

# **Committee: Children and Young People Scrutiny Panel**

**Date: 15 November 2011**

Agenda item: **10**

Wards:

**Subject: Safeguarding**

Lead officer: Melissa Caslake, Head of Children's Social Care and Youth Inclusion

Lead member: Cllr Maxi Martin

Forward Plan reference number:

Contact officer: Melissa Caslake

**Reason for urgency:** The legal requirements for Access to Information have not been met. The Chair has agreed to this report being submitted as a matter of urgency in order to meet the committee's request for this information and to comply with its work programme.

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## **Recommendations:**

- A. That members consider and comment on the MSCB annual report and current issues relating to the Munro Report to inform future strategic developments in safeguarding.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. This extended item will enable Panel to undertake in depth scrutiny of the effectiveness of multi-agency partnership arrangements in Merton to safeguard and protect children from harm. Implications for social work and other disciplines arising from the recently published Munro Report will also be considered.

## **2 DETAILS**

### **2.1 Safeguarding Update**

Merton has a long established local safeguarding children board with good engagement from the statutory key agencies and the Lead Member for Children's Services. The Merton Safeguarding Children Board (MSCB) is required to produce an annual report which is attached as an appendix to this report. The report covers important issues such as: governance; an assessment of the effectiveness of safeguarding arrangements locally; key contextual issues from statutory partners; views of service users and key priorities and challenges for the future.

- 2.2 Of particular note for this committee will be the need to ensure that the development of Health and Well Being Boards (HWBB) do not dilute the key focus on the holistic outcomes (across health, education, social care, personal development) for children and young people as a specific group. Close working between the shadow HWBB and the Children's Trust (CT) and MSCB is developing with the CT and MSCB ensuring that focus is maintained but the children and young people issues are fed appropriately into the work of the

wider HWBB which has a particular focus on health and care issues for the population as a whole.

2.3 The report is developed by and with contributions from all agencies and this report contains some details on the significant changes already happening or planned for the future, such as the major changes in public health and health commissioning. The MSCB will need to give particular attention to the developing arrangements to ensure that children are appropriately safeguarded both through the transition and in the new arrangements.

2.4 Key priorities of the MSCB for 2011/12 include:

- Detailing the MSCB's governance especially with regard to its working/reporting/challenge relationship with the Shadow Health and Well Being Board.
- To further develop and embed performance reporting and monitoring across the range of key agencies not just social care. Building on from the benchmarking activity of last year to comparatively report on trends and issues.
- Establish a single 'Outcome' measurement that reports on the ongoing safety and well being of children one year after they have ceased to be the subject of a child protection plan.
- Recruitment of MSCB multi-agency trainer and review of training and development across agency partners to ensure ongoing currency of annual training plan.
- Improving the coordination of work to prevent and respond to Child Sexual Exploitation through the Promote and Protect Young People working group with work underway to complete a multi-agency strategy and protocol.
- A number of other working groups have been tasked to progress work on:
  - i) e-safety and awareness;
  - ii) Private fostering awareness, tracking and monitoring;
  - iii) DV multi-agency guidance.
- The action plan has also prioritised the refresh of Section 11 Children Act 2004 audits requiring all agencies engaged in safeguarding of children and young people to set out their Governance, Strategic and Operational accountability.

## 2.5 **Munro Report**

During the last year safeguarding services have continued to be under intense scrutiny. The Munro report was published in July 2010 and the Government's response in October of the same year. The Government's response is centred on 4 themes which are summarised below with an update of the current Merton position.

## 2.6 **Valuing professional expertise**

The next phase of national work in this area will look at some deregulation of social work practice including possible merger of initial and core assessments and reconsideration of the issue of timescales. A new National College of Social Work is being commissioned.

- 2.7 Merton is carefully watching national developments with regard to deregulation and through its own Carefirst Improvement Board is taking action to ensure that the IT system used by social workers becomes more fit for purpose in terms of ease of use and reduction in the time it takes to input data and assessment information.
- 2.8 We have been conducting a root and branch review of the Carefirst system through a combination of practice, and technical process mapping that has made significant improvements to the ease of operation and the associated business reporting. A number of improvements and enhancements are about to be fully tested including a 50% reduction in the recording templates for looked after children.
- 2.9 We are also streamlining our assessment processes and templates in CareFirst to enable practitioners and managers to focus on the cases of clear priority and thereby support our endeavour to be less 'pc-focussed' (computer) and more cp-focussed (child protection).
- 2.10 We are carefully watching national developments to ensure we can quickly adapt to any national changes.

### **2.11 Sharing provision for the response of early help**

The Government's response, as well as the reviews published by Graham Allen MP, Frank Field MP and dame Clare Tickell, all stress the importance, ethically and financially of intervening early and purposely with children and families to improve their prospects and outcomes.

- 2.12 As our MSCB annual report demonstrates, multi-agency contributions are critical to our local preventative agenda and our Merton Children and Well-being Model which provides the framework for our sharply targeting of our intervention. Merton continues to have relatively low numbers of children in care and works purposely to prevent children and young people requiring a child protection plan through providing intervention in families below the statutory intervention threshold. Our Supporting Families (0-12) work was referenced by Munro as good practice with this regard. Whilst we are having to propose reducing spend on preventative services as part of our 2012-15 savings we are consciously working to ensure every penny is targeted and that we plan any changes carefully with partners to ensure we still provide a joined up multi-agency response.

### **2.13 Developing social work expertise**

The government will be bringing forward a range of proposals once the national College is in place.

- 2.14 The training and development of our social workers remains a key priority and we have appointed a number of graduate trainees who will complete a post-graduate qualification on social work whilst they work for us. MSCB continues to offer a comprehensive multi-agency training offer for colleagues across all agencies.

- 2.15 One of these is the quality of social work supervision and the associated decision making of front line managers. Reflection is a really essential element of effective practice; and this is nowhere more important than in social work where practitioners face the demands of working with complex, varied and changing family circumstances.
- 2.16 In Merton to support and develop the front line practice of social workers and their managers we have developed a programme of training and professional development that strengthens and enhances social work skills. In addition to this we have also developed a programme to improve the skills and organisational capacity of their managers.
- 2.17 Munro made specific comment that Newly Qualified Social Workers (NQSW) were ill prepared for the demands of social work child protection practice. She made specific recommendation that NQSWs should be trained to better engage in relationships; improve their emotional intelligence, and learn how to gather and incorporate evidence in their assessments.
- 2.18 In Merton we have made significant improvements in our permanent recruitment of qualified social workers many of whom are newly qualified and we are building a bespoke 'academy' programme of post qualifying training and development that will bring our cohort of new recruits together, improving their practice and reflective experience.

## **2.19 Strengthening accountabilities and creating a learning system.**

The Government has re-endorsed the need for a statutory director and lead member as well as the need to maintain independent chairs of LSCBs. In addition Serious Case Reviews executive reports are being published and the methodology for undertaking them is being reviewed. We will have to designate a principal social worker and are in the process of considering how this role can be best undertaken. Merton has retained the statutory posts and should it wish to change arrangements would need to go through an assurance test to ensure the roles and accountabilities in any new arrangements were robust.

