

Hosted by

Salford
**Safeguarding
Adults Board**

supported by SSCP and CSP

Salford
**Safeguarding
Children Partnership**

Salford
**Community
Safety Partnership**

Safeguarding Adult Review (SAR)

Discretionary SAR Mathew

Learning Event 12th January 2023

AGENDA

- ▶ 10:10 – Mathew's story – Jane Bowmer
- ▶ 10.30 – Q&A
- ▶ 10.40 – Safeguarding & The Care Act Duty – Mark Albiston
- ▶ 10.50 – Living Well – Judd Skelton / Clare Hughes
- ▶ 11.05 – Housing / Homelessness / Dual Diagnosis – Rachel Connelly, Lydia Duncan and Phil Jordan
- ▶ 11.15 – Short break
- ▶ 11.25 – Working with Dads – Tom Cole and Jonathan Coffey
- ▶ 11.40 – Jamie Horrocks Trust – Dave Pike
- ▶ 11.50 – Safe in Salford Service – Maggie Langhorn
- ▶ 12.00 – SSAB Policy and Procedures / Adult and Child Guidance – Michelle Hulme and Sharn Begum
- ▶ 12.10 – Q&A
- ▶ 12.25 – Closing Comments – Judd Skelton

THE DECISION FROM SAR PANEL

- 19th Nov 2020 - Received a SAR referral for Mathew
- Information was obtained from single agencies
- Even though the death took place in Trafford, Mathew was known to Salford services, so the SSAB agreed to continue with the SAR process.
- Dec 2022 – Information was presented to the SAR panel – the outcome from the panel that the criteria and conditions have been met for a Discretionary SAR

The SSAB contacted the Coroner Officer who confirmed there was an open inquest.

The SSAB remained in contact with the Coroners Office and the Discretionary Report was shared as part of the Coronal Inquest

SAFEGUARDING ADULT REVIEW (SAR)

The Legal framework for a Safeguarding Adult Review (SAR) is the **Care Act 2014, Section 44**

It states;

CA 2014 S44 (S1a) - A Safeguarding Adult Board (SSAB) must arrange a review of an adult if there is **reasonable cause for concern about how the partners have worked together to safeguard the adult** and the following conditions have been met:

S44 (2) condition 1 is met if – (a) the adult has died, and (b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died)

S44 (3) condition 2 is met if – (a) the adult is still alive, and (b) the SAB know or suspects that the adult has experienced abuse or neglect

For your information

For a **Mandatory SAR** – all the criteria and either Condition 1 or 2 have been met.

For a **Discretionary SAR** – there is concern how partners have worked together but it's not clear whether the death has been a result of abuse or neglect.

For further information about '**What is a SAR**', the SSAB has done a Bite Size Briefing which has been recorded, if you would like a copy of the recording, please contact SSABtraining@salford.gov.uk

For Mathew the criteria was met by: S44,1a – met, S44 (2) condition 1 – Mathew had died but it was unclear whether the death resulted from abuse or neglect. The Coroner Inquest was open at this stage.

The SAR panel agreed from the information presented, there was concern how partners worked together but it was unclear whether Mathew's death was a result of abuse or neglect. The Panel felt that a review was needed to the SSAB to get a better understanding whether there was lessons to be learnt and whether there was any good practice to share.

Decision – Discretionary SAR.

TIMELINE OF THE REVIEW

Led Author – Jane Bowmer, Business Manager, SSAB

15/12/2020 – SAR Panel – decision – Discretionary SAR

15/12/2020 – communication started with the Coroner's Office, and they were advised that the SSAB will be doing a SAR.

16/12/2020 – SSAB Independent Chair supported the recommendation from the SAR panel

Feb 2021 – A multi-agency meeting was held to have a discussion about Mathew and understand how each agency supported Mathew and to identify the potential learning.

March 2021 – Coroner requested Jane Bowmer, Business Manager to be an interested party in the hearing (evidence was given)

April 2021 – the prehearing started

April 2021 – contact was made with family – inviting them to be involved in the review.

- ▶ **August 2021** – SAR Panel approved final report
- ▶ **Jan 2022** – Coroner Inquest – 5-day hearing – outcome was suicide

MATHEW

Mathew was born January 1984, he grew up in the Little Hulton area, he had 4 adult siblings, sadly Mathew had a 5th sibling, but she died at 2 weeks old.

Mathew had a close relationship with his mother, more so after his father passed away in 2004 when he died of bowel cancer. Mathew really struggled with life in general after losing his dad.

Mathew was described as 'Jack the Lad' but loveable with a big heart who would do anything for anyone.

Mathew had a long-term relationship with the mother of his 2 children, Mathew was described as a very loving father who adored both of his children, being a father was something that was very important to him. The couple were known to Domestic Abuse Services/MARAC.

Towards the end of Mathews life, there was a number a contributing factors including Covid, a breakdown in a relationship, being separated from his children and experiencing homelessness which resulted in Mathew struggling to manage his mental health.

Sadly, Mathew took his own life at a railway station in November 2020.

The coroner inquest concluded in January 2022 and recorded Mathew's death as 'suicide;

An important part of a SAR is ensuring the voice of the adult, the family or their representatives is heard.

Mathew had always struggled with his mental health – often tried to take his own life from a young age

Mathew would ask for help, but he felt no-one listened

He got passed from one service to another

He was just seen as a problem

I always knew Mathew would never live until an old age – we are waiting for something to happen

