

Draft

**Children and Young People's Plan
2016-19**

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Introduction

The Children and Young People's Plan (CYPP) is a multi-agency plan of plans which underpin Merton's Community Plan.

It sets out how agencies in Merton collectively deliver the borough's priorities for children, young people and their families and particularly to those who are vulnerable to poorer outcomes than their peers.

TO BE DRAFTED.....

- *CYPP is a Plan of plans drawing together key priorities from other plans/strategies for children and young people to be delivered collectively by the Childrens Trust.*
- *Focus on targeted intervention and most vulnerable groups*

The national and local context

Since publishing our last Children and Young People's Plan in 2012 we have managed ongoing change on a national and local level. This plan is written within a context of greater national expectations, local demographic changes with an increasing population, further reducing budgets and increasing government scrutiny.

The global financial crisis of 2009 led to a programme of austerity and deficit reduction, consequently children's services have operated within a context of unprecedented funding pressures.

Alongside the financial challenges, we have also managed widespread public sector reforms. Nationally, Professor Eileen Munro (2012) led an independent review into how agencies worked together to safeguard children and young people. The review concluded that child protection had lost its focus on the needs and experiences of children and its publication led to a programme of reform of local safeguarding governance and practice.

The revised Public Law Outline 2013 highlighted the need for faster care proceedings leading to permanence for vulnerable children, with a particular focus on adoption.

Educational reforms have led to greater school autonomy, with the creation of academies and free schools and a drive to improve standards. The introduction of the Pupil Premium has offered schools additional resources to help narrow the attainment gaps between disadvantaged pupils and their peers.

With the raising of the participation age from 2013, local authorities are now also expected to work with schools, colleges and employers to promote participation in education, employment or training for all 16 and 17 year olds.

A greater focus on early intervention has resulted in initiatives such as 'free childcare for vulnerable 2 year olds' and funding for targeted holistic family interventions for 'Troubled Families' vulnerable to criminal and anti-social behaviour, poor mental health, unemployment, school absence and the Family Nurse Partnership.

In healthcare, Clinical Commissioning Groups have been established and are now responsible for commissioning local health provision (2014). The Public Health function has transferred to Local Authorities. Strategic multi-agency Health and Wellbeing Boards have been established, supported by strengthened Joint Strategic Needs Assessments (JSNA) and local voluntary sector led 'Health watch'. These reforms promote whole systems thinking and a greater focus on jointly informed local commissioning.

Finally the Children and Families Act 2014 legislated for a complete review of the needs of children with special educational needs and disabilities, requiring the implementation of a Local Offer and new multi-disciplinary Education, Health and Care Plans replacing the old SEN statement.

Within the context of these legislative and regulatory changes, our local knowledge, needs analysis and collective understanding, we have recognised that we need to continue to focus on the most vulnerable groups within our population, securing improved outcomes for these young people and narrowing outcome gaps.

Our focus on the most vulnerable groups is rooted within a clear evidence base. It is not rhetoric that poverty, ethnicity, gender, social care vulnerability, and special educational need are linked to poorer life outcomes. The following are national facts which have informed our priorities.

- ‘The attainment gap between rich and poor which opens up before children start school, is visible during the infant years and increases over time’ (White Paper, The importance of teaching, 2010)
- Pupils entitled to free school meals are only half as likely to achieve five good GCSEs as their peers’ (White Paper, The importance of teaching, 2010)
- 32 per cent of looked after children do not get any GCSEs and a further 24 per cent achieve fewer than five GCSEs, this is around seven times higher than for children on average (Monitoring poverty and social exclusion, Joseph Rowntree Foundation, 2010)
- 33 per cent of carer leavers are not in education, employment or training (DfE, 2011)
- A particular vulnerable group is children who are eligible for free school meals (FSM), especially white British boys
- Of those pupils known to be eligible for FSM there are variations in achievement by gender and ethnicity
- It is estimated that the current generation of 16 to 18 year olds who are NEET (not in education, employment or training) will cost society £31 billion during their life time, or £4.6 billion annually (No Excuses: A Review of Educational Exclusion, Centre for Social Justice, 2011)
- There is a proven correlation between illiteracy, innumeracy and offending. Before custody 53% of male offenders and 71% of female offenders have no qualifications whatsoever’ (Factsheet Education in Prisons Civitas: Institute for the study of Civic Society, 2010)
- Young people of today will be parents of the future therefore improving their life chances is not only important for breaking the cycle of poverty but also for reducing the likelihood of their children being in poverty, with ill health and/or not achieving their educational potential.

Our Children and Young People’s Plan is therefore focused on the following six priorities:

- Children in need of early help and those subject to the effects of disadvantage
- Children requiring effective, timely and targeted safeguarding
- Children looked after and care leavers
- Narrowing the gap in educational outcomes and opportunity
- Engage and enable young people to better outcomes
- Children with special educational needs and disabilities

Within each of the following chapters we describe our policy position, the data which informs our understanding, some of our successes to date, our future actions, the impact we hope these actions will have and how we will measure our progress.

Ways of working

There is a strong ethos of working together in Merton to achieve the best outcomes for children and young people. The partnership landscape is well established, with strong commitment from partner organisations. (NB to be redrawn)

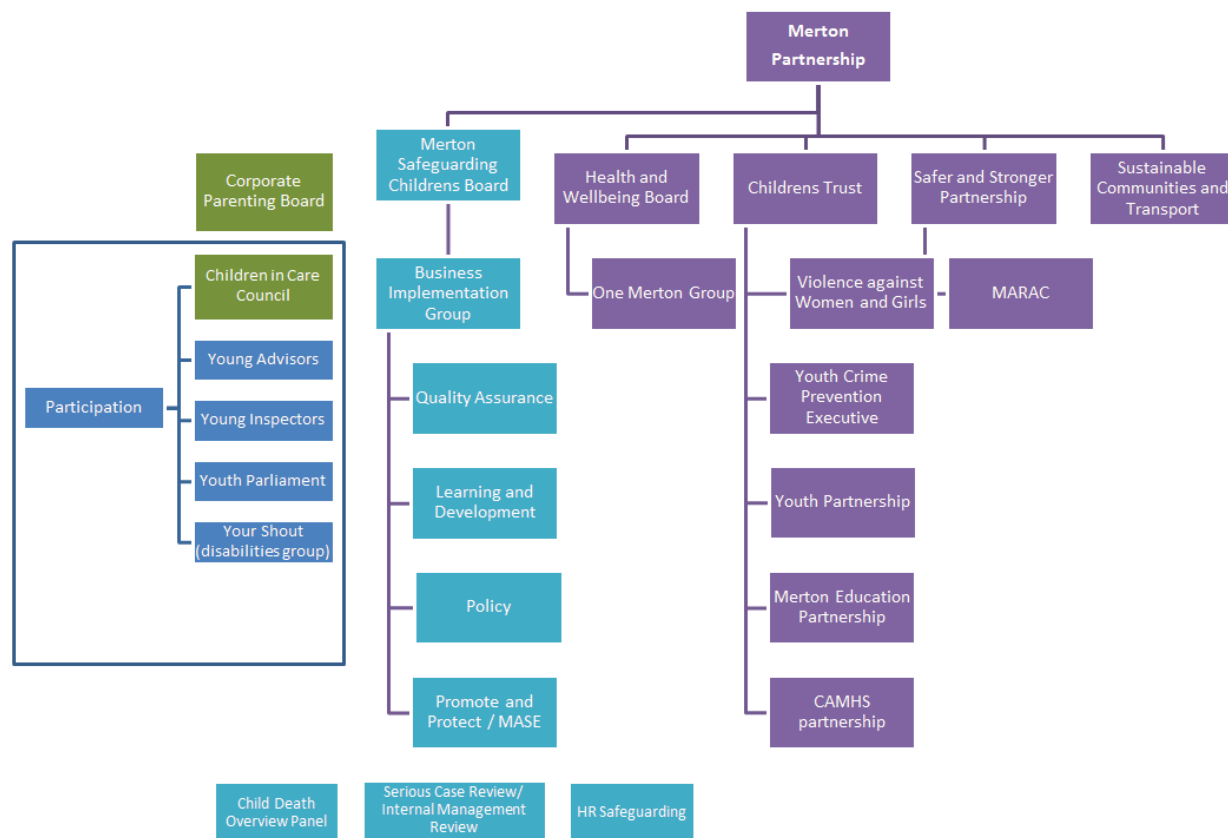


Figure X: Merton Partnership structure relating to children as at June 2015

Merton's Children's Trust Board and the Merton Safeguarding Children's Board are committed to working in the following ways to achieve the strategic outcomes in this plan:

- Keeping children and young people at the heart of our work.
- Equality, equity, inclusion and valuing diversity – judged on our impact on the most vulnerable.
- Local accountability and partnership.
- Making a difference – quality assurance and continuous improvement
- Promoting a learning culture
- Promoting a culture that values children and young people.

Performance management and governance

Merton's Children's Trust brings together services in the borough to focus on improving outcomes for all children and young people. Key partners of the trust are:

- Merton Council and Cabinet Member for Children's Services
- Merton Clinical Commissioning Group (CCG), Public Health and health providers
- Merton Borough Police
- Merton Voluntary Service Council, representing the voluntary and community sector
- Primary, secondary and special schools in Merton
- South Thames College

Representatives from all these organisations make up the Merton Children's Trust Board which will keep a strategic oversight of the plan. Each organisation has agreed to be responsible for implementing the Children and Young People's Plan.

The Children's Trust Board will monitor this plan against a combination of the 'What will we do? (action plan)' and the 'Key representative performance indicators' sections detailed in each chapter of this plan with progress reports submitted to the board.

Finally, we will continue to consult and engage children, young people and their families by implementing our User Voice Strategy. Maintaining an ongoing dialogue with service users, parents, carers (including young carers), professionals and advocates will be vital in driving improvement, ensuring challenge and accountability, and ensuring that our priorities remain relevant.

Understanding need

The Children and Young People's Plan has been informed by a wide range of information, including demographic data, performance information and service users' views. The section below provides a brief overview of the key messages.

Borough profile - Merton the Place

- Merton is an outer London borough situated to the south west of central London.
- Merton covers 14.7 square miles and is home to 200,543 people of which 47,499 are children and young people. The number of 0-19 year olds is forecast to increase by 3,180 (7%) by 2017, within which we forecast a 20% increase of children aged 5 to 9 (2,270).
- We have a younger population than the England average and have seen a 39% net increase of births over the last ten years (2,535 births in 2002 rising to 3,521 in 2010). The birth rate reduced in 2012/13 and again slightly in 2013/14 suggesting that the rate is stabilising. However the last ten years alongside other demographic factors has placed additional demand on all children's services.
- Predominantly suburban in character, Merton has three main town centres: Wimbledon, Mitcham and Morden, with high levels of commuter flows in and out of central London.
- Census 2011 data estimated that 40.1% of the population is from black and minority ethnic (BME) groups, with the range across schools being 32% to 91%.
- There are over 121 languages spoken in Merton's 43 primary schools, eight secondary schools, three special schools, one Pupil Referral Unit and 11 children's centres. The borough has concentrations of Urdu speaking communities, Sri Lankan, South African and Polish residents. The most prominent first languages for pupils apart from English are Tamil 5.9%, Urdu 5.9% and Polish 4.5%.
- 100% of children's centres have been judged as good or outstanding and 83% of schools are judged as good or outstanding.
- Our post 16 offer is delivered by South Thames College and a number of schools sixth forms and post 16 training providers.
- Seven libraries provide internet access, summer reading schemes and homework clubs as well as traditional book, CD, DVD and video lending. Three leisure centres and youth partnerships provide a wide range of facilities and participation activities in Mitcham, Morden and Wimbledon. Merton also boast 65 parks and open spaces (including Wimbledon and Mitcham commons), 28 conservation areas, 11 nature reserves and 17 allotment sites.
- Merton is consistently amongst the top four safest boroughs in London which is a tribute to the excellent partnerships between the council and Metropolitan Police.