- 2.20 Another area that Munro identified was the need to improve social work understanding and awareness of child development. In Merton we have purchased over 600 e-learning licences to support and refresh multi-agency awareness of children and young people's development. We have also developed training programmes to improve awareness and practice in domestic violence/abuse, another of the key areas that Munro identified as fundamental for effective social work.
- 2.21 Our MSCB training offer enables practitioners to improve their expertise within a multi disciplinary learning environment which enables whole system change and development as well as ensuring individual subject knowledge and expertise.

## **2.22 Conclusions**

Through the MSCB and work across the CSF department but most particularly within our children's social care services we are striving to continuously improve

local arrangements to safeguard and protect young people from harm. Our Children and Young People's well Being Model enables us to sharply target services and make the best use of local resources within the Council and across the many partners who work with us to deliver our shared agenda and priorities.

- 2.23 The MSCB will monitor progress and review priorities through 2011/12 including ensuring any new national requirements inform future service developments.

### **3 ALTERNATIVE OPTIONS**

- 3.1 Not applicable

### **4. CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1 Not applicable

### **5. TIMETABLE**

- 5.1 Not applicable

### **4 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 4.1. Not applicable

### **5 LEGAL AND STATUTORY IMPLICATIONS**

- 5.1. Dealt with in the main body of the report.

### **6 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 6.1. Not applicable

### **7 CRIME AND DISORDER IMPLICATIONS**

- 7.1. Not applicable

### **8 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 8.1. Not applicable

### **9 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

Appendix A: Annual report of the Merton Safeguarding Children Board 2010/11

### **10 BACKGROUND PAPERS**

- 10.1. None

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# **Annual report of the Merton Safeguarding Children Board**

## **2010/11**

**Date of publication: October 2011**

**Lead : Tony Eccleston, Independent Chair, MSCB**

**Contact: Simon Deakin, Business Manager**

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## 1. Introduction by Tony Eccleston, Independent Chair of the Merton Safeguarding Children Board

During the last year safeguarding services, especially those concerned specifically with child protection, have been under intense scrutiny once again. This time it has taken the form of a review by a committee chaired by Prof. Eileen Munro at the request of the Government. Since the end of 2010/11 the Committee has produced its recommendations and the Government has responded by accepting that changes in national and local practice are needed.

Locally this has been accompanied by close attention to the numbers of children and young people being referred as at risk in some way. This is a national phenomenon but it has made us look closely at the local statistics to ask whether there is the right balance between supporting children where they are and intervening to provide greater protection in one way or another.

This is rightly reflected in our report and in the ways we have shaped our activities as a Safeguarding Board and set out our plans for the future. What we try to do in this annual report is give our assessment of how well both statutory and voluntary agencies are working to safeguard children and young people. 2010/11 has seen even closer working between partners, in spite of considerable change in the NHS and other services. We have taken a big step forward in improving our gathering of information on the way agencies are addressing safeguarding issues and this is reflected in the report.

While it is primarily a report for professionals there are messages here for everyone who has contact with children and young people. Their safety is the business of all of us and everyone of us needs to know what support is available when a child is at risk.



Tony Eccleston , Independent Chair, Merton Safeguarding Children Board

## 2. Executive Summary

The Merton Safeguarding Children Board (MSCB) continued to develop in 2010/11. Membership remains comprehensive, with good engagement from the key agencies and the lead elected member for Children's Services.

The MSCB has a good relationship with the Children's Trust, which is being maintained in Merton. The relationship with the new shadow Health and Wellbeing Board (HWBB) is developing. This Board focuses on the health and wellbeing of the local population with an emphasis on adult social care and health services. The Director of Children's Services and Lead Member both sit on the HWBB.

The funding for the MSCB is made up of contributions from partners, notably the Local Authority, the PCT and the Police. There is a surplus to be carried over into 2011/12 which will be a contingency in case of exceptional expenditure, e.g. a Serious Case Review. It is anticipated that the same level of contributions and expenditure will continue in 2011/12.

A new performance information framework is being piloted and has reported for 2010/11. The framework uses a range of data to give an overall picture of the contribution and activity of all partners and this year will provide a benchmark to work from in future. This has been informed by support from Government Office for London prior to their demise and more recently by work done on safeguarding performance datasets by the London Safeguarding Board.

Safeguarding children services in Merton were reviewed by two 'unannounced' inspections of front line contact, referral and assessment teams and a full peer review in late 2010. All showed real strengths in the partnership arrangements and noted a positive trajectory of continuous improvement.

Children's Social Care has shown a real commitment to improving the outcomes for children and young people not least in the progress in social work recruitment and retention, which had been an issue in previous years.

Health services had a peer review for safeguarding which found many areas of real achievement and also identified areas for development such as the need for a joint forum for operational managerial liaison which is reflected in the priorities of the MSCB.

As part of the broad response to safeguarding in Merton the voluntary and community sector have remained a key part of the safeguarding effort and relevant member organisations have continued to develop their safeguarding activities with support from the council for voluntary service, MVSC.

The MSCB's training programme continued to offer high quality training in 2010/11, with evaluations showing high levels of satisfaction for the great majority of participants. The annual conference in November 2010 was well received and the title 'Who Cares for the Young Carers: Supporting Families with Substance Misuse and Adult Mental Ill Health' was thought provoking and challenging for all who attended. The Safeguarding Board hosted a successful awayday for all partners in May 2010 looking at developing a new business plan and improving multi-agency working.

The work of the Board has been delivered in the main through the four principal subgroups which include: Quality Assurance, Policy & Practice, Training, Communications and Public Information. Additionally there are a number of working groups with specific focus such as: Young Runaways and Healthy Relationships, Private Fostering, Domestic Violence Practice guidance. These groups do most of the detailed work to progress the MSCB Business Plan through their own workplans.

An important element of the MSCB structure is the Child Death Overview Panel which reviews all child deaths in Merton. Learning from the reviews has been passed to the relevant agencies and is reported to the Board in the CDOP Annual Report.

The Board will be seeking to improve participation by young people in its work by engaging the new Young Advisers who can bring the issues that most matter to them to statutory bodies like the MSCB.

A new Business Plan for the MSCB was introduced in 2010 to run to 2013 with annual updates. The plan set out new priorities for the Board and established actions and responsibility to deliver through the subgroups and the business support provided to the MSCB from Merton council.

The major Challenges for 2011/12 are significant, the main elements being resources and the practical implications of the recommendations from the Munro Review. The Board continues to reflect real and tangible commitment from all partners in a context of rapidly changing public sector services and marks the absolute priority accorded to safeguarding children in Merton. To reflect the changing environment, the Business Plan will be refreshed during 2011/12.

### **3. Governance and accountability arrangements**

#### **3.1 Membership of the Merton Safeguarding Children Board**

The key constituent agencies of an LSCB are set out in the guidance Working Together to ensure the appropriate representation of strategic management drives the work and business of the Board forward in a constructive and accomplished manner.

The membership of the MSCB is comprehensive and represents most of the relevant sectors and agencies that need to be engaged. The level of attendance and engagement of the main agencies – Local Authority, Health (including designated professional and service leads along side commissioning leads) mental health, and police (both borough and child protection) is good, and we welcomed some new members this year. Members play an active role in discussing and development and have also attended the awayday and contributed to agenda setting. A full list of members is at Appendix 1.

The Lead Member for Children’s Services for the London Borough of Merton and Director of Children’s Services are also an active participant on the Boards and links this to attendance at the Children’s Trust Board and the Health and Wellbeing Board. This year has seen some consolidation of MSCB subgroups, for example the Laming and Policy & Practice subgroups have been merged. The ongoing review of membership and engagement is an important part of the MSCB Business Plan.

