Safeguarding Children and Young People in Salford

September 2012

Introduction

Salford’s first priority is the Safeguarding of all children and young people. Safeguarding children starts with early intervention and supporting families to prevent problems escalating. Child Protection is a key part of Safeguarding and refers to the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm to their health and wellbeing. Effective child protection is an essential part of the wider work to safeguard and promote the welfare of children. All agencies and individuals should aim to proactively safeguard and promote the welfare of children to prevent the escalation of the problem and reduce the need for intensive action.

Fair Society, Healthy Lives: the Marmot review (2010) (http://www.instituteofhealthequity.org/) identifies the importance of giving every child the best start in life. This is the highest policy objective and its effective implementation will help to mitigate against inequalities and build resilience across the social gradient. Linked to this is the second policy objective that aims to enable all children, young people and adults to maximise their capabilities and have control over their lives. The safeguarding of children is imperative in ensuring the above two Marmot objectives are realised in Salford.

Safeguarding ensures that children and young people are protected from abuse or neglect, their welfare is secured and promoted and that their long-term outcomes are improved. This involves protecting children and young people from maltreatment, preventing impairment of children’s health or development and ensuring that children grow up with the provision of safe and effective care.

While it is important to recognise that anyone can abuse, and that abuse may occur in any location and over any time period, certain children are at greater risk. The children most vulnerable to neglect and/or abuse are in families facing the challenges of social deprivation, poor educational attainment and worklessness, domestic abuse, parental drug and/or alcohol misuse and parental mental ill-health, particularly where this is linked to the parents’ own developmental history.

Since the beginning of 2011, Salford City Council and its partners have completely changed the systems and processes that support children and young people in Salford. Work has been undertaken to improve morale and develop a positive culture to improve outcomes for children and young people. The services have moved a long way in terms of developing effective child protection practice.
National Context – Policies and Guidance

Children Act 1989 – gives a definition of risk and harm and the statutory requirements to proactively safeguard and promote the welfare of children.

1989 Children Act guidance, Volume 1 Court Orders - Children and young people

Working together to safeguard children 2010 - (due to be revised) provides statutory guidance to ensure that children and young people are protected from abuse or neglect, that their welfare is secured and promoted and that their long term outcomes improved.

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children: The Department for Education

Frank Field 2010 – Independent Review on Poverty and Life Chances emphasises the importance of enabling parents to improve the aspirations of their children


Graham Allen 2011 - Independent Review of Early Intervention emphasises the need for evidence based family support

http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf

Professor Eileen Munro Review of Child Protection (2011) – focuses on the importance of early help, the identification of problems early and taking action before they get worse. It emphasises the changes needed to support families to improve children and young people’s safety and wellbeing. Included in the 15 Recommendations made by Professor Munro are:

- A new unannounced Ofsted Inspection Framework which focuses on outcomes and children’s wishes and experiences
- A review and redesign of the way in which child and family social work is delivered
- Research on the impact of health reforms on partnership working in child protection.

https://www.education.gov.uk/publications/eOrderingDownload/Cm%208062.pdf

These statutory guidance and reviews have influenced the revision of Salford’s Policies and Procedures and the redesign of services during 2011, leading to improvements in service delivery.
National Context – Programmes

Troubled Families Programme 2011 - The Government is committed to turning around the lives of 120,000 troubled families in England by 2015. This will involve:

- getting children back into school
- reducing youth crime and anti-social behaviour
- putting adults on a path back to work
- reducing the estimated £9 billion these families cost the public sector each year.

As part of the Troubled Families programme, the Government, alongside local authorities, will change their way of working with these families by joining up local services, dealing with each family’s problems as a whole rather than individually and appointing a single key worker to get to grips with their problems and work intensively to help them change for the long term. This approach is based on proven work with families such as the family intervention projects. Salford is implementing the Troubled Families programme through the Helping Families Project.

The Salford Picture

Anyone who has concerns about a child can send a referral to Children’s Social care. The intention is that referrals are responded to, and the concerns are addressed, in a timely and efficient way. It is also important to ensure that all referrals to Children’s Social Care are followed up where appropriate.

There has been a continuing upward trend in social care referrals made to Children’s Services over the past few years and provisional data for 2011/12 suggest that referrals continue to rise.

