

# Salford **Safeguarding Children Board**

## **Annual Report 2013-14**

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## Foreword

This is the 5<sup>th</sup> annual report for Salford Safeguarding Children Board (SSCB). I joined Salford as the new Independent Chair of the Board on the 1<sup>st</sup> May 2014 and thank the Board members and support team for reflecting on the past year to produce this report. At my first Board meeting I was heartened by the involvement, positive contributions and challenges by all members of the Board which I believe indicates a strong partnership. I am committed to working with all partners involved with the Salford Safeguarding Children Board to build on the firm foundations put in place in recent years to ensure the safety of all children.

I want to record my thanks to my predecessor, Sally Rees, who was the chair of the Board during this period and set the direction for the Board. 2013/14 has been a period of significant change for Local Safeguarding Boards (LSCB) across the country with the introduction of the revised national guidance *Working Together 2013* and the start of a new Ofsted Inspection regime that, for the first time, includes a judgement about the effectiveness of the LSCB.

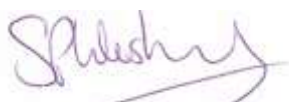
As Independent Chair I will do my best to make sure that all partners on the Board are held to account to ensure they work effectively together to safeguard all children and young people in Salford.

A critical factor in safeguarding children is the skill, effectiveness and professionalism of people who work day to day with vulnerable children and their families. As a board we need to provide leadership and challenge to ensure all agencies continue to provide staff with access to continuous learning, tools for the identification of neglect, risk assessment and information about what interventions are effective.

I believe that the best way to protect children and young people is to ensure they are loved and cared for; we must do all we can to ensure they are not living in poverty or neglected and that they are given opportunities to learn and grow their aspirations. Most children in Salford have that opportunity.

For those that do not we need to make sure that we provide early help, when it is needed. Even in the current difficult economic climate I believe resources to protect children must be given the highest priority.

The public and all agencies must all be vigilant to work together to identify areas of need; identify any risk or person that poses a threat of harm to children and young people and share information to ensure we have the best possible chance of minimising those risks.



**Simon Westwood, Independent Chair, Salford Safeguarding Children Board**  
**August 2014**

## 1. The Salford context

Salford has the following demographic features that are the context for safeguarding children and young people.

- Salford is situated to the west of the Greater Manchester and covers an area of 37 square miles. The 2011 census reveals that there are around 233,933 people living in Salford and of these 76,875 are aged 0-24 years, a high proportion of whom are children aged 0-4 years (16,255 or nearly 7% of the population, compared to 6.1% in north west England as a whole).
- Just over 90% of the total population is white. In the 0-24 years group this percentage is 87%. It is a feature of Salford's population that it is slowly becoming more diverse in ethnicity and this trend can be anticipated to continue over the coming years.
- 88% of the population of Salford were born in the UK, 5% in other parts of Europe (including Ireland), almost 2 ½ % in Africa and almost 3 ½ % in Asia.
- In January 2013, the school-age population (Annual School Census) was made up of 85.6% white, 3.7% black or black British, 2.8% Asian, 0.2% Chinese, 5.6% mixed race and 2.2% other. In January 2014, the school-age population was made up of 84.2% white, 3.5% black or black British, 2.9% Asian, 0.2% Chinese, 6.2% mixed race and 2.6% other.
- In the report on the Indices of Deprivation in England, (2010), the Local Concentration measure shows the severity of multiple deprivation in the authority, measuring hot spots of deprivation, Salford ranked 13<sup>th</sup> most deprived area in the country, with approximately 1/3<sup>rd</sup> of the areas of Salford amongst the 10% most deprived in the country. The city is traditionally mostly of white British ethnicity as well as having the long established and the second largest Orthodox Jewish Community in the country.
- Salford has an increasing birth rate with approximately 12.9% of children living in households with only one parent, (compared to 9.6% across England and Wales). Salford has a significant amount of social housing (approximately 45%) and there has been an upward trend in rates of unemployment. In Salford on average there are 30.4% of children living in poverty. This compares to a national average of 21.6%.
- Infant Mortality has shown a persistent downward trend in England since 2003/5. However the rate in Salford had not shown the same downward trend and the figure for 2008-2010 stood at 6 deaths per 1000 live births (compared to 4.6 in England). Despite small numbers, it is a critical issue because:
  - it is linked to deprivation and to social inequalities

- the risk factors that contribute to infant mortality have a cumulative affect across a person's lifetime
- the risk factors, and therefore infant mortality, are preventable

The most recent data for 2010/12 shows that the figure for Salford was 5.2 infant deaths per 1000, compared to 4.3 for England. Therefore it appears that infant mortality in Salford has continued to fall and the gap has narrowed which is encouraging.

## 2. Progress on Priorities from the 2013/14 Report

In 2013/14 significant progress has been made on each of the priorities. This section provides examples of some of the developments during the year.

### Culture

By culture we mean the way we work together and value each other and everyone working in Salford with children, families and young people and work to the same shared goals and values. The following priorities will help to achieve this:

**Priority 1:** Develop staff awareness and engagement in relation to the vision and values of the safeguarding strategy

**Priority 2:** Build trust and behaviours that support strong partnership working across all agencies and involve children and young people

**Priority 3:** Work together to support safeguarding through the effective implementation of early intervention and prevention strategies



### Early Help

The Early Help Strategy for Children, Young people and Families 2014-17 has been developed and consulted upon between January and March 2014, for publication in June 2014. This Strategy is a joint initiative between the SSCB and the Salford Children & Young People's Trust (SCYPT) and is a clear and re-stated expression of the commitment to early intervention and prevention.

## Deliver!

Launching a new early help strategy is not easy at a time when there is an increased level of demand. The Early Help Strategy is monitored by the SSCB and the SCYPT as well as the Health & Wellbeing Board in Salford. Meanwhile the early intervention and prevention (EIP) service continues to deliver an impressive multi-agency approach. In 2013/14, EIP and partner agencies completed 786 Common Assessments (CAFs). CAFs are a key part of working with parents to achieve good outcomes for children. In 2013/14 46% of children who had accessed the EIP service saw their level of need decrease by the end of intervention and just 12% saw an increase in their level of need.

Lead agency	% of CAFs
Education	38.1%
EIP Service	27.3%
Health	20.1%
Early Years and Childcare	8.9%
Voluntary and Community Support	2.0%
Youth and Crime	1.5%
Children's Social Care	1.3%
Adult Services	0.6%



## Engage with the front line

## Engage!

There is a range of ways that the SSCB engages with staff and raises the awareness of practitioners in safeguarding. These also provide ways for the front line practitioners and managers to influence the business of the SSCB.

### SSCB E Bulletin



[www.partnersinsalford.org/sscb/news.htm](http://www.partnersinsalford.org/sscb/news.htm)

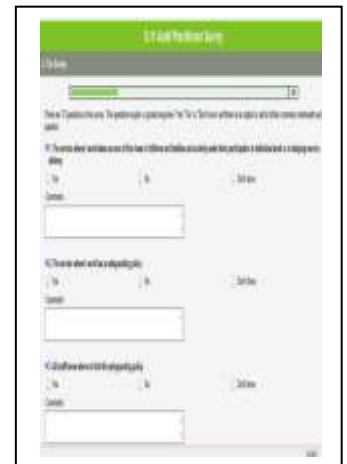
## Practitioner Forum



## Training



## Surveys



### Workforce

By workforce we mean everyone who works with children, young people and their families in the city of Salford. This includes social workers, teachers, health staff, community and adult social work, police officers and voluntary workers as well as administrative and resource managers

**Priority 4:** Develop a workforce that is solution focused, involved and encouraged to develop new ideas to improve practice around safeguarding

**Priority 5:** Embed effective communication of case reviews and evaluate impact of learning on improving practice



### Lessons from Case Reviews

During 2013/14 the SSCB considered three cases that required further scrutiny for the purpose of learning what happened and to identify if things could have been done differently. The aim of such case reviews is to reduce the likelihood of the same thing happening again. Since 2013, Local Safeguarding Children Boards have been required to notify the National Panel of Experts in Serious Case Reviews of any cases that could lead to a Serious Case Review (SCR). Three cases were referred. As of 1<sup>st</sup> April 2014, two of the case reviews are ongoing and further information will be published about them in next year's Annual Report and, where appropriate, at the point of publication probably later in 2014.