### 3.2 Role, function and structure of the Board and sub-groups

It is the job of the LSCB to ensure that children and young people are safe. It also has a role as a watchdog to ensure that there is good practice in all the local organisations that work with them. The objectives and key functions of the LSCB follow the revised *Working Together to Safeguard Children* (2010) and have been subject to national and local discussions over the last year about the nature of child protection in our society. When these functions are carried out effectively they not only contribute to keeping children safe, but also underpin the achievement of all the other outcomes in the Children & Young People’s Plan.

See Appendix 2a for details on the governance structure of the MSCB and subgroups. Appendix 2b details roles and responsibilities of LSCBs

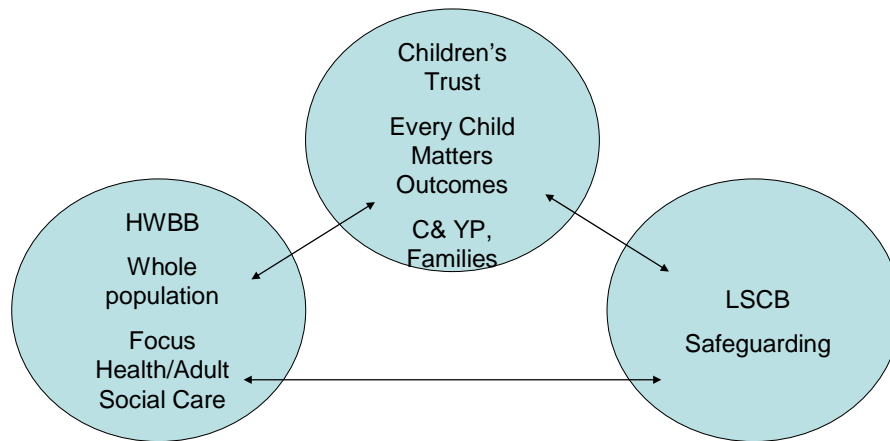
### 3.3 Relationship to the Children’s Trust Board (CTB) and the Shadow Health and Wellbeing Board (H&WBB)

From 2010 Children’s Trust Boards (CTB) are no longer a statutory requirement, but partners in Merton took the decision to retain the CTB structure. The Director of Children’s Services and the Lead Member both sit on the Health and Well Being Board, ensuring that there is robust representation of the issues relating to children and young people. The Director of Children’s Services is also a member of the GP Commissioning Group in Merton ensuring attention and focus are targeted on safeguarding amongst the range of children’s needs.

The partnership structure for children and families therefore comprises:

- **Children’s Trust:** This covers improving Every Child Matters outcomes for children and young people 0-19 (the whole child and family), service commissioning and design.
- **MSCB:** This covers safe outcomes and practices for children and young people, including challenge and advice to the Children’s Trust and Health &Well Being Board on safeguarding issues.
- **Health & Well Being Board:** The Health & Well Being Board brings the Council, NHS commissioners, clinical commissioners, the voluntary and community sector and a range of other partners together to focus on improving the health and well being of the local population, with a particular emphasis on adult social care and health services integration and joint services commissioning, including safeguarding for both children and adults. It works in close partnership with the Children’s Trust.

# Relationships



## 3.3.1 Children's Trust

Merton's Children's Trust has been maintained by partners and has a strong safeguarding focus alongside its more widespread responsibilities for the health and education and well-being of all children and young people.

It is part of the role of the MSCB to ensure that there is sufficient attention to safeguarding in the delivery of services commissioned through the Children and Young People's Plan, while the Trust initiates whole system commissioning, focused on early intervention and prevention aimed at building longer term resilience.

## 3.3.2 The Health & Well Being Board

The Health & Well Being Board brings the Council, NHS commissioners, Clinical commissioners, the voluntary and community sector and a range of other partners together to focus on improving the health and well-being of the local population. Its functions are:

- To lead on the development and implementation of a Merton Health and Well Being Strategy, and Joint Commissioning Strategy for Merton residents.
- Place the commissioning of services for children in the wider context of meeting the needs of local people and identify opportunities for joint commissioning and oversee joint commissioning activity.
- Consider appropriate arrangements for the transfer of the health improvement functions of Public Health responsibilities.
- Ensure that strategic issues arising from the Safeguarding Adults Board and the Safeguarding Children's Board inform the strategic work of the board and individual and joint commissioning of services and service improvement priorities

The ambitions of the H&WBB are to ensure an integrated approach on delivery of national and local priorities; oversee development of strategic commissioning; reshape local strategic partnership priorities; and build views of key stakeholders and the local community into strategic plans and service delivery.

The MSCB has begun to consider its role in relation to the H&WBB. It will want to ensure that safeguarding issues are embedded in all single agency and joint commissioning overseen by the HWBB and that vulnerable young people and their families are given sufficient priority in commissioning and in service changes (this includes transitional arrangements within the health

economy). Further consolidation and development is required for 2011/12.

### **3.4 Financial arrangements and budget**

The work of the MSCB is funded locally by its partners. There is no national grant, though the government sometimes supports specific projects.

The MSCB budget is administered by LB Merton but ring fenced for expenditure on safeguarding children business only. For full details see the statement at Appendix 3. A range of partners contribute to the budget: LB Merton, NHS Sutton & Merton, Metropolitan Police, Action for Children, National Probation Service and CAF/CASS. The expenditure covers the cost of administering the Boards and subgroups, with the bulk of the money supporting the substantial training programme. Business management and development work for the MSCB is funded by LB Merton's core budgets.

In 2010/11 the total income was £152,671 with expenditure of £117,697, leaving a surplus of £34,974. Much of this was achieved by attention to reducing costs and other efficiencies. The surplus is carried over into 2011/12 to add to the contingency available to cover costs if Merton has a Serious Case Review (SCR) or similar. The costs of an SCR were estimated locally as £15-20,000 to LSCBs. Adding in opportunity costs to all involved this can amount to £35,000 or more, depending on the severity of the case.

It is anticipated that contributions from partners will remain at around the same level for 2011/12. See Appendix 3 for more details.

## **4. How safe are children and young people in Merton? Review of the year 2010/11**

### **4.1 Information about safeguarding performance**

The MSCB partners have been developing a Performance Framework for the work of all agencies working in partnership to safeguard children. Previously most of the validated data available to the MSCB has been from Children's Social Care. The Framework remains a pilot and will be developed further in 2011/12, but part of the project has been to make a full report for 2010/11. The pilot information framework is updated quarterly and presented to each MSCB main Board meeting.

