

Annual report of the Merton Safeguarding Children Board

2012/13



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1.0 Introduction by Kevin Crompton, Independent Chair of the Merton Safeguarding Children Board

This is my first annual report on the safeguarding of children and young people in the London Borough of Merton. In introducing this report the first thing I want to do is to thank all the partner agencies, their staff and their leadership for the commitment they have shown throughout the year to keeping all children, and vulnerable children in particular, safe. Safeguarding is everyone's business and here in Merton there is a lot of evidence of very good practice across all agencies. Safeguarding is however never to be taken lightly and whilst we can be pleased with the performance of the partnership we have to remain vigilant to the risks for children and young people in the borough. To this end the partnership has been working hard this year to understand and tackle new areas of risk such as the organised sexual exploitation of children and cyber bullying through social media.

I also want to take this opportunity to again extend our sympathy to the family and friends of Tia Sharp. Whilst our Serious Case Review showed clearly that no agency could have prevented her death we have taken seriously the learning from her case. Again this case illustrates the challenges at a national level concerning issues such as accessing child abuse images on the internet, supporting families with drug and alcohol issues and the importance of school attendance.

The partnership has also worked hard to maintain performance despite the challenges of 'austerity' and significant organisational change across all partners. In the main this has been successfully achieved but some of these factors, particularly the challenge of financial resources, will continue to concern us in the next few years.

This next year will also be our first full year working to the new guidance set out in Working Together 2013. This places a greater emphasis on holding partners to account, being a learning and development partnership, and the importance of effective early intervention and prevention. The Board will monitor our progress against these issues during the year.

As a Board we remain committed to keeping children and young people safe in Merton.



Kevin Crompton
Independent Chair, Merton Safeguarding Children Board

2.0 Governance and accountability arrangements

2.1 Membership of the Merton Safeguarding Children Board

In January 2013 a new Independent Chair, Kevin Crompton, was appointed following the retirement of the previous Chair, Tony Eccleston. Kevin brings exceptional experience and capability from his

previous work as a manager of children's and other local government services at the very highest level.

The membership of the MSCB is comprehensive and in line with the national guidance in *Working Together to Safeguard Children* 2010 – now superseded by the 2013 version published at the end of March 2013 - although the membership requirements remain similar. It represents the relevant sectors and agencies that need to be engaged. The level of attendance and engagement of the main agencies – Local Authority, Health (including designated professional and service leads along side commissioning leads) mental health, and police (both borough and child protection) is generally good. However, it had still not secured the membership of a named GP and the issue is now the subject of a review by NHS England (See 4.2 below). Members played an active role in discussing and development and also attended an awayday to review our work. In 2013 St George's Healthcare Trust (for St George's Hospital) is now engaged with the Board and attendance will begin in early 2013-14. See Appendix 1 for details of membership.

The Lead Member for Children's Services for the London Borough of Merton is also an active participant on the Board. The Lead Member and Director of Children's Services also provide links to the Children's Trust Board and the Health and Wellbeing Board¹. See Appendix 3 for more details

2.2 Role, function and structure of the Board and sub-groups

It is the job of the LSCB to ensure and be assured that children and young people are safe. It also has a role as a watchdog to ensure that there is good practice in all the local organisations that work with them. The objectives and key functions of the LSCB have followed *Working Together to Safeguard Children* (2010), and will continue this with *Working Together 2013* (see 7.8 below). When these functions are carried out effectively they not only contribute to keeping children safe, but also underpin the achievement of all the other outcomes in the Children & Young People's Plan which complements the work of the MSCB with its focus on vulnerable children and prevention.

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

The overarching strategic plan for children's services remains the Children & Young People Plan which was refreshed in 2012. Priorities for now explicitly include Safeguarding and are matched with those from the MSCB Business Plan.

¹ Health and Wellbeing Boards have been created to deliver strategic, local leadership in health and wellbeing. The work of HWBs are central to informing the commissioning of health and social care services in Merton and have a core role in encouraging joined-up services across the NHS, social care, public health and other local partners.

Merton Health and Wellbeing Board's (HWB) full statutory responsibilities have now been in place since April 2013 and a Shadow Health and Wellbeing Board has been working in Merton since 2011.

The HWB brings together the Council, Merton Clinical Commissioning Group, HealthWatch and the voluntary and community sector with a shared focus on improving the health and wellbeing in Merton.

The Business of the Main Board, which meets six times a year (one meeting is an 'awayday'), is structured around the Forward Plan. This themes reports and discussion around the main sectors and areas of activity:

- Health
- Police & Community Safety
- Community and voluntary sectors
- Annual report
- Promote & Protect Young People

Partners then make reports on activity, performance, and challenges and priorities for the future.

For more detail on the governance arrangements of the MSCB see Appendices 1-3

2.3 Financial arrangements and budget

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

The MSCB budget is administered by LB Merton but ring fenced for expenditure on safeguarding children business only with end of year balances being carried forward. For full details see the statement at Appendix 4. Several partners contribute to the budget: LB Merton, NHS Sutton & Merton (Merton Clinical Commissioning Group from April 2013), Metropolitan Police, National Probation Service and CAFCASS. The expenditure covers the cost of administering the Boards and subgroups, with the bulk of the money supporting the substantial training programme. Business management and development work for the MSCB is funded by LB Merton's core budgets.

Expenditure for 2012-13 was affected by the heavy costs incurred for the Serious Case Review (see 3.5 below. However, previous contingencies in the budget designed to cover such costs were sufficient to cover these in 2012-13. See Appendix 4 for details.

Total Expenditure	£187,960.00
Underspend carried forward to 2013-14	£35,166.00

Budget Projection 2013-14

Total Set Expenditure	£161,573.00
LBM Contributions	£83,858.00
External Contributions	£42,550.00
Budget Carried Forward	£35,165.00
Total Set Income	£161,573.00

As the SCR carried over in to the 2013-14 financial year, there will be additional expenditure on it in that year. It is anticipated that the resources will be sufficient to cover these.

3.0 How safe are children and young people in Merton? Review of the year 2012/13

3.1 Assuring that children and young people are safeguarded in Merton – the evidence

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

The Ofsted Inspection report² (SLAC report) of February 2012 still gives us the most robust evaluation of our strengths as a partnership to safeguarding children in Merton:

19. *Partnerships, including through the Merton Safeguarding Children Board, are well established and have been maintained through the significant changes within the health economy. Partnerships with the voluntary and community sector are outstanding.*

88. *Partnership working is good. The Merton Safeguarding Children Board functions effectively, and has recently carried out a comprehensive review of its performance and effectiveness. It has held the Children's Trust to account on the review of early intervention services and there are robust debates within agencies on the board when different views emerge. The board has secured the active engagement of most members and has appropriate senior manager representation from most agencies including the chair of the Child Death Overview Panel. However, it has not yet secured the membership of lay members or a named GP, although efforts to address these matters are being actively progressed. Young people are being appropriately included in the board through strong links with the Merton Young Advisers group.*

The Action Plan from the inspection was signed off and monitored by the by the MSCB during 2012-13 and has informed our plans and priorities in 2013-14 – see Appendix 9.

Merton's Child and Young Person Well Being Model is widely owned and the philosophy of intervening early and keeping children at home wherever possible is well embedded. The Early Intervention and Prevention Strategy is under development for 2013 and will result in significant changes – see 3.6 below. As a result Merton has relatively low numbers of children in care and children subject to child protection plans. A range of family support services all contribute to the Safeguarding agenda including Bond Road Family Support Team, Family Intervention Project, Multi-Systemic Therapy, Supporting Families Team across children's centres, the Vulnerable Children's Team, Jigsaw4U, and Young Carers.

3.2 Safeguarding in Merton – Quality Assurance

The MSCB partners have been developing and reviewing its Performance Framework for the work of all agencies working in partnership to safeguard children. The Framework is updated quarterly and

² Ofsted: *Inspection of safeguarding and looked after children services, London Borough of Merton*. Published: 24 February 2012. Inspection dates: 9 – 20 January 2012.

presented to each MSCB main Board meeting. The relevance and composition of the dataset is continually under review to ensure the Board receives the fullest picture of performance and activity. Further development work is planned for 2013-14 with the aim of expanding all partner contributions.

See Appendix 5. for the full MSCB performance dataset and other indicators.

3.2.1 Quality Assurance Framework

A Quality Assurance Framework has been produced which was presented to the Board and agreed on 12 March 2013, and will be implemented during 2013-14. This brings together work with Children's Social Care (CSC) and multi-agency into a single framework. Capacity has been found in CSC to employ an additional Quality Assurance Manager with the role of developing the whole programme.

3.2.2 Data and information about safeguarding performance

In January 2013 the new Independent Chair of the MSCB led on a series of performance and quality assurance meetings with executive leads from key partner organisations including the Clinical Commissioning Group, Police, the Mental Health Trust, Probation and Children's Social Care. A full performance report can be seen at Appendix 5.

The purpose of the meetings was to meet with executive leads for the key partner agencies in the MSCB is to identify how each agency assures themselves and others that they are compliant with their safeguarding responsibilities and that they are safeguarding children and young people.

Meetings were held involving the independent Chair of the MSCB and the Director of Children, Schools and Families with senior colleagues from Children, Schools and Family services department Merton Council; Merton Clinical Commissioning Group; Metropolitan Police service Merton Borough; London Probation Trust; and the SW London and St Georges Mental Health Trust .

The meetings discussed current performance, reviewed progress against the Safeguarding and looked after children SLAC action plan; reviewed quality assurance and governance and identified key issues for action, including recent Individual Management/Lessons Learned Reviews (IMRs/LLRs) and Serious Case Reviews (SCRs)³. See 3.5 below.

Performance against the Safeguarding and Looked after Children Action Plan

In the main performance against the SLAC action plan was good with the majority of actions being rated as green for progress.

Children Schools and Families had made progress in ensuring that referees to social care were consistently informed about the outcome of their referral; improved timescales from strategy discussions

³ IMRs/LLRs are reviews of a child protection incident which falls below the threshold for an SCR serious case.

An SCR is a statutory review where:

(a) abuse or neglect of a child is known or suspected; and

(b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

to Initial child protection conferences and the regular audit of these timescales ; the introduction of improved planning for child protection and transition work with children with disabilities ; better arrangements for hearing the 'voice of the child' and improvements in quality assurance and case audit.

Quality assurance and governance

Each agency was given the opportunity to outline their governance and internal quality assurance process for safeguarding. Arrangements within all agencies were judged to be appropriate and providing the right profile for safeguarding within the partner agencies. These initial arrangements ensure that safeguarding has not only a solid multi agency focus through the safeguarding board but that individual partners maintain their own internal focus on safeguarding issues and practice. Leadership was well provided within the Borough Council including regular meetings between the chair of the safeguarding board and the chief executive, regular updates from the director to the lead member, chief executive and leader of the council. Other elected members were also appropriately involved.

All partners agreed a new multi agency quality assurance framework to be introduced in 2013/14. This is already in progress.

Performance against key indicators

Partners reviewed key performance indicators . Much of this data is reported elsewhere in this report but the following key points were noted:

The number of children on Child Protection Plans had risen and is now around the national average whilst numbers of looked after children remains relatively low. CSF reviews such plans regularly to ensure that the right children do become looked after when the risk justifies such action. Recent inspections have validated improvements in adoption and permanency. There have also been regular audits of children subject to a protection plan for a second time. This ensures that this potentially vulnerable group is well monitored. The number of missing children appeared to be rising but, on analysis, this is related to better recording.

Changes in the health economy were reported to the meetings and assurances given on governance being sustained as we moved into the new arrangements. Risk assessments had been done to ensure that safeguarding remained a high priority for staff during the transition. Appropriate governance had been established by the CCG and a high level of continuity of staff attending meetings and other safeguarding forums has been sustained.

The Police noted that Domestic Violence was an issue in 58% of cases of children on a Child Protection Plan. Both domestic violence and abuse were still rising in the borough and remained a significant challenge for all partners. New approaches are being introduced by the police in relation to dealing with gangs and child sexual exploitation. Improved performance in the detection of gun and knife crime was reported.

London probation trust reported improvements in the monitoring of multi agency public protection (MAPPA) cases whilst acknowledging that we could improve the use of 'soft' data at a local level. Agreement was reached to develop an agreed set of performance data to provide greater insight into MAPPA cases in the borough.

The overall conclusion of the meetings was however that the partnership should commit to a new data set for 2013/14 which would allow for greater challenge and scrutiny of performance. Whilst performance against current data was good partners wanted to ensure that we reviewed the appropriateness of those

indicators to ensure that we had the tools to monitor and assess the performance of all partners .

No serious under-performance issues were identified by partners. However, all are fully committed to continuous improvement.

Key issues identified.

Improve the delivery of health checks and health 'passports ' for looked after children – led by Merton Clinical Commissioning Group (CCG).

Positive developments such as the forthcoming introduction of the Family Nurse Partnership into Merton were recognised as was the introduction of the single assessment process from April 2013.

A strategic review should be commissioned on the causes ,incidents and remedies for domestic violence and/or abuse in the borough – led by LB Merton as joint priorities for Safer Merton and the MSCB.

Previously acute health trust data has come solely from the Epsom St Helier Trust, but figures from the Clinical Commissioning Group have established that attendance by Merton residents runs just over 50% for St George's Hospital (which has usually engaged with Wandsworth SCB), 26% for St Helier Hospital, 10% Kingston Hospital, the remainder being others including Croydon University Hospital. Data is now being received from St George's and a report provided for the first time in this annual report.

3.2.3 Section 11 audits

A biennial assessment of all MSCB member agencies and organisations is be made in relation to their duties under Section 11 of the Children Act 2004. This is a self-assessment process based on a tool which is used across London. It aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level. Each agency or organisation must ensure that any statements made within the tool are backed by evidence. It is anticipated that assessment of compliance with arrangements at operational service level will have been undertaken to support statements in this self-assessment. Wherever possible, evidence of impact on improving outcomes for children should be identified.

The tool assesses each agency / organisation against eight standards based on the requirements of Section 11 Children Act 2004 as set down in the 'Statutory Guidance on Making Arrangements to Safeguard & Promote the Welfare of Children under Sec 11 Children Act 2004' (pages 13-17) .

Throughout the self-assessment, consideration must be given to evidencing improved outcomes for children young people and their families as a result of the arrangements.

The audit was conducted at the beginning of 2012, and was considered at the MSCB Awayday in May 2012. Some additional audits have been received during 2013 including Housing Needs and the private Parkside Hospital after the Designated Nurse for Child Protection engaged very successfully with their safeguarding lead. See Appendix 7 for details.

Learning from these audits was incorporated into the refresh of the MSCB Business Plan in September 2012. See 5.1 below.

A new full audit will be completed by Dec 2013. Headline compliance with the standards is recorded in the partner reports at 4.0 below. More detailed evidence to support the assertions will be required by the end of the year.

3.2.4 Multi Agency audits

The Quality Assurance Subgroup of the MSCB maintains a programme of multi-agency case audits through the year to establish learning from specific cases and to commission action from other subgroups or individual agencies through an audit action plan.

See Appendix 12 for more detail on the partnership working of subgroups.

3.3 MARAC/Domestic Violence/Abuse

A MARAC is a meeting where information on the highest risk domestic abuse cases is shared between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. The focus of the MARAC is to safeguard the adult victim, to safeguard any children and to manage the behaviour of the adult perpetrator. The working assumption is that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

Successes:

- Increased reporting – a 10.6% increase police recorded offences, from 802 in 2011/12 to 887 in 2012/13, means increased understanding of, and faith in, services.
- Increased MARAC referrals – a 15.8% increase from 164 in 2011/12 to 190 in 2012/13, means increased identification of high risk cases.
- Increased usage of the One Stop Shop (OSS) – 39% increase from 155 clients in 2011/12 to 212 in 2012/13 means increased public/victim awareness of the service.

One Stop Shop:

- The Safer Merton partnership aims to run the OSS every working Monday throughout the year. 45 sessions were run between April 2012 to March 2013.
- From April 2012 to March 2013 the one stop shop had 215 clients attend the service, of these 212 were female and 3 were men. This is an increase of 39% (from 155) in clients compared to the previous year.
- 279 children were identified via the victims.
- On average 4.8 clients attend per week, with 8 clients attending a single session on three occasions.
- Over the year we have had many agencies attend the OSS to observe how it works and find out more about the service.

The MARAC meets once a month. Between April 2012 and March 2013, Merton MARAC discussed 190 cases, 13% of these were repeat referrals, 213 children were identified as involved in these cases.

Strategic Assessment:

The 2013-14 Safer Merton 'Strategic Assessment' identified Domestic Violence as a strategic priority for the Partnership for a fifth year in a row.

Domestic Violence in Merton over 2012 was fully profiled with the findings used to inform the creation of an action plan which will be owned by the Safer & Stronger Executive Board and delivered by a variety of partners. Work on the action plan is on-going and is due to be presented to the Executive Board in late

August 2013.

Impact

There has been an increase in clients at the One Stop Shop and this is proving a valuable service for agencies. This in turn ensures that the 'victims' of abuse are receiving support and services where they previously were not. High risk individuals are monitored and interventions offered/put in place as required.

Voice of the child

The services are victim focused and in the majority of cases, but not all, where children are part of the family we have strong linkages with the MASH in order to ensure that referrals are made quickly to ensure children's needs are understood and responded to.

3.4 MAPPA

Individuals who are known to pose a risk to others within the community may be the subject of a plan drawn up under the Multi-Agency Protection Panel Arrangements (MAPPA): a statutory set of arrangements operated by criminal justice and social care agencies that seeks to reduce the serious re-offending behaviour of sex and violent offenders to protect the public.

MAPPA's are in place in all 32 London Boroughs and the City of London to manage sexual offenders and violent offenders. These arrangements are statutory which means that there is a duty on all the agencies involved to share information about MAPPA offenders and to fulfil their obligations in helping to manage them safely in the community.

Merton MAPPA meet every six weeks, attended by: -

Merton Police Detective Chief Inspector (Chair)
Merton and Sutton Probation, Senior Probation Officer (Co-Chair)
Merton & Sutton Probation - MAPPA administrator
Merton Police Jigsaw Team (1 x DS, 3 x DC)
Merton Children's Social Care
Merton Housing
Merton and Sutton Mental Health Manager
Child Abuse Investigation Team (Detective Sergeant)
Merton Children, Schools & Family Youth Offending Team (YOT)
Victim Liaison Officer (Probation)
Job Centre Plus (Senior Manager)

And any other invited guest who can contribute to the management of Sexual and Violent offenders who are residing or likely to reside in the Borough of Merton.

On the 12th October 2012 London MAPPA Strategic Management Board assessed the Merton MAPPA meeting. The purpose of the assessment was to evaluate the quality of MAPPA across London, identify areas for improvement and spread examples of good practice. The visits are also an important channel of communication between the Board and local MAPPA.

The overall assessment for the Merton MAPPA was scored as "**EXCELLENT**"

As a snap shot of the case load managed by MAPPA:

Numbers of Registered Sex Offenders as of the August 2013:

154 Registered Sex Offenders monitored by Merton Police Jigsaw Team.

Of which:-

- 123** Living in the Community
- 31** Serving a prison sentence
- 14** Deported
- 7** Awaiting sentence

Total Registered Sex Offenders in London – **6034**

Numbers of Violent (Cat 2 & 3) Offenders as of the August 2013

24 Offenders monitored by Merton MAPPA. Offenders convicted and having served prison sentences i.e. Murder, Manslaughter, Terrorism, Robbery and Serious Violence.

Merton MAPPA also manages 30 High Risk Violent Offenders.

Children Safeguarding within MAPPA.

Where any MAPPA offender (Sexual & Violent) has contact with children (under 18) a Merlin report is created and a referral is made to Merton MASH (Multi Agency Safeguarding Hub).

Police officers from the Merton Jigsaw Team will attend the initial child protection meeting and will inform the meeting with any updates on the offender's convictions, current risk level and level of management. If the child/children are placed on the Child Protection Register or deemed a Child in Need, then the Police officer and Probation officer responsible for the management of that offender will attend the six weekly Core Group meetings and the six monthly reviews to facilitate the flow of information.

3.5 Serious cases and incidents 2012/13

Merton remains committed to learning the lessons of serious cases and near misses. Prior to 2012 we had not had a case which triggered a serious case review for ten years, however we have undertaken single agency IMRs and brought colleagues together to discuss their outcomes as well as sharing the lessons from complex cases and joint audits.

