

Merton Safeguarding Children Board Annual Report 2012-13 – Appendices



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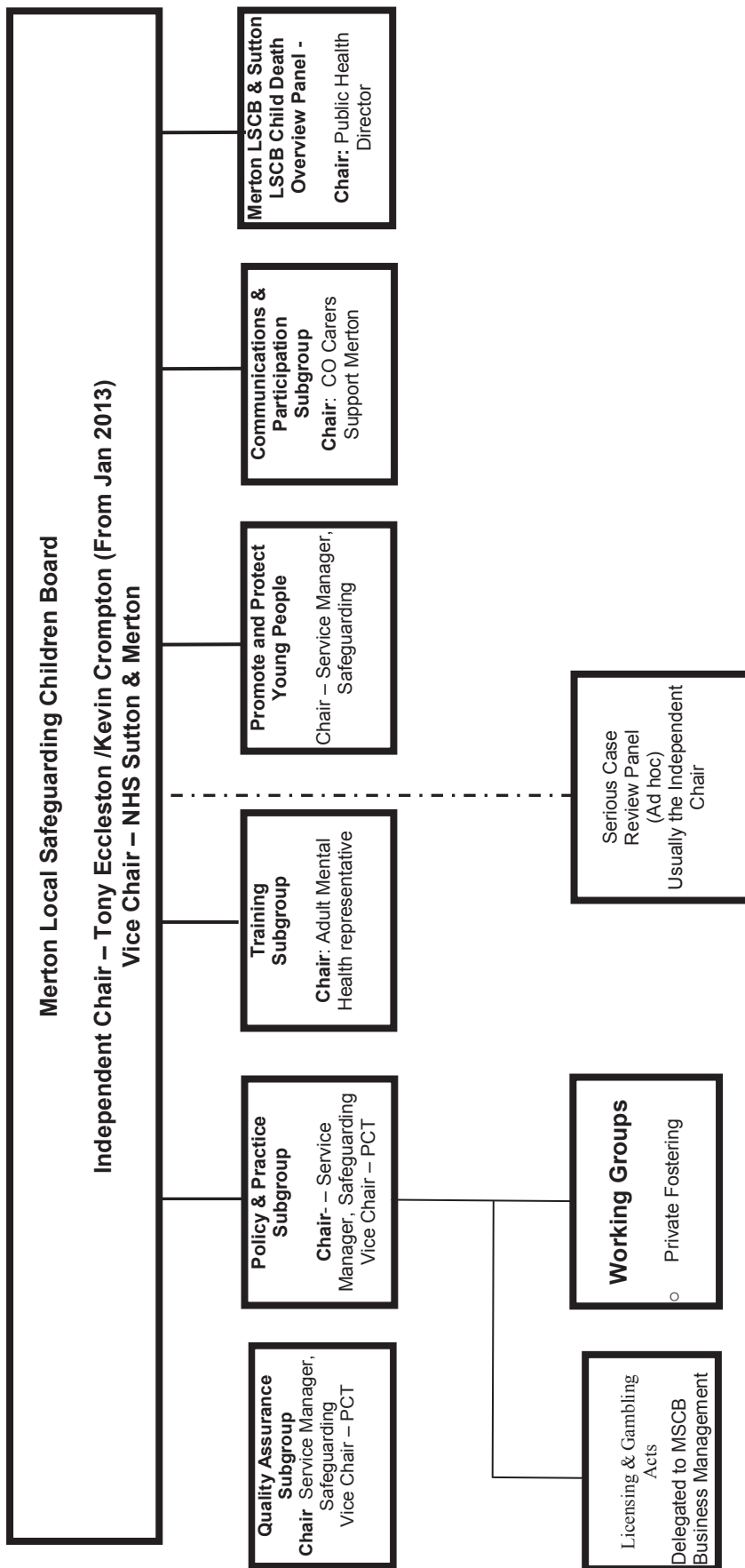