## Learn!

Professor Ray Jones from Kingston University gave the key note speech to the SSCB learning event in October 2013 and emphasised the importance of practitioner participation in making the improvements in response to SCRs.



The 3<sup>rd</sup> case featured concerns about child sexual exploitation (CSE) in a historic context. The Board decided that to achieve the best learning from this, there should be a practice audit of more recent incidents so that the learning would be informed by current concerns. During 2013/14 there has continued to be heightened public concern about the impact of CSE on young people in Greater Manchester.

The SSCB has given close attention to this matter with a range of activities with partners to disrupt offending behaviour and reduce the vulnerability of children to exploitation.

### Quality of Practice

By quality of practice we mean improving the quality and consistency of assessments, interventions and professional management and recording of cases, while ensuring timeliness remains high.

**Priority 6:** Improve the quality of safeguarding practice by social workers and other front line staff

**Priority 7:** Develop and ensure consistent implementation of policies and procedures across the partnership



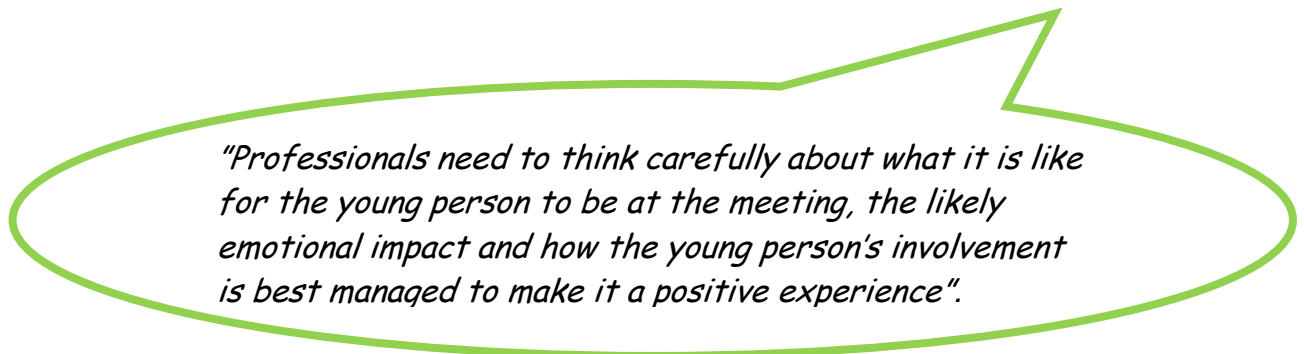
### New procedures, improved practice

At the beginning of 2013/14 the SSCB implemented the new Greater Manchester Safeguarding procedures (<http://greatermanchesterscb.proceduresonline.com/>). These will provide increased consistency of response across Greater Manchester so that when people move across local authority boundaries they can expect to have a similar response to any issues they need help with. Procedures are helpful but not sufficient in protecting children from harm. Crucially protection requires professional judgement in responding to concerns and the involvement of children and families in recognising concerns and responding to them.



## Challenge!

The Children's Commissioner in 2011 reported on the views of children and young people about the child protection system



*"Professionals need to think carefully about what it is like for the young person to be at the meeting, the likely emotional impact and how the young person's involvement is best managed to make it a positive experience".*

During 2013/14, the child protection conferences run by Salford Children's Services on behalf of the SSCB have been reviewed and a new system called 'Signs of Safety' introduced. This is an approach that is pro-active in engaging parents, carers, children and young people in identifying risks to children and finding solutions. The preparatory work has taken place and the system will be launched early in 2014/15. It is complemented by a new approach to involving children and young people in meetings. 'Viewpoint' is a computer assisted method that has an interface similar to social networking but with added security and will be used initially for the child protection conferences.

## Improve!

### Social Work Improvements

Children's Services have focussed on improving the quality of social work practice within Salford. Social workers receive regular consistent reflective supervision, have managed protected case loads with opportunities for professional development and career progression within the service. There is a committed leadership team dedicated to supporting social workers to achieve great outcomes for children in the city. The social work teams are being recognised regionally within the courts for good practice. The goal is to promote confident, knowledgeable and well-supported social work staff working to the highest standards of practice.

### Salford's Multi-agency Safeguarding Hub (MASH)

The MASH has been in place in Salford since 2012. The principle behind the MASH is that co-located practitioners from a range of agencies can provide a more effective, joined-up, approach to safeguarding children to bring benefits such as improved sharing of information, more confidence in making referrals and in getting the response they would expect.

An evaluation in Salford of the MASH in November 2013 found 90% of referrals showed good evidence of multi-agency information sharing and robust decision making among professionals. It has enabled better allocation of resources and targeting of services for children and families.

This is a credit to the agencies that have come together in the MASH but more work is to be done on addressing thresholds, the level of response that a referral triggers. The joining together of agencies also requires a change in culture which doesn't happen overnight. Careful planning of resources will continue to help deal with the increased demand.

There is a strong rationale for this happening; namely everyone working in the best interests of children. Safeguarding children continues to be a very complex and challenging task and the SSCB welcomes the commitment that agencies have in making it work in the MASH.

### **Leadership**

One of the main priority areas for improving Safeguarding is leadership. By leadership we mean the way senior people in the partnership organise, lead and motivate the workforce in providing the skills, knowledge and expertise to deliver effective services.

#### **Priority 8:**

That leadership across partnerships is visible, and that a culture of mentoring and support is adopted and embedded in delivering better safeguarding outcomes for children and young people

#### **Priority 9:**

Develop and embed a clear system for communicating with practitioners at all levels within each agency

#### **Priority 10:**

That the vision and values are embedded within the workforce and talent is identified in order to build leadership

#### **Priority 11:**

Ensure effective working arrangements between the SSCB, the Children's Trust and key partnerships

During 2013/14 there has been significant progress in building on the strength of partnerships in Salford. Thus, the SSCB and the Salford Children and Young People's Trust (SCYPT) have published the Safeguarding Compact as a joint commitment and during 2014/15 will take this further by welcoming the Salford Health & Wellbeing partnership into the Compact. The SSCB also takes a leading role in the strategic direction of safeguarding in Greater Manchester. Nick Page, Director of Salford's Children's Services has chaired the Greater Manchester Safeguarding Partnership during 2013/14.

## Improve!

*Working Together to Safeguard Children* (2013) states that

*"while LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed".*

In 2013/14 the SSCB has been proactive in driving improvements through its function under s11 Children Act 2004. Using a consultation with practitioners it found that there should be improved awareness of child sexual exploitation and domestic abuse. It has recommended and achieved additional resource devoted to raising this awareness, especially with children, taking a *safeguarding healthy relationships* approach.

**The SSCB e bulletin** in autumn 2013 reported on the Protect team:

*In an innovative approach to cross-boundary working, Salford has joined with Manchester to provide a specialist multi-agency team working with children and young people who are at risk of, or are involved in, child sexual exploitation (CSE). This area of work is a priority within the Salford Safeguarding Strategy.*

[www.partnersinsalford.org/sscb/news.htm](http://www.partnersinsalford.org/sscb/news.htm)

### Performance Management and Quality Assurance

By performance management, we mean the reporting systems and data by which the SSCB can ensure the quality and effectiveness of safeguarding services across the partnership. Quality assurance provides the SSCB and safeguarding managers with an understanding of the standard and consistency of their services and enables all practitioners, at every level, to effect continuous improvement to ensure that they are delivering the very best services for children and young people.