Rising referral rates need to be considered in context as they may reflect a ‘real’ increase in need of local children but could also be due to changes in the referral processes and changes in the system. The upward trend may reflect the increased national focus on Child Protection and safeguarding through high profile cases such as Baby P and the Munro Review of Safeguarding. The rise may also reflect the reform and realignment of services, including the changes made to integrate more frontline services, which has improved access for front line staff and citizens in Salford.

In 2011/12 we received 4,767 referrals to Salford children’s services, a 4% increase from 4,600 referrals in 2010/11 which was a 46% increase on the previous year 2009/10 (3,152) – see Table 1 below. This is also higher than other areas which Salford is often compared to (Statistical Neighbours ‘SN’). This higher rate may reflect the greater need of children in Salford but once again needs to be interpreted in the context of the wider system and referral processes.
There were 4,333 social work assessments in total in 2011/12 (initial and core), which determined the level of vulnerability and need in Salford's children – see Table 1. Of these children, 1,302 (30%) required complex comprehensive assessments. This is once again higher than other areas which Salford is compared to.

The increase in referrals (see Table 1) correlates with a continued high number of children subject to a Child Protection Plan; although provisional data for 2011/12 shows that the number has reduced by 124. These children are all allocated to qualified social workers.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Referrals during the year</td>
<td>Salford</td>
<td>2,545</td>
<td>2,460</td>
<td>3,095</td>
<td>3,152</td>
<td>4,600</td>
<td>4,767</td>
</tr>
<tr>
<td></td>
<td>SN mean</td>
<td>2,714</td>
<td>2,540</td>
<td>2,416</td>
<td>2,826</td>
<td>2,679</td>
<td>-</td>
</tr>
<tr>
<td>Initial assessments completed during the year</td>
<td>Salford</td>
<td>1,210</td>
<td>2,135</td>
<td>2,322</td>
<td>3,099</td>
<td>3,031</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>SN mean</td>
<td>1,714</td>
<td>1,968</td>
<td>2,001</td>
<td>2,114</td>
<td>2,357</td>
<td>-</td>
</tr>
<tr>
<td>Number of initial assessments completed in 10 working days of referral</td>
<td>Salford</td>
<td>-</td>
<td>-</td>
<td>1,074</td>
<td>1,819</td>
<td>2,494</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>SN mean</td>
<td>-</td>
<td>-</td>
<td>1,480</td>
<td>2,145</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Core assessments completed during the year</td>
<td>Salford</td>
<td>190</td>
<td>315</td>
<td>670</td>
<td>794</td>
<td>958</td>
<td>1,302</td>
</tr>
<tr>
<td></td>
<td>SN mean</td>
<td>407</td>
<td>496</td>
<td>599</td>
<td>662</td>
<td>814</td>
<td>-</td>
</tr>
<tr>
<td>Core assessments completed within 35 days as at 31st March</td>
<td>Salford</td>
<td>180</td>
<td>280</td>
<td>525</td>
<td>334</td>
<td>539</td>
<td>819</td>
</tr>
<tr>
<td></td>
<td>SN mean</td>
<td>336</td>
<td>404</td>
<td>478</td>
<td>499</td>
<td>688</td>
<td>-</td>
</tr>
<tr>
<td>Children who became the subject of a child protection plan during the year</td>
<td>Salford</td>
<td>100</td>
<td>180</td>
<td>240</td>
<td>336</td>
<td>478</td>
<td>354</td>
</tr>
<tr>
<td></td>
<td>per 10k</td>
<td>20</td>
<td>37</td>
<td>48</td>
<td>68</td>
<td>95</td>
<td>71</td>
</tr>
</tbody>
</table>
Child Protection Profile

This is a profile of the 330 children on a child protection plan as at the 30th June 2012, to give a snapshot of the breakdown within Salford.

Diagram 1

The age range with the largest percentage of children on a child protection plan is 0-4 years with 40.6%. Only 3.9% of those on a plan were aged 16-17 years. There are slightly more males than females. Most children on a child protection plan are of White ethnic origin (85.8%) and this reflects the ethnic make up of Salford.

As the social and ethnic demography of Salford changes, further work will need to be done to understand the ethnic make-up of children subject to child protection plan, and the differing needs of these different ethnic groups.
On average, 1.5% of the total number of children on a child protection plan were children with disabilities (and there were 4 out of the 330 at the 30th June 2012). A more proactive approach is needed to ensure safe care for this very vulnerable cohort. The Children’s with Disabilities Service is now based within the Referral and Initial Assessment Team in order to improve joint work and support management of risk.

