

Committee: Children and Young People Scrutiny Panel

Date: 18 January 2012

Agenda item: 5

Wards: All

Subject: Safeguarding

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

Lead member: Cllr Maxi Martin

Forward Plan reference number: N/A

Contact officer: Melissa Caslake

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.

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**



www.merton.gov.uk/lscb

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

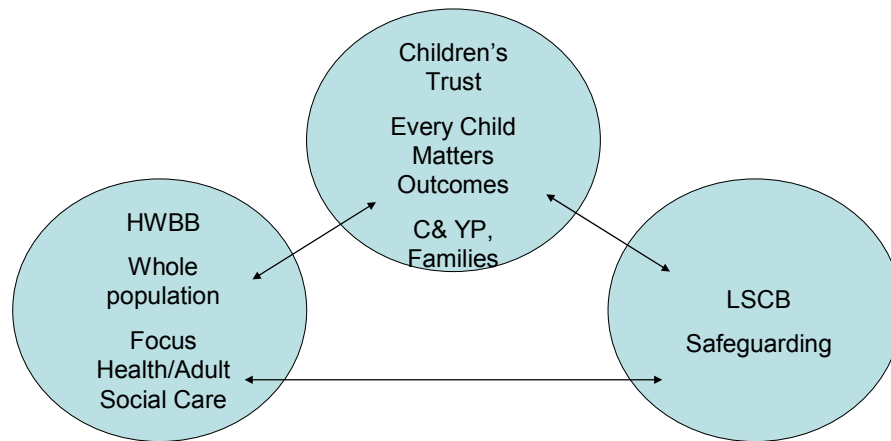
3.3 Relationship to the Children’s Trust Board (CTB) and the Shadow Health and Wellbeing Board (H&WBB)

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.

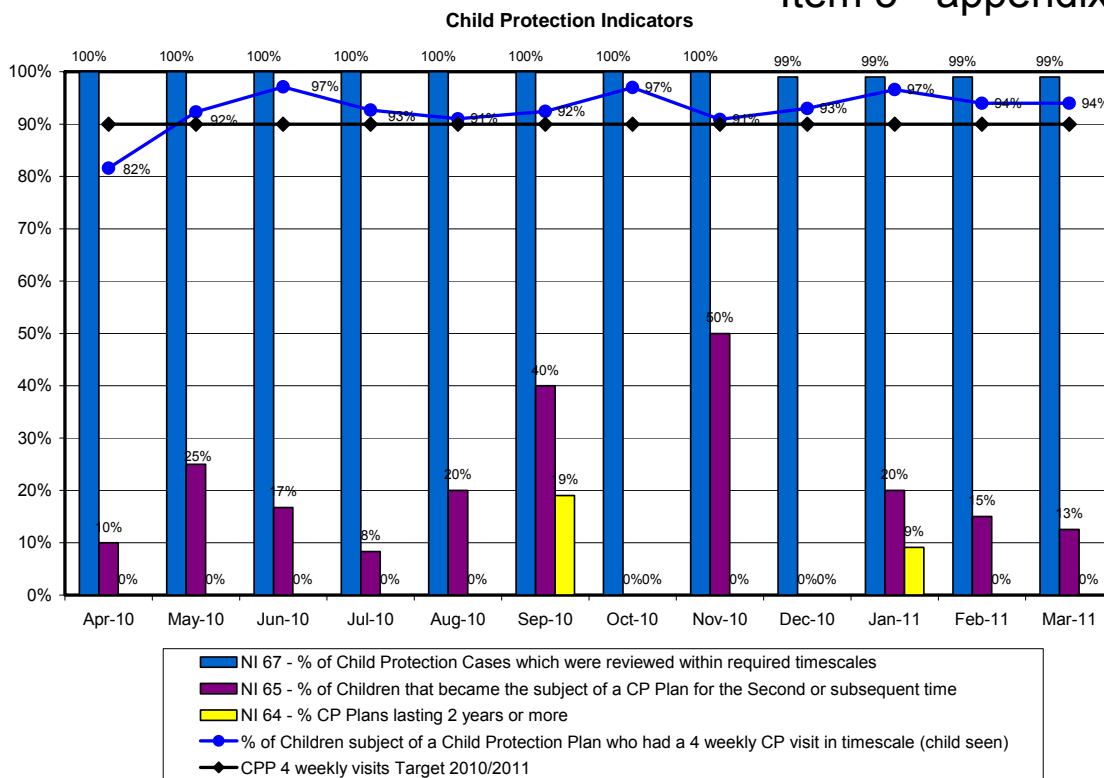
See Appendix 4 for the full performance report for 2010/11.

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.

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
Total:	24

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 10th 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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Appendices

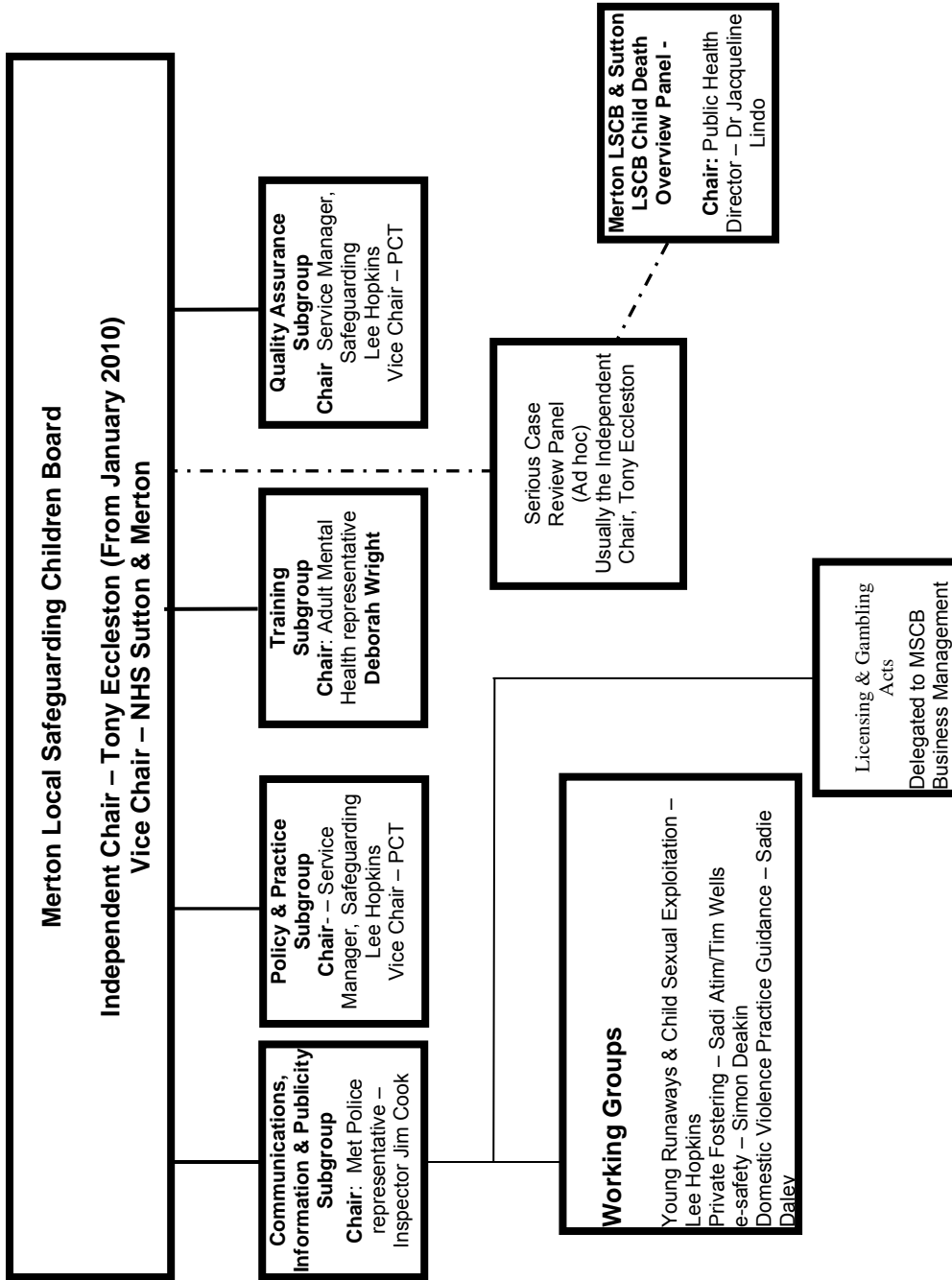
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Appendix 1. MSCB Board meetings - Membership 2010/11