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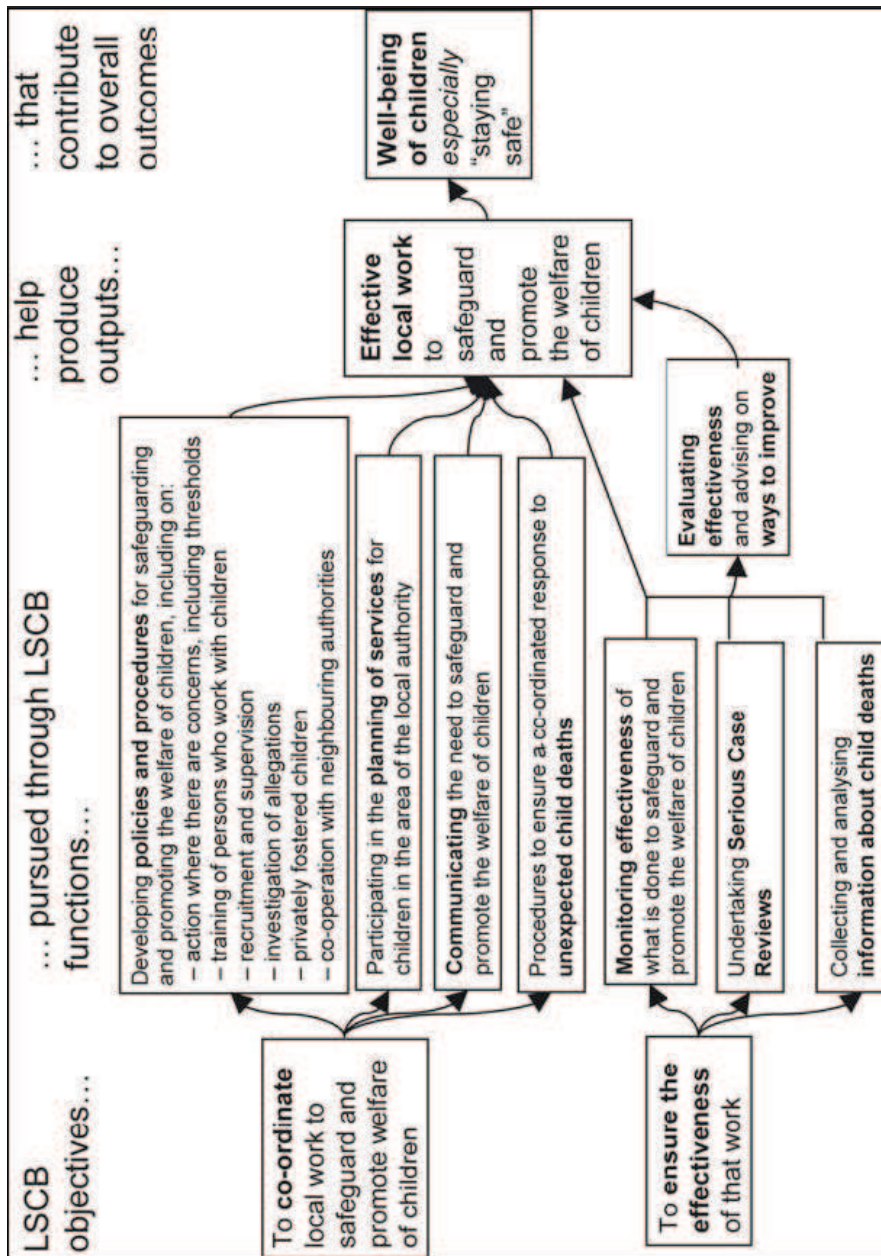
Appendix 1. MSCB Board meetings - Membership 2012/13