There were three high profile tragic incidents connected with the borough in the last year. There was a domestic homicide involving a family with recent residence in Merton which took place outside of the borough. The local authority/police partners in that borough considered undertaking a domestic homicide review, but, as no agency had any involvement with the family (except a local GP) it was decided that the review would not provide any helpful insights. A young child attending a private nursery asphyxiated. This matter is the subject of consideration by the coroner. Subject to the outcomes of these enquiries the MSCB will consider whether any form of case review should take place.

The disappearance and subsequent tragic and untimely death of Tia Sharp – known as Child A - in summer 2012 received considerable national media coverage. Given these circumstances the MSCB commissioned a Serious Case Review (SCR). The review was published in July 2013 and is

summarised below.

3.5.1 Serious Case Review Child A

The text of the Executive Summary of the SCR report can be seen at Appendix 6. A copy of the full overview report is available to download from the MSCB website: www.merton.gov.uk/lscb.

Child A, a 12 year old girl, was reported missing in August 2012. Her body was discovered a week later in the loft of her maternal grandmother's home. Her grandmother's partner entered a plea of guilty to her murder.

A number of local agencies were known to have had contact with Child A and members of her family. The circumstances of her death and subsequent enquiries suggested that the agencies might be able to learn lessons about the way they had worked, individually and collectively, with the family. This led to the decision by the Merton Safeguarding Children Board that there should be a Serious Case Review (SCR).

That SCR was conducted between September 2012 and April 2013.

It is right to say that, before her death, no agency was aware of any evidence of concern for Child A's safety. Her health and development were normal. She is generally described as a bright, happy child with a warm personality.

Although there are lessons to be learned and areas in which services can be improved, there was no information known to any agency which would suggest that Child A's life would end as it did, or indeed that she was at any risk of physical harm.

Recommendations from the SCR were endorsed by the MSCB from April 2013 and an action plan is being taken forward during the year.

3.6 Early Intervention and Prevention

Also known as 'early help', Merton's Children's Trust and the local authority have made early intervention and prevention (EIP) a priority approach across the range of its services since 2005.

Significant changes in Merton's approach to the provision of early intervention and prevention (EIP) services have been made during 2012-13 with full implementation beginning in 2013-14. The rationale for making these changes is set out below, providing details of the new services (both delivered from within the Children Schools and Families Department and externally commissioned) and outlines the future monitoring arrangements and assurance process that will provide evidence of value-for-money and effectiveness/impact of our 'early help'.

Local authorities have a range of statutory responsibilities in respect of children who require safeguarding, who become looked after or who are 'in need'. It is in the best interests of children, families and public services for the additional needs of children to be identified and met as early as possible. Put simply, children's needs are generally best met within their own families and kinship networks; families have rights to receive support to enable children to achieve positive outcomes; as children's additional needs escalate, positive outcomes are harder to achieve; when additional needs escalate into risks, local authority intervention becomes significantly more intrusive and more expensive.

Merton has its longstanding commitment to investment in EIP services and a well-established operating model - our Child Wellbeing Model (CWM) and the Common Assessment Framework (CAF) - to enable the early identification of children and young people with additional needs and timely referral to appropriate services. There have been a number of recent drivers, however, for officers and partner agencies to take stock and review EIP services locally:

- The growing body of research into evidence based models of early intervention and prevention highlighted, for example, in the national Graham Allen and Munro reviews and by bodies such as C4EO.
- The increased focus in inspection on the specific impact for specific children and young people which EIP services have on outcomes – with case tracking by inspectors of early intervention and prevention ‘cases’ now a major element in the new Ofsted inspection framework.
- The statutory requirement on Local Safeguarding Children Boards to assure themselves of the adequacy and effectiveness of EIP services in *Working Together*.

The financial context of significant pressures on local authority budgets requiring services to make best use of resources available and, in doing so, to improve the targeting of services.

The learning from the review undertaken was used to develop an Early Intervention Strategy document and during 2013 we have implemented a number of key changes, mandated both by the Children’s Trust Board and local authority departmental management team, to our approach to early intervention and prevention in the borough.

Child Wellbeing Model

We have adopted a simplified model to describe for workers of all disciplines the three levels of children’s services provided in the borough. See Appendix 11.

Universal Level – All children can access universal children’s services - for example schools and early years settings. Many universal services also offer some elements of targeted EIP services – e.g. speech therapy in schools; primary health advice in children’s centres. High quality universal services form the foundation stone for the prevention of escalating needs in children.

Enhanced Level – Some children will have needs which cannot be fully met in universal services. Except in emergency situations where children are at risk of significant harm, enhanced level services should be considered. These enhanced level services form the core of Merton’s EIP offer – see specific section below.

Specialist Level – These services work with children who are the most vulnerable and have the most significant needs – eg where there are safeguarding concerns; children looked after by the local authority; children with Special Educational Needs and disabilities and young offenders.
Common and Shared Assessment

We have refined and developed existing CAF forms and guidance which is now known, in line with language used by central government, as the Common and Shared Assessment (CASA). This form of assessment will typically be undertaken when a child/children in universal settings is/are seen to have additional needs but not considered to be at risk of significant harm. The practitioner in the universal settings will initiate and complete a CASA and will seek to draw together a ‘team around the child/family’ to contribute to this assessment and action plan to address needs identified. Our old CAF forms and guidance have been amended to enable the more ‘whole family’ approach noted above and a focus on strengths, resilience and protective factors as well as deficits and ‘problems’. The documentation also promotes sharper action planning arising from the assessment and regular reviews of progress.

New Enhanced Level Services

The core of our new approach to early intervention and prevention consists of new enhanced level teams established within the CSF department and new externally commissioned services.

Two age related teams – 0-5 Supporting Families Team and 5-18 Vulnerable Children’s Team – have been established within the CSF department, working with children, young people and their families whose needs cannot be met entirely within universal level services but are not, at the point of referral, of such concern that specialist level services are required. These teams are multi-disciplinary with a social work, family support, parenting and primary mental health staffing mix.

The teams are using a casework and case management approach with social work practitioners leading the completion of assessments and implementation of plans arising from these assessments supported by family support workers and other practitioners within the teams and by commissioned services. The allocation of work to specific social work practitioners will strengthen both the co-ordination of work with families and the accountability for achieving the desired outcomes of this work.

Importantly, these teams are also providing advice, guidance and support to universal level services when concerns arise in connection with children or young people with whom they are working. This support aims to help universal level services ‘contain’ children and young people and work effectively at this level, or give confidence to universal level services that referral on to enhanced or specialist level services is appropriate and necessary.

At least for the duration of the three year programme currently underway, Merton’s Transforming Families Service (see below) is a further enhanced level service working with families, the majority with adolescent children, who are at the threshold of requiring more intrusive service interventions.

Referrals for enhanced level services are being channelled through the newly established Multi-Agency Safeguarding Hub (MASH), ensuring consistency.

The Merton Safeguarding Children Board now has a responsibility to oversee that our Early Intervention Strategy and delivery is working effectively and improving outcomes for children.

Prior to offering funding, we undertake checks to ensure organisations have robust governance arrangements to enable them to best manage any risk associated with service delivery and finance.

Service specifications outline the requirements for regular supervision and training, including safeguarding training and training in the use of the CASA and CWBM that is accessed via the Merton Safeguarding Children Board (MSCB) Training Programme.

The progress of individual cases is monitored/reviewed on a regular basis (at least 12- weekly) with a specific social work practitioner who has accountability for achieving the desired outcomes for the child or family.

Our approach to delivering early intervention and prevention will be evaluated and Children’s Trust members encouraged to engage as appropriate. There was significant consultation and participation with partner agencies in the development of the early intervention and prevention strategy.

The procurement process which selected service providers included panels that considered all the applications received against a set of criteria, and made recommendations to the Director of Children, Schools and Families. Membership of the panels included Community and Voluntary Sector representatives, a parent representative and young advisors.

4.0 Review of the year 2012/13 - partners' reports

Individual agencies' safeguarding children and young people activity in 2012-13 in Merton is outlined below.

4.1 Primary and Acute Health services

The 2012 Ofsted inspection assessment of health agencies stated:

51. *The contribution of health agencies to keeping children and young people safe is good.*

65. *Children and young people have good, timely access to a range of effective emotional health and well-being services. There has been significant investment in effective early intervention services and families have access to accredited parenting programmes and support in schools. Most support is accessed via the multi-agency support panel. Referrals to core CAMHS are assessed within one working day and appointments are offered promptly if appropriate.*

2012-13 saw the beginning of radical changes in the 'health economy' which came on stream in 2013-14. The key change was the formation of the Merton Clinical Commissioning Group (CCG) from the previous Primary Care Trust which covered both Merton and neighbouring Sutton. The MCCG was in shadow form for most of the second half of 2012-13.

4.2 NHS Sutton & Merton – the Primary Care Trust and Merton Clinical Commissioning Group

Merton Clinical Commissioning Group self assessment

During 2012/13 NHS Sutton and Merton (Primary Care Trust) was abolished and Merton Clinical Commissioning Group (MCCG) became legally recognised (Health & Social Care Act, 2012). MCCG has robust safeguarding arrangements in place that comply with legislation and statutory guidance (Children Act, 2004; Working Together, 2013). This includes: a Board Lead and Executive Lead for Safeguarding Children and a Designated Nurse 1.0 WTE (Whole Time Equivalent) and Designated Doctor 0.2 WTE. The designated professionals receive training, supervision and support from within MCCG and externally on a regular basis. The Named GP role remains vacant. However, following the recent NHS reforms NHS England commission GPs and other independent contractors. As a result NHS England is currently reviewing the Named GP role/remit and employment with a view to advising CCGs in the near future.

There are clear reporting arrangements within commissioning to the Governing Body via the Quality Committee with safeguarding a regular agenda item. The designated nurse will be providing a quarterly report from August 2013. The Sutton & Merton Safeguarding Children Executive Group is currently being reviewed following the emergence of two separate CCGs.

Commissioned services continue to have robust safeguarding arrangements in place and their named professionals across the health economy meet regularly with the designated professionals including the GP lead at the Wilson GP Walk-In Centre. Supervision and training is accessed regularly and includes the safeguarding lead at Parkside Private Hospital (Section 11 audit recently completed)

There is a safeguarding section within the MCCG Integrated Strategy and Operating Plan 2013 – 2015.

Key Activities 2012/13:

- Successfully completed safeguarding part of NHS England Authorisation process.
- Completed Ofsted/CQC Inspection Action Plan for LAC (Initial Health Assessments). This was the final red flag (lifted in July) for MCCG. MCCG worked with Community Paediatricians who carry out the majority of LAC health reviews in Merton, to make sure they can complete these within the statutory timescale (28 days). This is now a KPI collected by Epsom & St Helier Hospital and submitted as part of the MSCB dataset.
- Developed and now collecting SC health data from provider organisations including St George's Hospital (borough basis) since April 2013.
- Completed review of areas highlighted in the Yewtree Report across whole health economy in line with Sir David Nicholson's directives. All NHS Trusts have reviewed their arrangements and assured MCCG that their arrangements are robust (report available).
- Led and completed health component of Child A SCR across Merton and Croydon Boroughs. Currently monitoring recommendations and action plans to ensure learning embedded and sustained.
- Undertook a gap analysis on MCCG arrangements and the new Working Together 2013 (report available).
- Designated Nurse chaired Pan-London Designated Professionals Task & Finish Group on SCRs and NHS accountability in newly reformed NHS; findings are to inform the national team looking at this area of work.
- Designated Doctor co-chaired the Pan-London Designated Professionals QA Task & Finish Group; findings to inform national team.
- Safeguarding Children Declaration published on MCCG webpages.
- MCCG has strong membership on health and multiagency/LSCB work streams, committees and Boards.
- MCCG is on developmental Boards for MASH, Transforming Families and also the Family Nurse Partnership once this goes 'live' in September.
- Engaged St George's Hospital in the MASH process.
- Continue to set standards and support provider organisations to promote and deliver quality safeguarding practice within a safety culture that improves outcomes for children and young people.
- CDOP - A new chair started in April which was an opportunity to review and strengthen CDOP functions to ensure multiagency working more effective. Since a workshop was held, most of the backlog of cases for review was cleared. Two KPIs were agreed to review cases within six months of receipt where possible and to produce an annual report within 6 months of the end of year and are submitted as part of the MSCB dataset.

4.3 Epsom and St Helier University Hospitals NHS Trust

Epsom St Helier's self assessment

Compliance with CQC Regulations

The Trust declared compliance with CQC Outcome 7, 'Safeguarding People who use services from abuse' for the period 2012/13.

Announced Ofsted and CQC Inspection of Safeguarding and Looked After Children Services

The Trust participated in the announced inspection of safeguarding and looked after children services with the

London Borough of Sutton. The initial informal judgement of standards was good for Epsom and St. Helier Hospital. Areas requiring development were incorporated within the safeguarding action plan for monitoring by the committee and are now complete.

Arrangements to Safeguard and Children and Promote their Welfare under Section 11 Children Act 2004 (Section 11 Audit)

The Trust has not completed a Section 11 Audit for Merton Safeguarding Children Board (MSCB) for the period 2012/13 and plans to complete one by December 2013.

Safeguarding Through Performance Monitoring Assurance Frameworks

Sutton & Merton CCG's

Performance Monitoring Assurance Frameworks will be part of the contracts with CCG's and areas were identified for collecting quarterly monitoring data commencing April 2013 and includes the following; Safeguarding activity ED and Maternity, Safeguarding training, Safeguarding governance, Risk management action plans

Merton Safeguarding Children Board

A quarterly performance indicator has been submitted to Merton LSCB within agreed timescales and includes the following: Alcohol related admissions < 15 and < 18, Substance misuse related admissions < 15 and < 18 and Midwives Vacancy Rates. Work is underway to continue developing performance monitoring in conjunction with Merton LSCB Quality Assurance Framework and will be submitted quarterly in 2013/14 in order to demonstrate how outcomes have been improved for children through safeguarding activity within The Trust.

Safeguarding Professionals and Board Executive Lead

The Director of Nursing Standards and Quality Assurance is The Board Executive Lead for safeguarding children. The Named Professionals provide advice and expertise for fellow professionals, and undertake duties to safeguard children in accordance with the Intercollegiate Competency Framework (RCPCH 2010) and Working Together (HM Government 2010).

Clinical Governance & Risk Management

Safeguarding Children Policies and Procedures

National, London and local Safeguarding Children policies and procedures are in place, and accessible to all staff via the Trust Intranet. The following key safeguarding documents are under review following the publication of 'Working Together to Safeguard Children' in May: Child Protection Policy, Child Protection Procedures, Training Strategy, Safeguarding Supervision Policy and Safeguarding Strategy.

Serious Case Reviews (SCRs)

The Trust undertook IMR's and contributed to two SCR's with Sutton, one with Merton and one with Kingston LSCB. All learning and recommended actions required to improve practice were incorporated into the safeguarding children action plan for monitoring progress and outcomes and are complete. An audit of SCR processes was completed for all IMR's and completed within statutory timescales. All IMR's were reviewed and

evaluated by the Executive Lead prior to submission.

The Safeguarding Children Committee – Action Plan and Quality Assurance

The Safeguarding Children Committee convenes monthly, and chaired by the Executive Lead. The committee monitored and scrutinised progress against the Safeguarding Action Plan and Audit Plan for 2012/13. The majority of actions have been completed within this period and any outstanding have been incorporated into the action plan for 2013/14.

Audits

The safeguarding children audit plan 2012/13 was prioritised following recommendations from local or national Serious Case Reviews and Section 11 Audit and sets out what was to be audited, by whom, at what frequency, who sees the results and who is responsible for remedial action. Audits were aligned to SCR action plans and any other action plans developed by the LSCBs. Multi- agency audits were carried out in collaboration with Sutton and Merton LSCB during 2012/13 as part of the Ofsted Inspection. The following audits were prioritised, are completed and were presented to the Safeguarding committee during this period: When to suspect child maltreatment / Training attendance /Impact of training, Monthly notes audit by Safeguarding Children Committee using Merton LSCB audit tool, Management of Self Harming Behaviour, Missed appointments Outpatient Department, Management of domestic abuse in Maternity, Midwifery services practice against SSCB multi-agency protocol for drugs & alcohol (EGH), Safeguarding Supervision, Allegations against staff, New starters attendance at corporate induction programme which includes Child Protection Training, Compliance with Safer Recruitment Policy and appropriate CRB checks in place. The following data collection was completed by year end however, analysis and outcome is outstanding and has been added to the 2013/14 audit plan and will be presented to the committee on completion; Child focussed interventions, Safeguarding Information Sharing processes

Participation in Sutton, Merton & Surrey Safeguarding Children Boards

The Trust continues to be represented within Sutton and Merton Safeguarding Children's Board by the Executive Lead or her nominated deputy, Merton LSCB

Number of actual meetings held = 6 Number attended = 5

The Named Professionals participate within the following LSCB sub-groups

Merton Training Sub Group - Named Midwife - Number of actual meetings held = 5 Number attended = 5

Merton Policy and Practice Sub Group - Named Nurse - Number of actual meetings held = 8 - Number attended = 6.

Merton Quality Assurance - Named Nurse started attending July 2012 Number of actual meetings held = 7 Number attended = 4

Education and Training

Staff are trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with the London and Surrey Child Protection procedures. Training is monitored via an effective database 'WIRED' frequency of training is tracked to reflect

an annual requirement. Unmet training needs and training provision is monitored monthly via the safeguarding children committee. Significant numbers of staff continue to be trained, **annually**, at the appropriate level and currently 81% of staff have received the appropriate level of training, against a target of 90%, set by Corporate Training. The current status of child protection training up to and including June 2013 is as follows; Level 1 – 81 %, Level 2 – 80 %, Level3 – 65 %, Level 4 – 100% The reduction in the % of staff trained is due to the requirement for staff to attend annually Multiagency training provided by Merton Safeguarding Children's Board enhances the single agency training provided by the Trust; The Safeguarding Children Committee members were tasked with encouraging increased attendance at Multiagency Training during 2012/3, particularly from areas where staff work directly and or predominantly with children and families, and the following figures reflect attendance at courses: Merton LSCB =14. The Merton LSCB training programmes for 2012/13 were advertised on the Trust Intranet.

Safeguarding Supervision

The Trust has a Safeguarding Supervision Policy and arrangements are in place. The operation of the policy and effectiveness of safeguarding supervision was audited quarterly during 2012/13 in accordance with the Safeguarding Audit Plan.

Employment Practice

Criminal Records Bureau (CRB) Checks

The Trust has Safe recruitment policies and practices including enhanced Criminal Records Bureau (CRB) [Now the Disclosure & Barring Service (DBS)] checks for all staff, including agency staff, students and volunteers working with children and complies with the vetting and barring scheme.

Safer Recruitment Training

Work is underway to establish a system to increase the number of Managers who are interviewing for posts involving working with children are trained in Safer Recruitment and progress is monitored via the safeguarding children action plan.

Allegations against members of staff

The Director of Nursing Standards and Quality Assurance is the identified Named Senior Officer (NSO) who leads on allegations against staff working with children and ensures any allegations involving children in work or personal life are reported to Local Authority Designated Officer and Designated Nurse. There were two allegations against members of staff for the period 2012/13. All cases were discussed with the relevant Local Authority Designated Officer in Sutton and Surrey. One was referred to the Crown Prosecution Service and will be investigated internally pending the outcome of legal proceedings, the other was unsubstantiated. Quality assurance processes have been maintained, as the cases arose, which evidences that the procedures were followed for 'Allegations against members of staff', in accordance with the London / Surrey / Trust procedures.