According to the 2010 Index of Multiple Deprivation, Merton is the fourth least deprived of the 33 London boroughs. Nationally the borough is ranked 208 out of 326, where 1 is the most deprived. This overall lack of deprivation does, however, hide stark inequalities in the borough between deprived wards in the east of the borough (Mitcham) and the more affluent wards in the west (Wimbledon).

Our most deprived wards according to the Indices of Deprivation Affecting Children are Ravensbury, Cricket Green, Lavender Fields, Figgie's Marsh, Longthornton and Pollards Hill. These wards are also home to the majority of children and families supported by Childrens Social Care services.

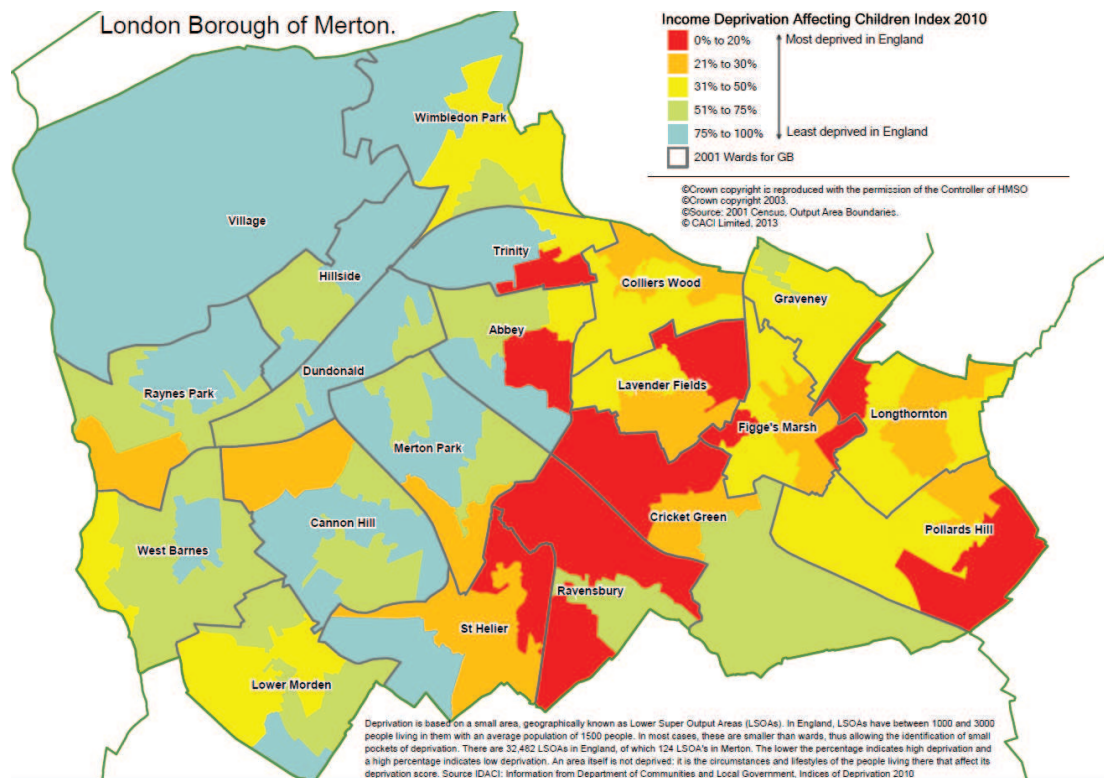


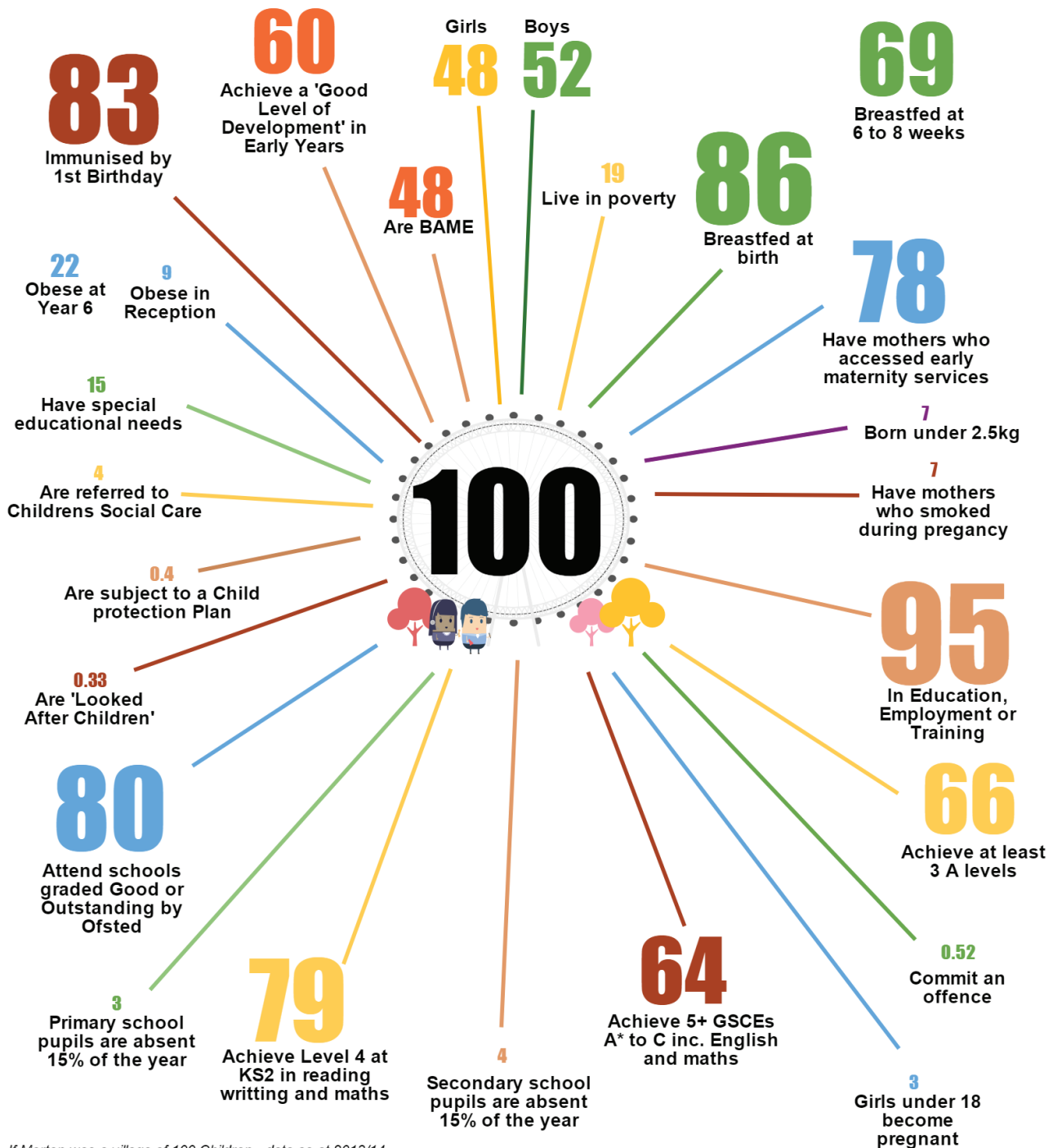
Figure X: Income of deprivation affective children (2010) in Merton by ward.

The following statistics highlight the inequalities between the east and the west of the borough.

- Median household income is £34,461 per annum. However, it is estimated that 27% of those employed living in the east of the borough earn under £20,000.
- The east of the borough has much higher levels of serious illness and early deaths from illnesses such as cancer and heart disease.
- Life expectancy for men in the most deprived 10% of the borough which is in the east is 77.20 years whilst for the least deprived 10% living in the west it is 83 years
- Merton has 39 areas which are amongst the 30% most deprived areas across England for children (39 Super Output Areas).
- 45% of Merton school pupils are living in an area of deprivation (30% most deprived, IDACI 2010).
- Although unemployment in the borough is below the national average, it rises significantly in some of the eastern wards, and 63% of all benefit claimants live in the east of the borough.
- Since 2010 we have seen an increase of 23% (2014) of children who are eligible for free school meals.

Merton is, therefore, a borough of contrasts. Bridging the gap between the east and the west of the borough is the main theme of the Merton Community Plan and as such a key driver for our Children and Young People's Plan.

IF MERTON WERE A VILLAGE OF 100 CHILDREN... IT TAKES A WHOLE VILLAGE TO RAISE A CHILD



If Merton was a village of 100 Children - data as at 2013/14

Priority area 1: Deliver early help and improve outcomes for those subject to the effects of disadvantage

Why do we need to focus on this?

Early help is provided at different levels of our Child and Wellbeing Model and in Merton we use the C4EO definition:

Intervening early and as soon as possible to tackle emerging problems for children, young people and families....early help can take place early in a child's life or early in the development of a problem....effective early help prevents escalation of need and reduces severity of problems...early help can be provided to individual families, particular vulnerable groups or whole populations (C4eo 2012)

Conscious of language across our partnership we agree that the term 'Early Help' is often used interchangeably and as reference to 'Early Intervention and Prevention', 'Early Support' and 'Early Years'.

Our focus is on working to create and deliver clear plans, often as multi-disciplinary services, which improve outcomes for children and reduce the escalation of need.

We understand that providing early help as soon as a problem emerges is more effective and potentially less expensive in promoting the welfare of children, we agree that:

- identifying and assessing problems at an early stage increases the chances of their effects being minimised or eliminated.
- good support in early years is a determinant of good outcomes and improved life chances.
- being alert and responding early to the key determinants of child protection in families – e.g. adult mental health, domestic violence and substance misuse – can prevent more intrusive interventions later

(Allen (2011); Field (2010); Tickell (2011); Munro (2011) et al)

Early help involves a broad range of multi-agency services and support. The physical and mental wellbeing of children and young people is incredibly important to them having a good quality of life, and good chances in adulthood.

We know that parents, children, and young people make a whole range of decisions that affect their life chance now and in the future. We know that parental capacity is key to good early life outcomes.

Having a good enough place to live, and the financial resources to manage, are an important part of children and young people being able to succeed in life. Without secure housing and financial stability families can find it hard to prioritise other things in life, and if the most basic of needs aren't met we have a very limited foundation to build on improving children and young people outcomes.