Organisation	Role
Health agencies	Independent Chair
	Sutton & Merton Service Director, SW London & St Georges MH Trust
	Consultant Child and Adolescent Psychiatrist, CAMHS
	Clinical Children's Services Director, NHS Sutton & Merton Community Services
	Consultant Community Paediatrician and Designated Doctor, Sutton & Merton
	Deputy Head of Midwifery/Supervisor of Midwives, St George's Healthcare NHS Trust
	Associate Director of Social Work, SW London & St Georges MH Trust
	Designated Nurse Child Protection, Merton Clinical Commissioning Group
	Director of Nursing, Epsom and St. Helier NHS Trust
	Chief Officer, Merton Clinical Commissioning Group
Police /Community Safety	
	DCI, Child Abuse Investigation Unit, Met Police
	Borough Commander, Met Police
	Head of Safer Merton,
Voluntary & Community Sector	
	Chief Officer, Carers Support Merton
LB Merton	
	Lead Member Children's Services
	Director, Children Schools & Families
	Head of Children's Social Care, CSF
	Head of Education, LBM
	Director of Public Health, LBM
	MASH & CP Service Manager
	Service Manager for Safeguarding Partnerships

Organisation	Role
	Transforming Families (Troubled Families) Manager
	Policy, Planning & Performance Manager
Probation	
	Assistant Chief Officer, London Probation
Cafcass	
	Service Manager, CAF/CASS
Schools	
	Head Teacher Stanford Primary School
	Head Teacher, The Smart Centre
Housing	
	CP Officer, Merton Priory Homes
	Housing Needs Manager,
In attendance	
	Partnership Development Manager
	MSCB Administrator, [Minute Taker]
	MSCB Administrator, [Minute Taker]
	HR, Sutton & Merton

Appendix 2. Structure and Roles and Responsibilities of the Merton Safeguarding Children Board





Appendix 3. Merton Safeguarding Children Board meetings - Forward Plan structure 2012-13

September	November	January	March	May	July
Quality Assurance <ul style="list-style-type: none"> o Performance report 	Quality Assurance <ul style="list-style-type: none"> o Performance report 	Quality Assurance <ul style="list-style-type: none"> o Performance report 	Quality Assurance <ul style="list-style-type: none"> o Performance report 	Quality Assurance <ul style="list-style-type: none"> o Performance report 	Quality Assurance <ul style="list-style-type: none"> o Performance report
Pls Quarter 1	Pls Quarter 2	Pls Quarter 3	Pls Quarter 3	Performance Data report. Quarter 4 and annual outturn	Pls Quarter 1
Themed reports	Themed reports	Themed reports	Themed reports	Themed reports	Themed reports
MSCB Annual report 2012/13 <ul style="list-style-type: none"> o Business Plan refresh 	Health annual reports: <ul style="list-style-type: none"> o Clinical Commissioning Group o Mental Health Trust/CAMHS o Acute Trust(s) o Community Services (Royal Marsden) o CDOP o Health & Social Care Liaison Group o Private Fostering annual report o Children with a Disability/ SEN o Early Years 	Police/Community Safety: <ul style="list-style-type: none"> o Borough o CAIT o Gangs/Serious Youth Crime o MAPPA o MARAC o Domestic abuse o MASH o Merton Transforming Families o MSCB Training Programme o Section 11 audits o Child Sexual Exploitation 	VCS reports: <ul style="list-style-type: none"> o VCS activity o Commissioned Services o Early Intervention & Prevention o CAF/Wellbeing Model etc. o Young Carers o Children and young people's participation o Schools - safeguarding 	Awayday Theme to be decided	Promote & Protect Young People: <ul style="list-style-type: none"> o Child Sexual Exploitation o Young runaways and missing children o Healthy relationships and anti bullying o LADO – annual report o e-safety o Information security/policy o Substance misuse o Teenage Pregnancy o Female Genital Mutilation
Other business	Other business	Other business	Other business	Other business	Other business
Health & Wellbeing Board / Children's Trust update	Health & Wellbeing Board / Children's Trust update	Health & Wellbeing Board / Children's	Health & Wellbeing Board / Children's Trust update MSCB Budget	Health & Wellbeing Board / Children's Trust update	Health & Wellbeing Board / Children's Trust update
<ul style="list-style-type: none"> • Policy and Practice • Quality Assurance • Training • Communications & Participation 	<ul style="list-style-type: none"> • Policy and Practice • Quality Assurance • Training • Communications & Participation 	<ul style="list-style-type: none"> • Policy and Practice • Quality Assurance • Training • Communications & Participation 	Subgroup reports <ul style="list-style-type: none"> • Policy and Practice • Quality Assurance • Training • Communications & Participation 	<ul style="list-style-type: none"> • Policy and Practice • Quality Assurance • Training • Communications & Participation 	<ul style="list-style-type: none"> • Policy and Practice • Quality Assurance • Training • Communications & Participation

Appendix 4. Budget statement 2012/13, Budget projection 2013/14

MSCB Expenditure 2012-13

Description	Set Annual Expenditure 2012/13	Actual to Year End	Under/Over spend	Comments
LSCB Trainer & Admin Salaries	76,670.00	74,982.00	1,688.00	
Trainer Car/Parking Allowance	1,170.00	649.00	520.00	
Recruitment (Chair/Lay Person)	6,650.00	11,231.00	-4,581.00	Reclaimed from Sutton as shared costs of joint recruitment
Room Hire	2,000.00	2,406.00	-406.00	
Catering - Training/ Meetings (+ awayday)	3,180.00	2,445.00	735.00	
Consultants - SCR costs, External Trainers + Chair Person	49,430.00	44,521.00	4,909.00	
Equipment (Training Materials)+ Subscriptions	19,300.00	12,449.00	6,851.00	
External Staff Training	4,000.00	1,220.00	2,780.00	

