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Merton Council

Health and Wellbeing Board

Date: 24 March 2020

Time: 6.15 pm

Venue: Committee rooms C, D & E - Merton Civic Centre, London Road,
Morden SM4 5DX

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

- 1 Apologies for absence
- 2 Declarations of pecuniary interest
- 3 Minutes of the previous meeting 1 - 4
- 4 Merton Safeguarding Children's Board Annual Report 5 - 72
- 5 Carers' Strategy 73 - 106
- 6 Coronovirus/COVID 19
A verbal update will be given at the Meeting, for the Health and Wellbeing Board to note
- 7 Improving Health Together Presentation 107 - 134
This item is for the Health and Wellbeing Board to Note

Future meeting dates

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For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

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Health and Wellbeing Board Membership

Merton Councillors

- Tobin Byers (Chair)
- Kelly Braund
- Oonagh Moulton

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

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Agenda Item 3

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

HEALTH AND WELLBEING BOARD

28 JANUARY 2020

(6.15 pm - 7.25 pm)

PRESENT Councillor Tobin Byers – Chair
Dr Andrew Murray - Vice Chair and Chair of Merton CCG
Councillor Kelly Braund – Cabinet Member for Children’s
Services
Rachael Wardell - Director of Children, Schools and Families
Dr Dagmar Zeuner - Director of Public Health
James Blyth - Managing Director, Merton and Wandsworth
CCGs
Dr Doug Hing - Merton CCG

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Oonagh Moulton, Dr Andrew Otley, Chris Lee, Hannah Doody and Brian Dillon

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 8 October 2019 are agreed as an accurate record.

4 EMOTIONAL HEALTH AND WELLBEING UPDATE (Agenda Item 4)

The Director of Public Health presented her update report on existing and new work related to emotional health and wellbeing in Merton. The Board commented that this report was comprehensive and recognised the joint working in this area.

The Managing Director of Merton and Wandsworth CCG said that a big part of this is addressing de-stigmatisation. The report outlined good things being done, but asked if this work would be more effective if it included a better understanding of the demographics of emotional wellbeing across the borough.

The Board noted comments that the Mental Health First Aid training had received very good feedback. The Cabinet Member for Children had been on this training and said that it was a brilliant resource, both the theory and practical. She continued by saying that the resource is generic and not Merton specific, and that it would add to the course if specific support in Merton be referenced. The Director of Public Health replied that providers must meet quality standards but she is commissioning further training, with CCG, and this will be an opportunity to include more specific Merton resource materials and signposting.

The Board noted that the Bereavement Co-coordinator will work closely with the police and emergency services and connect people to local and universal support services. .

The Board noted a comment that a common reason for sickness absence in Merton Council is musculoskeletal related and that it might be helpful to make greater note of the links between this and mental health.

The Board noted the next step was for the report on Workplace Health across Merton to come to the Board in June. Members were directed to the on line training available on suicide prevention at www.thriveLDN.co.uk/zerosuicideLDN

RESOLVED:

- A. HWBB to agree to further develop the relationship with Thrive London to explore opportunities for further engagement, promote anti-stigma campaigns and seek opportunities for meaningful activity that complements local work.
- B. HWBB members to agree to participate in the re-refresh of the Suicide Prevention action plan and promote evidence-based resources and training to residents and their staff.
- C. HWBB to discuss their experiences of workplace health programmes and the approach to supporting the mental health and wellbeing of their staff, to inform the approach to healthy workplaces in Merton.
- D. HWBB to note the holistic pilot programme taking place in East Merton around Health and Work.

5 MERTON STORY (Agenda Item 5)

The Director of Public Health presented her report on the Merton Story 2019/20 available at

<https://www.merton.gov.uk/healthy-living/publichealth/jsna/the-merton-story>

with related information on the JSNA Summary, Ward Profiles and Health Needs Assessments

She asked Board members to comment on this current version and also to suggest future additions to the Merton Story.

Board Members made comments about the Merton Story including:

- It is incredibly useful as it shows the differences in health outcomes between the East and West of the borough.
- That social capital should be added to assets in the current Merton Story and developed further in the future in line with the focus of Merton Community Plan.
- That footnotes be added to reference 'key messages' in the current Merton Story.
- A discussion of how assets can be better represented and demonstrably linked to identified needs in the future.
- A suggestion that it would be helpful if key messages could include some measure of progress or trends or include a benchmark in the future.

The Director of Public Health thanked the Board for their feedback and explained that the Merton Story is a snapshot and that she would work to address all these points. She said that she would like to develop greater community voice in the Merton Story and plans to work collaboratively with Healthwatch and MVCS to take this forward.

The Chair of Merton CCG raised opportunities with population health management data from multiple sources that can be sorted and analysed in different ways across SW London.

The Managing Director of Merton and Wandsworth CCG explained that the Merton Story and JSNA are key inputs into the commissioning process and that providers use the JSNA to inform their business planning so the data needs to be at the correct level to be usable for commissioning purposes.

The Director of Public Health explained that the important element was 'intelligent questioning' so that data gathering was worthwhile. Data needs to be triangulated to produce useful local information

The Chair thanked officers for a comprehensive piece of work, that we should be more mindful of throughout the year.

RESOLVED

- A. To approve the refreshed Merton Story 2019/20, and note its Key Messages, as part of the Joint Strategic Needs Assessment.
- B. To actively use the Merton Story as a tool to disseminate the key messages relating to the health and wellbeing of our local population, to inform strategic commissioning and partnership working
- C. To consider and comment on proposed direction of travel for Merton Story 2020/21

6 SEXUAL HEALTH STRATEGY (Agenda Item 6)

The Director of Public Health presented her report on the Merton Joint Sexual Health Strategy and implementation plan, she reminded the Board that comments they had made on the draft version plan had been included.

Asked about access to long acting contraceptive, the Director of Public Health replied that she knew there was an issue and it was being reviewed across South West London.

RESOLVED:

That the Health and Wellbeing Board members:

- A. approve and endorse the final borough wide sexual health strategy and implementation plan;
- B. note the work completed in response to their earlier comments on the draft strategy.

7 SOUTH WEST LONDON CCG MERGER - VERBAL UPDATE (Agenda Item 7)

James Blythe, CEO of Merton and Wandsworth CCG informed the Board that the six South West London CCGs would merge into a single organisation on 1 April 2020.

He continued that there were three areas to be considered prior to the merger:

1. Staff at CCG – a restructure of staffing is taking place including Merton and Wandsworth. A formal staff consultation will be published this week, with the majority of staff slotting into the functions retained locally. There will be some consolidation across South West London in the corporate and back office teams.
2. Governance – Merton Health and Care Together will be used as much as much as possible as the place based committee in common. Partnership will be integrated into the new constitution of the CCG. ,
3. There will be a single CCG Board for South West London, with Borough Committees each having a Clinical Chair. Dr Andrew Murray will be the South West London Chair, and so in Merton we will be appointing a new Borough Committee Chair shortly.

Committee: Health and Wellbeing Board

Date: 24 March 2020

Wards: All

Subject: Merton Safeguarding Children Board (MSCB) Annual Report 2018/19

Lead officer: Rachael Wardell, Director of Children, Schools and Families

Lead member: Cllr Kelly Braund, Cllr Eleanor Stringer

Contact officer: Joanna Georgiades

Recommendations:

- A. Members of the panel to discuss and comment on the contents of the report.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The report provides members of the panel with an overview of performance of the Merton Safeguarding Children Board for the year 2018-9 as contained within the annual report.
- 1.2 The (MSCB) is set up under the Children Act 2004 and has the following main objectives:
- To coordinate what is done by each agency represented on the Board for the purposes of safeguarding and promoting the welfare of children in Merton; and
 - To ensure the effectiveness of what is done by those agencies for that purpose.

2 DETAILS

- 2.1. The report, contained as Appendix 1, presents an annual update on what is going well, the key challenges and the actions that we will take to address these challenges.
- 2.2. The vision of the MSCB is that the Board works to ensure that *Everyone in Merton Council does Everything they can to ensure that Every Child is Safe, Supported and Successful*. This annual report is an evaluation of our progress towards achieving this aim as well as an assessment of the overall impact of the Board especially with regard to our key priorities.
- 2.3. This report presents activity and performance data from 2018/19 around the identified priorities of:

- **Managing the arrangements for the transition from MSCB to the Merton Safeguarding Children Partnership.**
- **Think Family** – to support children and adults in our most vulnerable families to reduce risk and ensure improved outcomes.
- **Supporting Vulnerable Adolescents** – adolescence is a time of significant change for all young people.
- **Early Help** – To develop an early help system that is responsive and effectively prevents escalation of concerns.

2.4. Underpinning these four priorities for the MSCB is the crosscutting theme of **Neglect.**

2.5. The annual report recognises that the partnership has continued to drive improvement in practice through the delivery of the MSCB Business Plan 2018/19, whilst overseeing the development of new partnership arrangements for safeguarding children and young people in Merton.

2.6. Partners have worked together to agree an approach that places children, young people and families at the centre of safeguarding.

2.7. A mature relationship of respectful challenge between agencies continues to drive improvement in quality of services, and the lived experience of service users.

2.8. Key achievements of the MSCB include:

- Joint working with *Safer Merton* to ensure that there is a co-ordinated approach in response to domestic abuse in Merton.
- The approval of a Parental Mental Health Protocol, recognising the impact of parental vulnerability on children and young people and the need for effective support.
- The pilot of a neglect identification and assessment tool to support professionals identify and assess children at risk of, or experiencing, neglect. The screening tool was well received and will be rolled out within the 2019-20 business plan.

2.9. The MSCB has also continued to build on achievements from the previous year in the support of vulnerable adolescents with a Multi-agency Risk, Vulnerability and Exploitation Protocol to embed a robust approach to the identification and response to children, young people and families affected by exploitation.

3 CHILDREN, SCHOOLS & FAMILIES

4 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

4.1 No specific implications arising from this report.

5 LEGAL AND STATUTORY IMPLICATIONS

5.1. For the period of the annual report: Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals

(other than the local authority) that should be represented. The statutory objectives and functions of the LSCB Section 14 of the Children Act 2004 are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

5.2. It is the statutory responsibility of the Independent Chair of the MSCB to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should also be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.

5.3. The report should provide;

- A rigorous and transparent assessment of the performance and effectiveness of local services
- Identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.
- Include lessons from reviews undertaken within the reporting period
- Information on the outcome of assessments on the effectiveness of Board partners' responses to child sexual
- An analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual abuse.
- Appropriate data on children missing from care, and how the LSCB is addressing the issue.
- Contributions made to the LSCB by partner agencies and details of what the LSCB has spent

6 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

6.1 No specific implications arising from this report.

7 CRIME AND DISORDER IMPLICATIONS

7.1 No specific implications arising from this report.

8 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

8.1 No specific implications arising from this report.

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

9.1 Appendix 1: Annual report of Merton Safeguarding Children Board 2018/19.

10 BACKGROUND PAPERS

10.1. None

Annual report of the
Merton Safeguarding Children Board
2018/19



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1.0

Chair's Introduction

2018-2019 has been a time of considerable change for Merton. In May 2018 we welcomed Rachael Wardell as the new Director of Children, Schools and Families, following the departure of her predecessor Yvette Stanley. We also saw the reorganisation of Merton Clinical Commissioning Group so that they are now part of the South West London Alliance which includes Merton, Wandsworth, Richmond and Kingston. In addition, our colleagues in the Metropolitan Police moved into Basic Command Units, so that Merton is part of a four-borough command structure which includes Wandsworth, Richmond and Kingston.

I am pleased to say that our partnership remains strong and that we are all committed to the key tasks of safeguarding children and promoting their welfare, as well as being assured of the quality and effectiveness of multi-agency safeguarding practice across Merton.

The Board's strengths are identified as follows:

- The MSCB is a mature partnership that is open to learning and challenge
- There is senior representation and engagement from agencies
- The MSCB continues to have a relentless focus on working together to keep children safe
- Excellent multi-agency representation at the Annual conference and comprehensive multi-agency safeguarding training programme.
- The Board has clear priorities with an aligned work programme that supports their delivery.

The areas identified for additional attention are as follows:

- We need to strengthen our focus on performance, ensuring that we are able to monitor our progress against key performance areas
- To strengthen our ability to evidence the impact of our work on the lived experience of children and young people. In order to address this, the MSCB will review and refresh its quality assurance and performance framework.
- Embedding the new Partnership arrangements.

Our agreed areas of focus during 2018-2019 were:

1. Managing the arrangements for the transition from Merton Local Safeguarding Children Board to the Merton Safeguarding Children Partnership

Across England, local safeguarding children boards (LSCBs) will undergo the most significant change since their inception. Following on from the Wood Review and the Children and Social Work Act 2017, the Board will see the dissolution of LSCBs and the establishment of Safeguarding Children Partnerships. In addition to reviewing the progress that the Board has made to date, we will need to develop clear plans about the future shape and direction of the Merton Safeguarding Children Partnership. To achieve this, a multi-agency task and finish group was established. The purpose of this group is to develop proposals for the new arrangements for the formation of the Merton Safeguarding Children Partnership, in accordance with the Children and Social Work Act 2017. We provide a statement regarding the work of the Partnership task and finish group in section 2.1 of this report.

2. Think Family - to support children and adults in our most vulnerable families to reduce risk and ensure improved outcomes.

The Board is seeking to drive improvements in our practice with vulnerable families so that stigma is reduced and families with poor mental health and substance misuse issues will feel confident in seeking help and support. We are also seeking assurance that practitioners are supported with the skills and confidence required to engage with all types of families. This work includes

- Up-skilling practitioners so that they are able to use a range of strategies and techniques to effectively engage children and families; including demonstrating an understanding of the barriers to effective engagement and work with families to overcome these.
- Ensuring, that practitioners are alert to practitioner biases related to social class, affluence, ethnicity and other factors so that all families receive a child-centred proactive response.

The Board is also seeking to further strengthen the role of education as a critical part of the team around the family.



3. Supporting Vulnerable Adolescents - developing a strategic response to adolescent risk and vulnerability.

We know that, for some young people, adolescence is a time of particular vulnerability. We are determined to support adolescents who are at risk of:

- Child Sexual Exploitation (CSE),
- Children who go missing from home/ school/care
- Children and young people who are at risk radicalisation and violent extremism,
- Children at risk of serious youth violence and gangs
- Children at risk of criminal and other forms of exploitation including county lines, peer on peer abuse and harmful sexual behaviour.
- Self-harm and poor mental health including risk of suicide

The Board is seeking to develop a strategic response to Contextual Safeguarding. In particular we are seeking to develop a coordinated response to adolescent risk/harm which occurs outside of the family home in spaces such as the neighbourhood, school, community centres and housing estates.

The Board would also like to be more systematic regarding its work in listening to children and allowing them to shape the services that are provided to them. The Merton User Voice Strategy outlines the variety of ways in which the views and opinions of children and young people are collected and responded to. The Board wants to ensure that children’s voice and experience is an integral part of its quality assurance activities so that the impact of our work with children, young people and their families is measured effectively.

4. Early Help - To develop an early help system that is responsive, and effectively provides help to prevent the escalation of concerns.

Merton has reviewed its Children Young People and Families Well-Being Model. We are now reviewing our Early Help and Preventative work; in particular we are exploring models for coordinating preventative and early help across the well-being model. As part of our review we will:

- Consider the interface between our Multi-Agency Safeguarding Hub (MASH) and Early Help arrangements
- Review our service offer at all levels of the Model and Engage partners in discussions on thresholds,
- Clarify Step-Up Step Down processes and the tools to support early help assessments and interventions (including alignment with Signs of Safety/signs of well-being and the Merton Practice Model)
- Review our partnership quality assurance of early help.

I would like to thank all of the MSCB partner agencies for their hard work and continued commitment to making a difference for Merton's children, young people and their families.

Keith Makin
MSCB Chair
January 2020



2.0

Progress of MSCB Business Plan 2018-19

This section is a progress update regarding what has been achieved so far, as well as, an indication of the work that still needs to be done in relation to the Business Plan.

2.1 Managing transition arrangements from the Merton Local Safeguarding Children Board to the Merton Safeguarding Children Partnership

A task and finish group was established by the Business Implementation Group and commissioned to consult with members of the MSCB and key stakeholders to agree proposals for the Merton Safeguarding Children Partnership Agreement.

Between April 2018 and January 2019, the task and finish group met five times with membership including representation from:

- The London Borough of Merton
- Merton Clinical Commissioning Group
- The Police,
- Education
- Housing
- Public Health
- Voluntary organisations



The MSCB sought to build on an established track record of an outstanding Local Safeguarding Children Board and determined the following vision for the Merton Safeguarding Children Partnership:

- Decisive strategic leadership provided by an independent person who will serve as the chair for the partnership
- The needs of children and their families to remain at the very centre of its work. This means that the Partnership will be intentional about listening to the voices of children, young people and their families; and, where appropriate, allowing their needs and concerns to inform service design and delivery. A young Independent scrutineer will be appointed to ensure effectiveness of this work.
- A strong culture of accountability and challenge that results in increased understanding across the partnership and measurable improvements in the quality of practice. This will be assured by the commissioning of an independent scrutineer who will review the performance of the partnership and its impact.
- A commitment from Statutory Partners Relevant Agencies and Co-opted members to the priority of safeguarding children and promoting their welfare, evident in their contribution to the work of the partnership
- Effective and consistent engagement by senior strategic leaders, who are able to influence safeguarding in their individual agencies
- Collaborative and effective working relationships between partners and relevant agencies with strong evidence of this at both strategic and operational levels
- Valued contributions and participation by voluntary sector and lay/co-opted members
- The work and priorities of the partnership is relevant and is informed by a detailed analysis of local need, to target and support the most vulnerable children

- The delivery of tangible, positive outcomes for children and their families
- A learning and improvement framework is committed to and underpinning continuous improvement in the quality of safeguarding practice

The final draft of the Partnership Agreement was presented to the Board for approval in March 2019. The agreement was approved by the Board and then submitted to the three Statutory Safeguarding Partners (the London Borough of Merton, Merton CCG and the Police) to be approved through their governance procedures between April and June 2019.

The Merton Safeguarding Children Partnership is ambitious to continue as a robust multi-agency partnership that enables all children and young people to be safe in their homes and communities, and to fulfil their potential. The new Partnership will coordinate the work of all agencies and ensure that this work is effective in achieving the best outcomes for Merton's children and young people.

2.2 Think Family - to support children and adults in our most vulnerable families to reduce risk and ensure improved outcomes.

The Board's second priority for 2018-2019 was to support families with particular vulnerabilities such as:

- families facing domestic violence and abuse (DVA),
- mental health issues that impact on parenting,
- parents whose substance misuse put their child at risk of abuse or neglect
- parents whose physical or learning disabilities impact on their ability to effectively care for their children

The Board has also agreed that there will be a focus on neglect as a cross-cutting theme.

a) Domestic Violence and Abuse

The Board approved and published guidance to professionals regarding domestic violence and abuse in June 2018 which aims to:

- Protect children who are at risk of harm from witnessing and experiencing DVA
- Support the victims/survivors to assist them to protect themselves and their child/ren; and
- Hold the abusive partner accountable for their violent and coercive behaviour and to provide them with opportunities to change.

The agreed guidance is for use by all practitioners who have contact with children and with adults who are parents / carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

The MSCPB works closely with Safer Merton in order to ensure that our response to DVA is joined-up and represents a genuinely think family approach.

b) Parental Mental Health

To improve the way that we work with families with parents whose poor mental health adversely affects their ability to care for their children, the MSCB approved a Parental Mental Health Protocol. This protocol was drafted jointly by Merton Safeguarding Children Board, Merton Safeguarding Adults Board, and includes Merton Clinical Commissioning Group, and South West London and St Georges Mental Health Trust.

The protocol promotes good multi-agency working; including appropriate information sharing, joint assessment of need through the use of the Merton Child, Young Person and Family Well-Being Model and making effective use of Team Around the Family (TAF). The aim is to provide effective support for those parents with mental health problems, who are in need of additional help in caring for their children and young people. This work should be underpinned

by working in partnership with parents and children and applying a 'Think Family' approach.

The Parental Mental Health protocol is supported by an implementation plan which is monitored by the Board's Quality Assurance Sub-Group.

c) Work on Neglect

As part of the implementation of the MSCB's Neglect strategy, the MSCB's Training Officer developed a tool to assist multi-agency practitioners with the identification and assessment of neglect. In order to improve the effectiveness of our joint work in cases of neglect, it was agreed that the developed Evidence Based Neglect Screening Tool be piloted across Merton's safeguarding system.

The purpose of the pilot was to:

- test the effectiveness of the tool in deepening the understanding of multi-agency practitioners' understanding of neglect.
- test the effectiveness of the tool supporting practitioners in identifying and assessing child neglect.
- test the effectiveness of the tool in supporting the referral and escalation of cases to Children's Social Care
- test the effectiveness of the tool in discussing concerns about neglect with parents and carers
- test the 'usability' of the tool and to learn from practitioners how the tool can be improved.

The Quality Assurance Sub-group agreed that the tool would be piloted in the early help/preventative services, in accordance with the Merton Child and Family Well-being Model 2017, during the first part of 2018.



The Pilot included teams from the following service areas:

- Early Years overseen by the Early Years' Service Manager
- Community Health Services overseen by the Named Nurse CLCH London
- Transforming Families and family support service overseen by the Assistant Team Manager,
- An identified primary school namely Abbotsbury Primary School.

The feedback from the pilot was very positive.

The Evidence Based Neglect Screening Tool is not a tick-box process. Practitioners are required to evidence their concerns as well as providing evidence for what is working well for the family. Professionals can rate their concerns in each area but the strength of the rating sits with the evidence. The feedback from the pilot of the tool has demonstrated this strength.

Practitioners found the tool to be user-friendly, and for those who had the opportunity, a good communication tool that can be used when discussing concerns about neglect with families, which also supports the basis of a child centred intervention.

The tool has shown a number of benefits:

- Capturing the complex nature of neglect, giving practitioners the opportunity to focus and evidence specific areas of strengths and need.
- Effective for use with both children and young people.
- Useful in a multi-agency setting (Team Around the Child/Family, Child In Need, etc.) as a common framework for discussion.
- Highlights the different experiences of children in the same family, and the meaning of those children in the context of their own home.
- Valuable as a supervision tool to discuss in detail cases, particularly those cases where practitioners get stuck, as it helps highlight, with the aid of chronologies, the cumulative nature of neglect and its intrusive and pervasive impact on the lives of children.

Following the successful pilot of the tool, it was recommended that the Evidence Based Neglect Screening Tool, is adopted across agencies and practitioners working in Universal Services with children and families, Early Intervention and statutory intervention. The MSCB agreed with this recommendation and decided that the current MSCB Neglect Strategy be revised to include use of the neglect tool.

It is expected that the neglect strategy will be revised in 2019-2020.

2.3 Supporting Vulnerable Adolescents – developing a strategic response to adolescent risk and vulnerability.

As part of its work to support vulnerable adolescents, the MSCB approved a Multi-agency Risk, Vulnerability and Exploitation Protocol (MARVE). The MARVE Protocol sets out the multi-agency arrangements for identifying and responding to children, young people and families affected by exploitation in the London Borough of Merton. This protocol builds on the significant work already taking place within Merton and sets out how all agencies will work together to ensure the most effective and coordinated response to exploitation of children. The document draws from a number of current protocols and strategies to combine and integrate these into one Exploitation Protocol.

The protocol mandates the development of a MARVE Panel which will be a Multi-Agency Operational Panel responsible for coordinating information sharing and multi-agency interventions to disrupt and respond to child



sexual exploitation, criminal exploitation, harmful sexual behaviour and serious youth violence. The MARVE Panel Meeting has been established to provide a comprehensive approach to tackling issues of exploitation and harm of or by children and young people across the Merton area. The MARVE Panel Meeting is the key mechanism for agreeing how relevant organisations will co-operate and work together to safeguard and promote the welfare of children and young people in effectively tackling exploitation, vulnerability and risk. It is co-chaired by the Police and the Head of the Adolescent and Family Service within Children's Social Care.

The Panel combines the previous adolescent panels operated in the borough:

- Multiagency Child Sexual Exploitation (MASE)
- Persons of Concern (POC)
- Young Offender Management (YOM)
- Gangs Multi-agency Panel (GMAP)
- Transforming Families

The aim is to ensure a joined-up, multi-agency approach to all forms of child exploitation.

2.4 Early Help - To develop an early help system that is responsive and effectively prevents escalation of concerns.

Merton is committed to providing help to children and families at the earliest opportunity: early in the life of the problem and early in the life of the child. A great deal of work has been undertaken to ensure that our early help offer is responsive and effectively prevents the escalation of safeguarding concerns. In the summer months of 2019, Merton will be reshaping the Children, Schools and Families' early help work and service offer. A project board has been set up and a range of task and finish groups have been commissioned to steer our work over the next few months.

Throughout 2018 and early 2019, Merton has been reviewing the current early help offer for children and young people aged between 0 to 25 and their families, and how this is delivered and managed.

It is expected that the culmination of this this work will result in:

- An improved early help offer for families with children and young people age 0 – 25 which evidences outcomes and impact
- a proposed new Family Wellbeing Service which will bring together a range of functions from across different teams including : 0 to 5s Supporting Families Team, Bond Road, Transforming Families, the Short-breaks Service, Early Years and Common Assessment Practice Development, Family Information/Local Offer, Early Years Business Support and the Designated Safeguarding Leads and Advisor function for schools

The proposed new Family Wellbeing Service will have its own "front door" and receive referrals as well as enquiries. The service will have a navigation function within the MASH and there will be close liaison to ensure best practice and robust decision making around the application of thresholds.

Merton is very excited to be developing and enhancing our current early help offer which represents a very ambitious transformation programme and will involve several teams and functions across the Department. This significant shift means early help will be the forthcoming Merton Safeguarding Children's Partnership's first priority for 2019-2021.

3.0

Local context and need of the childhood population for Merton¹

3.1 Merton the place

Merton is an outer London borough situated to the south west of central London, neighbouring the boroughs of Croydon, Kingston, Lambeth, Sutton and Wandsworth. The London Borough of Merton is comprised of 20 wards and covers an area of approximately 14.7 square miles and at 2018, has a population of just over 209,000 residents living in 84,000 properties.

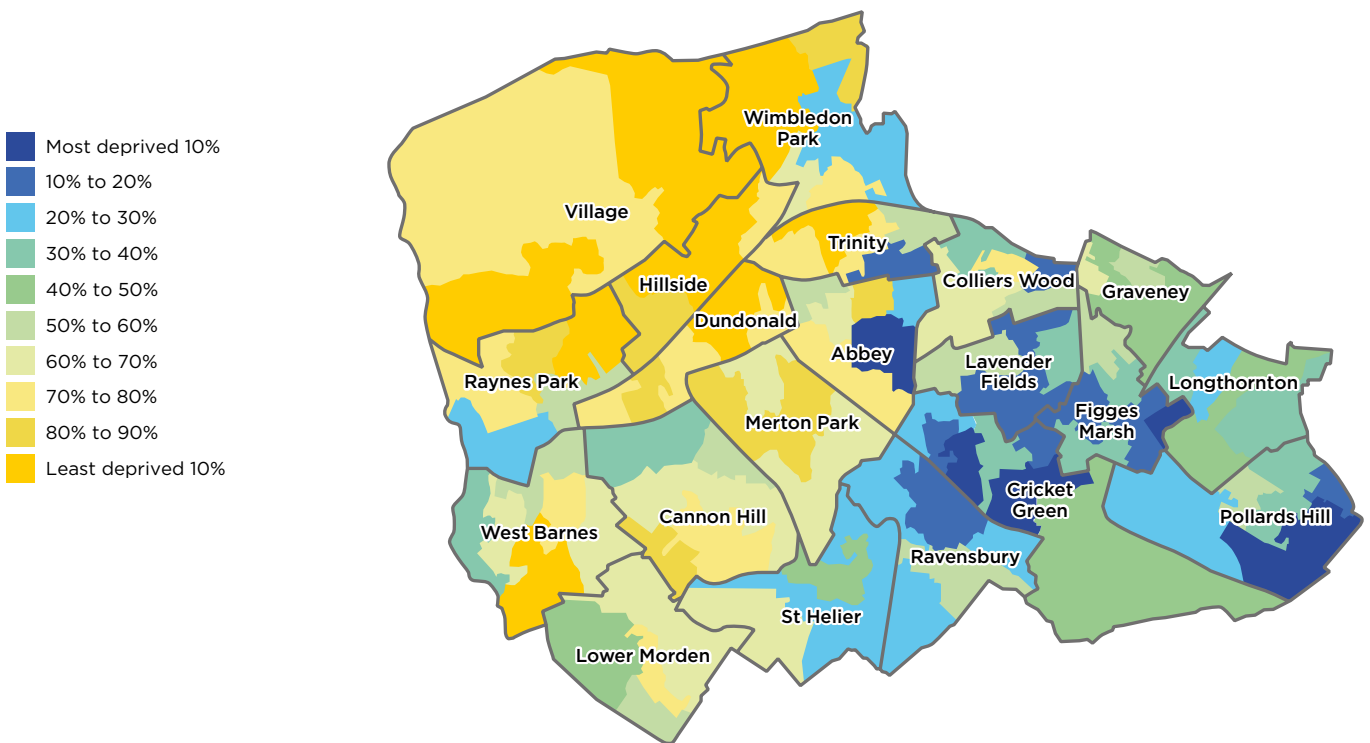
- Primary school children aged between 5 and 10 will have increased by 20%,
- Secondary school children, aged 11 to 15 will have increased by 13%.