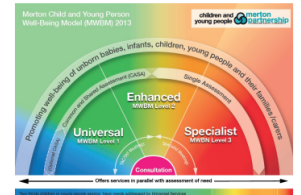
EARLY HELP

Improving outcomes for those subject to the effects of disadvantage

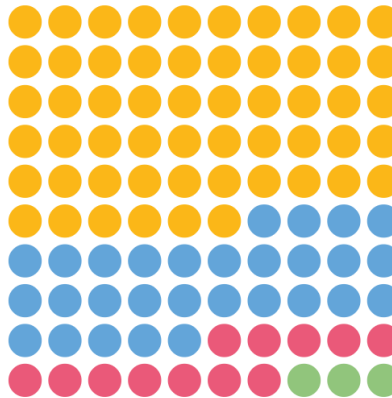
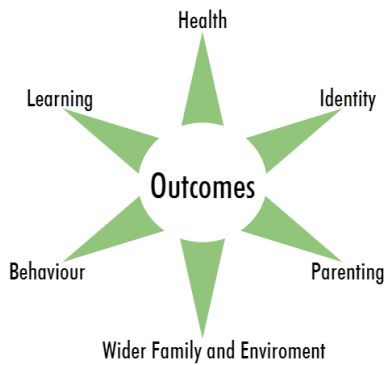


Early help is provided at different levels of our Child and Young Person Well Being Model, in Merton we believe in the C4EO definition:

Intervening early and as soon as possible to tackle emerging problems for children, young people and families...early help can take place early in a child's life or early in the development of a problem...effective early help prevents escalation of need and reduces severity of problems...early help can be provided to individual families, particular vulnerable groups or whole populations (C4EO 2012)




COMMON AND SHARED ASSESSMENTS



- Early years (56%)
- Primary school (29%)
- Secondary school (12%)
- 16+ (3%)

2000 
Trained CASA professionals

EARLY YEARS



78% of users of children's centres live in areas of deprivation (2014/15)


60% of all children achieve a Good Level of Development at Early Years Foundation Stage (2013/14) 


44% of Free School Meal children achieve a Good Level of Development at Early Years Foundation Stage (2013/14) 

6 to 8 weeks

Mothers breast feeding at 6 to 8 weeks 69% (2014/15)


MMR1 coverage Age 2, 84% (2014/15)
MMR2 coverage Age 5, 76% (2014/15)


Childhood obesity Reception 21% (2013/14) by Year 6, 36% (2013/14)


75% of parents referred complete 'Parenting programme' courses. (2014/15)

STEPPING UP AND DOWN IN NEED


escalating need


de-escalating need

For 80% of families early help works, they have no contact with children's social care for at least 6 months after attending a parenting programme (2013/14)




100%

370 Troubled Families turned around 2011 to 2015, now 378 more to support

Figure X: Merton intelligence profile: Early Help

What have been our key successes to date?

Since our last CYPP we have...

- Revised our Child and Young Person Wellbeing Model including implementing a new CASA model and tools with significant partnership engagement and consultation.
- Commissioned more targeted early intervention and prevention services, including services for families experiencing domestic violence and parental mental health issues and those requiring family support; services for young runaways and young people at risk of sexual exploitation; and services to support children with disabilities and young carers.
- Targeted the take-up of Children's Centre services to families from deprived areas in the borough, now making up 77% of all users.
- Turned around 100% (370) of high need 'troubled families' between 2011 and 2015. Merton was one of the first local authorities in the country to be selected by the DCLG to pilot the Expanded Programme for phase two of the programme.
- Troubled Families programme awarded national Compact Engagement award (November 2014).
- Implemented a project which has increased Pupil Premium income for Merton's schools.
- Forty four per cent of Free School Meal (FSM) children achieved a 'good level of development' (GLD) in the Early Years Foundation Stage (EYFS) 2013/14, a 10% increase on 2012/13.
- Improved breastfeeding and immunisation rates; reduced levels of excess weight and obesity in pre-school children and reduced levels of teenage pregnancies
- Established a Family Nurse Partnership and a commitment to maintain the programme over the next three years.

Our user voice activity told us....

Families who use children's centres in one locality said "We want more groups, often it is too busy and we cannot get in".

Parents said that the benefits of the free childcare that they receive for their eligible two year old includes making new friends, improving language development, reading, improved behaviour, increased confidence, and toilet training.

... so we did...

We have changed the way that this locality offered groups so that families can attend at least one extra session per week, in addition to targeted sessions. This year 78% of families in deprived areas accessed children's centres.

To encourage further take-up of the offer we produced a video with parents about the benefits of free childcare for eligible 2 year olds; take up has increased over the year 2014/15.

What will we do?

We want partner agencies to continue to lead on Common and Shared Assessments (CASA) and Teams Around the Child, and our early help commissioned services to be more sharply targeted at those families most at risk of poorer outcomes.

- We will remain committed to our multi-agency Merton Child and Young Person Wellbeing Model and continue to deliver CASA training and development across agencies to provide early help for all aspects of life. (MSCB Training programme)
- We will continue to apply and develop impact measures for early help services and use learning to inform future commissioning plans (Joint Commissioning Service Plan)

Positive early attachment, bonding and resilience have long-term benefits and it is during the early years that we develop our lifestyle habits for later years. We want parents to have increased confidence and skills in living sustainable healthy lives.

- We will continue to deliver effective, impactful and evidence based parenting programmes, targeted where necessary to support family and child development. We will focus on those families who are hard to engage (Early Help Strategy)
- We will continue to offer families support via the Local Area Network (LAN) in which a lead practitioner works with the family and other professionals to coordinate a package of support based around the family's individual needs. (Early Years Partnership)

Developing children's language from the earliest possible moment is the most significant of all interventions in narrowing the gap. 'The attainment gap between rich and poor which opens up before children start school, is visible during the infant years and increases over time' (White Paper, The importance of Teaching, 2010)

- We will focus on improving the early years development scores " Good Level of Development' where we are below national (Merton's Equalities and Community Cohesion Action Plan)
- We will continue to focus on attracting families from the target areas to engage with a wide range of Children Centres services including access to play and stay and early education groups, job club, child health services, midwifery and antenatal as well as targeted home visiting services. (Early Years Partnership)
- We will continue to support the roll our free child care hours in line with National policy expectations. (Early Years Partnership)
- We will increase levels of school readiness in young children (Health and Wellbeing Strategy)

Despite improvement, Merton's immunisation rates are below recommended levels and inequalities in immunisation uptake persist among poorer families. Obesity levels for children aged 4-5 have improved and are in line with national averages, but we have not sufficiently impacted on levels of obesity for children aged 10-11.

- We will complete joint commissioning of the new community health services for children and young people including health visiting, school nursing and therapies ensuring mobilisation in line with Clinical Commissioning Group and Local Authority priorities (CCG Operational Plan and Commissioning intentions)
- We will engage GP practices in strategies to increase uptake and coverage of childhood immunisations. (Health and Wellbeing Strategy)
- We will increase parental access to and awareness of immunisations. (Health and Wellbeing Strategy)
- We will re procure weight management services for children with an even greater focus on prevention. (Health and Wellbeing Strategy)

We are committed to improving access for children and young people to child and adolescent mental health services (CAMHS) and to continue to develop pathways to timely services for our more vulnerable young people.

- We will refresh Merton's CAMHS Strategy with an emphasis on promoting resilience and early intervention as well as providing care for the most vulnerable (CAMHS Transformation Programme)
- We will introduce a CAMHS 'Single Point of Access', strengthening information sharing with Merton's MASH (CAMHS Transformation Programme)

We want to build on the success of our Transforming Families service and find ways of sustaining this model in the longer term. We recognise the importance of disposable income to families and we want to provide more parents with support to meet their needs around employment, benefits and housing.

- We will continue to deliver the targeted Transforming Families programme to 'turn around' the lives of families with parental mental health, employability and school attendance needs. (CSF, Family and Adolescent Service Plan)
- We will continue to deliver employability programmes in our Children's Centres. (Early Years Partnership)
- We will work with partners to reduce JSA claimants and getting more of our residents into work. (Health and Wellbeing Strategy)
- We will commission specific training and development for lone parents and carers and the long term unemployed (Economic Development Strategy)
- We will support the regeneration of Pollards Hill and Phipps Bridge Estate (Circle Housing Regeneration Plan)

Key representative performance indicators

<i>Deliver early help and improve outcomes for those subject to the effects of disadvantage</i>	<i>2013-14 Outturn</i>	<i>2014-15 Outturn</i>	<i>National Benchmark</i>
<i>Percentage of parents referred completing 'parenting programmes'</i>	85%	75%	n/a
<i>Percentage of mothers breast feeding at 6 to 8 weeks</i>	69%	68%	n/a
<i>Percentage of 0-4 year olds from areas of deprivation (IDACI 30%) accessing Children's Centre services (estimated Census 2011 population)</i>	78%	78%	n/a
<i>Number of two year olds accessing 'Free child places'</i>	613	917	n/a
<i>Percentage achieving 'A Good Level of Development' at Early Years Foundation Stage (4 to 5 year olds)</i>	46% (AY 2012/13)	60% (AY 2013/14)	60% (2013/14)
<i>Percentage of Free School Meals cohort achieving 'A Good Level of Development' at Early Years Foundation Stage Profile (4 to 5 year olds)</i>	33% (AY 2012/13)	44% (AY 2013/14)	45% (2013/14)
<i>Percentage of MMR1 coverage: 1 dose of MMR by age 2 years</i>	83.5%	84.1%	n/a
<i>Percentage of MMR2 coverage: 2 doses of MMR by age 5 years</i>	72%	76%	n/a
<i>Percentage of excess weight in children age 4-5 years (overweight and obesity)</i>	21% (AY 2012/13)	20.9% (AY 2013/14)	n/a
<i>Percentage of excess weight in children aged 10-11 years (overweight and obesity)</i>	35% (AY 2012/13)	36.4% (AY 2013/14)	n/a
<i>Numbers of families engaged and 'Turned around' in the Transforming families programme (National Troubled Families programme)</i>	173	370 (100% Turned around)	99% 'Turned around'

Priority area 2: Safeguarding children and young people

Why do we need to focus on this?

Maintaining robust safeguarding arrangements is at the core of our activity. At our last Safeguarding and Looked after Children inspection in January 2012 Ofsted graded us as Good on all measures. Inspectors noted that “the council, its partners and elected members in Merton have identified and secured demonstrable improvements to services, which are contributing to improving outcomes for children and young people”.

Merton has sustained a journey of continuous improvement, which where possible has been embedded into a ‘business as usual’ approach. We have a long established Children and Young People Well Being Model which reflects how local services provide support for children along a continuum of need supported by “Universal, Enhanced and Specialist” level services.

Merton’s referral rate reflects a similar trend to London and National benchmarks, increasing from 351.5 in 2012/13 to 386.5 per 10,000 in 2013/14. Merton’s children in need rate per 10,000 (2013/14, 355.1) is lower than the London average 367 but higher than the National 346.4, we remain close to our statistical neighbours (2013/14). Our CIN rate has increased over a number of years alongside our population changes from 171.0 in 2008/9, 276.8 in 2009/10, 288.3 in 2010/11, 371.3 in 2011/12, 336.8 in 2012/13 and 355.1 in 2013/14.

Rates of children subject to a child protection plan in Merton (40.3 2013/14) are similar to national (42.1) and London (37.4). As at the end of 2013/14 11.3% of children became subject of a child protection plan for a second or subsequent time, this is lower than the national (15.5%) and London (13%) averages (2013/14). Our developing use of “Signs of Safety” is providing a useful tool for working with families as well as enabling active discussion about practice and continuous professional development.

One of the key features and enablers of progress has been the strong partnership that exists across a wide range of children’s services agencies at strategic and operational levels. We have strengthened the governance of safeguarding services provided by the Merton Safeguarding Children Board but remain ambitious to use performance management and quality assurance to further improve practice in line with our ambitions and expectations.