Annual Conference	5,000.00	2,476.00	2,524.00	
Stationery	2,000.00	916.00	1,084.00	
Internal Printing/Photocopying	3,500.00	3,229.00	271.00	
Re-print Safe Parenting Handbook?	12,500.00	0.00	12,500.00	
Misc Items (Trainer Expenses, Software Licences)	2,560.00	1,355.00	1,205.00	
Subtotal	187,960.00	157,879.00	30,080.00	
Recruitment costs reclaimed from Sutton			4,586.00	
Trainer Fees			500.00	
Total Expenditure	187,960.00		35,166.00	Underspend carried forward to 2013-14

MSCB income 2012-13

Annual Contributions	Income 2012/13(Projected) £	Comments
LB Merton QC05	83,858.00	Received
NHS Sutton & Merton (PCT)QC01	35,000.00	Received
Metropolitan Police	5,000.00	Received
Action for Children	2,553.00	Received
National Probation Service	2,000.00	Received
CAFCASS	550.00	Received
Sub Total	128,961.00	
Fee for External Training	500.00	Received
Surplus (from previous yearQA01)	58,998.00	Received
Total Projected Income	188,459.00	

MSCB Budget. Expenditure/Income Projection 2013/14

Ex. Code	Ex. Description	Budget
AA03	Salaries	75,820.00
CE03/CA53/CD05/DG14/AB57	Staff expenses	3,790.00
AB02	Recruitment	2,060.00
BC03	Venue Hire	2,400.00
DB50	Catering	3,180.00
DE03	Stationery	1,200.00
DE06/DE11	Copying/Printing	4,000.00
DF03	Board Chair/Ex.Trainers/Consultants	40,000.00
DH02	Annual Conference	5,000.00
DJ04	E Learning Subscription	8,000.00
DA09/DA80/DG02/DF62	Equipment/Books	3,623.00

DE01	Provision for Safer Parenting Handbook	12,500.00
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

Appendix 5. Performance framework outturn 2012/13

The Performance dataset for 2012-13 is below. There are a number of gaps where partners found the data challenging to collect or report. The dataset for 2013-14 is considerably enhanced and collection will be more comprehensive.

This dataset has been widely distributed across London,

Merton Safeguarding Children Board - Quarterly Performance Indicator Dataset Year end report 2012-13

		National Average 2010/2011	2012/13			
No.	Description		Q1	Q2	Q3	Q4
1.1	Number of C&YP who are subject of a CPP per 10,000 aged under 18 years	38.6	40.29 (173)	39.59(170)	38.89(167)	36.00 (162)
1.2	% of C&YP who are subject of a CPP by category (neglect, physical abuse, sexual abuse, emotional abuse)	27%	23%	30%	37%	39%
	Emotional & Neglect		15%	9%	0%	7%
	Neglect	44%	24%	21%	25%	29%
	Neglect & Physical		3%	6%	7%	4%

		Physical	11%	5%	2%	2%	1%
		Physical & Emotional		20%	19%	10%	7%
		Physical & Emotional & Neglect		1%	1%	0%	N/A
		Sexual	6%	7%	9%	8%	9%
		Sexual & Emotional		0%	2%	3%	3%
		Sexual & Neglect		2%	1%	1%	1%
		Sexual, Physical & Neglect		0%	0%	0%	N/A
		Sexual, Emotional & Neglect		0%	0%	0%	N/A
		Mixed Categories	13%	n/a	n/a	n/a	n/a
1.3	Ethnicity of C&YP who are subject of a CPP	Asian British	19%	12%	12%	9%	9%
		Black British	17%	21%	25%	18%	14%
		Mixed British		13%	12%	17%	17%
		Other Ethnic Group		5%	6%	4%	7%
		White British	57%	48%	44%	48%	46%
		Declined to say/Unborn		2%	1%	4%	7%
	Gender of C&YP who are subject of a CPP	Male	50%	49%	51%	47%	43%
		Female	48%	50%	49%	50%	55%
		Unborn	2%	1%	1%	2%	1%
	Age of C&YP who are subject of a CPP	Unborn/Unknown	2%	1%	1%	2%	1%
		Under 1	11%	12%	9%	8%	9%
		1 to 4	31%	26%	25%	25%	25%
		5 to 9	28%	28%	32%	30%	29%
		10 to 12	0%	18%	17%	16%	15%