Historically there was a 40% net increase in births from 2,535 in 2002 to a peak of 3507 in 2012 and is approximated to be at 3178 by 2020. The birth rate, together with other demographic factors such as migration of families into the borough,

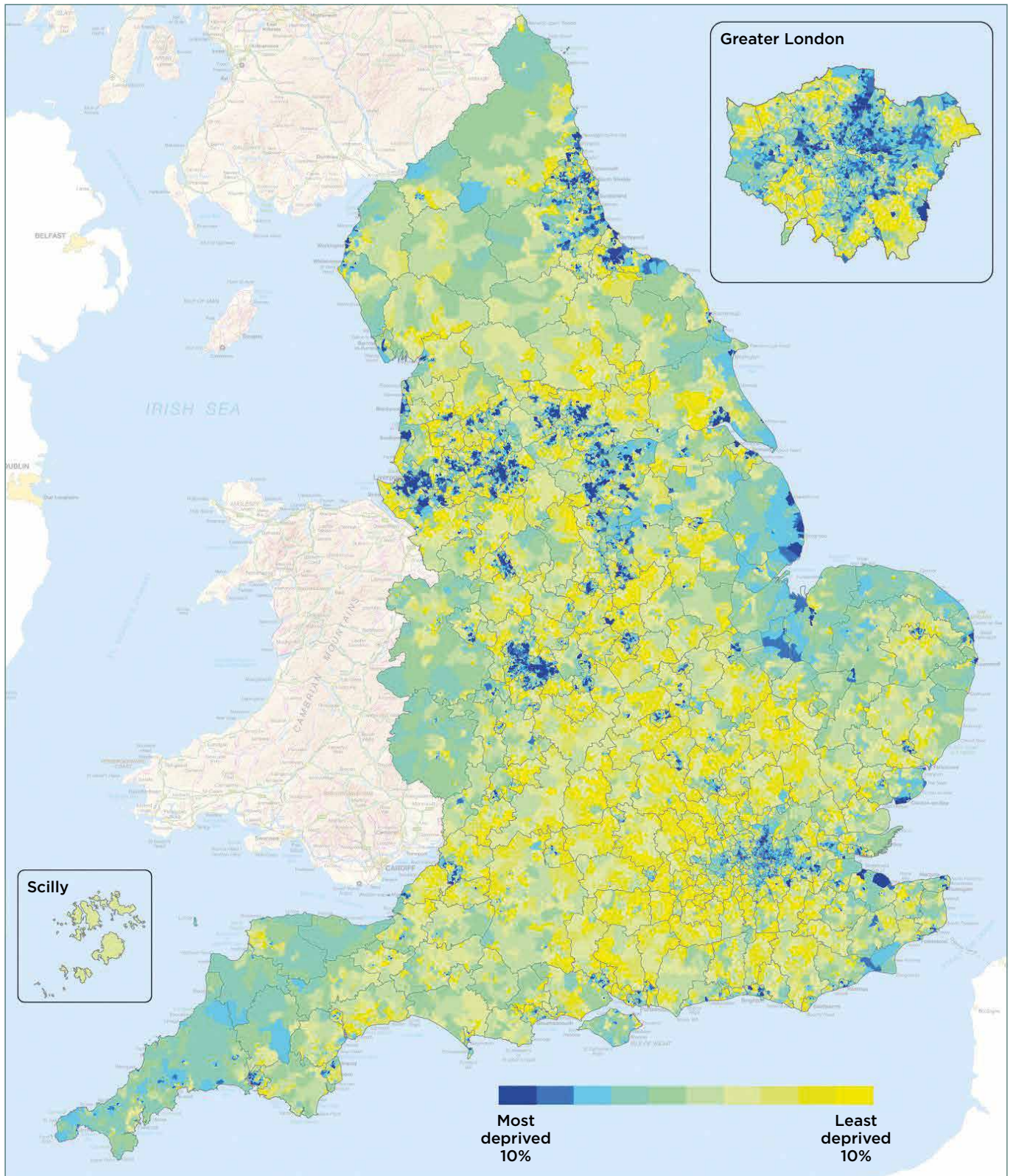
has already created the need for more school places, and puts pressure on early years and pre-school services, children’s social care and early intervention.

Predominantly suburban in character, Merton has three main town centres; Wimbledon, Mitcham and Morden. There are pockets of deprivation within the borough mainly in the eastern wards and some smaller pockets in the central wards (Mitcham and Morden towns). These wards have multiple deprivations, with high scores on income deprivation, unemployment and limited educational attainment. Five of Merton’s 20 wards are amongst the 30% most deprived areas across England for children. This means 37% of Merton school pupils are living in an area of deprivation (30% most deprived, IDACI 2015). Since 2010 we have seen an increase of 32% of children who are eligible for free school meals (FSM) (2010, 2881 children, 2016, 3817 FSM children).

Merton Income Deprivation Affecting Children Index 2015



UK Indices of Deprivation



Merton has a rich mix of ethnicity, culture, and languages. GLA data at 2018 puts Merton's Black, Asian and Minority Ethnic (BAME) population as 76,800, meaning BAME groups make up just under 38% of the population

Like many councils across the country, over the past few years the council has experienced a significant increase in EHCPs (Education and Health Care Plans) for SEND (Special Educational Needs and Disabilities) children and related placements. The number of Merton pupils with an EHCP has grown over the last five years at a faster rate than London, Statistical Neighbours and National averages. In January 2018, there were 1490 pupils attending Merton Schools with an EHCP; as at January 2019 this number increased to 1769, representing an increase of 279 EHCPs.

Table 1: Number of Recorded EHCPs - Merton Residents

Jan' 2016	Jan' 2017	Jan' 2018	Jan' 2019
1075	1242	1490	1769

3.2 Merton's Children in Need, Children with a Protection Plan and those Looked After

3.2.1 Children In Need

Merton's Child in Need (CIN) rate per 10,000 as at the 31st March 2019 is 287.7; this is lower than the London average of 350.7 and is also lower than the National average of 334.2. We are also lower than our statistical neighbours (SN)² who are at 299.33. See table 2 below

Table 2: Increases in CIN rate between 2013 and 2018

Year	2013-14	2014-15	2015-16	2016-17	2017-18	Merton 2018-19	SN 2018-19	London 2018-19	National 2018-19
CIN Rate	355	338	411	287	439	288	299	351	334

Source: LAIT Characteristics of Children in Need, 2018-2019 Main Tables



² According to the Children's Services Statistical Neighbour Benchmarking Tool, Merton's statistical neighbours are Barnet, Ealing, Enfield, Hillingdon, Hounslow, Kingston upon Thames, Reading, Redbridge, Sutton and Wandsworth.

3.2.2 Children Subject to a Child Protection Plan

Rates of Children subject to a Child Protection Plan in Merton in 2018-2019 is slightly higher than the London rate which is 84.1; the Merton rate is 84.4. Merton remains lower than the national rate which is 99.3. Merton is higher than the rates of our statistical neighbours who are at 76.8. Please see table 3 below.

Table 3: Rate of Children Subject to a Child Protection Plan

Year	2015-16	2016-17	2017-18	Merton 2018-19	SN 2018-19	London 2018-19	National 2018-19
Rate per 10,000	29.9	27.2	53.8	84.4	76.8	84.1	99.3

Source: LAIT Characteristics of Children in Need, 2018-2019 Main Tables

As at 31st March 2019, the number of children subject to a child protection plan in Merton was 220. The number of children who started on a plan during the year 2018-2019 was 202. The number of children subject to a child protection plan for the second or subsequent time was 35.

3.2.3 Looked After Children

Merton continues to have a population of looked after children with a high proportion of adolescent young people. Whilst a high number of these young people are unaccompanied asylum seekers, factors such as housing and anti-social behaviour are also impacting on the number of adolescents in our care.

On 31st March 2019, there were 157 looked after children. This compares to 154 looked after children in 2018. In the year 2018-19 there were 72 new admissions into care. This represents a 19% decrease on 2017-18. A large proportion of starters (48) were aged 16 and over. This is double the national proportion of starters in this age range. Merton's rate per 10,000 population remains stable and we continue to have one of the lowest population rates nationally (here are only six (four in London) local authorities with a rate per 10,000 less than Merton).



Table 4: Numbers and rates of children looked after as at 31st March

England and London totals are rounded to the nearest 10.

	2015		2016		2017		2018		2019	
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000
Merton	156	34	163	35	152	33	154	33	157	15
London	9,980	52	9,860	51	9,900	50	9,890	49	5,480	27
National	69,470	60	70,400	60	72,590	62	75,420	64	31,680	27

Table 5: Number of Children who started to be Looked After during the year ending 31st March

	2015	2016	2017	2018	2019
Merton	107	122	100	86	72
% increase / decrease year on year	-6%	14%	-18%	-14%	-16.3%

Source: SSDA 903. 2018-2019

In 2019 there were 324 placements. Children are looked after in a variety of settings; foster care, children's homes, residential special schools, and a small number are in hospital settings. Some children in our care are placed in secure settings. At 31 March 2019, 72% of looked after children were placed in foster care. This is just below the national figure of 73%. 44% children were placed with in house foster carers, representing 144 placements. This is a decrease on the previous year. This continues to be an area of scrutiny for us due to the impact on budget, but also due the fact that agency placements are often outside of the borough. The most common use of agency placements is for adolescents, as a number of our in house carers are approved to take foster children up to the age of 10 years only. The Access to Resources Service is committed to targeted recruitment of foster carers who are approved to care for teenage children. However, this is a pan-London issue, with many agencies and Local Authorities competing for a small number of eligible carers.

The DfE SSD903 return gathers 'in touch' information for all care leavers aged 19, 20 and 21 years. For this return the definition is that there is 'contact' between your local authority and the young person eligible for care leaver support around 3 months before and one month after the young person's birthday.

Table 6: Care Leavers in Touch

Merton	Number	%	%
Yes	110	86%	88%
No	5	4%	7%
Service No Longer Required	12	9%	2%
Young Person Refuses Contact	1	1%	3%
Young Person Returned Home	0	0%	Not available

Source: SSDA 903. 2018-2019

Table 7: Percentage of Care Leavers in Education, Employment or Training

The percentage of care leavers who were in education, employment or training

	2015	2016	2017	2018	2019
Merton	44%	58%	60%	45%	79%
National	Not Available	49%	50%	51%	59%

Source: SSDA 903. 2018-2019

The number total number of care leavers in Merton as of 31st March 2019 was 33 young people. The number of these young people who were engaged in employment, education or training is 26 representing approximately 79% of care leavers. This represents a significant increase which is partly due to the relatively low numbers of young people involved; as table 7 shows, this is a national trend.

Care Leavers in Suitable accommodation

Accommodation is to be regarded as suitable if it provides safe, secure and affordable provision for young people.

Table 8: Percentage of Care Leavers in Suitable Accommodation

	2015	2016	2017	2018	2019
Merton	66%	80%	91%	87%	88%
London	83%	82%	79%	81%	83%
National	81%	83%	84%	84%	85%

Source: SSDA 903. 2018-2019

3.3 Children at Risk of Sexual Exploitation: Summary Activity to address CSE in 2018 and 2019

In early 2018, a review of Adolescent Panels was undertaken to consider opportunities for streamlining the attendance and potential duplication across the partnership. This review incorporated interviews of chairs and scrutiny of membership and case lists across Multiagency Sexual Exploitation, Missing, Children Missing Education, Youth Offender Management, Gang Multiagency, Transforming Families, Looked After Children and Antisocial Behaviour panels. The review supported an integration of most of the panels overseeing adolescent risk, vulnerability and exploitation.

Furthermore, PPYP commissioned the Board Manager and the CSE Lead to undertake a piece of work to help the Sub-Group to understand why there are so few boys identified as being at risk of CSE. This found that vulnerable boys experience multiple forms of exploitation that does not readily 'fit' into the CSE framework. The mapping identified that groups of boys are exposed to multiple forms of harm and exploitation. Our current responses look at these boys as perpetrators but not as victims.

In addition, these young people are considered at a range of different panels which review part of the risk (normally around offending) but not the

whole risk (especially not victimisation). When this group of boys are considered as victims of multiple forms of exploitation, it is clear that their needs, as vulnerable boys, are not currently being fully assessed or met. There is a need for early intervention when these children are younger. There is strong evidence that targeting begins when children are of primary school age.

Also in 2018, Children's Social Care and the MSCB were asked to review a number of cases where there had been sexual assaults on girls, perpetrated by girls. It became clear that the current harmful sexual behaviour protocol was not understood by all professionals in contact with these cases. It is believed that as a result of gender-bias the oversight of the risks posed by the girls that caused the harm was potentially missed.

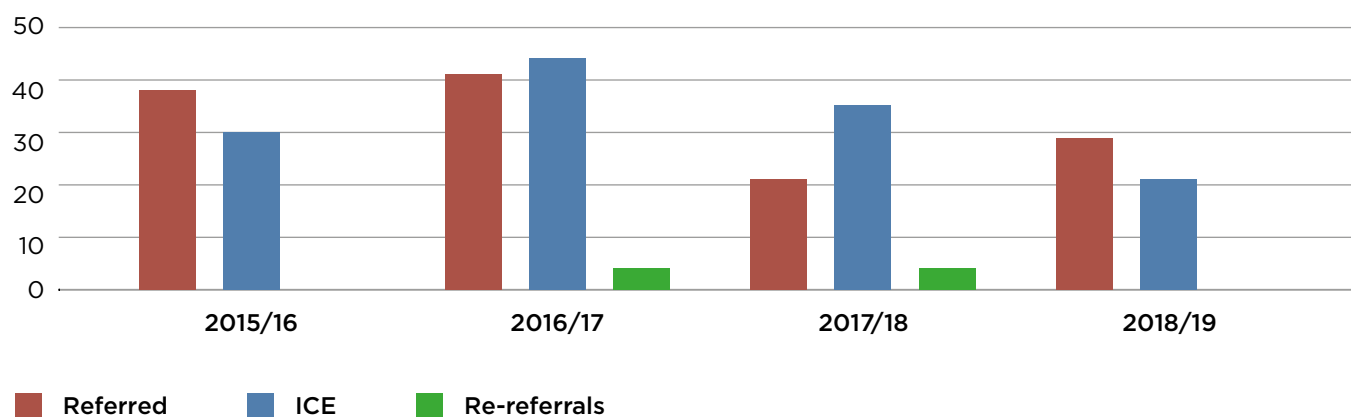
The analyses of these activities lead to an Exploitation Paper being presented to PPYP and the MSCB and the development of the Multiagency Risk, Vulnerability and Exploitation (MARVE) Protocol and Panel, endorsed by the MSCB Business Implementation Group.

Over the past 4 years we have maintained an average of 32 referrals in regard to child sexual exploitation. Last year's referrals have increased compared to the year before but not as high as those prior. Positively there were no re-referrals. Last year has seen a lower rate of ICE (closed) cases, which may be due to a vacancy with a CSE worker and the case remaining open for the new worker to complete the work and some cases requiring monitoring at 'Low' having reduced from higher levels.

Numbers of referrals for child sexual exploitation:

- In 2015/16 referrals totalled 38 – the total iced cases was 30, re-referrals 0
- In 2016/17 referrals totalled 41 – the total iced cases was 44, re-referrals 4
- In 2017/18 referrals totalled 21 – the total iced cases was 35, re-referrals 4
- In 2018/19 referrals totalled 29 – the total iced cases was 21, re-referrals 0



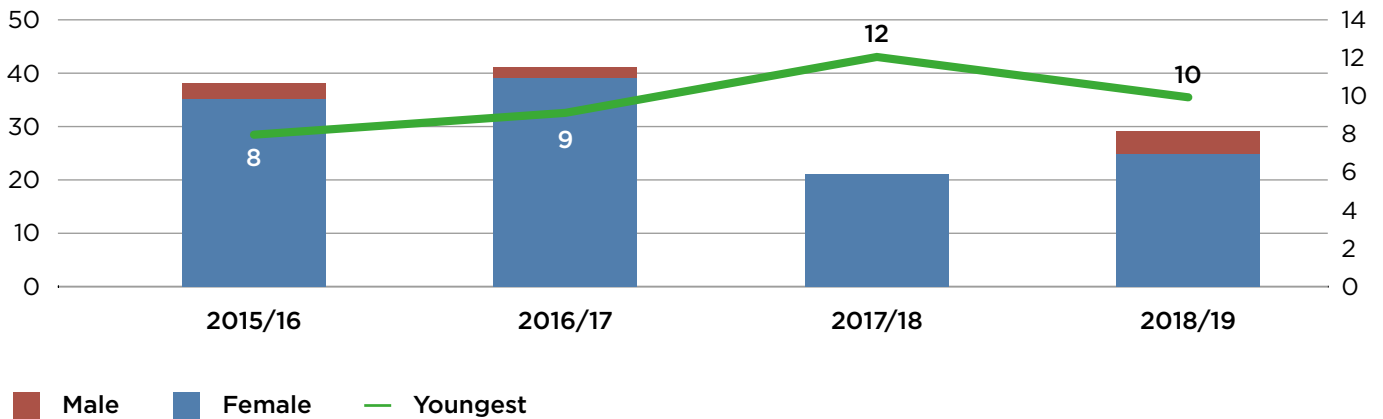
Table 9: Child Sexual Exploitation Figures

The majority of referrals are girls with an average age of 14 years. However, last year saw the youngest being only 10 years old. Also 2018-2019 saw the highest number of boys referred (n4), which could be as a result of a focus on sexual exploitation in boys.

- In 2015/16 the average age was 14 years, ranging from 8 years to 17 years with 3 male victims identified
- In 2016/17 the average age was 14 years, ranging from 9 years to 17 years, with 2 male victims identified
- In 2017/18 the average age for victims remained 14 years, ranging from 12 years to 17 years, with 0 male victims identified.
- In 2018/19 the average age of victims was 14.4 years, ranging from 10 years to 17 years, with 4 male victims identified.

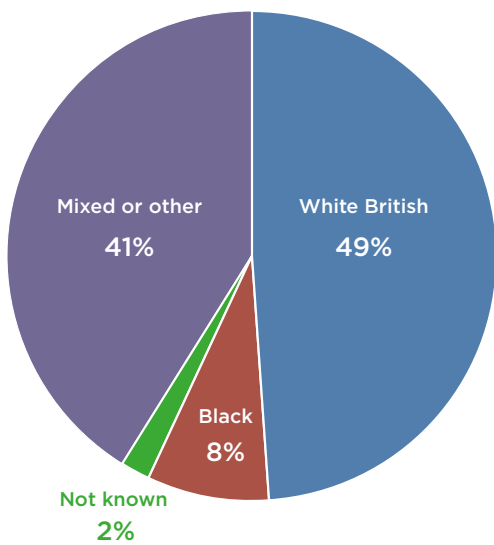


Table 10: CSE - Gender and Youngest Age of Referral



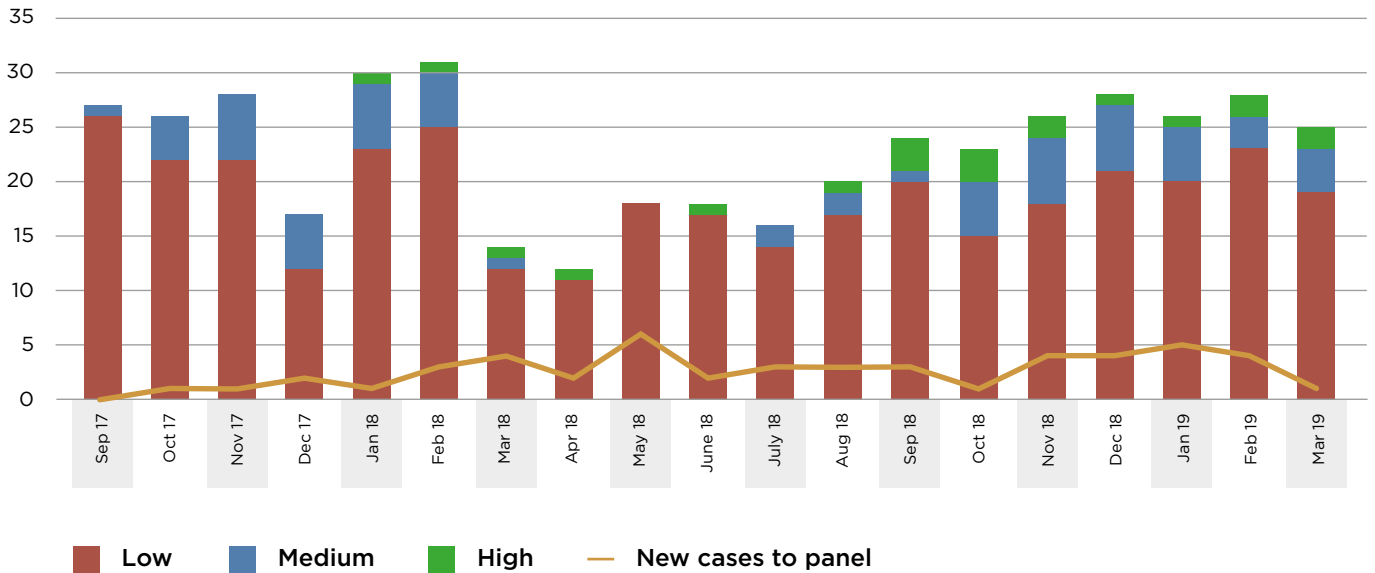
The majority ethnicity is White British (49%) with 48% of the cohort identified as BAME / other.

Table 11: CSE and Ethnicity



All Medium and High risk cases are discussed at the MARVE panel with a less frequent discussion for Low cases, usually on a dip sample basis. New cases are presented by the Exploitation manager and will return to panel for discussion if Medium or High risk. At the time of establishing the panel the number of cases were relatively few and with not many Medium to High cases. However, since its commencement in September, the proportion has risen and therefore panel meetings have been extended from a half-day to almost a full day.

Table 12: CSE Panel Cases



3.3.1 CSE and Looked After Children

As noted above, in early 2018, a review of Adolescent Panels was undertaken to consider opportunities for streamlining attendance and potential duplication across the partnership. As a result of this review, the MARVE Panel now oversees our work regarding child sexual and criminal exploitation, gangs, serious youth violence, sexually harmful behaviour and other overlapping forms of adolescent risk.

The most recent ‘Dashboard’ in regard to CSE outlines all those referred to MASE (now MARVE) during 2018 and of the 32 children referred, the following had Social Care involvement:

- 18.7% (6) were Looked After
- 18.7% (6) were on a Child Protection Plan
- 21.8% (7) were on a Child in Need Plan
- 0.31% (1) was a Care Leaver

In 2018-2019 6 looked after young people were identified as being at risk of CSE. Current open cases are tracked each month at the MARVE Panel meeting.

3.3.2 CSE and Out of Borough Looked After Children Cases

Whilst the desire is normally to keep young people in the local area, in some cases we have placed young people away from the borough because of our concerns about the individual. For some young people placements away from their home community is a key part of the care plan as a result of their vulnerability to exploitation in this borough or neighbouring boroughs. The needs of some the young people are such that they require specialist placements which are not available in Merton or surrounding boroughs. For all children being placed outside of the borough the Director of Children, Schools and Families is required to sign off agreement for the placement. Care plans for these children and young people are reviewed to ensure that where possible they are supported to return to their home community at the earliest opportunity. These cases are all held open to the CSE Operational Lead and monitored for a period of time while the placement settles and the CSE is deemed to no longer be a risk. If CSE is considered to remain a risk whilst the young person is in placement, the case will remain open and monitored with a plan in place to ensure appropriate support for the young person.

3.4 Children Missing from Home and School

In 2018-2019 there were 357 episodes of children going missing from home or care.

Catch22 provides the local Return Home Interviews for missing young people. They attend the weekly missing and monthly meetings to ensure any crossover is picked up at the earliest opportunity. The Young Women and Girls worker attends the weekly missing meeting and is a navigator in the MASH to ensure a coordinated approach. The Police present a summary of missing CSE cases at the MARVE Panel to ensure that there are no gaps.

Actions to Address Children Missing from Home and Care

- Ongoing strengthening of 'multi-agency Missing from Care and Home Panel' supported by a 'Missing dataset' which identifies other vulnerabilities including CSE and CME.
- 'Weekly Missing Meeting' established in April 2016 and embedded in response to a need to strengthen multi-agency operational working to ensure that children receive timely support from appropriate services including a return home interview.
- Policies and procedures in place to deliver a well-coordinated response to children reported as missing from home or care. This was refreshed and approved by the Board in September 2018
- Ongoing use of Police Missing Person Co-ordinators' analysis of repeat locations and individuals for missing persons meetings.
- Independent organisation (Catch22) commissioned to work as part of a wider interagency team to provide practical and emotional support and to prevent and reduce episodes of going missing. Catch22 also provide 'return home interviews'.
- With regards to children/young people known to Children's Social Care, case management of CIN/CP children and young people going missing from home/care is improving and recording and case management of Looked after Children missing or absent has improved over the last 12 to 18 months.
- All in-house foster carers have received 'missing and absent' procedure training.
- 'Children Missing' policies and procedures are checked as part of the placement commissioning process.
- Agency foster carers and residential placements are required to report missing episodes in a timely way to the Council and Police and are required to support the Council to implement safety plans.

Action Taken to Address Children Missing from School

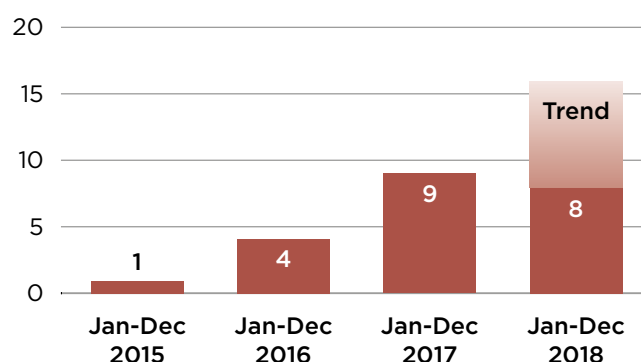
- A strong partnership approach of the multi-disciplinary Hard to Place and CME Panels
- Maintained our strong performance with low levels of NEET and achieved significant reduction of numbers of young people in the “Not Known” category.
- CME/PA protocols between Education and Social Care services strengthened with regular reporting to CSF Continuous Improvement Board.
- Briefings provided to Primary and Secondary School head teachers on safeguarding risks associated with absence from school and reinforced as appropriate in termly designated teachers’ events.
- Specific guidance provided to schools on forced marriage, female genital mutilation, child trafficking and Prevent.
- Continued to improve school attendance and maintained our strong focus on preventing permanent exclusions
- Adopted a vigilant approach to the quality of alternative education provision in the borough and the identification and notification of unregistered schools.
- Strengthened Education Welfare Service focus on the home education process where families opt to educate children other than at school (EOTAS).
- Action is taken by the authority in relation to unregistered schools, we are actively monitoring and liaising with Ofsted where necessary
- Ongoing commitment to Schools Police Officers with a proactive prevention programme and key link role.
- Rolled out changes in relation to Pupil Registration Regulations 2016 regarding on and off rolling
- Further developed the CME panel dataset and intelligence analysis

- Consolidated school partnerships and further developed the Merton Education Partnership,
- Used forums to highlight Safeguarding.
- Developed schools and early years Safeguarding audit tool and guidance (In early years all funded support and targeted support settings).