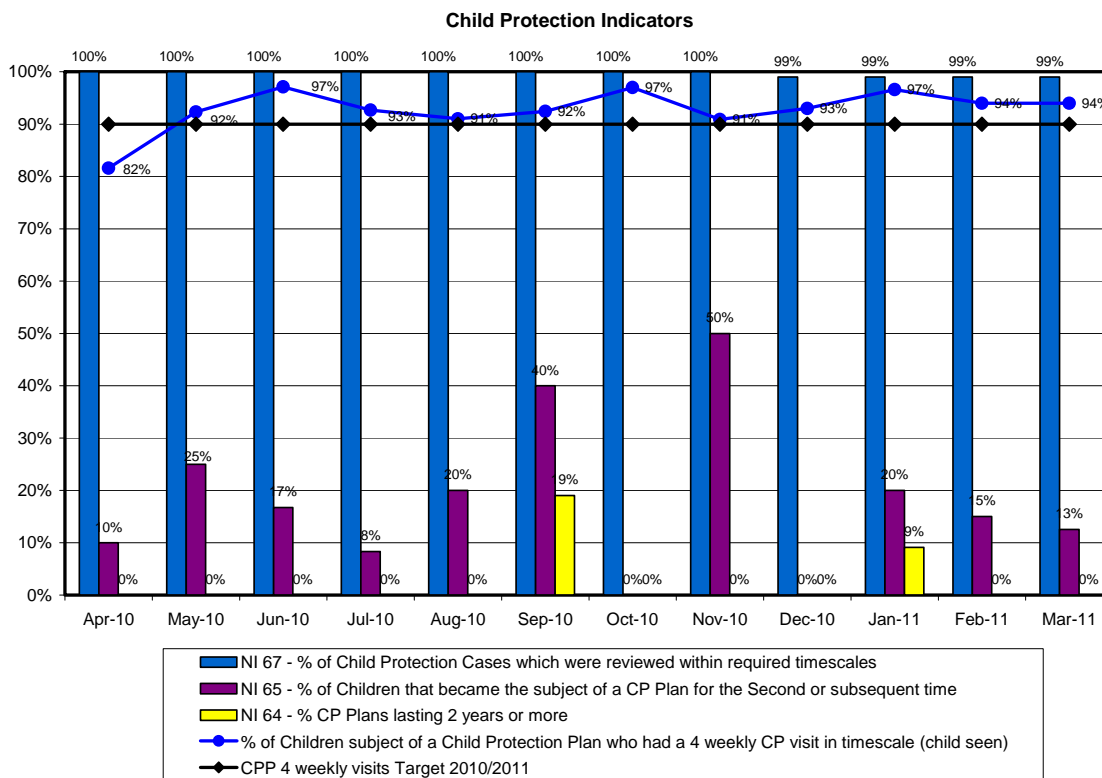
See Appendix 4 for the full performance report for 2010/11.

### **4.2 Children coming into contact with Children's Social Care**

Numbers of referrals to Social Care have risen from 2007/08 levels but are not as high as levels of demand seen in 2008/09. There has been increased identification of issues to do with domestic violence, mental health and substance misuse requiring a real focus on multi-agency assessment and management of risk. Children's Social Care received just under 1500 referrals to the Access and Assessment Team for 2010/11.

The numbers subject to a child protection plan are being closely monitored via the MSCB. Numbers have remained relatively stable following a peak post 2008-09. Our statistical neighbour average is 37 per 10,000. The annual average out turn was 28.5 per 10,000. Our rate per 10,000 is lower than comparator groups and the national average due to a range of factors including the provision of a full range of early intervention and prevention services and robust front door thresholds.

The following diagram summarises the key features, and more detail is provided in the sections below.



## Referrals & Assessment

Referral activity has reflected continued public and professional vigilance about children's care and well being as evidenced by the numbers of referrals originating outside of the principal agencies of Health, Education and Police. There is appropriate attention to those most at risk, including those under one year old, with very little overall fluctuation in the numbers subject to child protection plans. All of this is underpinned by a commitment to workforce development and integrated working.

- The percentage of assessments that follow on from a referral has reduced slightly to 62.7% and of these referrals 12% were from Education; 9% Health; 33% Police; 7% self / family and 39% other agencies / individuals.
- It is worth noting that 46% of assessed referrals come from other agencies / individuals and self-referrals. This reflects our wide range of partners including voluntary sector organisations, Probation Services, Adult Mental Health, Drug And Alcohol and Disability Services, other authorities, Child And Adolescent Mental Health Services etc. This is also likely to reflect the good engagement of these partners with the Safeguarding Board through their senior representatives.
- Social Care and Police triaging of Merlin reports (Police notifications relating to children and young people) has better targeted some families into preventative services and thereby enabled them to have access to earlier help without the need for a social care assessment.
- In terms of relative risk and vulnerability 15.3% of all Merlins received by Children's Social Care related to children aged under 1 year old, including unborns.
- 18% of children referred had had a previous referral in the last 12 months setting Merton 4.2% above the national average.
- Common Assessment Framework (CAF) analysis across the year shows agencies are generally maintaining the same level of CAF completion with schools completing the greatest number at 36% of the 423 total.

A total of 23 enquiries to do with complaints about staff were initiated over the year and this was supported by the work of the Local Authority Designated Officer.

## Child Protection

The rates of children becoming subject to child protection plans has not varied significantly since the previous year but the relative categorisation of harm has changed more markedly and is described below.

- Following work to address the significant number of teenagers subject to child protection plans, the rate per 10,800 reduced by just over 2.2% across the year.
- The greater reduction was in the category of neglect which reduced by 10% on the previous year and is 11% down on the national average.
- The greater increase in category has been in sexual and combined categories showing an increase of 11% to a total of 14% for 2010 / 11. This should be seen as the positive identification of harm categories which can under represent the risk of sexual harm.
- Mixed category registrations at 17% are 8% above the national average which may reflect that there are Local Authorities which still only make single category decisions.

There is a continuing trend of high numbers of Black/British children subject to plans. The new census data will help us to improve our understanding of the relative numbers and respond accordingly.

- White / British ethnicity has declined in the population of children and young people subject to plans by 6%, whereas the rate of Black / British children and young people has increased by 5% and is 8% above the local demographic data. Another significant trend has been the increase in Asian / British ethnicity which may reflect the changing demographics with increased BME migration into Merton.

The protection plans put in place for children and young people need to demonstrate their effectiveness over time and it is therefore pleasing to note that:

- Over a third fewer cases were subject to plans for two or more years showing there was good attention to the improvement in outcomes for those children and young people.
- Observing, talking and interacting with children and young people is crucial in keeping them safe. In 2010/11 93% of children subject to a child protection plan have been visited on a 4 weekly basis, an increase of 4% on 2009/10. This high standard of work contributed to the Children in Need Team winning 'Team of the Year' for the Children, Schools and Families Department.
- Allied to this 98.9% of cases have been reviewed on time, and Merton's multi-agency review has been maintained above the national average of 97%.
- There was however an increase in the number of children becoming subject to a plan for a second or subsequent time, bringing Merton's figure in line with the national average of 13.4% of five briefings to staff in the new year to increase overall awareness.
- 41% of Strategy Meetings progressed to an Initial Child Protection Conference and the overall numbers of children subject to plans reduced by six with 119 becoming subject to a plan in 2010/11 and 125 ceasing.
- Workforce planning issues are effectively identified and we have seen a dramatic improvement in social work recruitment and retention (percentage of permanent staff has increased to over 80% in January 2011).
- Comprehensive assessments and planning by staff in the Integrated Service For Children With Disabilities combined with effective partnership working ensures that the specialist needs of this group of children are well met (Unannounced Ofsted inspection Jan 2011).



## 4.3 How effective are services in Merton?

### 4.3.1 LB Merton - Safeguarding

The Children's Trust and Local Safeguarding Children Board (LSCB) are well established with good multi-agency representation at appropriate levels of seniority. Agencies share a common vision and ambition for children's wellbeing in the borough. Clear strategic plans are in place through the Children and Young People Plan (CYPP) and MSCB Annual Business Plan. There is an increasing outcome and performance focus in these forums to ensure accountability across and between all agencies.