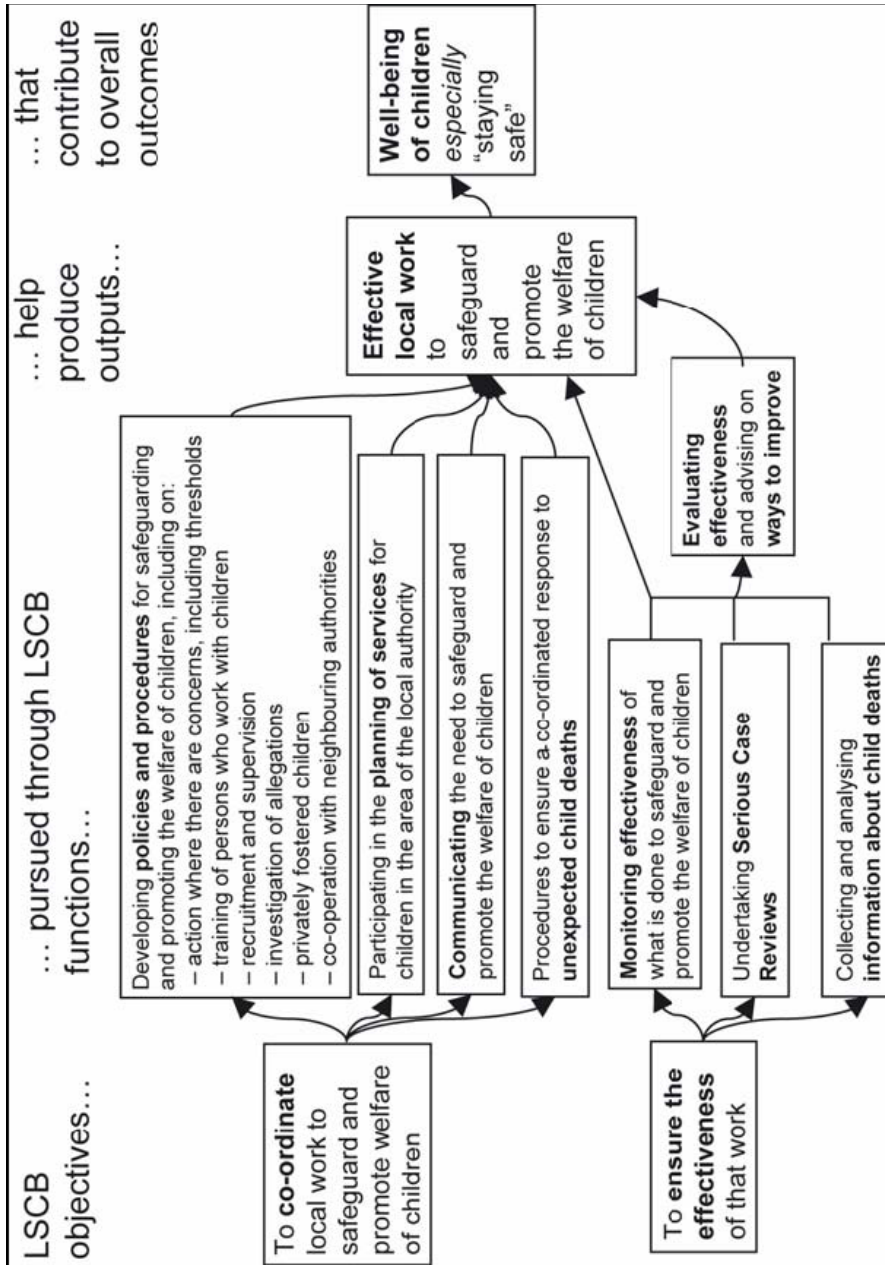
Sector	Agency	Job Title	Name
Independent	Chair	Independent Chair	Tony Eccleston
Local Authority Administration	Lead Member for Children's Services	Elected Member	Cllr. Maxi Martin
Local Authority	Children, Schools and Families Department	Director of Children's Services/Chair Children's Trust	Yvette Stanley
Local Authority	Children's Social Care	Head of Children's Social Care	Melissa Caslake
Local Authority	Children's Social Care	Safeguarding Service Manager	Interim to November 2010/ Lee Hopkins
Local Authority	Children's Social Care	Team Manager Strategy Dev & Training	Nasheen Singh
Local Authority	Youth Justice Service, Youth Inclusion	Education Inclusion Mgr	Keith Shipman
Local Authority	Legal Department (As required)	Principal Lawyer	Fiona Thomsen
Local Authority	Education, Early Years, Children's Centres	Head of Education	Jan Martin
Local Authority	Children, Schools & Families – Business support	Partnership Development Manager	Simon Deakin
Schools	Primary Schools	Head Teacher	Kaye Seamer
Schools	Secondary Schools	Head Teacher	Sandy Waugh
Schools	Special Schools	Head Teacher	Vacant
Registered Social Landlord	Housing – Merton Priory Homes		Dawn Helps
Housing Needs and Enabling Service	LBM Community & Housing	Housing Needs & Enabling Manager	Steve Langley
Health	NHS Sutton & Merton	Lead Manager for Children's Services	
Health	NHS Sutton & Merton	Director Public Health	Jacqui Lindo/ Val Day
Health	NHS Sutton & Merton	Executive Director	Penny Taylor
Health	NHS Sutton & Merton	Designated Doctor	Benedicta Ogeah
Health	NHS Sutton & Merton	Designated Nurse	Sadie Daley
Mental Health	South West London & St George's Mental Health Trust	Sutton and Merton Service Director	Mark Clenaghan
Mental Health	South West London & St George's Mental Health Trust	Associate Director of Social Work	Deborah Wright
Mental Health	South West London & St George's Mental Health Trust	Consultant Psychiatrist CAMHS	Monica Aziz/Lisa Davies
Health	St George's Healthcare NHS Trust	Lead Midwife Community & Ante Natal Clinic	Dana Scott
Health	Epsom & St Helier NHS Trust	Director of Nursing	Pippa Hart

General Practitioners				Dr Paul Alford
Health	Royal Marsden		Chief Nurse	Shelly Dolan
Police	Metropolitan Police (Safer Neighbourhoods & Partnerships)		Borough Commander	Dick Wolfinden
Police	Metropolitan Police		Inspector, Partnerships	Jim Cook
Police	Metropolitan Police (CAIT)		Detective Inspector	Teresa Defanis
Probation	London Probation		Asst Chief Officer	Mark Johnstone
CAFCASS	Children & Family Court Advisory & Support Service		Service Manager	Jillian Aldridge
Voluntary	Action for Children		Group Manager, Children's Services	Shelagh Frankcom
Voluntary – Involve representative (Community Empowerment Network)				
No representation				
Voluntary	Faith Groups			
Lay Member				
Lay Member				
Education	Independent Schools			
Education	Further education Colleges (including sixth-form colleges)			
Health	Strategic Health Authority (SHA) Covered by PCT		Project Manager	Hazel Daniell

Appendix 2a. Structure of the Merton Safeguarding Children Board



Appendix 2b. Safeguarding Boards – Roles and Responsibilities



Appendix 3. Budget statement 2010/11, Budget projection 2011/12

Description	Set Annual Expenditure 2010/11	Actual Expenditure to Y/E 10/11	Actual to Y/E under/Over spend
LSCB Trainer & Admin Salaries	55,572.00	54,332.00	1,240.00
Trainer Car Allowance	758.00	751.00	7.00
Mobile Phone	60.00	60.00	0.00
LSCB Agency Admin	18,122.00	15,113.00	3,009.00
Room Hire	3,000.00	1,107.00	1,893.00
Catering Training/ Meetings (+ awayday)	6,000.00	4,287.00	1,713.00
Consultants (External Trainers) + Chair Person	23,000.00	19,381.00	3,619.00
Equipment (Training Materials) + Subscriptions	7,000.00	6,829.00	171.00
Management & Development	1,180.00	878.00	302.00
Annual Conference	3,000.00	880.00	2,120.00

Stationery	800.00	220.00	580.00
Internal Printing/Photocopying (Leaflets & Public Info & Training Brouchure)			
	4,500.00	1,359.00	3,141.00
Re-print Safe Parenting Handbook/bank half UYT reprint for 2011/12	19,000.00	12,500.00	6,500.00
Subtotal	141,992.00	117,697.00	24,295.00
Contingency/Serious case review funds	10,679.58	0.00	10,679.58
Total Expenditure/Surplus	152,671.58	117,697.00	34,974.58

Annual Contributions	Income 2010/11 (Projected)	Position @ M/E Nov 2010	Comments
	£		
LB Merton	66,519.00	66,519.00	Received
NHS Sutton & Merton (PCT)	35,000.00	35,000.00	Received

Metropolitan Police	5,000.00	5,000.00	Received
Action for Children	2,553.00	2,553.00	Received
National Probation Service	2,000.00	2,000.00	Received
CAFCASS	550.00	550.00	Received
Other Contributions			
Contribution from Merton CSC L&D Budget	11,330.00	11,330.00	Received
Projected Contributions to Training attendance/non attendance fees etc.	825.00	625.00	200.00
Surplus (from previous year)	29,094.85	29,094.85	Received
Total Projected Income		152,671.85	

Annual Contributions	Income 2011/12 (Projected)		Comments
	£		
LB Merton	66,519.00		Confirmation required
Sutton & Merton PCT	35,000.00		Confirmation required
Metropolitan Police	5,000.00		Confirmation required
Action for Children	2,553.00		Confirmation required
National Probation Service	2,000.00		Confirmation required
CAFCASS	550.00		Confirmation required

Other Contributions				
Contribution from Merton CSC L&D Budget		11,330.00		Confirmation required
Projected Contributions to Training attendance/non attendance fees etc.		600.00		Estimated
Surplus (from previous year)		34,974.58		
Projected Income		158,526.58		
Total Projected Income		158,526.58		

Appendix 4. MSCB Performance Management Framework full report 2010/11

This information is confidential to MSCB members.

Appendix 5. Children's Social Care data

There is overlap in data with the Performance framework above at Appendix 4.