The council and partner agencies implemented an effective Multi Agency Safeguarding Hub (MASH) in line with national expectations. In the context of increasing pressure on specialist services, however, we need to review its functioning and ensure that the multi-agency capacity in the MASH is best utilised to identify and respond to safeguarding concerns.

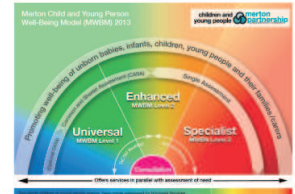
SAFEGUARDING

Effective, timely and targeted



The Merton Children and Young People Well Being Model reflects how local services provide support for children along a continuum of need supported by "Universal, Enhanced and Specialist" level services.

We want to ensure that children and families receive the right intervention from the right agencies, continuing to work across the partnership to minimise harm to children and young people.



RATE PER 10,000



Referrals of which 80% lead to the provision of social care services



Single Assessments

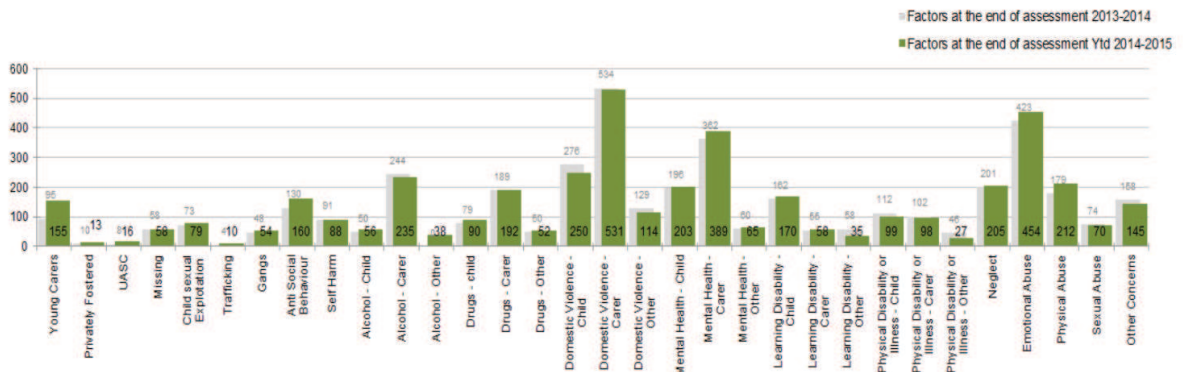


Section 47 enquiries

CHILDREN IN NEED OF HELP AND PROTECTION

Merton's children in need rate per 10,000 (2013/14, 355.1) is lower than the London average 367 but higher than the National 346.4, we remain close to our statistical neighbours (2013/14).

FACTORS IDENTIFIED AT THE END OF SINGLE ASSESSMENTS



CHILD PROTECTION

182 PLANS

40 children per 10,000 are subject of a child protection plan (National 42)

3% remain on a child protection plan for 2 years or more (National 2%)

11% are subject for a second or subsequent plan (National 15%)

Rate per 10,000 - emotional abuse 21, neglect 9, physical abuse 3, sexual abuse 3

EDUCATIONAL OUTCOMES

46% CIN achieving at least level 4 at KS2 in reading, writing and maths (National 46%)

22% CIN achieve 5 + A*-C grades at GCSE including English and maths (National 15%)

14% CIN persistently absent from school (National 13%)

5% CIN have at least 1 fixed term exclusion (National 7%)

Figure X: Merton intelligence profile: Safeguarding

What have been our key successes to date?

Since our last CYPP we have...

- Further developed the MSCB governance role and function
- Appointed a robust independent chair of the MSCB
- Reviewed the operation of the Board and sub-groups, establishing a new 'business implementation group'
- Strengthened multi-agency performance management via implementation of a new MSCB dataset
- Further developed and implemented our multi-agency Quality Assurance Framework with more routine case auditing; more robust section 11 assessments for safeguarding services and annual partner quality assurance and challenge meetings
- Undertaken self-evaluation and peer review of our response to child sexual exploitation and implemented a new strategy
- Reviewed and implemented a new Missing Children Strategy
- Responded to the 'Prevent' agenda through provision of guidance to parents and schools, and training for staff across partner agencies
- Implemented a successful recruitment and retention strategy for social work staff leading to reduced levels of agency staff and positive feedback from social workers about caseloads, supervision and learning and development opportunities

Our user voice activity told us...

... so we did...

A child on a 'child protection plan' was supported by our commissioned advocacy service to say how they wanted their family situation to be improved.



We fed back this information to the family and other professionals via key case meetings. There is now improved communication and support within the family, and the child's school attendance and punctuality has improved.

Our Young Inspectors said that they wanted to influence those who plan and deliver services which safeguard children and young people.



Young Inspectors chaired the 2015 Merton Safeguarding Children's Board (MSCB) Conference, and key presentations were delivered by pupils from local schools. Young people gave their views on children's safeguarding services to key managers and practitioners.

What will we do?

The Merton Children Safeguarding Board has identified the following key priorities:

- Maintaining the strongest focus on front line practice. (MSCB Business Plan)
- Developing a strategic multi-agency response to the issue of neglect. (MSCB Business Plan)
- Maintaining strategic oversight of specific cohorts of children including those at risk of child sexual exploitation, violence against women and girls, missing young people, children missing education, those supported by the Prevent strategy and young carers. (MSCB Business Plan & Community Safety Strategic Assessment 2015-16)
- Safeguarding children and young people with complex needs (MSCB Business Plan and SEND Single Improvement Plan)

Merton's MASH has a key role in ensuring that children and young people receive the right intervention at the right time. It needs to ensure that there is a prompt and appropriate safeguarding response where necessary and that children and young people can access pathways to support at 'children in need' level and early help support if they have lower level needs.

- We will review the functioning of the MASH in the context of our Children and Young People Wellbeing Model to ensure the appropriate differentiation of response to children and young people's needs. (MSCB Business Plan & Enhanced integrated 0 – 5 service provision in Merton plans)
- We will ensure collaboration between Merton's MASH and CAMHS services in the establishment of a co-located CAMHS Single Point of Access (CAMHS Transformation Programme)

Focusing on front line practice;

- We will focus on front line practice and learn from multiagency auditing and management reviews where required. (MSCB Business Plan)
- We will continue to roll out the 'Signs of Safety' model in safeguarding work to strengthen direct work with families. (Local Authority Childrens Social Care)
- We will continue to ensure high quality learning and development opportunities are available through our MSCB training offer (MSCB Training Programme & Workforce development strategy)
- We will build on our work to implement the London Training Evaluation Impact Framework (incorporated in London Child Protection Procedures) to understand if our learning offer is working (MSCB Training Programme)
- The council will maintain its social work recruitment and retention activity to minimise use of agency staff and ensure newly qualified social workers are inducted, supported and supervised appropriately (Local Authority Childrens Social Care)

'Neglect is the most common form of child abuse in the UK today. Neglect is the most frequent reason for a child protection referral, and it features in 60 per cent of serious case reviews into the death or serious injury of a child.' (Action for Children, March 2014). We want to improve our strategic and operational response to this issue and maintain a robust focus on other key safeguarding themes.

- We will develop a 'neglect strategy' so that there is a robust approach to identifying and intervening in cases of neglect. (MSCB Business Plan)
- We will maintain conspicuous care and strategic oversight of children at risk of child sexual exploitation, violence against women and girls, FGM, missing children and young people, children missing education, those supported by the Prevent strategy, those with complex needs and LASPO. (MSCB Business Plan)

Key representative performance indicators

Safeguarding children and young people	2013-14 Outturn	2014-15 Outturn	National Benchmark
Number of MASH initial contacts received	4574	4,613	n/a
Percentage of Single Assessments completed within statutory requirements of 45 days	81%	91%	82% (2013/14)
Percentage of quorate attendance at Child Protection Conferences	93%	91%	n/a
Child protection plan rate per 10,000		42	37
Number of Children subject of a Child Protection Plan (as at 31 March)	188	172	n/a
Number of family groups subject of a child protection plans		86	n/a
Percentage of child protection cases which were reviewed within required timescale (cases open three months or more)	93%	93%	94% (2013/14)
Percentage of Children subject of a Child Protection Plan who had a four weekly visit on time	84%	92%	n/a
Percentage of Children who became subject to a Child Protection Plan for second or subsequent time	12%	17%	15.8% (2013/14)
Percentage of reports to the Local Authority Designated Officer (LADO) within one working day (Working Together 2014/15 requirement)	45%	42%	n/a

Priority area 3: Children looked after and care leavers

Why do we need to focus on this?

We have a longstanding approach to preventing children becoming looked after but when children do need to come into care we want to ensure that care proceedings are timely and that our care plans appropriately safeguard children and support decisions around permanency which are in the best interests of each child. We are committed to ensuring all our looked after children and care leavers are given every opportunity to experience a safe, healthy and happy life in which they achieve their potential. We will make every effort to ensure they are able to grow up in a stable and supportive environment with a sense of belonging. Our role as corporate parents is significant and far reaching and we exercise this with commitment and accountability. Through this we consistently strive for all our young people to reach their potential, develop into independent, self-confident adults and enjoy their place in society.

Merton's looked after children rate per 10,000 remains within a range expected of local authorities with statistically similar population, although our actual numbers have been steadily rising from a low of 96 (2006/7) to 150 (2013/14). Reasons for this increase include the impact of national awareness of children's safeguarding, an increasing local birth rate and more general demographic changes.

Merton's services for children looked after and care leavers were rated 'good' in the 2012 Ofsted Safeguarding and Looked After Children inspection. Fostering and Adoption services were also rated good by Ofsted in 2012 and 2013.

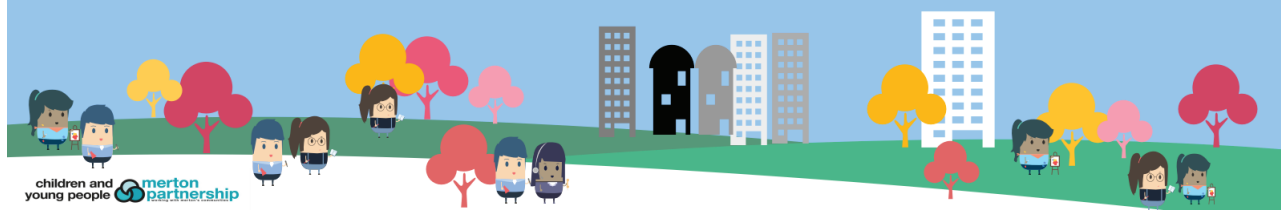
The Government has been clear in its drive to improve services and outcomes for looked after children, with revised statutory guidance that sets out the need to address the problem of delays in achieving permanency for children. The Family Justice Review and the revised Public Law Outline has aimed to dramatically speed up care proceedings, including a time limit of 26 weeks within which all, bar exceptional cases, must be completed. In response, we have redesigned our looked after children and permanency services to deliver permanency more quickly. We have also established an 'Edge of Care and Rehabilitation' panel to ensure that any decision to accommodate a child or young person between the ages of 0-16 is reviewed and a robust care plan put in place that has a focus on short and long term care planning.

We are determined to find the most appropriate care for our looked after children using family and friends; in-house foster carers, Independent Fostering Agencies (IFAs) or residential placements. By involving our partners we ensure coordinated wrap-around services are provided so that our children maintain healthy development, are safe both in and out of the home, achieve at school, are involved in out-of school activities and develop skills for independence.