		13 to 15	0%	14%	13%	14%	14%
	DFE age groups in statistical releases	10 to 15	26%	32%	30%	30%	30%
		16+	2%	2%	4%	5%	6%
1.4	CP Plans lasting 2 or more years		6% (10/11)	5.80%	4.76%	4.03%	2.91%
1.5	Children becoming the subject of a CPP for a second or subsequent time		13.3% (10/11)	6%	11%	9%	11%
1.6	% of Child protection cases that were reviewed within the required timescales		97.1% (10/11)	100%	99%	96%	97%
1.7	% of Initial assessments for children's social care carried out within 10 working days of referral - YTD		79.6% (10/11)	81%	87%	83%	84%
1.8	% of Core assessments for children's social care that were carried out within 35 days of commencement - YTD		75.1% (10/11)	71%	76%	67%	52%
1.9A	Referrals to children's social care going to initial or core assessment analysed by referring agency	Overall		66%	66%	73%	66%
	*The definition for NI68 is Referrals going to Initial assessments only and not CA's.	Education	N/A	17%	7%	13%	11%
		Health	N/A	19%	19%	16%	11%

		Police	N/A	32%	30%	35%	24%
		Parent/Carer/Family Member/Self Referral	N/A	3%	8%	6%	4%
		Other Agencies/individuals	N/A	23%	33%	29%	16%
		Unknown		6%	3%	2%	1%
1.9B	% of Referrals by Agency	Education	N/A	18%	8%	14%	16%
		Health	N/A	16%	17%	13%	15%
		Police	N/A	29%	35%	37%	35%
		Parent/Carer/Family Member/Self Referral	N/A	4%	7%	6%	5%
		Other Agencies/individuals	N/A	28%	31%	27%	26%
		Unknown		5%	2%	2%	2%
1.1	Children reported as missing from care overnight (12/13 cumulative incidents)		N/A	8	16	18	22
1.11	End of quarter vacancy rates for social workers in safeguarding		N/A	3	2	4	
1.12	Caseloads of social workers in safeguarding		N/A	21	22	33	n/a
1.13	Number of completed CAFs by initiating agency	CSF	N/A	12%	22%	11%	16%
		Community & Housing	N/A	0%	0%	0%	0%

		Environment & Regeneration	N/A	0%	0%	0%	0%	0%
		Supporting Families Team (0-12)	N/A	15%	14%	7%	2%	2%
		Voluntary - Community - Faith Groups	N/A	8%	5%	5%	9%	9%
		NHS - Community Health	N/A	8%	9%	15%	16%	16%
		NHS - Acute Services	N/A	6%	0%	1%	7%	7%
		NHS - CAMHS	N/A	3%	5%	0%	0%	0%
		NHS - Adult Mental Health	N/A	2%	5%	1%	2%	2%
		Schools	N/A	43%	35%	56%	45%	45%
		Connexions Providers	N/A	1%	0%	0%	0%	0%
		Other Boroughs	N/A	2%	4%	1%	2%	2%
		Unknown	N/A	0%	0%	0%	0%	0%
		Independent Services	N/A	1%	0%	0%	0%	0%
		Total	N/A	143	77	75	55	55
1.14	Number of LADO notifications in the quarter		N/A	10	8	15		
1.15	Number of outstanding LADO enquiries		N/A	0	0	5		
1.16	Number of recorded complaints (all agencies) regarding Child safeguarding/Child Protection	CSF	N/A	7	7	6	10	10
		Acute Trust	N/A	Data not supplied	Data not supplied	Data not supplied	Data not supplied	Data not supplied
		Community Health		0	0	Data not supplied	Data not supplied	Data not supplied