Impact

Progress on priority policy areas

The majority of priorities identified for the period 2012/13 outlined in the 2011/12 Annual Report are complete. The following key achievements have been delivered during 2012/13; Completion of the majority of actions within the Trust Safeguarding Children Action Plan and completion of the Audit Plan, Successful outcome

following the Announced Ofsted Inspection of Safeguarding and Looked After Children Services in Sutton and completion of recommendations within the health economy action plan in accordance with the Sutton Children Services Improvement Plan, Collation of evidence to support compliance with CQC Outcome 7 was completed, A monthly audit of two sets of case notes was undertaken by senior members of the Safeguarding Children Committee, and presented at monthly safeguarding meetings. The audit tool was issued by Merton Safeguarding Children Board and measures compliance with safeguarding processes. The outcome of this audit has generally demonstrated robust safeguarding processes. Work was undertaken with IT to identify a system for flagging and tagging vulnerable children and adults, throughout The Trust, particularly within adult and paediatric Emergency Department, who have been identified as high risk by the Multiagency Risk Assessment Forum (MARAC), due to domestic abuse, in order to safeguard children, young people and vulnerable adults accessing services within the Trust.

Children presenting at Emergency Department following Deliberate Self Harm is an increasing theme and work was undertaken to develop a paediatric guideline jointly with Child and Adolescent Mental Health Services (CAMHS) in order to manage cases effectively, safely and learn lessons from two local SCR's. The guideline was completed, approved and implemented in February 2013. Audit processes were commenced and the guideline audited jointly on a two weekly basis. Initial results were presented to the Safeguarding Children Committee and Child Health Audit in April. Joint work will continue monitoring this guideline and work has been undertaken with Sutton Children's Social Care and Community Health Service partners to facilitate streamlined processes for MDT Discharge Planning Meetings and will be replicated with Merton.

The Named Nurse / Midwife / Specialist Nurse agreed a joint initiative with Sutton, Merton and Surrey Children's Social Care partners to facilitate training on the CAF/CASA as a Level 3 update during 2013.

Further to recommendations following the Sutton Ofsted and CQC Inspection of Safeguarding and Looked After Children Services in April 2012 and the NHS London SIT Peer Review 2010; a joint initiative was agreed upon between The Trust / Sutton and Merton Children's Social Care and a Children's Social Care Referral form was developed and implemented on 5th November 2013, replacing the CAF as a referral tool for sharing information when child protection concerns are identified.

Voice of the child

Case notes audit was undertaken in accordance with Safeguarding Audit Plan; data collection has been analysed and findings will be presented to safeguarding children committee in September.

Notes are reviewed at weekly ED safeguarding meeting when reviewing identified cases of concern.

Annual Children and Young People Audit.

4.4 St George's Healthcare Trust – St George's Hospital

The Trust continues to prioritise safeguarding children and has this been positively reported by both the combined Ofsted/CQC inspection and the recent CQC (Care Quality Commission) inspection. The Wandsworth SCB Section 11 Audit was completed in May 2012, demonstrating evidence of progressive safeguarding activity. [Merton accepts Section 11 audits given to organisations in South West London by partners who cover more than one borough].

The safeguarding children team ensures that the safeguarding of children has a high profile throughout the Trust and that all staff members have access to support and advice. The Trust monitors safeguarding children activity and the functioning of the service by ensuring that the strategic and operational committees who

oversee practice are vigorous and effective and that information from these committees is reported back directly to the Chief Nurse, the board lead for safeguarding children.

Of the 100 - 140 children who pass through the Emergency Department (ED) each day there is an average of about ten children who need a referral either to the liaison health visitor for community follow-up or to children's specialist services (CSS) for information or action. The ED also identifies adults who are parents or carers who may also warrant a referral to CSS because of concerns about their parenting ability. In addition the inpatient service manages cases of abuse and neglect and also shares information about children known to CSS or children who are looked after.

Within the community division safeguarding is central to all children and families' services work. The safeguarding children team meets regularly for support and supervision and provides training, supervision and advice to all community staff, including those working in non-children areas of the organization such as Queen Mary's hospital, the learning disability service and the prison.

The maternity safeguarding team is responsible for vulnerable pregnant women and their unborn babies. A named midwife and deputy work closely with the specialist midwives for domestic violence and substance misuse, mental health, and teenage team which includes an identified link midwife in the antenatal clinic, and a lead for learning disabilities. The team provide close support for women with any safeguarding issues, in liaison with social workers, health visitors and community midwives to ensure timely and ongoing support before and after delivery, in Wandsworth and the neighbouring boroughs.

To meet CQC safeguarding requirements the Trust has in place a strategic safeguarding children committee and operational committees for acute and community services. Information is cascaded to clinicians across the divisions.

Key areas of activity:

- Safeguarding training programme for staff runs throughout the year at levels 2 and 3 in addition to bespoke sessions – All policies & procedures available on the Trust Safeguarding intranet site.
- Named professionals available for support and advice.
- Individual Management Reviews (IMRs) and Serious Case Reviews (SCRs) are completed as required, with services focused on continual improvement and identified action plan.
- The ED Safeguarding Children meeting held weekly and attended by the named nurse, the liaison health visitor, the ED paediatric nursing staff, the adult liaison psychiatric service and a social worker from the in house CSS.
- Maternity team hold a twice-monthly psychosocial meeting attended by the specialist midwives, children's social services, and community named nurse and liaison health visitor. All 'live' cases are discussed and management plans updated.
- All children attending accident and emergency departments are followed up and assessed for any safeguarding concerns.
- All police notifications are reviewed and assessed and plans agreed with actions with named nurse.

Impact

Key performance indicators are recorded which detail the safeguarding activity for the various departments such as maternity, the emergency department and paediatric in-patients. The impact of this activity is not easily evidenced as being an acute service, the involvement with the clients is limited by the episode of care and information following discharge is not known. Suffice to say however referrals are followed up where possible and in-patient and maternity safeguarding issues, actions and known outcomes are recorded in the patient's notes.

Audits associated with action plans from serious case reviews and individual management reviews are in place and there are additional audits linked with the processes utilised in child safeguarding.

A multi-agency audit of records looking at actions and outcomes, led by the Wandsworth Safeguarding Children Board, is planned for September 2013.

Feedback from other agencies indicates the positive outcomes of St George's safeguarding actions for the children.

A programme of safeguarding children training at levels 2 and 3 ensures that staff members are focused on their responsibilities for child safeguarding with the emphasis on recognition and referral.

Multi-agency forums, safeguarding board sub-groups and interagency training are some of the platforms where the level of commitment from the safeguarding team at St George's Healthcare is demonstrated and this approach contributes towards the broader multi-agency remit for child safeguarding.

Voice of the child

Children are consulted and involved in safeguarding activity when it is age appropriate, such as a young person seeking contraceptive advice or a child is asked if they feel safe. Children's views are sought when they are able to understand, and permission is sought from the child before carrying out procedures. Hearing and taking account of the views of the child is particularly important when the young person is looked after.

The paediatric wards are able to seek the views of children by carrying out random survey using a hand held electronic device. There are also suggestions and comments boxes that the children can access on the paediatric wards. The Friends and Family Test for the Department of Health was carried out in June 2013 which is a simple survey to gain insight into the patient experience. Through these means the views of the children are heard.

The children's council has contributed towards decisions about services.

The Patient Liaison Service receives complaints and comments from children and families that are formally received and addressed.

There is a formal complaints process for patients and their families which is easily accessible. This also serves as a means for patients and families to offer compliments as well.

In house children's specialist services did a small survey to seek the views of families who have been in receipt of safeguarding activity at St George's which was quite positive.

4.5 Sutton & Merton Community Services – the Royal Marsden Hospital Foundation Trust

SMCS self assessment

Contribution to partnership working

The Clinical Children's Services Director for SMCS is the RMH appointed representative on both Sutton and Merton Local Safeguarding Children Boards (LSCBs). The Named Nurses are members of the LSCBs sub committees. The RMH Safeguarding Children Annual Board Report feeds into both LSCB's Annual Reports.

The Royal Marsden Safeguarding Adults and Children Board is chaired by the Chief Nurse and brings together RMH senior staff and clinicians (children and adults). The Clinical Children's Services Director, Safeguarding Manager, Named Doctors and the Named Nurses are representatives on this Board.

Safeguarding Team Structure

In 2012/13 the safeguarding team was restructured. The team is line managed by the Specialist Health Visitor (Violence against Women and Girls) and consists of two Named Nurses for Safeguarding Children in the community and the hospital, a Paediatric Liaison Health Visitor, a Specialist School Nurse for out of school/home-schooled children and those who have offended, seven Safeguarding Specialist Nurses and a Safeguarding Administrator. In the community there are health visiting and school nurse team leaders who provide Safeguarding Supervision. The Designated Nurses from Sutton and Merton CCGs provide the Name Nurses' supervision, professional support and guidance. The Named Nurse role is line managed by the Clinical Children's Services Director, who is accountable to the Chief Nurse for Safeguarding matters.

Supervision Groups and Supervision

In line with SMCS Safeguarding Supervision Policy, all children's and family community practitioners are receiving quarterly or termly safeguarding supervision. Data collection has been in place for over a year to ensure that all staff receive supervision within specified timescales according to the Supervision Policy. This has been and will continue to be audited as a key performance indicator. Joint group supervision for Health Visitors and School Nurses for Safeguarding cases has now been introduced to improve outcomes for children. Current figures indicate that 93% of staff are receiving safeguarding supervision.

Multi Agency Safeguarding Hub (MASH) and Merlins

Merton MASH is now live and SMCS contribute a full time Specialist Safeguarding Nurse as the Health Navigator.

Currently Merton Public Protection Unit screen Merlin reports prior to forwarding them to health to ensure that community services receive only relevant Merlins. This is going to be handed over to Merton MASH in the year 2013/14.

Training

Child Protection/ Safeguarding Training is a fundamental part of RMH's duty to support staff in safeguarding and promoting the welfare of children and young people (*Children Act 2004, Working Together to Safeguard Children*). The Named Nurses are involved in the implementation of the child protection training programme which is in accordance to the *Safeguarding Children and Young people: Roles and Competences for Health Care Staff, Intercollegiate document*, September 2010. The Named Nurses currently deliver all Level 1 and 2 training for staff and participate in the LSCB multi agency training programmes (level 3). Clinical staff, who work predominantly with children, are required to undertake Level 3 training. This is accessed via the LSCB training programme. Level 4 courses have been commissioned for those staff requiring this level, this year this was on 'Walking in the Footsteps of the Child'.

Audit

Audits are ongoing and continuous in the organisation. Audit of records of those children and young people subject to safeguarding plans are taking place each month as an ongoing audit with each Named Nurse undertaking five records each per month. Any concerns regarding the standard of record keeping and the

compliance with record keeping standards is highlighted to the practitioner's team leader for addressing with the practitioner. Audit of the recording of supervision is also taking place and of the satisfaction of the supervisees and supervisors who give and receive safeguarding supervision. A "Deep Dive" audit to be undertaken of two Senior schools as a sample to assure SMCS that there no other young people who require an targeted school nurse service and are not currently in receipt of this. A record keeping audit programme has been created and is ongoing to ensure robust practice. Staff in the Safeguarding Team have each been allocated cases to audit every month. In December 2013 a review of the audit is planned.

4.6 Mental Health services and CAMHS - The South West London & St George's Mental Health Trust

SW London & St George's self assessment

Key activities and impacts relating to child safeguarding that have taken place within the organisation.

The development of a consistent Safeguarding Children dataset across the five LSCB'S.

The Mental Health Trust in collaboration with the Quality Assurance group and the Board has developed an improved and more measurable set of indicators with regard to Children's Safeguarding.

This data includes information regarding the recording of dependent children of adult service users, access to and waiting times for CAMHS and emergency services and young people assessed under Section 136 of the Mental Health Act.

The development of a more consistent data set across the 5 LSCB's will allow for more detailed benchmarking and auditing.

The Trust has contributed IMR's to 3 SCR's during 2012/13. The learning from these SCR's is embedded in the trusts safeguarding children training at Levels 2 and 3 of the Health Intercollegiate Document (2010).

Action plans are monitored at a borough governance level and also at the bi-monthly trust Safeguarding Children Group.

The Named Nurse is a member of the Trust Serious Incident Governance Group and reviews all serious incident reports from a safeguarding children perspective.

Mandatory Training

The Trust has reviewed all of the mandatory training that it provides including safeguarding children. This has led to the development of more accessible training including e-learning at Level 2 and bespoke training for specific teams and services.

One of the challenges for the Mental Health Trust is to ensure compliance with mandatory training and also to improve attendance of practitioners at LSCB multi-agency training.

Compliance with Safeguarding Children training as of July 2013:

Level 1- 75%

Level 2- 73%

Level 3- 86%

Partnership Working

As part of the responsibilities to the LSCB the Trust has looked to further develop its contributions at Board and sub group level. The Quality Assurance group allows opportunities to review, challenge and analyse. This provides assurance to the board and challenges the contribution of the Mental Health Trust as a partner agency.

The Trust contributed to the consultations on the new *Working Together* guidance and the 5th Edition of the Pan London Child Protection guidelines.

The Trust Safeguarding Children Policy was reviewed and updated in March 2013 and is accessible on the trust intranet and has been shared with partner agencies.

The Trust contributes to multi-agency audits across a number of the LSCB's.

The Trust benefits from the opportunity to contribute to a range of audits throughout a year and to share the learning from these across the organization.

The Named Nurse will be auditing the details of children and young people assessed through the Section 136 suite at Springfield Hospital. This will be integrated with safeguarding information to develop a profile of these assessments across the Mental Health Trust.

Impact

The most significant impact has been the increased knowledge and awareness the potential impacts of parental mental health on children and families. The improved recording of dependent children of service users has been a key factor combined with improved access to the Trust Named Professionals.

This is evidenced by the increased calls to the Named Professionals seeking advice and consultation particularly from practitioners in adult mental health teams.

The Trust has taken an active role in the development of the MASH, ensuring that mental health services are accessible to the health navigator.

Staff employed in the Borough/Trust routinely contribute to the training for the Safeguarding Board.

The voice of the child

The Trust has developed a 'Real Time Feedback' system within all clinical areas. This enables patients and families to provide their feedback, views, opinions and recommendations with regard to the trust services and facilities.

The views of children, young people and carers is now more routinely recorded and embedded in clinical practice. This has been particularly developed through the Children's IAPT services that are developing across the Trust.

Children and young people are regularly involved in the recruitment and selection process for particular posts in services providing direct work with children and families.

The AYCES Project (Action for Young Carers Education and Support) provides support for young people who have caring responsibilities for family members who have health care needs.

4.6.1 Child and Adolescent Mental Health Service (CAMHS)

CAMHS is provided for Merton by the South West London & St George's Mental Health Trust.

Key activities and impacts relating to child safeguarding that have taken place within the organization:

The development of a consistent Safeguarding Children dataset across the five LSCBs.

The Mental Health Trust in collaboration with the Quality Assurance group and the Board has developed an improved and more measurable set of indicators with regard to Children's Safeguarding. This data includes information regarding the recording of dependent children of adult service users, access to and waiting times for CAMHS and emergency services and young people assessed under Section 136 of the Mental Health Act. The development of a more consistent data set across the five LSCB's will allow for more detailed benchmarking and auditing.

The Trust has contributed Individual Management Reviews (IMRs) to three SCR's during 2012/13. The learning from these SCR's is embedded in the trust's safeguarding children training at Levels 2 and three of the Health Intercollegiate Document (2010).

Action plans are monitored at a borough governance level and also at the bi-monthly trust Safeguarding Children Group.

The Named Nurse is a member of the Trust Serious Incident Governance Group and reviews all serious incident reports from a safeguarding children perspective.

Mandatory Training

The Trust has reviewed all of the mandatory training that it provides including safeguarding children. This has led to the development of more accessible training including e-learning at Level 2 and bespoke training for specific teams and services. One of the challenges for the Mental Health Trust is to ensure compliance with mandatory training and also to improve attendance of practitioners at LSCB multi-agency training.

Compliance with Safeguarding Children training as of July 2013:-

Level 1- 75%

Level 2- 73%

Level 3- 86%

Partnership Working

As part of the responsibilities to the LSCB, the Trust has looked to further develop its contributions at Board and sub group level. The Quality Assurance group allows opportunities to review, challenge and analyse. This provides assurance to the board and challenges the contribution of the Mental Health Trust as a partner agency.

The Trust contributed to the consultations on the new *Working Together* guidance and the 5th Edition of the Pan London Child Protection guidelines.

The Trust Safeguarding Children Policy was reviewed and updated in March 2013 and is accessible on the trust intranet and has been shared with partner agencies.

Merton CAMHS contributes to multi-agency audits.

The Trust benefits from the opportunity to contribute to a range of audits throughout a year and to share the

learning from these across the organization.

The Named Nurse will be auditing the details of children and young people assessed through the Section 136 suite at Springfield Hospital. This will be integrated with safeguarding information to develop a profile of these assessments across the Mental Health Trust.

Impact

The most significant impact has been the increased knowledge and awareness the potential impacts of parental mental health on children and families. The improved recording of dependent children of service users has been a key factor combined with improved access to the Trust Named Professionals.

This is evidenced by the increased calls to the Named Professionals seeking advice and consultation particularly from practitioners in adult mental health teams.

The Trust has taken an active role in the development of the MASH, ensuring that mental health services are accessible to the health navigator.

Staff employed in the Borough/Trust routinely contribute to MSCB training courses.

Voice of the child

The Trust has developed a 'Real Time Feedback' system within all clinical areas. This enables patients and families to provide their feedback, views, opinions and recommendations with regard to the trust services and facilities.

The views of children, young people and carers is now more routinely recorded and embedded in clinical practice. This has been particularly developed through the Children's IAPT services that are developing in Merton.

Children and young people are regularly involved in the recruitment and selection process for particular posts in services providing direct work with children and families.

Merton Young Carers provides support for young people who have caring responsibilities for family members who have health care needs. Merton CAMHS have maintained close links with this organisation.

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

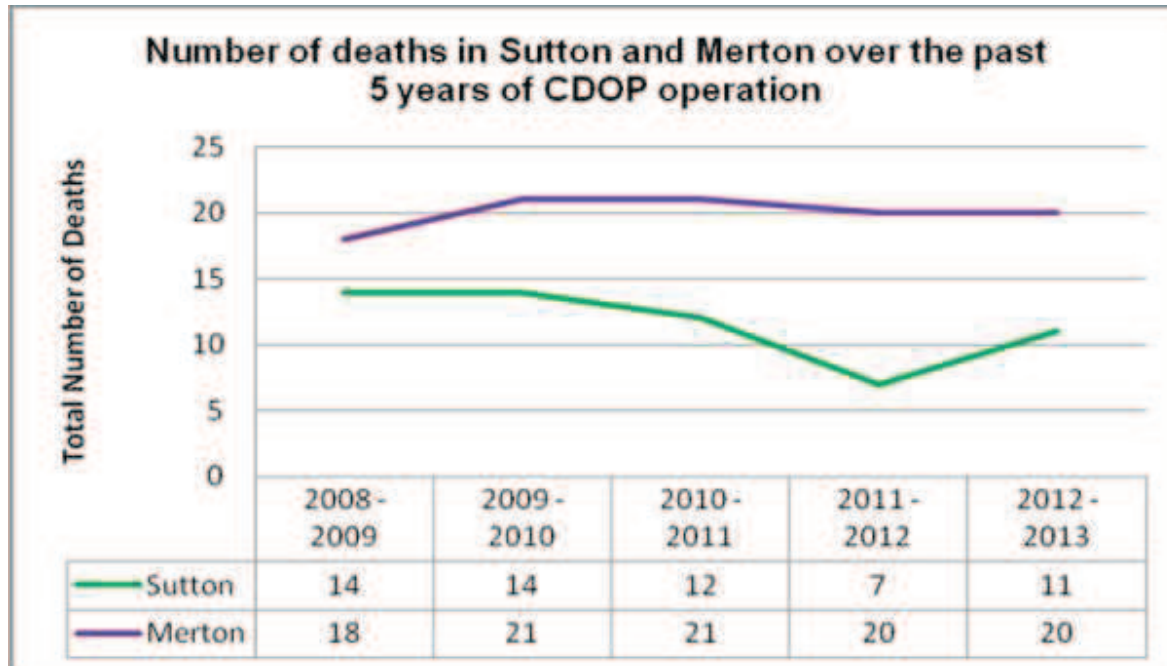
The Child Death Overview Panel covers both Merton and Sutton and reviews all child deaths in both boroughs, seeking to learn lessons and improve practice across the piece. For full details of the work of CDOP see Appendix 15.

Between 1 April 2012 and 31 March 2013 there were 31 deaths of children resident in Sutton and Merton (11 in Sutton, 20 in Merton).