**Diagram 2**

68.5% of children subject to a child protection plan at the 30th June 2012 were between 0-9 years. This is reflected in the breakdown of abuse categories where neglect and emotional abuse are the greatest concerns – see diagram 2 above. When compared to the England averages for children subject to a child protection plan at the 31/03/12, Salford has higher numbers of children suffering emotional abuse and physical abuse but lower numbers suffering neglect (see Table 2 below). There needs to be a slight caveat with this comparison as the percentages are from different periods, however this offers a benchmark for Salford.

<table>
<thead>
<tr>
<th>Category of Abuse</th>
<th>% of children subject to a CPP as at 31/03/11 – England Average</th>
<th>Category of Abuse</th>
<th>% of children subject to a CPP on the 30/06/12 – Salford snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>28.2%</td>
<td>Emotional Abuse &amp; likelihood of EA</td>
<td>49.1%</td>
</tr>
<tr>
<td>Neglect</td>
<td>43.9%</td>
<td>Neglect &amp; likelihood of neglect</td>
<td>30.7%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>10.6%</td>
<td>Physical Abuse &amp; likelihood of PA</td>
<td>14.8%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>5.4%</td>
<td>Sexual abuse &amp; likelihood of SA</td>
<td>5.4%</td>
</tr>
<tr>
<td>Multiple</td>
<td>11.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Domestic Abuse is an indicator of risk for those children subject to emotional abuse because of the impact of living in a household where domestic abuse is a feature. Diagram 3 below highlights the contribution that domestic abuse, alcohol and substance misuse make to child protection cases, a case may have more than one contributing factor.

**Diagram 3**

![Contributory factors](image)

Children experiencing domestic abuse and/or parental substance misuse need additional support. Work to address this is included in the Salford Safeguarding Strategy (see below).

**Bolton, Salford & Wigan Child Death Overview Panel**

The tripartite Child Death Overview Panel (CDOP) is a sub-committee of each of the three Local Safeguarding Children Boards (LSCBs). It provides an overview of all child deaths up to the age of 18 years in each LSCB area (excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law).

All deaths are reviewed to determine whether they were preventable, lessons that can be learnt and any issues for concern. The aggregated findings from all child deaths are used to inform local strategic planning on how best to safeguard and promote the welfare of the children in the area. An example of the kind of work that the CDOP can commission in response to a review of the deaths is the Sleep Safe campaign. This was launched in June 2011 to help reduce the number of sudden unexpected deaths, particularly those relating to co-sleeping, across Bolton, Salford and Wigan.

The tripartite CDOP Annual Report covering 2010/11 made the following recommendations:

1. The CDOP would like the Local Safeguarding Children Boards (LSCBs) to endorse its commitment to review the bereavement services available to support bereaved families.
2. CDOPs in Greater Manchester would welcome the support of LSCBs in collecting detailed information for neonatal and infant deaths.
3. The three LSCB’s should ensure that there is a regular audit of the health provision for young people up to 16 years who self-harm.

4. There should be a review of the extent to which cycling safety awareness is made available in local schools following a number of road traffic collisions.

5. The CDOP recommends that Salford reviews its failed appointments policy in the Health economy and that there is an audit in each area on a regular basis.

6. The CDOP recommends that LSCBs give consideration to the provision of health care to children and young people who are placed in special residential schools outside the child’s home area in order to ensure that up-to-date medical information is readily available to the local GP and hence the staff providing care.

7. The CDOP recommends that LSCBs give consideration to the factors below, that are known to impact on the infant mortality gap between those from disadvantaged backgrounds and the population as a whole, when formulating their children’s plans:
   - Reducing child poverty
   - Reducing the prevalence of obesity
   - Reducing smoking in pregnancy
   - Improving housing and reducing overcrowding
   - Reducing sudden unexpected deaths in infancy by persuading women in the high risk groups to avoid sharing a bed with their baby or putting their baby to sleep prone
   - Increasing the rate of breastfeeding

**Children Missing from Home**

Children who go missing from home or care are amongst the most vulnerable children in Salford. Running away should be seen as an indicator of underlying problems, and children who run away are vulnerable and at risk. In 2010, there were 761 Salford children reported missing from home logged by Greater Manchester Police. A high proportion of this number were repeat runaways. The largest group of young people reported missing from home are those young people reported missing from Residential Care. In response to this, plans were put in place, including a weekly multi agency meeting. This led to a significant reduction in 2011-12 with the number of logged reports down to 461.