3.5 Child Criminal Exploitation

The MARVE Protocol provided the following data in regard to Criminal Exploitation numbers on a calendar basis:

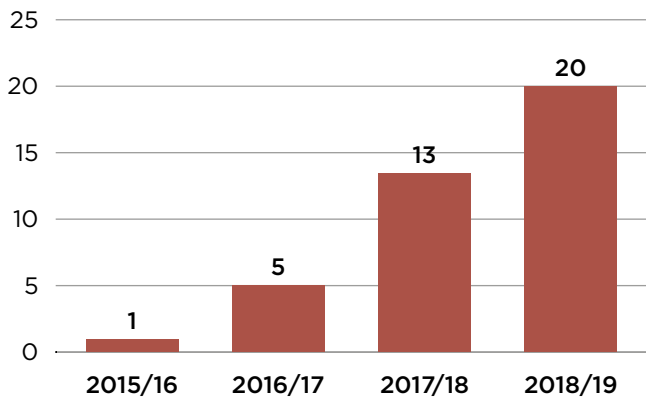
Table 13: CCE Cases Annually



The data above is in regard to confirmed county lines cases. The trend prediction was accurate with a further 9 cases referred since May 2018. This is also in line with the new protocol and a broader spectrum of criminal exploitation being experienced. The rise is possibly due to an increased awareness of criminal exploitation, in particular county lines; in addition, one of the MOPAC workers’ job description has been developed to include work with young people exploited into criminal behaviour.

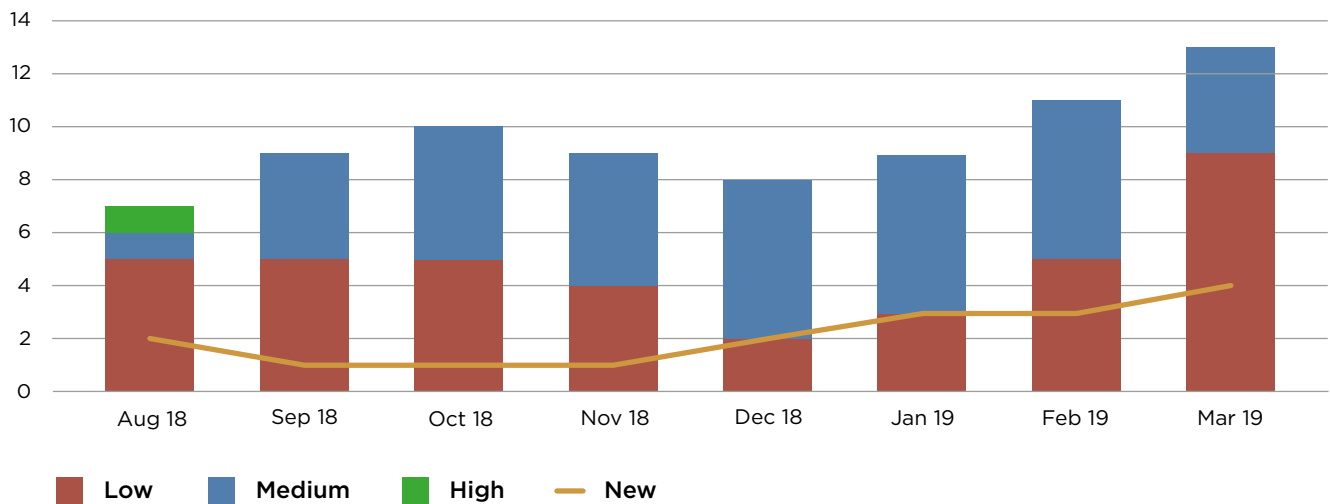
In order to align CSE and CCE data this will now be tracked on a financial year basis.

Table 14: CCE Referrals



The CCE cases have also been tracked in regard to the number of Low, Medium or High each month. There has only been one High case, discussed in the first MARVE panel. The increase in referrals is seen since Dec 2018 and the proportion is beginning to mirror that of CSE cases.

Table 15: CCE Panel Cases



3.6 Prevent

The Board's Promote and Protect Young People Strategic Sub-Group works with Safer Merton to ensure that there is a strong grip and clear oversight of all Prevent cases involving young people. The MSCB has worked hard, along with Safer and Stronger, to achieve strong engagement with the 'Prevent' agenda involving key partners including police, schools, early years settings and with faith, voluntary sector and wider community groups. Merton has not been identified as a Prevent Borough.

There is comprehensive Prevent Guidance available to staff via the MSCB and a programme of training for staff and external stakeholders in the borough.

CSF supports schools to deliver the Prevent Duty which is evident by:

- The provision of Governor training;
- Annual training for all staff at every school;
- The use of Head Teachers meetings to discuss Prevent matters;
- Schools undertake IT monitoring and the London Grid for Learning is in place in all schools;
- Schools are teaching British values and there are a range of curriculum projects to support this; and
- The borough operates a strong Standing Advisory Committee on Religious Education (SACRE) with involvement from Prevent and Counter Terrorism Police.

Prevent referrals are all managed through the MASH. This ensures safeguarding measures to be put in place from the start of a referral. The Channel Panel has representation from the MASH and enables appropriate case discussion to implement appropriate safeguarding measures.



An area for development is to ensure that Prevent concerns about cases discussed at other panels, such as MAPPA or Offender Management, are shared with the Channel chair (either informally or via a referral). In 2018-2019 there were no referrals relating to Prevent; of these referrals none were Merton children.



3.7 Female Genital Mutilation

The Board has refreshed its multi-agency guidance on Female Genital Mutilation (FGM). The Board provides multi-agency training on FGM, which is well attended. The Board also provides 'red alert' briefings to Merton schools around Easter and Summer holidays, which have been identified as key risk periods for FGM due to the length of the holiday period.

4.0 Statutory and Legislative Context

Merton Safeguarding Children Board (MSCB) is the Local Safeguarding Children Board for Merton. Local Safeguarding Children Boards (LSCBs) have a range of roles and statutory functions.

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board for their area and specifies the organisations and individuals (other than the local authority) that the Secretary of State may prescribe in regulations that should be represented on LSCBs.

The Children Act 2004 Section 14 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

The LSCB is not an operational body and has no direct responsibility for the provision of services to children, families or adults. Its responsibilities are strategic planning, co-ordination, advisory, policy, guidance, setting of standards and monitoring. It can commission multi-agency training but is not required to do so.

The delivery of services to children, families and adults is the responsibility of the commissioning and provider agencies, the **Partners**, not the LSCB itself.

Regulation 5 of the **Local Safeguarding Children Boards Regulations 2006** sets out LSCB duties as:

- 4.1 (a)** developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) recruitment and supervision of persons who work with children;
 - (iv) investigation of allegations concerning persons who work with children;
 - (v) safety and welfare of children who are privately fostered;
- 4.1 (b)** communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- 4.1 (c)** monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve
- 4.1 (d)** participating in the planning of services for children

Regulation 5 (2) relates to the LSCB Serious Case Reviews function and regulation 6 relates to the LSCB Child Death functions.

Regulation 5 (3) offers that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.



These duties are further clarified in the statutory guidance: *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2018, Chapters 3, 4 and 5* (Working Together 2018)

The responsibilities and duties of safeguarding partners are specified in Working Together 2018, Chapters 3, 4 and 5. Partners have a responsibility to have oversight of single agency and multi-agency safeguarding and promotion of children's welfare (under Children Act 2004, section 11,) as set out in Working Together chapters 1 and 2.

The Children and Social Care Act 2017 received Royal Assent on 27th April 2017. The Act abolishes LSCBs in summer 2019, replacing them with Safeguarding Partnerships. The *Children and Social Work Act 2017* amends the Children Act 2004 and creates Safeguarding Partners

According to the 2017 Act, a *safeguarding partner* in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the *Children and Social Work Act 2017*) as:

- (a) the local authority
- (b) a clinical commissioning group for an area any part of which falls within the local authority area
- (c) the chief officer of police for an area any part of which falls within the local authority area

A revised Working Together to Safeguard Children and statutory regulations was published in July 2018.

5.0

MSCB Inter-relationships and Influence with other Key Partners

This year the Board operated a 12-month Business Plan, to be refreshed each March for the business year starting each April. The update of the MSCB Business Plan for 2018-2019, agreed by the Board in June 2018, is attached as Appendix 1. The Business Plan outlines the Board's priorities for 2018-2019 and was agreed by the Board at its annual Away Day in March 2018. Priority items can be added within the year.

The MSCB meets three times per year in half-day business meetings; and in a Business Planning Away Day once per year, in March. The Business Implementation Group of the Board meets four times per year. The progress of the actions agreed in the Business Plan is reviewed at each meeting. Each Sub Group has an agreed Work Plan and each Sub Group reports to the MSCB at each Board meeting.



Membership of the Board included the following statutory partners

- The London Borough of Merton
- the Metropolitan Police Service, Borough Commander;
- the National Probation Service and London Community Rehabilitation Companies;
- the Youth Offending Team;
- NHS England and Merton Clinical Commissioning Groups including representation from commissioned Health Services;
- CAFCASS³;

Membership of the Board also included

- Assistant Director of Children's Social Care and Youth Inclusion
- Assistant Director of Education
- The Director of Public Health, Merton
- Representation from the Voluntary and Community Sector
- Adult Social Care
- Representatives from Housing, including Housing Associations

There is also strong partnership and influence between the MSCB and the following strategic partnerships and their Sub-Groups

- The Health and Well-Being Board
- the Corporate Parenting Board
- the Children's Trust
- the Safer and Stronger Partnership
- The Youth Crime Executive Board

6.0 MSCB Sub-Groups

The work of the MSCB is delivered and overseen through each of its Sub-Groups.

6.1 Quality Assurance Sub-Group

The purpose of the Quality Assurance (QA) Sub-Group is to ensure children and young people are safeguarded and protected by overseeing the quality of single and multi-agency work carried out in partnership across the children and young people sector.

The QA Sub-Group undertook the following activities in 2018-2019

- Oversaw the Child D Local Child Safeguarding Review (to be published in autumn 2019)
- Undertook two multi-agency audits: one on the theme of physical abuse and the other on the theme of working with fathers
- Reviewed the Merton Safeguarding Children quality assurance and performance framework.

6.2 Promote and Protect Young People Sub-Group

The Promote and Protect Young People (PPYP) Sub-Group met 7 times in 2018-2019. The purpose of the PPYP is to take overall lead responsibility on behalf of the MSCB to ensure that there are effective and up-to-date multi-agency policies, protocols and procedures to ensure children and young people are safeguarded and protected and their welfare is promoted; *concentrating on extra-familial* abuse where there is *risk of abuse outside the family*. PPYP is responsible for policies relating to issues like CSE, child criminal exploitation, children missing from home, care or education, child on child abuse, other forms of exploitation (such as radicalization), e-safety, trafficking, abuse by those in a position of trust or in institutions – including faith organisations and community organisations; and policies and procedures in relation to allegations against those in a position of trust (Local Authority Designated Officer (LADO) referrals).

Actions of the Sub-Group in 2018-2019 included:

- Oversight of Child Sexual Exploitation
- Oversight of Child Criminal Exploitation
- Oversight of work to address gangs and serious youth violence
- Oversight of the MOPAC⁴ Knife Crime Action Plan
- Oversight of children going missing from home, school and care
- Oversight of commissioned services addressing adolescent vulnerability
- Approval of the MARVE Protocol and oversight of the work of the MARVE panel

6.3 Learning and Development Sub Group

The Learning and Development Sub-group takes overall lead on behalf of the MSCB to ensure that there are effective arrangements to inform and keep up-to-date the multi-agency and multi-disciplinary workforce knowledge and skills for safeguarding children and promoting their welfare. The Learning and Development Sub-Group met four times in 2018-2019.

6.3.1 MSCB Annual Conference

Part of the responsibility of the Learning and Development Sub-Group is to oversee the delivery of the MSCB Annual Conference. This year the Conference was held on the 19th March 2019. The title of the Conference was *Fight, Flight or Fright* with a focus on stakeholders' involvement in crime prevention, including contextual safeguarding and trauma informed practice. We were particularly pleased to have as our keynote speaker, Dr Carlene Firmin, MBE, who is the Principal Research Fellow, The International Centre: Researching Child Sexual Exploitation, Violence and Trafficking at the University of Bedfordshire. Dr Firmin challenged us to think about context – spaces and places, highlighting the need for the Board and partners to develop systems and processes to safeguard older children as they move away from their family homes into their neighbourhoods, schools,

on public transport, in local parks and at local shopping centres.

133 professionals/practitioners attended the conference from a range of agencies including:

- Education (primary, secondary and special schools)
- the Police
- Adult Social Care
- Children’s Social Care
- Early Years
- Health including Merton CCG, Central London Community Health Care, Epsom and St Helier Hospital Trust, South West London and St Georges Mental Health Trust and Public Health
- Housing including Merton Housing Needs and Registered Social Landlords
- Youth Inclusion including Youth Justice Teams
- Safer Merton
- A range of voluntary organisations including MVSC, Merton Carers, the Inner Strength Network



6.3.2 MSCB Training

The MSCB offers an extensive training programme that is aligned to the Board’s priorities. The training programme also provides briefings on learning emerging out of learning reviews and SCRs, audit activity and significant developments in safeguarding.

The conference was well received with an overall rating of excellent.

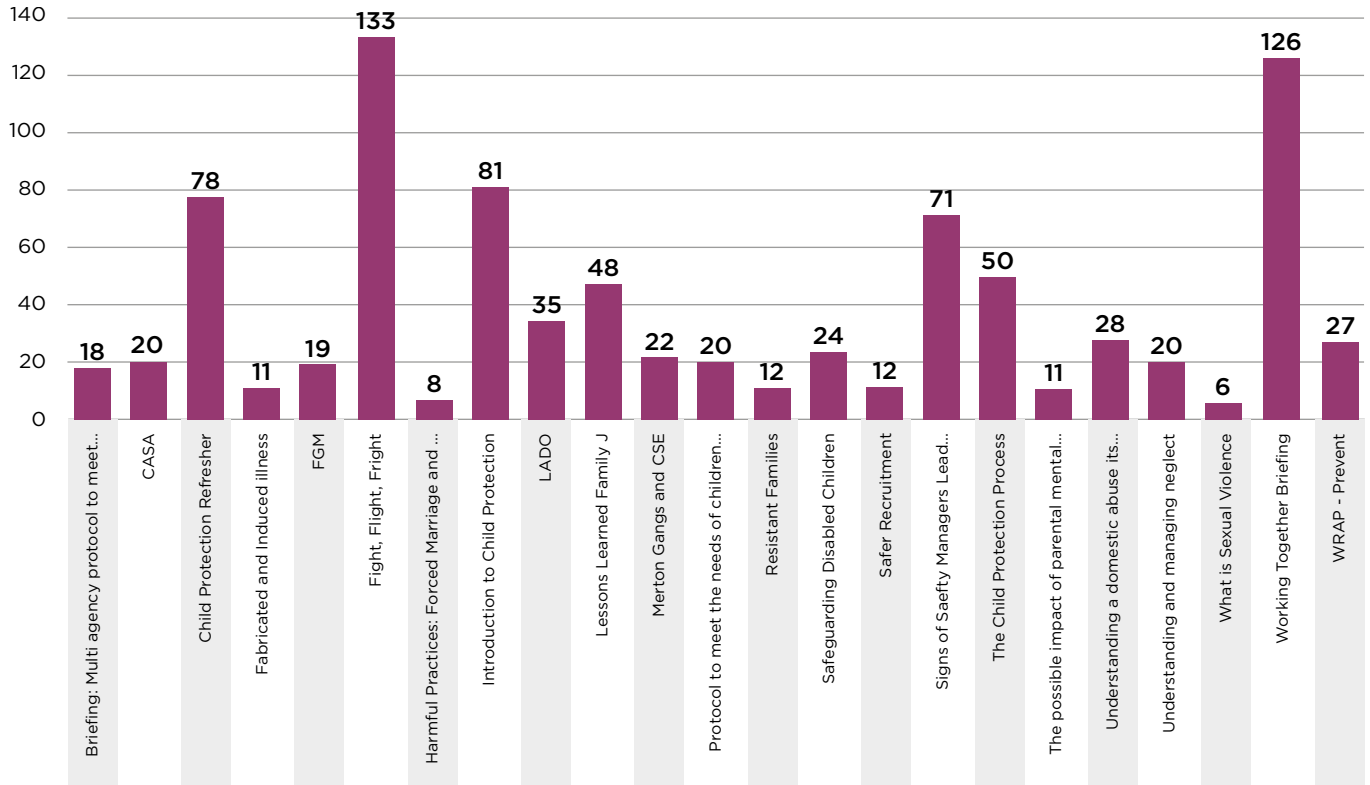
The table below show details of MSCB training activity in 2018-2019

Table 16: MSCB training activity in April 2018- February 2019

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Planned events	3	8	5	5		4	3	6	2	1	2
Added events	1	3	5	2		5	4	5	0	3	5
Cancelled events	2	4	2	3		2	4	4	0	2	4
Actual events	2	7	8	4		7	3	7	2	2	3
Booked	29	102	150	70		157	136	97	38	19	54
Cancellations	0	8	17	9		13	15	16	6	0	4
DNAs	4	17	38	13		30	24	21	6	1	9
Extras	0	21	32	4		18	14	5	0	4	3
Number attended	25	98	127	52	0	132	111	65	26	22	44

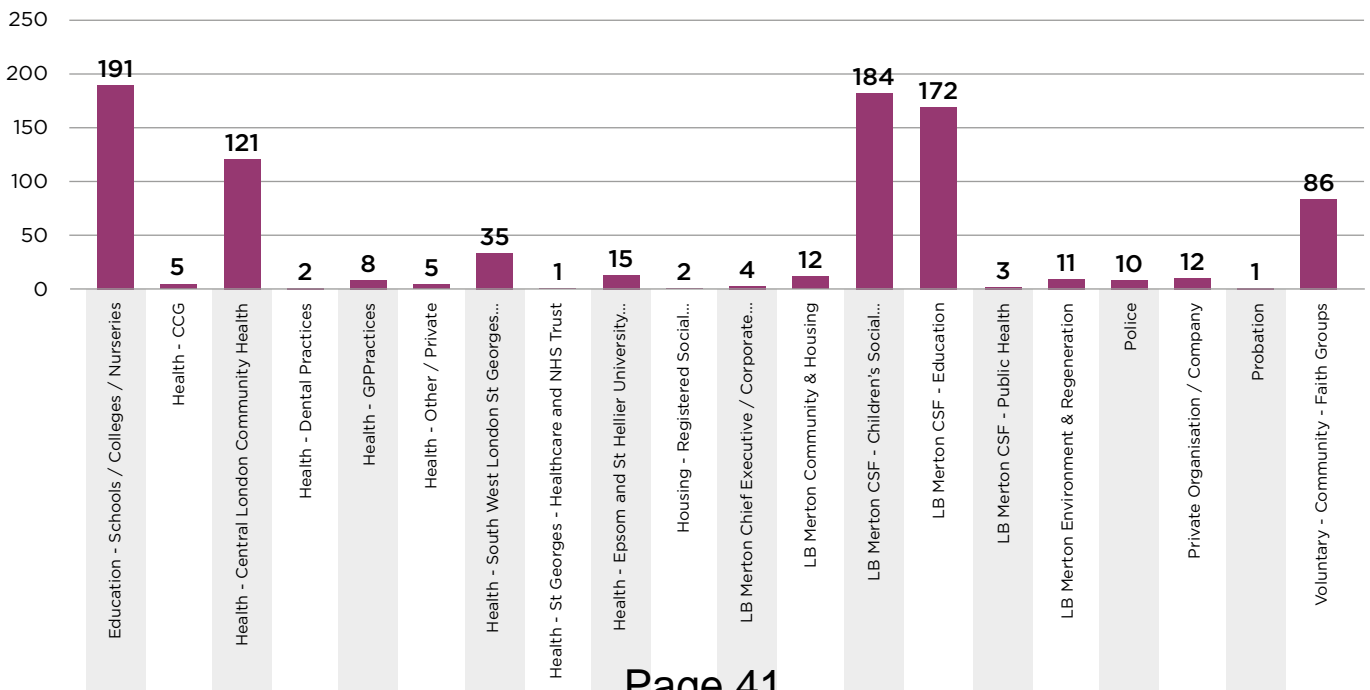
The table below indicates attendance per course.

Table 17: MSCB Training Attendance per Agency



The table below indicates attendance per agency.

Table 18: Attendance per Agency



6.4. Policy Sub-Group

The purpose of the Policy Sub-Group is to take overall responsibility on behalf of the MSCB to ensure that there are effective and up-to-date multi-agency policies, protocols and procedures⁵ to ensure children and young people are safeguarded and protected and their welfare is promoted. In the business year 1 April 2018-31 March 2019 the Policy Sub-Group met 4 times.

The Policy Sub-Group drafted or refreshed the following policies/strategies/protocols for approval by the Board:

- Mental Health Protocol
- Parental Substance Misuse Protocol
- Guidance to Practitioners regarding Domestic Violence and Abuse
- The Bruising in Pre-mobile Babies Protocol
- The Young Carers Strategy

6.5 Merton Child Death Overview Panel (CDOP)

The Child Death Overview Panel (CDOP) is an inter-agency forum which meets regularly to review the deaths of all children usually resident in Merton. It is a statutory body and is accountable to the Merton Safeguarding Children Board.

The purpose of CDOP is to collect and analyse information about all children who die in England, from birth to the day before their eighteenth birthday. This is with a view to providing a complete and thorough picture of the cause of death, identifying any matters of concern affecting the safety and welfare of children in the area, and any wider public health or safety concerns arising from a death or pattern of deaths.

The number of child deaths in Merton is relatively small. However, it is helpful to understand wider data on infant and child deaths, which should inform local strategic planning:

- Neonatal mortality rate measures deaths under 28 days, per 1,000 live births.
- Infant Mortality rate measures deaths in infants aged less than 1 year per 1,000 live births.
- Child Mortality rate measures deaths in children aged 1-17 years per 100,000 children.
- Data is measured over a three-year period because of the small numbers involved. Latest published data available from the Office for National Statistics is for 2017, which was released on 17th June 2019.

In 2018-19 two meetings of CDOP were held, and the panel reviewed the following cases:

Table 19: CDOP meetings and No. of Cases Reviewed 2018-19

	9th July 2018	11th March 2019
Number of cases	5	7

The organisation of the CDOP is the responsibility of the Single point of Contact for Child Deaths/ Safeguarding Manager. Merton CDOP is fully operational and has all case reviews up to date. In previous years the panel has had four to five meetings per year. As a result of fewer child deaths, two meetings scheduled for October 2018 and January 2019 were postponed as there were too few cases for review. The Merton CDOP Panel will continue to function in compliance with pan-London and national guidance, and report to Merton LSCB on a quarterly basis through the MSCB reporting process, and the CDOP Annual Report

For the period 2010-19 a total of 132 child deaths were reported to Merton CDOP. In 2018-2019 there were 10 child deaths reported to the Merton CDOP.

⁵ See appendix for reference to Policies, Protocols and Procedures

Table 20: Child Deaths reported to Merton CDOP, 2010-11 to 2018-19

Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Total
Cases	21	20	18	12	15	12	16	8	10	132

There were 12 cases reviewed by CDOP for Merton in 2018-19. Of these, 5 cases were related to a child death in 2017-18. Seven cases were related to child deaths in 2018-19. There are no child death reviews outstanding for previous years.

Table 21: Merton CDOP cases reviewed 2018-19 and open cases remaining at 31st March 2019

	Total number of cases reviewed 2018 - 2019 (year of death)	Number of open cases to be reviewed 2018 - 2019 (year of death)
Case by Year	5 (2017-18) 7 (2018-19)	1 (2017-18) 3 (2018-19)
Total	12	4

6.6 Youth Crime Executive Board (YCEB)

The Youth Crime and Prevention Executive Board (YCPEB) is chaired by the Director of Children's, Schools and Families. Membership includes senior representatives from Police, Children's Social Care (CSC), Education Inclusion, Probation, Housing, Public Health and the Clinical Commissioning Group (CCG). The YCPEB is the governance structure for Merton in relation to the work of the Youth Justice Team (the local Youth Offending Team), including production of the Annual Youth Justice Plan, performance management and quality assurance. It also oversees the partnership response to serious youth violence, gangs and the "Troubled Families" programme (known locally as Transforming Families) (TF). The YCPEB reports to the MSCB and the Safer and Stronger Partnership, which has wider oversight of crime issues in the borough.

The YCPEB's key priorities over the past year have involved maintaining and monitoring the team's performance against the Youth Justice Board's three key performance indicators of reducing first time entrants to the Youth Justice system, sustaining low numbers of young people who are sentenced to custody and reducing the number and rate of young people who reoffend. The YCPEB priorities have also been in regard to delivering the TF programme and reducing the serious youth violence and gang activity in the borough. Therefore the YCPEB contributes to all three of the MSCB priorities in regard to Think Family, Early Help and Vulnerable Adolescents.

Following a restructure in April 2018, the Youth Justice Team, Transforming Families Teams and newly established Tackling Exploitation Team (managed by the CSE Lead) have been placed into a new service, which the staff renamed as the Adolescent and Family Service. The YJT Manager's post has been deleted and assimilated into the Head of Service post, which sits within the Children's Social Care and Youth Inclusion senior leadership team. The YJT is a multi-agency service with seconded staff from Police, Probation, Education, CAMHS, Catch22, Nursing and Social Care. The YJT undertakes assessments and delivers interventions with young people receiving a formal disposal from either the Police (pre-court outcomes) or the courts (statutory orders) and also has a bespoke specialist offer for parents. The Transforming Families team delivers targeted interventions with families aiming to intervene effectively before problems escalate within a family. This involves working closely with schools, academies, the Police and the Education Welfare Service. The team has a targeted parenting officer who provides group work. The MOPAC funded gangs' worker in TF delivers both group work and individual interventions with young people involved in gangs and/or serious youth violence.

The YCPEB oversees Merton's response to new legislation, the inspection regime, its local crime reduction and prevention initiatives, monitors issues concerning risk and safeguarding and ensure staffing and resourcing levels are in place to maintain performance and effectiveness within the delivery of the youth crime and prevention services.

The YCPEB monitors performance through quarterly 'dashboard' reports, summaries of the highest risk young people monitored at the Youth Offender Management and Gang Multi-Agency Panel, receiving notifications from partners and the Youth Justice Board in regard to national changes and developments and through audit reports.

The YCPEB is preparing for a new inspection framework from HMIP, which includes a casework audit but has been extended to include an assessment of the governance and leadership of youth justice and the pre-court work carried out by both Police and the YJT. The Board members have attended a 'visioning event' with the YJT staff to understand the work undertaken by all the team members, which was presented through a role-play and 'interesting facts' handout. This was followed by roundtable discussions to allow both board members and YJT staff to discuss examples of good practice and any barriers to achieving positive outcomes.

The focus for the YCPEB in the next year will be to improve performance in regard to re-offending and use of custody, consider avenues for sustainable services in light of the funding for TF ending in 2020 in parallel to reductions in YJB Grant and MOPAC funding, supporting the integrated management of exploitation and harm, ensuring high quality services and staffing are in place for the most high risk and vulnerable adolescents, be 'inspection-ready' and confidently sharing good practice.