One Merton death was passed to Wandsworth as the family were resident there.

There is a pattern of more reported deaths in Merton than in Sutton. The 2013 Child and Maternity Health profile ⁴ (which uses data from 2009 - 2011) reported that Merton has an infant mortality rate of 4.0 per 1000 live births (aged under 1 year) and child mortality rate of 21.1 per 100,000 children aged 1 – 17, neither of which is significantly different to the England average⁵.

Sutton⁶ has an infant mortality rate of 3.3 per 1000 live births (aged under 1 year) and child mortality rate of 14.7(per 100,000 children aged 1 – 17), neither of which is significantly different to the England average.



The MSCB will continue, however, to look at the different patterns across neighbouring boroughs in the context of different demographic profiles.

4.8 Police

4.8.1 Borough Police

Merton Borough Police self assessment

During 2012/13 at borough level police activity focused on reducing the numbers of children who become victims of crime and reducing the numbers of children who offend and re-offend. This activity was captured within the partnership youth violence and knife action plan. Activity included targeted problem solving activity in the three wards with the highest recorded levels of youth violence and continued enforcement activity driven through high-profile 'days of action' under the banner of Operation Big Wing. Enforcement activity was complimented by a number of preventative projects, which included the Growing Against Gangs and Violence, (GAGV) programme, police led football projects, the TKO project and a number of school initiatives led by

⁴ Child and Maternal Health Intelligence Network Child Health Profile Merton March 2013

<http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101634>

⁵ Averages: IMR: 4.4; CMR: 13.7; taken from Child and Maternal Health Intelligence Network Child Health Profile Merton March 2013 <http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101634>

⁶ Child and Maternity Health Intelligence Network Child Health Profile Sutton March 2013

<http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101634>

Safer Schools Officers. The GAGV in particular was delivered to Year 7 pupils across the Borough with extremely positive feedback received from the participating schools.

Partnership Working - During 2012/13 a number of critical incidents occurred where police and partners became involved, and Safeguarding issues required close partnership collaboration. This included the tragic murder of Tia Sharpe amongst others. Business as usual saw the police continue to work effectively with other agencies in Merton ensure the welfare of children is prioritised. These included work within MARAC, and MAPPA meetings, the One Stop Shop for DV and other Safeguarding related meeting structures.

Offender Management and Youth Violence - The Offender Management Panel, (OMP) was reviewed with partners during 2011-12 with a focus on multi-agency approach to providing interventions for young people at risk of harm or causing harm, including gang members. Links were established with the Borough Gangs Exit Strategy including a 'Call-In' process at Kingston Crown Court. The individuals attending were allocated mentors at the conclusion of the event. Interventions and progress are being monitored through the OMP. Gangs processes were also the subject of a Home Office peer review. Feedback on police activity was positive. During 2012-13 serious youth violence fell 24%, knife crime fell 34% and personal robbery fell 19%. Overall numbers fell while the percentage of stop and searches with a positive outcome continued to rise showing discerning use of powers by the police.

Public Protection Desk - The PPD is the police component of the MASH and is now installed within the MASH office. As with previous years the unit collates and supervises pre-assessment checks, (PACs). The missing persons unit has remained at the police station but strong links remain between the PPD and investigations missing children. The number of Merlins received by the PPD from June 2012 to June 2013 was 4828. The number of child concern crime reports fell year on year from 94 to 70.

The voice of the child

Merton Police make strenuous efforts to engage and involve children in bringing offenders to justice, preventing crime and building confidence in the police for young people. In bringing offenders to justice the police work closely with partners with special measures to support victims through criminal justice processes and closely with Youth Offending Teams to use triage and restorative justice to prevent re-offending. To help prevent young people become victims of crime, educate them away from offending and build confidence in the police, a plethora of engagement activities have been undertaken. Projects include Kickz, a separate football engagement programme in schools, the TKO project, YOU, the Fight for Change project, police involvement in the Prince's Trust, Youth Neighbourhood Watch and regular police attendance at youth groups across the Borough. The Gangs Call-In process provides a key example of the police engaging with and listening to young people at risk of serious harm. Engagement continues to profit from the Safer Schools Partnerships where police officers work directly with children in secondary schools across the Borough and have included such successes as the Growing Against Gangs and Violence project. The police also continues to seek better methods of consulting young people in areas of concern. This has included membership of the Stop and Search Monitoring Group, association with the Youth Parliament and working with MVSC to facilitate the annual Youth Crime Conference.

4.8.2 Child Abuse Investigation Team (CAIT/SC&05)

Metropolitan Police Child Abuse investigation team (CAIT) self assessment

- The MPS has again continued to deliver a commitment to providing regular training on safeguarding, child protection and effective leadership for managers and practitioners across frontline services. The MPS provision of Multi Agency Critical Incident Exercise (MACIE) training for each London borough has been

completed and SC&O5 will work to ensure that the financial commitment (currently fully funded by the MPS) to MACIE training is maintained.

- SC&O5 is currently in the process of preparing an 'Advanced child interview course' for very young children and children with learning or communication difficulties. This will deliver a better service to victims and witnesses of abuse and will contribute to wider efforts to enhance community confidence in the police.
- SC&O5 works closely with local boroughs who lead on community (including youth) engagement. SC&O5 also has a dedicated partnership team, which leads on developing engagement with the communities we serve. The partnership team undertake a number of strands of work around key areas to enhance engagement and encourage community confidence. Examples include engaging with other professionals such as, LSCBs, Health, Education, Probation, LADOs to promote child protection procedures and provide safeguarding awareness. The Manual of guidance on spirit possession is being widely adapted and used. Pro-active community engagement events around issues such as spirit possession and Female Genital Mutilation (FGM) have been well received. The use of SPOCs (Single Point of Contact) on each CAIT to offer support and guidance in relation to spirit possession and FGM is ongoing and will ultimately promote the use of Non Government Organisations to engage with children and families. Engaging SNTs with LSCBs to participate in safeguarding inputs to religious communities is in its early stages. Sudden Unexplained Infant Death (SUDI) training is provided for all relevant police personnel and associated professionals. This training includes work with families who have suffered bereavement. SC&O5 staff attend and also contribute to LSCB training and promotional events.
- SC&O5 has reviewed its response to Victim Care in line with the Commissioners Total Victim care ethos. The Command has reviewed systems to ensure that victims or a suitable point of contact are being updated regularly. Performance in this area is subject of monthly SMT review and during team inspections. It is recognised that the command can continue to improve in this area.
- The SMT has recently introduced a daily 'Grip and Pace' meeting which reviews all overnight issues including SUDI's and children on a CP plan being victims of new allegations. This ensures that enhanced protection for children subject to a child protection plan is reviewed by SMT, actions identified and prioritised. NVOC are recorded centrally by the Continuous Improvement team.
- Project Topaz has been implemented to work with partner agencies to safeguard and protect children who are subject to a child protection plan. Referrals staff are required to identify every occasion a child subject to a CPP becomes the subject of a new allegation. The Continuous improvement team review these incidents and include them in the SC&O5 Daily and 'Grip and Pace' meeting.
- SC&O5 have invested significant resources into ensuring efficient and effective information sharing practices through the development of new risk based approaches and enhanced referral desk capacity. SC&O5 have collated information that shows these new practices have identified victims and allowed for safeguarding interventions which may have been missed previously. All SC&O5 training, but in particular the multi-agency training, focuses on minimising the risk to children through appropriate information sharing and empowering staff to use and develop their professional judgement. SC&O5 have also recognised that this needs to be supported by strong supervision. SC&O5 has changed its structure to ensure sergeants, in particular, are able to offer support and guidance to staff managing cases. These workloads are reviewed annually to ensure an appropriate distribution of resources.

Performance data

Kingston / Merton / Wandsworth CAIT statistics / Sanction Detections (SD) 2012 /13

Incidents	Offences	SDs	SD Rate
1001	491	116	23.6%
Serious Sexual Offences			
	88	17	19.3%
Rape			
	28	4	14.3%
Violence with Injury			
	145	33	22.8%

All CAIT teams were set an overall detection rate of 22 % and the Barnes team achieved 23.6%.

Serious sexual offence target was 20 % with 19.3% achieved

Violence with injury 34 % with 22.8% achieved

Rape - 43% with 14.3 % achieved

CAIT teams are measured across all the boroughs they cover, and it is hard to break this down to individual authorities. It is also important to note that detection is one outcome and low detections are not necessarily indicative of good performance as prosecutions may not be pursued in the best interests of the child, allegations are withdrawn etc.

Overall, this is relatively good performance. The rape figures are difficult as we saw a huge uplift in historical allegations (in the region of a 30-40% increase at Barnes) which are notoriously hard to detect due to no forensic opportunities, deceased suspects, difficulties tracing witnesses etc.

Voice of the child

Children are assessed and (where able) interviewed through ABE (Achieving Best Evidence) processes to ensure their account, experiences , needs and evidence is obtained within criminal investigations. This is also achieved through joint working with children’s services who will engage with the family and the child during a police investigation.

4.9 Voluntary and Community Sector

The voluntary sector is represented on the MSCB through Carers Support Merton who primarily represent young carers as the commissioned service provider, and information is also fed through to the wider voluntary and community sector by Merton Voluntary Service Council (MVSC) via Involve, the Community Empowerment Network. The sector is a key partner in ensuring safeguarding policies are universally implemented.

Activity

Funded voluntary groups working with children and young people work to tight safeguarding requirements and all funding bodies are now looking for clear safeguarding policies. Merton Council funding conditions include completion and implementation of a safeguarding audit as part of the service specifications and MVSC works with groups to ensure they adhere to this. The criteria used are based on Section 11, and give assurance that these are met by commissioned providers.

Ofsted's review of safeguarding and looked after children in Merton noted the strong relationship between public and voluntary sector organisations and the rapport between Children Schools and Families and the voluntary sector was a major factor in Ofsted describing the relationship as 'outstanding.'

Voluntary organisations are supported through the London Youth Quality Mark. Independent assessment for this quality accreditation includes checks for robust policies and procedures around safeguarding, health and safety, and safe recruitment. Groups have also been encouraged to gain the Safe Network Standards, and work to ramp this up is planned for 2013-14.

All groups, including smaller unfunded groups, are kept informed about new developments locally and nationally and about training opportunities. MVSC includes information on its website, Merton Connected, and in its weekly e-bulletins. Community Engagement Network representatives on the Children's Trust and LSCB continue to feed in and report back on safeguarding issues for the sector.

4.10 London Probation Trust

Probation self assessment

Within LPT and Merton and Sutton Local Delivery Unit there has been increased attention placed on Safeguarding Children. The following activities have been undertaken over the past 12 months.

- Sample case audit of 'safeguarding codes' being used appropriately. 80% viewed as appropriate, 20% require improvement. Feedback provided to individual Probation Officers and managers.
- New Safeguarding lead (Practitioner) Bianca Young operating in local Merton Offender Management Team.
- LEARN (Monthly QA process) attention regularly drawn to the importance of Children's safeguarding and 'think family'. Between 73%-83% of cases reviewed are assessed as being of sufficient or above quality. Maintaining this QA process is a priority for the unit.
- LPT have revised their Children's Safeguarding Policy this year – due to be re-issued very shortly.
- Safeguarding briefings carried out in June 2013 by LPT Assistant Chief lead, highlighting safeguarding processes and structures in place.
- MASH up and running in Merton, IT (Laptop) is in place and operational. Bianca Young is playing an active role in this multi-agency initiative.
- MAPP/LSCB (pan London) have agreed data sharing information.

Outcomes

LEARN results and the safeguarding code audit are the main outcome measures

Voice of the child

This is a challenge for an organisation focusing on adult offenders. However, far more attention is being given

to home visits on all offenders, this raises the 'think family' agenda and will assist in understanding and hearing the 'voice of the child'.

4.11 CAFCASS – The Child and Family Court Advisory Service

CAFCASS self assessment

Cafcass s11 Corporate Submission to LSCBs

Cafcass makes a London-wide corporate submission to LSCBs which covers their activity and compliance with Section 11 standards – see 3.2.2 above.

They provide this 'in order to assist LSCBs, even though Cafcass is not named within the Children Act 2004 as an organisation to which Section 11 applies. See Appendix 7 for the full self assessment,

4.12 LB Merton, Children, Schools & Families - Children's Social Care

Children's Social Care self assessment

Looking back over the last year there have been some significant challenges and opportunities for all staff in the Children's Social Care and Youth Inclusion division with rising demand and a number of challenging cases.

The emotional challenges continued through the early autumn of last year and the resilience and care of all staff was best reflected in a Team Manager being shortlisted for Manager of the Year in the National Social Care Awards for her brave 'off duty' intervention to assist a badly injured woman and her son after they were attacked in the street.

Organisationally the autumn heralded a period of consultation and reflection as plans were developed to restructure; to introduce a single assessment process and to embed the ethos of a single relationship between social care staff and service users. The commitment to quality and the aim of progressing from Good to Great was also underpinned by the introduction of a new Quality Assurance Framework with a focus on building on the strengths identified in the Announced Inspection.

After a winter of consultation with business support staff the new structures, roles and responsibilities were agreed and implemented at the end of the financial year. A new Head of Service has now taken up the post permanently.

The trend of work in the child protection arena continued to maintain high numbers of children subject to child protection plans after they rose in the latter half of 2011-12.

Total numbers subject to plan March 2011 = 120

Total numbers subject to plan March 2012 = 173

Total numbers subject to plan March 2013 = 162

The average number of children subject to a plan across the year was 171 with a peak of 181 in August and a low of 162 in March.

The rate of Child Protection Plans per 10,000 population has slightly reduced based on the March 2013

numbers:

2010/11 = 28.5
2011/12 = 40
2012/13 = 36

Full comparator data for 2012-2013 was not available at the time of writing –

The 2011/12 Rate of children who were the subject of a child protection plan at 31 March 2012 per 10,000 children for Merton was 39.9

England average - 37.8
London average - 35.7
Inner London average - 40.6
Outer London average - 33.0

Our close statistical neighbours:

Barnet average - 31.0
Kingston average - 26.9
Ealing average - 37.8
Redbridge average - 19.9
Enfield average - 29.7

The overall Contact and Referral activity shows that contact numbers remain stable whilst the numbers of going on to a referral have reduced.

There has been a continued focus on prevention and accurate assessment and this has been supported by a decrease in the numbers of re-referrals

1495 in 2010-2011
1114 in 2011-2012
980 in 2012-2013

Rate of referral and assessment was stable at just under 100 per month but has reduced over the last year to 82 per month on average. The conversion rate of contacts to referrals has also reduced steadily over the last three years.

33% in 2010-11
24% in 2011-12
20% in 2012-13

In January 2012 Merton had its Announced Inspection of Safeguarding and Looked After services. The inspection findings evidenced a "good" judgement against all 22 of the standards reflecting continuing improvement of Merton's services.

Re-referrals at 13% have continued to fall and are two per cent down on last year. The work at referral stage is increasingly successful with fewer cases being referred back to Children's Social care within a twelve month timeframe. The performance in terms of the timeliness of assessments has also improved significantly over the last year.

Initial Assessments in 10 days 83% (61% in 2011-12)
Core Assessments in 35 days 70% (54% in 2011-12)

The data on Section 47⁷ enquiries shows that there is a challenge for Children's Social Care in maintaining clear threshold criteria that appropriately balance risks and strengths in children and family circumstances. There has been a large rise in the numbers of S47's undertaken whilst at the same time there has been a significant decline in the numbers progressing to an Initial Child Protection Conference. This points to a larger than usual number of S47's either being abandoned or progressed under Child In Need plans.

38% increase in Section 47's but a
19% decrease in ICPC's

With nearly twenty per cent fewer ICPC's the numbers becoming subject to plans correspondingly decreased in comparison with the previous year.

119 became subject to a plan in 2010-2011 (63 families)
196 became subject to a plan in 2011-2012 (83 families)
159 became subject to a plan in 2012-2013 (75 families)

125 ceased being subject to a plan in 2010-2011
139 ceased being subject to a plan in 2011-2012
169 ceased being subject to a plan in 2012-2013

19% decrease going on child protection plans.
21% increase coming off child protection plans.

In comparison to national averages fewer children remain subject to a Child Protection plan for two or more years and the number of children who became subject to a Child Protection plan for a second time increased by 2% but remained on target for the year. All CP 100% allocated to a qualified social worker.

CP plans second or subsequent time
13% in 2010-2011
8% in 2011-2012
10% in 2012-2013

CP plans 2 years plus
4% in 2010-2011
1% in 2011-2012
0.25% in 2012-2013

Multi-agency scrutiny of child protection has been maintained with 98% of review conferences held on time (above the national average of 97%) although there has been a decrease in the performance for four weekly Child Protection visiting which at 91% is 4% down on 2011-2012.

⁷ The local authority, through its Children and Young People's Services, has a statutory duty to carry out a Section 47 Enquiry in any of the following circumstances:

- Where there is information to indicate that a child has suffered or is likely to suffer Significant Harm
- Where a child is subject to an Emergency Protection Order
- Where a child is subject to Police Protection
- Where a child under 10 is in breach of a Curfew Order

Inspection and Looked After Children (LAC)

In the course of the year there have been two successful inspections, firstly Fostering and followed by Adoption services and both achieved a Good rating.

In the later part of 2012-13 there has been an appreciable increase in the numbers of children and young people becoming looked after particularly adolescents. An audit of LAC cases is underway and will report on findings through the QA subgroup before agreeing any action plan.

Looked After Children performance data

PI Title	2011-2012	National 2011-2012	2012-2013
NI 58 - Emotional & behavioural health – SDQ score	11.4	13.8	14.4
NI 61 - Timeliness of Adoptions from date should be placed	55.6%	n/a	100%
NI 62 - Stability of placements – number of moves	14.7%	11%	15.7%
NI 63 - Stability of placements – length of placement	67.6%	68% (3 yr av 2010-2012)	63.9%
NI 66 - LAC reviews within timescale	95.9%	n/a	95.9%
NI 147 - Care leavers in suitable accommodation	88.2%	88%	85.0%
NI 148 - Care leavers in education, employment or training	70.6%	58%	60.0%
PAF B79 - Foster placements 10-15 year olds	68.6%	n/a	75.6%
PAF C23 Adoptions & SGO's as a % of CIC 6 months +	12.6%	n/a	8.1%
PAF C63 -CIC Participated in reviews	79.4%	n/a	88.2%
PAF C69 - Distance between home and placement	11.4%	16% (based on 20+miles)	13.2%
A2052SC - CIC Placements - residential	24.2%	n/a	23.7%
A2054SC - CIC Placements – foster placement with friend or relative	2.4%	n/a	3.7%

Recruitment / Learning & Development

A positive campaign to recruit permanent social work staff included the recruitment of seven people for the Assessed & Supported Year in Employment (ASYE) in the course of last year. This followed on from the successful completion of their NQSW (Newly Qualified Social Worker) by ten of the eleven newly recruited NQSW's in the previous year. Merton has implemented a comprehensive ASYE scheme supported by new

contracts of employment and a programme of development and assessment with all ASYE's scheduled to pass their probationary year and to progress to the status of Social Worker.