**Children in Need**

Children in need are defined as children aged under 18 who require Local Authority services to achieve or maintain a reasonable standard of health or development, to prevent significant or further harm to their health or development or who are disabled. There were 1,471 children in need in Salford in 2011/12. They were supported through the provision of specialist services.
Looked After Children (LAC)
This refers to children who are under the direct care of the Local Authority due to a Care Order or a voluntary arrangement with their parents. Many children will have been affected by distressing and damaging experiences including physical and/or sexual abuse and neglect. Some may be in care because of the illness or death of a parent. Others may have disabilities and complex needs. The majority of young people in care come from families who experience difficulties, and are separated from them because their family was unable to provide adequate care.

Unaccompanied Asylum Seekers Children (UASC)
This refers to the number of children who are unaccompanied asylum seekers under the age of 18 years. These children are also looked after by the Local Authority. There are small numbers of UASC in Salford – see Table 3 below.

Table 3

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Number of children who were looked after as at 31st March</td>
<td>Salford</td>
<td>570</td>
<td>530</td>
<td>490</td>
<td>495</td>
<td>580</td>
<td>555</td>
</tr>
<tr>
<td></td>
<td>SN mean</td>
<td>347</td>
<td>343</td>
<td>349</td>
<td>371</td>
<td>384</td>
<td>-</td>
</tr>
<tr>
<td>Looked after children with 3+ placements per year, as at 31st March</td>
<td>Salford</td>
<td>48</td>
<td>54</td>
<td>40</td>
<td>59</td>
<td>59</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>SN mean</td>
<td>45</td>
<td>38</td>
<td>41</td>
<td>38</td>
<td>33</td>
<td>-</td>
</tr>
<tr>
<td>LAC with up-to-date immunisations</td>
<td>Salford</td>
<td>519</td>
<td>482</td>
<td>466</td>
<td>468</td>
<td>557</td>
<td>-</td>
</tr>
<tr>
<td>LAC with an annual health assessment</td>
<td>Salford</td>
<td>507</td>
<td>456</td>
<td>412</td>
<td>454</td>
<td>542</td>
<td>-</td>
</tr>
<tr>
<td>LAC who had teeth checked by a dentist</td>
<td>Salford</td>
<td>519</td>
<td>498</td>
<td>461</td>
<td>454</td>
<td>527</td>
<td>-</td>
</tr>
<tr>
<td>Unaccompanied asylum seeking LAC</td>
<td>Salford</td>
<td>15</td>
<td>20</td>
<td>20</td>
<td>10</td>
<td>5</td>
<td>-</td>
</tr>
</tbody>
</table>

Salford has a continually high number of children who are looked after. There were 555 children in the care of the Local Authority in Salford at the 31st March 2012 – see Table 3 above.

As part of the statutory provision for looked after children, there is a responsibility to ensure that all LAC have an annual medical and dental assessment. This assessment should also include a review of physical and mental health, social wellbeing and development and immunisation coverage. Age appropriate health promotion interventions, around health risk behaviours such as smoking and alcohol, should also be offered – see Table 3 above. Continued work is needed to ensure that all LAC receive the health assessments and provision that they are entitled to, particularly in support of their emotional health needs.
Strategic Leadership
Since the Ofsted Inspection in 2010, Salford Council and partner agencies have shown strong and effective leadership with clear focus and determination to improve outcomes for children and young people. This has led to significant improvements in service design, delivery and outcome. Across all partnership agencies, priority is given to safeguarding and child protection, underpinned by an ethos of responsibility and accountability.

The **Salford Safeguarding Children Board (SSCB)** is a multi-agency forum that holds shared responsibility in promoting and safeguarding the children of Salford. Keeping children safe from abuse or neglect, ensuring they grow up in an environment of safe and effective care, enabling them to have optimum life chances is everyone's business. The SSCB has a statutory responsibility to ensure this principle is embedded in the work of each key agency. SSCB members are senior representatives of key statutory and voluntary agencies who have sufficient understanding and knowledge of safeguarding and welfare concerns to commit to agreed actions on behalf of their staff groups. The SSCB has clear lines of accountability. They have produced the Safeguarding Strategy and will be responsible for the implementation and monitoring of that strategy.

