on a child protection plan for the second time in their life is not a concern.
- 11.14. The number of plans lasting two years is dropping which indicates that the prevention approach work is working.
- 11.15. Ms Ford informed that children who are placed on a subsequent child protection plan are reviewed on a case by case basis to ensure the decision making has been appropriate. There is also an audit of all cases for children who are on a child protection plan for over a year.
- 11.16. We need to monitor repeat referrals to see if they are increasing. This is an indicator that early help is effective. Ms Hubber informed that audit work has taken place to understand the reasons for repeat referrals. Ms Hubber also noted that Salford works with some families for a long period and this may increase dependency. This will have some impact on the performance indicators.
- 11.17. The Chair commended the timeliness of meetings.
- 11.18. It was noted that it would be helpful for analysis to be included in the sub group report to understand the reasons for the data. Ms Hubber informed that Robert Hughes has access to the information submitted monthly by Children's Services and is happy for him to use this narrative in the performance report.

a. SCR – verbal update

- 11.19. Case 2015-02: Ms Hubber informed that this young boy died in Manchester Children's Hospital. It has taken 18 months for criminal proceeding to be concluded and the serious case review to begin. The coroner is giving thought to Salford being an interested person, Salford had little contact with this child, and the family moved to Salford three days prior to his death and have remained in Salford. All involvement with the family from Salford services is post this child's death. The serious case review is ongoing, and is led by Manchester, Anne-Marie Fogarty, Head of Social Work Improvement is on the SCR panel. Ms Hubber will keep the SSCB updated on the review progress.

12. JTAI Area Action 3: - The Bridge Assurance Report & Audit

- 12.1. The Chair explained that there was a discussion for SSCB to have better understanding of the quality of decision making at The Bridge and thanked Ms Hubber for providing this report.
- 12.2. Ms Hubber informed that the audit was undertaken as a result of the JTAI, which identified one case which had been rated Green and was transferred to early intervention and prevention. The case should have been rated as amber or red. It was agreed to try and give assurance that processes are in place to look at cases that come in as green and go out as green, to assure that the decisions were right. A service manager who is not connected to the front door was asked to look at 10 cases every 2 months. The service manager wrote up and

presented their findings internally. This audit identified that of all the cases considered, three were rated incorrectly, however this was picked up by The Bridge not by auditor.

- 12.3. There were a lot of referrals for behaviour support, family support, and domestic violence. 44% of greens were around parenting behaviour. 12% regarding DV, all were correctly graded at green as they were the first incident and/or children were not present. Overall it was felt they were appropriately graded and referred on correctly.
- 12.4. During the audit here was one NFA, this was the right decision and highlighted that there are very few NFAs. The service manager is confident that the BRAG green is right and there are security mechanisms in place to review this. It was felt that partners assessed correctly and The Bridge screening was correct.
- 12.5. The Chair commented that it is important that there is not a reliance on the BRAG rating and that the case is still scrutinised and asked for the report to be brought here when it is repeated. Ms Hubber agreed to this.

Key Local and National Issues

13. Feedback from:

a. GMSP

13a.1 Ms Ramsden informed that the Greater Manchester Safeguarding Partnership has not met since the last SSCB meeting. The next meeting will take place on 13th October 2017.

b. Children & Young People's Trust Board

13b.1 The link to the summary of the last CYPTB meeting was included on the agenda for information.

c. Health & Wellbeing Board

13c.1 The summary of work from the health and wellbeing board was included in the papers for this meeting for information.

Key Information: Items Circulated for Information

14. Child Protection Coordinator Consultations

14.1. Ms Ford informed that new consultation process started September 2016 and has been evaluated in January 2017. Following the evaluation it is proposed to continue with the new consultation process. The previous consultations were in place to look at practice, practice has significantly improved and developed and so the consultation process has changed. This process links to CSE work young person's plans, promoting work with and not at families. This will continuously be under review.

14.2. Any comments or amendments should be sent to Ms Ford; emma.y.ford@salford.gov.uk

15. CAFCASS Presentation to SSCB Sarah.Nathan-Lingard@CAFCASS.GSI.GOV.UK

15.1. Ms Nathan Lingard highlighted key points from the CAFCASS presentation; there has been a 38% increase in public law applications, this is an unprecedented increase. The primary reason for applications is neglect, this fits with strategies.

- 15.2. CAFCASS are working with Salford children's services; they are shadowing staff in family courts, building better links and developing an early warning system.
- 15.3. Ms Ford informed that regionally there is e auditing work ongoing for children living at home on care orders, this auditing is taking place alongside CAFCASS auditing the cases. The work is led by the regional IRO forum; Sefton Local Authority is quality assuring the work via the Association of Directors of Children's Services.
- 15.4. Ms Hubber informed that there is some work being discussed with Sandie Hayes to look at women who have multiple child removals. There is a cohort of women in this situation who are working with Pause (<http://www.pause.org.uk/aboutpause>) and there is some funding available to link Pause with strengthening families and Salford are leading in linking with Pause. There needs to be a holistic process to work with people to stop them becoming parents not just working with pregnant women to help them become a good parent. It is expected that this work will start early next year.
- 15.5. The Chair noted that the increase in contact is an issue continually raised in SCRs and he would be interested to know how the Family Justice Committee considers these things and would encourage the Family Justice Committee to link with LSCBs.

Standing Items

16. Items to refer to young people

- 16.1 The presentation from Seldom Heard highlighted the need to include children from all seldom heard groups. Mr Moran recommended that the voice of the child sub group should be attended by more young people than professionals.

17. Items to evidence challenge and/or good practice

- The Seldom Heard evaluation demonstrates the work in place to include the voice of the child is improving
- The Signs of Safety evaluation demonstrates that this methodology has been embedded and is being developed.
- The report from the Safeguarding and Quality Assurance regarding GP reports to child protection conference demonstrates an exceptional response from GPs.

Dates and themes of future SSCB meetings

Date	Report Deadline	Theme	SSCB Lead
<i>16/10/2017</i>		<i>Development Session</i>	<i>Chair</i>
20/11/2017	06/11/2017	Neglect	Sean Atkinson