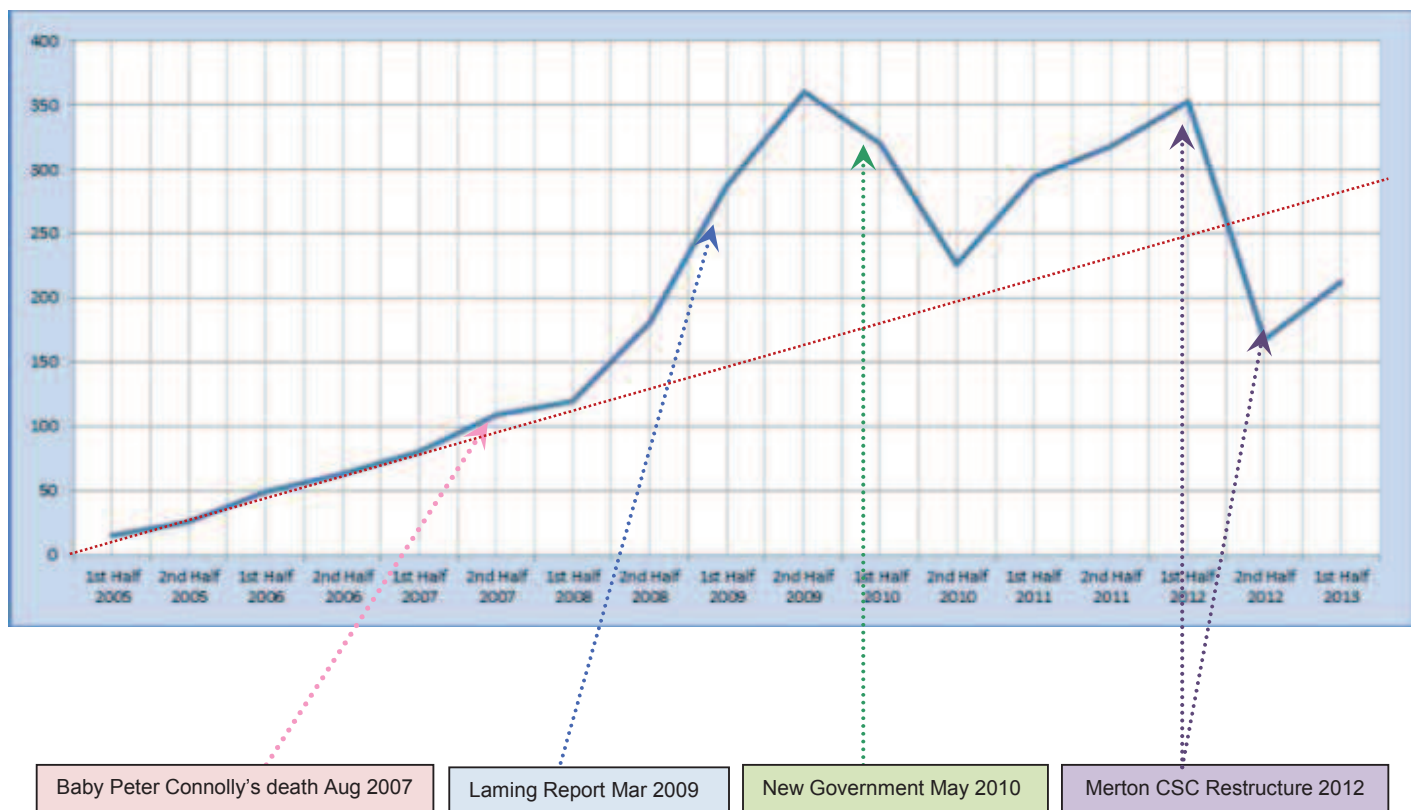
The graduate trainee scheme has continued with screeners embedded in the Access and Assessment service before embarking on post graduate training to become social workers. One graduate has successfully completed their course and is about to enter the ASYE scheme. Two others are about to finish commence their second year and one other is about to start their first year this coming September.

Agency recruitment cover for permanent frontline social work vacancies remained consistent at 20%.

CAF's in 2012-13 totalled 422 showing a dip to levels comparable with 2010-11. There were significantly fewer CAF's completed by Schools, Early Years and Voluntary Sector services and by Community Health services. Circumstances around this include uncertainty throughout the CSC and MASH restructure process with regards to most appropriate assessment tools within the new Early Intervention Level 2 of the new 3-band MWB Model.

However trends in 2013 are encouraging:

- The former CAF was simplified further to new CASA format for Universal and lower level targeted services assessment and coordination.
- Single Assessment (on CareFirst) rather than CAF/CASA used as assessment tool by increased complement of SW within these restructured EI Teams for more complex Early Intervention cases.
- Dedicated 2-page CP Referral forms direct to MASH where CP concerns registered by non-case-holding practitioners e.g. acute hospital services. This focused form more appropriately replaces former CAF usage in these situations.



Merton CAF/CASA Trends – numbers of CAF/CASAs 2005 to 2013 in half-year blocks

Local Authority Designated Officer (LADO)

The role and function of the LADO is a key aspect of the overall safeguarding activity of the Local Authority and its partner agencies under the auspices of the MSCB.

In the last year there has been a concerted focus on raising levels of awareness across all statutory and voluntary agencies. Several briefings and awareness raising events have been held. The evaluations of the briefing sessions have highlighted the increased understanding of the LADO role and the importance of staff awareness and willingness to raise issues of concern.

The referrals to the LADO have significantly increased during the course of the last year with an overall 100% increase in the numbers of senior strategy meetings from 19 in 2011-12 to 38 in 2012-13. By comparison in the same period there was a 14% increase in the numbers of LADO consultations from 28 in 2011-12 to 32 in 2012-13.

On-going awareness raising has been incorporated into the training and development plans for the year. There have been six LADO awareness raising briefings to staff during the year 2012-13 and 113 staff members attended these from a wide range of multi-agency partners. There remain a number of partner agencies that need to engage with this programme more effectively e.g. health sector, and police.

Referrals by Category

	Physical	Sexual	Emotional	Neglect	Multiple
2011-12	12	2	3	0	2
2012-13	16	10	2	8	3

The most striking aspects of the increase in LADO referrals is the fivefold increase in referrals under the Sexual Abuse category and the eightfold increase in Neglect referrals.

In 2012-13 there were two police cautions/convictions but a further two are awaited and there were five dismissals or resignations in the year with a number still outstanding.

Child Sexual Exploitation

The MSCB endorsed the new Merton Child Sexual Exploitation Strategy in November 2012. The Promote and Protect Group has led the development and coordination of the multi-agency response to Child Sexual Exploitation. This model has been incorporated in to the development of the pan London Police protocol that has been recently piloted in two authorities and Merton's CSE service has been shortlisted for the London Safeguarding Children's Board annual Awards which will be announced in December this year at the Annual Conference.

To date there have been 64 referrals to the Promote and Protect group and currently 34 remain open. The commissioning cycle this year identified the priority to commission on a longer term basis work to identify and support Young Runaways and victims of sexual exploitation. The role of the voluntary sector has been crucial in establishing effective relationships with the young people and their families and the evidence below shows the beneficial impact on young people's outcomes as a result.

Our analysis of the outcomes for the cohort of young people that received specialist support shows that:

- Satisfactory school/college attendance baseline has improved from 17% to 83%
- Episodes of missing from home/care have reduced from 77% to 11%
- Family has access to support services has been maintained at 100%
- Stable and secure accommodation has improved from 6% to 89%
- Remains in regular contact with the service has increased from 61% to 89%
- Reduced association with risky peers/adults has increased from 39% to 83%
- Recovery from sexual abuse/exploitation has increased from 33% to 83%
- Able to identify abuse/exploitative behaviour has increased from 39% to 94%
- Reduced/safer consumption of controlled substances has increased from 11% to 89%
- Knowledge of sexual health strategies has increased from 33% to 89%
- Enhanced parent/carer/adult – child relationships has risen from 22% to 78%

Examples of comments from Young People, Parents and Foster Carer include:

Young person

“She has helped me look at healthy and unhealthy relationships and has helped me to realise that I was being exploited and groomed while I was out there.”

“I have been going to the girls’ group - when I first went I didn’t know what to say but then I heard another girl tell their story to everyone and realised it was OK - now we all know and trust each other and understand. The worker worked with me and my parents and this is helpful as I didn’t used to talk to them at all and now I can. The worker sees the whole picture of your life and your family and helps to put it all together - she doesn’t just try to deal with a particular "problem". They understand what you are feeling.”

Parent

“My daughter become more stable –they also referred her to an advocate who has really helped her too. Now she hasn’t gone missing for last 6 months. Previously she had disengaged from education and now engaged in beauty course at college”

“It has helped me to know that I have support and someone who understands how to cope with my daughter’s behaviour. I don’t feel so alone and I can talk to my daughter better about everything”

Foster Carer

It’s a godsend because the worker is my rock. She makes herself available –my foster daughter will talk to her and I can say if I have concerns and she will work together with me to get the story from the young person. Jigsaw have enabled me to maintain the foster placement as it has helped me to look at things positively – it brings me back to helping the child on her journey. I don’t get the impression she is taking the

young person's side but she does help the young person to feel listened to and then works with me as foster carer too to enable the placement to continue.

The work to continue to proactively address issues of CSE in Merton has been strengthened by the development of a MOPAC⁸ 3 year funded post to aid CSE awareness and prevention; work to avoid gang entry/exploitation and map victims/perpetrators/locations. Interviews for this post are planned early in September 2013.

As the police roll out their CSE protocol across all London Boroughs agreement has been reached locally for the Promote and Protect Group to be jointly chaired between the CSC Service Manager and the DI from Borough Policing in liaison with the local CAIT.

4.13 LB Merton Children, Schools & Families led - Multi Agency Safeguarding Hub (MASH)

The Childrens Social Care Access & Assessment Team has been reorganised into the MASH & First Response Team. The MASH came on-stream in April 2013, with a great deal of the development work having been carried out in 2012-13.

The team comprise:

- 1 SW Team Manager
- 2 Assistant Team Manager
- 6 Social Workers
- 3 Graduate Trainee's (First Contact Officers)
- 3 Administrators
- 1 CASA Manager
- 1 Health Navigator
- 1 Education Navigator
- 1 Probation Navigator
- 4 Police Public Protection Officers
- 1 Youth Offending/ Transforming Families Navigator

The Team is located on the 12th Floor of the Civic Centre and is designed as being the single point of contact for all contacts and referrals in relation to safeguarding concerns in respect of children and their families.

The aim of the MASH is to ensure families who require help are identified at an earlier stage by the multi agency professionals and signposted/referred to the appropriate service in order to receive early help.

The First Response Social Work Team is also based with the MASH and this team undertakes all of the child protection investigations in respect of those children who have no allocated social worker or whom where previously unknown to the department.

The key activity has been the establishment of the MASH, the development of the Information Sharing Protocol and Partnership agreements and the development of the MASH database which will be live from 22/08/2013.

All referrals received by the MASH are given a rating by the Team/Duty Manager and this dictates the urgency

⁸ Mayor's Office for Policing & Crime (London)

of the response from the MASH.

Partner Agency navigators from Health, Police, Probation, Education & Youth Services check their agency databases to see what is known on their respective agency databases regarding families referred to the MASH so that informed decisions can be made in respect of the disposal of referrals/contacts.

Agencies such as Jigsaw4u who provide a range of services within Merton to vulnerable children and their families also provide a worker who offers advice to the team regarding the suitability of some of the referrals and contacts to their services such as domestic violence support, children at risk of sexual exploitation etc.

A firewalled MASH Database within Totalview has been developed in order for Multi Agency information to be kept securely and confidentially.

The development of the MASH in Merton has been designed to improve safeguarding of children and families within Merton by ensuring all new referrals and contacts to the MASH receive multi agency scrutiny. This scrutiny by partner agencies within the MASH is designed to ensure that decisions are made with as much information being available as possible in order for early help to be identified.

Impact

The Major impact of this activity has been the co-location of key partners involved in safeguarding children (Police, Health Probation, Education, Youth Offending Service/Transforming Families, Children's Social Care).

This means that at the referral starting point a multi agency approach is adopted which should, as the MASH continues, lead to ensuring that families are signposted as appropriate to relevant services to meet any identified need.

More information is available to partner agencies that should enable a joined up – coordinated response to the needs of children and their families within Merton.

There has been an increase in the conversion rate of referrals to assessments; this trend is common across areas where MASH's have been set up.

The MASH has transformed the way in which the partner agencies work with one another and there is improved information sharing within the MASH and each agency that is represented has learnt about the thresholds of intervention across each service.

The reorganisation of the Access & Assessment Team into the MASH & First Response Team has meant that Children in need – single assessments are now being undertaken by a variety of Social Work Teams within Children, Schools and Families.

Increased awareness of how prevalent issues such as substance misuse, parental mental ill health and domestic violence are within cases referred to the MASH in order for coordinated multi agency support plans to be implemented to safeguard children and their families.

The voice of the child

The voice of the child is recorded within all assessments undertaken by the social care workers within the MASH & First Response Team. The views of children and their families are clearly recorded on all communications sent between agencies, (i.e. CASA's, Police Merlins, referrals received from Health visitors/Schools)

The well being of the child is at the centre of all the work undertaken within the MASH.

4.14 LB Merton, Children, Schools & Families - Youth Justice Service

Youth Justice self assessment

YJS has continued activity alongside colleagues in Social Care to safeguard those children and young people with whom it works – the majority within the Criminal Justice system.

A range of tasks & roles around recruitment / training / policy & practice development / strategy & professional meetings / participation in panels including Offender Management panel / Promote & Protect Panel and our Internal Risk /Vulnerability Management Panel have taken place.

Recruitment

All Staff are recruited in line with the Safer Recruitment policy of the Council. A decision was taken in 2011 (post the HMIP Inspection - June 2011 to ensure that at least 50% of case practitioners have social work qualifications to help our wider understanding / approach to safeguarding issues amongst our young people.

Training

Line managers are responsible for ensuring that staff who work directly with young people and their families receive training in the Common and Shared Assessment (CASA) Training / Child and Young Person Merton Well-Being Model (MWBM) 2013. This training is integral to embedding the concept of a partnership approach to safeguarding. This training is further supplemented by basic child protection training. Managers and staff will work together through the induction process and supervision to target training commensurate with their role within the team.

Policy & Practice

The YJS has a range of policies to address risk / vulnerability and safeguarding. Principal amongst these is the recently revised (June '13) Quality Practice Framework.

The YJS Manager presented to the LSGB in 2012 concerning changes to the Community Safeguarding and Public Protection Incidents from the Youth Justice Board. This reduced the number of public protection and safeguarding incident criteria as well as making changes to the review arrangements. These would either be via a **Critical Learning Review or Extended Learning Review (ELR)**. The former would determine whether supervision was appropriate and sufficient for the young person's needs and Identify any key learning points from an early review of the case management. The latter would explore a more systemic /partnership approach looking at what issues contributed to problems in the case and looking at learning opportunities /how subsequent recommendations can be turned into improved practice.

Strategy /Professionals Meetings

The YJS will attend all meetings / arrange them where necessary for YP where there are risk and safeguarding concerns especially where a multi-agency response is required.

Offender Management panel / Promote & Protect Panel and our Internal Risk /Vulnerability Management Panel

These panels within the Borough identify and respond to multi-agency concerns about children and young people who either pose a risk to others (often as well as to themselves) or are likely to be victims of sexual exploitation. The YJS Internal Risk /Vulnerability Management Panel meets monthly and monitors actions to help reduce risk and vulnerability /safeguarding issues.

The YJS has not had any serious incident reports during 2012-13.

Voice of the child

The YJS routinely records the views of young people at the end of supervision via an interview with one of the team administrators. These sessions look at issues around service provision and how well the young people have been treated whilst on the court order. Results from the 12/13 period showed that all the young people seen felt that expectations had been made clear to them at the start of orders and that staff had been helpful & respectful. 93% (41 YP) felt they had been treated fairly. 89% felt that coming to the YJS had had a positive impact on their lives.

In terms of their attendance at the Referral Order Panel all Young People felt that they had been treated fairly and had been involved by the Panel. 97% felt they were involved in the decisions made at panel. One Young person did feel that decisions would have been made with or without their agreement anyway. 94% had noticed positive developments in their lives.

4.15 LB Merton, Children, Schools & Families -Transforming Families

Transforming Families self assessment

The Transforming Families team (known nationally as the 'Troubled Families' agenda) is a new service within the London Borough of Merton. For 2012/13 it was tasked with the objective of working with 124 of the neediest and most troubled families in the borough in relation to the national eligibility criteria which have been set for the programme. These relate to the aims of: getting children back into school and maximising their attendance/engagement; reducing youth crime and anti-social behaviour and putting adults on a path back to work. Subsequently, the overall aim of the programme is to reduce a range of social problems, whilst simultaneously reducing the high costs to the public purse of dealing with such social ills. The number of families which have to be worked with in Merton for 2013/14 is 185 and this figure has been set by the Department of Communities and Local Government.

Safeguarding children is integral and central to the success of the Transforming Families team. Indeed, a number of cases are co-worked by the Transforming Families team with other teams within Social Care and Youth Inclusion (such as the Central Social Work team, which specialises in Child Protection) and a number of cases are worked solely by the Transforming Families team. Regardless of whether cases are co-worked or not, a number of strategies and processes exist to ensure that there are appropriate systems in place to protect children. These include: recruitment, induction and training of staff; joined up working including co-working, professionals and strategy meetings; and the completion and review of the Outcome Star assessment.

Recruitment, induction and training

All staff have been recruited into the team effectively through the Council's Safer Recruitment policy. This policy exists to ensure that managers recruit staff to posts safely and that children and vulnerable groups are not placed at risk. It is therefore essential for all new staff to the team to receive an induction that makes them

aware of the various teams that are key to safeguarding within the council and that all staff have safeguarding and/or child protection training included as part of their training workplace development plan. Such training includes the Common and Shared Assessment (CASA) Training / Child and Young Person Merton Well-Being Model (MWBM) 2013.

Joined up working including co-working, professionals and strategy meetings

The Transforming Families team works closely with partner agencies, both internally and externally, in order to ensure that children are adequately safeguarded and protected from harm. Indeed, this is an important part of the ethos. For example, the Transforming Families practitioners attend all meetings which are relevant to a member of a family which is being worked with and particularly those cases which are related to safeguarding. Therefore, if a professionals or strategy meeting is scheduled in relation to a child, or young person, the Transforming Families practitioner will attend and contribute accordingly to the plan.

Outcome Star (family) assessment

The Transforming Families team within Merton is implementing a trial in relation to the Outcome Star assessment tool. This assessment tool, which covers a range of areas, tracks the progress of a family which is being worked with by the team. The assessment is completed at three stages: the beginning of the intervention (which is classed as the initial assessment), mid-way (review) and when the intervention concludes (the final review). Where there has been a positive improvement in outcomes, as indicated by the outcome star assessment the case can be closed or 'stepped-down' to another organisation. Where the assessment gives cause for continued concern at the end of intervention, consideration is subsequently given to the 'step-up' process (in readiness for the statutory safeguarding services) and a referral may therefore be made to the MASH.

Impact

The Transforming Families team and its delivery are relatively new and subsequently, the impact of its existence cannot be fully analysed at the current time. However, in relation to the recent demonstrating of outcomes, it would appear that the team has had a successful impact due to the fact that successful outcomes were achieved in the first year of the programme. A number of the cases that were worked with within this period encapsulated safeguarding issues and it has been encouraging that very few of the cases have been 'stepped up' and escalated via the Police Protection process and/or Initial Child Protection Case Conferences. This would indicate that the team has been able to safeguard children effectively and efficaciously.

The voice of the child

The workers within the Transforming Families team recognise the significance of ensuring that the voice of the child is listened to, heard and acted upon, thus ensuring that a process of effective service user feedback is in place.

A major way that this is achieved is to ensure that children and young people are consulted as part of the Family Outcome star assessment process. This ensures that their views are given and that this contributes towards the overall intervention plan for the child and their family.

There are other processes being considered at the present time including questionnaires for young people to complete upon completion of the intervention and the creation of a Transforming Families Youth Board – similar to that which has been established recently in the Youth Offending Service – to ensure that the voice of the child is heard.

4.16 LB Merton, Children, Schools & Families - Early Years

Early Years self assessment

Access to services

Merton has included local discretionary places for vulnerable to two year olds who currently have a child protection plan or child in need but do not meet the governments eligibility criteria. This year introduced a process of targeted contact for all known children to the local authority aged two to facilitate take up of places

Partnership work with the Virtual Schools team, supporting LAC children under statutory school age, by visiting them in their PVI setting, maintained nursery and in the foster home, to ensure that LAC children under 5 are well supported in their development.

Development of setting up locality models of delivery incorporating locality allocation networks (LAN's) across the three children centre localities.

Setting up and planning of new referral pathways for access to Children's Centre services across all levels of the MWBM (level 1 – 3)

All children's centres are subject to a quarterly performance monitoring visit by the LA which includes a rigorous safeguarding section. All centres undertake an annual safeguarding audit and the performance monitoring includes investigation into the use of the CASA process and overarching safeguarding practice and procedures in the centres. Any actions identified are followed up in order to make change before the next visit.

In addition the quality of the referral process has been regularly reviewed and assessed as part of the annual continuous improvement framework (CIF) to measure the appropriateness of referrals and the impact of practice.