6.7 Violence against Women and Girls (VAWG) Sub-Group

The MSCB is committed to addressing the violence against women and girls. The strategic aims outline four priority areas in tackling VAWG and domestic abuse, which are:

1. Providing accessible, evidence-based, holistic support to people who have experienced or are at risk of VAWG
2. Implementing effective systems and interventions for working with perpetrators.
3. Fostering an integrated and coordinated approach to tackling VAWG.
4. In order to deliver the four strategic aims this action plan is split into four priority themes;

1. Coordination: to develop a coordinated multi-agency approach by ensuring that the response to VAWG is shared by all stakeholders, embedded into service plans and coordinated effectively.

2. Prevention: to change attitudes and prevent violence by raising awareness through campaigns; safeguarding and educating children and young people; early identification, intervention and training.

3. Provision: to improve provision and specialist support services which are essential in enabling people to end violence in their lives and recover from the damaging effects of abuse by providing a range of services to meet the needs of victims and survivors; practical and emotional support, emergency and acute services; access to legal advice and support, refuge and safe accommodation.

4. Protection: to provide effective response to perpetrators outside of and within the criminal justice system through effective investigation; prosecution; victim support and protection; perpetrator interventions.

Key achievements and highlights for 2018-2019.

The Merton VAWG board oversaw a range of work during 2018-19:

- Work undertaken through the campaigns resulted in some increases in reports for quarters 1-3 however reporting in quarter 4 reduced. The reduction may coincide with there being no sustained promotion during these months. The seasonal peaks for DV reporting for August and December have changed slightly with August still being a peak month but December reports had lowered and as such we now ensure that services are ready for these profiled seasonal increases
- The partnership agreed to commence work on a sexual violence profile. This work is underway and the report is due to be completed September 2019.
- Delivered a full programme of activities for the 16 Days of Activism 2018. This included a learning day, a cake sale, an event at Merton College and a tweet a day via Twitter and Facebook.
- Continued providing training support to the MSCB
- Looked at the Pan London Housing Reciprocal protocol that has been rolled out across London to determine how Merton can be involved.
- Completed the commissioning of the IDVA and Refuge contract

Figures for this year:

- Merton's Police achieved a 21% successful detection rate (July 2018 - August 2019) for Violence with Injury,
- Overall DVA Sanction Detection rate was 17%.
- There has been a 19% increase in DVA reports up to the last financial year (April 2018 - March 2019).
- For the last financial year (2018-19) Sexual offences represented less than 3% of all reported crime in Merton. The overall level of sexual offences in Merton fell by 5% (20 offences) from the previous financial year.
- Sanctioned detections of sexual offences have fallen again in the last year. The overall rate for all sexual offences is 8% and for rape 5%. Investigative resources for this offence type moved from a centralised team to resources based on the 4 borough BCU as of February 2019.

As we move forward through 2019-2020 we will continue to build on this work by:

- Re- writing the VAWG strategy and business plan; the current plan will end March 2020.
- Completing the Sexual Violence Profile and considering how the outcomes of this will change operational delivery and strategic commissioning
- Conduct a light review and update of the DVA profile in advance of the 2019-20 full review
- Continue to build on our successes of the NO MORE and Ask Angela campaigns to further improve reporting rates within the borough
- Develop and deliver an improved programme of events during the 16 Days of Activism campaign 2018, deliver a robust programme of events for NO MORE week 2019 and ensure that the VAWG partnership acknowledge all international, national and/or local days around VAWG

6.8 Structure and Effectiveness of the MSCB

The MSCB has clear thresholds which are understood throughout the safeguarding system. This is known locally as the Merton Young Person, Child and Family Well-Being Model.

The Board works in cooperation with neighboring children's services including peer reviews; contributing to SCRs and learning (Croydon, Wandsworth, Kingston, Richmond and Sutton)

6.9 MSCB Budget

MSCB Budget for the financial year 2018-2019

Agency Contributions

CAFCASS	£550
London CRC	£1,000
London Probation Service	£1,000
London Borough of Merton	£142,030
Merton CCG	£55,000
Metropolitan Police	£5,000

Sub - total **£204,580**

Total **£204,580**

Expenditure

Staffing	£131,711
Premises	£2,000
Supplies and Services	£69,737
Transport	£1,132

Total **£204,580**



7.0 Sub-Group Task and Finish Group Summary Reports/Effectiveness

7.1 The Young Carers Strategy Task and Finish Group

The Young Carers Task and Finish Group comprised of colleagues in Children's Social Care, Health, the Mental Health Trust, Adult Social Care, Merton Carer Support and other voluntary organisations. The proposed Young Carers strategy sets out how the MSCB, Merton council, and its partners will bring about improvements in the way services work together to identify, assess and improve outcomes for young people with caring responsibilities. This strategy aims to build on the priorities of the Merton Safeguarding Children's Board, to 'Think Family' in its collective partnership approach to fostering positive outcomes for children and young people. It also forms our collective response to lessons drawn from Serious Case Reviews, including our own local example.

The priorities for change, identified within this strategy, have been developed through listening to the voice of our local young carers and are agreed by the range of agencies and professionals that work with children and families across the health, education, social care and voluntary sector. The strategy sets out what actions will be taken to achieve our priorities and identifies the resources needed to meet these. The Young Carers' Strategy was approved by the Board in January 2019.

7.2 The LSCB to Partnership Transition Task and Finish Group

As noted in section 2.1 of this report, the Partnership Transition task and finish Group was established by the Business Implementation Group, and commissioned to consult with members of the MSCB and key stakeholders in order to agree proposals for the Merton Safeguarding Children Partnership Agreement.

Between April 2018 and January 2019, the task and finish group met five times.

The final draft of the Partnership Agreement was presented to the MSCB at its away day in March 2019; the Agreement was approved by the Board and submitted to the three Statutory Safeguarding Partners (the London Borough of Merton, Merton CCG and the Police) for final approval through each Partner's governance processes by June 2019. The proposed structure and membership of the new Partnership are included in this report as appendices 2 and 3.

7.3 Learning and Improvement Reviews (LiR) and Serious Case Reviews (SCR)

The Child D Local Child Safeguarding Practice Review (a local learning and improvement review)

In November 2017, a Merton child, known as Child D, was murdered by her father. The MSCB commissioned a Local Child Safeguarding Practice Review to look at how agencies worked with Child D and her family, to identify key learning and to make recommendations for improvements in multi-agency safeguarding practice. The Independent Author's review is due to be shared in winter 2019/2020.

8.0

Agency Effectiveness in Safeguarding – reports for each key agency drawing on Section 11 and QA and Challenge Meetings

8.1 Section 11

The Board holds partners to account through its Section 11 Quality Assurance and Peer Challenge Process. The Board also receives annual reports from the Children's Trust, the VAWG Group and Public Health.⁶

In February 2018, the Board's Business Implementation Group agreed that the Section 11 process for 2018-2019 would involve a review and update of each agency's Section 11 Self-Audit for 2018-2019. A Quality Assurance and Peer Challenge meeting would also be held with key agencies.

The Board agreed to use the Pan-London Section 11 Audit Tool, developed by the London Safeguarding Children Board. The audit tool allows each agency or organisation to assess the quality of its safeguarding practice against eight agreed safeguarding standards providing supporting evidence where appropriate. These standards are as follows:

STANDARD 1 – Senior management have commitment to the importance of safeguarding and promoting children's welfare

STANDARD 2 – There is a clear statement of the agency's responsibility towards children and this is available to all staff

STANDARD 3 – There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare

STANDARD 4 – Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children & families

STANDARD 5 – There is effective training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families

STANDARD 6 – Safer recruitment procedures including vetting procedures and those for managing allegations are in place

STANDARD 7 – There is effective inter-agency working to safeguard & promote the welfare of children

STANDARD 8 – There is effective Information Sharing

Agency Returns

The MSCB has received completed returns from the following agencies:

1. Aspen Cancer Centre
2. Clarion Housing
3. LBM Adult Social Care
4. LBM Community and Housing (Housing Needs)
5. LBM Children Schools and Families (CSF provided a departmental return including Children's Social Care and Youth Inclusion, Education and Early Years including commissioning)
6. LBM Public Health
7. LBM Safer Merton
8. LBM Youth Justice
9. London CRC (Probation, a Regional Return)
10. Metropolitan Police Borough and CAIT
11. National Probation
12. NHS Central London Community Health Care London

⁶ Evidence includes minutes of Board Meetings, the notes of the Section 11 Challenge Meetings, Section 11 Returns, QA Minutes, notes of multi-agency audits, the Board's Business Plan

14. NHS Merton Clinical Commissioning Group
15. NHS St George's Hospital Trust
16. NHS South West London and St George's Mental Health Trust
17. Parkside Private Hospital
18. British Transport Police (a Pan-London Return)

In addition to these returns the MSCB received section 11 Audit returns from 9 Independent Schools. These are listed as follows

1. Date Valley School Trust
2. Donhead School
3. Kings College School
4. The London Acorn School
5. The Norwegian School
6. The Study Preparatory School
7. The Rowan's School
8. Ursuline Preparatory School
9. Wimbledon College Preparatory School

In addition to the completed self-audit, the Board held a series of challenge meetings with key agencies to seek further assurance regarding their work to safeguard Merton's children and promote their welfare. Challenge meetings were held with the agencies grouped as follows:

- LBM Children Schools and Families (held on 22nd November 2018)
- NHS Epsom and St Helier and St George's Hospital Trusts (held on 5th December 2018)
- NHS Merton CCG and LBM Public Health (Held on 14th December 2018)
- NHS South West London and St George's Mental Health Trust, including Child and Adolescent Mental Health Services (held on 15th January 2019)
- Police and Public Protection including LBM Safer Merton, and Probation Services (held on 23rd November 2018)
- A challenge meeting was also held with Central London Community Health Care

As a result of the analysis of the section 11 returns coupled with the challenge process, the Board is assured that there is compliance with the standards outlined in Working Together 2018. Overall, the Section 11 returns and challenge meetings provide the Board with good assurance regarding the quality of safeguarding practice across the MSCB multi-agency partnership.

National or regional services (such as, CAFCASS and Probation) who submitted more 'global' self-assessments were asked to ensure that there was an addendum which gives assurance for Merton.

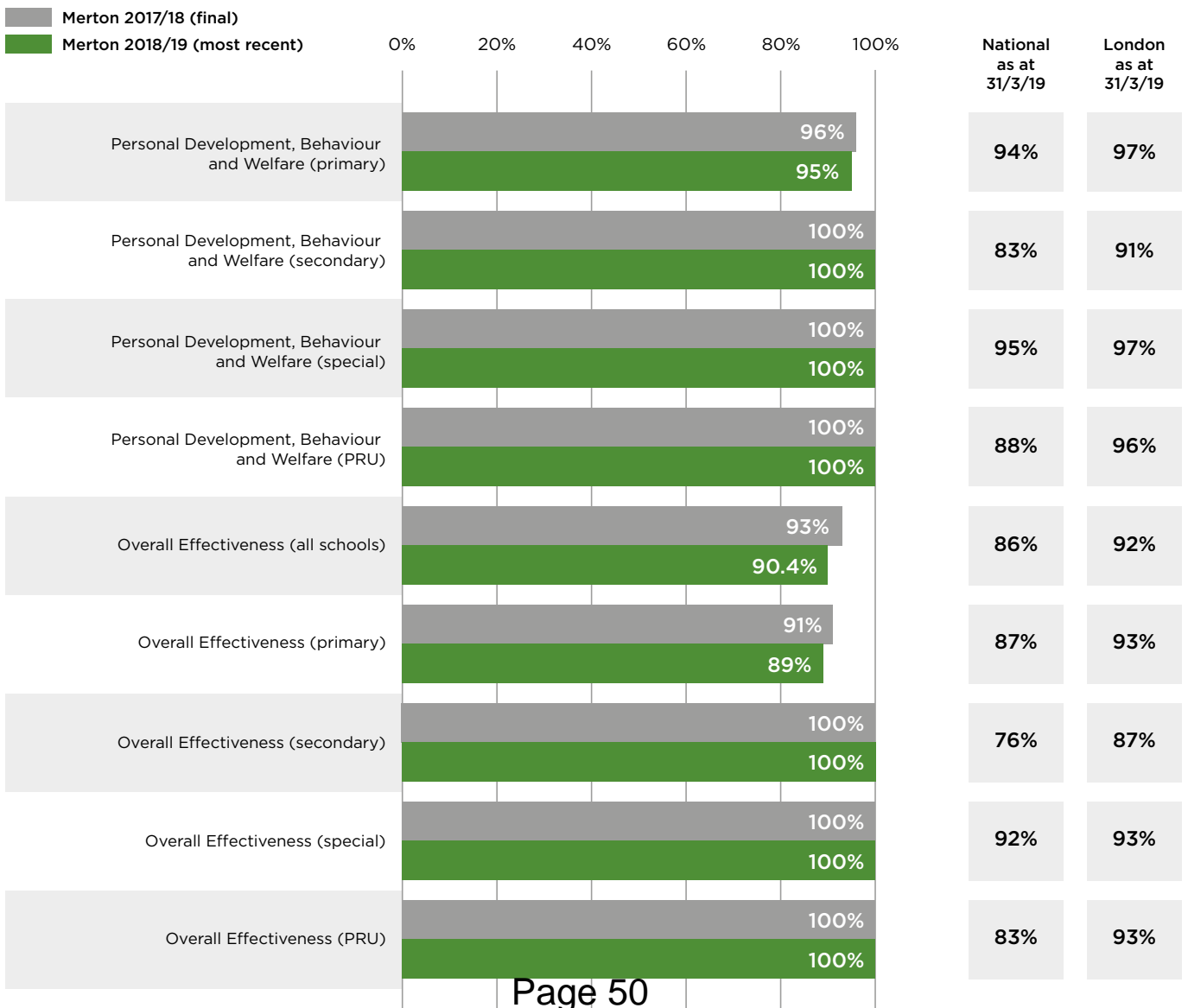
8.2 Schools

The MSCB has a strong relationship with Merton Schools. Schools and education providers are represented on the Board. We currently have:

- An FE College Representative
- A Secondary School Representative
- A Primary School Representative
- A Special School Representative

8.2.1 Schools' Ofsted Inspection Outcomes

Ofsted outcomes rated good or better



8.3 Children, Schools and Families (CSF) Department

Merton CSF department are a committed partner to the Board. There is robust and conspicuous political and professional leadership of children's services. Merton's Chief Executive, with the Director of Children Schools and Families, the Assistant Director for Children's Social Care and Youth Inclusion and the Assistant Director for Education has overall responsibility for safeguarding. All senior managers within CSF take Safeguarding Responsibilities seriously and reinforce issues through their links to schools, early years and other settings.

Merton's latest Children and Young People's plan (2016-19) specifically prioritises the needs of more vulnerable children and young people in the borough through the provision of both specialist services and more sharply targeted early intervention/help. The plan acknowledges the wider context of austerity and demands on children's services including the impact of the Children and Families Act 2014, and as in previous years safeguarding children and young people is identified as one of 6 key priorities. The absolute priority of safeguarding children and young people is reflected in all corporate plans. CSE, Missing children and vulnerable adolescents are particular priorities in Merton's planning. CSF completed their Section 11 return.

8.4 CCG and Acute Trusts

Merton does not have an acute trust located in the Borough however there is an effective relationship with acute trusts in the neighbouring boroughs of Sutton, Wandsworth, Croydon, Lambeth and Kingston.



8.4.1 NHS Merton Clinical Commissioning Group (CCG)

The Merton CCG has completed a Section 11 Self-audit and has attended Quality Assurance and Challenge meetings which gave the Board assurance that the CCG is fulfilling its statutory responsibilities under Section 11 of the Children Act 2004. As a commissioner of health services, Merton CCG also formed part of the MSCB's QA Challenge Panel.

8.4.2 Epsom and St Helier NHS Trust

The Trust and the service provider completed a Section 11 Self-audit and attended Quality Assurance Challenge meetings, which gave the Board assurance that the Trust is fulfilling its statutory duties under Section 11 of the Children Act 2004.

8.4.3 SW London & St George's Mental Health Trust

South West London and St George's Mental Health Trust completed their Section 11 Self-audit; this was undertaken at a time of considerable organisational change due to a major transformation programme. The Trust's section 11 return and participation in the challenge process provided the Board with assurance that the Trust is fulfilling its statutory duties under Section 11 of the Children Act 2004.

8.4.4 St George's Hospital NHS Trust

The Trust completed a safeguarding survey as part of their Section 11 submission to the Board. The Trust also provided a range of supplementary evidence which gave the Board assurance that the Trust was fulfilling its statutory responsibilities in relation to Section 11 of the Children Act 2004.

8.4.5 Central London Community Healthcare (CLCH) NHS Trust

CLCH trust completed their Section 11 submission to the Board for 2018. The Trust also provided supplementary evidence, including good practice examples and patient stories, which gave the Board assurance that the Trust was fulfilling its statutory responsibilities in relation to Section 11 of the Children Act 2004.



8.4.6 Public Health

The Director of Public Health sits on the Board and is a strong partner. The Director of Children, Schools and Families is also a member of the Health and Well-being Board. The JSNA also informs the priorities of the Board's Bi-Annual Business Plan. Public Health completed a Section 11 Self-audit that gave the Board assurance that the Public Health is fulfilling its statutory responsibilities in relation to Section 11 of the Children Act 2004.

8.5 Community and Housing Dept. - London Borough of Merton

Community and Housing Department completed Section 11 Audits for Public Health, Adult Social Care and Housing and participated in the Quality Assurance Challenge Meetings. Representatives of the Housing Needs team and the Safeguarding Manager of Clarion Housing, Merton's largest Registered Social Housing provider, attends meetings of the Board and, where appropriate, its Sub-Groups.

8.6 Metropolitan Police/Probation/CAFCASS

Regional Section 11 returns have been completed by the South West London Basic Command Unit. The Police have included local information and analysis. The Police continue to be strong partners in the work of the Board and its Sub-Groups. The Board received regional Section 11 Returns from London CRC Probation and the National Probation Service; we have also received a regional return from CAFCASS. The Police, probation and public protection services participated in the section 11 QA and challenge process.



9.0

Views of Children and Young People and the Community

9.1 Merton's Children's Trust User Voice Strategy

The department's 'user voice' framework has been in place since 2014 and states our commitment to ensuring that children, young people and families have a key role in influencing the design and delivery of children's services. The framework is underpinned by an annual action plan, which sets out the significant amount of engagement with children, young people and their families that is conducted across the department.

Commitment One - Delivering on our Participation Promise: providing opportunities for all children and young people to influence Merton the place.

Notable activities and impact this year included: Youth forums (including pupil voice) and youth driven activities. Merton Youth Parliament (MYP) implemented a manifesto based on the top concerns of local young people - delivered a gangs 'think tank' event on crime prevention and gang awareness, a young lifesavers training event, and a 'Student Day of Action' enabling local pupils of all ages to discuss improvements to health and well-being, local environment, and crime prevention. MYP members said their involvement in the forum enabled them to develop teamwork, leadership and communication skills, confidence and self-esteem.

Pupil voice - review processes in schools are informed by pupil voice and have led to a range of developments in individual schools including, the implementation of a whole school survey, and a review of the costs of after school clubs. Feedback from LGBT+ pupils informed the development of a Trans Inclusion toolkit for schools in Merton and Wandsworth. My Futures ETE team facilitated youth led summer activities - one young person said "I really appreciate how understanding you are, it makes a change from all the other adults who just get angry with me all the time about stuff like this, thank you."

Consultations to inform the development of priorities and actions in key strategies. Young Carers Multi-Agency Strategy; the Autism Strategy; and the Great Weight Debate 31

recommendations. Activities which support the community. Merton Volunteer Police Cadets (VPC) are a uniformed youth group which supports the community in a broad range of events and activities "This is one of the best days in Cadets, everyone pulling together to help each other, and it's been great to cheer on the runners, they're amazing!" (Young cadet who supported the London Marathon).

Commitment Two - Child focused: enabling children and young people who are service users to influence improvements to our systems, services and processes.

Notable activities and impact this year included: Consultations to inform the development of priorities and actions in key strategies. Merton Looked After Children (LAC) strategy consultation report states that the majority (94%) of children and young people said they felt safe in their homes 'all or most of the time', compared to 75% in the general population. Children's views on all areas of their lives - home, school, activities, health and well-being, and relationships with carers and friends - have been used to develop the new LAC Strategy. User forums for vulnerable children in receipt of services. Children in Care Council informed discussions on a range of issues - housing, homelessness, budgeting, Staying Put in foster care, growing up undocumented, health, emotional well-being, LAC reviews, and Independent Reviewing Officer service.

Transforming Families youth forum said they would like more access to positive activities and the team organised a go-karting trip. Young people placed Transforming Families as 8/9 on a scale of 1-10.

The Youth Justice Youth Board (forum for young people) requested a range of developments - organising home visit, timings of youth board meetings, and access to the youth justice service building, these have been implemented by the Youth Justice Team. Recruitment and training. Care Leavers delivered workshops for prospective foster carers during the assessment process.



Learning from serious case reviews. Part of our response to the expressed views of Child B was the development and implementation of a new Young Carers Multi-Agency Strategy and protocol.

Commissioned and partner services ensuring effective youth participation. Commissioned services facilitated, user-led activities - service evaluation, planning and improvement; decision making about finances and strategy; recruitment; publicity; and the development of web based information and advice. One young person supported by the Catch22 risk and resilience commissioned service said, *"[C22 workers] listened to me and believed I could change...being positive and helpful and never judging me...I now have a course I enjoy at college."* Uptown Youth Service set up a new 'Saturday Step Up' inclusive session supported by peer mentors, in response to requests from its young people.

Commitment Three - Delivering on Merton's approach to casework practice: Putting the wishes and feelings of children and young people who are subject of a plan, at the centre of decision making and planning.

Notable activities and impact this year included: Child centred practice approaches for assessment, planning and review. Child's participation in their child protection (CP)

conference - Twelve children attended their CP conference, and 8 gave feedback. The majority said they were happy or very happy with their conference, scaling at 9/10 or 10/10 for all aspects. Views expressed by children after their conference led to improvement actions including ensuring that the child's feedback goes immediately to the Chair of the conference and is actioned before the next meeting, finding child and family friendly conference venues.

Child's participation in their Looked after Children review - Ninety nine percent of reviews for looked after children were conducted within the statutory timescale, 99% of Looked after Children participated in their review, and 68% of these attended the meeting and spoke for themselves. Foster Carer Review - views expressed by foster carers' children during this process led to a number of improvement actions to ensure that carers are meeting the needs of their own children. Let's Talk - views expressed to foster carers by their looked after child during this process were shared with the children's social workers to inform individual casework.

Young people's youth justice self-assessment - views expressed by a young person during this process enabled the Serious Organised Crime project team to identify a suitably engaging work experience placement.

Advocacy support for children and young people in care or on a child protection (CP) plan. Jigsaw 4u commissioned advocacy service supported 53 children on a CP plan and 45 looked after children. One young person said: 'My advocate got my opinions out loud, made people listen to me and got what I asked for'.

'User voice' included in case audit process. Bi monthly audit of children's plans June 2018 ('Stepdown'; CIN, CP, LAC and 'pathway' audits) identified very good evidence of children and families' engagement in the development of the plan. For example, in response to a child's views, their plan was escalated to the CP process, and in another a CP plan remained in place because a parent said that her family needed more support. As part of the audit process, a young person fed back that she is aware of the LAC plan and is happy with it, her social worker listens to her and she feels she can always speak to her if she is not happy about any aspect of her care plan. Audit of casework of the 0-5 Supporting Families Team identified good evidence of 'persistence in engaging families in the intervention'. It also identified an improvement action to ensure that actions set during supervision are shared with parents.

Commitment Four - Think Family: enabling families, parents and carers to influence change, which empowers them to manage their own affairs, impact decisions about their children and ultimately deliver better outcomes.

Notable activities and impact this year included:

Families influencing casework and case reviews. Signs of Safety child and family centred casework practice approach enabled a parent to use 'words and pictures' to explain to her children how her mental health had impacted on her ability to be a parent. The parent initially said the process was 'a waste of time', but now she sees 'what a difference it has made'.

Parent participation in CP Conferences Twenty two of the 27 parents who gave feedback on their initial or review CP conference rated their level of satisfaction as 8/10 or above, regarding



how well their child's views informed the meeting. Actions are in place to collect samples of qualitative feedback after conference especially to investigate reasons for low satisfaction.

The Foster Carers Survey 2018 highlighted a number of recommendations for improvements to our fostering service related to training for children's social work teams, fostering payments, placements, and carer retention.

Feedback from users on their level of satisfaction with services: Central London Community Health Care 'patient reported experience measures' show that 99% of patients said they were treated with respects, and 94% would recommend the service.

Early Years, childcare and children centres service review states that 95% of families said they had experienced improved outcomes after attending a service or programme. 100% reported improved

outcomes after attending a parenting programme. 'I feel comfortable sharing my worries and it made me feel more confident as a parent'.

Adoption and Permanence Team bi-annual report states that adopters are positive about their experience of each stage of the adoption process – 'we were allowed to progress at our own pace with a great deal of support and clarification'.

The Multi-agency Safeguarding Hub received positive feedback from professionals during this year's MSCB conference who said that the service is available, supportive, clear on thresholds, and gives feedback on the outcome of the referral.

Commitment Five – Building capacity across the Children's Trust to engage in good quality, ethical and impactful 'user voice' activity, the learning from which is shared with all stakeholders, including participants.

Notable activities and impact this year included:

Processes in place to support meaningful and ethical participation in commissioned and partner services Kids First forum has refreshed its good practice guidance which clearly states its role to independently represent the voice of children with SEND and their families.

The EHC plan process has been reviewed to ensure that it captures the views of children and families.

Commissioned services contract monitoring processes collects quarterly information from services on their user voice activity and impact; this is reported annually.

Outcome of user voice activity communicated within organisations, across the Children's Trust, and to participants. Central London Community Health Care put together 'patient stories', the key learning from which is shared at senior management meetings. In response to one patient story the children and young people's occupational therapy (OT) team are taking forward actions to raise awareness of children's OT needs in schools.

Newsletters – a number of service areas share information with users via a regular newsletter, this includes South West London Adoption Consortium (SWLAC), and Kids First parent forum. Young Merton Together termly online magazine shares 'user voice' good practice articles across the Children's Trust.

Whilst the summary above gives a brief overview of much of the activity undertaken throughout the year, it is not possible to include everything, or the level of detail about some of the engagement that has been undertaken.

What we hope this demonstrates is Merton's commitment to listen, learn from and respond to the voice and experiences of children and their families across all agencies that work with children and their families.

10.0

Conclusions and Priorities for 2019–21 Business Years

In June 2019, the MSCB will be dissolved and will be replaced by the Merton Safeguarding Children's Partnership. In Merton, Partners see this development as an opportunity to work together more effectively in very challenging contexts. We face a number of significant challenges going forward, these include having to manage increasing demands on services with reducing budgets; managing significant organisational change, as well as responding to national issues such as Brexit. As we make the transition from a LSCB into a Statutory Safeguarding Children Partnership, Merton is in a strong position to provide leadership and assurance in high quality, child and family-centred safeguarding practice across all agencies, whilst being focused on achieving excellence through partnership.

The forthcoming Merton Safeguarding Children Partnership's agreed priorities for 2019-2021 business years are outlined as follows:

1. Early Help

Early Help: is part of a whole system approach and is based on a clear understanding of local need. Good early help will mean that children and their families will experience a high quality and coordinated service that meets their assessed needs and prevents issues from escalating into a safeguarding risk. The Partnership's priority is to ensure that there is clear coordination and quality assurance of early help; with effective integration between the Early Help and the MASH and First Response services with a shared focus on the journey and experience of the child and family.