#### Priority 12:

Develop a clear quality assurance and performance framework that evidence improved outcomes for children and young people

#### Priority 13:

Develop an effective framework to ensure the voices and views of the child, young people and their carers are listened to and acted on

## Critical!

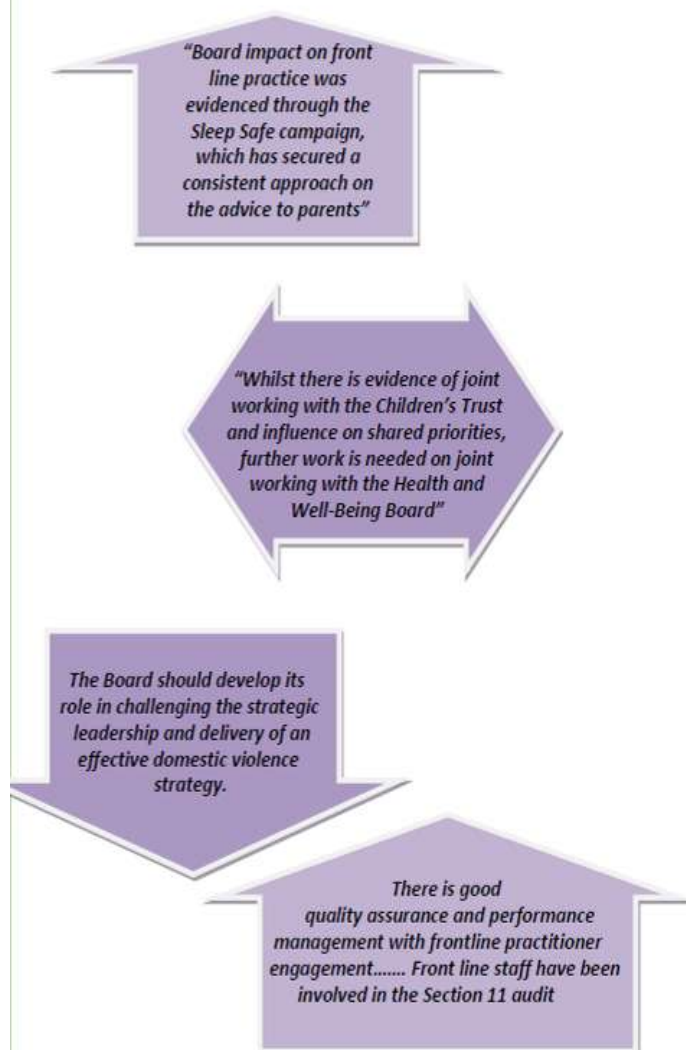
The SSCB has a strong Quality Assurance and Performance Management function that in 2013/14 has itself been given external scrutiny by a peer review by Derby LSCB as shown here.

The SSCB Performance Management Sub-group (PMSG) have developed and implemented an Integrated Performance Report (IPR) to illustrate the overall multi-agency picture of safeguarding activity in Salford.

In 2013/14 we have reviewed the IPR format to ensure there is a consistent format across the Partnership Boards. It features positive highlights, challenge questions and a dashboard. The PMSG set challenge questions each quarter for the Executive Committee to address.

The report will continue to be developed to ensure that it provides a robust indication of safeguarding performance to the Board.

**SSCB Peer Review** – In November 2013, representatives from Derby LSCB undertook a peer review of the SSCB. Here are some of the findings:



Other results of this function in 2013/14 have been the following activities by partners:

- In the area of domestic abuse, securing funding for a Young Person's Violence Advisor and access for under 18 year olds to Salford Independent Domestic Abuse Services
- A Voice of the Child DVD. This powerful film has been made by young people across Greater Manchester who have had experience of professional support from a wide range of services.

### 3. Vision and Objectives 2014 to 2017

*Safe and Sound in Salford – doing the best for Salford's children*

**The SSCB will work together – with children, young people and families to:**

- **Build resilience**
- **Prevent harm**
- **Ensure support and care is provided**

### 4. What are we going to do next? Strategic Priorities for 2014/15

The SSCB has refreshed and re-set strategic priorities on safeguarding in Salford for 2014 to 2017.

- **Neglect**

Neglect is the most common form of abuse in the UK. The report by Ofsted '*In the child's time*' published in March 2014 draws on evidence from several local authorities, their statutory partners and the views of parents and carers. Some of the findings relate to:

- Even when professionals have concerns about neglect ... they may be unlikely to consider how they can help or intervene, apart from referring to children's social care
- Drift was identified at some stage in the child's journey in a third of all long-term cases examined
- There was evidence of some very good support for children that was meeting the short-term needs of the family

In Salford we want to tackle neglect so that infant mortality and morbidity is reduced even further.

- **Domestic Abuse**

In March 2013 the government extended the definition of domestic violence to encompass 16 and 17 year old victims. It also widened the definition to include coercive control, a pattern of controlling behaviour by the perpetrator. These extensions re-emphasise that domestic violence has a bad impact on children who experience it in their family. Salford, like the rest of Greater Manchester has a relatively high incidence of domestic abuse and it features in many child protection cases. We will support and challenge agencies to prioritise this.

- **Early Help**

The Allen Review in 2011 underlined that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and parents the right type of evidence based programmes for 0-18 year-olds and especially in their earliest years. The new Salford Early Help Strategy has the enthusiastic support of the SSCB and we will work with the Children's Trust in Salford to monitor and co-ordinate action to make sure it has a positive impact on the lives of children.

- **Exploitation**

Child Sexual Exploitation (CSE) is the most high profile aspect of the exploitation of children and young people but there are other forms of exploitation such as forced marriage, child labour, and trafficking. In November 2013, the Children's Commissioner published *"If only someone had listened"*<sup>1</sup>. The principle finding of this report was that nationally despite increased awareness regarding child sexual exploitation children are still slipping through the net and falling prey to sexual predators. Serious gaps remain in the knowledge, practice and services required to tackle this problem. There are pockets of good practice, but much still needs to be done to prevent thousands more children falling victim. In Salford we are particularly mindful of the implications of the Saville enquiries and with the more recent arrival of the BBC at Media City, the SSCB chair has regular meetings with the BBC's safeguarding advisors and managers.

The SSCB has helped drive a concerted multi-agency approach to CSE, being fully signed up to the Greater Manchester Safeguarding Partnership's Project Phoenix and taking a strategic approach to tackling a problem that manifests itself in many different ways. The SSCB will continue to challenge and support partners in making further progress to prevent young people becoming vulnerable to exploitation.

- **Emotional Health & Wellbeing**

In October 2013 Salford Children and Young people's Trust (SCYPT) published Emotional Health: Directory of Services for Children and Young People which sets out the range of services available for children and young people and is designed to support practitioners and the public to refer children and young people onto appropriate services. It states that "Emotional health and well being (EHWB) needs to be seen as everyone's business".

A particularly worrying aspect of emotional health is the incidence of self harm by young people. This is a complex issue that requires a sensitive approach by agencies both in terms of understanding the general pattern and in responding to and preventing specific incidents of harm. The SSCB will promote greater understanding of this issue so that partner agencies are better prepared to provide the right services in the right place for children and young people.

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<sup>1</sup> - Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report



Emotional health and well being is addressed through good parenting, quality experiences in school and through leisure and social supports. The SSCB will support the SCYPT in engaging the commitment of everyone to the wellbeing of children and young people in Salford.

- **Quality of Practice**

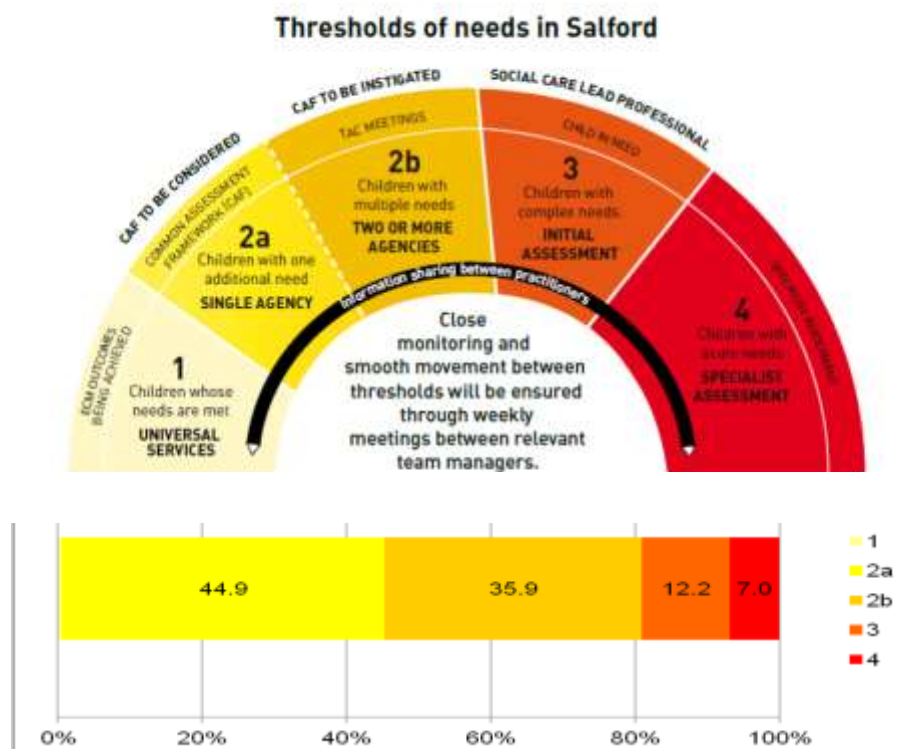
It is a regular feature of Serious Case Reviews (SCRs) that something has gone wrong in the way that services respond to the needs of children and young people. There is much good practice in Salford and throughout Greater Manchester to protect children from harm. But we have to be alert to supporting and improving safeguarding practice as there are always new challenges for practitioners and their managers in working with children and families.