The specific areas of focus are:

- To ensure all agencies working with children, or in services impacting on the welfare of children, have safe recruitment practices.
- To provide an analysis and overview of Serious Case Reviews, ensuring lessons learned are devised into action plans and incorporated into agencies practice. Promoting safeguarding as a shared responsibility within agencies in Salford.
- To influence the local planning and commissioning of children's services or services impacting on children's welfare and safety, and ensure safeguarding and the promotion of children's welfare is taken into account.
- To monitor the effectiveness of what is done in relation to safeguarding and promotion of children's welfare by partner agencies individually and collectively.

Further details of the work completed by the board can be found in the Salford Safeguarding Children’s Board’s Annual Report Plan 2011-2012. 


The **Salford Safeguarding Strategy 2012-2015** has been published. The overall aim of the strategy is to provide outstanding safeguarding services in Salford for children, young people and their families. This will be achieved through the accomplishment of the following three goals:

- Focusing services on Early Intervention and Prevention
- Providing reliable safeguarding services across partnerships
- Improving the experience of vulnerable children, young people and families through the development and delivery of a portfolio of projects.
The Strategy has six key themes:

1. Culture
2. Workforce
3. Leadership
4. Quality of practice
5. Performance management
6. Making it happen

The Strategy seeks to foster a clear understanding between agencies, and across all practitioners and managers, that safeguarding is everyone’s responsibility, and that this function is not something separate from their everyday practice and delivery of services. To find out more, access the Salford Safeguarding Strategy at

http://www.partnersinsalford.org/sscb/safeguardingstrategy.htm

In addition, there are other key strategies and pieces of work that support the safeguarding of children in Salford. These include:

- The Early Intervention and Prevention Service Strategy.
- The Family Poverty strategy and outcome framework (in development).*
- The needs assessment into unintentional injury prevention for children and young people in Salford.*
- The report into Infant Mortality in Salford.*
- Troubled Families work.
  *http://www.salford.gov.uk/needsassessments.htm

Key issues

- There has been a significant increase in the number of children referred to Children’s services over the past five years. This may be linked to the high levels of deprivation in the city as well as the high rates of domestic abuse and / or changes in referral due to the impact of national high profile cases.
- Salford has a high number of children subject to a child protection plan, but this number fell in 2011/12.
- A high number of children experience neglect and emotional abuse.
- Domestic abuse, drug and alcohol misuse in the parents are significant contributory factors in Child Protection cases.
- The number of Looked After Children in Salford is higher than the national average but this number fell in 2011/12.
- The health and social care needs of Looked After Children and those subject to a Child Protection Plan need to be identified more systematically so that interventions can be targeted and implemented more effectively and outcomes measured.
Better data collection and assessment of need is required to monitor the impact of service improvements undertaken during 2010 and 2011.

**Recommendations**

- A local response to the Munro Review of child protection needs to be put into practice in particular the redesign of the front door.
  
  [https://www.education.gov.uk/publications/eOrderingDownload/Cm%208062.pdf](https://www.education.gov.uk/publications/eOrderingDownload/Cm%208062.pdf)

- Implement the Salford Safeguarding Strategy Action Plan which includes focus on work around domestic abuse and drug and alcohol misuse. The Salford Safeguarding Strategy is available at: [http://www.partnersinsalford.org/sscb/safeguardingstrategy.htm](http://www.partnersinsalford.org/sscb/safeguardingstrategy.htm)

  The Salford Safeguarding Children Board’s Business Plan constitutes the action plan for the strategy (please note items 15-20 are delegated to the Children and Young Peoples Trust Board).

- The current focus on early intervention and prevention within Children’s Services needs to be supported and embedded within partner agencies. There is a need to review and revise the Early Intervention and Prevention Service Strategy in order to further embed early support for children and young people.

- Provide intensive and targeted support to those families in highest need through Salford’s Helping Families Project.

- Additional work should be carried out to understand the health and social needs of disabled children, looked after children, those experiencing the consequences of domestic abuse or substance misuse and those subject to a Child Protection Plan.

- Work to support missing children and reduce the incidences of absence from home needs to continue.

- Ensure that processes are in place for the recommendations from the CDOP Annual Report to be disseminated and shared with the appropriate agencies / Boards within the new commissioning landscape.
• Ensure systems are in place to collate data from referrals and assessments to enhance understanding of children’s health and social care needs and make comparisons with other areas and nationally.