He just wanted to be a Dad



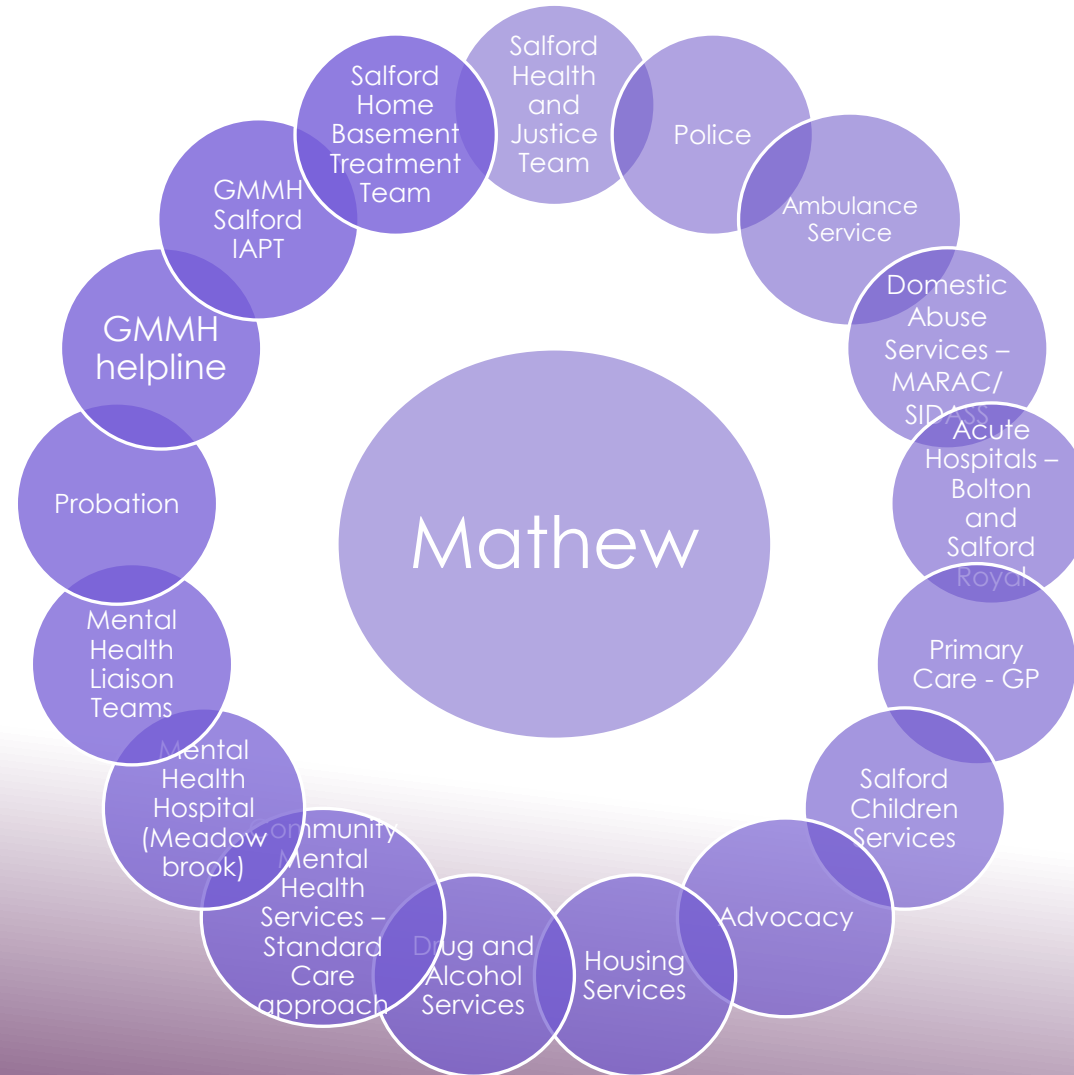
When he was with his children – we knew he was safe because he wouldn't let anything happen to them.

Professionals just saw the addiction and not Mathew

Mathew always said he was okay, but he wasn't, he would hide the truth

THE VIEWS OF THE FAMILY

KEY AGENCIES INVOLVED WITH MATHEW



THEMES IDENTIFIED IN THE SAR

- Impact of Covid – not having face to face contact with professionals
- Domestic Abuse
- Impact of the breakdown of a long-term relationship
- Homelessness – as a result of the relationship breaking down and restraining order being granted
- Role of the father
- Emotional impact on Mathew being separated from children and trying to maintain contact with them.
- Mental Health/Drug addiction – disguised compliance
- Disguised compliance – Mathew would say to professionals he was okay when he wasn't - professional curiosity
- Self-Neglect – not taking care of himself
- Risk Management
- Escalation within agencies
- Missed opportunities to recognise Mathew as an adult with care and support needs – Care Act duties.
- Missed opportunities to raise safeguarding S42 procedures
- Role and Responsibility of individual agencies
- Working Together – lack of a Multi-Disciplinary approach and coordinated approach
- ▶ No agencies took the lead – there was a lack of co-ordination. Mathew didn't know who he should go to when he needed help, too many professionals involved

THANK YOU FOR LISTENING

**Opportunity for any questions or
comments about the review process or
about Mathew**

THE CARE ACT DUTY OF ENQUIRY

Section 42 - Enquiry by local authority (LA)

- 1) This section applies where a LA has reasonable cause to suspect that an adult in it's area (whether or not ordinarily resident there) –
 - a) Has needs for care and support (whether or not the LA is meeting any of those needs)
 - b) is experiencing, or is at risk of abuse or neglect, and
 - c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- 2) The LA must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adults's case (whether under this part or otherwise) and, if so, what and by whom

Living Well Salford

Background and Context

- 3 Year programme of work 2018 -2022, learning from Lambeth and the Innovation Unit's Living Well programme.
- Salford selected as one of four national pilot sites
- To co-produce, co-design and co-deliver support to meet the needs of people who don't meet the criteria for secondary care mental health services but require more support than primary care can offer.
- The new model will be strengths based, trauma informed, person-centred and solution focused and will recognise and support people to overcome the social determinants of mental ill health.