Merton's Child and Young Person Well Being Model is widely owned and the philosophy of intervening early and keeping children at home wherever possible is well embedded. This results in Merton's relatively low numbers of children in care and children subject to child protection plans through a range of family support services all contributing to the Safeguarding agenda including the Phoenix Project, Bond Road Family Support Team, Family Intervention Project, Multi-Systemic Therapy, Supporting Families Team across children's centres, the Vulnerable Children's Team, Jigsaw4U, Young Carers etc.

The Merton Anti Bullying Strategy will complete in 2011/12. The Anti-Bullying Alliance as part of a Department for Education review, met with a range of Merton officers in March 2011 to look at policy and practice around Anti-Bullying. They commented on *'the extremely high quality of anti-bullying work which exists both strategically and operationally within Merton.'* They noted that it was clear that Children and Young People were at the heart of our strategy.

Over the last year Children's Social Care services have received two positive unannounced inspections by Ofsted which show a trajectory of continuous improvement and have confirmed our self evaluation, recognising improvements made including much greater staff stability in front line children's social care. In order to gain a broad overview of safeguarding and Looked After Children's services in Merton a Peer Review was commissioned from the Local Government Improvement and Development Agency and this review took place at the end of November 2010.

### Learning from Ofsted inspections

Merton had a second unannounced inspection at the beginning of December 2010; this was just six months after the previous inspection in May. The inspection found demonstrable improvements had been made over the last six months. The inspection lasted two days and focused on the work of Children's Social Care frontline teams (Access and Assessment and Children In Need in particular). The inspection did, however, touch upon other teams and partners.

In the May inspection Ofsted identified two strengths, eight areas of satisfactory practice and nine areas for development; and no priority areas for action (about a quarter of Local Authorities have these).

In December Ofsted identified three strengths, ten areas of satisfactory practice and six areas for development and no priority areas for improvement.

The strengths were:

- Funding made available for increased staff and supervisory capacity leading to improved timescales.
- The work of the integrated services with regard in particular to support for children with disabilities.
- The range of preventative and targeted services for children and families in need requiring additional support.

## Learning through Peer Review

The Peer Review involved a week of fieldwork including interviews with staff, managers, political and organisation leaders, and visits made to key services including a number of preventative services.

The peer reviewers found strengths in areas such as:

- Strong political, managerial and cultural commitment and “buy in” to quality children’s services.
- Preventative services showed a golden thread of the Merton Well Being model as well embedded both within the Local Authority and partner agencies .
- Good safeguarding training provided across the sector’s workforce.
- Good engagement with and between partners.
- Good outcomes for Looked After Children.

Areas suggested for development included:

- Further developing the role and identity of the Merton Safeguarding Children Board.
- Closer working with Health colleagues in regard to shared expectations and more effective communication.
- Improved understanding and shared use of Merton Well Being model thresholds.
- Improve the use of data to inform service development.
- An improvement in the evidencing of equalities activities.

### 4.3.2 Primary and Acute Health services

There were considerable changes to health structures in 2011/10 in Merton and the health reforms initiated by the current Government will continue to bring radical change for the next few years.

GP Commissioning will give GPs control of the budget to buy services for patients, taking this away from the Primary Care Trusts (PCTs). The Director of Children’s Services sits on the GP Commissioning Group of the PCT which helps to support the safeguarding element.

PCTs in London are now part of six commissioning groups, known as clusters. Merton is part of the SW London Cluster - other members are:

- Sutton
- Croydon
- Kingston
- Richmond
- Wandsworth

Clusters are managed by a single executive team responsible for maintaining the performance of NHS services.

It was confirmed that Sutton and Merton Community Services will externalise from Sutton and Merton PCT becoming the fourth division of the Royal Marsden Hospital NHS Foundation Trust from April 2011. The division will retain its name but will no longer legally be part of the PCT. Sutton and Merton PCT will also merge and become part of a wider sector arrangement - NHS South West London from 1/4/11

All commissioned health providers in Merton, and the PCT that includes the designated Doctor and Nurse roles, provide reports to the LSCB on challenges, priorities and achievements for the safeguarding of children and young people.

## Peer Review of Safeguarding in Health Services in Sutton and Merton

In September 2010 NHS Sutton & Merton had a peer review of their safeguarding services by NHS London Safeguarding Improvement team, known as the SIT Report. This produced an action plan which can be seen at Appendix 10.

Overall the SIT found operational arrangements to be safe within the NHS Sutton and Merton PCT area. They were extremely impressed with a number of areas listed below. There were a small number of issues they suggested for focus on which have been addressed in the action plan. The Action Plan was developed with input from Merton's Head of Children's Social Care which the Peer Review subsequently noted as good practice.

Areas of achievement included:

- Large numbers of very committed professionals.
- The new Safeguarding Children Executive Group bringing together board leads from across the PCT area.
- Epsom and St Helier (ESTH) safeguarding arrangements (only visited St Helier Hospital) were very impressive, and at least as good as anywhere they have visited.
- Training levels were hitting targets everywhere.
- Supervision was in place and new improved arrangements are in the process of being implemented (ESTH and Sutton and Merton Community Health Services – SM CHS).
- Good teams of designated and named professionals.
- Growing board level involvement (and good recent training of the PCT board).
- The training to be rolled out to GPs seems good.
- The Royal Marsden Hospital's robust arrangements within a small organisation.
- Mental Health-Social care relationships.
- SM CHS commitment to safeguarding.

Areas for development jointly between the Sutton and Merton LSCBs and NHS included work to:

- Develop a Safeguarding Children business metric.
- Establish an audit programme for NHS Sutton and Merton.
- Improve Health & Social care working relationships.
- Investigate Thresholds across Sutton and Merton Children's Social Care.
- Develop use of the Common Assessment Framework.

## Significant safeguarding developments in the NHS organisations

### Sutton and Merton Borough Team

- All the recommendation for improvement were implemented. Audits where needed were undertaken and monitored by designated professionals and the NHS Sutton and Merton PCT Board.
- Lessons from serious case reviews and PCT-led individual management reviews across the Health economy were disseminated and training programmes updated.
- Safeguarding Children Standards were developed for Sutton and Merton Community Services and the acute sector and are now part of the Service Level Agreements.
- Contributed to the development of the new LSCB performance measures
- Nine evening training sessions of combined Level 1 and Level 2 (Intercollegiate Guidance, 2010) were offered to dentists, optometrists and pharmacists and a training schedule developed for independent contractors with training managers of Sutton and Merton LSCBs.
- GP surgeries with more than 10 children on a Child Protection Plan were identified. Each practice is being visited and targeted for enhanced safeguarding children training, supervision and arranging for child protection case conferences.
- Rolling GP training programme at Level 3 (intercollegiate Guidance, 2010).

## **Royal Marsden Hospital**

Contribution to Child Death Review arrangements, including two expected deaths of children which were reported in line with national guidelines and discussed with Merton & Sutton PCT Child Death Overview Panel. See also 4.7 below.

Violence against women and children was addressed though procedures on recognising and responding to domestic abuse are in place and are included within both the Safeguarding Vulnerable Adults and Child Protection Policies. Domestic abuse its affects on women and children, recognition and response is included in all training on both these subjects.