Children's Social Care Performance Monitoring 2011 - 2012							
<u>No.</u>	<u>Section</u>	<u>Performance Indicators</u>	<u>Outturn 2010-2011</u>	<u>Target 2011-2012</u>	<u>National Average</u>	<u>SN Average</u>	
1	Safeguarding	Initial Contacts received by Access and Assessment	4566	n/a	n/a	n/a	
2	Safeguarding	Referrals received by Access and Assessment	1495	n/a	3972	3672	
3	Safeguarding	Re-referrals to Access and Assessment (Number)	304	n/a	n/a	n/a	
4	Safeguarding	Re-referrals to Access and Assessment (% of referrals received)	20%	n/a	n/a	n/a	
5	Safeguarding	Number of children/young people Referred (DfE Definition)	1460	n/a			
6	Safeguarding	Number of children/young people who had more than one referral in the last 12 months (DfE Definition)	297	n/a			
7	Safeguarding	Percentage of children/young people who had more than one referral in the last 12 months (DfE Definition)	20%	n/a	13.8%	13.7%	
8	Safeguarding	Percentage of children/young people who had more than one referral in the last 12 months (DfE Definition) (YTD)	18%	n/a	13.8%	13.7%	

9	Safeguarding	Number of Initial Assessments started	1095	n/a	n/a	n/a
10	Safeguarding	Number of Initial Assessments completed	1203	n/a	2601	2283
11	Safeguarding	Number of Initial Assessments completed within 10 days	755	n/a	1963	1655
14	Safeguarding	Number of Core Assessments started	449	n/a	n/a	n/a
15	Safeguarding	Number of Core Assessments completed	512	n/a	905	925
16	Safeguarding	Number of Core Assessments completed within 35 days	338	n/a	707	687
19	Safeguarding	Number of Child Protection Investigations started	225	n/a	n/a	n/a
20	Safeguarding	Number of Strategy meetings held	186	n/a	n/a	n/a
21	Safeguarding	Number of Initial Child Protection Conferences held	77	n/a	n/a	n/a
22	Safeguarding	% of Initial Child Protection Conferences held within 15 days	95%	100%	66%	n/a
23	Safeguarding	Number of Children that became the subject of a CP plan	119	n/a	n/a	n/a
25	Safeguarding	Number of Children that ceased to be the subject of a CP plan	125	n/a	n/a	n/a

29	Safeguarding	% of Children subject of a CP plan with an allocated Social Worker	100%	100%	n/a	n/a
30	Safeguarding	CPP rate per 10,000	28.56	35	35.5	37.39
31	Safeguarding	NI 67 - % of Child Protection Cases which were reviewed within required timescales	99%	100%	97.2%	n/a
32	Safeguarding	% of Children subject of a Child Protection Plan who had a 4 weekly CP visit in timescale (child seen)	93%	93%	n/a	n/a

Appendix 6. Training courses offered 2010/11

	Evaluation Ratings
Total number of held events = 37 + 1 Conference	1=Strongly Disagree
Total number of events evaluated = 36 + 1 Conference	2=Disagree
Total number of cancelled events = 10	3= Agree
Total number of delegates(Excluding Conference) = 541	4=Strongly Agree
Total number of delegates(Including Conference) = 615	
Average number of delegates per event (Excluding Conference) = 15	
Overall average delegate evaluation score(Excluding Conference) = 3.5 out of 4	
Only 2 events scored less than 3	
Breakdown of attendance by agency	
Chief Executive LBM	0
Children's Social Care LBM	151
Community & Housing LBM	13
Connexions (LBM & Commissioning)	Total number of planned events = 48
Corporate LBM or Environment & Regen	2
Education/Early Years Private	11
Education /Schools/ Early Years Statutory LBM	133
Health	99
Other	2
Police	3
Private	1
Probation	11
Youth Inclusion	35
Voluntary	143
Total attendance	615
Training Courses planned	
April	October
C7 Deliberate Self Harm	C6 Early Intervention: Supporting Families
C1 Child Protection awareness	C1 Child Protection awareness
C12 Protection of Vulnerable Children	November
May	C4 Domestic Abuse and Its effects on Children

C1 Child Protection awareness	C12 Protection of Vulnerable Children
C3 Dev CP policy & procedures for non stat settings	C1 Child Protection awareness
C6 Early Intervention: Supporting Families	Conference
C1 Child Protection awareness	C18 Honour Based Violence & forced marriage
C10 Impact of Children living with parental mental ill health	C17 Safeguarding Children at risk of abuse through IT
June	C1 Child Protection awareness
C1 Child Protection awareness	C3 Dev CP policy & procedures for non stat settings
C16 Hidden Harm	December
C13 Engaging Difficult Families	C1 Child Protection awareness
C4 Domestic Abuse and Its effects on Children	C16 Hidden Harm
July	January
H2 Weight Management	C1 Child Protection awareness
C9 Sexually Exploited	C21 The Resilient Child
C14 Working with Families	C5 Child Protection Conference
C5 Child Protection Conference	February
September	C11 Safeguarding Children with Disabilities
H1 FGM	C1 Child Protection Awareness
C1 Child Protection awareness	C13 Engaging Difficult Families
C3 Dev CP policy & procedures for non stat settings	C6 Early Intervention: Supporting Families
C11 Safeguarding Children with Disabilities	C8 safeguarding Children Involved in inappropriate Behaviour
C19 Sexual Bullying	C15 Equality & Diversity
C8 Safeguarding Children Involved in Inappropriate Behaviour	March
C7 Deliberate Self Harm	C3 Dev CP policy & procedures for non stat settings
	C7 Deliberate Self Harm
	C4 Domestic Abuse and Its effects on Children
	C1 Child Protection awareness

Appendix 7a Business Plan 2010-13 and Subgroup Work Plans. Progress reports 2010/11.

The Business Plan covers the period from 2010 to 2013

Green	Completed or On track	Amber	Risk of not being completed or Missing deadline	Red	Unlikely to complete on target/deadline or Unachievable in current conditions
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Actions	Outcomes	Performance Measures / Metrics	Who?	When? Year 1/2/3	Progress Red /Amber/Green
1. Governance & accountability					
1.1 Improve further the effectiveness of the MSCB partnership by:	Clear accountabilities	Identifiable progress achieved on business plan	MSCB Business Management	March 2012	Amber
Clarifying roles and responsibilities Reviewing membership and accountabilities	Membership complies with statutory requirements Appropriate levels of seniority able to take key decisions about priorities and resourcing.	Complete full membership review	MSCB Chair MSCB Business Management Sub group chairs	March 2011	Amber Completion date moved back to allow for any recommendations from Munro Review. Review of membership beginning March 2011.

	Improving partnership working	Attendance and participation in Board and sub-groups is stable and active.	% members attending regularly % attendance by key partners at sub-groups % attendance at child protection case conferences	MSCB Business Management MSCB Business Management Sub group chairs Head of Children's Social Care / Safeguards Team	6 monthly 6 monthly Quarterly	Green 1./2. Regular Reports to MSCB 3. Reported regularly to the MSCB
1.2	Adapt to budget pressures by developing joint working with other MSCBs / London SCB	Streamlined efficient use of resources Some common data	% shared training opportunities Business plan priorities implemented e.g. develop shared sub-groups where appropriate.	Chair Training Subgroup MSCB Business Management	June 2011	Amber Discussions continuing with Sutton and other London authorities, including common data reporting, and audit processes.
2. Challenge & Improvement						
2.1	Develop new policies and procedures	Progress on priority issues	Key priorities implemented locally	MSCB	Various Annual report	Green

<p>Implement outcomes of Laming Subgroup review – incorporate new recommendations arising from current Munro review of social work.</p>	<p>Effective and appropriate response to national changes</p>	<p>Findings to inform action plan to be agreed and implemented by MSCB</p>	<p>Policy & Practice sub group MSCB Head of Children's Social Care</p>	<p>Mar 2011</p>	<p>Green Completed Working Together/Laming subgroup now amalgamated with Policy & Practice subgroup to improve capacity and engagement.</p>
<p>Develop and implement local protocols arising from London Child Protection Procedures domestic violence guidance as a key priority for 2010-11.</p>	<p>Effective and appropriate response to regional changes</p>	<p>DV group to be established to identify and implement key priorities for MSCB</p>	<p>NHS Sutton & Merton</p>	<p>Dec 2011 Annual report</p>	<p>Green Multi-agency group set up with Sutton to progress front line practice guidelines. Launch due Autumn 2011.</p>
<p>Quality Assurance multi-agency audit function to establish reporting mechanism to MSCB and subsequent recommendations.</p>	<p>Improved multi-agency accountability to the MSCB</p>	<p>Related training programme established and delivered, audit through to establish impact. Three multi agency cases audited and reported back to the MSCB</p>	<p>Chair QA Subgroup Head of Children's Social Care</p>	<p>Ongoing</p>	<p>Amber QA subgroup continues to meet. Regional and local work continues to improve the multi-agency audit tool. This has slowed the completion of audits One audit completed 2010/11</p>

	Review of sources of referrals and data reporting to Head of Children's Social Care	Improved understanding of and response to referrals	Report to MSCB	Head of Children's Social Care / Safeguards Team MSCB LBM Policy & Performance	Mar 2011 Annual	Green Report to MSCB March 2011		
2.2	Refresh Section 11 Audits	Improved QA of multi-agency activity	Task implemented, feedback summary annual report of issues arising to MSCB.	Chair QA Subgroup	Dec 2011	Green		
	Review and revise				Annual report	London Safeguarding Board developing a new template from February 2011		
2.3	Issue revised Section 11 audits and collate and analyse results.	Cases handled more effectively.	Summary of annual safeguarding assessments in schools to MSCB	Head Education	Annual report	Green Report to be made Sept 2011		
	Implement action points from case reviews / investigations				Implement tasks outlined in action plans. Report to MSCB on progress.	Thematic leads across agencies.	March 2011	Amber Report to be made to June MSCB
	Action plan arising from SCR Sub-Committee has been completed by QA Sub-Group.				Action Plan reviewed and evaluated.	Chair QA Subgroup	Dec 2010	Amber Action Plan not complete, but work subsumed into QA subgroup workplan

	Findings from SUJ reports and agency IMRs disseminated to MSCB Lesson from CDOP	Lessons learnt about prevention of future child deaths identified by CDOP.		QA Chair Chair CDOP Panel	Dec 2010 CDOP Annual report	Green Process agreed at MSCB March 2011. function to be covered by QA subgroup.
2.4	Progress any actions arising from peer reviews and inspections etc.	Addressing of issues identified through external review.	Action Plan		Two inspections of Front line safeguarding services and Peer Review of Safeguarding Nov/Dec 2010	Amber Action being progressed in 2011/12 via continuous Improvement Plan
	Deliver Action Plan arising from SIT peer review of NHS Sutton & Merton and GP consultation Sept/October 2010	Addressing partnership issues involving health services identified through external review	Completion of action plan	/ NHS Sutton & Merton / Health Professionals QA Chair	Mar 2012	Amber SIT Action Plan in progress
2.5	Develop use of pan-London data set and/or other monitoring tools.	Improved performance management and benchmarking	Create dataset reported to MSCB to include measures from all partners	Ad hoc working group QA Chair	Dec 2011	Amber Pan London dataset now available for all authorities – work continuing to align with the new performance management framework.