Children often enter the care system with a poorer level of physical and mental health than their peers, and their longer-term outcomes remain worse. Nationally two thirds of looked after children have at least one physical health complaint, and nearly half have a mental health disorder. Health outcomes for Merton looked after children are better than the national average and these are underpinned by good support from health partners with good levels of routine health surveillance and access to specialist provision where necessary.

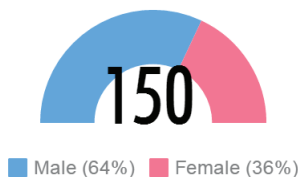
LOOKED AFTER CHILDREN

Enable Looked After Children

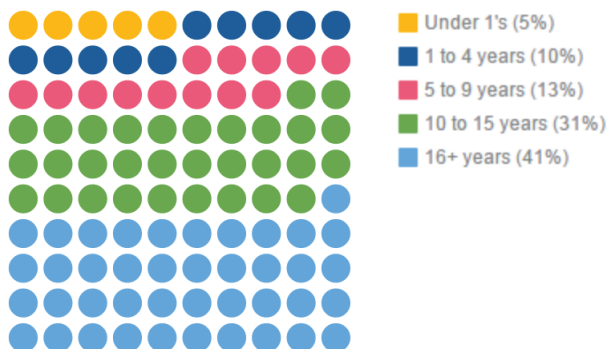


33 CHILDREN PER 10,000 BECOME LOOKED AFTER

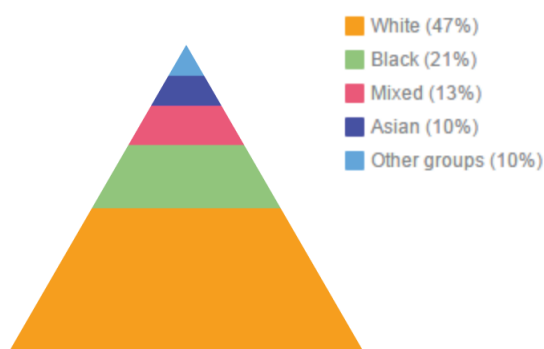
Merton's looked after children rate per 10,000 remains within a range expected of local authorities with a statistically similar population. Our actual numbers have risen from a low of 96 (2006/7) to 150 (2013/14). Reasons for this increase include the impact of national awareness of children's safeguarding, an increasing local birth rate and more general demographic changes.



AGE



ETHNICITY



CARE AND PERMANENCE

40 weeks

Care and Supervision application average duration 2014/15



12% move placements 3 or more times (National 11%)



66% were in the same placement for two years or more (National 68%)

689 days

Adopted in 689 days compared to 981 three years ago

HEALTH



95% immunised (National 83%)



8% substance misuse (National 4%)



95% Annual health check (National 87%)



83% Annual dental check (National 82%)

EDUCATION



67% achieve Level 4 at KS2 in reading, writing and maths (National R63%, W59%, M55%)



23% obtain 5 GCSEs A* - C including English and maths (National 15%)



3% are absent from school (National 4%)



47% are in education employment or training (National 45%)

Figure X: Merton intelligence profile: Looked After Children, 2013/14

What have been our key successes to date?

Since our last CYPP...

- Merton's overall services for children looked after and care leavers were rated 'good' by Ofsted in spring 2012
- Merton's Fostering Agency was rated Good by Ofsted in 2012 and Merton's Adoption Agency was rated Good by Ofsted in 2013
- We have developed the role and function of the Corporate Parenting Board, now chaired by the Chief Executive.
- We refreshed our Looked after Children strategy and launched a new Care Leavers strategy in 2014.
- We improved the timeliness of our court proceedings from 72 weeks in 2011/12 to 40 weeks in 2014/15 (Merton 2014/15, CAFCASS).
- We have reduced the time between children entering care and being adopted.
- We have established an Edge of Care and Rehabilitation panel to strengthen management overview and decision-making for LAC
- We have researched placement stability to better inform our placement sufficiency assessment
- Co-developed with the Children in Care Council, we launched our LAC and Care Leavers Pledge
- We have revived our Children in Care Council and progressed our LAC Participation Strategy

Our user voice activity told us....

Our Children in Care Council said they wanted better information about their rights, services and participation opportunities.



... so we did...

We refreshed and reissued the 'LAC Pack' including information about participating in and Chairing LAC review, how to access an advocate, and how to give feedback or make a complaint.

Looked after children said that they wanted to be involved in the training and recruitment of foster carers.



Young people now run and facilitate foster carer preparation meetings to share their experiences of being looked after. Carers report that having an increased understanding of what it is like to be in care has developed their practice.

What will we do?

To improve timeliness of care proceedings a revised Public Law Outline introduced in April 2014 set out streamlined case management procedures for dealing with care proceedings.

- We will develop clear processes which ensure that as much activity as possible is undertaken in advance of proceedings. This includes robust care planning, the coordination of viability assessments, expert assessments and parenting assessments. (Looked After Children Strategy)

We are committed to achieving permanency for our looked after children in the shortest possible time. There are a range of permanent care options which can be considered to meet this commitment.

- We will ensure that all options for permanency for children requiring a placement outside of their own immediate family are considered, including for those with the most complex needs, regardless of the impact on our performance scorecard (Looked After Children Strategy)
- We will continue to work closely with the South West London Adoption Consortium (SWLAC) to ensure that we are pooling resources and subsequently securing best matches. (Looked After Children Strategy)
- We will continue to improve the timeliness of good quality matches for children for whom permanency is the plan. Including improving permanency planning for children aged 6+. (Looked After Children Strategy)

We want to improve placement choice and stability. This entails expanding our range of placement options and identifying the right placement for a child as early in their care journey as possible. Our annual LAC Sufficiency Strategy supports us to target our placement commissioning and procurement.

- We will continue to undertake work to understand our looked after children in order to inform our commissioning activity for suitable and sufficient places. (Looked After Children Sufficiency Statement)
- We will maintain conspicuous management oversight of all cohort so that vulnerable placements can be identified and greater support provided to young people and placements. (Looked After Children Strategy)
- We will continue to focus on recruiting more in-house fostercarers to enable us to minimise use of IFA placements. (Looked After Children Sufficiency Statement)
- We will explore the commissioning of a small local children's home for adolescents. (Looked After Children Sufficiency Statement)

We want to improve educational outcomes for our looked after children. Nationally only 15% of looked after children achieved 5 good GCSEs including maths and English in 2012-13. Our performance in Merton was 23%, better than national but still not good enough.

- The Virtual School will continue to work with Early Years Specialists, carers and settings to develop robust early years PEPs for our younger LAC (Looked After Children Strategy, Virtual School)
- We will extend the Designated Teacher network to include all schools, colleges and commissioned Alternative Providers to enhance support for Merton Looked After Children and Care Leavers (Looked After Children Strategy, Virtual School)
- We will continue to improve pathway planning by ensuring earlier support for transition to education, training or employment at the end of Year 11 and beyond. (Looked After Children Strategy)

We want to improve health outcomes for Looked After Children. Children often enter the care system with a poorer level of physical and mental health than their peers, and their

longer-term outcomes remain worse. Nationally two thirds of looked after children have at least one physical health complaint, and nearly half have a mental health disorder

- We will continue to use LAC annual health assessments and statutory reviews to ensure that the child's health needs are being met and to escalate matters of concern to appropriate services. (Looked After Children Strategy, LAC Nurse)
- We will ensure the timely referral of LAC with substance misuse issues to the commissioned 'risk and resilience' service, and ensure social worker monitoring of engagement with the service of all LAC requiring interventions. (Looked After Children Strategy)
- We will complete the re-commissioning of the specialist CAMHS service for LAC designed to provide consultation to social work staff and carers and direct interventions with young people. (Looked After Children Strategy, CAMHS)
- We will continue to promote completion of the Strengths and Difficulties Questionnaire (SDQ) for all LAC and to ensure that this is an integral part of the annual LAC Health review for over 5 year olds. (Health and Wellbeing Strategy)

We want our looked after children and care leavers to shape and influence the services they receive, and to see their views reflected in our strategies and plans. Social workers and carers are also expected to support looked after children to access and benefit from hobbies, leisure, cultural and sporting activities.

- We will continue to commission an independent advocacy service for children looked after by the local authority and ensure that our IRO service consults appropriately with young people during the statutory review process, providing robust challenge to practice as necessary (Looked After Children Strategy)
- We will continue to encourage participation in the Children in Care council and ensure regular engagement with the Corporate Parenting Board and key decision-makers (User Voice Strategy)
- We will continue to create a range of opportunities for appropriate formal and informal 'participation' and engagement for our looked after children, including for example coffee meetings, fun activities and surveys. (User Voice Strategy)
- Social workers, carers and the Virtual School will continue to promote and facilitate young people's participation in a wide range of interests and hobbies through our care planning process (Looked After Children Strategy)

We want to continue to improve the support we provide to young people as they prepare to leave care and establish themselves independently. Nationally 33% of care leavers are not in education, employment or training (DfE, 2011) and we are determined to better this performance.

- We will review the 'My Guide to Independence' on a bi-annual basis with members of the Children in Care Council (Looked After Children Strategy)
- We will embed the joint working protocol with Mitcham Job Centre Plus to promote better access for care leavers to employment and training opportunities (Looked After Children Strategy)
- We will continue to support the local 'Aim Higher' project encouraging children to aspire to a university education. (Looked After Children Strategy, Virtual School)
- We will continue to deliver apprenticeships specifically for our Looked After Children each year. (Looked After Children Strategy)
- We will review the protocol and guidance for transitions to adult mental health and develop mental health provision for care leavers (Care Leavers Strategy)
- We will develop housing pathways/options and guidance and deliver a broader menu of housing options for our care leavers, including encouraging our care leavers to opt into 'Staying Put'. (Care Leavers Strategy)

Key representative performance indicators

Looked After Children	2013-14 Outturn	2014-15 Outturn	National Benchmark
Time taken to deliver care proceedings in line with the Public Law Outline 26 week expectations (CAFCASS)	63 Q1 2013	24 weeks Q4 2015	37 weeks (2013/14)
Number of Looked After Children	150	157	n/a
Rate per 10,000 of Looked After Children			
Percentage of Looked After Children in external foster care agencies	50%	42%	38% (2013/14)
Number of 'In-house' foster carers recruited	15	10	n/a
Percentage of Looked After Children cases reviewed within timescales	97%	95%	n/a
Percentage of Looked After Children annual Health Assessments completed within timescale	95%	94%	87% (2013/14)
Percentage of Initial Personal Education Plans completed within timescales	83%	93%	n/a
LAC achieved 5 GCSEs including maths and English		21%	
Numbers of children who become Looked After due to a remand	14	6	n/a
Percentage of Care Leavers in education, employment or training (EET) (19 year olds)	43%	41%	34% (2013/14)
Number of Looked After Children adopted or receiving a Special Guardianship Order	15	16	n/a
Placement stability performance (3 moves or more) in line with national average or better.	12.7%,		11%
Placement length (2 years or more) in line with national average or better.	Merton three year rolling average 66%		National average 68% (2011 to 2013)
Emotional and behavioural health SDQ score (strengths and difficulties questionnaire) Merton's average score 12.3, national benchmark 13.9 (2013/14)	Merton's average score 12.3		

Priority area 4: Closing the gap in educational outcomes and opportunity

Why do we need to focus on this?