## **Epsom and St Helier Hospital**

The priorities identified for the period 2010/11 outlined in the 2009/10 Annual Report were completed, with the exception of a review of safeguarding arrangements, which was replaced with the collation of evidence for Outcome 7 'Safeguarding People who Use Services from Abuse' and is the key safeguarding marker, some areas within the audit plan and completion of a safeguarding update for all staff. These outstanding areas have been incorporated in the Safeguarding Action Plan and Audit Plan for 2011/12.

Similarly the majority of actions on the Trust Safeguarding Children Action Plan were completed. Any outstanding have been incorporated into the action plan for 2011/12.

There was a successful report following NHS SIT Peer Review. Collation of evidence to support compliance with CQC Outcome 7 was completed. The Training Target of 80% set by NLS London continued to be achieved for the period 2010/11. A monthly audit of two sets of case notes is undertaken by senior members of the Safeguarding Children Committee, and presented at monthly safeguarding meetings. The audit tool was issued by Merton Safeguarding Children Board and measures compliance with safeguarding processes. The outcome of this audit has demonstrated robust safeguarding processes.

## **Child Deaths – Work of the Child Death Overview Panel (CDOP)**

The Child Death Overview Panel covers both Merton and Sutton and reviews all child deaths in both boroughs, seeking to learn lessons and improve practice across the piece. For full details of the work of CDOP see Appendix 9.

### **4.3.3 Mental Health services and CAMHS**

#### **The South West London & St George's Mental Health Trust**

Achievements include:

- Two mental health staff contribute to the MSCB rolling training programme in relation to *Hidden Harm* and *Working with Parental Mental Health*.
- Developing work with Carers. This includes Carers Support Merton, Sutton Carers Centre, St Mark's Centre, and Riverside Bus. Lottery funding has also been gained to create a Young Carers Lead to create a Young Carers team with one member of staff based in the Trust to identify and raise awareness about Young Carers. There is three-year funding for this post.
- SWLSTG, Sutton & Merton have also been involved in a Domestic Violence workgroup to create a product for all clinicians to use and raise awareness about DV.
- There will be an annual audit of cases across Sutton and Merton where there are children recorded on RIO to quality assure the work, and recording.
- Merton borough Associate Director for Social work chairs the training sub-group
- Safeguarding Children part of the Governance template for all services and reviewed every

quarter

- 36 staff attended MSCB training courses last year, this was a vast improvement from the previous year- but continues to require more focus.
- All teams now keep record of CAFs completed as part of data collection.
- Individual Management Reviews (IMR's) will now be managed by a panel rather led by the Lead Nurse rather than independently led by the Lead Nurse.
- A Trust-wide Safeguarding Adults post in in place. This has supported the development of integrated working, training and a greater focus on Vulnerable Families.
- A Trust learning event in February from Wandsworth SCR as learning was relevant to all CDAT services in the trust.
- A new Lead Nurse for Safeguarding Children was established in post in February 2011 and is a member of the Merton Quality Assurance subgroup.

### **Challenges**

- Gathering consistent and robust information with regard to children aged under 18 years who have a parent with mental ill health.
- Further raising awareness of *Hidden Harm* and the observation and assessment of children by adult mental health clinicians.
- Gathering consistent information regarding Safeguarding alerts and concerns that may be raised for discussion or consultation.
- Embedding questions regarding Domestic Abuse into Core Assessments.

### **Child & Adolescent Mental Health Service (CAMHS)**

Our CAMHS and Multi Systemic Therapy Teams (and all other teams within the Trust) have a named person within the Team who takes the lead for Safeguarding Children within the Team in liaison with the Trust's Named Nurse for Safeguarding Children. All staff within CAMHS and MST have undertaken at the minimum the basic Safeguarding Children Training by either participating in the Trust or Local Authority's training.

Safeguarding is an agenda item on the monthly CAMHS Executive Meetings and is also a category on the CAMHS and MST Clinical Governance Framework. The Team Managers maintain this framework and the General Manager is responsible for presenting this on a quarterly basis for scrutiny at the Directorate's Clinical Governance Board.

A health review of a significant case began in 2010/11 and it is expected that an overview report of Themed Learning Outcomes will be published by the LSCB in 2011. The Trust's Named Nurse for Safeguarding Children and the CAMHS services are fully participating in this process. The Trust and local CAMHS are fully signed up to implementing an action plan. It is expected that this will cover:

- Participating in the debriefing process
- Reviewing and providing commissioners with a robust safeguarding structure and process
- Ensure all staff are fully trained in safeguarding policies and principles and confident in applying these
- Ensure staff are trained in:-

- Anorexia Nervosa and self harm
- Safeguarding Children Risk Assessment
- Working with families in complex situations
- Common Assessment Framework/Child-in-Need
- Consent and confidentiality and information sharing
- Keeping the child/young person in mind; Working with teenagers in complex cases.

#### 4.3.4 Police

The Child Abuse Investigation Team (CAIT) covers a number of south west London boroughs including Merton, and a consistent service is provided across London. The MPS SCD5 Child Abuse Command reports that:

Throughout the past policing year, officers and staff across the command have worked tirelessly to successfully safeguard children; dealing everyday with complex and challenging allegations of abuse and neglect.

The modernisation programme undertaken across the command following the Laming 2 report and the tragic death of Peter Connolly has continued but has now been rolled into the core business of the Continuous Improvement Team (CIT). Each area of the command is now subject to annual review, including striving for continuing professional development and recognise the commitment and professionalism of staff. The beginning of this financial year sees us implementing the remaining HMIC recommendation by introducing dedicated CRIS pages for child abuse investigations. This investment will facilitate improved supervision and risk management which in turn will better enable us to safeguard vulnerable children.

CAIT continues to work in partnership with other MPS units, local safeguarding boards and other statutory and non-statutory bodies to improve our service to children and develop joint training programmes, such as the HYDRA based Multi-Agency Critical Incident Exercise (MACIE) and the new one-day Child Abuse Practitioner Exercise (CAPE). The MACIE training was well attended by a wide range of managers and practitioners from LB Merton including the Head Of Children's Social Care, Access and Assessment Team Manager, School Nurse Team Leader and a Primary School Headteacher. This training has been fed back directly to influence and improve practice across all the relevant services. We have and will continue to play a central part in the preventative partnership work of Project INDIGO into sudden and unexplained infant death and Project VIOLET the MPS response to belief based child abuse. We are currently developing new sudden infant death training for our officers and have been working closely with the government to develop a new national working group to address the abuse of children linked to belief.

The team investigated over 19,000 allegations of abuse in the past year. Whilst this represents an increase over the previous year confirmed offences decreased indicating that the increase in allegations and referrals may be down to better early identification and prompt safeguarding support.

The coming year for the MPS will be the most challenging of modern times. We will actively support modernisation and realignment projects, as the organisation manages the planned reductions in budget. We will be contributing to this process and have already identified possible savings whilst ensuring our focus remains on delivery.

As a team we are committed to ensuring our collective expertise is geared toward the safety of London's children. The scope of challenges facing us as a team has never been broader. We are actively contributing to the planning for the Olympics in 2012 and are working with partners to ensure we can respond appropriately to any child safeguarding issues that may arise.

The Paedophile Unit continues to target predatory paedophiles who are intent on the abuse of often the youngest and most vulnerable of children. With the support of both the dedicated Intelligence and Hi-Tech Crime Units, internet investigations have become increasingly

sophisticated, and have managed to evolve and adapt to the new and increasingly sophisticated methods of both on and off line offenders.