2.6	Develop e-safety strategy	Improved online safety	Publish strategy and performance framework	MSCB Business Management / New e-safety working group to be convened	October 2011	Green Working group on course to complete in 2011. Initial consultation began February 2011.
2.7	Ensure all relevant strategies and training programmes effectively address issues of diversity within Safeguarding	Policy and practice reflects the diversity of the community, and responds appropriately	Diversity Training courses run Delivery Of Merton contribution to Pan-London Faith & Culture Project	MSCB/ Training Subgroup Chair Policy & Practice Subgroup	Dec 2010 Annual	Green Work continues to address this. Funding available from London Safeguarding Board to engage with faith and culture communities until Dec 2011
3 Workforce development / Training						
3.1	Single agency training	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Report to MSCB from agencies on single agency training completed.	Chair Training Sub-Group	Apr 2011 Annual	Green Training programme established and being delivered effectively

			Use appraisals & an assessment tool for safeguarding for all working with children. Find tool for use alongside appraisals	Chair Training Subgroup	Apr 2011 Annual	Green Evaluation and assessment tool being developed to ensure effective learning
3.2	Enhance multi-agency training in shared safeguarding responsibility	All professionals at all levels and in all agencies embrace notion that safeguarding children is a shared responsibility, rather than one confined to Children's Social Care	Specific assessment of progress in ensuring that all staff who work with children have received appropriate safeguarding training.	Chair Training Subgroup	Annual	Green Training programme established and being delivered effectively
			Extent to which multi-agency training on safeguarding and promoting welfare is provided to meet local needs.	Chair Training Subgroup	Annual	Green Training programme established and being delivered effectively
3.3	Improve recruitment and retention in children's services	Increasingly skilled workforce locally with suitable qualifications.	Head of Children's Social Care Recruitment and retention action plan ongoing.	Head of Children's Social Care	Performance monitoring Year 2/3	Green Good progress made 2010/11

3.3			<p>Evaluation of support provided to children subject to CPP through Head of Children's Social Care, Health visitors, other health professionals, CAMHS, adult services etc.</p>	<p>MSCB/ Safeguarding leads QA Chair</p>	<p>Performance monitoring Year 2/3</p>	<p>Amber HV and SN Safeguarding Supervision according to NHS Sutton and Merton Community services policy NHS London SIT report</p>
4. Engagement: communication & consultation						
4.1	<p>Further develop communications strategy, and clarify and strengthen communication between MSCB and agencies.</p>	<p>Improved links and mechanisms required to ensure effective dissemination of information from MSCB to inform operational practice.</p>	<p>Develop forums to engage with operational staff and ensure that their experiences inform strategic priorities, and the work of the MSCB informs practice.</p>	<p>Chair Comms Subgroup / MSCB Business Management</p>	<p>March 2011 Annual</p>	<p>Amber Communications & Public Information group meets regularly and effectively. Webpages to be improved and developed for the MSCB with specific budget provision proposed for 2011/12</p>
		<p>Regular feedback achieved from NHS Sutton & Merton</p>	<p>GP and VCS representation on MSCB (See also 1.1)</p>	<p>MSCB Business Management / Lead Designated Health Professionals</p>		<p>Amber GP representation now secured, though engagement has been patchy. VCS engagement to be developed as part of membership review (1.1)</p>

4.2	Prepare and publish annual report	Clear priorities and reporting mechanisms identified. Feasible targets and resources required to deliver agreed.	Annual report agreed by MSCB.	MSCB	Sept 2010 Sept 2011 Sept 2012	Green Achieved for 2010 Achieved for 2011
4.3	Engage children, young people and families	The views of children and young people are collected and subsequently inform service delivery.	Single agency mechanisms for feedback.	Chair Comms Subgroup	For inclusion in Autumn 2011 plan	Amber For development in 2011

Appendix 7b. Partners Service Priorities for 2011/12

LB Merton - Safeguarding and Looked After Children

Children's Social Care Service Priorities for 2011/12

- Developing and implementing the practical operational and strategic implications of the Munro Review of Child Protection.
- Preparing for the implications of the Social Work Reform Board proposals.

Primary and Acute Health services

South West London Sutton and Merton Borough Team Priorities for 2011/12

- Support and guide the emerging GP clinical commissioning groups and their role and understanding around safeguarding vulnerable children and families. How to ask the right questions, accountability and governance frameworks.
- GP strengthening safeguarding practice GP to ensure that GPs have the required competencies to assess vulnerable children, young people and families.
- Create a culture within GP surgeries where team meetings have safeguarding children as a standing agenda item.
- Continue to support and advise the Royal Marsden and Sutton and Merton Community Health Services following their merger to ensure quality assurance is strengthened and maintained. The designated professionals are to sit on their Safeguarding Committee.
- Support the strengthening of health visitor (HV) and GP communications which should include regular meetings, where families of concern (including concerns regarding pregnancy and the unborn child), Merlin reports and children on a Child Protection Plan should be covered.
- Strengthen the joint work between Health, Social Care and GP surgeries that have more than ten children registered there with a Child Protection Plan. These surgeries will be targeted for enhanced safeguarding children training, supervision, monitoring and audit of safeguarding systems.
- GPs and all health professionals must create chronologies in records for children on a CPP or deemed ' children of concern '
- Work with the SW London cluster-wide designated safeguarding children colleagues to develop a cluster approach and standardised policies, strategies, quality assurance framework and peer support systems.

Royal Marsden Priorities for 2011 - 2012

- Continue to work on developing workforce, training and clinical governance process and structures that meet the needs of both community & acute services.

Epsom/St Helier Acute Trust Priorities for 2011 - 2012

- To maintain the training target of 80% set by NHS London ensuring that staff receive the appropriate level of child protection training commensurate with their roles and responsibilities.
- Work with IS to improve the quality of Child Protection training data extracted from OLM (Oracle Learning Management), the Trusts electronic training system linked to ESR.
- Annual Safeguarding Update to be circulated to all staff during the period 2011 to 2012 to reflect the changes to Child Protection Training and any changes to policy or legislation.
- To investigate a credible training programme of Safeguarding supervisee training for key staff within maternity and paediatric nurses working in children's homecare teams.
- To complete the Safeguarding Audit Plan for 2011/12.
- To continue to ensure evidence is recorded centrally to support CQC Outcome 7.
- Develop quality assurance processes to ensure that procedures are followed, when managing allegations against staff, as cases arise.

The South West London & St George's Mental Health Trust Priorities for 2011/12

- Developing guidelines for adult mental health staff for the recording of observation and assessments of dependent children.
- Greater integration of Adult and Child Safeguarding training, learning and awareness.
- A workshop or half day training on the concept of the Vulnerable Family.

Metropolitan Police

- Active support for modernisation and realignment projects, as the organisation manages planned reductions in budget. - contributing to this process and have already identified possible savings whilst ensuring our focus remains on delivery.
- Active 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.
- Targeting 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.
- Continue the work of specialist teams: 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 on 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.

Voluntary and Community Sector

- To widen participation and ensure even more people receive training requires better sharing of information between agencies and more courses being offered in the evening and at weekends.
- Availability of the e-learning child protection package also needs to be more widely disseminated.

Probation

- The focus will remain on public protection, reducing re-offending and costs as well as orders successfully terminated, accommodation and employment at termination.

Appendix 8. Work of the subgroup and working groups of the MSCB

Much of the detailed work to address the priorities of the MSCB is done by subgroups and working groups. Each has a work plan which has specific actions to address the priorities in the MSCB Business Plan and reports to each MSCB main Board meeting quarterly.

There are four subgroups:

- Quality Assurance
- Policy & Practice
- Training
- Communications and Public Information

Reporting mainly to the Policy & Practice group are a number of working groups:

- Young Runways and Healthy Relationships
- Private fostering
- e-safety
- Domestic Violence Practice guidance
- Pan-London Faith & Culture Project

Quality Assurance Subgroup

The QA subgroup ensures children and young people are safeguarded and protected by overseeing the quality of work carried out in partnership across the children and young people sector. It does this by looking to develop and advise on ways of working in partnership and best practice based on knowledge gained through audit, national and local experience and research.

Action Plan

There was significant change in the role of the Quality Assurance (QA) subgroup during 2010/11. Work was completed on an

action plan drawn up to address lessons learned from a Case which had gone to the Serious Case Review Panel in December 2009, but while not triggering an SCR did highlight areas for concern:

- Information Sharing
- Communication
- Working with Fathers
- Cultural Impacts
- Child Development
- Use of the CAF
- Audit

Detailed progress on the action plan was variable – see Appendix 9. for details - as work was refocused on the revision of the MSCB Business Plan and work plan for the subgroup.

Chair and terms of reference:

A new chair, the Safeguarding Service Manager, was agreed in January 2011 and terms of reference were revised.

Multi-Agency Audits:

The subgroup embarked upon a process of multi-agency case audit using a tool provided by the then Government Office for London as prompted by the QA Action Plan. In practice this proved difficult as the tool was perceived to be not wholly effective for the task and the time needed to review audit findings was too much to encompass during normal meetings.