High quality education motivates children and young people to learn, develops their skills and gives them a foundation of knowledge and understanding on which they can build throughout the rest of their lives. National education policy puts significant weight on the role of individual settings, children centres, schools and colleges to provide the best possible opportunities for children and young people. Standards are high in Merton with 83% of schools (2013/14) and 100% of children's centres rated good or outstanding by Ofsted.

However we have a role in identifying those who might not receive or be able to benefit from our universal offer and ensuring a high quality local children's centre, school and further education offer for those performing behind their peers. Our education priority therefore focuses on closing the gap in outcomes and opportunities.

'The attainment gap between rich and poor which opens up before children start school, is visible during the infant years and increases over time' (White Paper, The importance of teaching, 2010). We need to focus on the access to children's centres specifically for those children from areas of deprivation and those eligible for the free early years offer for two year olds.

Nationally, pupils entitled to free school meals are only half as likely to achieve five good GCSEs as their peers' (White Paper, The importance of teaching, 2010). In Merton at KS4 46% of FSM pupils achieved five A* to C including English and maths in 2013/14, compared to the national equivalent 37% and the average of all peers at 64%. This gap is prevalent at KS2 also, in that 70% of FSM pupils achieved KS2 Level 4 in reading, writing and maths, compared to the national equivalent 67% and the average of all peers at 79%.

Behaviour in Merton schools remains good, with attendance levels improved and fixed term secondary school exclusions decreased. However, we are ambitious to achieve further improvement in these key areas.

Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health as well as an increased likelihood of unemployment, low wages, and low quality work later on in life. Being NEET can also have an impact on unhealthy behaviours and involvement in crime. These negative health effects do not occur equally across the population, as the chance of being NEET is affected by area deprivation, socio-economic position, parental factors (such as employment, education, or attitudes), growing up in care, prior academic achievement and school experiences. Being NEET therefore occurs disproportionately amongst those already experiencing other sources of disadvantage. As we respond to the challenges of the raising of the participation age (RPA), we need to focus specifically on those young people more vulnerable to being NEET.

The council has a statutory duty to provide a school place for every child whose parent or carer requests one. After an unprecedented increase in the early years (0-3 years) and primary school (4-11 years) child population in the 2010s, the projections are for the number of pupils in this sector is to plateau from 2020 to 2030. The increase in primary school population starts to reach secondary school from 2015/16 and this will require substantial increase in the secondary school estate.

EDUCATION

Closing the gap in educational outcomes and opportunity



ALL CHILDREN AND YOUNG PEOPLE



60% Good Level of Development at Early years foundation stage (National 60%)



79% Level 4+ KS2 reading, writing and maths (National 79%)



64% 5+ A* to C GCSEs inc English and maths (National 53%)



95.4% in employment, education or training (National 94.7%)

DISADVANTAGED



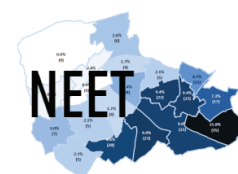
44% of PP Good Level of Development at Early years foundation stage (National 45%)



70% PP Level 4+ KS2 reading, writing and maths (National 67%)



46% 5+ A* to C GCSEs inc English and maths (National 37%)

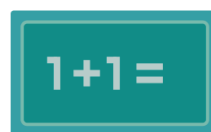


Prevalence of NEET across Merton

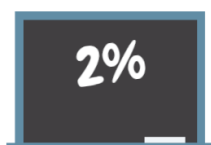


'The attainment gap between rich and poor which opens up before children start school, is visible during the infant years and increases over time' (White Paper, The importance of teaching, 2010).

We need to continue to focus on narrowing the gap.



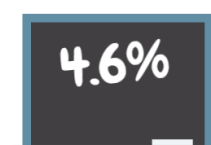
It is estimated that the current generation of 16 to 18 year olds who are NEET will cost society £31 billion during their life time, or £4.6 billion annually (No excuses a review of educational exclusion, Centre for Social Justice, 2011)



2% primary school persistent absence (National 1.9%)



20 primary schools expanded since 2010/11



4.6% secondary school persistent absence (National 5.3%)



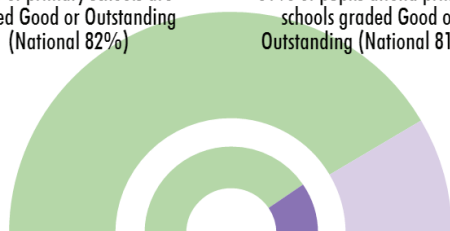
An estimated 2000 secondary school places needed from 2015/16 onwards

OFSTED

Standards are high in Merton 83% of schools (2013/14) and 100% of children's centres are graded Good or Outstanding by Ofsted

83% of primary schools are graded Good or Outstanding (National 82%)

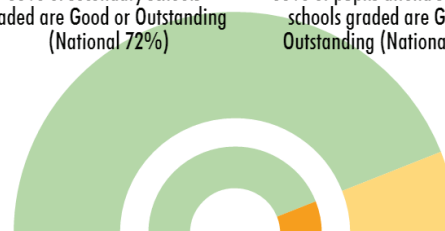
81% of pupils attend primary schools graded Good or Outstanding (National 81%)



Primary

88% of secondary schools graded are Good or Outstanding (National 72%)

88% of pupils attend secondary schools graded are Good or Outstanding (National 74%)



Secondary

Figure X: Merton intelligence profile: Education, 2013/14

What have been our key successes to date?

Since our last CYPP we have...

- Rolled-out free 2-year old childcare offer to disadvantaged groups, exceeding expectation and delivering 917 free child care places significantly exceeding the target of 705 (2013/14)
- Performance at Key Stage 2, reading, writing and maths combined at level 4 and above has increased to 79%. This is equal to the national average.
- At Key Stage 2, we are closing the gap between disadvantaged pupils and others, reducing the gap for attainment by 8% on 2012. (2013/14 X%)
- GCSE performance is above the national average, with 64.2% of pupils achieving 5+A*-C including English and maths, ranking Merton 16th nationally.
- We have implemented a more robust multi-agency Children Missing Education Strategy
- Reducing persistent absenteeism (PA) has been a key focus for the borough. Targeted work with schools and pupils has resulted in significant reduction in these rates which are now below national average.
- Fixed term secondary school exclusions have decreased from 8.15% to 5.31%..
- Permanent exclusions have decreased substantially in 2013/14 to 7 permanent exclusions from 12 in 2012/13. All permanent exclusions were pupils of secondary school age.
- We have implemented our alternative education strategy, improving the commissioning and quality assurance of this provision.
- Implemented NEET reduction strategy, 94% of Merton's 16-17 year olds are participating in education and training (2013/14). This proportion places Merton in the top quintile nationally.
- Merton's rate of apprenticeships is increasing but remains below national levels
- The council has met the increasing demand for primary school places over the last few years through expansion of over 20 primary schools. Additional capacity in SEN provision, both in mainstream and special schools has also been provided

Our user voice activity told us....

... so we did...

Pupils identified the type of teaching and learning approaches that they enjoy and the importance of giving regular feedback to pupils about progress made and areas for improvement.



Pupil voice has been incorporated into school improvement reviews and action plans which have led to developments in practice in schools.

Young people supported by our NEET prevention service said that family therapy has helped them to overcome barriers to accessing opportunities.



We have recruited an additional family therapist to the team to increase our capacity to deliver therapy to more families, and to help them to lift the barriers to accessing education, training and employment.

What will we do?

'The attainment gap between rich and poor which opens up before children start school, is visible during the infant years and increases over time' (White Paper, The Importance of Teaching, 2010)

- We will continue to roll out the strategy for funded childcare places for eligible 2 year olds ensuring take up at good and outstanding settings. (Early Years Partnership Plan)

Pupils entitled to free school meals are only half as likely to achieve five good GCSEs as their peers' (White Paper, The importance of teaching, 2010). Of those pupils known to be eligible for FSM there are variations in achievement by gender and ethnicity.

- We will continue to support and challenge schools and governors to use Pupil Premium, sports fund and Y7 catch up to raise pupil achievement. (Merton School Improvement Service – April 2016)

We have a role in identifying those who might not receive or be able to benefit from our universal offer and ensuring high quality local provision for those performing behind their peers

- We will manage the commissioning of KS4 EAL provision for in-year applicants to support them into appropriate full-time education. (Commissioning Team – July 2015)
- We will continue to support and challenge schools over attendance and especially the Children Missing Education (CME) programme and multi-agency approaches to improving PA on a case by case basis. (Merton School Improvement Service – Ongoing)
- We will continue to deliver a strategy to provide increased, timely access to good quality and appropriate alternative education for learners of compulsory school age. (Commissioning Team – September 2015)

It is estimated that the current generation of 16 to 18 year olds who are NEET will cost society £31 billion during their life time, or £4.6 billion annually (No Excuses: A Review of Educational Exclusion, Centre for Social Justice, 2011)

- We will continue to track and support young people 17 – 19 and target prevention through school based NEET prevention workers. (School Standards report 2013/14)
- We will continue to strengthen partnership arrangements e.g. with employers and work based learning providers to expand pathways and opportunities for young people including apprenticeships and make those apprenticeships more accessible. (School Standards report 2013/14)

The significant increase seen in Merton's primary school population starts to reach secondary school from 2015/16 and this will require substantial increase in the secondary school estate. We also need to provide additional places in local SEN provision. We need to ensure that in-year applications for school places, particularly for vulnerable pupils, are dealt with efficiently and fairly.

- We will deliver our secondary school places strategy by supporting the establishment of the new Harris Wimbledon Free School and through expansion of existing secondary schools in the east of the borough. (Contracts and School Organisation Service Plan 2015-16)
- We will deliver schemes to expand specialist provision and keep under review the need for additional special education provision, submitting bids as appropriate for capital resources. (Contracts and School Organisation Service Plan 2015-16)
- We will work with all secondary schools to agree a fair distribution of in-year secondary admissions and timely responses to applications and continue to operate

an effective Fair Access Protocol so that vulnerable children are placed in school as quickly as possible. (Contracts and School Organisation Service Plan 2015-16)

Key representative performance indicators

Education and Youth Inclusion	2013-14 Outturn	2014-15 Outturn	National Benchmark
Percentage of all Children's Centres graded good or outstanding by Ofsted inspections	100%	100%	69%
Percentage of Nursery Pupils (3 and 4 year olds) in Primary Schools graded good or outstanding by Ofsted	new	82%	n/a
Percentage of all Schools graded good or outstanding by Ofsted inspections	87%	85%	79%
Percentage of all Pupils in Schools graded good or outstanding by Ofsted	new	84%	86%
Percentage of Primary school attendance (all schools Inc. academies 2 and a half terms)	95.6% (AY 2012/13)	96.2% (AY 2013/14)	96.2% (AY 2013/14)
Percentage of Secondary school attendance (all schools Inc. academies 2 and a half terms)	94.4% (AY 2012/13)	95.2% (AY 2013/14)	94.9% (AY 2013/14)
Percentage of Children achieving Level Four in reading, writing and maths at Key Stage 2	78% (AY 2012/13)	79% (AY 2013/14)	79% (AY 2013/14)
Percentage of Young People achieving 5 or more GCSE grades A* to C including English & maths	62.6% (AY 2012/13)	64.2% (AY 2013/14)	53.4% (AY 2013/14)
Percentage of Secondary school pupils subject of a fixed term exclusion (percentage of pupils on roll)	8.15% (AY 2012/13)	6.89% (AY 2013/14)	6.62% (AY 2013/14)
Numbers of Secondary school permanent exclusions	11 (AY 2012/13)	7 (AY 2013/14)	n/a
Numbers of young people in alternative education	163 (AY 2012/13)	173 (AY 2013/14)	n/a
Percentage of Young People aged 16-18 Not in Employment, Education or Training (NEET)	4%	4.6%	5.30%
Percentage of Young People aged 16 - 18 who's NEET status is "Not Known"	9.8%	12.4%	9.20%
Percentage of surplus places at Reception year	3.75%	1.10%	n/a
Percentage of surplus places at Secondary school Year 7 (Inc. Academies)	12.34%	11.32%	n/a

Priority area 5: Engage and enable young people to better outcomes

Why do we need to focus on this?