The command's other specialist units will continue to take responsibility for protracted and particularly complex cases and are illustrative of our multi-faceted and highly proficient response to child abuse. The Serious Case Team has taken the lead in a number of complex linked abuse allegations and other high profile proactive investigations. The staff at Operation Paladin continue to work in close partnership with UKBA and in the past year, have successfully secured one of the first ever convictions for child trafficking in the UK. Our Major Investigation Team continues to manage complex and sensitive child homicide cases with absolute care and professionalism.

#### **4.3.5 Voluntary and Community Sector**

The voluntary sector is represented on the MSCB through the Merton Voluntary Service Council (MVSC) and it is recognised that the sector is a key partner in ensuring safeguarding policies are universally implemented.

##### **Activity**

Funded voluntary groups working with children and young people work to tight safeguarding requirements and all funders are now looking for clear safeguarding policies. Merton Council funding conditions include completion and implementation of a safeguarding audit as part of the service specifications and MVSC works with groups to ensure they adhere to this.

Ten voluntary organisations have achieved Bronze level on the London Youth Quality Mark and eleven more are undergoing the process this year. Independent assessment for this quality accreditation includes checks for robust policies and procedures around safeguarding, health and safety, and safe recruitment.

All groups, including smaller unfunded groups, are kept informed about new developments locally and nationally and about training opportunities and MVSC includes information on its website, Merton Connected, and in its weekly e-bulletins. As well as ensuring that voluntary organisations have the MSCB training timetable, MVSC runs its own training and organises the annual Children and Young People's Training Day.

Merton Connected has specific pages for the Merton Youth Partnership which include model documents and procedures. MVSC's development workers have also developed appropriate policies for small organisations and help groups to adopt and implement these.

Voluntary organisations have also been encouraged to register with Safe Network to gain access to the toolkits and resources available through it. CRB checks can be obtained through Volunteer Centre Merton.

##### **Progress**

During the past year Merton Connected has widened its reach enabling more groups working with children and young people to access information, training and support. In particular many more faith groups have been contacted as a result of the mapping research undertaken by MVSC and the publication of the Faith Groups Directory which contains details of over 220 faith organisations in Merton.

The activities listed above demonstrate that awareness of safeguarding issues is being raised with a wide range of groups, not just funded organisations, and they are being offered the information and support they need to introduce appropriate policies and procedures.

#### **4.3.6 Probation**

Probation reports that engagement at regional level is maintained by the Director who sits on the

London Safeguarding Children Board. 2010/11 saw the beginning of a period of review and significant change.

A review of service was carried out and new larger generic teams have been created.

Community Payback has seen radical change, including a future partnership bid to run the operations in 2011.

#### **4.4 Managing improvement**

A new Business Plan for the MSCB was agreed by the Board in September 2010 and is intended to cover the period from 2010-14, with an annual review and refresh.

The Plan reflects the new direction given to the Board from January 2010 with the appointment of an independent chair, and it therefore shows much activity and development work still to complete in its three-year cycle. It identifies the new priorities for 2010 and beyond for the MSCB main board, its subgroups and working groups, and is delivered by the partners involved in the groups supported by MSCB Business Support. Progress, challenges and priorities for 2011/12 are noted in the reports from partners and the subgroups and working groups. See Appendices 7. and 8.

A full report on progress is at Appendix 7a. It brings planned activity under four headings:

1. Governance & accountability
2. Challenge & Improvement
3. Workforce development / Training
4. Engagement: communication & consultation

#### **4.5 Training and development**

The MSCB continued to offer a wide range of courses for all professionals in the statutory and voluntary sectors in Merton. This is a very important part of the offer to partners. Our 'Introduction to Child Protection' course proved particularly popular with this being run to capacity twelve times over the year. Popular new courses focussed upon 'Early Intervention in Merton' and 'Obesity/Weight Management' with the latter course being run in conjunction with NHS Sutton and Merton. We partnered with Merton CAMHS to deliver a new course focusing upon the 'Resilient Child'. We have continued to have nationally recognised trainers, such as Perdeep Gill and Sara Swann, delivering some of our courses.

We launched our child protection e-learning package in April 2010 which incorporates various modules for a variety of professionals with varying degrees of contact with children and families. The e-learning package forms part of our new blended-learning approach to training delivery, offering different ways of learning for different professionals. We will need to look at how best to promote the more widespread integration and take up of this training in the forthcoming year.

Our annual conference in November 2010 was entitled 'Who Cares for the Young Carers: Supporting Families with Substance Misuse and Adult Mental Ill Health'. This was well attended and included national and local speakers who focussed upon the complex issues of young carers who care for dependent adults.

The MSCB Learning and Development Team continued to liaise closely with local statutory and voluntary agencies, specifically via the Training subgroup. See also 5.3 below. Additionally we continued to effectively liaise with colleagues throughout London via the London LSCB regional meetings for trainers.

#### **4.6 Pan-London Faith & Culture Project**

Merton was commissioned along with a number of other London boroughs in July 2010 to begin



work on the Pan London Faith & Culture Project The London Safeguarding Children Board is running the Pan-London Safeguarding Children Culture & Faith Project 2010-11 which is an 'action-research project aiming to promote a step-change in safeguarding London's children living in minority ethnic, culture or faith communities or groups', i.e. to achieve greater cultural awareness among practitioners and greater awareness of child protection issues and expectations among faith and cultural groups, particularly for those where cultural parenting or other practices may already have prompted the intervention of safeguarding services. The Project will run for 18 months to December 2011. Significant preparatory work in engagement and scoping of the project was begun in 2010/12 with completion of the project by December 2011.

The Project will host two conferences:

May 2011 – co-hosted with Trust for London. This conference will update on the progress of the London Project and also launch the Trust for London Safeguarding Children's Rights Initiative Report (see: <http://www.trustforlondon.org.uk/special-initiatives/safeguarding-childrens-rights/> and the [Safe Network Report](#). This was a very successful and well received event.

December 2011 as part of the London Safeguarding Children Board Conference. This conference will launch the London Project's final Report, Guidance, Strategy Toolkit and Training Toolkit.

The Project comprises three parts:

1. The London boroughs of Barnet, Bexley, Brent, Enfield, Hackney, **Merton**, Newham, Sutton and Tower Hamlets will pilot projects designed to promote statutory and voluntary agency safeguarding children partnership working with local minority ethnic and faith communities and groups.
2. The 32 London LSCBs will run consultation focus groups for the children, young people, parents and other adults in their local communities and for the paid or unpaid workers in the local statutory or voluntary sector to gather views on how to improve safeguarding for London's children living in minority ethnic, culture or faith communities or groups.
3. Integrating the learning and best practice established from the first two workstreams into the work of the MSCB and partners through its three-year business plan and partners' own workplans. Develop a training package and toolkit to ensure this practice is maintained.

#### **4.7 Key areas of progress, achievement and challenges for the future**

Key areas of progress and achievement are summarised below by service area. Overall priorities and progress for the MSCB as a partnership are embedded in the Business Plan. Service providers have set out their progress and achievements below.