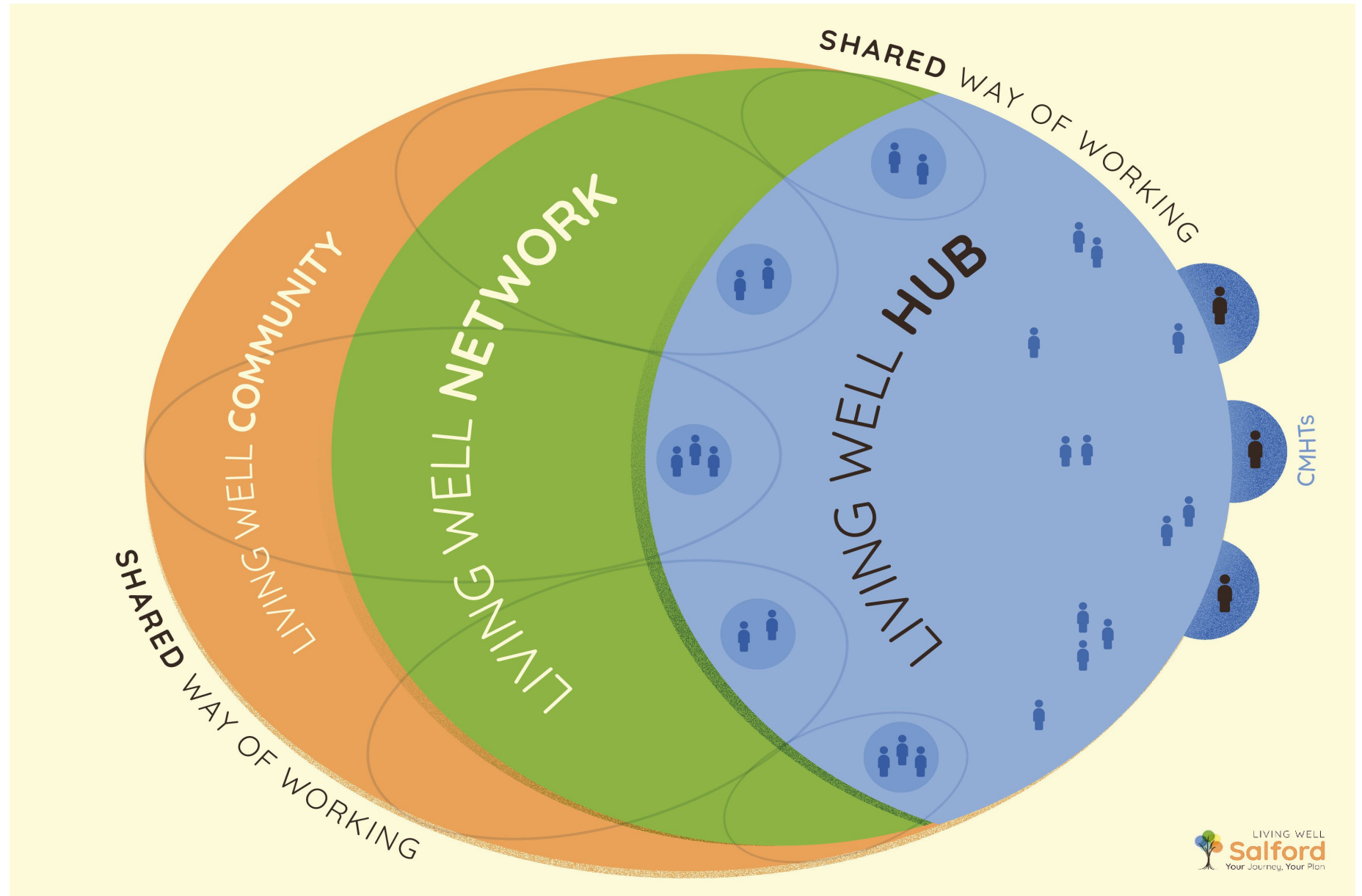
NHS Long Term Plan

- NHS Long Term Plan priority to transform community mental health via a “*new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care*”
- Community Mental Health Framework for Adults and Older Adults describes a place based model for community mental health.
- Realigning community mental health services with primary care networks (PCNs), creating ‘new and integrated models of primary and community mental health care’ by 2023/24.

Design Process

- Based on ethnographic research and key insights from people with lived experience of mental health needs
- Co-produced and co-owned approach with VCSE partners, people with lived experience, the Mental Health Trust, Primary Care, SRFT and Commissioners.
- Recognised the interface with Wellbeing Matters
- Design Team & Governance Meeting
- Prototyping & Piloting processes
- Phase 1 – Pilot in Broughton
- Phase 2 – Business case of c£1m (funded by CCG, PCNs and GMMH) to include MH Practitioners in Primary Care
- Phase 3 – Full Living Well roll out across the City.
- Phase 4 – Wider transformation of Community Mental Health Teams (including older adults)

Salford Living Well Model



CORE MDT TEAM (SALFORD WIDE)

1WTE B3 Admin
1WTE B8A Clinical Lead
1WTE Consultant Psychiatrist
1WTE Housing Options Worker
2WTE Volunteer Co-Ordinator/Development Worker
1WTE B6 Loss Counsellor
1WTE B4 Medical Secretary
1WTE B2 Receptionist
1WTE B7 SW Professional Lead
1WTE B7 Team Manager

1WTE MH Community Connector
1WTE B7 Senior Nurse Prac
1WTE B8A Operations Manager
1WTE B8A Pharmacist
1WTE B8a Psychological Therapist
4WTE B7 Psychological Therapists
1WTE B8B Psychological Therapist Lead
2WTE B5 TAPs Psychology Posts
1WTE Recovery Worker Team Lead & VCSE Partnership Manager
Society Inc Dual Diagnosis Peer Support

Broughton

0.27WTE Peer Mentor
(paid)

0.27WTE Peer Mentor
(Volunteer)

1WTE B3 Admin

2WTE Recovery Worker

3WTE B6/7 Mental Health
Practitioners

Ordsall and Claremont

0.27WTE Peer Mentor (paid)

0.27WTE Peer Mentor
(Volunteer)

1WTE B3 Admin

2WTE Recovery Worker

3WTE B6/7 Mental Health
Practitioners

0.7WTE Senior Recovery
Worker

Eccles, Irlam and Cadishead

0.27WTE Peer Mentor (paid)

0.27WTE Peer Mentor
(Volunteer)

1WTE B3 Admin

2WTE Recovery Worker

3WTE B6/7 Mental Health
Practitioners

1WTE B3 Recovery Assistant

Swinton

0.27WTE Peer Mentor
(paid)

0.27WTE Peer Mentor
(Volunteer)

1WTE B3 Admin

2WTE Recovery Worker

3WTE B6/7 Mental Health
Practitioners

Little Hulton and Walkden

0.27WTE Peer Mentor
(paid)

0.27WTE Peer Mentor
(Volunteer)

1WTE B3 Admin

2WTE Recovery Worker

3WTE B6/7 Mental Health
Practitioners

A Journey in Living Well

Clare Hughes



Allocation Process

- Referral received by Ramsgate/Cromwell
- **How?** Allocated within one of our thrice weekly allocations meeting with the team manager/senior social worker/senior nurse practitioner/Lived Experience Co-Ordinator
- **Who?** Recovery Worker/Peer support worker/Senior nurse/Social worker/Tapp/Joint work?
- **Why?** Risk? Safeguarding? Medication? Current support need? History? Complexity?