One multi agency audit was fully completed, key findings and learning included in summary:

- Understand the current limitations of the use of the CAF and joint working.
- Consider a senior level multi agency group to develop proposals for stronger lead professional roles across the Children’s Trust.
- Consider the need to reinforce commitment to integrated working and information sharing.
- Refocus effort on work done to produce better outcomes for children at the individual level.
- Take responsibility for making it happen.

These findings have been passed on to the relevant agencies for action and will be considered by the QA subgroup in 2011/12.

A family with complex needs was identified for the next audit to begin in April 2011. A new tool, originally developed for Sutton has been altered for Merton and will be used along with a completely revised process for case audit which allocates sufficient time for the process outside of QA meetings. The target remains to achieve three case audits a year and ensure that the learning is fully incorporated in future multi agency practice.

Performance management:

The subgroup has considered a comprehensive data set for a number of years, but this focused too much on Children's Social Care data and did not reflect the work of other agencies at the front line of safeguarding and child protection. Development of a multi-agency performance management framework began in early 2011 and will continue into 2011/12. This will then be monitored and performance managed by the QA subgroup. Data for 2010/11 using this framework is at Appendix 4.

Common Assessment Framework (CAF) development:

The subgroup has monitored the progress and use of the CAF including development of a quality framework.

Oversight of serious cases:

The subgroup considered the issues arising from one IMR during 2010/11. Learning has been shared across partners. To ensure that all serious cases are properly monitored by the MSCB the findings were taken to the main Board which decided in March 2011 that oversight of all serious cases and reviews should definitively lie with the QA subgroup and work to develop and embed this role will continue in 2011/12.

Policy & Practice Subgroup

The Policy & Practice (P & P) subgroup exists to encourage and develop effective working relationships between agencies working to safeguard children, including the requirements of *Working Together to Safeguard Children* and other guidance on multi agency working. It serves to lead the inter-agency implementation and review of the London-wide child protection procedures in Merton, and oversee the scrutiny of individual agency procedures. It also seeks to promote agreement and understanding across agencies about operational definitions and intervention thresholds. The subgroup also incorporated the membership of the Laming Action Plan/Working Together group which has overseen the Merton response to the Laming Review in 2009.

A number of working groups of the MSCB are monitored by P & P - Young Runaways & Child Sexual Exploitation, e-safety, Private Fostering. Details of this work is at 4.5.5-7.

Particular areas of activity included:

- The Munro Review of Child Protection and its impact on multi agency working. The first two reports of this were published in September 2010 and January 2011 and the group will continue to evaluate the implications of the final report and government response during 2011.
- *Working Together to Safeguard Children* and the *London Child Protection Procedures*, both of which were revised during 2010.
- NICE guidelines on suspected child maltreatment for health services.
- Elective Education in England duties – a revised children Missing from Education Policy was considered as part of this.
- Pan-London Faith & Culture Project – see 4.5.9
- Licensing Act 2003 reports – this covers the MSCB’s duty to take a view on all applications for alcohol, gambling or sexual establishment licenses in Merton.
- Community Inform – access for partners to this extensive database of professional literature.
- Joint Protocol between adult mental health services and Children’s social Care – a revised version was agreed and then presented to the main Board in March 2011.
- Olympics, London 2012 – the group is beginning to look at child protection implications and the response in Merton as an Olympic borough (tennis at Wimbledon).
- Future challenges revolve around continuing the work begun in 2010/11 set out above, particularly the Munro Review.

Training Subgroup

The Training subgroup oversees the training and workforce development undertaken in partnership across the children and young people sector, including the training funded and provided on behalf of the MSCB. It is chaired by a senior representative from Adult Mental health services. See also 4.1.3. for more detail on the MSCB Training Programme.

Development and activity included:

- Launch of an e-learning package on child protection and child development, with 5,000 licences available to all partners free.
- The target of 80% of staff receiving child protection training was achieved by the Epsom/St Helier acute trust.

- Epsom/St Helier also began a pilot evaluation of the learning achieved from their training.
- MACIE training on response to serious incidents was rolled out to a wide range of professionals, including the Head of Social Care and Youth Inclusion Manager.
- The popular and successful child protection training module has been improved.
- Diversity training was bolstered by the engagement of Perdeep Gill to deliver training, a national figure in the field.
- The conference in October on Young Carers was very successful

Challenges for the future include:

- Maintaining the strength and quality of the Training Programme.
- Gaining efficiencies by greater cooperation with neighbouring authorities,
- Achieving better take-up of the e-learning packages, including introducing one for child development
- Finding an effective methodology to evaluation learning and its impact on practice from the training received – this has proved demanding for many authorities.

Communications & Public Information Subgroup

The Communications and Public Information Subgroup coordinates and oversees partnership communications around safeguarding children issues. The subgroup is chaired by a senior representative of the borough Metropolitan Police. In September 2010 the chairing was taken over by the Partnership Inspector. Terms of reference and membership was also reviewed.

Activities in 2010/11 included:

- Publication of a revised *Safe Parenting Handbook* which was very well received and will be distributed to schools for the new intake in 2011.
- Signoff of the Media Protocol for safeguarding children issues, including any serious cases as they may arise.
- Incorporation of the MSCB newsletter in to the Children's Trust e-magazine, *young merton together*, <http://cyp.mertonpartnership.org/Default.aspx> with the subgroup maintaining an overview of content.
- Support for Child Safety Week and Safer Neighbourhood Week

Challenges for the future:

- Refreshing the media protocol in 2011
- A full overhaul of the MSCB webpages to coordinate with that of the Children's Trust and other children's services web pages.

Young Runaways & Child Sexual Exploitation Working Group

Governance of the group was refreshed beginning in April 2010 and the terms of reference were extensively revisited. In January 2011 further work began to amalgamate the group with another group, the Healthy Relationships Group (mostly comprising education and youth inclusion colleagues, but not under the auspices of the MSCB). A new chair, the Safeguarding Service Manager, was also agreed to take the new group forward.

Barnados came on board in early 2011 to encompass the work of the SW South West London Sexual Exploitation Service which has begun work in Merton.

Significant issues of data collection on young runaways/missing persons has also been raised at the Board and through the Policy & Practice Subgroup. A full review of data requirements and collection is under way in 2011/12.

Private Fostering Working Group

Children's Social Care chairs this multi-agency forum and is attended by the designated social worker for private fostering and representatives from Education, Health and the voluntary sector.

The designated social worker for private fostering attends the British Association of Adoption & Fostering's quarterly special interest group on private fostering. This enables local policy and practice to be developed in line with best practice from other authorities.

Activities during 2010/11 included:

- Public leaflet and poster refreshed with financial support from the Merton Safeguarding Children Board and widely circulated.
- Private fostering awareness was incorporated into the Children's Trust induction programme for staff from all agencies working with children and families in Merton
- Maintenance of a dedicated webpage on Council website
- The Council's Press Officer developed a Communications Campaign to raise awareness about private fostering.
- Specific promotional activity during the national Private Fostering Week in March 2011.

e-safety Working Group

Consultation on a first draft of an e-safety strategy began in February 2011. It is planned that the final document will be published in Autumn 2011.

The strategy will cover the following aspects of e-safety:

- Cyber-bullying, including sexual bullying
- Safe use of social networking, e.g. Facebook, X-Box Live, messaging etc.
- Pornography and violent images – accessibility and inappropriate use by young people
- Grooming by strangers and known contacts, including trusted adults
- Real time communications including texts, e.g. 'sexting', chat rooms, email, instant messaging, video chat etc.
- Support for parents and carers and their role and responsibilities
- Support for young people, particularly the more vulnerable
- Training for professionals and practitioners
- Communications infrastructure – working to developing managed online environments for young people rather than blanket blocking policies.

The approach focuses on:

- **Not duplicating the great range of advice and resources already available.**
- Helping organisations to develop their own solutions
- Identification of those young people potentially vulnerable
- Making sure that risk is assessed and managed effectively

Domestic Violence Practice Guidance Working Group

In September 2010 work began on developing practice guidance arising from a finding during the work done to complete the Laming Review Action Plan. The project is led by the Designated Nurse for Child Protection from NHS Sutton & Merton and covers both Merton and Sutton boroughs. The work will focus on the effect on children and young people in families, as much as the adult victims or perpetrators. Guidance to front line staff and other practitioners on identifying and responding to domestic abuse is not consistent across the range of providers. The understanding of what domestic violence is, its effect on children in families and what can be done varies from agency to agency, particularly those where families may present with DV but are not in the front line of care services, eg nurseries, libraries. The project aims to develop:

- 'Pocket guidance' on DV for a wide range of staff working with children.
- Improved web resources for DV locally.
- Establishment and training of 'DV Champions' in each service area – named individuals enable to provide guidance and support to staff in their organisation who may encounter signs of DV and are frequently unsure how to respond.

The scope of this project and the potential to spread it wider across London through the support of the London Safeguarding

Children Board has seen it grow and change as the practical and strategic issues have become apparent, and it will be completed in 2011/12.

Serious Incidents overview and Serious Incidents Panel

The Serious Incidents Panel meets on an ad hoc basis when a case arises that may require the institution of a Serious Case Review under the criteria set out in *Working Together to Safeguard Children, 2010*. This Panel met once in March 11 to properly consider a case after the unexpected death of a child. The Panel was chaired by the independent chair of the MSCB and did not find grounds for a full Serious Case Review, though health services were commissioned to undertake a Lessons Learned Review on the case during 2011/12.

In March 2011 the MSCB main Board agreed to formalise governance arrangements for serious incidents covering Serious Untoward Incidents (SUIs), Individual Management Reviews (IMRs) and Lessons Learned Reviews (LLRs), as well as the full serious Case Reviews (SCRs) process as laid down in *Working Together to Safeguard Children 2010*.