## 5. Effective Practice in Salford

There are many examples of effective safeguarding practice in Salford. In this section we present a selection from 2013/14.

### Salford's Thresholds – responding to need

The thresholds are being refreshed to be re-launched in early 2014/15. The new version will have an increased emphasis on community self help; enabling the capacity of local people to safeguard children in their area. But this is unlikely in the foreseeable future to replace the need for services to help children and families thrive. Intervening at the right level, not too much, not too little, is a skill that if got right empowers people to make the most of their children's lives. This image shows how services have responded to needs in 2013/14:





## Private Fostering – Somebody Else’s Child

2013 saw the launch of the SSCB Private Fostering campaign involving young people in developing and selecting designs for the campaign. Prior to the campaign a staff survey received 794 responses, of which 45% stated that they were not aware of private fostering. The campaign has not yet had the impact that it needs to increase staff awareness and referrals to the private fostering officer. An action plan was therefore devised and is being monitored by the SSCB Private Fostering Task & Finish Subgroup – its emphasis is on engagement of practitioners and a range of Salford’s communities to ensure that people both understand what private fostering is and notify the local authority. Children’s Services have received 13 notifications during 2013-14. Salford’s private fostering notifications are consistently higher than all of its statistical neighbours. Work in 2014-15 is planned to further increase awareness and notifications.

## Managing Allegations

When there are worries about the behaviour of anyone in a position of trust with children or young people, the Local Authority Designated Officers (LADOs) deal with such concerns by assessing the risk and commencing actions if necessary to protect children from harm. The number of referrals and consultations has steadily increased from 190 in 2009/10 to 313 in 2013/14.

Referrals to LADO Apr 13 – Mar 14	Total
Total number of consultations	37
Total number of referrals	276
Number which led to No Further Action (NFA)	197
Number which led to a strategy meeting	75

Strategy meetings provide the forum for multi-agency decision making about how to deal with concerns. The increase probably reflects better awareness of such concerns rather than an increase in worrying behaviour. However the LADOs promote a culture of careful scrutiny and there is a clear focus on monitoring for any emerging pattern of concerns. Strategy meetings assist in this too by ensuring that lessons are learnt and cascaded to agencies.

Training is an important part of the LADO function and continues to be prioritised by most agencies but with the changes in the workforce and changes in patterns of behaviour, it is a constant challenge to maintain the currency of knowledge and skills in responding to this important area of safeguarding practice.

## Salford Drug and Alcohol Service (SDAS)

SDAS which is one of the services provided by Greater Manchester West Mental Health Foundation Trust offers specialist drug and alcohol advice, support and treatment to adults aged over 18 who are experiencing problems with their drug and alcohol use. The service is free and confidential and available to any adult Salford resident or adults registered with a Salford GP. Problem use of substances can be a risk for children in the family. During 2013/14, SDAS has implemented routine notification with families, health visiting and school nursing teams to create a shared understanding, pathway of care and early intervention support for service users/families and young people/children. This has strengthened the message to parents that children's services and substance misuse services work together with the aim of supporting parents to make positive changes for their family. In 2014/15 the SDAS will be achieving enhanced integration of working with Children's Services Outreach Team, focussing on early intervention and access to treatment to prevent problems escalating.

## Public Health

Public Health is an active member of the Board and is unique in bringing a population health perspective to the business of the SSCB. This is supported through data analysis and needs assessments, including assessments around substance misuse, carers, homeless individuals and unintentional injury prevention in children and young people.

Although the public health team does not include frontline staff, all members are completing the mandatory training on safeguarding children.

All new Public Health contracts will include requirements for safeguarding. Contract variations for public health services for 2014/15 will include a revised safeguarding policy, and a clause requiring organisations to complete a Common Assessment Framework where appropriate. As part of the quality assessment framework for commissioned services, providers will be expected to complete an annual self-assessment and audit their provision. This will allow targeted audit visits to be undertaken where concerns are raised.

In addition, the Infection Prevention and Control Team within Public Health, supported by the Health Improvement Service, work with Salford nurseries, providing training and auditing them to ensure infection outbreaks are managed and limited. The training ensures that appropriate care procedures are in place to protect children and staff, ensuring staff and children work and play in a healthy and safe environment.

## Child death

Bolton, Salford and Wigan Tripartite Child Death Overview Panel (CDOP) reviews how and why children resident in these areas die. Findings are used to take action to prevent future child deaths and to improve the health and safety of the children in the three areas.

### Trends

Over the 5 year period from April 2008 to March 2013 there were a total of 397 childhood deaths across Bolton, Salford and Wigan. Two-thirds of these occurred within the first year of life. Childhood death rates have been declining since 2008. Wigan has had lower rates than the England average, while rates in Bolton and Salford are higher.

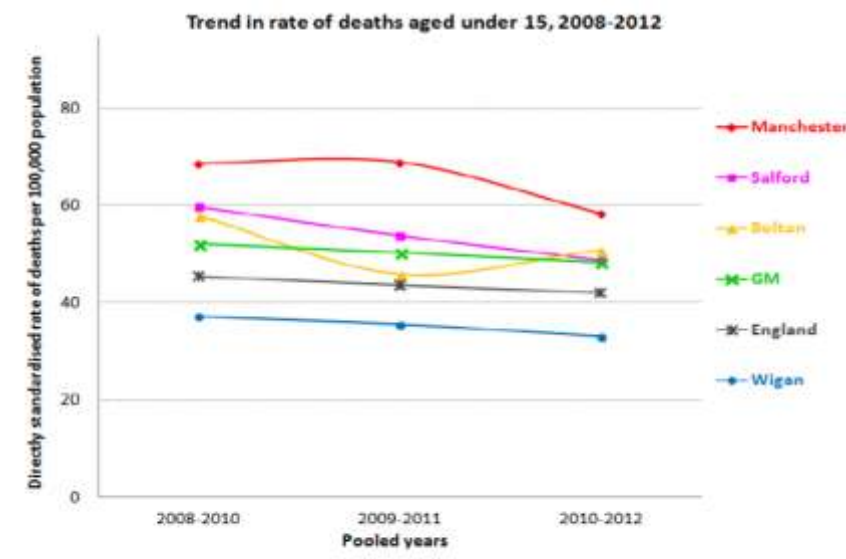


Figure 1. Trends in childhood death rates 2008 to 2012

### Recommendations Based on the 2012/13 Report

- The safeguarding boards should note the potential risk factors for neonatal and infant deaths and share information with the relevant local commissioners.
- The CDOP should support and/or commission work to investigate childhood deaths in different sub-groups within the local population.
- The Sleep Safe Campaign should be evaluated in order to make a decision about future funding.

## Safeguarding in GP practices and other health providers

NHS Salford Clinical Commissioning Group (CCG) has responsibility to ensure that commissioned health services have robust safeguarding children arrangements in place, working collaboratively with provider organisations on safeguarding across health services.

Since 1<sup>st</sup> April 2013 CCGs do not commission Primary Medical Care (GP Practices) but do have responsibility for improving the quality of these services. The CCG Safeguarding Team has been resourced to further develop the safeguarding children work undertaken with GP Practices.

This work has focussed on ensuring that GPs and Practice staff are up to date with safeguarding children training. In 2014/15 training will focus on Domestic Abuse and Child Sexual Exploitation which are two SSCB priority areas. Further work will support GP Practices in their management of patients who are experiencing domestic abuse.

The CCG continues to support GPs in providing reports for Child Protection Conferences. During 2013/14, the submission of reports has increased from 58% to 78% of all conferences. Work will continue in 2014/15 to increase this further, ensuring that high quality reports are consistently provided.