Initial Conversation

- Routine enquiry is embedded within the team because if we ask, we hear, we show it's important from the beginning within the initial conversation. Acknowledging the current risks and ask how can we support you with this?
- Strengths based approach from the start, in Mathew's case what has he done in the past that has been helpful or that he has found enjoyment from?
- What does Mathew feel he needs support with?
- The initial conversation can help to form a picture of what support model (1/2/3) within Living Well could be beneficial for Mathew to follow





Risk/Safeguarding

Mathews case highlights concerns relating to domestic abuse, self-neglect, drug and alcohol misuse.

- Living Well provide a proportionate response to safety concerns as agreed in the proposal submitted for risk management to the GMMH safety committee.
- A safety concern question is embedded within the initial conversation, when a concern is raised, staff are then expected to complete a safety plan. If staff feel they need to discuss and seek support, we have a daily huddle where team members are asked if they have any safety concerns to discuss. It is at this huddle staff are to escalate all safety and safeguarding concerns.
- The team will decide what proportionate response is required. When a risk has been identified and raised, a qualified member of staff may be asked to complete a Mental state assessment and risk assessment that will be documented using a structured clinical record.





Safeguarding

It is the responsibility of all Team members to raise Safeguarding concerns in the daily huddle to the senior practitioner or team lead.

If we are concerned about an Adult or Child, we must:

1. Inform Adult Contact team that you have a concern about a vulnerable Adult. Discuss your concerns within the daily Huddle and ensure a clinical record and Datix has been completed as per GMMH policy.
2. Inform the Bridge Team via completing the 'concerned about a vulnerable child' form that can be found on their website page. This should also be discussed in the daily huddle and recorded via Datix and clinical recording system. **CONSIDER MARAC**





Example of Team Plan

- Case Manager to follow risk escalation process and safeguarding- consider professional's meeting.
- Case manager to bring to huddle and dual Diagnosis Huddle- Society Inc- (partners)/Achieve/Big Life
- Peer support worker to link in with the housing options worker/Mind for advocacy and consider joint appointments if required.
- Post risk ax/safeguarding -consider Mental Health Support? Previous trauma?- psychological input/stabilisation getting ready for therapy (TAPP/Person -centred counsellor)- Onward Journey
- NOK involvement/ carer consent?
- GP





Case Study

Please find enclosed a case study to help provide further context of how Living Well have worked previously. [HSCaseStudy.docx](#)

Feedback

“ Grateful that for the first time I felt listened to” (H)

“As I got progressively more unwell- they came to see me in community spaces which helped instead of in clinic rooms” (D)

“The staff are really attentive and made me feel more positive” (G)



A graphic featuring a white semi-circle centered on a green background. The semi-circle is the primary container for the text.

THANK YOU

Clare Hughes
Senior Nurse Practitioner
Salford Living Well
Clare.hughes@gmmh.nhs.uk