Governance in terms of oversight and monitoring of reviews now lies officially with the Quality Assurance Subgroup which will take reports on any case reviews in progress. Where a case may merit consideration as a full SCR, a Serious Case Review Panel will meet as required within the deadlines set out in *Working Together*.

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There has been a complex set of reviews conducted by health agencies partly in 2010/11 into one case which is due to report to the MSCB in Autumn 2011.

In order to reassure the MSCB that individual agency reviews are carried out and acted upon in a timely manner, the Board agreed in March 2011 to delegate oversight to the Quality Assurance subgroup. See 4.5.1

Subgroup work plans

Actions are related to Business Plan objectives

Quality Assurance Subgroup Work plan 2010/11. Progress report to March 2011.

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
1.	Refresh Section 11 Audits	Improved QA of multi-agency activity	Chair QA Subgroup	March 2012	Refresh Section 11 Audits	A pan-London template is being developed. Work will also be shared with Sutton around health partners
2.	Conduct multi-agency audits of significant cases – a minimum of three per year	Improved QA of multi-agency activity	Chair QA Subgroup	Ongoing	Implement action points from case reviews / investigations	Audit nearly complete. Family audit to be commissioned 2.3.11
3.	Develop a multi agency quality assurance framework for Merton	Improved multi-agency accountability to the MSCB	Chair QA Subgroup	March 2012	Implement action points from case reviews / investigations	Work to begin in March 2011
4.	Develop a multi agency performance management framework	Improved performance management and benchmarking	Chair QA Subgroup	June 2012	Implement action points from case reviews /	Draft indicators framework complete. Work will begin on outcomes framework at the March MSCB meeting

Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
				investigations	

Quality Assurance Action Plan 2010

Theme	Change Required	Action	Responsibility	Time Scale	Progress
Working with Fathers	Greater attention given to fathers' views and parenting role in safeguarding.	Refer to Training Sub-Group for training strategy (LSCB). Ensure CAF Training incorporates role of father element.	LSCB Training Team (MC to take forward). Refer to CAF Coordinator and CAF Champions Group (MC to take forward).	March 10 March 10	Achieved Achieved
		Single Agency Reports on incorporating training element of role of fathers in safeguarding training.	QA Sub-Group to receive report from all agencies to confirm.	September 10	Not achieved
	Key Information to be shared across agencies.	Case scenario to be developed for use in LSCB Training.	LSCB Training Team and QA Sub-Group.	June 10	Not achieved

	Key Information to be shared across disciplines within sectors.	Health sector to audit and quality assure information sharing and report to QA Sub-group.	Designated Doctor and	September 10	Achieved
	Greater understanding of need to verify and challenge factual information.	LSCB Training as above.	Designated Nurse and Doctor	June 10	Achieved
	Ensure appropriate Police notifications of children coming to notice sent to social care and health.	Set up Action Learning Sets	LSCB Training Team and QA Sub-Group		Not achieved
		Greater risk analysis by police of previous known information through Public Protection Desk investigations. Triage project established to filter notifications prior to social care assessment.	Public Protection Desk in Merton Police	Started and further development underway.	
			Social Care and Merton Police		
Communication	Establishing and verifying factual information.	LSCB Training Programme as above.	LSCB Training Team	March 10	Completed
	Improved record keeping.	LSCB Training Programme as above.	LSCB Training Team		Ongoing
	Conversations recorded and shared to develop ownership and understanding.	Single agency training and development as before.	Agencies report back to QA Sub-Group.	March 10	Completed

	<p>Improve relationships between agencies.</p> <p>Joint Sutton and Merton event to learn lessons of case reviews.</p> <p>Shared understanding of roles and thresholds</p>	<p>Set up peer supervision / support groups across agencies for staff and managers.</p> <p>Develop single presentation for managers to cascade to staff with key points.</p> <p>Ensure CAF Champions Group sufficiently served with Safeguarding leads. Ensure named safeguarding leads develop peer group meeting regularly to open communication channel.</p> <p>Ensure social care responses to enquiries not referrals is helpful, considered and based on the Child Well-Being Model.</p>	<p>Safeguarding leads in QA and beyond.</p> <p>QA Sub-Group</p> <p>As Above</p> <p>As Above</p> <p>Head of Social care</p> <p>Training Sub-Group</p>	<p>September 10</p> <p>September 10</p> <p>December 10</p> <p>June 10</p> <p>September 10</p> <p>September 10</p>	<p>Achieved through Training Programme</p> <p>Not achieved</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Not achieved</p>
Cultural Impacts	<p>Ensure that fathers' views listened to.</p> <p>Ensure that issues of difference between parents in conflict about parenting style</p>	<p>Consider a fathers themed LSCB Conference</p>			

	do not affect factual analysis. Ensure that staff are equipped to work with difference and diversity.	Single agency reports re staff trained in working with diversity.	Report to Training Sub-group	June 10	Not achieved
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Policy & Practice Subgroup Workplan 2010/11 – Progress report to March 2011

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
83 5.	Reviewing membership and accountabilities	Membership review	Chair P & P MSCB Business Management	June 2011	1.1 Improve further the effectiveness of the MSCB partnership	Initial review of membership begun by MSCB Business Management February 2011
6.	Ensure attendance and participation in Board and sub-groups is stable and active.	% attendance by key partners at sub-groups	Chair P & P MSCB Business Management	Ongoing	1.1 Improve further the effectiveness of the MSCB partnership	Attendance at the meeting in February was low and distribution of papers has been reviewed. Initial review of attendance begun by MSCB Business Management February 2011.

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
7.	Implement recommendations arising from Munro review of social work, including an action plan as appropriate	Effective and appropriate response to national changes	Chair P & P MSCB Business Management CSC	From April 2011	2.1 Develop new policies and procedures	Final report expected in early May 2011
8.	Develop and implement local protocols arising from London Child Protection Procedures domestic violence practice guidance priority for 2010-11 with Sutton	DV practice guidance produced and distributed	NHS Sutton & Merton Chair P & P MSCB Business Management	July 2011?	2.1 Develop new policies and procedures	Draft practice guidance produced February 2011 and on course for launch in July 2011
9.	Develop e-safety strategy	Improved online safety Strategy and action plan published and group established to monitor and deliver	Chair P & P MSCB Business Management	April 2011	2.6 Develop e-safety strategy	Draft e-safety strategy sent for consultation 8 February on Safer Internet Day

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
10.	Monitor progress of the Merton element of the Pan-London Faith & Culture Project	Policy and practice reflects the diversity of the community, and responds appropriately. Regular reports to the P & P group	Chair P & P MSCB Business Management	Annual report to MSCB September meeting	2.7 Ensure all relevant strategies and training programmes effectively address issues of diversity within Safeguarding	Work in progress. Pan London conference scheduled for 13 May 2011
85 11.	Monitor progress of the Young Runaways and Child Sexual Exploitation working group	Improve multi agency response Regular reports and annual evaluation of progress	Chair P & P MSCB Business Management Chair YR & CSE group	Six monthly reports to the P & P group and annual evaluation in the MSCB Annual Report	1.1 Improve further the effectiveness of the MSCB partnership	Meeting supported. Merger with Healthy Relationships Children's Trust Partnership group being progressed.
12.	Monitor progress of the Private Fostering working group	Improve multi agency response Regular reports and annual evaluation of progress	Chair P & P MSCB Business Management Chair PF group	Six monthly reports to the P & P group and annual evaluation in the MSCB Annual Report	1.1 Improve further the effectiveness of the MSCB partnership	Meeting held on 20 October 20110 and 16 February 20111. Publicity for Private Fostering Week 21-27 March agreed and funded by the MSCB

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
13.	Oversee the Licensing Act 2003 applications responsibilities of the MSCB, delegated to MSCB Business Management	Ensure the responsibility is appropriately exercised. Regular reports provided to the P & P group for information	MSCB Business Management	Annual report	1.1 Improve further the effectiveness of the MSCB partnership	All applications reviewed to time.

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Training Subgroup Workplan 2010/11. Progress reports to March 2011

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
14.	To oversee the development and endorse a multi-agency annual training programme as produced by the MSCB Multi-Agency Trainer	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	April 2011 – March 2012	Enhance multi-agency training in shared safeguarding responsibility	Training programme due mid-March 2011 for publication on 1st April 2011
15.		All staff working with			Enhance multi-agency	Further

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	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
16.	Enhance partner cooperation and joint working on training initiatives to include the development and maintenance of the multi-agency training pool	children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	April 2011 – March 2012	training in shared safeguarding responsibility	development work and expansion required with contributions from various partner agencies
17.	To develop themes for and oversee management of an annual MSCB conference	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	Development work March to Conference in October 2011	Enhance multi-agency training in shared safeguarding responsibility	Conference planned for 7 th October. Theme to be developed
18.	To promote and facilitate joint working and training events with other LSCBs and agencies	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc. Streamlined efficient use of resources	Training Subgroup Chair Training Subgroup Chair MSCB Multi-Agency Trainer	Ongoing	Adapt to budget pressures by developing joint working with other MSCBs / London SCB	Good contacts with neighbouring authorities and throughout London are being maintained including joint operation where practical.
19.	To take part in pan-London LSCB training meetings and initiatives as required	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	Ongoing	Adapt to budget pressures by developing joint working with other MSCBs / London SCB	Very good contacts maintained with colleagues across London and nationally

Communications & Public Information Subgroup Workplan 2010/11. Progress report to March 2011