We have supported staff in children centres to devise clear procedures and protocols around information sharing and data protection

Setting up of a new 0-5s enhanced service, to include social workers and family support workers

Systems developed to gather early years information as requested via the MASH navigator

Delivery of evidenced based parenting programmes

Partnership work with health to support delivery of 2 year development check and targeted work and share data

Staff allegations

We have worked with the LADO regarding allegations against staff, childminders and volunteers.

We have devised new procedures around allegations against staff and notification of serious accident or death in any setting registered with Ofsted.

Training

We provide safeguarding training for all settings who are registered with Ofsted on the early years register, the

compulsory childcare register and the voluntary childcare register. We also provide training for staff who work in schools providing out of school services.

We have three main courses which are:-

Safeguarding for Leaders & Managers (covering safe recruitment, safeguarding procedures, role of LADO, staff allegations and whistleblowing). Attendance 99

Safeguarding Lead (covering referral routes into MASH, supporting families team and CC LAN. Writing a CASA. Awareness of LBM procedure and Ofsted requirements. Information sharing). Attendance 70

Basic safeguarding / Introduction to child protection (four types of abuse, toxic trio, referral into MASH, early intervention referral routes, what to do if you are worried about a child, working together to safeguard children). Attendance 368

Two workshops for PVI settings in April 2013, informing them of the changes in relation to MASH and CASA, and of the new children centre LANs (locality allocation networks). Attendance 108

Support for the initial foster carer training and plans to provide further training for foster carers around child development and supporting children's learning in the home.

Settings delivering places for vulnerable two year olds are required to complete an accredited training course which includes a safeguarding module and working as part of an integrated team.

Training to staff across children centres in relation to using the estart system safely and in a manner which is in line with data protection and information sharing.
Attendance 20 (In response to evidence of staff not following correct procedures.)

All children's centre lead officers hold staff CPD records and ensure up to date safeguarding training is undertaken by all staff.

Over 500 staff and managers are now familiar with safeguarding procedure, and know how to make a referral to the new MASH team (Post course evaluation).

70 staff have undertaken training in writing a CASA and understand the LBM well-being model (rainbow). This has led to referrals coming in to the right place. (post course evaluation)

11 childcare practitioners have completed the accredited course or working with 2 year olds with a further 11 due to complete by August 2013, evidence from post course evaluation indicates there is a greater understanding and knowledge of process, protocols and procedures

Access to Services

Although early days, foster carers are reporting that they find the support from our team very valuable, and as a result they feel more able to support children's development and learning in the home. (informal feedback)

This financial year 20 vulnerable two year olds have accessed a free early learning place who have a CIP or are a CIN, emerging evidence of progress in prime areas of learning and families taking up/accessing local Children's Centre services (headcount, CC performance monitoring)

Increased take up of services by vulnerable groups (performance management Children's Centres)

Improved outcomes for families accessing specific targeted services (Family Outcomes Star)

Staff within children's centres are clear about procedures and protocols regarding information sharing and data protection (post course evaluation)

Staff Allegations

Managers improved understanding the LADO process and there has been a marked increase in the number of referrals coming in as a result. LADO referrals are of a better quality in terms of information being provided

Settings are notifying us of serious accidents to children, which ensures we can deal with the matter appropriately and liaise with MASH and Ofsted in a more co-ordinated manner.

Voice of the Child

In the main children are under 5 years of age. This means that the voice of the child is reflected in the observations that practitioners undertake of the child, and their skill and ability in being able to assess how things are for the child and how they are responding to situations and people, as part of their on going learning and development.

Training for staff in settings, children centre staff and child-minders focuses strongly on child observations. CASA training also encourages settings to ensure that their observations of the child are integrated fully into the form so the voice of the child is reflected fully.

Children's Centres use a range of activities/tools to capture the child and family voice to inform service development and improvement

4.17 LB Merton, Children, Schools & Families – Schools/Education

Schools in Merton are committed to safeguarding and protecting all our children and young people. We have an active Child Protection (CP) designated teachers' forum which is attended by the Assistant Director for Education and CSC senior managers. We have produced tools to assist schools in assessing their response to CP and safeguarding. The forum also discusses strategic issues such as CATSE, private fostering and FGM. School based staff has access to the MSCB training programme. School staff attended briefing sessions on the MASH/wellbeing model during 2012/13. There is on-going and significant case work in schools, with schools and officers worked closely to ensure the safety of key children and address the concerns of the wider school and staff. This has included bereavement support from the Education Psychology service and the Virtual Behaviour service.

2012 Activities to support child protection and safeguarding.

In the summer of 2012 the Healthy Relationships Curriculum was written for Year 8's in secondary schools. INSET was offered to all schools and three took up the offer. Related drama activities were offered for Year 8's included a focus on sexting, sexual bullying and gangs. Six of our ten schools and settings took up the drama presentation. Sex and Relationship Training was offered to all primary schools. 12 schools took up the training which was funded by Health. The Multiagency Operational Anti-bullying and e-safety Group was set up and identified the collection, storage and sharing of data as a priority. There is on-going work to improve

understanding, security and consistency in the use of data. In the autumn of 2012 30 primary schools took part in the PSHE Audit and ten took part in the subsequent training which was also funded by Health.

In the autumn of 2012 Merton Stonewall Steering Group was set up to plan support for schools in addressing homophobic bullying. The group meets termly and includes LA officers, two secondary and four primary schools who are Stonewall Schools Champions. 24 primary schools attended training on the Stonewall 'Different Families' materials and 20 schools attended central training on Challenging Prejudiced Based Language. All the training was very well evaluate. The impact of work is seen a 14% improvement on Stonewall Equality Index (LA support for addressing homophobic bullying).

2013 Activities underway and due to report later this year.

Focus Groups involving seven schools including one special school, LAC Council, Young Carers and two Youth Groups were set up and are asking a range of questions about staying safe in and out of school, including on line safety. There has been an on line survey for Year 9 students also looking at staying safe in and out of school, including on line safety. An LBGT Youth Group is to be set up.

Themes identified so far are that bullying is not a significant issue for most children and young people. They feel safe particularly in school and think that good peer support works well for young people. The Safer Schools Police Officers make young people feel safe but on line safety/relationships need to have a greater focus. This will be planned in to the programme and a number of schools run sessions for parents and carers about on line safety.

On-going safeguarding support

The Vulnerable Children's Team holds network meetings in all primary schools and seeks to identify all children below the threshold and what interagency action may be required. Secondary Schools have a similar approach. The MASH Education navigator post was set up in April, piloted through summer and the role will develop further as a new substantive appointment has been made. The Safeguarding Self Audit is used in all Merton schools as a checklist of safeguarding procedures and policies. This is regularly reviewed and updated as required.

In several schools a "deep dive safeguarding review" has taken place which is used to check everything required is in place and understood by everyone. This serves as a preparation for inspection by Ofsted as well as informing and sharing best practice. The deep dives use the Ofsted criteria for Behaviour and Safety, including attendance, and three officers spend a day in the school. A report is prepared for the Headteacher and Governors. No major issues have arisen as a result of these visits and some suggested minor improvements have been acted on immediately. The PSHE Curriculum has been supported with input schools' staff and outside agencies particularly in relation to tackling targeted issues of risk such as "Growing against Gangs and Violence". The Police have contributed to the funding of this project.

Child Protection and Safeguarding up dates are included as appropriate in the termly newsletter for Governors and training is provided through the joint Merton/Sutton program.

OFSTED Judgements for Behaviour and Safety (this includes anti bullying)

Good or Outstanding	National %	London %	Merton %
Primary Schools	93	94	96
Secondary Schools	86	91	87
Ofsted Behaviour and safety grades for all schools	National Mar 2013	London Mar 2013	
Outstanding	29	36	33
Good	57	55	66
RI/Satisfactory	13	8	5
Inadequate	1	1	0

Although these statistics can change every time a school is inspected we are pleased that Merton Primary Schools continue to be judged safer than the London and National ratings. Merton has a smaller number of secondary schools so we are at least in line with the national pattern. The key issue related to the schools with lower judgements is the need to improve attendance.

The voice of the child

Young Residents Survey 2012

Bullying remains a concern for some young people, with an increase in the level of concern since 2011. Concerns around bullying are now 31%, equal to the London average.

92% of young people are generally satisfied and happy with feeling safe in the local area, the main driver of wellbeing, although 56% feel this could be improved.

Merton has been rated significantly ahead of London for listening to concerns of young people and doing enough to protect them.

4.18 Safe recruitment - the Sutton and Merton Multi Agency HR Safeguarding Group

The Sutton and Merton Multi Agency HR Safeguarding Group operates across both boroughs to reflect the operation of the joint HR Service. Key priorities for 2013/2014.

The key aims of the HR Sub-group include:

- Supporting the implementation of Safeguarding HR policies, procedures and practices across multi agency partners within Sutton and Merton.
- Represent and gain commitment from respective organisations to approve and implement the agreed outcomes.
- Assess, manage and mitigate the associated risks.

Progress during 2012/2013

Against the HR Sub Group Workplan 2012/2013 the group has delivered on the following activities:

With the agreement of the four safeguarding boards (children and adult) across Sutton and Merton, launched

the Multi Agency HR Safeguarding Good Practice Guidance (July 2012). This is available at: <http://www.merton.gov.uk/health-social-care/children-family-health-social-care/lscb/lscbprofessionals/mscbprocedures.htm>. It brings together HR good practice into one document, to set standards of practice, and improvements and bring about consistency. These include:

- Safer recruitment.
- Managing allegations against staff.
- Evaluation tool to understand the impact of the above document and interventions to establish how HR practice has improved/changed practice – the information collated provides baseline data and currently indicates that HR Practitioners know how to make a safeguarding alert or know where to seek advice.

The 2012 HR Safeguarding Conference was a Continuing Professional Development (CPD) activity for 50 HR Practitioners from across the multi agency sector. A further follow up evaluation was undertaken three months after the event to establish the impact. Again the evaluation demonstrated that HR Practitioners know when and who to raise a safeguarding alert with, and that the conference reinforced and enhanced current practice.

The MSCB was provided with updates/briefings on the changes under the Protection of Freedoms Act 2012, highlighting the key changes in the definitions of regulated activity and the creation of the new Disclosure and Barring Service (previously CRB and the Independent Safeguarding Authority).

Reviewed the membership of the HR Sub Group and terms of reference. Directors of HR have been written to across the sector in order to encourage more active participation and engagement or seek membership of an organisation not previously represented.

	2011/2012	2012/2013
Safeguarding alerts raised by HR Staff	9	3
Referrals to Registering Professional Bodies	13	10
Referrals that have lead to the working no longer practicing	NA	0
Referrals that have lead to the worker being suspended from practicing	NA	1
Referrals that have lead to NFA (No Further Action)	NA	4
Referrals to the DBS	3	0

NA = information not collated during 11/12

5.0 Managing improvement

It is the job of the MSCB to tie all the contributions from partners outlined at 4.0 together. The next section shows how our business plan does this.

5.1 MSCB Business Plan

The MSCB approved a new Business Plan in September 2010 which was intended to cover the period from 2010-14. An annual refresh was agreed by the main Board in September 2012. This set out the development and improvement work to be carried out by MSCB Business Management and partners through the Subgroups. Work plans for the Subgroups are aligned with Business Plan objectives and reported to all main Board meetings. Work will continue to develop a refreshed Business Plan for 2013.

A full report on progress during 2012/13 is at Appendix 10. It brings planned activity under four headings:

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

5.2 Subgroups

The Structure of the MSCB subgroups and partnership groups in 2012-13 can be seen at Appendix 2. The key groups are:

- Quality Assurance
- Policy & Practice
- Training
- Communications and Participation
(Formerly Communications and Public Information)
- Promote & Protect Young People

Each of these groups brings together partners to improve various areas of multi-agency safeguarding activity. They have workplans which manage specific pieces of work which are then related to the Business Plan – see Appendix 12 for details. Reports are made to MSCB main Board meetings.

5.2.1 Quality Assurance Subgroup

Vision/Outcomes

To ensure children and young people are safeguarded and protected by overseeing the quality of work carried out in partnership across the children and young people sector.

The Subgroup takes the lead role in ensuring quality and learning is disseminated across the MSCB partnership. It has taken the key role in developing a Quality Assurance Framework for the MSCB, presented to the Board in March 2013, and overseeing a multi agency case audit programme which seeks to establish direct learning from deep dive investigations of multi agency working in particular cases. This is

taken forward through the Multi Agency Audit Action Plan, reviewed by the QA Group which commissions activity from other subgroups or partners, e.g. Training or policy/practice changes which might be needed.

5.2.2 Policy & Practice Subgroup

Vision/Outcomes

The subgroup exists to encourage and develop effective working relationships between partners working to safeguard children and young people from harm, including the requirements of *Working Together to Safeguard Children* and other guidance on multi agency working.

To lead the inter-agency implementation and review of the London-wide child protection procedures in Merton, and oversee the scrutiny of individual agency procedures to ensure compatibility with inter-agency procedures.

To follow up as required on the multi agency work done in response to the Munro Review and revision of *Working Together to Safeguard Children*.

To promote agreement and understanding across agencies about operational definitions and intervention thresholds.

5.2.3 Training Subgroup

Vision/Outcomes

To ensure children and young people are safeguarded and protected by overseeing the training and workforce development undertaken in partnership across the children and young people sector, including the training funded and provided on behalf of the Merton Safeguarding Children Board (MSCB). It oversees the multi agency contribution to the development of the Training Programme, its effectiveness and evaluation and running the Annual Conference. See 5.3 below.

5.2.4 Communications and Participation Subgroup

Vision/Outcomes

To ensure children and young people are safeguarded and protected by overseeing Communications and young people's Participation work in partnership across the children and young people's sector.

The group will ensure:

- Public communications from the Merton Safeguarding Children (MSCB) are effective and support the safeguarding and protection of young people.
- Young people are fully engaged and participate in the working and decision making of the MSCB.

5.2.5 Promote & Protect Young People Partnership

Vision/Outcomes

The group brings together the work of the previous multi-agency Healthy Relationships Group and the Young Runaways & Child Sexual Exploitation Group. It acts as a multi-agency forum to respond to the agenda around behaviour issues for children and young people in Merton, and the risks of exploitation. It also will monitor the effectiveness of the Local Authority response to 'Statutory guidance on children who run away and go missing from home or care' (2009) and the 'Pan London Protocol for Children and Young People abused through Sexual Exploitation'. Effectiveness of the inter-agency arrangements for identifying and supporting young runaways is monitored, including providing support and advice to the Jigsaw4u Young Runaways Project. This will also include cases where children and young people may have been trafficked, either from abroad or within the UK.

The workplan of the PPYP is now the action plan of The Child Exploitation Strategy (CSE), launched in May 2013. This will be fully reported for 2013-14. This can be seen at Appendix 12.

5.3 Training and development

The MSCB runs a comprehensive multi agency training programme for professionals and practitioners working with children and families in Merton. Training delivered has been consistently of a high standard and very well evaluated by the participants.

Training 2012-13

From April 2012 to 31st March 2013 we were able to successfully run **59** courses with a total attendance of **829** professionals from a wide spread of agencies in the borough (the total figures for 2011-2012 were 53 courses for a total attendance of 817 staff for the all year).

Despite having to cancel a number of courses (11 in total), the programme has allowed flexibility to introduce new events, to reflect new research as well as national and local changes.

Although courses are reasonably well attended, we generally fall quite below the expected target. This will need to be taken into account when planning next years calendar of events and the Training sub-group will be planning to run a training needs analysis to ensure that the courses offered meet the workforce's development requirements.

Training Evaluation and QA

All training courses have been generally well evaluated with an average general overall satisfaction of three out of four.

We are currently used a standard evaluation form at the end of each training event. Whilst this gives a quantitative measure of the 'satisfaction on the day', we continue to face the challenge that all training providers face of being able to get a measure of the impact of training on professionals' every day practice. *Working Together to Safeguard Children 2013* Chapter 3.2, states that: 'In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should: [...]monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children'.

On the basis of this, the London (SCB) Training Sub Group were commissioned last year to develop a framework which would support Local Safeguarding Children Boards in evaluating the impact of the

safeguarding training provided. This is a three stage model designed to collect data which is consistent and measurable across a variety of courses and will provide an analysis of the impact of the training module.

Stage 1 and 2 forms will be largely rating based to enable a comparative analysis. Stage 3 form will contain much more 'reflective' questions to assist in determining the impact of the training on practice with a perceived and actual measure from the delegate as well as from the line manager.

It is envisaged that the new evaluation format will be piloted across London in 2013/14, and it is expected that it will be referenced in the new edition of the London Child Protection Procedures as a model of good evaluation practice.

For the first time, members of the Training sub-group have started to quality assure a sample of the courses provided. It is intended that this will be an on-going process applied to both externally and internally run courses.

Annual Conference

The joint LSCB/CSC Annual Conference took place on 24th January 2013 on the theme of Keeping Families Safe and Strong.

The conference was opened by Dame Moira Gibb and hosted Prof. Harriet Ward, Kate Cairns and Damian Griffiths as key note speakers and facilitators of the afternoon workshops.

A total of **78** staff from a number of agencies in the borough were able to participate.

The conference was very well received and evaluated with 76% of staff rating it as excellent and 22% as very good overall.

Prof. Ward's presentation of her research on Safeguarding Babies and Very Young Children from Abuse and Neglect: Decisions and their Consequences from Babies to Five was described as very interesting, relevant and clear. She was rated as excellent by 65% and very good by 35% of participants.

Comments on Kate Cairns presentation on The impact of early trauma on children included: moving, riveting, excellent and thought provoking. She was rated as excellent by 90% and as very good by 9%. Her workshop was rated as excellent by all who took part.

Damian Griffiths introduced to the conference the new 'signs of safety/strengthening families' approach to child protection conference in his presentation entitled Respecting the strengths of families to resolve the challenges they face. He was rated as excellent by 62.5% and very good by 22% of participants.

We are currently planning the Joint Annual Conference for 2013-14 which will be based on some of the themes and lessons emerged from the recent, local SCR.

E-Learning

The self-booking system is now fully implemented and there has been a slight improvement on the uptake of E-learning, however the general figure remains low, making it quite an expensive resource. It was brought in to complement but not replace face to face training where people might not be able to attend courses during

normal working hours, e.g. voluntary groups.

Health colleagues are considering introducing it as a mandatory refresher course for all managers, so we are hoping to see some more promising results in the next report.

However, should the use of E-learning fail to show a drastic improvement, the Board will need to consider whether this can be continued be offered.

5.4 Development activity

5.4.1 e-safety/Anti-Bullying

An e-safety strategy was published in February 2012 to coincide with Safer Internet Day. This was produced after extensive consultation with partners, particularly schools who are at the front line in identification of vulnerable young people.

In 2012-13 the work was aligned with that of the Merton Anti-Bullying Forum, as many of the unacceptable behaviours around e-safety are aspects of bullying.