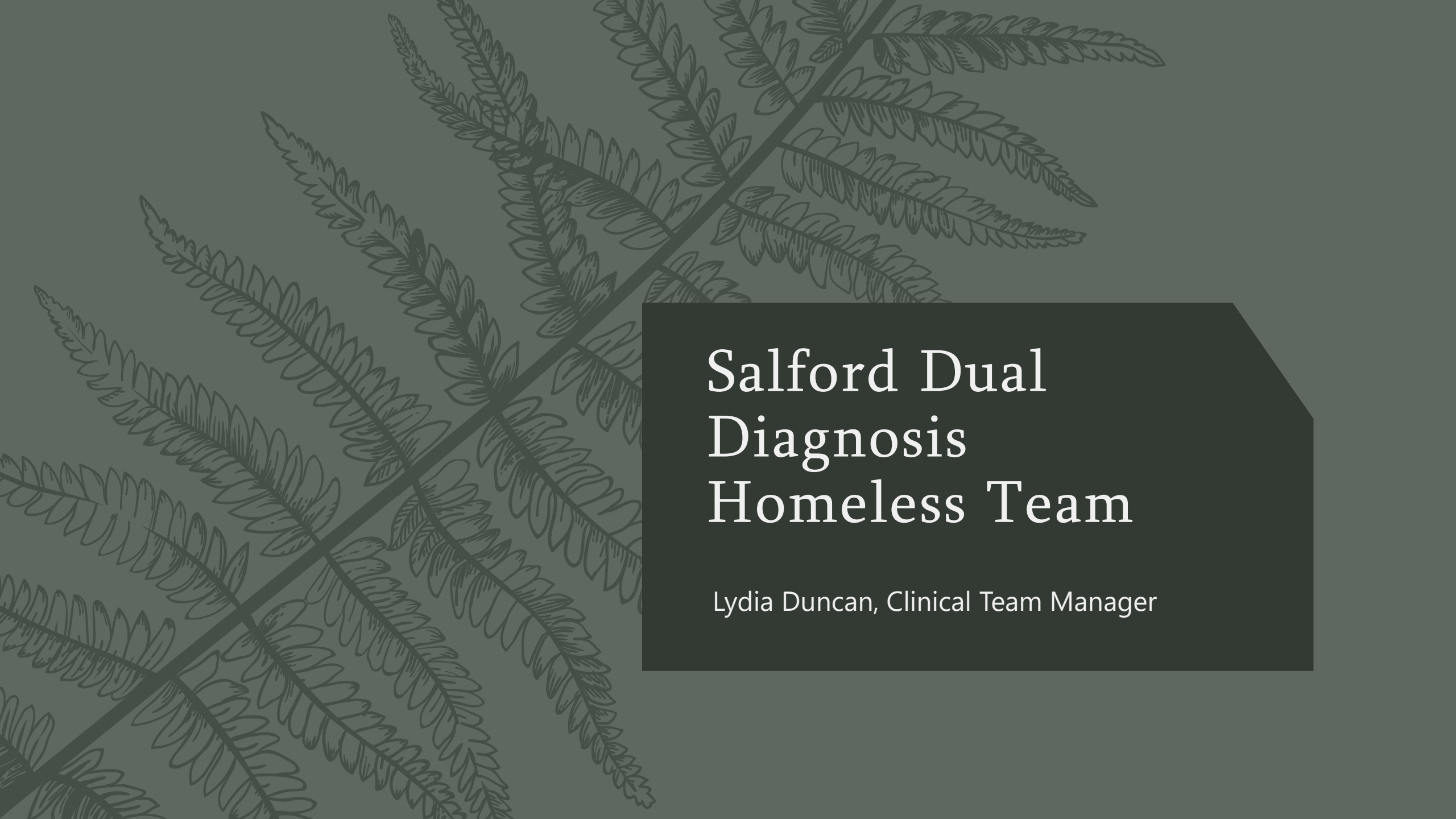
Supported Housing Services

Rachel Connelly – Head of Supported Housing

**People Directorate
Salford City Council**

Homelessness Support in Salford

- Since 2018 there've been extensive housing related rough sleeper focused programmes being delivered in Salford working alongside statutory temporary accommodation
- These include the Rough Sleeper Initiative, (RSI) Housing First (HF) and A Bed Every Night (ABEN)
- These give a targeted response to housing and associated support needs – creating bespoke supported housing solutions
- However gaps were acknowledged in providing a tailored mental health and substance misuse response to people experiencing homelessness, particularly rough sleeping
- Funding from Department Levelling Up Homes & Communities (DLUHC) in December 2020 called “Protect Programme”



Salford Dual Diagnosis Homeless Team

Lydia Duncan, Clinical Team Manager



About us

Formed in January 2021. Funded by Ministry of Housing, Communities and Local Government for a cohort of homeless people not accessing universal support services, usually due to having mental health, substance misuse and physical health needs, and a lack of specialist services to meet these needs.



Clinical Team



1 x Manager, 4x Mental Health Practitioners, 1x Clinical Psychologist and 1x Session Consultant Psychiatrist, 1x Admin

Work to an assertive outreach model alongside other agencies. Offer longitude assessment, referral and signposting to other services.



LIAISON

If a homeless person is under a service but they have lost contact or having difficulty engaging, we act as a bridge between homeless services and the lead agency. If housing staff have concerns and are finding it difficult to raise with lead agency, we facilitate professional's meetings.



Reflective Practice and supervision

Clinical Psychologist offers the clinical team and the supported tenancies team regular reflective practice and case supervision. This is to a Psychologically Informed Environments (PIE) model. This helps to address trauma experienced by homeless people and the staff supporting them.

Liaison



Close the gap

Reduce silo working and increase the sharing of important information



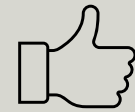
Reduce Risk

Provide a forum to formally raise concerns, and create actions and share care planning to reduce risk



Safeguard

Increase safeguarding referrals, especially for those at risk of self-neglect



Build relationships

Increase communication and relationships between key services- such as criminal justice, mental health, physical health, housing and third sector agencies

Contact Details

SalfordDualDiagnosisTeam@gmmh.nhs.uk

0161 358 2498

Referrals taken
from Salford
Council

Liaison offered
to other services

Thank you

Lydia Duncan, Salford Dual
Diagnosis Homeless Team

Partnership between
Greater Manchester
Mental Health trust and
Salford Council



RSDA

Rough Sleepers Drug & Alcohol Service

RSDA@



Welcome to Dad Matters



HOME
START



Introductions



@DadMattersUK

Dadmatters.org.uk

A bit about me





What is Home-Start



What is Dad Matters



Aim

To give an insight into why and how Dad Matters works with dads in the perinatal period.

Dad Matter Core Values

- Attachment & Bonding
- Mental health
- Access to services

The Dad Set

Attachment and Bonding

- Dad can and should and will adapt if he knows the impact his involvement could have.
- Still possible in short windows to be a responsive parent.
- Huge support/buffer for mum if she needs time to feel better.

Mum and Dad's Mental Health

- Barrier to attachment and baby brain development.
- Challenge for relationships with each other, with baby and with services.
- Difficulty in identifying support and for maintaining once clinical support has ended.

Access to appropriate services

- All services we have met will work with dad and have tools to support them.
- Dads need to understand differences between services and when/why and how it is appropriate to engage them.
- A family approach is key to engaging a dad

What do dads want?

- Information
- A service that belongs to them
- Practical support
- Peer support
- To make sure mum and baby are OK
- To feel included in the team around their child
- Info on baby states and consoling, attachment, brain development and supporting/communicating with mum about her mental health

What are we doing?

Outreach

Universal

- Antenatal Clinics
- Scan Clinics
- Dads Stay and Play
- Walk and Talk
- New Dads Group
- Parent Education
- Antenatal Education

Targeted

- Young dads
- NICU
- MBU
- Website
- Social media
- Banners
- Events
- Promotion
- Flyers

Universal Signposting

One to One Referrals

(from perinatal Team in GM)(from other services in Bolton, Salford, Tameside)

- Attachment / Bonding
- Mum and Dad's Mental Health
- Access to other service

Working with services and organisations to represent dads

- NHS England
- HV
- MW
- FNP
- Perinatal MH team
- MVP
- Institute of HV

Engaging Dads...

- Do not be subtle...
- Ask direct questions
- Be honest
- Use facts
- Tangible and tactile information helps
- Information before intervention
- Use key identifiers of anxiety – ie bravado
- Its ok to feel awkward
- Always ask twice

Dad Fact Checker

Up to 25 % of dads suffer with antenatal anxiety rising to 51 % postnatally

1 in 10 dads suffer from PND

Dad Fact Checker

73 % are worried about the mental health of their partner

Up to 50 % of new dads with partners suffering from depression were also affected by depression themselves

Dad Fact Checker

Approximately 57 % of men experiencing mental health problems are dads

Fathers with perinatal mental health problems are 47 times more likely to be rated as a suicide risk than at any other time in their lives

Perinatal Mental Health problems carry a cost of about £8.1 billion for each one-year cohort of births in the UK (most of those within the child's life span)

- 82% of studies on father involvement and child well-being found "*significant associations between positive father involvement and offspring well-being...*"
- In over 100 studies it was found that having a loving and nurturing father was *as important* for a child's happiness, well-being, and social and academic success as having a loving and nurturing mother.

Some even indicated father-love was a *stronger* contributor to positive child well-being outcomes

- Dr. Pruett, "positive father care is associated with more pro-social and positive moral behaviour in boys and girls.
- In a 26-year-long study, researchers found that the number one factor in developing empathy in children was father involvement.