2. Think family: Domestic Abuse and Neglect

'Think Family' represents our joined up approach to working with families, both children and adults, so that families' needs are assessed holistically and there is a coordinated response to assessed needs. We ask colleagues in adult services to 'See the Adult; See the Child', understanding that adults in need of support, who are also parents, may need specific support to parent well. We ask colleagues in children's services to understand that the solutions to our concerns about children's wellbeing may lie in ensuring that adult services are meeting the needs of their parents. Our work in relation to Think Family covers a broad range of issues that impact on family life, but for the purposes of this business plan is focused on effectively responding the following two forms of harm:

- a) Think Family: Domestic Abuse:** our priority is to protect children who are at risk of domestic abuse by working effectively with families, including victims and perpetrators of abuse to create and sustain a safe parenting environment. The MSCP will monitor, coordinate and evaluate the work of partner agencies to help and protect parents and children at risk of domestic abuse. This work includes effective coordination of the work with other multi-agency groups that have responsibility for responding to domestic abuse.
- b) Think Family: Neglect:** our priority is to help children who are at risk of being neglected by their parents or carers. The partnership will monitor, coordinate and evaluate the work of all agencies to ensure that children at risk of neglect receive help and protection and that parents and carers are supported to meet children's needs.

3. Contextual Safeguarding

The Partnership will work with all agencies to ensure that there is a highly coordinated multi-agency and whole-council approach to a range of adolescent risks that occur in contexts beyond the family home (e.g. neighbourhood, schools, local shopping centres, youth venues etc.). These risks include child criminal exploitation, child sexual exploitation, serious youth violence, peer on peer abuse, harmful sexual behaviour and other overlapping forms of harm. The Partnership is aware of the risks of exploitation in their local area.

This Business Plan contains the MSCP priority actions. The on-going work of the MSCP and its Sub-Groups and Task Groups continues alongside it and will be incorporated into the Sub-Groups' annual work plans and reporting cycle to the MSCP.



Appendix 1

Merton Safeguarding Children Board Business Plan 2018-19

Progress of this Plan is updated monthly & monitored at each MSCB Meeting

Introduction

Merton Safeguarding Children Board aims to ensure that local services work knowledgeably, effectively and together to safeguard children and young people and to support their parents.

As part of our continuous improvement approach the Board has identified some key development priorities for 2016/17, these have been extended to 2018 and 2019. These are linked to our business as usual work plan undertaken by the MSCB and its sub groups. Alongside these priorities we are also seeking to improve our Quality Assurance and Learning and Improvement System to ensure that there is clear understanding of the complexity of work to protect children at the frontline. The Board continues to seek to improve its links to practitioners and their managers as part of our quality assurance processes to inform service improvement and development as well as maintaining our strong focus on the Voice of the Child/Young person.



Priorities for this business year are:

1 Managing the arrangements for the transition from Merton Local Safeguarding Children Board to the Merton Safeguarding Children Partnership

In 2019 the Board will see the dissolution of LSCBs and the establishment of Safeguarding Partnerships. In addition to reviewing the progress that the Board has made to date, we will need to develop clear plans about the future shape and direction of the Board.

The MSCB is Outstanding with no recommendations regarding improvements. Building from a secure base, the Board has agreed not to radically change its constitution but to use the Children and Social Care Act 2017 as an opportunity to strengthen our partnership to ensure that safeguarding children remains a priority for all partners in our safeguarding system and to ensure that there is the most effective representation from statutory and other key partners in the work of safeguarding Merton's children and families and promoting their welfare.

At the Board's Away day it was agreed that a task and finish group would be established to propose the arrangements for the establishment of Safeguarding Partnership.

2 Think Family - to support children and adults in our most vulnerable families to reduce risk and ensure improved outcomes.

A great deal of work has been undertaken to embed Think Family as an approach to interventions with children and families across both adults and children's services. We are making good progress in ensuring that our partnerships enable the most vulnerable families to be supported; that vulnerable parents are enabled to care for their children and children are in turn receive the care they need to thrive and achieve their potential.

Evidence from local and national research tells us that our most vulnerable parents/families are those who:

- Experience poor mental health
- Struggle with substance misuse
- Are affected by domestic abuse
- Parents with learning difficulties that may affect their ability to respond to the changing needs of their children

The evidence nationally and locally also shows that vulnerable families are best supported when there is effective joint working between adult and children facing services. When professionals understand the underlying causes of issues like neglect and other form of abuse and offer effective support early before these problems get worse.

Building on this work, the Board is seeking to drive improvements in our practice with vulnerable families so that stigma is reduced and families with poor mental health and substance misuse issues will feel confident in seeking help and support. We are also assure ourselves that practitioners are supported with the skills and confident to engage with all of families including:

- Families who are difficult to engage
- Families who are challenging (for a variety of reasons including social class – evidence from practice and SCRs show that affluent families can pose distinct challenges to multi-agency safeguarding systems resulting in harm to children; families who present as ‘powerful’ etc.)

The Board is also seeking to further strengthen the role of education, as they are a critical part of the team around the family.

3 Supporting Vulnerable Adolescents – adolescence is a time of significant change for all young people.

We know that, for some young people, adolescence is a time of particular vulnerability. We are determined to support adolescents who are at risk of:

- Child Sexual Exploitation (CSE),
- Children who go missing from home/school/care
- Children and young people who are at risk radicalisation and violent extremism,
- Children at risk of serious youth violence and gangs
- Children at risk of criminal and other forms of exploitation including county lines, peer on peer abuse and harmful sexual behaviour.
- Self-harm and poor mental health para-suicide

The Board is seeking to develop a strategic response to Contextual Safeguarding. In particular we are seeking to development a coordinated response to adolescent risk/harm which occurs outside of the family home in spaces such as the neighbourhood, school, community centres and housing estates.

The Board would also like to be more systematic regarding its work in listening to children and allowing them to shape the services that are provided to them. The Merton User Voice Strategy outlines the variety of ways in which the views and opinions of children and young people are considered. The Board would like this to be more coordinated so that the impact of our work with children, young people and their families can be measured more effectively.

4 Early Help – To develop an early help system that is responsive and effectively prevents escalation of concerns.

Merton has reviewed its Children Young People and Families Well-Being Model. We are now reviewing our Early Help and Preventative work; in particular we are exploring models for coordinating preventative and early help across the well-being model. As part of our review we will:

- Consider the interface between our MASH and EH arrangements
- Review our service offer at all levels of the Model and Engage partners in discussion on thresholds, clarify Step-Up Step Down processes and the tools to support early help assessment CASA and intervention (Signs of Safety/signs of well-being)
- Review our partnership quality assurance of EH

Addressing the incidence and impact of neglect is a cross-cutting theme that runs across the work of the Board and each of our priorities.

This Business Plan contains the MSCB priority actions. The on-going work of the MSCB and its Sub-Groups and Task Groups continues alongside it and will be incorporated into the Sub-Groups' annual work plans and reporting cycle to the MSCB.

New priorities may be added during the year, including any identified risks which will be monitored in the confidential risk log below.

The Plan will be updated and presented to each MSCB meeting by the Board Manager for monitoring and exception reporting.



Objectives		Outcomes	Actions (who and what)		Resources	
					Governance/oversight	When?
1.1	The purpose of this task and finish group is to draft a constitution/ partnership agreement for the Merton Safeguarding Children Partnership and to propose a partnership agreement which will form the legal basis for the partnership.	<p>The new partnership to consider the following:</p> <ul style="list-style-type: none"> • Membership <ul style="list-style-type: none"> a) Partners b) Relevant agencies • Geographical Footprint • Leadership and governance? • Independent Scrutiny • Quality Assurance • Training and Practice Development • Funding • Dispute Resolution • Listening and responding to children 	<p>The Independent Chair</p> <p>Assistant Director of Children's Social Care and Youth Inclusion</p> <p>The Director of Education</p> <p>Senior Representative from the Police</p> <p>Senior Representative from the CCG</p> <p>Senior Representation from Housing</p> <p>MSCB Business Manager</p>	<p>A task and finish group comprised of key partners are to explore options and propose a draft partnership agreement to the Board for sign off</p>	<p>The MSCB partnership and Strategic Boards</p> <p>CCG Rep</p> <p>MPS BCU Rep</p> <p>Education Rep</p> <p>CSC Rep</p> <p>Housing Rep</p> <p>HWBB Rep</p> <p>Lead Member</p>	<p>January 2019; with a view to the Board being dissolved 31st March 2019 and constituted as a safeguarding partnership from 1st April 2019</p>

Objectives		Outcomes	Actions (who and what)		Resources	
					Governance/oversight	When?
2.1	To embed the Think Family Approach across the multi-agency partnership	<p>We want to make it easier for all types of families to access help and support without stigma or blame.</p> <p>Especially families experiencing DVA, mental health, substance misuse, disability</p>	<p>To approve the DVA Strategy</p> <p>To Implement the Mental Health Protocol</p> <p>To approve and implement a Parental Substance Misuse Protocol</p> <p>To approve Protocol for Supporting Parents with disabilities</p>	<p>The Think Family Strategic Board to further embed multi-agency work across adult and children's services</p> <p>Think family Coordinator</p> <p>Policy Sub-Group</p> <p>Substance Misuse Commissioned Service</p>	Policy Sub-Group	January 2019
		<p>We want all our practitioners to be skilled at working with all types of families and are positive at engaging with them</p>	<p>To review our training offer to ensure that practitioners have access to appropriate training</p> <p>To seek assurance from agencies that supervisory arrangements provide support with regard to authoritative practice with families</p>	<p>Learning and Development Sub-Group</p> <p>Section 11 and challenge Process</p>	Learning and Development Sub-Group	<p>January 2019</p> <p>May - June 2018</p>
		<p>We work well with schools and educational institutions as they are a key part of the team around families</p>	<p>To work with schools and educational establishments to ensure that they have the capacity and confidence to lead preventative multi-agency safeguarding</p>	Schools Representatives	<p>Learning and Development Sub-Group</p> <p>Policy Sub-Group</p> <p>PPYPS</p>	January 2019

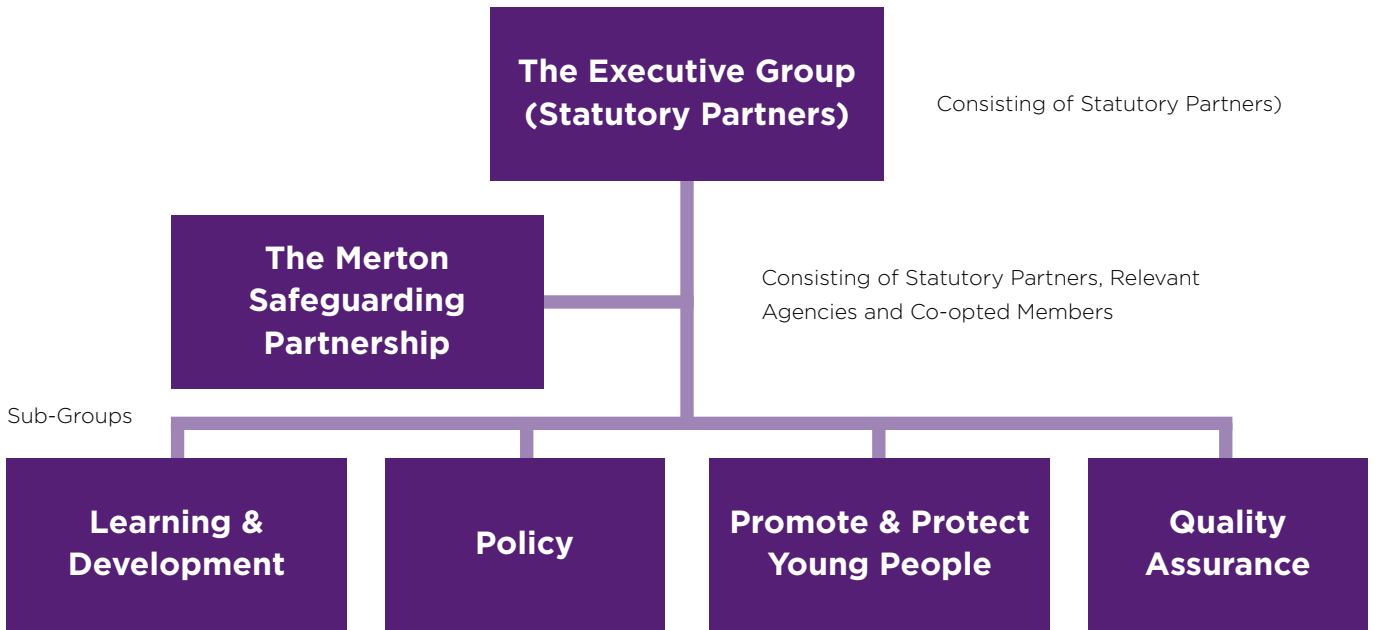
Objectives		Outcomes	Actions (who and what)		Resources	
					Governance/oversight	When?
2.2	The MSCB is assured of the multi-agency awareness of neglect and its impact and the quality of frontline practice in cases of neglect	For the MSCB to undertake a re-audit of neglect	What	Who	QA Sub-Group and BIG Head CSC & YI QA Chair Paul Angeli	March 2018
		To feedback key practice lessons from the audit	QA Sub-Group and MSCB partners to conduct a multi-agency audit of neglect cases	All relevant MSCB partners including Health (CCG, CLCH, acute trusts, Mental Health Trust), Education, Police, CSC, Voluntary Orgs.		
		To integrate these lessons into current training and practice development initiatives	To add Neglect to the Section 11 Self-audit			
		To have in place a range of approved practice tools to address the incidence of neglect	MSCB to adopt and promote a range of practice tools to address neglect	Carla Thomas CSC Health Police Education Early Years	Policy and Learning and Development Sub-Groups MSCB BSU	March 2018
		For the Board to be assured that there is a clear link between the work on neglect including the trigger trio and Think Family	Multi-agency partners to demonstrate an understanding neglect as an effect, with the trigger trio, in many cases, being the cause	MSCB partners including, SAB Health (CCG, CLCH, acute trusts, Mental Health Trust), Public Health Education, Police, CSC, Voluntary Orgs.	Policy and Quality Assurance Sub-Group Chair	March 2018

Objectives		Outcomes	Actions (who and what)		Resources	
					Governance/oversight	When?
3.1	Listening and responding to the voices of children and young people	<p>We listen to young people and their lived experience</p> <p>We will identify coordinate the various ways in which we hear from young people and ensure that the Board has oversight. We will also ensure that the voice of the child and the family is heard in the commissioning and delivery of services</p>	The BIG	<p>To review the user voice strategy</p> <p>For the Board to agree on-going ways to secure the voice and experience of the child in the work of the Board</p>	MSCB	January 2019
3.2	We understand ASD and social communication disorders and provide appropriate support to children and families and practitioners	To ensure that the Board is sighted on the Implementation of the ASD Strategy	CAMHs Transformation Group	To ensure that the risks to children and young people with ASD are managed effectively	PPYPS	January 2019
3.3	Promoting Good Mental Health for Adolescents (12-18 year-olds)	<p>We support good adolescent mental health and emotional well-being - we are clear on the difference between 'normal' adolescent behaviour, inappropriate behaviour needing a parental response and adolescent mental health</p> <p>We want to strengthen the link between commissioned services, schools and families (where appropriate)</p>	<p>All agencies</p> <p>Commissioners and commissioned services</p> <p>Secondary Schools</p>	<p>Promote good mental health to more children and young people across the safeguarding system.</p> <p>Champion the voices of Merton young people and parents to influence mental health policy and practice.</p> <p>To work with commissioners and commissioned services to ensure effective, integrated services</p>	PPYPS Sub-Group	
3.4	Reducing Incidents of Self-harm and preventing adolescent suicide	We prevent self-harm and suicide	<p>CAMHs</p> <p>PPYPS</p> <p>Acute Trusts</p> <p>Red Thread</p>	<p>To review the implementation of the Self-harm Protocol</p> <p>To develop a Suicide Prevention Strategy</p>	PPYP and Policy Sub-Groups	

Objectives		Outcomes	Actions (who and what)		Resources	
					Governance/oversight	When?
3.5	Developing a Strategic response to Contextual Safeguarding	<p>We have an effective contextual safeguarding response to adolescent risk including</p> <ul style="list-style-type: none"> • CSE • gangs and county lines, serious youth violence • peer on peer abuse • harmful sexual behaviour • adolescent substance misuse 	PPYPS YJT Transforming Families MPS	<p>To develop a contextual safeguarding strategy</p> <p>To ensure that the strategy is underpinned by a process to manage and review adolescent risk related to peers, space and place</p>	PPYPS	January 2019

Objectives		Outcomes	Actions (who and what)		Resources	
					Governance/oversight	When?
4.1	Skilled and coordinated Prevention at all levels of need	Effective coordination and QA of early help	Early Help Task and Finish Group	To propose a model for adoption by the Board	BIG	March 2019
		Aligning assessment tools	Early Help Task and Finish Group	To develop a multi-agency assessment and intervention tool that is aligned to the MWBM and the Social Work Practice Model	BIG	March 2019
		Integrating signs of safety as a part of a preventative response (a shared language and approach for families, professionals and services)	Signs of Safety Steering Group	To develop a multi-agency assessment and intervention tool that is aligned to the MWBM and the Social Work Practice Model	BIG	March 2019
		Ensuring effective preventative services at all levels of the MWBM	Early Help Task and Finish Group	To develop a multi-agency assessment and intervention tool that is aligned to the MWBM and the Social Work Practice Model	BIG	March 2019

Appendix 2 MSCP Proposed Structure



The MSCB will commission Task and Finish Groups as required.

<p>Reporting Sub Groups will routinely report to the Executive Group on their work plans as follows; and where required by exception:</p> <p>Quality Assurance</p> <ul style="list-style-type: none"> - Multi-Agency data - quarterly in arrears - Lessons from quality assurance at each MSCB meeting <p>Learning and Development</p> <ul style="list-style-type: none"> - at least four times per year 	<p>Policy</p> <ul style="list-style-type: none"> - at least four times per year <p>Promote and Protect Young People</p> <ul style="list-style-type: none"> - at least four times per year - Quality and aggregated lessons arising from case monitoring in Promote & Protect/ MARVE meetings will be reported via QA and to the MSCB <p>Merton CDOP</p> <ul style="list-style-type: none"> - once per year, usually through the CDOP Annual Report
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The Sub Groups will work together to ensure that Policy Development and Learning and Development reflect lessons being learned through QA and PPYP.

Appendix 3

Proposed Membership

Executive Group Membership	
The Independent Person (Attends as required by Statutory Partners)	
SP	The Accountable Officer of Merton Clinical Commissioning Group - (or their delegated representative)
SP	BCU, Commander Metropolitan Police (or their delegated representative)
SP	Chief Executive, London Borough of Merton (or their delegated representative)
SGC	Sub Group Chairs may be asked to attend the Executive Group if the business of their sub group is on the agenda.

Relevant Agencies	
Agency	Representative
Acute Trust/Health Provider	Director of Nursing, SW London & St George's Mental Health Trust
Acute Trust/Provider	Chief Nurse, St George's Healthcare NHS Trust
Acute Trust/Provider	Chief Nurse, Epsom & St. Helier NHS Trust
Acute Trust/Provider	Clinical Director, SW London & St Georges CAMHS service
Community Health Service	Director of Nursing, Community Health Services
Housing	Registered Social Landlord Representative
London Borough of Merton (Housing)	Housing Needs Manager, Community & Housing
London Probation - Community Rehabilitation Company	Assistant Chief Officer, The London Community Rehabilitation Company Limited (or their delegated representative)
Merton Education	Primary School Representative
Merton Education	Special School Representative
Merton Education	Secondary School Representative
Merton Education	Independent Sector School Representative
Merton Education	Further Education College Representative
National Probation Service	Regional Safeguarding Lead
NHS Merton CCG	Named General Practitioner for Child Protection, Merton CCG
NHS Merton CCG	Designated Doctor for Child Protection, Merton CCG
NHS Merton CCG	Designated Nurse Safeguarding, Merton CCG

Co-opted Members	
Agency	Representative
London Borough of Merton	Lead Member Children's Services
London Borough of Merton	The Head of Community Safety
Community Representative	Lay Members (Two)
Department for Work and Pensions	Representative
London Borough of Merton	Director of Public Health
London Borough of Merton	Head of Service, Policy, Performance and Partnership
London Borough of Merton (Adults)	Safeguarding Adults Manager, Community & Housing
London Borough of Merton	Assistant Director of CSC & YI, CSF
London Borough of Merton	Assistant Director of Education
NHS England (to be sent papers for information and consultation)	Head of Quality (South London) and Safeguarding (London)
BS, A	MSCP Policy and Development Manager
BS	MSCP Administrator/s

Statutory Partners will ensure that the voice and concerns of schools, colleges and other educational providers are taken into account, as appropriate, at Executive meetings of the Partnership.

Contact Details

Merton Safeguarding Children Partnership

Email: MertonLSCB@merton.gov.uk

Committee: Health and Wellbeing Board

Date: Tuesday 24th March 2020

Wards: All

Subject: The Carers Strategy 2020-25

Lead officer: John Morgan, Assistant Director, Adult Social Care, Community & Housing

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Heather Begg, Business and Process Lead, Adult Social Care

Recommendations:

- A. For the board to consider and approve this strategy, which aims to improve the services available to support carers in Merton.
 - B. For all partners to determine how best their organisations can contribute to the delivery of the priority outcomes of the Carers Strategy and commit to do so.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. To approve the final draft of the new Merton Carers Strategy (2020-2025), proposed priority outcomes, and next steps.
- 1.2. For board members to consider how they can take action within their organisations on proposed priority outcomes, and contribute to the development of the Carers Strategy Implementation Plan 2020-2021.

2 BACKGROUND

- 2.1. On 6th June 2019, Merton Council's Community and Housing Department approved the development of a co-produced Carers Strategy (the Strategy) and implementation plan for Merton. The project initiation document for the strategy was approved at the Merton Health and Care Together Board on 2nd July 2019.
- 2.2. The Council and its partners currently support informal carers in Merton through the provision or commissioning of a range of information, advice, activities and interventions. The development of the Strategy has provided Merton with an opportunity to bring together all key organisations to explore how carers are supported more widely including health and social care services for children and adults, employment, voluntary sector and wider community and universal services.
- 2.3. As noted above, there are a number of existing services specifically for carers in Merton including:
 - Carers Hub, Carers Support Merton (mainly commissioned by Adult Social Care): Activities, Training, Info and Advice, Peer support

services, Merton Uplift Carers Support, Carers Discretionary grants, Support for Young Carers.

- Merton Mencap Carer Support (Short breaks/respite, Kidsfirst, Adultsfirst, Carer Advisor)
- Carers Assessment and Support Plans (Via ASC, MH Trust, Carers Hub)
- Information and Advice (Voluntary Sector, Social Prescribers)
- Dementia Hub Carers Services (Commissioned by ASC)
- Adult Social Care funded support: Community based and residential respite, one off support, activities for cared for and domestic support to assist with caring role.

- 2.4. There have been a number of changes in legislation that impact the duty of the Local Authority and other public sector organisations to carers. These include The Care Act 2014, The Children and Families Act 2014 and the NHS long Term plan 2019. There is therefore a need for a strategy both to ensure local compliance with the relevant legislation and to capture the priorities of local carers now and for the next 5 years.
- 2.5. Informal carers provide invaluable care, and nationally their contribution is estimated to save the public purse £343.2 million every year (carers UK, 2015).
- 2.6. The agreed aims of this strategy are to improve the services and support on offer to carers; and raise the profile of carers across the borough. Within this, there are four priority areas. These priority areas are aligned with those of the National Carers Strategy 2008-2018:
- Identification, Recognition, and Contribution;
 - Health and Wellbeing of Carers;
 - Realise and Release Potential; and
 - A Life alongside Caring
- 2.7. Coproduction of the strategy has been a priority from the beginning and a task group was brought together at the outset of the process comprising of informal carers and members from across the public and voluntary sector. This group (including Merton CCG leads for primary care, mental health and older people and SWLSTG Mental Health Trust senior management) has met on a monthly basis to help shape the engagement and develop the draft Strategy. For a full list of task group members, please refer to appendix 2 in the Carers Strategy.
- 2.8. In total, 201 carers and approximately 50 professionals from a range of organisations have been part of a significant engagement programme which has shaped the strategy's priorities. This comprised of a survey for carers, a number of focus groups with carers, and engagement with professionals who work with carers.
- 2.9. The development of the strategy has considered a number of other local strategies and plans, including the Health and Wellbeing Strategy (2019 -

2024), the SEND Strategy (2019 -2023), and the Sustainable Communities Plan (2019 - 2025).

- 2.10. The Merton Safeguarding Children Partnership (MSCP) published a 'Merton Young Carers Multi-Agency Strategy' in February 2019. Therefore, Young Carers are not specifically included in the Carers Strategy, but it has been developed with the Young Carers Strategy in mind. The aim is to implement both strategies together to ensure collaboration on shared priorities.
- 2.11. Whilst recognising the positive value of caring, with 70% of carers surveyed agreeing that being a carer is rewarding, there is a disproportionate impact on the health and wellbeing of carers arising from their caring responsibilities. Therefore the Carers Strategy is an important piece of work for shaping improved health and wellbeing outcomes in Merton. Moreover, caring responsibilities cover the whole life course, and need to be considered across the 'start well, live well, age well in a healthy place' life course stages.

3 DETAILS

- 3.1. The task and finish group has developed four priority areas in line with National Carers Strategy. Listed below are highlights of how these priorities interact with health and wellbeing.

- 3.2. **Priority 1: Identification, Recognition, and Contribution;**

(i) As identified in the NHS Long Term Plan, carers are twice as likely to suffer ill health as a result of caring, and earlier, better identification of carers can ensure that they get the support they require. Prevention is therefore a key aim of this priority. As a result we are engaging with clinical leads at Merton CCG, South West London St George's Mental Health Trust (SWLSTG) to consider how to identify and support carers at an earlier stage to improve their health and wellbeing. As an example of work being undertaken under this priority, a plan is being developed in partnership with clinical leads after a positive discussion with the Clinical Oversight Group to ensure that GPs are able to identify and support carers at an earlier stage.

(ii) Carers reported that they would like more opportunities to contribute to the design and monitoring of local services. We aim to create a system where carers feel listened to and, where appropriate, be more involved in the commissioning and procurement of services and support. We would like Health and Wellbeing Board members to consider how this can be achieved for their respective organisations.

- 3.3. **Priority 2: Health and Wellbeing of Carers;**

(i) The results of the Carers Strategy Survey in 2019 found that 70% of carers said their physical health had deteriorated as a result of their caring role, and 67% said the same about their emotional health. Carers stated that their own wellbeing was significantly affected by worrying about the future and what would happen to the person they care for in the event of an emergency. Therefore, this priority focuses on ways in which we can support carers to manage their own health and wellbeing now and in the future; and to make

sure people with caring responsibilities are able to remain as physically and emotionally well as possible through an increased offer of health and wellbeing activities.

(ii) Less depression, anxiety and stress is one of the key outcomes for the MHWS under the 'Live Well' life course stage. The Carers Strategy Survey reported 62.5% of carers told us that caring had caused them significant levels of stress; and 44.5% reported being depressed. In response to this Merton CCG and SWLSTG have employed a Carers Linkworker as part of the Merton Uplift Service. In addition to this, the council has commissioned the Alzheimers Society to run the START Programme for carers of people with Dementia. This works with individual carers to develop coping mechanisms. A review by University College London found that people who participated in this programme had reduced stress and anxiety from caring two years later.

3.4. **Priority 3: Realise and Release Potential;**

(i) 87.5% of those who completed the Carers Strategy Survey said their role as a carer has made career progression more difficult. This priority is about supporting carers to start or maintain employment, volunteering, training, and learning which in turn promotes social connectedness and less depression, anxiety and stress. Carers Support Merton have achieved positive outcomes for their bespoke Computer and Internet Course, with carers stating that this course has been 'life-changing' and 'opened up so many opportunities'.

(ii) Many carers feel being in employment has a positive effect on wellbeing, as well as providing them with a greater sense of identity. However, any job needs to have carer friendly work-practices such as flexible working, home working, and time off to attend appointments with the cared for person. We would like Health and Wellbeing Board members to consider how their workplaces can be supportive for carers and therefore contribute to Merton having healthier workplaces, as part of the Healthy Settings agenda for the Health and Wellbeing Strategy.