In March 2014, the Care Quality Commission (CQC) reviewed Salford's Health Services for Children Looked After and Safeguarding. The review report highlighted areas of good practice and areas for improvement. Salford CCG will have a lead role in ensuring that the recommendations are implemented over the next 12 months.

## Referrals and Assessments

Salford Children's Social Care received 2897 referrals in the year 2013/14, which equates to 561.9 referrals per 10,000 child population. This is a 24% reduction from the 3828 referrals received in 2012/13. Comparable data on a national, regional and statistical neighbour level is only available for the year 2012/13, this is detailed in the table below;

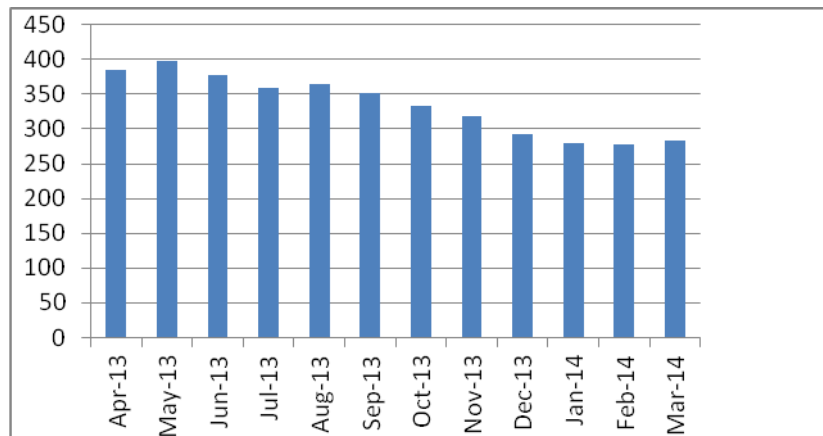
Comparator	Referral level per 10,000 population
Salford Children's Services 2013/14	561.9
Salford Children's Services 2012/13	742.5
Statistical Neighbours	605.9
North West England	619.7
England as a whole	520.7

Salford's referral rates for 2013/14 are more in line with other authorities' rates for 2012/13 but above the England average.

Several factors have influenced the decrease in referrals. During 2013/14 we strengthened the Multi Agency Safeguarding Hub (MASH), streamlining screening processes and the decision making when services contact Children's Social Care with concerns for a child. This has been backed by the early help strategy to support families. As the MASH develops with more agencies on board, in the next 12 months it is envisaged that referrals will continue to reduce. There is now a sharper focus on those referrals that require a social work assessment and response. Success through this approach during 2013/14 is evidenced by the high number of 'referrals' that progress to social work assessment ( 92.5%). This is an increase from 76.6% in the previous year.

The new Children and Families Assessment (CAFASS) was introduced in March 2014 and is having a positive impact with improved consistency of assessment processes. The timeliness of completion of social work assessments following referral has improved, with 89 % of all social work assessments being completed within the required timescales.

## Child Protection Activity



At the end of March 2014 there were 284 children subject to Child Protection (CP) Plans in Salford. This is a decrease of 68 since the end of March 2013. Some of the decrease can be attributed to a rise in the number of children coming into Salford's care and as a consequence being removed from CP Plans. All children subject to a CP Plan have a named allocated Social Worker. The largest number of children subject to CP Plans is under the category of Emotional Abuse (60.6%). Domestic abuse is also a feature in 40% of cases at CP conferences. Steps being taken to address this are mentioned on page 24 of this report.

When families have worked with agencies to reduce the risk of harm to their children it is important that positive changes are sustained. Salford has Child in Need Coordinators who support agencies in achieving this sustainability of outcomes for children. During 2013/14 there were 65 children considered at Initial CP Conferences where the criteria of significant harm were not met and Child in Need plans were agreed for multi agency support. In 2013/14, 479 children were removed from CP Plans and moved down to Child in Need/Team around the Child.

The participation of children and families in the Child Protection Process is vital in making children safe. To enhance this Salford has adopted the Signs of Safety model of chairing. Preparation and training has taken place for implementation early in 2014/15.

## Missing From Home (MFH)

Salford Children's Services received 803 notifications of missing from home episodes from GM Police in 2013-14, a substantial increase on 2012-13 when there were 482 notifications, a rise of 66%. Some of this can be accounted for by improved recording and reporting between the Police and Children's Services but it is clear that further resources are needed to reduce the number of MFH episodes for this vulnerable group of young people.

Year	Period	Number of missing episodes
2013-14	Q1	184
2013-14	Q2	255
2013-14	Q3	179
2013-14	Q4	185

In 2013/14, 25 young people were reported missing 10+ times and accounted for 420 episodes. Due to the high number of episodes, the multi agency weekly operational meeting has focussed on ensuring that return interviews are carried out by professionals.

During 2013/14 a number of joint strategic meetings involving senior officers within the Police and Children's Services to address the upward trend and share concerns about the volume of episodes and risk. A successful bid has been made for Police Innovation Fund monies to develop an 18 month project aimed at targeting the most prolific missing young people. The project is planned to begin in December 2014 and operate between 6pm-midnight, seven nights a week. A psychologist will be attached to the project to advise professionals on innovative practice and engagement strategies as part of the strategy to reduce the number of episodes. The aim of the project will be to reduce the number of episodes of missing from home and assist in moving from dealing with large numbers of return interviews to focussing on early help and prevention.



## Child Sexual Exploitation (CSE)

CSE is a priority area for the SSCB which is reflected in the level of safeguarding activity and resource devoted to addressing it in Salford. Salford has implemented The National Working Group's (NWG) database so that each individual agency in Salford that comes into contact with children records their respective position in terms of CSE.

The purpose of the database is for each of the agencies to evidence:

- Awareness raising
- CSE Training
- A Referral process

The data produced from this exercise informs risk management and highlights hot spot areas of CSE risk for Salford.

There have been two full day CSE training courses both very well attended and there has been further rollout of training within the SSCB training programme. Targeted training and awareness-raising has also taken place outside established agencies with workers such as hotel staff and taxi drivers. A training officer has been appointed and developed a CSE and Domestic Abuse programme focusing on Safeguarding Healthy Relationships for primary and secondary school children as a proactive prevention approach.

From 1<sup>st</sup> October 2013 Salford joined the Manchester CSE PROTECT Team and commenced taking referrals. There is a Salford Social Worker and a Youth Worker that are part of the PROTECT Team. A worker from Barnardo's has also been appointed to carry out direct work with young people referred into PROTECT by Salford and there continues to be a link worker from the NSPCC to the PROTECT Team. There are robust assessments of need for children referred to the service and a range of bespoke interventions are provided.

## Domestic Abuse

Salford has now established a multi-agency Children's Domestic Violence Strategic Group with the strategy and action plan based on the following four principles:

- All children deserve to live in homes free of domestic violence.
- All families in Domestic Violence situations deserve an assessment and proactive services that meet their individual needs and respect their strengths.
- Perpetrators must be held accountable for their actions regardless of their age.
- Each agency/service must work in partnership to promote positive outcomes for children and their families where domestic violence is identified.

The Multi Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. The Salford MARAC continues to be very active with 512 cases heard in 2013/14. Between April 2013 and end of February 2014, Greater Manchester Police (GMP) recorded 5,763 Domestic Incidents in Salford, of which 39.6% were recorded as having children present at the time of incident.

A number of initiatives and activities are in place or planned to address problem. This includes Junior MARAC, the Safe and Healthy Relationships programme and support provided at an early stage for those instances which may not have reached the threshold for social work intervention. The latter meant that 57 families where domestic violence was a factor were engaged between January and March 2014 where support may not have previously been provided.

## Voice of the Child

The 'voice of the child' is a shorthand term for making sure that children and young people participate fully in decisions about their lives and nowhere is this more important than in safeguarding their welfare. In Salford there is a joint group of the SSCB and Children's Trust that is dedicated to making this happen as a shared priority.

To monitor this priority, a Participation Strategy has been published by both boards and the Voice of the Child group monitors the action plan associated with the strategy, including by embedding the national *Hear by Rights* Standards into the Section 11 audit. Partner agencies will be expected to carry out the "What's Changed Tool" in 2014/15 to plot improvements in practice.