<https://www.focusonthefamily.com/family-q-and-a/parenting/the-significance-of-a-fathers-influence>

Many fathers still feel excluded from the whole birth, delivery and childcare process by health professionals.

Darwin et al (2020) <https://doi.org/10.1186/s12884-017-1229-4>

Although fathers appear to play an important role in supporting their partners, many feel alienated within maternity services.

Mayers et al (2020) <https://doi.org/10.1186/s12884-020-03043-2>

Fathers reported that witnessing their partner's traumatic birth had a significant impact on them. They felt this affected their mental health and relationships long into the postnatal period. However, there is no nationally recognised support in place for fathers to use as a result of their experiences. The participants attributed this to being perceived as less important than women in the postnatal period, and maternity services' perceptions of the father more generally

Daniels et al (2020) <https://doi.org/10.1186/s12884-020-02902-2>

“I think I would be reluctant to visit my GP if I was feeling low, because he’s just give me pills and then my medical records would just say I was depressed or anxious. That can reflect badly on my career choices”

- Dad, Manchester

"I was holding my baby on the ward when the midwife needed him for a while. When she brought him back she handed him straight to his mum. I felt left out. I understand there might have been a reason, but explaining or even just acknowledging me would have helped"

- Dad, Manchester

"It's been really difficult being a dad when your partner is in hospital. I had to take time off work and then get to grips with looking after a toddler, all the while I'm worrying about my partner and new baby"

- Dad, Manchester

"I am 40 and never thought I would be a dad, however I am now responsible for three beautiful children; I am constantly racked with thoughts about money, and what if I mess up their lives because of my own issues"

- Dad, Manchester

"To this day I have never sorted out in my head what I saw that day in theatre.....

Everyday it has haunted me but we're men.... I mostly 'Man up' for the sake of my kids and missus"

- Dad, Manchester

What did mums have to say?

#MaternalMentalHealthAwarenessWeek

What do Mums think
of Dad Matters?PMHP
Perinatal Mental Health Partnership

"It's really helped me
to focus on getting
better, knowing he
has support too"

HOME
START

DADMATTERS

#MaternalMentalHealthAwarenessWeek

How you refer to Dad Matters

Commissioned areas in Greater Manchester: Tameside, Bolton, Salford, Oldham

- Dad is expecting or has a child under 2
- Dad is supporting a partner through community perinatal mental health services or parent/infant services
- Dad is accessing support for his own mental health
- Dad needs support to think about the baby, and his relationship with his family

Referrals can come from:

- Perinatal MH team
- Parent/infant team
- Specialist MW
- Health Visitor
- Adult mental health services
- Social care
- Specialist family support services
- Self referrals

Greater Manchester: non commissioned areas

- Dad is expecting or has a child under 2
- Dad is supporting a partner through community perinatal mental health services or parent/infant services
- Dad is accessing support for his own mental health
- Dad needs support to think about the baby, and his relationship with his family

Referrals can come from:

- Perinatal MH team
- Parent/infant team
- Self referrals

If there are any dads who don't fit this criteria, please signpost to our social media, our wellbeing groups, and our closed facebook groups

<https://dadmatters.org.uk/about-us/connect-with-us/>

Please contact us, or direct dads to us for more information, or with any concerns, questions or suggestions.

We are happy to come and speak to anyone in Greater Manchester, from small team meetings to large conferences, presentations, training and informal conversations.

Young Fathers Project

Tom Cole

Salford Youth Service

Work with :

Expectant, actual dads or young men
who are acting as fathers in a family unit,
who are aged under 25 years old and live
in Salford

Aim

- To engage and work with young men to meet their needs and the needs of their children and families

Referral in

- through **The Bridge** and **Worried about a Child** requesting a service from Early Help/Youth Service and Young Fathers Project
- Probation, FNP, youth service, schools, colleges, HVs, midwifery, safeguarding, early help, housing, hostels, Next Steps, YOS, and..

Engagement

- Then make contact and go and meet young man where is comfortable for them; at home, joint visits, at a café, virtually, by telephone
- The more contact info on the referral form the better
- Is their choice to engage, if they know what is on offer they can make more of an informed choice about this

Assessment

- Assessment looks at : education, training and employment, wider family support, their hopes or experiences of being parents, relationships and DA, explores health messages, benefits, mental health, drug and alcohol use, housing, involvement and contact with their child and ways they would like to engage with the project
- Using scoring tools too, including Family Ass and Warwick Edinburgh Scaling
- Then develop work around identified needs

Work with young men

- Support to access training and employment
- Help with accessing housing and benefits
- Support with accessing mental health and wellbeing services
- Work around safeguarding concerns
- Work around healthy relationships and domestic abuse
- Work with couples around relationships
- Bespoke work with young men around anxiety, anger, parenting, children's needs, emotional literacy
- Preparation for parenthood work

Young Parents Groups

- **Beacon Centre 1 til 2.30pm Fridays**
- Open to young mums and dads and their children
- Were previously in Children's Centres, normalises use of them
- Youth work orientated, mixed with stay and play ideas too.
- Messy play, songtime, arts and crafts, cooking, horticulture, parenting, work with Lowry, trips out, peer support
- Reduces isolation, encourages peer support, sharing of parenting tips and experiences
- Used for contact sessions too

Also deliver

- Work with and support to young fathers who are the partners of young mums in TPASS unit at Foyer
- Training with and for workers around working with dads, across Salford and with student Health Visitors and Midwives
- Holdtight_mydadandme Instagram project promoting positive images of dads with their children
- Dads send in photos, we post them with first names and some info and tags and give them back a printed copy of the photo. Young person friendly medium

Lads Den Men's Mental Health Session

- **Tuesday evenings 6 til 7.30pm Hamilton Davies House, Cadishead M44 5BG** – session for men aged 18 upwards around strategies they can use to help manage their own mental health and wellbeing.
- Informal space, uses youth work methods and each week we explore a different concept or strategy, incl complimenting each other, staying connected, dealing with conflict, thoughts, feelings, behaviour, effective communication
- Face to face, do not need to refer but good to let us know if people would like to attend so we can look out for them

What support could the project have offered Mathew

- Building an effective and supportive relationship with Mathew
- Support around accessing suitable housing
- Support around accessing and working effectively with drug and alcohol services and exploring the impact of substance use on his children
- Support into employment, training, education and volunteering opportunities
- Exploration of the impact of criminal activity on his role as a father and his children, and joint potential work with the Probation Service around this
- Support around his wellbeing and mental health needs, including referrals into appropriate services, 6 Degrees Of and support to access Lads Den sessions
- Work with Mathew around safe and healthy relationships
- Support to access the Young Parents Group with his children or as a form of contact with them

Questions and thoughts

- Engagement and building effective relationships, and finding creative ways to work with them, is the key in my work with young men and young fathers
- Any questions or thoughts?