3.5. **Priority 4: A Life Alongside Caring**

(i) This priority focuses on ensuring carers are supported to have a family, community, and social life alongside their caring role; this links to the Promoting Mental Health & Wellbeing priority area of the Health and Wellbeing Strategy, which aims to reduce loneliness and increase social connectedness.

(ii) The results of the Carers Strategy Survey in 2019 found that the vast majority of carers surveyed (85%) feel socially isolated as a result of their caring responsibilities.

(iii) The results of the Carers Strategy Survey in 2019 found that some carers surveyed felt dissatisfied with the amount of time they spend with their family (29%) and the majority surveyed were dissatisfied with the amount of time they spent with friends (57%).

(iv) We will work towards making sure support in the community provides a variety of options for carers to have a break from caring and are less socially isolated. As an example of one of our responses to this priority, Public Health are commissioning a pilot befriending service for carers.

3.6. **Alignment with Ways of Working of the Health and Wellbeing Strategy**

3.6.1 The Carers Strategy and wider work with carers is aligned with a number of the principles and ways of working in the Health and Wellbeing strategy. Examples include:

(i) Tackling health inequalities

- A key aim of the Carers Strategy is to tackle health inequalities between carers and the wider population.
- The Council, Clinical Commissioning Group, and Mental Health Trust will work together to make sure that carers are supported to access the universal services they need, in a way that is accessible to them.

(ii) Prevention and early intervention

- Through the Carers Strategy we will aim to identify carers at the earliest possible stage in their caring journey; this means working with partners, to identify and support carers at the earliest possible opportunity. Partners in primary care will be instrumental in the delivery of this priority.

(iii) Community engagement and empowerment

- There has been comprehensive engagement for the Carers Strategy, with carers and professionals. It has also been coproduced by a multi-agency group, including carers.
- The Dementia Action Alliance is a key group that ensures the voice of carers of those with dementia is heard and the Learning Disability Forum plays a similar role for carers of people with learning disability.

(iv) Think Family

- A key tenet of the Carers Strategy is the appropriate support being offered and signposted for Parent Carers, and carer needs being considered in professional interactions with both child and parent.
- 81.6% of carers live with the person they care for. It is important to consider the whole family and household, even if the cared for person is over the age of 25. We aim to ensure adult and children's services work together and take a 'whole family approach' in identifying and supporting carers.

4 HOW WE WORK WITH HEALTH AND WELLBEING PARTNERS

4.1. In line with the recommendations, we will be contacting Health and Wellbeing Board members to consider how best partners can contribute to take the strategy's priority outcomes (outlined at 4.4) forward.

4.2. **Next Steps**

- 4.3. As this is a five year strategy, in the first year we will aim to have achieved improvements that will impact as large a number of carers as possible. These will be in prevention, and improved information and advice. The long term goals will be more ambitious and require development with partners, for example in employers buy in to making work places accommodating for carers in order to support their life alongside caring.
- 4.4. The Carers Strategy Task Group proposes the following ten priorities for 2020-2021. If agreed, these Priority outcomes will form the basis of the Strategy implementation plan:
1. Identify carers
 2. Carers assessment
 3. Information and advice
 4. Carers emergency plans
 5. Council processes and carers
 6. Health and wellbeing activities for carers
 7. Digital skills for carers
 8. Learning and development for carers
 9. A quality service for both cared for and carer
 10. A break from caring
- 4.5. An action plan will be developed for the life of the Strategy and reviewed annually. This sets out timescales and leads for implementing actions and expected benefits and outcomes. A time limited, multi-agency Carers Strategy Steering Group will be established to oversee the strategy and implementation of an action plan.
- 4.6. The Carers Strategy will align with the priorities of the Young Carers Multi-Agency Strategy 2019-22, and the Steering Group will jointly implement them.
- 4.7. The Steering Group will monitor progress against the action plan, and report to the Strategic Improvement Delivery Board and provide an annual report to the Merton Health and Wellbeing Board.

5 ALTERNATIVE OPTIONS

- 5.1. N/A

6 CONSULTATION UNDERTAKEN OR PROPOSED

- 6.1. Substantive consultation was carried out with carers to inform our understanding of the issues facing carers, including a survey and focus groups (as outlined at 2.4 and 2.5). No further consultation is proposed.

7 TIMETABLE

- 7.1. To go through all required governance boards and be published by June 2020:
- Health and Wellbeing Board 24 March 2020
 - Integrated Children and Young People Group 30 March 2020
 - Confirm Priority Actions and associated delivery plans with Health and Wellbeing Board members by 31st May 2020.
 - Carers Celebration Events and Launch 8-14 June 2020

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 8.1. All work identified as part of the Carers Strategy work will be delivered within the existing resource envelope. The delivery of the Strategy is based on working collaboratively in partnership to use resources within the system more effectively. Where possible, the steering group will seek additional funding opportunities to widen the local offer to carers in order to achieve the vision of the Carers Strategy.

9 LEGAL AND STATUTORY IMPLICATIONS

The Care Act 2014, the Children and Families Act 2014, the National Carers Strategy 2008-2018, the Carers Action Plan 2018-2020 and the NHS Long Term Plan 2019 all make a significant shift in the approach to how carers are supported, acknowledging the important contribution they make and placing them on the same footing as the person they care for when it comes to accessing services they may need. This Strategy has been developed in response to the needs of carers in Merton and the statutory requirements.

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 10.1. It is anticipated that the Strategy will have a positive impact in terms of human rights, equalities and community cohesion. As part of the Carers Strategy work, an Equalities Analysis is being completed to determine the potential positive and negative impact of the Merton's Carers Strategy on the protected characteristics.

11 CRIME AND DISORDER IMPLICATIONS

- 11.1. N/A

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

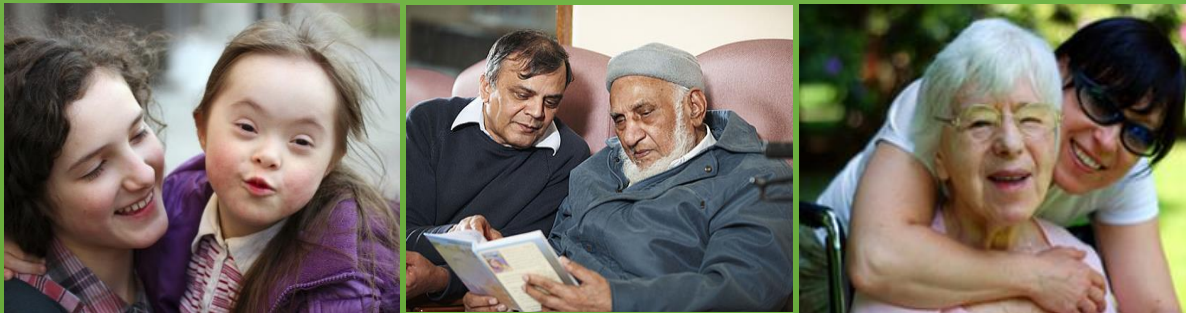
- 12.1. N/A

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

13.1. Appendix 1 – Carers Strategy 2020-2025

14 **BACKGROUND PAPERS – N/A**

Merton Carers Strategy 2020-2025



Aiming to make life better for carers in Merton



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Document Version	Approved By	Author	Summary	Date
1.1	Strategy, Improvement & Delivery Board	Heather Begg	Draft sent to SID CS Task Group	20/02/20
1.2	Carers Strategy Task Group	Heather Begg	1.2 sent to Task Group	28/02/20
1.3		Heather Begg	1.3 Final Draft sent to Health and Wellbeing Board	24/03/20

Foreword:

Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

As the Cabinet Member responsible for Adult Social Care and Health, I understand the essential role that carers play in our community and the incredible support they provide, and I would like to thank them. Carers not only provide care and support to loved ones with varying levels of need, saving the public purse an estimated £343 million per year in Merton alone, they often do this without much recognition of the commitments they make and the impact this has on their wellbeing.

Carers UK¹ estimates that as of 2019 there are as many as 8.8 million adult carers in the UK which means that 1 in 8 adults in the UK are carers. These figures suggest that there are roughly 20,000 carers in Merton. Yet, many of these people are unknown to the authorities and local research has shown that a significant number do not know what support is available to them. Carers UK estimates that by 2037, the number of informal carers across the UK needed could rise by 40 per cent (2.6 million people) taking the total number of people providing informal care to 9 million.

It is really positive to see the collaboration of all key partners working together with carers to produce this strategy. This strategy highlights the excellent support that is available to carers across the borough (organisations that provide support are listed in Appendix 1) and carers who use these services tell us what a difference they make to their lives. However, we know we need to do more and at an earlier stage. We also need to provide a broader range of options to support carers throughout their caring journey.

Therefore, this strategy expresses our commitment to improve the services and support on offer to carers in the borough, and ensure that professionals across the health and social care sector recognise the work carers do and value their expertise and experience of providing care for a loved one.

I look forward to seeing the actions in this strategy implemented over the next five years and to Merton becoming a carer friendly borough.



¹ Carers UK

Carer Foreword

Sally Burns, parent carer and member of Carers Strategy Task Group

I have to admit my initial reaction on hearing there was going to be a new carers' strategy for Merton was rather cynical – I've seen past efforts achieve very little! But what's been so good about this exercise was getting carers involved right from the start – and really listening to what we're saying. It's also been very encouraging to see people from the council, CCG and many voluntary sector organisations working together on it, as it will definitely need coordinated action to make progress.

Our situations and needs as carers vary enormously – and we always need to be treated as individuals. But there are also some very clear themes that come out of the consultation and these are reflected in what we want to see happen next – a range of actions that should help to improve our lives in different ways. Making sure carers get assessments and know about the help they can get, don't have to struggle with unnecessary bureaucracy, and can be helped to plan for the future are just some of these actions. And carers will be part of the group making sure these actually happen.



1. Welcome

1.1 This strategy has been co-produced with a number of organisations and carers to make sure that views and expertise from across the borough shaped this strategy.

1.2 Over 200 carers and approximately 50 professionals from a range of organisations have been part of a significant engagement programme, which has shaped the strategy's priorities, which broadly follow the National Carers Strategy.² This comprised of a survey for carers, eight focus groups with carers, and engagement with professionals who work with carers. A collaborative Task and Finish Group, which included carers, was established in June 2019 to lead on the development of this Strategy. A full list of task and finish group members is available in Appendix 2.

1.3 To implement and monitor this Strategy, a Delivery Board will be established and each financial year (starting 2020/21), a short action plan will be developed which will outline eight to twelve key actions. Our aim is to achieve these actions, which over time will allow us to build on and deliver the priorities outlined in this document.

2. Introduction

2.1 Many people across the borough spend a large amount of time providing unpaid care for a family member or friend, who would be unable to cope without their help. Carers have a valuable role to play and it is widely acknowledged that carers contribute significantly to ensuring that the person they care for remains independent in their own home for longer.

2.2 Carers do not choose or plan to be carers, and can suddenly fall into the role of being a carer without any training, knowledge or preparation. Therefore, it is crucial that carers are identified and feel supported with their caring role and their life alongside it.

2.3 The National Carers Strategy defined a carer as someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Many carers do not see themselves as carers, as for them the caring relationship is simply part of everyday normal life as a wife, husband, partner, son, daughter, parent or friend. However, being recognised as a carer can provide access to support, services, information and advice, which can help to make caring more manageable. For a list of carer definitions, please refer to appendix 5.

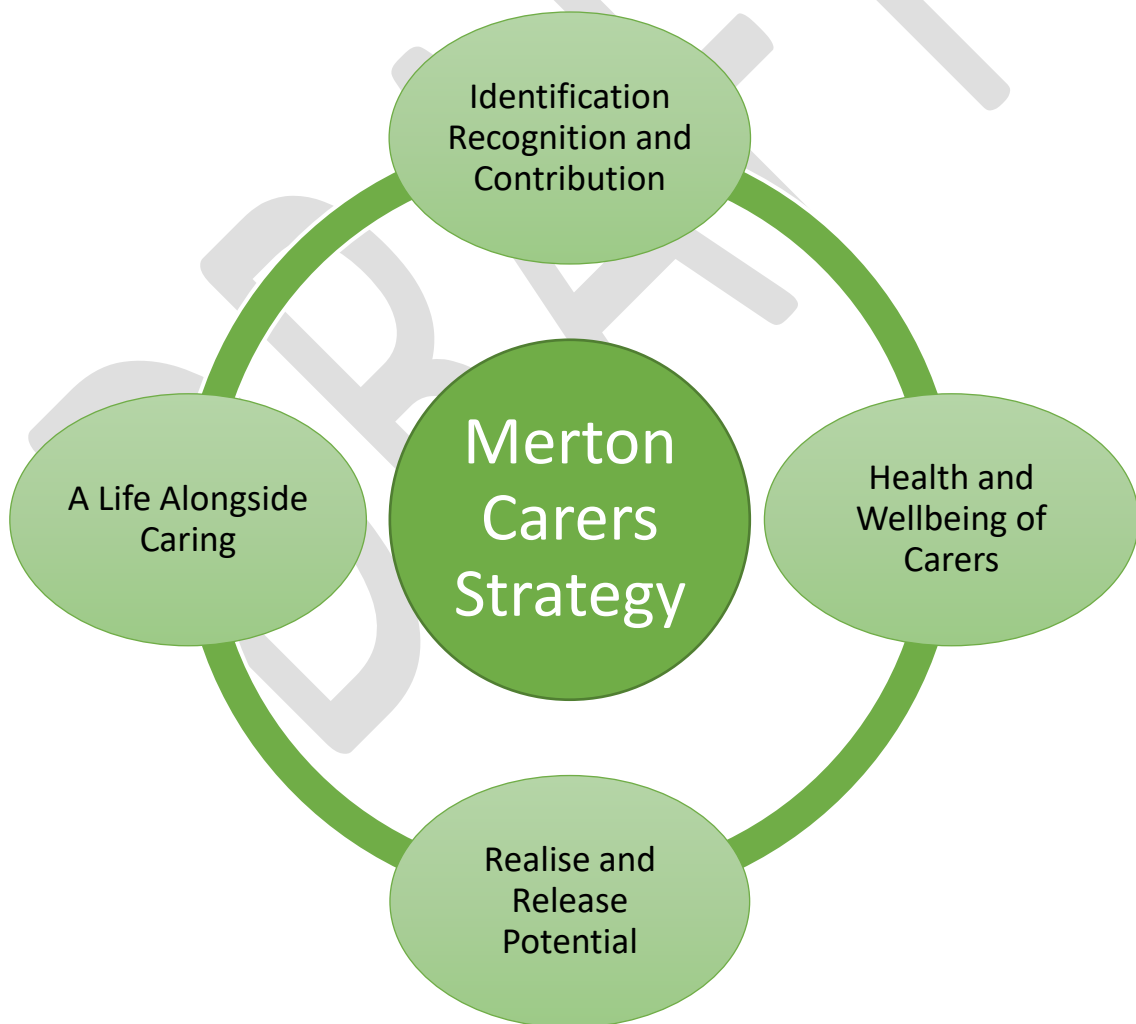
2.4 There are services and support options available in Merton for carers, although we recognise that there are gaps and we need to work together to improve this. Therefore, this strategy sets out the vision for Merton's offer to carers and the actions that we will take over the next five-years in order to achieve this.

² [National Carers Strategy 2008-2018](#)

3. A Vision for Carers in Merton

For carers in Merton to feel recognised, listened to and supported (socially, medically, emotionally and financially) in this vital role so they can live their life to the full alongside caring.

4. Overview of Priorities



5. The Merton Story

5.1 As of 2019, Merton has a population of 210,452³ and an estimated 16,327⁴ unpaid carers. Carers UK estimates that 1 in 8 adults in the UK are carers, which suggests that the figure in Merton could be higher than official figures suggest, therefore more like 20,000 carers.

- *Of the 16,327 carers, 1,452 are classed as 'Young Carers' and are aged 0-24. 412 of these Young Carers are below age 15⁵.*
- *The majority (12,935) of Merton's carers are of working age, with 9,280 in some form of employment. 6% (2,980) of the total number of carers are over 65⁶.*
- *In Merton, 75% of carers surveyed have been caring for over 5 years, and 32% have been caring for 20+ years.⁷ Both of these figures are over 5% higher than the London average, and 10% higher than the average for England.*
- *Carers care for people with a range of different support needs and very often can care for someone who has more than one condition. In Merton 34% of those cared for have Dementia; 42% have a Physical Disability; 22% have Sight or Hearing Loss; 38% have a Mental Health problem; 20% have problems related to ageing; 24% have a learning disability; 27% have a long-term illness; 4% have a terminal illness; 3% have an alcohol or drug dependency.⁸*
- *82% of carers in Merton live with the person they care for.⁹*
- *According to ONS census data, 5,493 of Merton's carers are Black, Asian and minority Ethnic (BAME) backgrounds. This is 34% of the overall number of carers. Carers from some BAME backgrounds are less likely to access carers services compared with white-British counterparts, this is particularly true of individuals from Asian and 'other white' (non-British or Irish) backgrounds.**

**Based on 2018/19 new referral figures to Carers Support Merton.*

6. Caring in Merton

6.1 Although providing care and support can be rewarding, we know that many carers struggle at times. We also know that carers often put the wellbeing of those they provide care for first, meaning their own health and wellbeing issues can be ignored

³ <https://data.london.gov.uk/dataset/housing-led-population-projections>

⁴ https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157274?rows=c_age&cols=c_carer

⁵ https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157274?rows=c_age&cols=c_carer

⁶ https://www.nomisweb.co.uk/census/2011/DC6301EWLA/view/1132462395?rows=c_carer&cols=c_ecopuk1

⁷ https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157274?rows=c_age&cols=c_carer

⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascf/upcoming>

⁹ https://www.nomisweb.co.uk/census/2011/DC2301EW/view/1946157274?rows=c_ethpuk11&cols=c_carer

for longer. Two surveys recently completed by Merton's carers have helped us to identify the biggest issues carers face as a result of their caring role.

How caring affects mental wellbeing:

63% say caring causing **significant stress**

45% say being **depressed** as a result of their caring role

68% say caring role has **negatively affected** their **emotional wellbeing**

How caring affects a life outside caring:

Only 25% have as much **social contact** as they would like

88% say that caring has made **career progression** more difficult

How caring affects physical health:

70% of carers' **physical health** has been negatively affected due to caring role

79% of carers feel **tired** as a result of caring

64% report **loss of sleep**

20% say that caring made **existing conditions** worse

7. Policy Context

7.1 The Care Act 2014, the Children and Families Act 2014, the National Carers Strategy 2008-2018, the Carers Action Plan 2018-2020 and the NHS Long Term Plan 2019 all make a significant shift in the approach to how carers are supported, acknowledging the important contribution they make and placing them on the same footing as the person they care for when it comes to accessing services they may need. This Strategy has been developed in response to the needs of carers in Merton and the statutory requirements. For further details regarding the Policy Context, please refer to appendix 3.

7.2 Merton has a number of strategies and plans that are closely linked to the Carers Strategy, with aligned priorities and a number of the same partners. The key strategies we are working with are the [Merton Young Carers Multi-Agency Strategy](#) and the [Health and Wellbeing Strategy 2019-24](#).

7.3 As part of a prevention work-stream, the Council is working alongside Merton Clinical Commissioning Group (CCG), Central London Community Healthcare (CLCH), local voluntary community sector organisations and Merton Health on a number of prevention activities, all of which are relevant to the Carers Strategy. These include promoting prevention services in the Borough, developing a 'network of connectors', 'Making every contact count' through staff training, supporting staff and providing leadership for Healthy Workplaces and embedding prevention in health and care pathways, such as opportunities to access healthy eating information or signposting to a service whilst accessing another social care, health or housing service.

7.4 Other local strategic links to the Carers Strategy include:

- The SEND Strategy 2020-2023
- The Autism Strategy 2018-2023
- The Sustainable Communities Plan 2020-25
- South West London and St George's Mental Health Trust Strategy 2018-2023
- Merton Dementia Action Alliance

7.5 Full descriptions of some of these local strategies, and how we are forming links between them and the Carers Strategy 2020-2025, can be found in Appendix 4.

Our Priorities

8. Priority One: Identification, Recognition, and Contribution

8.1 As identified in the NHS Long Term Plan, carers are twice as likely to suffer ill health as a result of caring, and earlier, better identification of carers can ensure that they get the support they require. The Long Term Plan makes the commitment to continue to identify and support carers, particularly those from vulnerable communities.

8.2 We aim to make sure that people who provide support are identified as carers at the earliest opportunity. This is so carers can be offered appropriate information, advice and support, and access to services to help them in their caring role. We aim to create a system where carers feel listened to and, where appropriate, able to contribute to the design and monitoring of services and in planning individual care packages.

Identification, Recognition, and Contribution:

8.3 What carers and people who work with them said:

8.3.1 Identifying Carers: Some people with caring responsibilities are not identified as a carer until later on in their caring journey. This can mean carers can

miss out on support, including emotional support and financial assistance to which they may be entitled.

- *“It took me 5 years to access carers services. A carers assessment seemed to be an afterthought for the team treating my son”*
- *“People don’t necessarily ask for support until things go wrong, services need to reach out to make sure carers know what is available and that there is an advantage to being in the system.”*
- *“Work has to be done through schools and GPs to identify carers.”*
- *“For some of us, it takes 2/3 years from initial concern to diagnosis. For all this time carers are caring without recognition.”*

8.3.2 Carers identifying themselves: Significant numbers of people with caring responsibilities do not readily identify themselves as carers. Carers told us that they took a while to identify as a carer, for a number of reasons. For some, people do not want to assume the responsibilities of being identified as a carer. For some, they feel that this is just part of their family role. The concept of caring is assumed but not recognised in some families in ethnic minority communities. For example, in Urdu there is no direct translation for the work ‘carer’. Some carers told us that carers are not recognised by services at all stages of their caring journey.

- *“I didn’t realise how recognising myself as a carer would help, I wish I knew then what I know now; it would have really helped me emotionally.”*
- *“Even when my daughter moved into supported living, I was still her carer and I have to continuously advocate for her.”*

8.3.3 Carers Assessments: There are clear benefits to undergoing a carer’s assessment, but some carers also told us they did not know what the assessment was, or how they could request one. Carers responding to our survey, who have previously undergone a carer’s assessment, felt better informed about the local services available to them and were more likely to say that they know where to find appropriate information and advice. However, professionals stated that often carers can refuse an assessment and think it is a test of how well they provide care.

- *81% of carers who have had a carer’s assessment would know where to find information and advice vs 56% who had not had a carers assessment*
- *54% who have had a carer’s assessment felt informed about local services vs 37% who had not.*

8.3.4 Raise awareness of Information and Advice for Carers: Carers and professionals feel there is a lack of awareness of what carers are entitled to, such as access to information and advice, specifically on benefits, finances and activities. In Merton, the percentage of carers, who say they find it easy to access information about support has fallen since 2012/13, to 58%, and is now below the comparator group average. Services need to be promoted more widely across the Borough.

8.3.5 Listening to Carers: There are areas of good practice, where carers told us

they feel listened to by health and social care professionals and are able to contribute where appropriate. However, carers also told us how they have to fight to get their voices heard by health and social care and this can be exhausting. There is scope to improve the way services listen to carers and ensure consistency across Merton.

8.3.6 Valued Carers Services: Organisations that support carers in the borough, such as Carers Support Merton, Merton Mencap and the Dementia Hub, are highly valued by many of the carers that use these services.

- *“Support groups and lessons put on by Carers Support Merton are wonderful and have helped me to change my outlook.”*
- *“Carers support groups are a fantastic way to share best practice and provide support to each other.”*

8.3.7 Support for Parent Carers: Parent carers told us there are only a few support groups and activities specifically for them. Whilst carers in this group are able to attend support groups at Carers Support Merton and Kids First, parent carers felt there were a lack of activities and opportunities.

8.3.8 Carer Contribution: Carers would like more opportunities to feel listened to when services and support are being planned with their loved one and would like to contribute to the design, monitoring and re-provisioning of local services. There are examples of good practice locally where this already happens and we would like to build on this. Carers thought the Triangle of Care¹⁰ in the Mental Health Trust was a good approach but needed to be available for more carers.

- *“Services work best when they listen to carers, as we have an expert knowledge of our loved one’s condition and their needs”*

8.4. Priority 1: Identification, Recognition, and Contribution

Outcomes:

8.4.1 Identify Carers: Promote the identification of carers at the earliest possible stage in their caring journey; this means working with partners, to identify and then support people in their caring role. We will focus on ensuring carers can access support, even if a diagnosis is still being sought.

8.4.2 Carers Identifying Themselves: Raise the profile of carers across Merton and promote the benefits to identifying and recognising yourself as a carer, including specific actions to engage with harder to reach groups and BAME communities.

8.4.3 Carers Assessments: Work to ensure that people understand the benefits of having a carer’s assessment, with a view to increase the number of carers having these assessments.

¹⁰ <https://www.swlstg.nhs.uk/publications/594-trust-strategy-2018-2023/file>

8.4.4 Information and Advice for Carers: Improve our local information and advice offer to carers through a range of channels including the digital offer and aim to increase the local support available to carers.

8.4.5 Listening to Carers: The council, local NHS services including those provided by the Mental Health Trust will work in partnership, to make sure the views of carers are recognised and they have opportunities to comment on the design and monitoring of services. We will aim to make sure that people and their carers have opportunities to share their views and help shape local services.

8.4.6 Valued Carers Services: We will raise the profile of Valued Carers Services and promote services more widely by sharing and promoting best practice and sharing carers stories.

8.4.7 Raise Awareness of Information and Advice for Carers: Work to make sure that staff in universal services, schools, GP surgeries, and other public and voluntary-sector providers understand the role carers play and the support that is available to them.

8.4.8 Support for Parent Carers: We aim to ensure adult and children's services work together and take a whole family approach in identifying and supporting carers. Services need to adopt a whole family approach to assessment, planning and service provision which is more likely to result in support that is sustainable.

8.4.9 Carer Contribution: We will work with partners across the health and social care sector to make sure carers are able to share their views, where appropriate, on individual care packages for the cared for person, and through monitoring and reviewing of services and training and support of professionals. We will ensure that more carers of people with mental health issues have access to 'Triangle of Care'.

9. Priority Two: Health and Wellbeing of Carers

9.1 Carers can experience a range of health issues as a result of their caring role. A key local policy for this priority is the Health and Wellbeing Strategy 2019-2024, which not only has corresponding outcomes but also ways of working such as tackling health inequalities, and focusing on prevention and early intervention.

9.2 We know caring can be rewarding, but it can also make managing one's own health and wellbeing more difficult.

9.3 Therefore, we aim to support carers to manage their own health and wellbeing, and make sure people with caring responsibilities are able to remain as physically and emotionally well as possible.

9.4 Priority Two: Health and Wellbeing of Carers

What carers and people who work with them said:

9.4.1 Planning for the Future Carers worry about the future, when they are no longer able to provide care and support and want to be able to plan for this.

9.4.2 Emergency Planning for Carers Carers worry about what will happen to the person they care for in the event of an emergency.

9.4.3 Health and Wellbeing of Carers Caring is often rewarding, with 70% of carers surveyed agreeing or strongly agreeing with this; but it can also be stressful too, with 98% of those surveyed agreeing or strongly agreeing with this.

Caring for a loved one can have a physical and emotional impact on the carer; 70% of carers told us their physical health has deteriorated as a result of their caring role and 67% said the same about their emotional health.

9.4.4 Health Services and Carers Some carers told us that they often don't have time to address their own health concerns and that they struggle to fit in health appointments for themselves due to a lack of time away from caring.

- *"There are many reasons carers go without treatment; recovery times, being unable to find an appointment at a suitable time, and having no one to look after the cared for person are all reasons why carers don't get the help they need."*
- *"If an operation or medical procedure gets rescheduled last minute, everything falls through!"*

9.4.5 Health and Wellbeing Activities for Carers

Health and wellbeing classes for carers are well regarded by those who use them. However, carers told us that the main factors that prevent them from exercising, eating healthily and looking after their emotional wellbeing are time, cost, and existing health issues.