In 2013/14 the Voice of the Child group has overseen the piloting of 'Viewpoint' as a tool for enabling the views of children and young people. Viewpoint is a web-based consultation tool designed to help children and young people to communicate their views, opinions and feelings. Individual responses are confidential but anonymised data will inform the SSCB's consideration of issues that are important to children and young people.

The pilot has found that Viewpoint is an effective tool when used appropriately. Most children and young people liked using it and staff found that it helped children and young people contribute to their CP reviews, which in turn helped them participate in the decision making process and directly influenced the outcomes of reviews. On the basis of the pilot results, the SSCB and Children's Trust have agreed to roll out Viewpoint over the next 3 years to a variety of young people involved with services across the range of safeguarding thresholds. Members of the Salford Young Peoples Council have expressed an interest to be involved in making this happen, as part of a request to have more involvement in the Safeguarding Board in the future.

## Equality & Diversity

The lesson of many Serious Case Reviews is that identity is a major factor in a child's development and that where this is not given due regard it can have serious consequences. The importance of identity applies equally to every child, whatever their background. The 2012 Ofsted inspection of safeguarding arrangements in Salford set out an improvement action for the SSCB to integrate equality and diversity into all its activities.

Since then, the SSCB has reached out pro-actively to engage with a wider range of communities and also re-emphasised to all practitioners and managers that identity has to be a central concern of any assessment of need or harm.

With the Jewish community this outreach by the SSCB has been via the Jewish FED and with Interlink – Orthodox Jewish voluntary Action. For the last couple of years, Interlink has worked with the SSCB to deliver training and policies that help safeguard children in a culturally sensitive way. Interlink has, as part of this initiative, delivered bespoke basic safeguarding training to staff in 28 settings. Abuse is abuse no matter which community a child is from but there are clear differences in traditions of child rearing. The recognition and understanding of these differences goes a long way in helping communities and agencies work to protect children from harm.

## 6. Role and Scope of the SSCB

The SSCB is accountable to the Salford Strategic Partnership (SSP). This fulfils the requirement that the Chief Executive and Leader of the Council (and from 2012/13 the Mayor of Salford and Greater Manchester Police and Crime Commissioner) are able to satisfy themselves that the Director of Children's Services is fulfilling the responsibility for safeguarding and promoting the welfare of children and young people.

The responsibilities of the SSCB are complementary to those of the Salford Children and Young People's Trust (SCYPT). This broadly involves oversight of safeguarding activity being the SSCB's responsibility and early intervention activity resting with the SCYPT. The SSCB works alongside the SCYPT to promote co-operation between partners, including children and young people and their families, to improve the wellbeing of children in the local area. The Chair of the SSCB is a member of the SCYPT, and the Chair of the SCYPT is a participating observer on the SSCB

The LSCBs in England and Wales were established to ensure the protection of children is effectively co-ordinated. Their main scope includes safeguarding and promoting the welfare of children in the following three broad activities:-

- Responsive work to protect children who are suffering or are likely to suffer significant harm
- Proactive work to target particular groups who may be vulnerable
- Activity which aims to identify and protect all children from harm and ensuring that children are growing up in circumstances consistent with safe and effective care

The SSCB works with the SCYPT to improve the well being of children and young people and addresses the causes and consequences of the issues that affect the safeguarding of children and young people. The SSCB has a role in effectively challenging and scrutinising the work, commissioning and delivery of the SCYPT to safeguard children in Salford. The Accountability Cycle enables this arrangement (appendix 4).

During 2013/14 the SSCB has worked with the Salford Health & Wellbeing Board (SHWB) to ensure that there is the right relationship of accountability and challenge across the partnerships. The chair of the SSCB is a member of the SHWB.

## 6. Functions of the SSCB

How do we know if the business of the SSCB has an impact on the quality of life for children and young people in Salford?

This is the key challenge question posed by the chair of the SSCB to all member agencies and this section sets out how the SSCB attempts to measure this impact.

### *What do we know?*

#### 1. The 'Evaluation and Monitoring' function of the SSCB

We have a range of information that should help us to know how well children and young people are safeguarded in Salford.

- Performance data – for example, we collect information about how many child protection assessments are carried out within the required timescale. This tells us if assessments are being done promptly but it doesn't tell us how well they are done. This data is compiled in the Integrated Performance Report (IPR) and since early 2013, this report has enabled the presentation to the SSCB Board of 'Challenge Questions'.
- Audits (1) – we do practice audits looking at how practitioners work with children, young people and their parents and carers with a focus on safeguarding; for example, when a concern arises about the possibility of harm to a child, how do agencies help practitioners help families to reduce the likelihood of harm? Are

assessments properly identifying the needs of children? Are there opportunities to improve how this is done?

- Audits (2) – we also do audits under section 11 Children Act 2004 to assure that agencies have the right arrangements in place to safeguard children. For example, do agencies have single agency safeguarding procedures in place. Section 11 audits are carried out on a biennial basis, the most recent in 2013/14 and the next one due in 2015-16.
- Audits (3) – auditing practice can be an onerous task for small organisations so the SSCB has worked with NHS Salford and Salford CVS to produce Salford Safeguarding Standards for the Voluntary & Community Sector which provide a focussed approach to making sure the right arrangements are in place, especially for commissioned services.

## 2. The 'Case Review' function of the SSCB

There have been no Serious Case Reviews (SCRs) undertaken during 2013/14. However, it has been a busy year for the Case Review Subgroup with 8 cases referred to the group, 3 of which were discussed at Screening Panel Meetings to determine whether or not the SCR criteria had been met. The Screening Panels make recommendations that are then considered by the SSCB Independent chair for final decision. From 2013/14, these decisions are shared with the National Panel of Experts in Serious Case Reviews.

The recommendation from the Screening Panel Meeting held for one of these cases was for a Serious Case Review to be commissioned and this will be undertaken in the forthcoming year. The Screening Panel recommendation for the 2<sup>nd</sup> case was for a Case of Concern review led by SSCB to be undertaken jointly with the Safeguarding Adult Board. The rationale for this is that there are lessons to be learnt for both Boards in relation to children and young people who are trafficked and ensuring that the voice of a vulnerable person with communication difficulties is heard. This Case Review has been undertaken using the IMR methodology and an Independent Author has been commissioned to write the report. The Screening Panel in the 3<sup>rd</sup> case recommended that learning would be best achieved by carrying out a practice audit focussing on more recent cases of early intervention in concerns about Child Sexual Exploitation.

Two further cases considered by the CRSG have identified actions required to improve agency responses to neglect and the CRSG findings will be utilised within the current SSCB work on this complex practice area.

A key achievement in the last 12 months was the first annual SSCB Case Review Event held in October of 2013. The event comprised of 2 identical half day events which were well attended and positively evaluated. The lessons from three varied cases which had been

referred to the CRSG were presented and feedback was obtained from attendees as to the best ways to cascade lessons learnt from case reviews.

One case presented had been reviewed using a Multi-agency Learning Event and attendees benefited from a presentation by a participant at the Learning Event on her experience of being involved in this process. The SSCB also published a paper on local and national SCR themes which was provided to the event delegates and subsequently cascaded to agencies.

The SSCB Case Review Policy has been updated during this year to reflect the new Greater Manchester Case Review guidance. A focus for SSCB has been on ensuring that the policy includes clear guidance on enabling the voices of the involved children, young people and families to be heard and reflected in the review findings. The Case Review Policy forms a main element of the SSCB Learning & Improvement Framework which is holistic in capturing the full set of functions that contribute to learning and improvement in safeguarding.

The Case Review policy can be accessed at:

[www.partnersinsalford.org/sscb/policiesprocedures](http://www.partnersinsalford.org/sscb/policiesprocedures).

The Learning & Improvement Framework can be accessed at:

[www.partnersinsalford.org/sscb/qalif.htm](http://www.partnersinsalford.org/sscb/qalif.htm)

### **3. The 'Child Death Overview' function of the SSCB**

The tripartite Child Death Overview Panel (CDOP) for Bolton, Salford and Wigan analyses the pattern of all child deaths of children in Salford (as well as Bolton and Wigan).

Working Together to Safeguard Children (2013) sets out the functions of the CDOP to include:

- reviewing all child deaths up to the age of 18, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law;
- collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members;
- discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
- determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;



- making recommendations to the LSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
- identifying patterns or trends in local data and reporting these to the LSCB;
- where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the LSCB Chair for consideration of whether an SCR is required;
- agreeing local procedures for responding to unexpected deaths of children; and
- cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.