Thank you

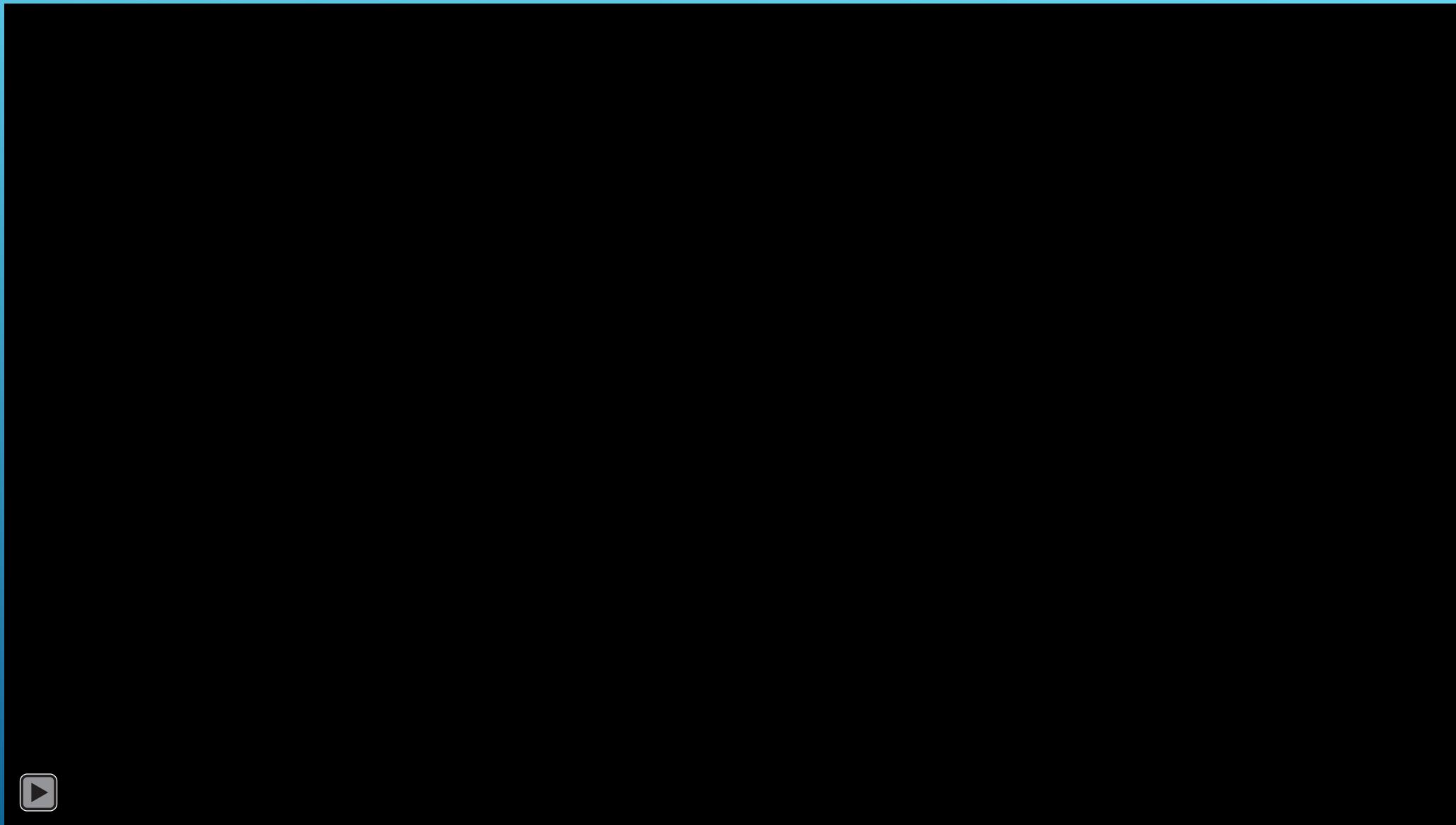
Tom Cole

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Tel: 07971 963 167



**JAMIE
HORROCKS**
TRUST



Jamie was a 37 year old Son, Brother & Uncle. He was a Firefighter serving the communities of Salford. A keen athlete with a large friendship group

Jamie tragically died by Suicide on May 30th 2013

Like so many other young men, Jamie disguised the level of his illness for many years from his family, friends and colleagues

Jamie did try to engage with services but unfortunately this was not consistent

It was acknowledged by family and colleagues that Jamie would tell them information to paint a picture that things were perhaps better than they actually were

Events in and out of work led to Jamie`s mental health deteriorating significantly. Jamie took his own life whilst at home alone

The impact of his death devastated not only his family and friends but a local community and Greater Manchester Fire & Rescue Service

The Jamie Horrocks Trust was founded in February 2015





Partnering with Time to Change campaigns

Charity & Fundraising events

Social Media/Website presence including direct messaging/signposting

Funding training to upskill local leaders in the community working with young people



Lived Experience to influence change within GMFRS

National Suicide Prevention Alliance - NSPA

Lad's Den

Social Prescribing – Funding for Fitness

Sporting Events

Schools projects

Bereavement Support Group



Shining a Light on Suicide & the Greater Manchester Bereavement Service

Thankyou

Jamie Horrocks Trust

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Safe in Salford

Our new domestic abuse
partnership



Our Vision

- Increase safety and recovery from harm
- Services flex and cohere around people
- Prevent re-traumatisation
- Develop community resilience
- Build on diverse strengths
- Create systems change
- Deliver improved impact and outcomes



PANKHURST TRUST //
MANCHESTER WOMEN'S AID



Our Partners

Four local charities

Delivery Organisations

- Trafford Domestic Abuse Service (TDAS)
 - Pankhurst Trust
 - Talk, Listen, Change (TLC)
 - Salford Foundation
-
- Lead provider model
 - Leadership responsibilities