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
19	Media protocol review	Improved links and mechanisms required to ensure effective dissemination of information from MSCB to inform operational practice.	Chair Comms & PI MSCB Business Support	Complete by June 2011	Further develop communications strategy, and clarify and strengthen communication between MSCB and agencies.	Amber Work began May 2011 – to be complete by Sept 2011
20	Child Safety Week / Safer Neighbourhoods Week – June/September 2011	Successful promotion of MSCB objectives	MSCB Business Support	September 2011	Ditto	Amber Issues with coordination of activity
21	Safer Parenting Leaflet – publicity and distribution	Successful promotion of safer parenting techniques and information	MSCB Business Support	Distribution to parents via schools – September 2011	Ditto	Green Production achieved and distribution organised

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
22	<i>young merton together</i> e-magazine – copy available	Effective safeguarding content in each issue	MSCB Business Support	Bi-monthly	Ditto	Green Ongoing
23	Membership and effectiveness of the Comms & PI subgroup	Improved links and mechanisms required to ensure effective dissemination of information from MSCB to inform operational practice.	Chair Comms & PI MSCB Business Support	June 2011	Ditto	Green Initial work commencing March 2011
24	Improve communications to BME, culture and faith communities, including through the Pan-London Faith & Culture Project: <ul style="list-style-type: none"> • Child protection in the UK • Available services • Parenting practice 	Effective promotion of safeguarding objectives to BME communities	MSCB Business Support	October 2011	Ditto	Green Planning to begin March 2011

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
25	Contribute to the MSCB Annual report		Chair Comms & PI MSCB Business Support	Report produced September 2011		Green

Appendix 9. Child Deaths – Work of the Child Death Overview Panel (CDOP)

Sutton and Merton Child Death Overview Panel (CDOP) Summary Report

Taken from the Child Death Review Programme Annual Report 2010 - 2011

Merton

The total number of child deaths in Merton during 2010/11 was 21 compared to 21 in 2009/10. There were four neonatal deaths reviewed in this period, all of which were considered “not preventable”. Five died on the Neonatal Unit or Paediatric Intensive Care Unit and two died on the Delivery Ward.

Of the four, two were female. One was White Other; one was Black Caribbean, one Asian and one Asian Pakistani.

Of the 22 deaths reviewed in this period, there were 10 deaths classified as “unexpected”, seven of which were considered “not preventable” and three “potentially preventable”.

Two died at home, four died on the Neonatal Unit or Paediatric Intensive Care Unit and four died in A&E. Three cases were subject to a Sudden Untoward Incident (SUI) review.

Of the ten, four were female. Two were White British; one was White Other; two were Black African; one was Black Caribbean, 1 was Asian British, one was Asian Indian, and two were Asian.

Recommendations and Local practice changes following reviews

Midwifery Information

It was felt by the Panel that due to the number of neonatal deaths reviewed, that expert advice on these deaths would be very useful in understanding the issues in neonatal cases. The Panel recommended that information on the mother’s ante-natal care should be collected on Form Bs and a representative from Midwifery should be invited to attend the Panel to advise on issues around neonates.

Information on ante-natal care is now routinely asked for in neonatal cases. The Panel now has Midwifery representation on the CDOP.

Learning from SUIs

Three cases from Merton were subject to Serious Untoward Incident reviews. Following the CDOP review, the Panel ensured that the learning points from the reviews were passed on to NHS London, the parents and the hospitals involved.

Co-Sleeping

A recommendation from the Panel was to write to Health Visiting Teams to ask them to reinforce to parents of children with disabilities the dangers of co-sleeping, whilst acknowledging the genuine risks these parents have for their child sleeping alone. This could include advising parents about monitors they can use to keep an eye on their child in their own bed.

Bereavement Services

A recommendation was made by the Panel to write to midwifery to ensure that parents are aware that there is the option to see a bereavement counsellor in different locations in the hospital, not just the maternity ward. This recommendation originated from a parent's response.

Management of Communal Graves

The Panel made a recommendation to a hospital regarding the advice they give families about funerals. The Panel also wrote to a cemetery recommending changes in the management of communal graves.

Changing local policy

The Panel wrote to a local hospital and recommended that their trauma in pregnancy policy be amended to ensure that mothers that suffered trauma to their stomach in pregnancy from any source would be treated as if they had potential clots, not just when they have been involved in car accidents. This recommendation originated from a parent's response.

Form B information

The review of some of these cases highlighted that some practitioners were not completing the Form Bs to a high standard and only providing very limited detail, especially where the death was expected. The panel recommended writing and implementing a local policy for chasing form Bs, including escalating to line managers and heads of service when form Bs are not completed.

Genetic counselling

In some cases the Panel wrote to GPs to ensure that parents received genetic counselling if they wished to try for another baby.

Parent's feedback to the CDOP

The Panel encourages and appreciates all feedback from parents following their child's death, whether good or bad. Anything that parents share with the Panel is treated with the utmost respect and in the strictest confidence.

The Panel received feedback from the parents on 4 of the cases that were reviewed in 2010/11. These helped to influence the Panel's recommendations (see above) and all good practice noted was shared with the hospitals and practitioners involved.

Appendix 10. NHS Sutton & Merton Safeguarding Improvement Team (SIT) Action Plan 2010/11

Recommendation	Action What are we going to do?	Person Responsible Who is going to do it?	Outcome What do we intend to achieve?	Timescale What has been achieved?	Progress/RAG What further action is required?
NHS Sutton & Merton					
1. Develop a Safeguarding Children Metric	NHS SM is in the process of developing a Metric for the PCT Board to be shared with both LSCBs. To consider the following KPI's: <ul style="list-style-type: none"> - Vacancy levels in key clinical groups - % case conference attendance - Whether supervision is happening and reported 	<ol style="list-style-type: none"> 1. Designated Leads 2. Board Lead for Safeguarding Children 3. Performance Manager 4 Commissioned services 	A Clear measurement of safeguarding activities across the Health economy to provide assurance to the Board and both LSCB's.	<p>March 2011</p> <p>Meeting between the Designated Nurse and Performance Manager and Commissioning staff occurred in Sept 2010.</p> <p>July 2011</p> <p>Merton LSCB has developed in partnership with all agencies joint Safeguarding Children KPIs. Pilot in progress.</p>	<ol style="list-style-type: none"> 1. Agree Safeguarding Key Performance Indicators. 2. Launch metric across provider organisations 3.. Pilot a Safeguarding Balance Scorecard
	<ul style="list-style-type: none"> -Quality assurance of their reports to case conferences - Monitoring the compliance of health visitors with CPP visiting requirements e.g. every 10 days - Auditing the quality of supervision 				

Recommendation	Action What are we going to do?	Person Responsible Who is going to do it?	Outcome What do we intend to achieve?	Timescale What has been achieved?	Progress/RAG What further action is required?
2. Audit programme for NHS Sutton and Merton	Decide which areas the Safeguarding Children Executive Group (SCEG) and PCT Board require for assurance.	Designated Leads, Named Professionals and line managers of commissioned services.	A programme of robust audit across the PCT area that informs all NHS Trust Boards and shared with both LSCB's.	May 2011 July 2011 <ul style="list-style-type: none"> Each NHS provider has an audit programme in place. To look at how to pull the findings from the audits together for the each borough. 	1. Decide on the key areas of audit with Borough Lead Safeguarding Children.. 2. Decide on audit schedule 3. Agree resources for Designated Leads.
Merton and Sutton LSCBs and Health					

Recommendation	Action What are we going to do?	Person Responsible Who is going to do it?	Outcome What do we intend to achieve?	Timescale What has been achieved?	Progress/RAG What further action is required?
<p>3. Improve Health & Social care working relationships</p> <p>4. Thresholds across Sutton and Merton CSC.</p>	<p>1. Convene a Health & Social Care Working Party</p> <p>2. Draw up TOR, scope and remit</p> <p>3. Each Health organisation should report to their own Trust Boards and to both Sutton and Merton's LSCB's.</p> <p>4. Areas for review: Thresholds within Sutton & Merton's Children's Social Care (CSC)</p> <p>5. Discussion on Health organisations increasing their role of lead professional for children who do</p>	<p>Representatives from:</p> <ol style="list-style-type: none"> NHS SM Community Health Services, Epsom & St Helier A&E dept and Community Paediatricians SWLSTG Mental Health Trust A GP representative Sutton and Merton Children's Social Care departments 	<ol style="list-style-type: none"> Increase opportunities for discussion regarding social care threshold response for Health when liaising with Merton and Sutton CSC Improve health understanding and use of Merton's Child and Well-Being Model and early intervention and prevention model and services. Understand the reasons for the difference between the numbers of children on a CPP in the two boroughs 	<p>November 2011</p> <p>1st meeting held in April 2011, to continue to strengthen working relationships via meetings and 'virtual team approach'.</p> <p>3. July 2011</p> <ul style="list-style-type: none"> Case review meetings proposed to start from Sept '11. To include frontline health and social care staff involved in the case with safeguarding named leads for each organisation. To meet for an hour, monthly. Learning/themes to be shared quarterly or bi-yearly within Health and Merton CSC. Themes, learning or issues to be feedback to LSCB and 	<ol style="list-style-type: none"> The CEO of ESTH has been contacted and supports the work. Heads of CSC for Merton and Sutton have both been contacted and support the proposed work. The Head of Children's Services for Community Health Services have been contacted and support the work. Meeting held between designated nurse safeguarding children and safeguarding children manager for Merton CSC. Proposed a case discussion monthly Health & Social Care meeting with frontline staff and their managers. Terms of reference currently being drafted.