The strategy covers the following aspects of e-safety:

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

The approach focused on:

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

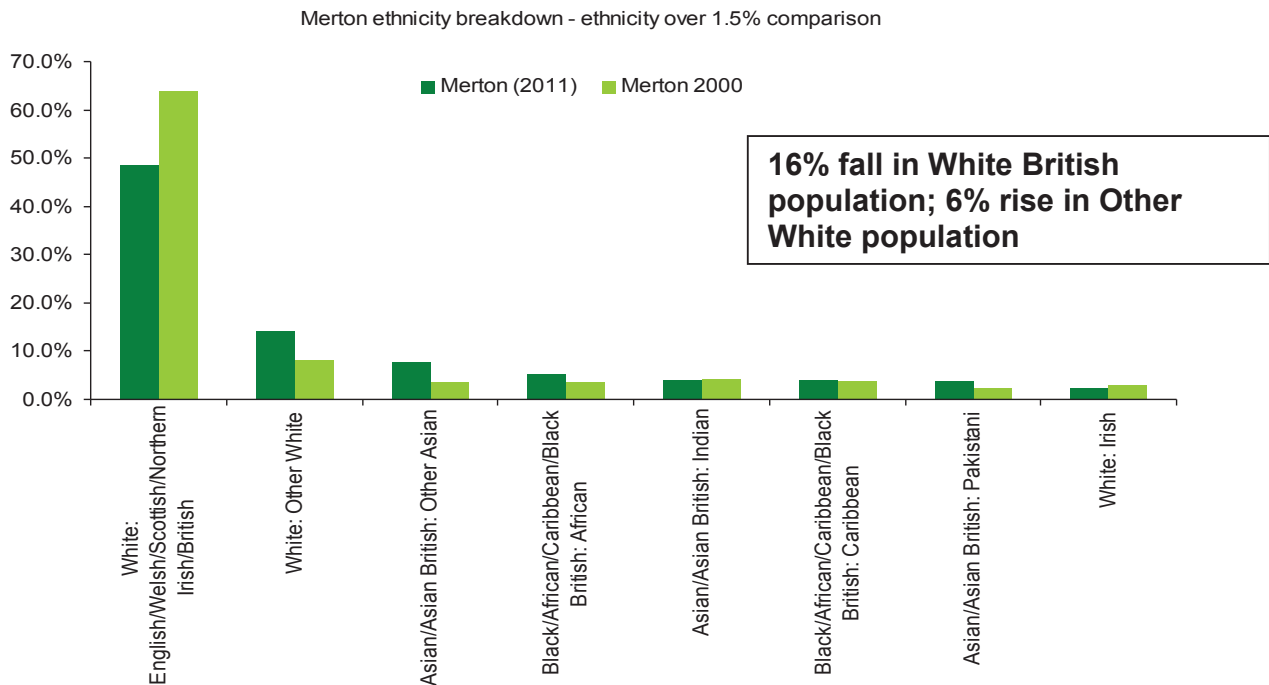
5.4.2 Data security

Data security is a challenging issue for the Board and subgroups with the wide variety of its membership, and a multiplicity of technical systems which are not classed as ‘secure’ in themselves’. There is no coherent overall secure email or data exchange system available, even among public sector partners. The Children’s Trust runs an induction session for new staff from all agencies working with children and families

in Merton which includes a significant section on data security. The MSCB Business Management has worked hard to ensure that all partners understand the key principles of secure data exchange and confidentially under Caldecott rules.

5.4.3 Culture and Faith

Responding to the rapidly changing demographic pattern in Merton is a real challenge for all organisations in Merton and a critical duty for the MSCB. The release of detailed data from the 2011 Census confirms the significant changes in Merton’s population in the ten years since 2001.



Challenges were identified and presented to the Board in May 2013 and include: legislation, guidance, policies, austerity, pipeline polices and more.

Questions the MSCB is asking itself are:

- Do we know our communities and specific safeguarding issues? How have these been identified?
- How does the MSCB demonstrate leadership, partnership and organisational commitment and actions to promoting equality, challenging discrimination in the context of safeguarding?
- How do we measure community engagement and satisfaction?
- How do we know we have responsive services and customer care?
- How skilled and committed is the multiagency workforce?
- What statistical and analytical information do we have and what more do we think we need in order to create a baseline for measuring safeguarding in the context of equality impact?

- What are the statistics and what do they tell us – referrals, type of vulnerability, abuse, the effectiveness or ineffectiveness of help?
- What are children and their parents telling us about their experience of contact with agencies – is there a pattern of continuum who do they trust/ mistrust and why?
- Are we recording ethnicity/faith?
- Are our services engaging with service users and their families reference points/
- Are there other questions to ask?

The Board recognises:

- The need to respond to discrimination
- Anti-discriminatory practice
- 'Culturally competent' practice
- Not losing sight of the child's needs - protecting and not engaging other human rights

This is important work that will be taken forward in 2013-14.

5.4.4 Private Fostering

Private fostering support continued to be of good quality. The Ofsted inspection made the following finding:

*'29. A strong culture of safeguarding children and young people permeates the work of teams that are held to account by the Merton Safeguarding Children Board. Processes for the monitoring of private fostering arrangements are good. Young people are visited at the required frequency and there is good awareness of their safeguarding needs.'**

Activity 2012-13

During the course of 2012-13 the private fostering team received three new case referrals. At the end of the financial year seven private fostering cases were open to the team and four cases had been closed. The service continues to visit the seven arrangements in place and provide regular advice and support to the children, young people and carers.

There were nine notifications received in the year 2012-13, of these three were confirmed as new private fostering. Of these three two were as a result of notifications from the carer and one was a notification from school admissions. Of the six notifications that did not progress to private fostering arrangements three children were established to be living with close family members. Two were only temporarily resident in Merton (under three weeks) and one child returned to their parents' care. Of the two children who moved out of the Merton area contact was made with the new local authority to inform them of the arrangement.

100% of children notified to the private fostering service in 2012-13 were seen within seven working days. All assessments were signed off by the Team Manager and QA Manager (Permanency). None of the private

*Ofsted: *Inspection of safeguarding and looked after children services, London Borough of Merton*

Inspection dates: 9 – 20 January 2012

Reporting inspector: Carolyn Adcock HMI

Age group: All

Published: 24 February 2012

fostering arrangements coming to the notice of the service were referred in advance of the placement being made.

Table 1. Key Performance Indicators 2009-2013.

	2012/13	2011/12	2010/11	2009/10
No of notifications	9	8	6	13
No of new arrangements	3	5	5	13
1 st year visits in timescales	0	5	5	13
2 nd year visits in timescales	25%	71%	100%	77%
No of arrangements ending	4	4	11	12
No of arrangements at 31 st March	7	8	5	10

It is difficult to compare the Merton data with national data as the Statistical First Return for Private Fostering presents the data by region not local authority, and the data is not broken down per 10,000 population. The table below compares the direction of travel of the data for London and Merton and would indicate that the increase and decrease in activity levels locally reflects that of the region. This will need to be reviewed once the data for 2013 becomes available.

Table 2. Direction of Travel

	2010		2011		2012	
	London	Merton	London	Merton	London	Merton
New notifications	↑	↑	↓	↓	↑	↑
New arrangements	↑	↑	↓	↓	↑	↔
Ended	↑	↑	↑	↓	↓	↓
End of year figure	↑	↑	↓	↓	↓	↑

The voice of the child

All private fostering notifications result in an assessment being undertaken which considers both the carers ability to meet the needs of the child placed with them, and the needs of the child. It is an expectation that during the assessment and the ongoing monitoring visits that the child is seen alone.

In line with practice for looked after children a profile record will be completed on all privately fostered children.

A case file audit undertaken by the Interim Service Manager LAC, Permanence and Placements identified some areas for development and an improvement plan has now been put in place and aspects of this will ensure that the voice of the child is more prominent. All children who are identified as living under a private fostering arrangement will have a plan to ensure that the child's needs are understood and that appropriate services are in place. Where concerns about a private fostering arrangement are raised a single assessment will be considered and any decision not to progress should be recorded by the team manager.

For more detail on Private Fostering activity in 2012-13 see Appendix 12.

Priorities for 2013-14

- Improvement plan to be developed – completed June 2013

- Care plans to be in place for all children living under private fostering arrangements - ongoing
- Leaflets for children and young people who are privately fostered to be developed – completed July 2013
- Refresh of information on website – completed July 2013
- Publicity for Private Fostering Week – completed July 2013
- Procedures to be reviewed – completed July 2013
- Professionals training and awareness programme – ongoing
- Community and faith group awareness – ongoing

More detailed information relating to the priorities for 2013-14 is set out in the Merton Private Fostering Plan 2013-14 and the Merton Private Fostering Communications Strategy 2013-14 which will be presented to the LSCB as part of the annual report in November 2013.

5.4.5 Young Carers

Young Carers Project report (Carers Support Merton)

We are currently reviewing our organisations PQASSO quality mark. Although this is not directly related to Safeguarding it ensures the organisation meets quality standards including around governance, policy and training and development. We hold London Youths Bronze Award.

We use regular team meetings to review complex cases to ensure shared learning across our Young Carers team.

We have developed a protocol between the Adult Carers and Young Carers teams to co-ordinate support to families and share information.

Staff across the adult and Young Carer's teams took part in an in house Child Protection training day. Chair of trustees attended LADO training. Staff has taken part in various training opportunities offered by MSCB.

CEO and other staff ensure that the needs of Young Carers are considered in relevant policy development and commissioning.

We have developed a new case management system and assessment and review process. This will allow us to work in a more preventive way - supporting Young Carers and their families before crisis occurs.

We continue to support Young Carers and ensure they do not take on inappropriate levels of care. We do this by providing a range of support and activities that enable Young Carers to identify their own needs and work with us to find ways to meet those needs.

We began delivery of the AYCES Project (funded by Big Lottery) which works with Young Carers who are caring for a family member with mental health and or substance misuse issues.

Impact

In 2012/3 we supported 333 Young Carers in Merton by providing a range of activities. This is how we have impacted on the life of Young Carers.

- 90% of Young Carers felt their attendance at school had improved
- 80% of Young Carers felt more able to talk to an adult about their concerns
- 80% of Young Carers had made new friends through our service
- 70% of Young Carers felt they have been given a voice by our service
- 50% of Young Carers felt they had learnt new skills within our service
- 30% felt better able to deal with bullying through our service

We have worked with partners to review the Young Carers Strategy for Merton which was published in late 2012 and endorsed by the MSCB in March 2013. The focus of this is now more on the safeguarding aspects of support for Young Carers.

Voice of the child

We do not hold any activities that the Young Carers have not suggested. We have a Young Carers Consultative group.

121 sessions are led by the Young Carer with them identifying what they want to achieve within the sessions. We use tools such as the outcomes star and MACCA to help measure these outcomes.

We ensure the voices of Young Carers are heard at CIN, CP and TAC meetings.

6.0 Views of service users and providers

6.1 Young People's participation

Participation is a challenge for all services involving children and families, and to demonstrate its commitment to the principles of involving children and young people in the design, decision making and delivery of services aimed at them, Merton's Children's Trust developed its Participation Promise - published in poster and leaflet format and distributed to Children's Trust partners and the whole of Merton council. The key elements of the promise are to enable children and young people to:

- Be listened to
- Take responsibility
- Be involved in making choices and decisions
- Be involved in how we spend money for children's services

Most of the partners have also provided an assessment under 'The voice of the child'. See above 4.0 for details. See Appendix 14 for a copy of the Participation Promise.

While there are a number of mechanisms – see below - to seek young peoples' participation and involvement, it is clear that the MSCB needs to improve this aspect of its work and this is planned for 2013-14, beginning with a specific item for in-depth consideration at the Awayday in May 2013.

Merton Youth Parliament

This is the voice of young people in Merton and is a forum for young people aged 11 – 19 years and up to 25 years for Special Needs. It ensures that young people in Merton are listened to and consulted on issues to do with young people. The parliament has a say on making education, leisure, open spaces, transport and Merton a better place for young people. There are four places available to secondary schools and colleges within Merton. Members serve on the parliament for one year, with an option to remain longer if they are re-elected. Meetings are held monthly.

Young Advisors

Young Advisors are young people aged between 14 – 21 who 'show community leaders and decision makers how to engage with young people in community life, local decision making and improving services'. In Merton there are a number of different groups of Young Advisors working with the volunteer bureau, the council and others. Previously they have done good work around safeguarding with cultural and faith groups and the intention is to increase this in 2013-14.

School Councils

Most maintained schools have a school councils or councils for specific year groups which give the students a chance to express their views and to have those views taken into account, on matters that concern their life in school.

6.2 Service users

Children's Social Care - Participation

The Children in Care Council was set up in 2009 to provide a forum for young people involved with Social Care.

An example of activity was an evening in February 2013 when the Merton 14+ team ran the London Borough of Merton Care Leavers Charter signing event.

Over 50 Merton care leavers attended and with the Leader of Merton Council, Cllr Stephen Alambritis , Cabinet Member for Children's Services, Councillor Maxi Martin and Social Care Senior Managers. The event was also attended by Foster/Supported Carers and Support workers.

This signing event gave the young people the opportunity to feedback on the National Leaving Care Charter, and give their contributions on how Merton can personalise the Charter to best support Merton Care Leavers.

Young people gave feedback on their thoughts about service provision and moving forward the services for Looked After children and Care Leavers.

Comments included:

To respect and honour your identity

Give help and support with ideas and plans with our lives.

To support you no matter what your goal is.

If a young person confides in you about something they want to do, don't doubt them and support them through it, if they make mistakes they are bound to learn from it.

There should be an exclusive drop in for young people of Merton to come to and see their Social Worker and have a cup of Tea and biscuits, please can this be done.

To believe in you

Give help and support with ideas and plans with our lives.

Motivational talks from professionals from various walks of life on a regular basis.

We don't have families and need you as our parent to believe in us

To listen to you

- Fewer meetings especially LAC reviews which can be too long and can be intimidating.
- Every child is different some maybe more mature than others and social services should take this into account.
- Listen to requests and explain if you are unable to meet them.
- Regular phone calls asking how they are and what's new.
- 14+ Team to create a Face book page and use text messages and emails more regularly.
- More partnership working with outside agencies including Jobcentre Plus and housing.
- Young people want more interaction on a one to one basis with social workers.
- All information is 'informed'.
- Believe in everything we want to do.

Child Protection Plans One Year on project

The Board is also aware that views of people who have been in receipt of safeguarding or child protection services can give important feedback on how well those services have achieved their objectives and outcomes for the children improved. An attempt was made to contact families one year after children had come off Child Protection Plans, managed by the Policy & Practice Subgroup, which proved frustrating in

that those families proved often hard to contact, either because of a reluctance to engage or because they have moved away. As a result of this experience, more work will be carried out in 2013-14.

6.3 Complaints

See Appendix 5 for complaints data in the Performance Framework – 1.16.

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

Number of complaints has decreased to 39 a reduction of 33% on last years figures. The local authority seeks to identify learning and improvement from complaints as a matter of priority.

There were no prominent trends highlighted in Children's Social Care complaints as they covered different issues including: placements, social worker behaviour and attitude, inappropriate disclosure of information, contact arrangements, alleged racist or intolerant behaviour and financial issues around care packages.

Numbers of complaints specifically on safeguarding children received by other agencies are often low. As an example, for Epsom St Helier Acute Trust there were two safeguarding complaints reported during this period, one became an allegation against a member of staff and one was due to information sharing with Children's Social Care which was not upheld as staff were working in accordance with statutory safeguarding procedures. Both were Surrey cases.

7.0 Challenges for the MSCB in 2013/14

The MSCB Business Plan will be refreshed in September 2013 to reflect the rapidly changing environment for safeguarding children which has arisen from the Munro Review of Child Protection and accelerating change in delivery of public services. The principal challenges for individual agencies are set out below at 8.0.

7.1 Resources

Budget forecast 13-14??

7.2 Early Intervention and Prevention

From April 2013 a range of newly commissioned services are supporting the work of enhanced and specialist services by providing support to families with parents who have mental health issues or learning disabilities and families with domestic violence issues; services to promote parenting skills; work with 'runaway' children and those at risk of sexual exploitation; specific 'respite' services for children with disabilities and their families and positive activities for young people.

The externally commissioned services are designed to help prevent the escalation of need and to provide 'step down' support for families that no longer require specialist casework but still require intervention/support at the enhanced level.

Specifications for the externally commissioned services have been agreed, based on clear referral pathways, outputs and outcomes designed to ensure that all our early intervention services are joined up and children, young people and families can access the right service(s), at the right level, at the right time. We also continue to deliver evidence based early intervention approaches including multi-systemic therapy and accredited parenting programmes. Merton is also due to become a site for delivery of the Family Nurse Partnership initiative (from Autumn 2013) which is a highly recognised model of engagement with families with young children to promote improved parenting and healthy early child development.

During 2013-14 the MSCB, the local authority and partners will be reviewing service changes, including the MASH, Transforming Families to develop a wider EIP approach. The process will be fully participative - all partners will be fully engaged in this and there will also be feedback from families and young people. The findings from reviews and external evaluation will then inform any necessary changes, improvement and future resources allocations. The MSCB will monitor and respond to these changes as required.

7.3 Working Together to Safeguard Children 2013

Merton LSCB sought the wide ranging views of all its partner agencies in compiling a thorough review of the proposed amendments to the statutory guidance on safeguarding multi agency working: *Working Together*.

In September 2012 the MSCB submitted its response as part of the consultation and after lengthy consideration the new document was released on 1st April this year.

The MSCB is already compliant with the bulk of Chapter 3 – Local Safeguarding Children’s Boards:

- The accountability relationship between the Independent Chair and the Local authority Chief Executive is now established.
- Early help has been reviewed and strengthened, see 3.6 above.
- A Learning Framework is in place.
- The MSCB is strongly focused on holding partners to account, see 3.2 above.
- Annual reports, including this document, are detailed and explicit on expenditure and are presented to local leaders and the Health & Wellbeing Board.
- Appropriate funding arrangements have been in place and will be reviewed for 2014-15, see 2.3 above.
- The Board offers a full and highly rated training programme, see 6.3 above.
- The Board has a business manager and appropriate administrative support.
- The Board works closely with the Health and Wellbeing Board and has cross membership of the Directors of Children’s Services and Public Health and the Lead Member for Children’s Services attends both.

Similarly, the recent Serious Case Review was compliant in terms of being published in full accessibility on the MSCB’s webpages, see 3.5 above.

8.0 Partner agencies' challenges and priorities for 2013/14

Partners have been asked to set out the headline challenges and prioritise for the coming year below.

Agencies have also provided a self assessment against criteria set in the Children Act 2004. Agencies are required to meet eight standards based on the requirements of Section 11 of the Children Act 2004 as set down in the 'Statutory Guidance on Making Arrangements to Safeguard & Promote the Welfare of Children under Sec 11 Children Act 2004' (pages 13-17), using a pan-London template devised by the London Safeguarding Children Board. Throughout the self-assessment, consideration must have been given to evidencing improved outcomes for children young people and their families as a result of the arrangements. A full audit evidencing the assessments made will be reported in January 2014

Section 11 self assessment criteria

Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare
Standard 4	Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children & families
Standard 5	There is effective training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children
Standard 8	There is effective Information Sharing

For a full account of these and any action planned to address any issues see Appendix 7.

8.1 NHS Sutton & Merton/Merton Shadow Clinical Commissioning Group

Priorities 2013/14

Merton CCG:

1. Leadership and Assurance
 - Present to their Board regular performance and activity reports as well as an annual report on safeguarding children that is published (NHS Trusts only).
 - Submit a complete performance monitoring dashboard or other performance management data to MCCG on a quarterly basis and in a timely manner.
 - Participate in Section 11 audits
 - Strengthen the safeguarding scrutiny within Contract Quality Review Groups to have safeguarding children as a core agenda item and monitor key areas e.g. Serious Case Review Action Plans and share exceptions with the Designated Nurse Safeguarding Children.
 - Monitor the recommendations and action plans from the Child A SCR are met, embedded and sustained.
 - Further develop service improvement across provider organisations
2. The Child Death Review Process continues in line with statutory guidance and local delivery plans. CCG
3. MCCG to continue to lead Health economy to become a full and successful partner in the Merton Multi-Agency Safeguarding Children Hub (MASH).
4. MCCG to play a full role in the development of the Family Nurse Partnership Programme along with Royal Marsden Hospital Sutton and Merton Community Health Services and Merton Local Authority.
5. Seek/obtain via existing channels in CCG and through provider services the views and experiences of children and young people to inform service development, evaluation and training.
6. Develop safeguarding children pages on CCG public website.
7. Convene six monthly safeguarding children forums for GP safeguarding leads and deputies.

Ensure commissioned services:

- Publish a declaration of safeguarding children arrangements on their Trust websites and review and update yearly.
- Participate in Section 11 audits.
- Where applicable, provide assurance that their organisations are fully registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2012 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009, and that they continue to meet the criteria for registration.
- Comply with any requirements by the Department of Health, CQC or NHS England to make performance management information publicly available.
- Inform CCG/designated professionals for safeguarding children about any requirements imposed on them by the CQC.
- Provide the designated professionals for safeguarding children with the details of any allegations against staff and referrals to the Local Authority Designated Officer (LADO).
- Be able to demonstrate that they are working towards meeting standard 5 of the Children's National Service Framework - with full compliance being achieved by 2014.
- Undertake regular audits which may include any of the following:

- safer recruitment practice
- the standard of record keeping
- attendance at core groups and case conferences
- child protection referrals
- any others agreed locally for example with the LSCB.
- Demonstrate that they have acted on recommendations from internal management reviews, serious case reviews and national inquiries.
- Ensure regular effective evidence-based safeguarding children supervision is provided for staff that have contact with children and young people.
- Ensure safeguarding children training is commensurate to roles and responsibilities. Particular areas that need to be covered are alcohol and drug misuse, domestic violence, mental health issues and child protection risk assessments.
- Policies/procedures and training are reviewed and updated as a result of newly revised statutory guidance and key national guidance e.g. Working Together 2013.