There is often significant peer pressure affecting children and young people, to enter into activities that may not keep them safe, or maximise their potential. We want to divert our young people from these risks and engage them in positive activities to enable better outcomes.

We want to continue to ensure a diverse and sustainable universal youth offer through the Merton Youth Partnership - currently delivered across three hubs: Mitcham, Morden and Wimbledon. In addition the offer includes borough wide services such as the Duke of Edinburgh Awards and MAGIC (Disability Youth Club). Our detached youth provision, now part of the integrated 'risk and resilience' service, will continue to target engagement with more vulnerable young people.

We want our pupils in schools to feel happy. Our anti-bullying strategy work has continued in schools and the Young Residents Survey saw a fall in concerns around bullying from 29% to 25% in line with London. And for the 3rd year running concern about the behaviour of other children stabilised at 25% in line with last year which had seen a significant fall.

We want to divert young people from youth offending, associations with gangs or radicalised extremist behaviour. We received good feedback following our Home Office Peer Review on 'Gang Youth and Violence' in March 2013: "the review team found a number of examples where Merton had moved quickly as a partnership to nullify threats. Engagement with most partners is generally strong, especially with local schools and the voluntary and community sector (VCS)."

Merton's levels of serious youth violence is amongst the lowest in London, however our partnership remains committed to continuing to work together to reduce any youth crime.

We want to increase young people's engagement in diversionary activities that support the reduction in the use of substances and promote positive health choices, through early intervention, prevention and substance misuse treatment for young people aged 24 and under.

We want to support our young people through provision of effective mental health services. Forty four per cent of our primary schools and 25% of secondary schools buy into the Merton TAMHS (Targeted Mental Health in Schools) Service and 83% of mainstream schools fund further provision.

ENGAGE AND ENABLE

Positive life choices and better outcomes for Young People



children and young people merton partnership

OUR YOUNG PEOPLE

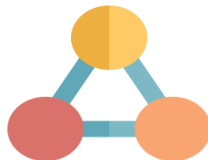
We want to engage our young people to positive activities. We want our young people to make positive life choices which result in better outcomes.



Teenage pregnancy conception rate 22.2 per 1000 (National 30.7) (2013)

MERTON YOUTH PARTNERSHIP

A diverse and sustainable youth offer through the Merton Youth Partnership since 2011/12



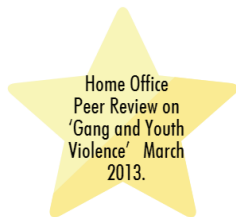
Wimbledon



Morden



Mitcham

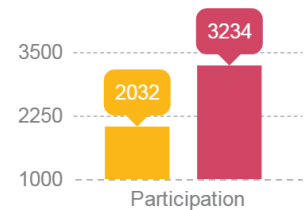


Home Office Peer Review on 'Gang and Youth Violence' March 2013.

"the review team found a number of examples where Merton had moved quickly as a partnership to nullify threats. Engagement with most partners is generally strong, especially with local schools and the voluntary and community sector (VCS)".

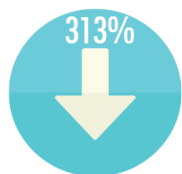
Number of young people engaged in positive youth service provision increased.

2032 2013/14 to 3234 in 2014/15



YOUTH JUSTICE

Merton's levels of serious youth violence is amongst the lowest in London, however our partnership remains committed to continuing to work together to reduce any youth crime.



Reduction: 60 First Time Entrants in 2014/15 from 188 in 2009/10



Re offending rate 1.11 per 1000 (National 1.10) (2014/15)



Custodial sentences of all court disposals rate per 1000 0.24 (National 0.51) (2014/15)



90% of young people supervised by the YOT are in Education, Employment or Training

There is a proven correlation between illiteracy, innumeracy and offending. Before custody 53% of male offenders and 71% of female offenders have no qualifications whatsoever' (Factsheet Education in Prisons Civitas: Institute for the study of Civic Society, 2010)



Young Residents Survey saw a fall in concerns around bullying from 29% to 25% in line with London – and for the 3rd year running

HEALTH



44% of our primary schools and 25% of secondary schools buy into the Merton TAMHS Service and 83% of mainstream schools fund further provision.



72% of young people are seen by CAMHS within 8 weeks of their referral (2014/15)

Figure X: Merton intelligence profile: Engage and enable

What have been our key successes to date?

Since our last CYPP we have...

- Continued to improve outcomes for young people in the youth justice system particularly in relation to a reduction of First Time Entrants, Re-offending and custodial sentences. Merton's youth justice service is one of London's top ten performing teams.
- The Short Quality Inspection (SQS) by Her Majesty's Inspectorate of Probation in September 2013 demonstrated a marked improvement in our youth justice casework.
- Assessments in relation to risk and safeguarding have been strengthened in the youth justice service following the SQS
- Implemented plans for new LAPSO and Youth Remand Orders
- Implemented ending gangs and serious youth violence peer review action plan following a good peer review to further improve our impact
- Progressed transformation of our universal youth services offer, establishing our new youth provision model through working closely with the voluntary sector
- Commissioned a new integrated 'risk and resilience' service for young people, delivering combined detached youth work, substance misuse and teenage pregnancy services.
- Established a Family Nurse Partnership and a commitment to maintain the programme over the next three years.

Our user voice activity told us....

Families supported by our Transforming Families (TF) Team said they want regular visits from an employment advisor at home, to help them into paid employment.

Our young advisors said that they wanted to take part in the re-commissioning of services.

... so we did...

We increased the capacity of our seconded Job Centre Plus worker to offer more outreach advice and guidance. At the end of this year 88% of families who were part of the TF programme had been 'turned around'.

We trained a group of young people to evaluate provider bids of the new risk and resilience service which integrates substance misuse, detached youth and sexual health promotion.

What will we do?

We want to divert young people from youth offending and from associations with gangs or radicalised extremist behaviour.

- We will continue to work in partnerships to support vulnerable young people to prevent offending and re-offending through a range of programmes; a 'scaled approach' with differing levels of intervention.(Youth Justice Service)
- We will work as a partnership to ensure early intervention with individuals identified as being at risk of progression towards offending as part of a group or gang. .(Youth Justice Service)
- We will support victims of youth crime through restorative justice interventions.(Youth Justice Service)
- We will work with all partners to identify and address radicalised behaviour at the earliest stage – collectively working towards delivering our Prevent agenda. .(MSCB Business Plan)

We want to increase young people's engagement in diversionary activities that support the reduction in the use of substances, and promote sexual health and positive health choices. We want to provide young people with appropriate mental health support.

- We will ensure that our young people have timely access to substance misuse and sexual health advice and/or referrals for specialist services and will deliver risk and resilience education via targeted workshops in schools and youth provision (Merton Youth Partnership)
- We will offer diversionary activities as part of the risk and resilience building programme aimed at young people aged 24 and under (Merton Youth Partnership)
- We will provide tailored one to one support/treatment interventions with a specialist substance misuse practitioner when needed (Risk and Resilience Service)
- We will ensure that our refreshed CAMHS strategy provides models of delivery which engage young people (Local Authority and CAMHS)
- We will continue to deliver a Family Nurse Partnership for the next three years.

We want all young people to be prepared for the world of work to enable them to maximise their potential

- We will review the provision of careers advice and guidance across Merton's secondary school sector. (Raising the Participation Age Partnership)
- We will continue to deliver our NEET strategy with resources focused on engaging with more vulnerable young people. (Raising the Participation Age Partnership)
- We will build the capacity in our Post 16 sector to ensure that Merton's young people have choices (Raising the Participation Age Partnership)

We want our young people to have access to a good range of positive activities

- We will continue to seek alternative funding sources to support the diversity and sustainability of our universal youth offer via the Merton Youth Partnership. (Merton Youth Partnership and Education Inclusion)

Key representative performance indicators

Engage and enable Young People positive outcomes	2013-14 Outturn	2014-15 Outturn	National Benchmark
Percentage of Young People aged 16-18 Not in Employment, Education or Training (NEET)	4%	4.6%	5.30%
Percentage of Young People aged 16 - 18 who's NEET status is "Not Known"	9.8%	12.4%	9.20%
Number of young people engaging in positive youth service participation	2032	3234	n/a
Number of first time entrance into Youth Justice System aged 10 to 17 (cumulative)	88	60	n/a
Rate of proven re-offending by young people in the youth justice system	1.1	1.05	1.04 (2013)
Number of young people engaging in positive youth service participation	2032	3234	n/a
Number of first time entrance into Youth Justice System aged 10 to 17 (cumulative)	88	60	n/a
Rate of proven re-offending by young people in the youth justice system	1.1	1.05	1.04 (2013)
Percentage of young people requiring a First CAMHS assessment seen within 8 weeks of referral	51%	72%	n/a
Teenage Pregnancy conception rate per 1000 (under 18 years) (Average data 18 months in arrears)	26.3 per 10,000 in 2012	22.2 per 10,000 in 2013	30.7 per 10,000 (2011)

Priority area 6: Children with special educational needs and disabilities (SENDIS)

Why do we need to focus on this?

The SEND reforms introduced by the Children and Families Act 2014 are a significant set of cultural and systematic changes which are designed to improve outcomes for children and young people with SEN or disability (SEND). We are committed to working with children, young people and parents to improve outcomes for individual children and young people, and strategically to ensuring that operational arrangements and services better reflect needs.

In Merton 15% (January 2015) of pupils were identified as having special educational needs compared to 18.7% nationally (2012/13). Nationally boys are two and a half times more likely to have statements of SEN at primary school than girls, and nearly three times more likely to have statements at secondary school. In Merton 70% of all statements are for boys and 30% are for girls (January 2015). In addition, looked after children are three and a half times more likely to have special educational needs, and over ten times more likely to have statements of SEN.

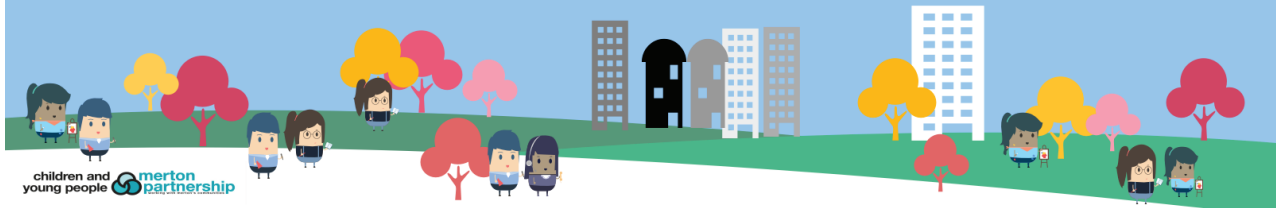
Children and young people with SEN do less well than their peers at school and college. Nationally pupils with SEN are more likely to have higher levels of absence from school and more likely to be excluded from school. At Key Stage 2 in 2013/14, 23% of pupils with statements of SEN achieved the Level 4 in reading writing and maths compared to 15% nationally and to 79% of pupils with no SEN. Between Key Stage 2 and Key Stage 4 27% made expected progress in English compared to 28% nationally, but only 17% made expected progress in maths compared to 19% nationally. At Key Stage 4 8% achieved five good GCSE's A* to C, including English and maths which is in line with the national average.