Recommendation	Action What are we going to do?	Person Responsible Who is going to do it?	Outcome What do we intend to achieve?	Timescale What has been achieved?	Progress/RAG What further action is required?
	<p>not receive a social care intervention.</p> <p>6. Working relationships between Health and Merton CSC (to consider running a forum for staff from both agencies to meet and strengthen knowledge and understanding of each other's roles and agency cultures).</p> <p>7. Numbers of children on a CPP in each borough and attempt to ascertain the difference. Sutton is currently undertaking a piece of work</p>			<p>4. July 2011</p> <ul style="list-style-type: none"> An evaluation has taken place into the effectiveness of the Merton Child Well-Being Model, results due to be shared soon. To inform the evaluation further by using the findings from Sutton CSC who have commissioned consultancy agency Intrac to look at their Child Protection thresholds. 	

Recommendation	Action What are we going to do?	Person Responsible Who is going to do it?	Outcome What do we intend to achieve?	Timescale What has been achieved?	Progress/RAG What further action is required?
	<p>looking at the rise in numbers. This will continue in parallel and will inform the work of the Health & Social Care working party.</p> <p>8. Propose that Sutton and Merton CSC to be members of the NHS SM Safeguarding Children Executive Group (SCEG).</p>				<p>December 2010</p> <ul style="list-style-type: none"> Discussion held at the NHS Sutton and Merton SCEG. Decided that CSC will be invited to attend every third meeting.

Recommendation	Action What are we going to do?	Person Responsible Who is going to do it?	Outcome What do we intend to achieve?	Timescale What has been achieved?	Progress/RAG What further action is required?
5. The use of CAF	<ol style="list-style-type: none"> Look at the use of CAF and evaluate whether Sutton, Merton and other boroughs can develop a one CAF approach Convene a multi-agency CAF working party. 	Representatives from: <ol style="list-style-type: none"> NHS SM Community Services Epsom & St Heller A&E. 	<ol style="list-style-type: none"> Develop increased understanding across health practitioners of the use and role of the CAF. Win hearts and minds to gain full multi-agency cooperation. 	November 2011 March 2011 update – To await the outcomes of the Professor Munro Review. 5 July 2011 <ul style="list-style-type: none"> Merton CAF Manager has revised and reduced the CAF shortening it by 4 pages. Still remains at least approx 20 pages. Following the Munro Review '11, the way forward is going to be local areas reviewing and simplifying the CAF. This is to occur within Merton LSCB area. 	<ol style="list-style-type: none"> The CEO of ESTH has been contacted and supports the work. Heads of CSC for Merton and Sutton have both been contacted and support the proposed work.

Recommendation	Action What are we going to do?	Person Responsible Who is going to do it?	Outcome What do we intend to achieve?	Timescale What has been achieved?	Progress/RAG What further action is required?
	<p>3. Consider extending this work to a sector wide approach as Health staff can have up to five different CAFs to complete from neighbouring boroughs.</p> <p>4. Identify barriers preventing health staff from completing CAF's and undertaking the role of the lead professional.</p> <p>5. Develop proposal maybe cross-borough with NHS Sutton and Merton to joint fund further CAF evaluations and CAF training.</p>	<p>3. Sutton and Merton Children's Social Care depts.</p> <p>4. Representative from Education</p> <p>5. SWLSTG Mental Health Trust</p> <p>6. GP representative</p>	<p>3. Incorporate role of lead professional into job descriptions.</p> <p>4. Ensure training and development supports management accountability for lead professionals and CAF completions within health organisations.</p>	<p>CAF Co-ordinator for Merton Council has shortened the current CAF and is now in use. Still awaiting the outcome of the Munro Review (April 2011).</p>	<p>3. The Head of Children's Services for Community Health Services have been contacted and support the work.</p> <p>July 2011</p> <ul style="list-style-type: none"> • CAF Co-ordinator has reviewed and shortened the CAF form. • Awaiting the outcome of the Munro Review to further update.
Sutton and Merton Community Health Services					

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<p>6. Registered nurses who are not school nurse trained - suggested review to be sure they are fully prepared for such an important role. It would be more usual for these nurses to carry cases as delegated by a trained school nurse, with the trained nurse as the accountable practitioner.</p>	<ul style="list-style-type: none"> Review all CP caseload size of registered nurses Reassess competencies of RN and ensure at satisfactory level Review role of safeguarding and SN interventions for whole service Ensure full implementation of Safeguarding Policy 	<ul style="list-style-type: none"> Team leader Team leader <p>School Nurse Clinical leads and TL</p>	<p>Assurance that RN are competent in safeguarding role</p> <p>Appropriate interventions in safeguarding by SN service</p>	<p>At termly 1:1 supervision sessions and clinical supervision and at annual appraisals</p> <p>Review group set up to review all interventions</p>	<p>Review in Jan 2011</p> <p>Review in September 2011 all recruitment is now for school nurse trained SN</p> <p>July 2011 Completed.</p>
<p>7. Make sure that not only HVs and members of the skill mix team, but also 'cases' are supervised.</p>	<p>Ensure full implementation of Safeguarding Policy in relation to sections 2.1 and 3.1</p> <p>All HVs to have 1:1 supervision</p>	<p>All Supervisors</p>	<p>Assurance that all levels of staff are competently supervised</p> <p>Assurance that all relevant families are discussed</p>	<p>RiO documentation to be reviewed by supervisors during supervision.</p> <p>Completion of Appendix 10 Competency assessment</p>	<p>Review at 3 monthly supervision ongoing</p> <p>Review annually as part of appraisal process</p>

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8. Some HVs did not seem comfortable with escalation check if this is on a 'what's the point?' basis which would be risky.	Clarify threshold levels for referral with each borough Explore arranging briefing from Social Care to HV teams Staff to spend time in referral and assessment teams Review CAF competency	Named Nurses Named Nurse Named Nurse Supervisors	Clarity from Social Care Confidence of staff with thresholds Reduced risk		November 2010 December 2010- in dialogue with CSC around appropriate health input into safeguarding Sept 2011 Rolling programme ASAP not yet actioned December 2010 completed as part of supervision process April 2011 Move to RMH completed – communications to staff reviewed by Divisional Management Team and new Director
9. Explore with HVs their views, and in particular take them into account as the move to the Royal Marsden is planned in more detail.	Attend team meetings and escalate feedback Promote road shows and corporate briefings	Head of Children and Family Clinical Leads Team Leaders	Staff to feel confident of safeguarding safety during and after transfer to RMH	Staff briefings road shows	

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<p>10. Specify what is expected of the role of linked HVs with each GP and develop a communication protocol and audit that it happens. Ideally you would also gain GP commitment to their part of the arrangement.</p>	<p>Seek policies from other areas Develop local policies on role and communication protocol Engage GPs in the process Audit following implementation</p>	<p>Named Nurses Named Nurses and Team Leaders</p>	<p>Robust clear communication with GPs to ensure safeguarding of children and young people</p>		<p>November 2010 In discussion with commissioners around engaging primary care – CQUIN target for 11-12 March 2011 March 2011 October 2011</p>
<p>11. Mental Health Staff would like HV contact details and at feedback it was agreed that would be sorted.</p>	<p>Link with Named Nurse in Mental Health trust to ensure this happens.</p>	<p>Head of Children and Family</p>	<p>Availability of accurate contact details</p>		<p>November 2010</p>

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<p>12. White Paper changes have introduced uncertainty so the strength of the Named Professionals structure is important while the level above goes through uncertain change.</p>	<p>Support Named Nurse structure through changes</p>	<p>Head of Children and Family (Merton)</p>	<p>Strong skilled team- in light of new post holder review of working practices and support</p>	<p>New post holder appointed</p>	<p>Through to transfer to RMH and beyond Safeguarding Board lead Shelley Dolan fully engaged with process</p>
<p>13. Each of your organisations should have a safeguarding audit schedule, setting out what you require to be audited, by whom, at what frequency, who sees the results and who is responsible for remedial action.</p>	<p>Report on:</p> <ul style="list-style-type: none"> • Vacancy rates in key clinical groups. • Caseload numbers for health visitors. • Attendance at case conferences by HV and SN. • Invitations to case 	<p>Designated Nurse currently developing KPI's in conjunction with commissioners and LSCBs</p>	<p>Quality data to allow informed scrutiny and assurance of safeguarding practice</p>	<p>Much of this data already reported regularly to LSCBs</p>	<p>Ongoing KPIs agreed.</p>

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<p>This will ensure you get the right information to feed the assurance process.</p>	<p>conferences, and % attendance</p> <ul style="list-style-type: none"> • Achievement of L1-3 training— as % of target. • Supervision arrangements in place and compliance • SCR updates • % compliance with case notes standards by discipline • % compliance with quality required in case conference reports; • % all flagged health visitor and school nurse cases being subject to supervision in 				

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	<ul style="list-style-type: none"> • required timescales; • % health visitor cases being seen at required frequencies • % new birth visits achieved within target 				
SWLSTG Mental Health Trust					
14. Ensure front sheet of RIO makes clear whether there are children or not at address and service-users network.	Contact all teams and ask them to check this. Undertake regular audits to monitor	Deborah Wright ADSW	Full compliance	All teams informed of this through Care Pathways meeting, and local team meetings	Audit front sheets every 3 months. July 2011 RIO has been adapted to include this information. Adopted as a Trust quality account priority for 2011/12
15. Ensure all teams have contact details for Health Visitors	Circulate this information to all teams	Deborah Wright ADSW Head of Health Visiting SMCS	Up to date info circulated to all teams	This list has been circulated	Health visitor contact to send any updates to ADSW

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16. Named doctor to have more sessions to fulfil role across all 5 Boroughs	Trust to re-consider this role and whether adequate time is given to it	Deborah Wright to take to Trust Steering group (Chair – Board Lead for Safeguarding Children) Named doctor	Implement this recommendation	This has been discussed at Trust Safeguarding steering group	Further discussion/plan required July 2011 Plan to build role into a new CAMHS consultant role in autumn 2011. Named nurse role strengthened to Nurse Consultant level