The aggregated findings from all child deaths should inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children in the area. Each CDOP should prepare an annual report of relevant information for the LSCB. This information should in turn inform the LSCB annual report.

The CDOP report for 2012-13, is the latest from which data is available and extracts are reported in section 5 above.

### ***What do we do?***

#### **The 'Thresholds Policies and Procedures' function of the SSCB**

The SSCB does not deliver services but does have a responsibility for ensuring that the agencies that do deliver services have in place the right arrangements to safeguard children. This often means having in place safeguarding policies and procedures that guide practitioners in how they carry out their work.

During 2013-14 the major work on policies and procedures has been in embedding in practice the Greater Manchester safeguarding procedures which were published on 1st April 2013.

These procedures can be found at: <http://greatermanchesterscb.proceduresonline.com/>

These will lead to increased consistency of response to safeguarding concerns across Greater Manchester. Some local procedures and guidance have been maintained for Salford but incrementally the majority of these will be replaced by Greater Manchester procedures.

Also the new Working Together to Safeguard Children (2013) has stipulated that LSCBs should publish a **threshold document** that includes:

- the process for the early help assessment and the type and level of early help services to be provided; and
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:

Consultation on the refreshed Salford Thresholds of Need and Response has taken place this year and the new version will be published early in 2014/15. It will be a companion document to the new Salford Early Help Strategy.

### *How do we do it*

#### **1. The 'Training function' of the SSCB**

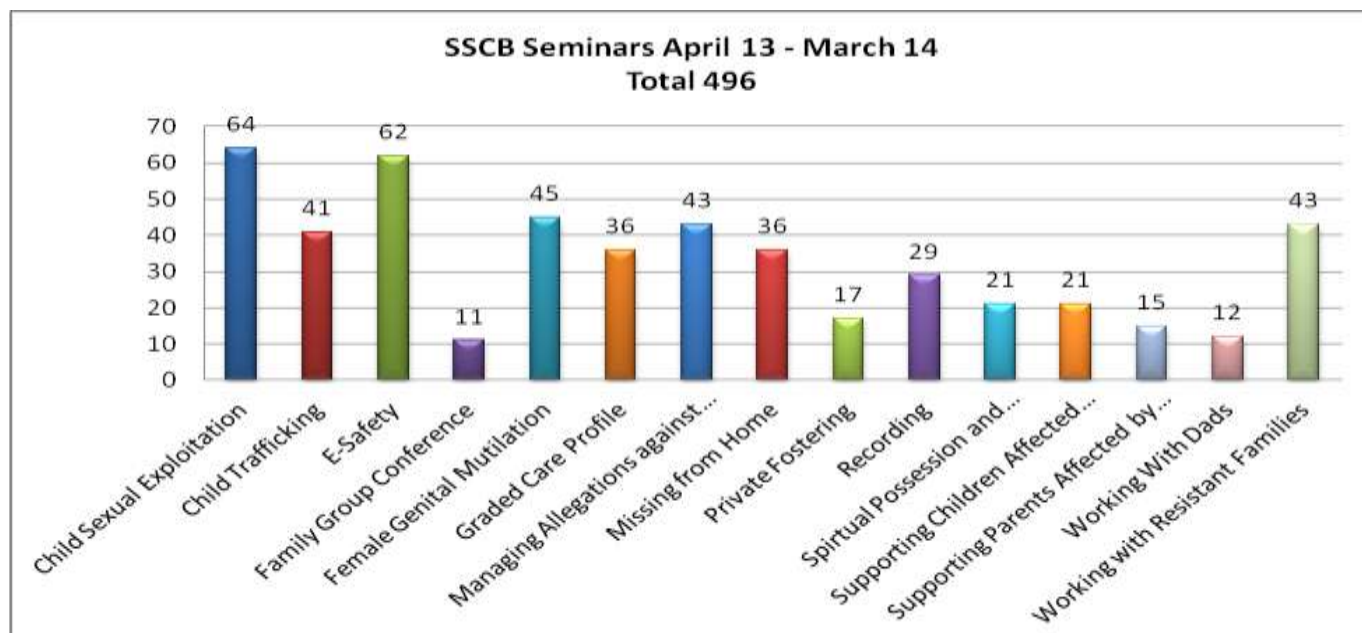
Training is essential in ensuring that practitioners and managers have the necessary skills and knowledge to deliver the safeguarding arrangements and practice. The SSCB has a strong programme of courses and seminars.

The training programme has 3 main components:

- 1 or 2-day courses
- ½ day seminars
- E learning

Each continues to go from strength to strength and the foundation for this learning culture is the combination of strong leadership by partner agencies and the dedicated expert SSCB Training Pool which not only reflects and builds on the specialist expertise within the Salford workforce but also instils a strong sense of support for learning and improvement.

The tables on the next page provide a snapshot of the SSCB training activity, the data relates to attendance.



## SSCB Training courses

	2010/11	2011/12	2012/13	2013/14
Assessment Skills	0	15	37	37
Attachment	25	27	46	45
Child Sexual Exploitation	0	23	50	56
Communicating with Children	43	51	15	38
Core Group	39	35	42	27
Cultural Competence	0	0	19	26
Domestic Abuse	46	48	48	42
Equality & Diversity	0	0	0	35
Foundation	223	184	240	205
Intro to Substance Misuse	0	0	22	46
Managers Course	40	28	20	24
Neglect	46	36	41	39
Parental Mental Health	24	47	42	45
Parental Substance Misuse	49	50	40	34
Pre birth Assessment	18	21	22	16
Rapid Response	36	25	16	0
Refresher	49	37	69	74
Safeguarding Children with Disabilities			NEW	38
Sexual Abuse	42	40	41	39
<b>Total</b>	<b>694</b>	<b>684</b>	<b>810</b>	<b>866</b>

12 safeguarding modules provided by Virtual College are now available and promoted via the SSCB web pages from April 2013. The e-learning modules are a valuable learning resource that should be used to introduce new topics as pre-course reading or to consolidate learning following attendance at a relevant SSCB training course.

During 2013/14 the number of training pool members has increased significantly to over 45 active members. This is great credit to partner agencies in supporting the participation of their workforce enabling them to bring their expertise for the benefit of a wider audience in Salford. As always, recruitment to the Training Pool will continue as this will increase the diversity of perspective, expertise and knowledge as well as spreading the load.

The SSCB Learning and Improvement Framework, required under the Working Together 2013 guidance has been implemented in 2013/14. It is a holistic framework bringing together the SSCB functions of case reviews, performance management and training.

The SSCB regularly monitors the impact of training in practice. This includes full evaluations of courses with a focus group follow up to explore how the training has a direct impact on practice, service delivery and outcomes for children.

## **2. The 'communications function' of the SSCB**

The SSCB Publicity and Communications sub group has been established since 2011/12 and has produced a Communications Strategy with the following features:

- To raise the awareness of the importance of safeguarding children and young people to identified audiences, including the dissemination of good practice;
- To promote the role of the SSCB and maintain the profile of the SSCB via the website, newsletter and other communication methods;
- To develop and implement arrangements for the participation of young people in the work of the SSCB in respect of publicity and communications;
- To develop and implement arrangements for the participation of parents/carers in the work of the SSCB in respect of publicity and communications;

During 2013/14 the SSCB has concentrated on achieving improved communication with the frontline as it is the practitioners and first line managers who know most about the day to day experience of children and families in Salford. With this baseline achieved it will now be the task of the SSCB to communicate more widely the vision, objectives and priorities for action set out above.