- *"Where is the time to eat well and exercise when you're caring all day and lacking sleep at night."*

9.4.6 Council Processes and Carers

Carers told us that navigating the council's processes and pathways can cause unnecessary stress.

- *"The amount of time spent interacting with the system is mentally draining [...] The way the system works puts an extra-load on us!"*
- *"Merton's systems are time consuming, especially when something goes wrong."*
- *"Why can't the different systems not talk to each other? We have to give the same information and evidence several times."*

9.4.7 Life after Caring: Former carers can find it hard to adjust to changes in their life when their caring role ends. It may be that the person they care for has moved on or

has died. Whilst there are some services and courses to support former carers, it is important to acknowledge the impact this has on a person's health and wellbeing.

9.5 Priority Two: Health and Wellbeing of Carers: Outcomes

9.5.1 Plan for the Future: We aim to support carers to make a plan for the future. This will include supporting carers to manage wills and power of attorney; it also means supporting carers to have provisions in place for if they are no longer able to provide care.

9.5.2 Carers Emergency Plans: We aim to have a plan in place for the cared for person in the event of an emergency. This could be in the form of a carer's card. We will also work with partners to implement more widely Co-ordinate My Care¹¹ and my CMC to consider the wishes of the cared for and their carers in the development of urgent treatment plans.

9.5.3 Health and Wellbeing of Carers: The Council, Clinical Commissioning Group, Mental Health Trust and other community connectors will work together to make sure that carers are supported to access the universal services they need, in a way that is accessible to them. We aim to improve the digital offer for carers in Merton as a mechanism for improving access to health and wellbeing information. We will also work with partners towards making sure that carers do not have to share the same information several times with professionals.

9.5.4 Health Services and Carers: We aim to make it easier for carers to manage the appointments and wellbeing of the person they are caring for and themselves.

9.5.5 Health and Wellbeing Activities for Carers: We will look at how carers can be provided with affordable, flexible, and inclusive opportunities to take part in activities, which contribute towards good health and wellbeing, such as Merton Uplift workshops and support, fitness or mindfulness classes. This will involve working with partners such as local leisure centres, colleges, and community connectors.

9.5.6 Council Processes and Carers: We will review council processes, aiming to make these more efficient and easier to use, minimising the stress caused to carers trying to navigate the system.

9.5.7 Life after Caring: We will review support and services on offer to former carers and recognise the valuable contribution that they have to offer.

10. Priority Three: Realise and Release Potential

10.1 People who provide care to a loved one often face multiple challenges; these challenges can make reaching employment and educational potential more difficult. We also know that many working carers experience substantial challenges in balancing employment and their caring responsibilities. Changing demographics and an ageing population mean that 3 in 5 people will end up caring for someone at some point in their lives. The Department of Health and Social Care has been working, as

¹¹ <https://www.coordinatemycare.co.uk/>

part of the Carers Action Plan 2018-2020¹² to raise the profile of carers with employers to enable carers to continue to work alongside their caring role.

10.2 This priority is about supporting carers to start or maintain employment, volunteering, training, and learning if they wish to do so. We will look to gain a better understanding of carers' needs and make sure they have opportunities to gain skills, which can help them to reach their employment and educational potential so that they are not forced into financial hardship by their caring role.

10.3 Priority Three: Realise and Release Potential

What carers and people who work with them said:

10.3.1 Carer Friendly work environment: Carers feel being in employment has a positive effect on wellbeing, as well as providing them with a greater sense of identity. However, any job needs to have carer friendly work-practices such as flexible working, home working, and time off to attend appointments with the cared for person.

10.3.2 Financial Hardship for Carers: Despite Merton as a whole being a less deprived London Borough, carers who live in the east of the borough are more likely to have a lower socio-economic status than Carers who live in the west of the borough¹³. Carers who work in lower paid roles face additional financial hardship; therefore, it is important for carers to know what benefits and financial support they are entitled to. There are also significant financial implications for people if they are not or no longer able to work. Some people can lose their income immediately if they suddenly need care or are looking after someone that needs care. Therefore, no matter what someone's financial circumstances are, people can experience extremely difficult and complicated financial hardship.

10.3.3 Carer Friendly Work Practices: The majority of carers surveyed, who are in employment, told us that their employer was accommodating of their caring responsibilities. However, we understand that carers can face difficulties with their employer. Carers in Merton have had to reduce their hours, compromise their position, or give up employment.

10.3.4 Career Progression for Carers: Carers surveyed told us that career progression has been made more difficult because of their caring responsibilities. 1 in 6 carers give up work or reduce their hours to care and many of these employees will be the most valuable staff, the 45-64 year-olds at the peak of their careers¹⁴.

- *"I had to leave my job two-years ago, now I've gone back but in a far lower position in a sector I don't want to be in"*
- *78% of carers feel their caring role has made career progression more difficult for them.*

¹²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf page 16.

¹³ https://www.merton.gov.uk/assets/Documents/www2/Merton%20Story%20FINAL_June_2018.pdf

¹⁴ <https://www.employersforcarers.org/about-us>

10.3.5 Learning and Development for Carers: Carers who are not in employment or education said that they would like to undertake training and learning to improve the skills they have. However, some find the opportunities unaffordable and inaccessible.

- *“There are courses carers can do, but if you want something more skilled it costs a lot!”*
- *“I would like to access Adult Ed courses to progress my career and learning, but these are very expensive”*

10.3.6 Digital Skills for Carers: Carers told us they would appreciate more opportunities to learn IT and digital skills. A report by Carers UK and the Good Things Foundation (previously known as the Tinder Foundation) concluded that poor knowledge of and access to IT is a key issue for carers.

- *In Merton, 660 known carers do not have access to the internet or email. This affects not only their ability to find work, but also provides another barrier to accessing information and advice; and staying connected.*
- *“IT training is essential for many carers, especially those that have been out of work for a number of years and are behind in this.”*

10.3.7 Volunteering for Carers: There is appetite amongst carers to participate in volunteering.

- 14% of carers surveyed would like to volunteer more.
- *“Volunteering can be valuable but many volunteering positions require a reference; it is very hard for some carers to get references due to not having worked for a number of years or being socially isolated.”*

10.4 Priority Three: Realise and Release Potential: Outcomes:

10.4.1 Carer Friendly Work Environment: By recognising the needs of carers, employers can hold on to your experienced staff and reap the rewards of creating a supportive working environment for carers. The council and NHS organisations, two of the largest employers in the borough, will both work to review workplace practices with their organisations and ensure carers within these organisations feel supported at work.

10.4.2 Financial Hardship for Carers: We need to acknowledge the importance that demographics play in realising and releasing potential for carers in Merton. Therefore, we will work with partners to identify what actions would need to be taken to ‘bridge the gap’ between the east and west of the borough.

10.4.3 Carer Friendly work practices: We aim to promote carer-friendly work practices to employers across the borough. This could mean working with local employers and the Chamber of Commerce to develop a set of standards for which recognition can be awarded, if carer-friendly practices are adopted.

10.4.4 Career Progression for Carers: We will look at how we can ensure carers are able to access to affordable training and learning, which can help them gain the skills they need to reach their employment potential.

10.4.5 Learning and Development for Carers: We aim to review affordable learning and development opportunities for carers. Adult Social Care will also review the Carer's Discretionary Grant, to see how it can be used more creatively to support carers, which will include:

- Technology to help improve skills and stay connected
- Short breaks
- Assistive technology to support cared for safety and carer reassurance.
- Learning and development opportunities

10.4.6 Digital Skills for Carers: We will explore ways to support carers to gain IT and digital skills. This will mean carers are better able to stay connected, access information and advice, and gain the necessary skills for the workplace.

10.4.7 Volunteering for Carers: We want to make sure carers are adequately supported to take advantages of opportunities to improve their skills and knowledge, including volunteering placements. This links to the Merton Sustainable Communities Plan 2020-2025, which aims to remove barriers to volunteering across the borough.

11. Priority Four: A Life Alongside Caring

11.1 The Care Act 2014 has led to a significant shift in approach to the way that carers can expect to be supported by the Local Authority with promoting wellbeing being at the heart of the legislation.

11.2 Having a strong social network is important for emotional wellbeing, but it is also important for our physical health. With that in mind, this priority focuses on ensuring carers are supported to have a family, community, and social life alongside their caring role; this links to the Promoting Mental Health & Wellbeing priority area of the Health and Wellbeing Strategy, which aims to reduce loneliness and increase social connectedness.

11.3 Priority Four: A Life Alongside Caring

What carers and people who work with them said:

11.3.1 A Break from Caring: Having a break was a recurring theme throughout the engagement. 72% of carers surveyed were dissatisfied with the amount of breaks they were able to have. Carers also told us that there should be a greater variety of breaks available to them.

11.3.2 Unplanned Breaks from Caring: Carers told us of their frustration and worry that any break from caring must be planned in advance, meaning that plans can't be made in the short term.

- *"I want something that will allow me to do something in the spur of the moment".*
- *"I worry about needing support in an emergency and what would happen"*

11.3.3 Planned Breaks for Caring: Carers told us they were unable to plan holidays in advance, because Merton's current offer means respite cannot be confirmed on an annual basis and there is no way of having an allocation (with the exception of Learning Disability bed based respite).

11.3.4 Carers Connected with Family and Friends: The vast majority of carers surveyed (85%) feel socially isolated as a result of their caring responsibilities. 29% of Carers surveyed felt dissatisfied with the amount of time they spend with their family and 57% of carers surveyed were dissatisfied with the amount of time they spent with friends.

11.3.5 Carers Connected with Others: In the focus group discussions, many carers told us they feel they would benefit from befrienders, peer support and other forms of volunteer support.

11.3.6 A Quality Service for both Cared for and Carer: It was clear that the enjoyment of the cared for person, whilst the carer was taking a break without their loved one, was also important.

- *"Both of us have to enjoy the respite. I can't relax unless I know [the cared for person] is having fun and being looked after"*

11.3.7 A Break with a Loved One: Some carers told us that a break does not necessarily have to be time away from the cared for person; it could be an activity they can both enjoy together.

- *"A break could be something that we do together; an extra pair of hands and eyes to help look after [the cared for person] would help me to relax."*
- *"I used to attend 'Stay and Play' activities with the cared for person. They were great and you could meet other carers in similar situations. Unfortunately, these were stopped."*
- *"It's great coming [to the Dementia Hub]. I get two hours to relax and talk to people whilst my husband enjoys taking part in activities in another room. When he has a good time, I can relax and have fun myself."*

11.4 Priority four: A Life Alongside Caring: Outcomes:

11.4.1 A Break from Caring: We will work towards making sure support in the community provides a variety of options for customers and carers.

11.4.2 Unplanned Breaks from Caring: We will work with all partners with the aim to support carers when an unplanned break is needed.

11.4.3 Planned Breaks for Caring: We will consider the council's processes relating to respite, so that carers can plan time away in advance.

11.4.4 Carers Connected with Family and Friends: Review the way we use and distribute Carers Discretionary Grants, with a view to provide carers with greater flexibility with how they use these to support themselves.

11.4.5 Carers Connected with Others: Review the current offer relating to befriending and peer support for carers, with a view to strengthening the offer. We will also review volunteering support to carers in Merton. Continue to promote the carers support groups available in the borough, ensuring those who are new to caring are aware of the support services available to them.

11.4.6 A Quality Service for both Cared for and Carer: Make sure the views of carers are heard when reviewing and making changes to current services that support carers in Merton. We aim to ensure there are services available that can give the carer a break whilst the cared for is engaged in a meaningful activity.

11.4.7 A Break with a Loved One: We aim to ensure there is a range of options exist for carers to take a break, including activities that can be done with the cared for person.

12. Next Steps

12.1 A time limited, Carers Strategy Steering Group will be established to oversee the strategy and implementation of an action plan. The co-production steering group will include carer representatives, senior managers/commissioners in Merton Council, Merton Clinical Commissioning Group and South West London and St Georges Mental Health Trust and voluntary and community sector organisations.

12.2 The Carers Strategy will align with the priorities of the Young Carers Multi-Agency Strategy 2019-22, and the Steering Group will jointly implement them.

12.3 An action plan will be developed for the life of the Strategy and reviewed annually. This sets out timescales and leads for implementing actions and expected benefits and outcomes.

12.4 The Steering Group will monitor progress against the action plan, and report to Merton Community and Housing Strategic Improvement Delivery Board and Merton Health and Wellbeing Board.

12.5 The delivery of the Strategy is based on working collaboratively and in partnership to use resources within the system more effectively. Where possible, the Steering Group will seek additional funding opportunities to widen the local offer to Carers in order to achieve the vision of the Carers Strategy.

Appendices

13. Appendix 1: Organisations that provide information, advice, and support to carers in Merton.

There are a number of organisations that can support Carers in Merton, however listed below are a few key providers:

Carers Support Merton

Carers Support Merton is an independent charity that provides information, advice, and support services to local carers via the Carer's Hub. To see the full range of services and support on offer, or to refer a carer to Carers Support Merton, please visit the website.

Website: www.csmerton.org

Telephone: 0208 647 7515

Address: Vestry Hall, 336-338 London Road, Mitcham, CR4 3UD

Merton Dementia Hub

Alzheimer's Society is the UK's leading care and research charity for people with dementia, their family and carers. Led by Alzheimer's Society, the Dementia Hub offers information and ongoing support to people affected by dementia and their carers. They provide a range of services and activities which can be attended by both carers and people with dementia and specific outreach programmes for carers.

Website: alzheimers.org.uk,

Telephone: 020 8687 0922

Address: 67 Whitford Gardens, Mitcham, CR4 4AA

Merton Mencap

Merton Mencap is a charity which offers support, services, and activities to children, young people, and adults with a learning disability or autism and their carers

Merton Mencap also provides a range of forums to support carers of both children and adults. These groups are:

Adults First: A group for carers of adults with a learning difficulty aged 18+.

Kids First: A group for carers of children and young people aged under 25, with any disability, special need, or complex medical problem.

Talk Autism: Talk autism is a service for carers of children, young people, and adults with autism.

Carers Groups: A monthly group, which provides monthly outings for carers of adults with a learning difficulty or autism who live in Merton.

Website: mertonmencap.org.uk

Tel: 0203 936 0599

Address: Chaucer Centre, Canterbury Road, Morden, SM4 6PX

Adult Social Care, Merton Council

The Adult Social Care team can provide care and support to people over the age of 18 and their carers to live as well as possible with their disability, illness, or other problem.

If you, or someone you know, needs support for any of the reasons above please contact the First Response Team, who are part of Adult Social Care.

Website: <https://www.merton.gov.uk/social-care/adult-social-care>

Telephone: 020 545 4388

Email: ASCFirstResponse@merton.gov.uk

Merton Local Directories

Merton Local Directories is an online directory of services, hosted by the London Borough of Merton. Here you can search different services available to adults, children and families, and carers in Merton.

Website: <https://directories.merton.gov.uk/>

As a carer you may be entitled to help with benefits, employment or training. Find out more about Carer's Allowance and Bereavement Support on www.gov.uk or visit your local jobcentre.

14. Appendix 2: Members of the Carers Strategy Task Group

Heather Begg	ASC Business Process Lead
Jacob Lawrence	Management Graduate Trainee
Jennifer Quested	Management Graduate Trainee
Sally Burns	Carer Representative and Member of Adults First
Ann Traynor	Clinical Manager, SWLSTG MH Trust
Daniel Butler	Senior Public Health Principal, Public Health
Avril Doyle	Operations Manager, Carers Support Merton
Bill Gibbons	Service Manager, Dementia Hub
Daniel Steiner	Dementia Support Advisor, Dementia Hub
Andrew Whittington	CEO Merton Mencap
Rebecca Adeojo	Commissioning Manager, CCG
Dave Curtis	Manager, Health Watch Merton

Hannah Pearson	Primary Care Commissioning Manager, CCG
Liz Sherwood	Carer Representative
Drukshan Sarwara	Carer Representative
Kate Jennings	Commissioning Manager – CSF
Paul Bailey	MSCB Safeguarding Development and Policy Manager
Jennifer Lewis-Anthony	Associate Director Social Work, SWLSG MH Trust
Mihoko Ogawa-Higgins	Carer representative
Ayda El-Deweiny	DWP – Disability Champion
Tracy Weight	CEO Carers Support Merton
Patrice Beveney	Head of Mental Health, CCG
Mohan Sekeram	Carers Lead, Primary Care

15 Appendix 3: Policy Context

16.1 Care Act 2014 Adult Social Care has a duty under section 10 of the Care Act 2014¹⁵ to undertake an assessment of any carer who appears to have any level of need for support. A carer’s assessment must explore the carer’s need for support, whether the carer is able to continue caring now and in the future. A carer’s assessment must consider the impact on the carer’s activities including the carer’s desire and ability to work, opportunities to partake in education, training or recreational activities and opportunities to have time to themselves.

16.2 Children and Families Act 2014 Children, Schools and Families has a duty under section 96 of the Children and Families Act 2014¹⁶ to ensure young carers and their families are identified and their needs for support are assessed. All young carers are entitled to an assessment of their needs from the local authority. Adults and Children’s services have a joint responsibility to ensure that young carers/carers have a transition assessment as they approach adulthood and whilst they are in transition.

16.3 The NHS Long Term Plan¹⁷ commits to identifying and supporting carers, particularly those from vulnerable communities. The NHS will look to develop quality marks for carer-friendly GP practices and encourage the national adoption of carer’s passports, which identify someone as a carer and enable staff to involve them in a patient’s care. The NHS will also ensure that electronic health records allow people to share their caring status with health professionals, have back up plans, and support when needed.

16.4 The DoH Carers Action Plan June 2018 outlines the cross-government programme of work to support carers in England over the next 2 years and builds on the National Carers Strategy¹⁸. The DoH Action Plan focuses on delivery and progress

¹⁵ Care Act 2014 duties to Carers in Sections 9 to 13, Care Act 2014; Chapter 6, Care and Support Statutory Guidance; Care and Support (Assessment) Regs 2014; Care and Support (Eligibility Criteria) Regs 2014

¹⁶ <http://www.legislation.gov.uk/ukpga/2014/6/section/96/enacted>

¹⁷ <https://www.longtermplan.nhs.uk/>

¹⁸ <https://www.gov.uk/government/publications/the-national-carers-strategy> published in 2008 as a 10 year strategy.

5. https://www2.merton.gov.uk/52460_merton_carers_partnership_02.12.08.pdf

that can be made in the near future to give visibility to the range of work that is planned or already underway across government to support carers, their families and those that they care for.

16 Appendix 4: Local Strategic Link Summaries

17.1 Sustainable Communities Plan 2020-2025 sets out the Merton Partnership's vision for the borough over the next five years. The aims of this strategy, which are relevant to this Carers Strategy, are to increase social capital across the borough by removing the barriers to volunteering; encouraging people to get involved within their community; and taking a whole systems approach to tackling diabetes.

17.2 Autism Strategy 2018-2023 is a joint strategy between the Council and the local NHS Clinical Commissioning Group. Like the Carers Strategy, it was written in collaboration with a range of partners.

The strategy sets out the vision that Merton will be an 'autism-friendly borough in which people are able to reach their full potential at all stages of their life'. Within this, it is stated that providers will actively involve people with autism, their families and carers in the design of services and co-production will be promoted across the borough.

Links can be drawn to the Information, Recognition, and Contribution priority area of this strategy, which sets out the vision that, where appropriate, carers will be able to contribute to the design of services and individual care and support plans.

17.3 Health and Wellbeing Strategy 2019-2024 is governed and monitored by the Health and Wellbeing Board. The strategy identifies target outcomes across the different stages of the life course, in key healthy settings. The key healthy place attributes are: promoting mental health and wellbeing, making healthy choices easy, protecting from harm.

The key attributes and outcomes are based on engagement with residents, and analysis of current health outcomes across the borough. The challenges exposed include the health inequality between the east and the west of the borough, loneliness, and poor air quality.

17.4 Merton Dementia Action Alliance is an initiative that aims to help make Merton a more dementia friendly borough. The alliances priorities for 2019/20 include cross-sector collaboration with carers, which includes engagement and co-production of services with carers; and a focus on involvement of BAME and faith groups. Both of these priorities relate to the Information, Recognition, and Contribution priority area.

17.5 South West London and St George's Mental Health Trust Strategy 2018-2023 aims to improve access to services, achieve quality outcomes for patients, enable transition and require pathways allowing seamless movement between services, provide more interventions in the community and increase the level of engagement. The Strategy aims to support carers in the following ways:

- Increase secondary prevention activities for carers.

- Improve access to services and information available to carers.
- The 'Triangle of Care'¹⁹ has been relaunched as an initiative to ensure a working collaboration between the patient, professional and carer that promotes safety, supports recovery and sustains wellbeing.
- Involvement plan published in 2018, with carers at its heart.
- Patient Advice and Liaison Service supports service users and carers

17.6 SEND Strategy 2020 – 2023 is defined as Merton's strategy for meeting the needs of children and young people aged 0-25 who have special educational needs and/or disabilities.

The strategy is aligned with the Merton Autism Strategy 2018-24, and the priorities are based on those of Merton Children and Young People's Plan 2019-23, these are Being Healthy; Staying Safe; Enjoying and Achieving; Getting involved, having a say; Becoming Independent; My Merton – connection with family, friends and the community. An action plan is being developed alongside this strategy, which will include actions for continued and improved support for Parent Carers.

17 Appendix 5: Carer Definitions

The Care Act defines a carer as "an adult who provides or intends to provide care for another adult". The Children and Families Act 2014 extends the rights of carers to Parent Carers, who look after an ill or disabled child, and Young Carers, under the age of 18.

This strategy focuses on all carers over the age of 18, including parent carers. For young carers, please access the [Merton Young Carers Multi-Agency Strategy 2019-2022](#). The Carers Strategy is aligned with the priorities of the Young Carers Multi-Agency Strategy 2019-22, and they will be jointly implemented.

There are many different types of carer and a carer may belong to more than one of these groups. The word 'carer', in the context of this strategy, refers to any of the below groups:

- Adult Carer – A carer over 18 who provides care for another adult.
- Parent Carer – A carer over 18, who provides care to an ill or disabled child for whom they have parental responsibility.
- Dual Carer – Sometimes known as a 'Sandwich carer'; a carer who provides cares for more than one person. Often, the cared for people are from different generations, for example, a sandwich carer could provide care to both an elderly parent and a young child.

¹⁹ The Trust developed a Carers' Charter (2017) which sets out the Trust's commitment to identify carers and support and involve them through the concept of the 'Triangle of Care', developed by the Carers Trust.

- Lifelong Carer – A carer who provides care to someone with a life-long illness or disability and intends to do so indefinitely. Carers in this group usually care for their disabled son or daughter; or spouse who requires long-term care.
- Former Carer – Someone who no longer provides care. This is usually due to a change in circumstances. Some former carers can find it challenging adjusting to a life after caring, especially if they have been providing care for many years.

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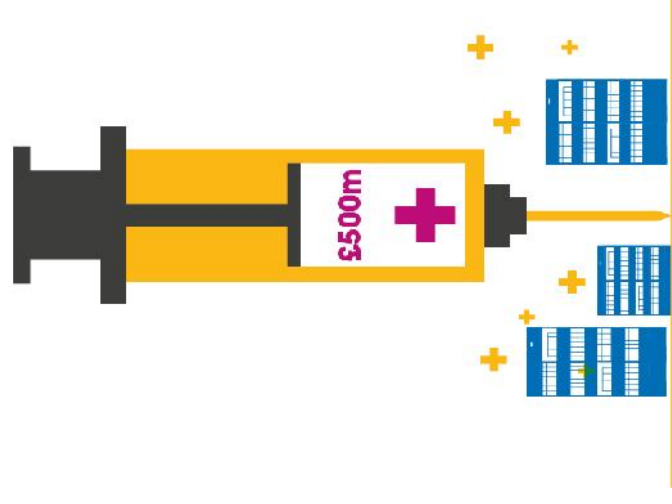
Welcome

Improving Healthcare Together 2020 to 2030
Merton Health and Wellbeing Board
24th March 2020

£500 million allocated to improve the current buildings at Epsom and St Helier hospitals and build a new specialist emergency care hospital

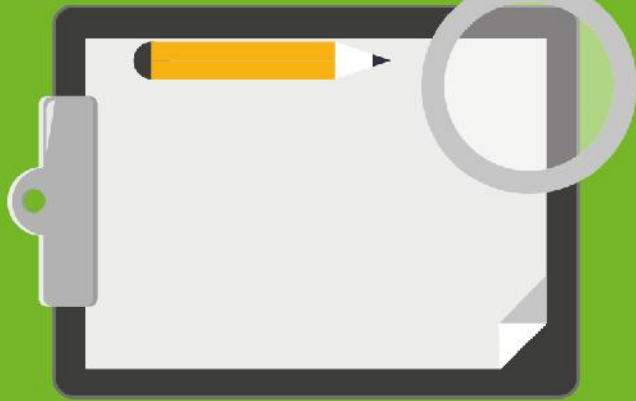
Our proposals

- 85% of services will stay at Epsom and St Helier hospitals = care for over 700,000 patients a year
- Epsom and St Helier hospitals stay open 24/7 365 days a year under all options
- PLUS - a brand new specialist emergency hospital in new state-of-the-art buildings
- Minimum £80m investment in Epsom and St Helier hospital buildings
- New hospital could be built at Epsom or St Helier - but Sutton is our preferred option



Case for change

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Quality

Patients at Epsom and St Helier hospitals do not always receive the level of care that they need and deserve

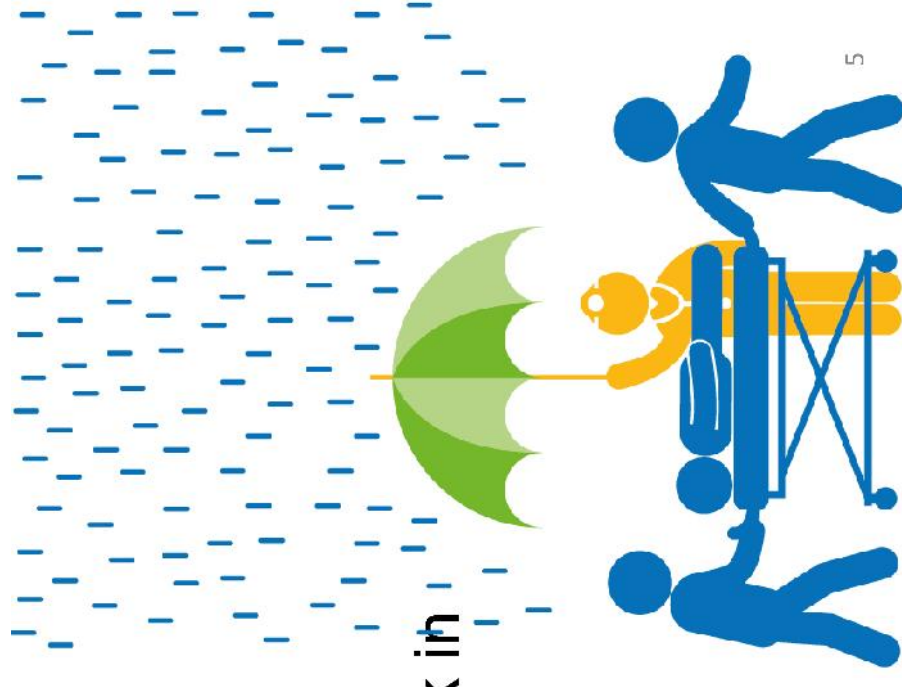
- Some key services do not meet agreed national clinical standards
- Shortage of doctors and specialist clinical staff
- The Care Quality Commission (CQC), rates both Epsom and St Helier hospitals as 'requires improvement' for emergency services.