Challenges 2013/14

1. Recruit to the Named GP for Safeguarding Children post following guidance from NHS England.
2. Ensure effective systems and working relationships are in place between new commissioning systems e.g. CCG, Commissioning Support Unit, Public Health and NHS England.
3. Looked after Children (LAC) professional expertise needs to be available within the CCG and proportionate to the numbers of LAC within Merton Borough.
4. Health economy needs to be in readiness with partner agencies for the new Safeguarding Children and LAC Ofsted Inspection regime of unannounced inspections.

8.2 Sutton & Merton Community Services – the Royal Marsden Hospital Foundation Trust

A Community Named Doctor who will work closely on safeguarding matters with the Named Doctor in the hospital and a safeguarding administration manager have been appointed and will join SMCS in the year 2013/14.,

Group supervision is to be rolled out to staff on children's wards at RMH in the year 2013/14.

Level 4 Safeguarding training has been commissioned on Legal aspects of safeguarding for the safeguarding team and senior managers in RMH.

8.3 Epsom & St Helier

Priorities for 2013 - 2014

Review and update policies and procedures following the publication of Working Together to Safeguard Children (DfES 2013).

To maintain the training target of 90% approved by The Trust Board ensuring that staff attend the appropriate level of child protection training annually, commensurate with their roles and responsibilities.

Annual Safeguarding Update to be circulated to all staff during the period 2013 to 2014 to reflect

changes to policy or legislation.

Safeguarding Children Committee to continue monitoring progress against the Safeguarding Action and Audit Plan for 2013/14.

Safeguarding Children Committee to continue to monitor the evidence to support CQC Outcome 7.

Safeguarding Children Committee to approve the implementation of the system for flagging and tagging vulnerable children and adults known to MARAC.

Continue collaborative work with CAMHS monitoring the management of Deliberate Self Harm and review regularly. Continue joint work with children's social care partners to facilitate MTD Discharge planning meetings and discussion regarding quality assurance processes when children are discharged from hospital.

Challenges

Capacity of Safeguarding Team to meet the safeguarding needs of children who reside in three different boroughs due to the geographical boundaries of Epsom and St. Helier Hospitals.

Capacity to meet the workload involved working with three LSCB and LSCB Sub groups.

The increasing numbers of children who present to ED following deliberate self-harm and the management of those requiring inpatient admission for > 24 hours.

8.4 St George's Acute Trust

The safeguarding children action plan for 2013 -2014 includes the following areas of practice

- Community staff have actively engaged with the development of the signs of well-being, signs of safety and team around the child/ school processes in Wandsworth. Specific training was commissioned to support health staff understands and engagement with these processes. This approach will continue to be embedded in the acute trust.
- Working with partner agencies to embed learning from SCR's and IMR's.
- All children and families staff receive 3 monthly safeguarding supervision, must attend level 3 training yearly and a safeguarding forum is run 3 times a year to share any practice or policy changes. The trust will continue to ensure that training is prioritized and training data is accurate.
- Continue to meet the health needs of looked after children, and active follow up of children missing routine developmental assessments and identified as universal plus or partnership plus.
- Focus on specific areas such as child sexual exploitation and support for young people at risk due to lifestyle and lack of engagement with services, female genital mutilation and managing allegations against staff of harm to children.
- Continued work in partnership with other agencies groups to support women experiencing domestic abuse, and mothers assessed as having low mood after having a baby. All mothers receive a maternal

mood assessment between 4-6 weeks after the birth of a baby to help identify any maternal mental health concerns which could impact on the safety of the mother or baby.

- All midwives are currently trained annually to level two, and is now included on the maternity support worker study days. This will be updated to level 3 in the near future. The service will continue with the recently introduced 'action learning' sessions with active cases, held with the staff involved as soon as possible after the event. The philosophy of real life reflection is promoted as excellent learning opportunities and is driving forward timely, shop-floor safeguarding sessions.
- The acute service teams are aware of procedures where there are concerns and the individual cases are then overseen by the named professionals. The focus will always be the best interests of the child, and St George's Healthcare is keen to continue to work closely with other agencies. The acute service holds and takes part in a number of safeguarding meetings with partner agencies, where specific cases are raised or reviewed and actions planned.

8.5 South West London & St George's Mental Health Trust

Key areas for Improvement and Development

- **Improved attendance at and contributions to Child Protection Conferences, reviews and Core Group meetings. This is an area that has been highlighted as an area of concern in the Trust and LSCBs.**

The contribution by the multi-agencies is an area that is being more closely monitored by LSCB's.

Support, advice and supervision are available to all Trust staff from the Trust Named Professionals. The role of staff requires support and understanding as they are usually working directly with the patient but have to ensure that the needs and welfare of children are paramount.

- **Development of joint multi-agency assessments.**

The publication of the new *Working Together* guidelines provides further opportunity and momentum to enhance shared assessments and improve understanding and joint planning.

This is particularly pertinent in assessing and sharing risk and developing robust multi-agency risk management plans.

- **Development of multi-agency LSCB training with regard to risk assessments and planning. Further integration/ development with the MASH**

The Trust would like to contribute to the development of a multi-agency risk training for safeguarding that develops a shared language, thresholds and assessments to ensure greater consistency in approach.

- **Contribute to multi-agency school based awareness raising of emotional and psychological well-being.**

The Psychological well-being of children and young people is a core element in local and national

strategies.

Engaging with young people in this area is challenging but there is an opportunity to develop a multi-agency response to this. Mental Health Practitioners working with social care and educational staff have an opportunity to enhance understanding, resilience and support for peers in this area.

This could include:-

- Understanding and managing parental mental health,
 - Self-harm and risk taking actions
 - The risks of substance misuse.
 - Child sexual exploitation and relational abuse.
 - Impact of social media and cyber bullying
- **Contribute to the development of regular multi-agency audits and shared learning.**

As a key member of the LSCB, the Mental Health Trust will contribute to the development of a rolling multi-agency audit programme and the learning from these audits.

- In line with the national health economy, the Trust is managing a period of significant and sustained change and re-designs. The Safeguarding Children Governance structures have been fully maintained with no changes to the structure or statutory responsibilities.

8.5.1 CAMHS

Key areas for Improvement and Development

- **Improved attendance at and contributions to Child Protection Conferences, reviews and Core Group meetings. This is an area that has been highlighted as an area of concern in the Trust and LSCBs.**
 - The contribution by the multi-agencies is an area that is being more closely monitored by LSCB's.
 - Support, advice and supervision are available to all Trust staff from the Trust Named Professionals. The role of staff requires support and understanding as they are usually working directly with the patient but have to ensure that the needs and welfare of children are paramount.
- **Development of joint multi-agency assessments.**
 - The publication of the new *Working Together* guidelines provides further opportunity and momentum to enhance shared assessments and improve understanding and joint planning.
 - This is particularly pertinent in assessing and sharing risk and developing robust multi-agency risk management plans.
- **Development of multi-agency LSCB training with regard to risk assessments and planning. Further integration/ development with the MASH**
 - The Trust would like to contribute to the development of a multi-agency risk training for safeguarding that develops a shared language, thresholds and assessments to ensure greater

consistency in approach.

Contribute to multi-agency school based awareness raising of emotional and psychological well-being

- The Psychological well-being of children and young people is a core element in local and national strategies.
- Engaging with young people in this area is challenging but there is an opportunity to develop a multi-agency response to this. Mental Health Practitioners working with social care and educational staff have an opportunity to enhance understanding, resilience and support for peers in this area. This includes the TAMHS (Targeted Mental Health in Schools) workers who are embedded in half of the state schools in the Borough.
- This could include:-
 - Understanding and managing parental mental health
 - Self-harm and risk taking actions
 - The risks of substance misuse.
 - Child sexual exploitation and relational abuse.
 - Impact of social media and cyber bullying

Contribute to the development of regular multi-agency audits and shared learning

As a key member of the LSCB, the Mental Health Trust will contribute to the development of a rolling multi-agency audit programme and the learning from these audits.

In line with the national health economy, the Trust is managing a period of significant and sustained change and re-designs. The Safeguarding Children Governance structures have been fully maintained with no changes to the structure or statutory responsibilities.

8.6 Borough Police

2013/14 has seen the launch of the Local Policing Model, (LPM) which is the tranche of the One Met Change model as it relates to borough policing. LPM will see a greater focus on neighbourhood policing with neighbourhoods forming the foundation for the delivery of local policing around which 'emergency response' and 'investigation' teams are provided in a support capacity. Neighbourhood Policing Teams will be responsible for all non-urgent calls, investigation of lower level crime, community engagement and reassurance and public access. This should free up emergency response teams to improve standards of primary investigation and investigation teams to focus on 'major crime'. Child abuse investigations and sexual crimes will continue to fall within the remit of the Serious Crime Directorate. The LPM will also see an increase in neighbourhood officers. The challenge will be to ensure that Safeguarding Children issues continue to receive due focus and that new recruits are properly trained in legislation and procedure relating to children.

Other priorities and challenges will remain consistent with 2011-12 with a need to monitor and respond to emerging crime and health trends. These will include the Borough response to sexual exploitation and the improper use of social media. It is hoped that information sharing and risk management will be enhanced with the inception of the MASH

8.7 CAIT/SC&05 – Child Abuse Investigation Team

- Responsibility for ensuring compliance and pan London governance of CAITs sits with the SCD5 Continuous Improvement Team (CIT). The CIT includes quality assurance, training and partnership. SC&O 5 have merged with SC&O2 (Rape) Command as of 1/6/2013. The quality assurance functions and staff will be merged together to provide better resilience and capacity to develop inspection programmes, performance monitoring and identification of trends / themes and any relevant learning.
- The Command has reviewed the Specialist Child Abuse Investigators Development Programme (SCAIDP) in line with the new learning descriptors produced by the NPIA. The command is now developing the “continuing professional development” aspect to ensure that all accredited investigators maintain this qualification through evidence based assessments.
- The Barnes CAIT Team is looking to improve performance on rape detections – which are already at 17.6% in summer 2013, with a number of cases still with the Crown Prosecution Service for consideration.

8.8 Voluntary and Community Sector

Groups will continue to be supported in their activities, particularly those commissioned to provide services under the EIP strategy etc. There will be a strong focus on maintaining and further developing partnership work. In particular, work will be done to involve the sector in the development of the new Multi Agency Safeguarding Hub and the Transforming Families initiative. The Safer Network Standards promoted nationally by the MSCB include Section 11 principles. To measure and improve take-up is a key challenge for the MSCB in 2013-14.

8.9 London Probation Trust

- Home visits - improve practice and community engagement , undertake more frequently, record observations accurately and share information / assessments of home circumstances where appropriate.
- We also need to use the multi-agency frameworks available to us more efficiently and also use offenders’ family as a resource to manage risk / case (Think Family agenda) .
- LPT need to ensure we take any learning forward from serious case reviews / SFOs and identify suitable methodology for embedding the learning / good practice.
- LPT to keep abreast with emerging concepts and perspectives within safeguarding children practice and update training ; CSE being the main one at present - and ensure that as a service we are able to identify victims/ potential victims and sign post / support as appropriate;
- In addition, ensure that in relation to risk assessment / management - when safeguarding children issues are identified, incorporate appropriately into Risk Management Plans and also sentence plans- and review risk assessments when new information comes to light.

8.10 MARAC

All children’s issues are identified and handed over to the relevant agencies (For 2013 predominantly via the MASH) staff are trained to ensure that they understand safeguarding issues.

8.11 MAPPA

Due to the ever increasing number of offenders dealt with by Merton MAPPA, we have expanded the Police Jigsaw Unit from two offender managers to three offender managers making Merton the eighth best resourced team in London for the amount of offenders they manage.

Operation Nexus saw the introduction of joint MPS-UKBA teams in every custody centre across London. This meant that checks could be run against any foreign national arrested in London to establish whether they are committing immigration offences, have previous convictions, or are wanted abroad. The project has already led to 314 people being immediately detained by UKBA and over 175 offenders being removed from the UK, including some of London's highest-harm criminals including several prominent gang members in London.

MAPPA offenders will now be routinely processed through Operation Nexus in order for robust risk management plans to be put in place and the possibility of the removal of the offender out of the UK.

8.12 LB Merton Children, Schools & Families

- Consolidate restructure of Children's Social Care including MASH and Transforming Families.
- Review the refreshed Children & Young People Wellbeing Model and the tools to support it, including single assessments and the common and shared assessment.
- Ensure commissioned Early Intervention and Prevention services are supporting the model and impacting on improved outcomes for children and families.
- Deliver improved performance metrics for Children's Social Care including assessment timeliness and placement stability.
- Deliver an adoption and permanency improvement plan and continue to improve outcomes for Looked After Children in Children's Social Care.
- Deliver workforce development priorities and continuing professional development to support practice improvements in Children's Social Care.
- Ensure the learning from serious cases and near misses improves learning and practice.
- Ensure a culture of continuous improvement is embedded across all services.

8.13 LB Merton Children, Schools & Families led - Multi Agency Safeguarding Hub (MASH)

Priorities for the MASH in 2013-14 are to continue to work toward achieving the key objectives outlined below:

- Information sharing between agencies and early identification of risk and harm is improved, to safeguard vulnerable children.
- Children's needs are identified efficiently and decisions are not delayed as a result of bureaucracy and/or differences in service thresholds.
- Children have easier access to early help and the most appropriate service to meet their presenting needs.
- Families and professionals can continue to refer directly to targeted services if they know which one is required.

- Professionals and families do not experience barriers or delay in accessing services.
- Service provision is more economical as a result of better co-ordination and reduced duplication of activity.
- Increased use and effectiveness of the Common and Shared Assessment Framework (CASA) so families do not experience repeated assessments.
- Ensure Single Assessments and Child protection investigations are completed within a timely fashion.
- Ensuring all referrers are notified as appropriate in writing as to the outcome of their referral.
- The challenges for the MASH will be to ensure that signposting is effective and reduces the need for repeat assessments. A key area of development for the MASH will be to looking at reducing the numbers of single assessments and child protection investigations that end with no further action and utilising fully the services available to families
- There are also challenges in terms of ensuring that there are sufficient permanent social work staff within the MASH as currently there is an over reliance on temporary locum workers- A recruitment campaign is scheduled for late September/early October that should help address this.
- Multi Agency Training Programmes for Staff within the MASH will be held within the next quarter and a team away day is also planned to further develop and enhance the team.
- An independent evaluation as to the impact of the MASH is also currently underway by the University of Greenwich and will be completed within the next quarter.
- The MASH also needs to look at wider multi agency input from housing and adult social care and mental health services.
- Representation from Early Years Services will also be required to help inform early identification of need and the provision of appropriate services to meet those needs.
- The accommodation for the MASH needs to be extended in order to comfortably house the workforce.

8.14 LB Merton Children, Schools & Families - Youth Justice Service

There are two specific safeguarding priorities relating to new legislation (2) and specific agency concerns about young people who sexually harm (1)

1) Assessment Planning Panels

This relates to a clear and systematic process within the Borough – placing a responsibility on professionals to intervene in young peoples' lives if it is known or suspected that their behaviour is sexually harmful. It also presents a good opportunity to offer effective treatment to young perpetrators in order to prevent a career of sexual offending. Early intervention with young people who display sexually harmful behaviour is the most effective way to reduce risk in the longer term.

2) **Legal Aid & Sentencing / Punishment of Offenders Act 2012** particularly Looked after Care Status for those young people remanded to LAA or remanded within the Youth Detention Accommodation.

Local authorities have a duty to safeguard and promote the welfare of looked after children. Prior to the LASPO Act 2012 only those children who were remanded to local authority accommodation with or without a security requirement become looked after. This excluded the majority of 15 and 16 year old boys and all 17 year old offenders (who are held in under-18 young offender institutions once remanded to custody).

A process /roles and responsibilities paper has been written and approved at the Youth Crime Prevention Executive Board in July 13 to assist in the local implementation of this Act as it relates to those YP on remand as with LAC status.

3) The YJS will ensure that the **voice of the child** is heard during 13/14. This will be through running bi-monthly Youth Boards chaired by the Service Manager FAS with groups of YP to hear their views on their experiences of supervision & access to service provision. These sessions will supplement the routine 'end of supervision' Interviews which take place with young people who complete their court orders.

8.15 LB Merton Children, Schools & Families - Transforming Families

A possible challenge for the Transforming Families team for 2013/14 in relation to improving the safeguarding of children is related to the economic climate of the country and the impact that this is having on some families. Some charities have suggested that the economic downturn is placing more families under financial and emotional strain and that this can adversely impact and affect the welfare of children. Evidence and research indicate that social problems often increase when a country is experiencing, or just leaving, a recession. Subsequently, it will be more significant for the Transforming Families team to ensure that the most vulnerable and 'troubled' families are identified, worked with and transformed or 'turned around'.

In terms of priorities, the aforementioned objective of reaching and helping the most vulnerable families is essential, but the success of this is dependent on multi-agency and partnership working. Indeed, as with any team that works effectively with children and families, the need to work alongside partners such as education, health, police, housing, and adult social care is essential to strengthening the protective factors of families who are in need of support.

8.16 LB Merton Children, Schools & Families - Early Years

- To ensure that the LAN's have the full commitment of a range of professionals on a fortnightly basis
- To review the types of cases coming through the LAN, including the number coming through a step down from MASH or supporting families team.
- To ensure effective case management of families allocated at LAN, via appropriate quality assurance systems
- To continue to work with pre-schools to ensure that information is shared fully by social workers or other professionals when children are 'in need', on a CASA, on a CPP or LAC.
- To embed the role of inclusion officers within the children's centre localities, as part of the early

help agenda

- To deliver a range of training in relation to safeguarding and early help
- To ensure schools understand the referral routes in terms of early support for children in nursery and reception
- To raise the profile of the LAN's so that referrals are coming from a wider range of professionals
- To continue to work with health colleagues in terms of information sharing and data protection
- To ensure all staff/services are able to evidence the impact their work is having
- To understand and apply thresholds consistently and appropriately
- To review the impact of the LAN
- To implement consistent outcome measures for work with families

8.17 LB Merton Children, Schools & Families – Schools/Education

- Build on partnership working to continue to deliver proactive and preventative work around healthy relationships.
- Action outcomes of focus groups and Year 9 survey through the Antibullying Operational Group.
- Relaunch Healthy Relationships Curriculum for secondary schools in the Autumn Term 2013.
- To ensure that all schools take up offers of training and drama groups. Need to ensure that training offered fits schools context i.e. faith schools.
- Deliver actions from the Children at Risk of Sexual Exploitation Strategy including risk assessment for schools.
- Develop work with SACRE on Antibullying.
- Support SEAL Network.
- Support Primary Schools Council.
- Develop the Mash Education Navigator role.
- Continue Deep Dive safeguarding inspections – across the Virtual Behaviour Service and Vulnerable Children Team.
- Develop a new model of secondary school police officers.
- Continue partnership working around PSHE with the Met Police growing against Gangs and Violence project.
- Refresh the Designated Teachers Forum.

9.0 Conclusions

On the evidence set out in this report we judge our current arrangements to be good providing reasonable assurance that all partners are doing as much as they can to ensure the safeguarding and safety of children and young people.

This judgement must however be set in the context of continuing risks to children and young people as evidenced by our concerns about e-bullying, potential child sexual exploitation, increasing levels of children presenting to health with self harm and the changing demographics of the borough.

Training levels are good across all agencies and the MSCB ensures an appropriate programme for multi agency training is provided. Learning from Serious Case Reviews and other related activities is an established feature of the partnership.

New developments such as the MASH are aimed at improving the timeliness and the assessment of new cases / concerns. We will monitor the effectiveness and impact of the MASH during 2013-14.

The commitment of the partnership to continuous improvement is a positive feature and we aim to develop further our ability to monitor and challenge performance in the next year.

It will be particularly important for the partnership to monitor the impact of the new Early Intervention and Prevention structures in the forthcoming year .

In conclusion the MSCB is compliant with statutory guidance and working well to protect children and young people in the London Borough of Merton.

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