Young people with SEN are twice as likely to be out of education, training and employment than their peers. Employment outcomes for people with SEN and disabilities are also poor. In 2012, 46% of disabled people were in employment, compared to 76% of non-disabled people. In addition, employment rates for those with significant learning difficulties are much worse, with some evidence suggesting this to be as low as 7%.

Supporting independence improves outcomes and deploys resources more effectively: The National Audit Office estimated that the cost to the public purse of supporting a person with a moderate learning disability through adult life (16–64) is £2–3 million. Equipping a young person with the skills to live in semi-independent rather than fully supported housing could, in addition to quality-of-life improvements, reduce these lifetime support costs by around £1m. Supporting one person with a learning disability into employment could, in addition to improving their independence and self-esteem, reduce lifetime costs to the public purse by around £170,000. Adult care costs for those with learning difficulties and/or disabilities are second only to the costs of supporting the elderly (£5.19bn compared to £8.79bn, 2012-13)

SENDIS

Enable children with special educational needs and disabilities

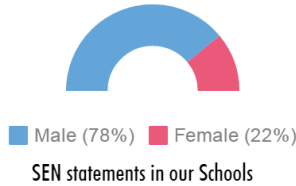


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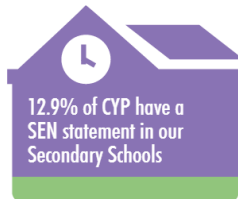
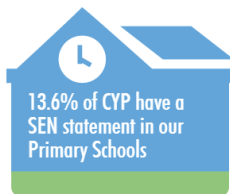
SPECIAL EDUCATIONAL NEEDS

1045
statements

Merton resident SEN population
(SEN2, January 2015)



In Merton 15% of all pupils are identified as having special educational needs (SEN statement) of which 78% are boys and 22% are girls (January 2015).

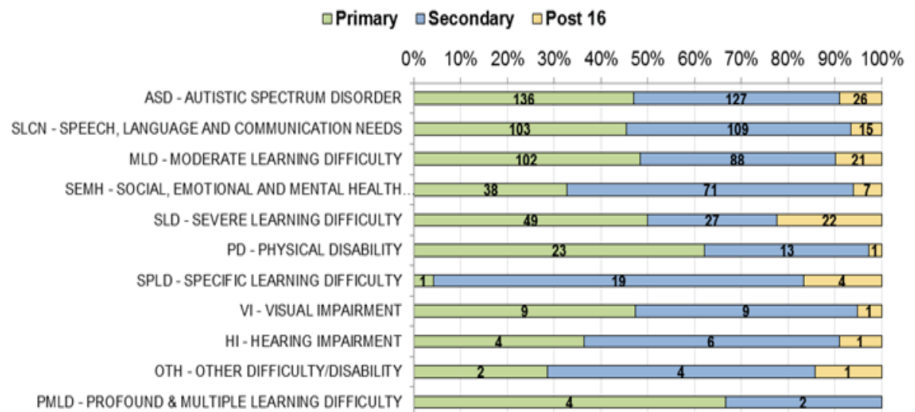


80% of SEN statemented young people aged 16 go on to or remain in education, employment, or training (86% National, 2011/12)

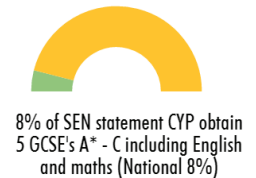
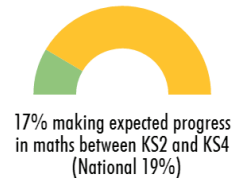
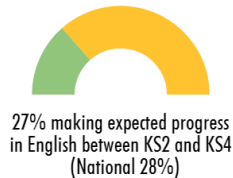
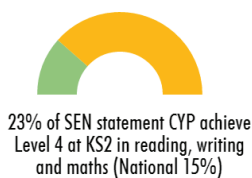
PRIMARY NEED

The 'Primary need' of ASD (Autistic Spectrum Disorder) and SLCN (Speech, Language and Communication Needs) are equally prevalent across both primary and secondary phases.

However, Severe Learning Difficulty (SLD) is more prevalent within the Primary Phase whereas Social, Emotional and Mental Health (SEMH) is proportionally higher within the Secondary Phase (January 2015)



EDUCATION



EDUCATION, HEALTH AND CARE PLANS TRANSFERS

The SEND reforms introduced by the Children and Families Act 2014 are a significant set of cultural and systematic changes which are designed to improve outcomes of children and young people with Special Educational Need or Disability.



Over 1000 Special Educational Need statements to be transferred to Education Health & Care plans over the next three years

Figure X: Merton intelligence profile: Special Educational Needs and Disabilities

What have been our key successes to date?

Since our last CYPP we have...

- Planned for and begun implementation of the major change programme arising from the Children and Families Act 2014
- Published our first 'local offer' for children with SEN and disabilities and their families
- Implemented Education, Health & Social Care planning for children with SEN and disabilities
- Introduced co-located health practitioners into our integrated service for Children with SEN and disabilities
- Re-negotiated 'tripartite' funding arrangements for children with the most complex needs
- Begun rollout of personal budgets for children with EHC plans
- Strengthened focus on safeguarding in casework with children with disabilities
- Established additional SEN capacity in mainstream and special schools
- Established Melrose school/SMART Centre partnership model

Our user voice activity told us....

Families with children with disabilities were consulted on the local authority's roll out of the Children and Families Act, they said 'we only wanted to give information about our circumstances once and care plans must be more person focused'.

Families were also consulted on the 'Local offer' – the requirement to publish information about services for children with SEN and disabilities.



... so we did...

Our EHC plans are more person centred, facilitate family involvement, only require information to be given once, and are outcomes focussed – 'looking ahead', rather than just listing needs and provision.

They said that they feel that the local authority has meaningfully involved them and listened to their views from an early stage, using their ideas and views to inform developments.

What will we do?

We will work together to commission services which deliver integrated support for children and young people with SEN and disabilities aged 0-25.

- We will review and refresh our overarching SEN Strategy. (Local Authority)
- We will review our commissioning strategy for services for children with disabilities and their families including short breaks. (SEND Single Improvement Plan)
- We will map 16 – 25 SEN provision and support the market to develop routes to employability and social skills development for young adults with disabilities (SEND Single Improvement Plan)
- We will continue to co-produce and improve our published local offer of services and provision available. (SEND Single Improvement Plan)
- We will strengthen the role of parents and carers in the governance of children's services by appointing to membership of the Children's Trust Board. (Childrens Trust Executive, AD Education)
- We will continue to consult children, young people and their parents as key stakeholders in the development of services for children with SEN and disabilities and their families.(User Voice Strategy)

We will embed our approach to integrated Education, Health and Care (EHC) assessment and planning for children and young people with SEN and disabilities aged 0-25.

- We will provide further development opportunities to the multi-disciplinary team to support the major cultural and practice changes needed to fully implement the requirements of the Children and Families Act. (SEND Single Improvement Plan)
- We will deliver EHC plans within the required time limits. (SEND Single Improvement Plan)
- We will continue to transfer old SEN statements into new EHC plans in line with our transfer strategy (SEND Single Improvement Plan)
- We will continue to develop our approach to personal budgets and will offer the option of personal budgets within the EHC planning process. (SEND Single Improvement Plan)
- We will work with Adult Social Care services to review transitions arrangements in response to the Children and Families Act and Care Act requirements (SEND Single Improvement Plan)

We will support the early identification of children and young people with SEN, particularly at key points such as in the early years, through the progress check at age 2, the integrated health check and through the healthy child programme.

- We will embed Portage/children with complex needs services, improve services delivered from Children's Centres for families with children with complex needs and improve parenting offer for families with children with specialist/complex needs. (Early Years, Childcare and Children's Centres Service Plan – March 2016)
- We will implement the new Code of Practice for the delivery of 2, 3 and 4 year old education with an improved focus on supporting the narrowing the gap agenda and raising learning outcomes so children are ready for school. (Early Years, Childcare and Children's Centre Service – April 15)

Key representative performance indicators

Children with Special Educational Needs (SEN) and disabilities	2013-14 Outturn	2014-15 Outturn	National Benchmark
Number of residents with an SEN statement		1045	n/a
Number of new SEN Statements/Education Health and Care Plans (EHCP) issued (in and out of Borough)	153	170	n/a
Percentage of all SEN statements issued in 26 weeks (without exceptions)	92%	96% (Q3)	93%
Percentage of all SEN statements issued in 26 weeks (with and without exceptions)	87%	92% (Q3)	86%
Percentage of new Education Health and Care Plans issued within 20 weeks	100%	Due Jan 2016	61.50%

Children and Young People Plan 2016 - Matrix

The CYPP is a plan of plans which sets the context to support and deliver improved outcomes for children, young people and their families. As a Childrens Trust all of our strategies and plans combined together deliver our vision, the below matrix presents how they all link in.

	SHORT to MEDIUM TERM PRIORITIES					
	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
	Deliver early help and improve outcomes for those subject to the effects of disadvantage	Deliver effective, timely and targeted safeguarding	Enable looked after and care leavers	Close the gap in educational outcomes and economic opportunity	Divert and deter Children and Young People to enable better outcomes	Enable children with special educational needs and disabilities
Merton Health and Well-Being Strategy 2017/18 Creating the place for the good life	✓			✓	✓	
Merton CCG Operational Plan and Commissioning Intentions 2014-16	✓	✓	✓		✓	✓
South West London 5 year Strategic Plan	✓					✓
4,5,6 Model - Health visitors	✓					
Breast Feeding Action Plan 2015/16	✓					
Merton Children Safeguarding Board priorities 2015-17	✓	✓	✓	✓	✓	✓
Community Safety Strategic Assessment 2015-16		✓				
LBM Young Persons' Substance Misuse and Teenage Pregnancy	✓				✓	
School Places Strategy				✓		
User Voice Strategy	✓	✓	✓	✓	✓	✓
Merton Education Partnership – The education network	✓			✓		
Enhancing integrated 0-5 service provision in Merton	✓	✓				
Merton's Employment and Skills	✓		✓	✓	✓	
SEND Single Improvement Plan	✓	✓		✓		✓
Volunteering Strategy	✓				✓	
Children Missing Education Annual Review December 2014		✓		✓		
Merton Council LAC Strategy 2015-18.			✓	✓	✓	✓
Merton Council Care Leavers Strategy 2015-18			✓		✓	✓
Workforce Development Strategy 2013-15		✓		✓		
LBM Family Poverty Strategy 2011-15	✓			✓		
Welfare Reform and Financial Resilience	✓					
MSCB and Children's Trust Young Carers Strategy 2013-16	✓	✓	✓			
Children Schools and Families priorities (Service Plans)	✓	✓	✓	✓	✓	✓

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