## Appendix 1: SSCB Members, Observer, Advisors and Support

### SSCB members (at 1<sup>st</sup> April 2014)

Agency	Name	Job title
Independent	Sally Rees	Salford Safeguarding Children Board Independent Chair (to 10 <sup>th</sup> February 2014)
Greater Manchester Police	Mary Doyle	Salford Safeguarding Children Board Independent Chair (Interim)
Child Death Overview Panel (CDOP)	Mick Lay	Independent Chair CDOP
Children & Family Court Advisory Support Services(CAFCASS)	Deborah McCallum	Service Manager
Education	Thalia Bell	Assistant Principal, Salford City College
Education	Helen Watson	Head Teacher, Wharton Primary School
Education	Almut Bever-Warren	Head Teacher, New Park High School
Health	Karen Clancy	Deputy Director of Integrated Governance, Named Nurse Greater Manchester West Mental Health NHS Foundation Trust
Health	Alan Campbell	Interim Chief Operating Officer, NHS Salford Clinical Commissioning Group
Health	Liz McGahey	Assistant Director of Nursing, Salford Royal NHS Foundation Trust (SRFT)
Lay Member	Rabbi Simon Grant	Lay Member
Probation	Manjit Seale	Assistant Chief Executive
Salford City Council Community Health and Social Care	Keith Darragh	Assistant Director: Resources
Salford City Council Children's Services	Gani Martins	Assistant Director Specialist Services
Salford City Council Children's Services	Nick Page	Strategic Director of Children's Services
Salford City Council Public Health	David Herne	Interim Director of Public Health
Voluntary and Community	Louise Murray	Deputy Chief Officer, Salford CVS

## SSCB Corresponding Members

Agency	Name	Job title
Health	Anne Kubiak	Lead Named Nurse, Central Manchester NHS Foundation Trust
NSPCC	Vacant	
UK Border Agency	Andrew Heseltine	Vulnerable Person Protection Manager

## SSCB Participant Observer

Agency	Name	Job title
Salford City Council	Councillor Merry	Assistant Mayor – Services for Children and Young People

## SSCB Professional Advisors

Agency	Name	Job title
Health – Designated Nurse	Melanie Hartley	Designated Nurse for Safeguarding Children – NHS Salford Clinical Commissioning Group
Health – Designated Doctor	Dr Kalpesh Dixit	Paediatric Consultant, SRFT
Health – GP representative	Dr Girish Patel	Clinical Commissioning Group GP Lead for Children's Safeguarding
Salford City Council Children's Services	Sharon Hubber	Head of Safeguarding
Salford City Council Children's Services	Eileen Buchan	Head of Integrated Youth Support Services
Salford City Council – Solicitor	Lorraine Ashton	Deputy Head of Service in Legal Services

## SSCB Business Support

Agency	Name	Job title
Salford Safeguarding Children Board	David Barnes	Business Manager
Salford Safeguarding Children Board	Vivienne Bentley	Senior Business Support Officer

## Appendix 2 – Structure of Salford Safeguarding Children Board

The following diagram shows the structure of the SSCB, the Executive and the sub group structure beneath it. (As at 1<sup>st</sup> April 2014). Chairs of the respective sub groups are identified.

**Critical**

**Essential**

**Monitoring & reporting**

### BOARD

**Interim Chair: Mary Doyle**  
**Independent Chair – Simon Westwood (starts 1<sup>st</sup> May 2014)**

### EXECUTIVE COMMITTEE

**Chair: Mary Doyle**

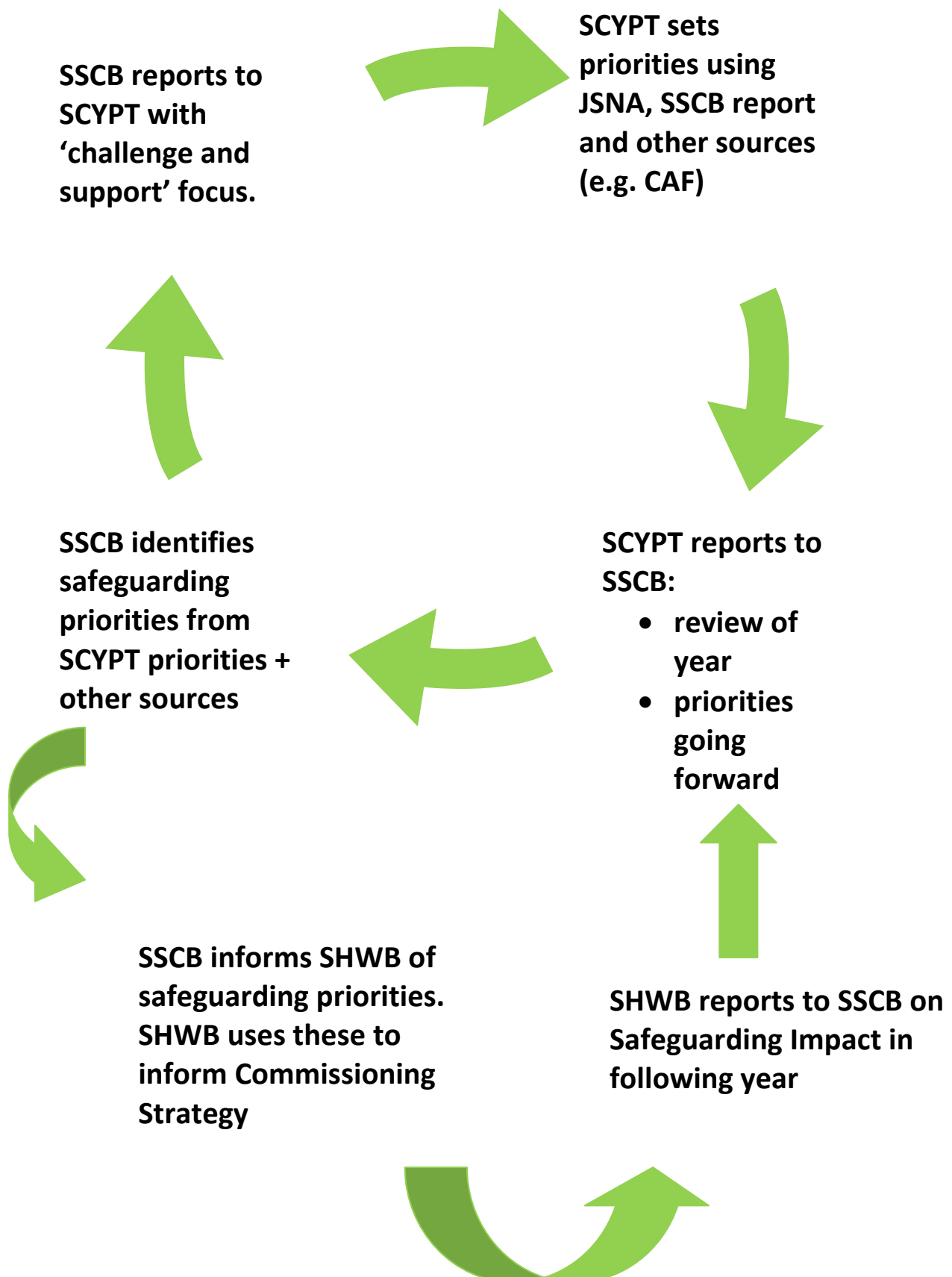




## Appendix 3 – SSCB Income and expenditure 2013/14

Salford Safeguarding Children Board	
Income and Expenditure 2013-14	
CAFCASS	550
GM Probation Service	3,333
GM Police	13,500
GMW Mental Health NHS Foundation Trust	2,511
NHS Salford/CCG	66,594
Salford Royal NHS Foundation Trust	2,511
Salford City Council Children's Services	135,527
Children's Services (Schools contribution)	22,400
Other income	2,810
<b>Total Income</b>	<b>249,736</b>
Staffing Costs	184,355
Professional Fees	25,724
Training	4,450
Office Expenses	22,397
<b>Total Expenditure</b>	<b>236,926</b>

## Appendix 4 – Accountability Cycle



## Glossary

BM	-	Business Manager
CBSG	-	Challenging Behaviour Sub Group
CSESG	-	Child Sexual Exploitation Sub Group
CRSG	-	Case Review Sub Group
EIP	-	Early Intervention & Prevention
ESSG	-	E Safety Steering Group
HR	-	Human Resources
H&WB	-	Health & Wellbeing Board
JSNA	-	Joint Strategic Needs Assessment
PCSG	-	Publicity & Communications Sub Group
PF	-	Practitioner Forum
PFSG	-	Private Fostering Sub Group
PMSG	-	Performance Management Sub Group
SCYPT	-	Children & Young People's Trust Board
SHWB	-	Salford Health & Wellbeing Board
SRFT	-	Salford Royal Foundation Trust
SSCB	-	Salford Safeguarding Children Board
SSG	-	Schools Sub Group
SSS	-	Salford Safeguarding Strategy
STSG	-	Strategic Training Sub Group
VoCAG	-	Voice of the Child Advisory Group
YPC	-	Young People's Council