Key Services

Crisis IDVA
service for
victims at
high risk

Advice &
support for
victims low/
medium risk

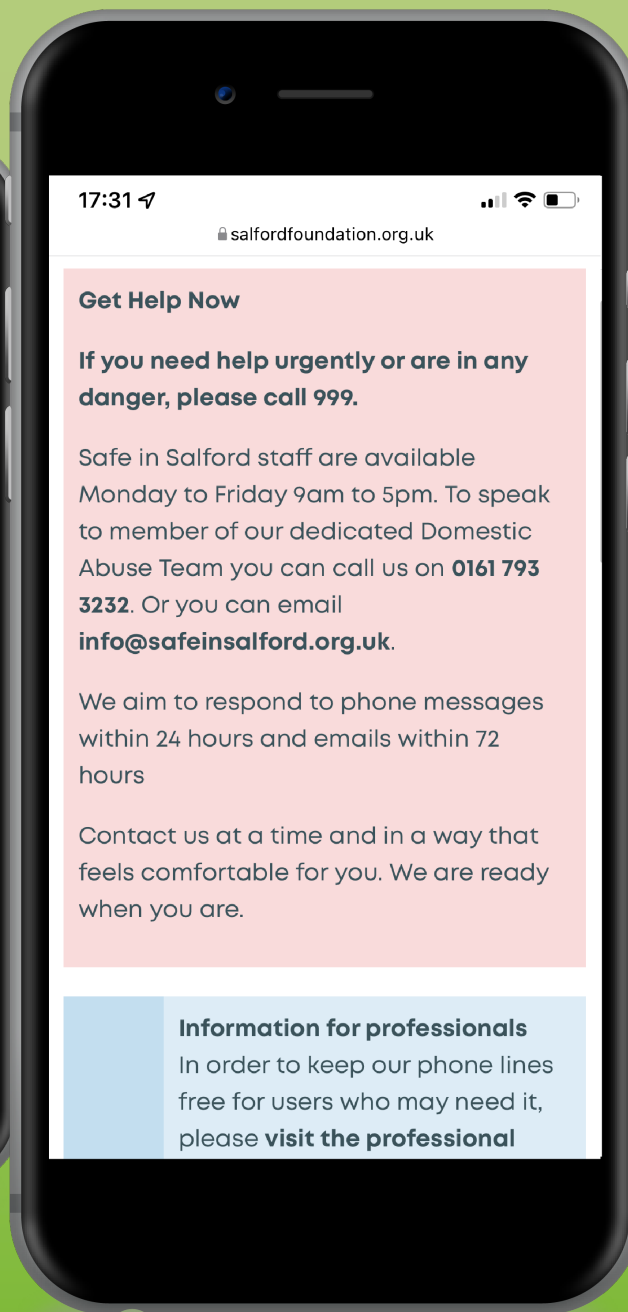
Specialist
GP's service
- IRIS

Children &
Young
People's
Support
- Harbour

Behaviour
Change for
Perpetrators

Single Front Door

- All referrals and advice requests
- Helpline
- Triage into the right service
- One recording system
- Prevent re-traumatisation
- Simpler & more effective for public & professionals
- Comms



Place-based Delivery

- Delivery where you are/
where works for you
- Co-location with
professionals
- Use of community
venues



Training and Awareness Raising

- Broad training offer for staff
- Better management of volume at 'frontdoor'
- Upskill other staff to relieve pressures/ deliver early help
- Community awareness raising & resilience
- Role of peers and community advocates
- Voice and influence

Key Facts

Q2 Referrals

- 689 Referrals
- 91 Internal Referrals
- 34 perpetrator referrals
- 83 Repeat referrals

Types of Abuse Experienced

- | | |
|---------------------------|------|
| • Emotional | 333 |
| • Psychological | 301 |
| • Physical | 273 |
| • Sexual | 63 |
| • Financial | 94 |
| • Stalking and Harassment | 1062 |

Thank You
Any questions?



RESOURCES

Salford
Safeguarding
Children Partnership

Salford
Safeguarding
Adults Board

Think Child – Think Adult – Think Family

Guidance for Children's and Adults
Services
in responding to Safeguarding Concerns

Remember
Children practitioners have a responsibility to
safeguard adults at risk

Adult practitioners have a responsibility to
safeguard children

PLEASE NOTE This is supporting guidance to assist practitioners in implementing the existing policies in respect of safeguarding children and adults at risk.

This guidance does not replace the existing policies which should always be read first when a practitioner wants to know how to respond to safeguarding concerns

New Multi-agency Safeguarding Procedures

Our new multi-agency procedures have been published, along with useful safeguarding contacts, guidance and resources.

New Safeguarding procedures ↗

Home Contents Glossary ↗ National Contacts ↗ Using this Procedures Site Amendments

Search...

🔒

Salford
Safeguarding
Adults Board

Salford Safeguarding Adults Board Multi-Agency Policy
and Procedures

Welcome and Introduction

Safeguarding Adults in Salford

In 2016, health and care partners in Salford created Salford Integrated Care Organisation (SCO), with the Northern Care Alliance (NCA), (Formerly Salford Royal NHS Foundation Trust (SRFT) as the prime provider of health and social care in Salford. This integration saw the transfer of the majority of Salford City Council's (SCC) Adult Social Care service (ASC) to the NCA. The Director of Adult Social Services (DASS) remains with the council which retains the statutory duties and responsibilities. However, the provision and operational delivery of Adult Social Care is delivered by the NCA on behalf of the council. The statutory duty for safeguarding remains with the Local Authority (Salford City Council) whilst the delivery of the functions is carried out by the NCA as the lead agency.

Throughout the policy and procedures there will be reference to the **Lead Agency** which is Adult Social Care who are acting on behalf of the Local Authority. Through Section 75 agreements, the SCO has delegated some of its social care functions to Greater Manchester Mental Health services.

USEFUL LINKS SSAB / SSCP

- ▶ SAR Mathew – [Report and briefing document](#)
- ▶ [SSAB Website](#)
- ▶ [SSCP Website](#)
- ▶ [SSAB Multi-agency Safeguarding Policy and Procedures](#)
- ▶ [Greater Manchester Safeguarding Children Procedures Manual](#)
- ▶ [SSCP Pathway Guidance](#) and [SSCP Policies and procedures](#)
- ▶ SSCP [Support and Safeguarding Guidance](#)

ANY QUESTIONS?

Thank you