Service areas have also identified their key challenges and priorities for 2011/12. For the partnership as a whole the common threads can be summarised as:

- Continuing the development of a multi agency Performance Framework. See also 4.1.
- Developing and implementing the operational and strategic implications of the Munro Review of Child Protection. See also below at 6.2.
- Consolidate and continue to strengthen links between the Safeguarding Board, Children's Trust, Health and Well Being Board and GP Commissioning groups.
- Support and guide the emerging GP clinical commissioning groups and their role and understanding around safeguarding vulnerable children and families; including accountability and governance frameworks.
- Develop the multi-agency audit programme for NHS Sutton and Merton.
- Continue to build effective Health & Social care working relationships especially through transition arrangements of community child health services to the Royal Marsden Foundation Trust.
- Continue to develop partnership work including prevention through use of the CAF, lead

professional and information sharing within the context of reviewing Early Intervention and Prevention services.

- Maintaining and improving the high level of training undertaken by staff.
- Work to address domestic violence.
- Maintaining a focus on families to address safeguarding issues, eg. parents with mental health issues.

Detailed priorities for the service areas in Health, Police, voluntary and community sector, the Local Authority and Probation are at Appendix 7b.

## **5. Views of service users and providers**

### **5.1 Young People's participation**

'Young Advisers' is a national project which aims to involve young people directly in decision making. Merton recruited for this in Summer 2010. The team of Young Advisers will be responsible for speaking to young people in their respective areas about the issues that matter most to them and bringing these issues to the table of local politicians and council officers.

Any young person aged 13 to 19 years old who lives, works or studies in Merton can become a Young Adviser. All that is required is passion and a commitment to making a real difference to the lives of other young people in Merton.

The decision to introduce a team of youth advisers follows on from the results of Merton's first ever Youth Referendum in May 2010.

More than 1500 young people took part in the referendum, which gave them an opportunity to tell the council how they wanted to be represented in the borough. An overriding majority voted to have a team of young advisers in the borough to act as representatives on their behalf.

The Young Advisers have been recruited to do a separate project with young people around child protection in 2011/12 as part of the Faith & Culture Project – see 4.6.

### **5.2. Views of users of Access and Assessment Services**

A survey of users of Children's Social Care Access & Assessment services was carried out in May 2010 following on from one done in 2009. A further survey is planned for 2011.

The questionnaire asked the following:

- Service users understanding of the process of referral and assessment
- Whether, following assessment, services were offered and how helpful these were.
- Service users opinions on their involvement with their social worker and how satisfied they were with the social workers' involvement.
- Also, what difference has our involvement made to our service users?

#### **Areas of strength from the survey in comparison to the results from 2009**

- Respondents felt clearer following the explanation of the assessment process
- It was felt more consideration had been given to language, religious and cultural needs by the social worker compared to last year.
- Vast improvement in the incidence of the social worker recording in writing the discussion with the service user
- Increase in number of service users who felt their opinions had been taken into account during the assessment process
- Improvement in relation to the social worker talking to the child
- Some improvement in respondents feeling listened to by the social worker

- Some improvement in satisfaction levels with regards to the helpfulness of the social worker
- Responses in relation to the family being given the opportunity to speak to the social worker were positive.

#### **Areas for development**

- Lower incidence of people receiving a copy of their initial / core assessment.
- Fewer people felt the social worker's visit made a difference

### **5.3 Ofsted Survey of Social Care staff**

In the national Ofsted survey of social care staff (2010), 75 % of Merton's social workers said that they were helped to manage their workload effectively. Social workers generally felt able to raise concerns about the service or workloads and that these were dealt with satisfactorily – these responses all being above the average national response rates.

Social workers also said they receive regular dedicated supervision and praise from their manager. Merton's social workers also had an above average response when asked if senior managers govern services for safeguarding and looked after children effectively.

### **5.4 Consultation with social workers on the Munro Review**

In October 2010 the Independent Chair of the MSCB, Tony Eccleston, called a meeting of social workers to canvass their views to enable him to represent these in a consultative meeting with Professor Eileen Munro which was held as part of her review of child protection.

This covered a wide range of social workers' experiences in Merton and fed in a number of areas for change nationally that they would like to see:

**Casework** - Professionals need to see the bigger picture of the young people's journey, which requires more direct client work with the YP and families.

**Assessments** - cannot always be carried out in the best interests of the child within the seven-day deadline – some flexibility is needed. Decision making should focus on outcomes.

**Risk assessment** – is perhaps over emphasised, as the service can be too risk averse.

**Supervision** - should be of a consistent quality.

**Accountability** - must be shared across agencies – child protection is everybody's business.

**Initial Training** – there should more emphasis on practical placements.

**Systems** for recording should be simplified

**Information sharing** - should be improved.

Many of these themes have been reflected in the Munro Review reports and will be part of the challenge for safeguarding in 2011/12 and beyond – see also 6.2 below.

### **5.5 Complaints**

Social Care complaints follow a statutory process, and serve to highlight areas of concern in safeguarding.

An initiative was introduced to improve complaints resolution from April 2010. Once a response has been sent and the complainant requests Stage 2, a meeting is offered between all parties concerned as a further step towards local resolution.

It is made clear to all that the option of requesting stage 2 is still available - this is an opportunity to discuss outstanding issues as break down in communication appears to be the prime reason for most complaints. Since this initiative was introduced, where complainants have agreed to a meeting, four out of five Stage 2 requests were resolved at Stage 1 as a result of such meetings.

Stage 1 Complaints

Number received

**Social Care & Youth Inclusion**

Children In Need	10
Access & Assessment	6
Adoption & Permanency	1
Children’s Safeguard	1
Children with Disabilities	2
Looked after Children	1
Fostering Team	1
Court Assessment Team	1
16+ Team	1
<b>Total:</b>	<b>24</b>

Themes arising from the complaints that have subsequently been addressed include some complainants’ concern that core assessments contained inaccurate information, these included: unclear information resources, and that they did not have enough time with allocated Social Workers and actions agreed not completed in a timely manner. Subsequently this resulted in copies of assessments made available to clients prior to attending case meetings.

Management of Social Care complaints was moved to LBM Corporate Services during 2010/11.

**6.0 Challenges for the MSCB in 2011/12**

**6.1 Resources**

The work of the LSCBs has been recognised both by the Munro Review and the Government as vital to ensuring the safety of children and continuing to improve child protection. Yet it has had no national core funding. It is therefore vital that local partners continue to provide funds as they have done in recent years, notwithstanding the financial pressures faced by all organisations. There is the prospect of some additional funding in 2011/12 through the Children’s Workforce Development Council to implement the recommendations of the Munro Review.

**6.2 Munro Review**

The Munro Review was published on May 10<sup>th</sup> and the government response was produced in July 2011. It does not offer a quick fix, and time will be needed to institute changes. A greater emphasis on quality is proposed. (“Instead of ‘doing things right’ (i.e. following procedures) the system needed to be focused on doing the right thing (i.e. checking whether children and young people are being helped”).

The review does not address the resources required for any changes. The work of the Children’s Trust is still embedded in Every Child Matters, and it is vital that those working with children with additional needs ensure their wellbeing and safety.

The challenge for the MSCB is to assess what needs to be done now and what needs to wait for government guidance in the following year.

### **6.3 Refresh of Business Plan for 2011-14**

Work began in 2011/12, initially at the MSCB awayday, to refresh the Business Plan, hoping to hone down the priorities for the MSCB for the future, particularly in the light of a rapidly changing landscape including the Munro Review, changes to health services and reducing resources.

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