Buildings

The hospital buildings are very old and are not fit for delivering 21st century healthcare

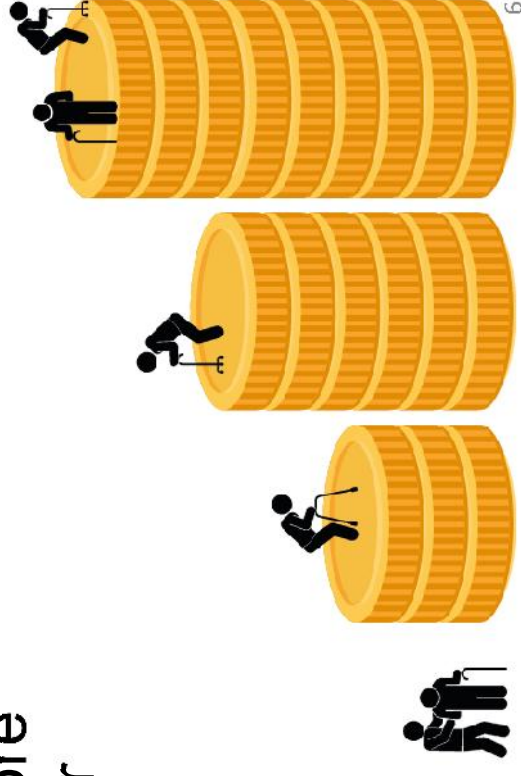
- Not enough single rooms
- Hospital buildings are not all connected
- Lifts are old and too small; when they break, patients are moved around the hospitals in ambulances
- Old buildings are difficult to keep clean and work in safely - emergency repairs are needed just to keep patients dry and warm.



Finances

The issues with quality and buildings mean we have major financial challenges

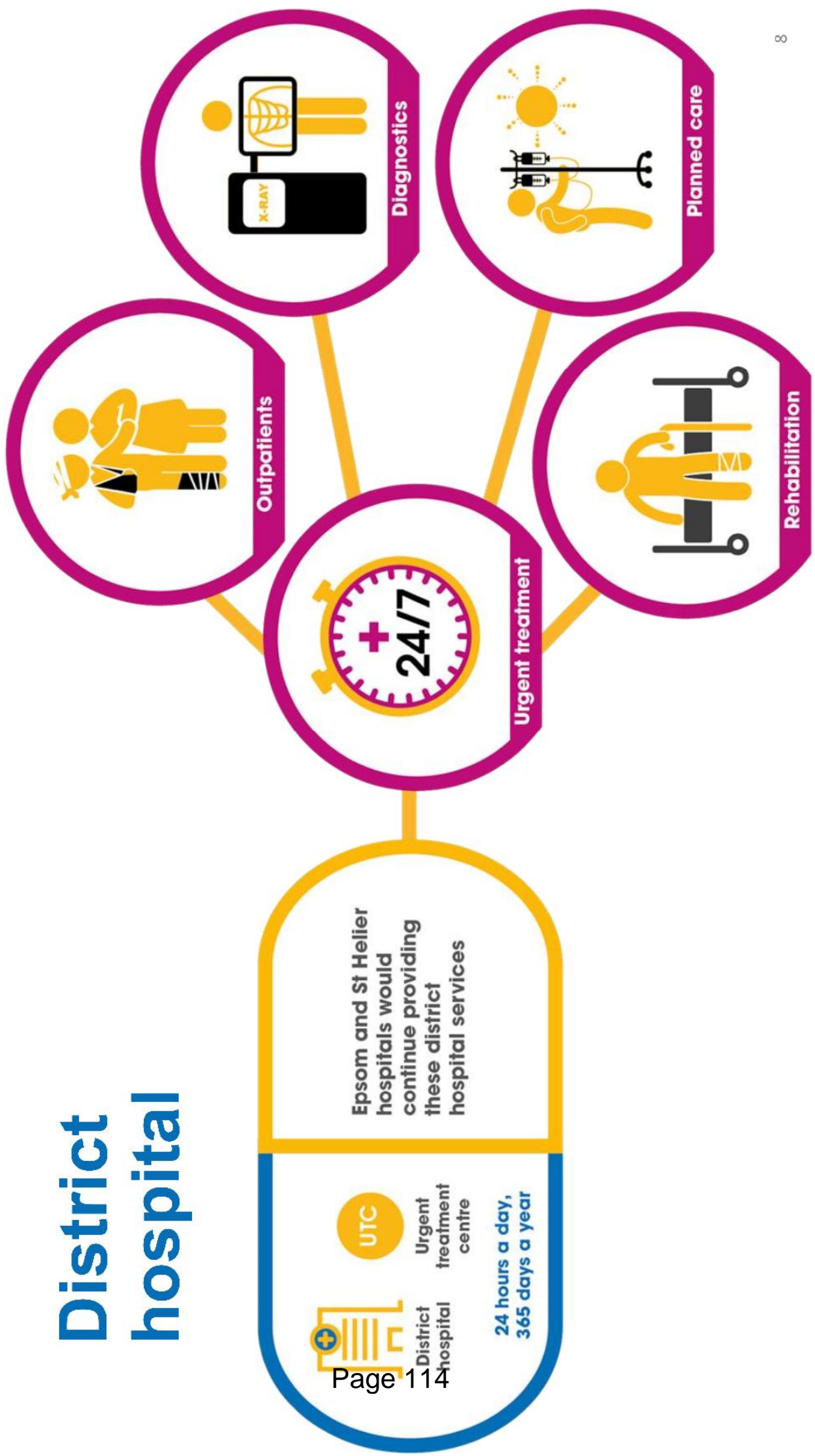
- Our hospitals are spending more than they can afford on temporary staff to protect quality
- Our hospitals are spending more than they can afford on upkeep of old buildings
- If these issues get worse it will get even more difficult to pay for new buildings and run our hospitals safely.



Our proposed clinical model



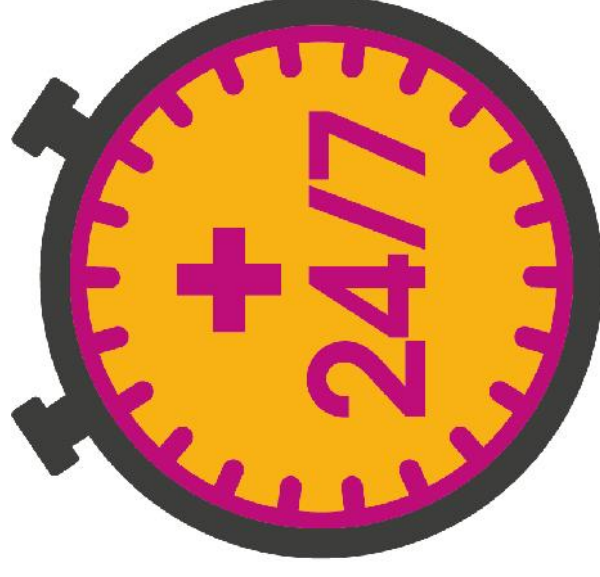
District hospital



Urgent treatment centres

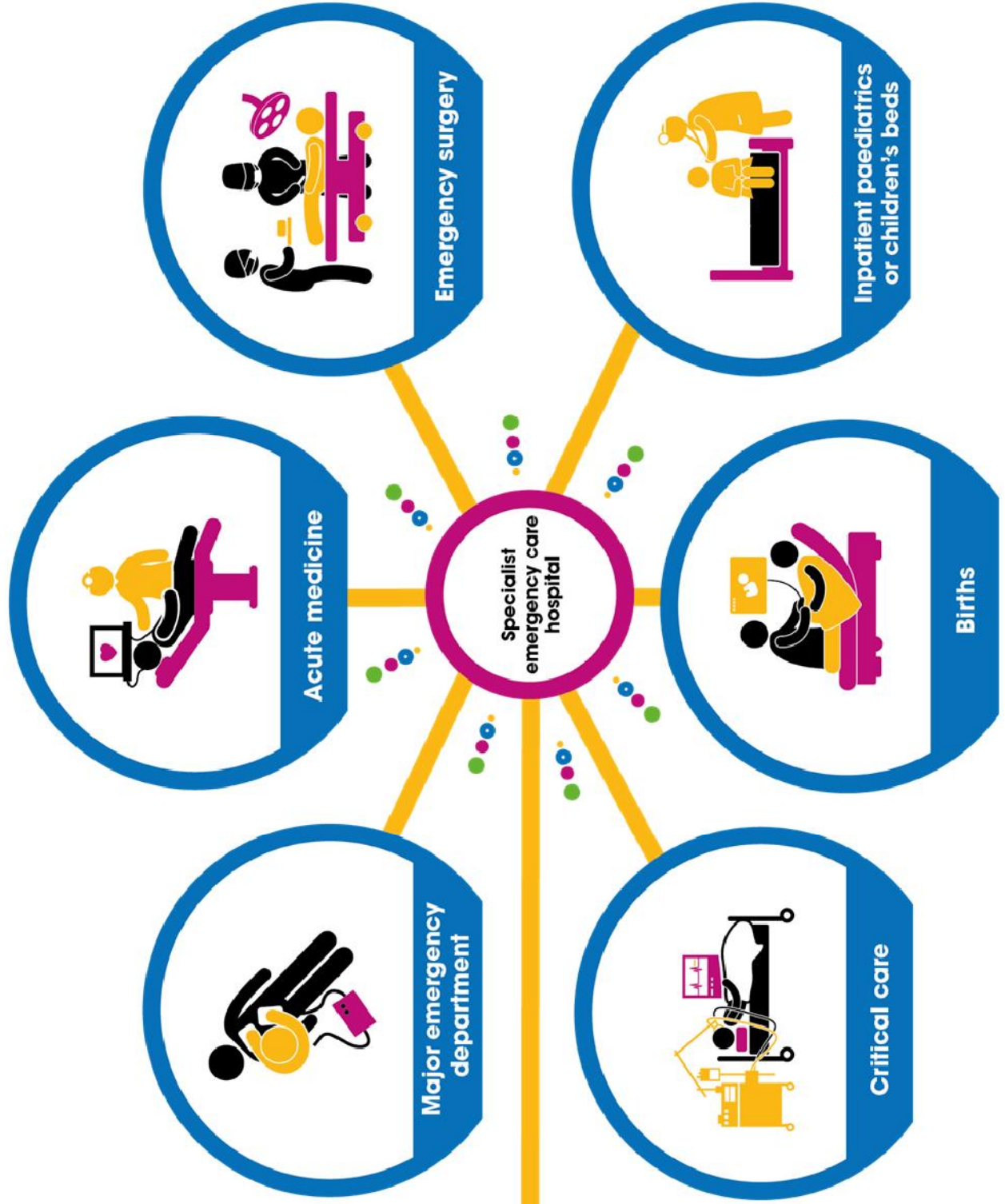
For everyone who needs immediate care, but not serious enough to need an ambulance

- Treat two out of three people who currently attend A&E
- Open 24 hours a day, every day of the week
- Staffed by doctors and emergency care nurses
- Provide urgent and emergency care for people who make their own way to hospital.




















Specialist care

We want to bring together at one site (Epsom, St Helier or Sutton) **six core (major) services** for the most unwell patients and those who need more specialist care



Examples of what changes would mean

Situation	District hospital	Specialist emergency care hospital
My 11-year-old son has fallen off his bike and has a swollen ankle	 	
My adult sister has an outpatient appointment	 	
My grandma has to have an X-ray	 	
My mum needs to have a day case surgery	 	
My great uncle is recovering from a heart attack and needs to stay in hospital but is now stable	 	
I have a scan booked in with my midwife	 	
My daughter has a leg injury and needs emergency surgery		 
My pregnant sister is having a hospital birth		 
My child is poorly and needs to stay in hospital overnight		 

Site options

Page 118

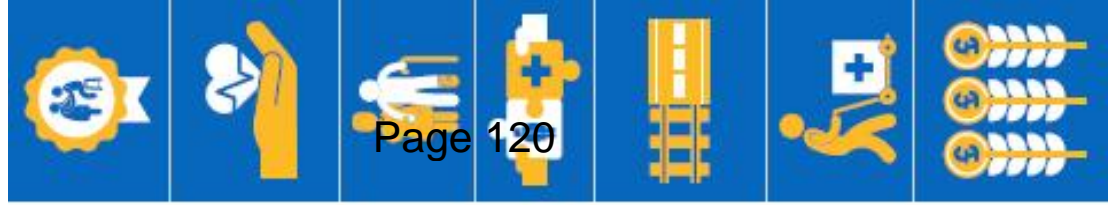


Our proposed options

We concluded that there are three possible options



Criteria for assessing the options



Quality of care

Would it improve safety and quality

Access, including travel

What would the effect be on travel and accessibility?

Long-term clinical sustainability

Does it improve access to urgent and emergency care?

How easy it is to deliver

How complex would it be to build and how long would it take?

Meeting the health needs of local people

What would the effect be on older people and people from deprived communities?

Fit with the NHS Long Term Plan

Would it fit with the NHS Long Term Plan?

Finance

What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?

Sutton is our preferred option as the site of the specialist emergency care hospital



- **Smallest increase in average travel time.** Fewer local people would have to travel further.
- **Easiest to build.** Would take four years to build.
- **Best value to the taxpayer.** It is the most expensive to build because it has the most new buildings but it keeps the most patients in the area and there are extra benefits of being co-located with the Royal Marsden.
- **All three options can be delivered by the NHS.**

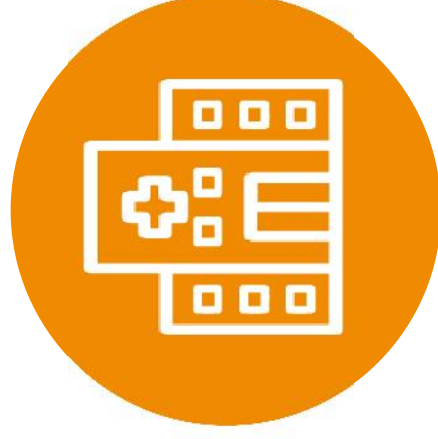
What does this mean for...



Bed analysis



Travel times



**Other local
hospitals**



Bed analysis

A small increase in the number of beds we have now

- This is based on what we need for our communities and changes in treatment and technology
- The number of beds needed at each hospital will change depending on which option is chosen
- There is much more detail on page 45 of our consultation document.



Epsom and St Helier hospitals have

1,048 beds



In the future we have worked out that we will need

1,052 beds



Travel times

Travel times are relatively low and only small differences between options

- 99.7% of patients within Surrey Downs, Sutton and Merton area will be able to access major acute services within 30 minutes by either car or blue light ambulance (based on morning weekday rush hour)
- As all options involve moving major services from two sites to one, some patients will have longer journeys.

	Before any change	If specialist emergency care hospital is located at Epsom	If specialist emergency care hospital is located at St Heller	If specialist emergency care hospital is located at Sutton
car	 99.7%	 99.7%	 99.2%	 99.7%
Ambulance	 99.7%	 99.7%	 99.7%	 99.7%
Public transport	 68.9%	 49.1%	 53.0%	 58.7%



Impact on other local hospitals

We worked closely with five NHS hospital trusts (Kingston, Croydon, St George's, Guildford, and Redhill) and Ambulance Services

- All indicated that with the right additional support in place, all options are possible for the new specialist emergency care hospital.
- Epsom option has the greatest impact on other local hospitals
- St Helier Hospital option has the second greatest impact on local hospitals
- The Sutton option would have the lowest effect on local hospitals
- There is much more detail on page 41 of our consultation document.





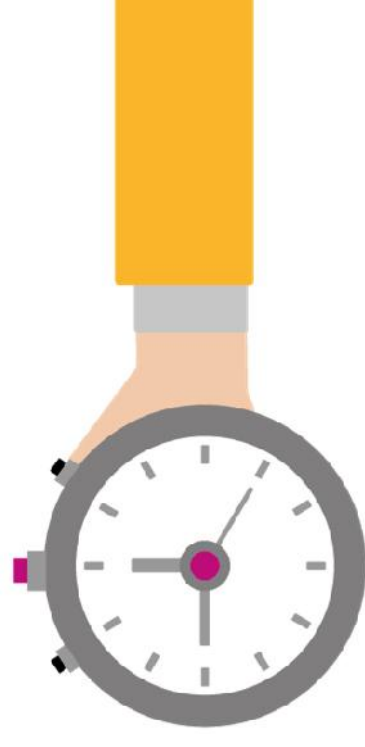
We want to know what you think

Tell us what you think?

- Q1** Our model of care
- Q2** The locations of the specialist emergency care hospital
- Q3** Travel and transport
- Q4** Impact on you and your family
- Q5** Impact on you and your family
- Q6** Other solutions we should consider

Have your say

Come to any of our local listening events
to tell us your views



Email

hello@improvinghealthcaretogether.org.uk

Twitter

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@ImprovingHealthcareTogether

Call

02038 800 271

Text

07500 063191

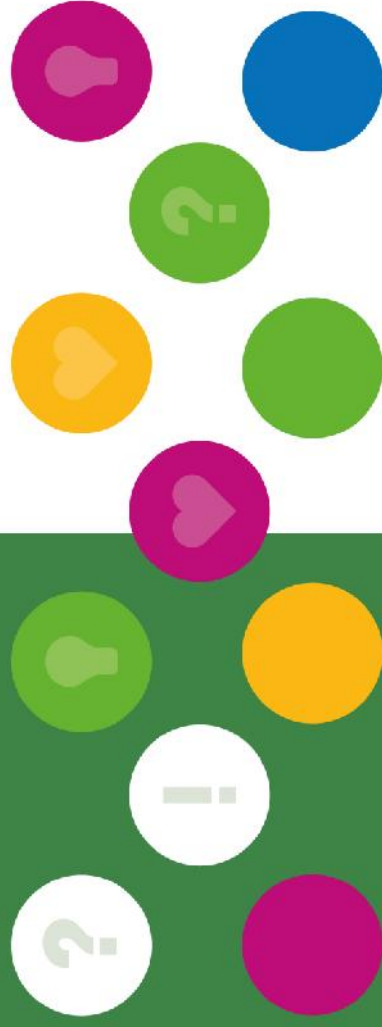
Write to us

Opinion Research Services,
FREEPOST SS1018,
PO Box 530, Swansea,
SA1 1ZL

**Consultation
closes
1 April 2020**

For all the consultation and event information and to fill in the questionnaire:
www.improvinghealthcaretogether.org.uk/consultation

Additional slides

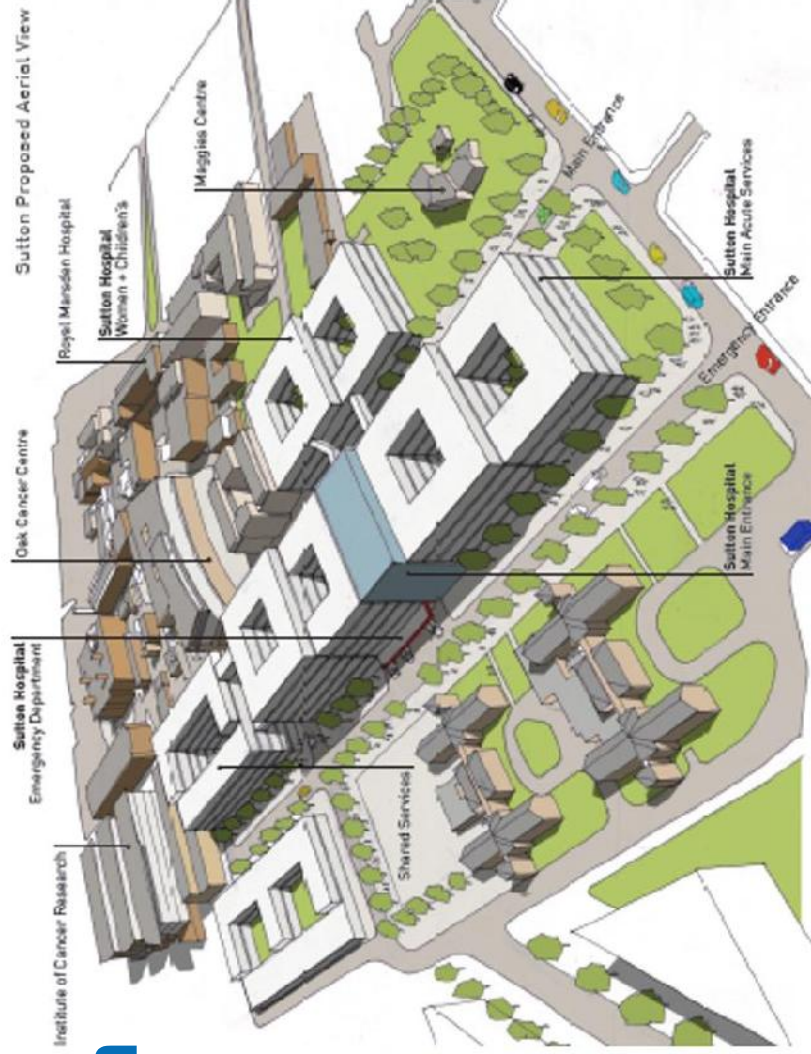




While the total number of beds are expected to be the same across all options, the hospitals where these beds are needed is different by option.

Major acute site	Epsom	St Helier	Sutton	Other providers	Total beds needed for the population
Current beds	454	594	-	-	1,048
Epsom (25/26)	634	213	-	205	1,052
St Helier (25/26)	277	694	-	81	1,052
Sutton (25/26)	285	221	496	50	1,052

Specialist emergency care hospital – Sutton site option



Sutton Emergency Department Approach

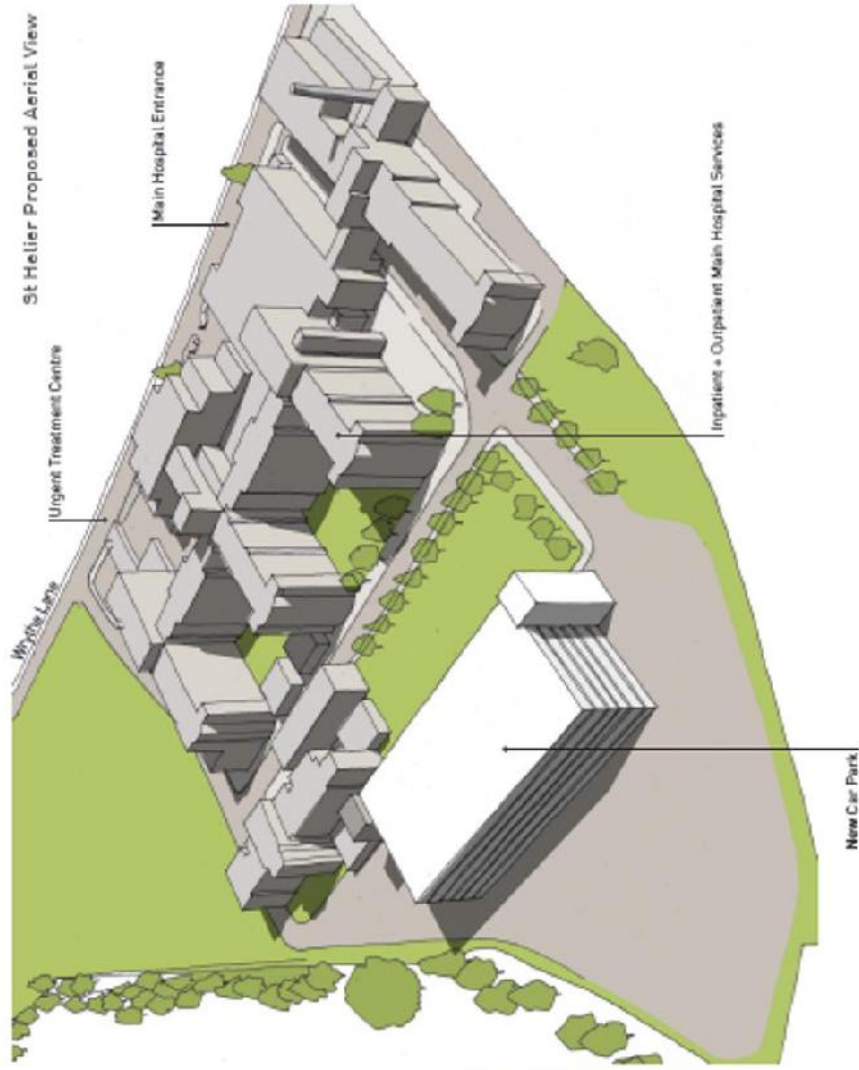


Sutton Acute Hospital Main Entrance Approach

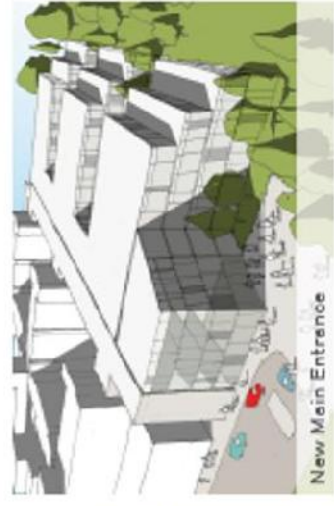
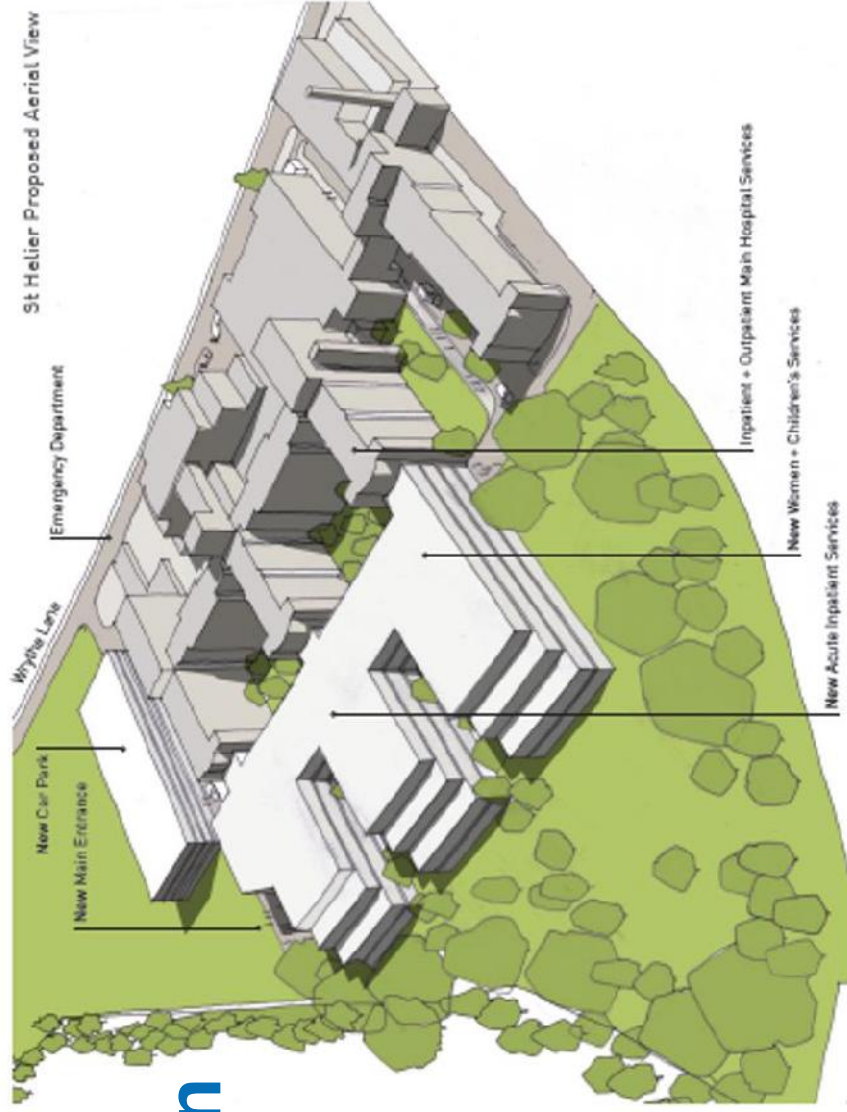


Sutton Proposed Aerial View

Epsom and St Helier Hospitals – Sutton site option



Specialist emergency care hospital – St Helier site option



Specialist emergency care hospital – Epsom site option