		PCT	N/A	Data not supplied	Data not supplied	Data not supplied	Data not supplied	Data not supplied	Data not supplied
		CAMHS	N/A	Data not supplied	0	Data not supplied	Data not supplied	Data not supplied	Data not supplied
		Police	N/A	1	Data not supplied	Data not supplied	Data not supplied	Data not supplied	Data not supplied
1.17A	Child Protection Case Conference Quoracy (initial and review) - attendance			96%	94%	96%			
1.17B	Child Protection Case Conference Quoracy (initial and review) - abandoned, papers not received in lieu of attendance			4%	2%	0%			
2:Children & Young People - Education									
2.1	% of schools inspected in Qtr with Ofsted rating for Behaviour and safety – Good/Outstanding (% of schools inspected in Qtr with Ofsted rating for Overall Effectiveness: How good is the school?– Good/Outstanding) The new schools inspection framework January 2012 does not have a judgement on safeguarding procedures.		N/A	The new schools inspection framework January 2012 does not have a judgement on safeguarding procedures.	100% (2/2) (100% (2/2))	83% (5/6) (88% (7/8))			Cumulative: 85% (46/54) Q4 Inspections: (63% (5/8))

2.2	<p>% of schools inspected in Qtr with Ofsted rating for Behaviour and safety – Satisfactory (% of schools inspected in Qtr with Ofsted rating for Overall Effectiveness: How good is the school? – Satisfactory)</p> <p>The new schools inspection framework January 2012 does not have a judgement on safeguarding procedures.</p>		N/A		0% (0/2) (0% (0/2))	17% (1/6) (13% (1/8))	Cumulative: 13% (7/54) Q4 Inspections: (25% (2/8))
2.3	<p>% of schools inspected in Qtr with Ofsted rating for Behaviour and safety – Inadequate) (% of schools inspected in Qtr with Ofsted rating for Overall Effectiveness: How good is the school? – Inadequate)</p> <p>The new schools inspection framework January 2012 does not have a judgement on safeguarding procedures.</p>		N/A		0% (0/2) (0% (0/2))	0% (0/6) (0% (0/8))	Cumulative: 2% (1/54) Q4 Inspections: (13% (1/8))

2.4	Number of permanent exclusions involving a referral or open to CSC		N/A	0 (0/12) at time of excl. 6 (6/12) previous to excl. 6 (6/12) subsequent to excl.	Q1 shows end of 2011-12 academic year. 2012-13 no exclusions have been finalised.	1 (1/3) at time of excl. 1 (1/3) previous to excl. 2 (2/3) subsequent to excl.	1 (1/6) at time of excl. 1 (1/6) previous to excl. 4 (4/6) subsequent to excl.
3: Children & Young People - Health							
3.1	% Completion of the child screen in adult mental health cases		N/A	35%	72%	90.40%	94%
3.2a	Alcohol harm-related hospital admission rates (analysed by age – under 15; hosp. episode stats) - SMPCT		N/A	2	0	0	1
3.2b	Alcohol harm-related hospital admission rates (analysed by age – under 18 ; hosp. episode stats) SMPCT			4	2	3	2
3.3a	Substance misuse related admissions to hospital rates (analysed by age – under 20; hosp. episode stats) SMPCT		N/A	1	2	1	3
3.3b	Substance misuse related admissions to hospital rates (analysed by age – under 15; hosp. episode stats) SMPCT			0	0	0	0

3.4	End of quarter vacancy rates for health visitors, midwives school nurses (with trend data)	Budgeted Case Holding Health Visitors	N/A	3.7% (25.93 of 26.93 FTE).	13.8% (23.21 of 26.93 FTE). Five people left the organisation in Q2. Recruitment for replacements is underway - currently on a second advertisement; a recruitment bonus is also being considered.	13.9%	17.6%
		Midwives	N/A	9.5% Trustwide	13% Trustwide	Trustwide Oct 12% Trustwide Nov 10.1% Trustwide Dec 9.2%	11%

		School Nurses - mainstream		20.8% (6.85 of 8.65 FTE) The gap equates to one member of staff (0.8 FTE) on maternity leave and one actual vacancy.	18.8% (8.65 of 10.65 FTE) The previous gap has been eliminated, but two new posts have since been established. The recruitment process has reached a second advertisement; a recruitment bonus is attached to these posts.	9.0%	9.0%
	End of quarter vacancy rates for health visitors, midwives school nurses (with trend data)	School Nurses - Perseid	N/A	25.0% (2.18 of 2.92 FTE) post not filled - to consider skill mix of team before re-advertising as part of service restructure	25.0% (2.18 of 2.92 FTE).	25.0% (2.18 of 2.92 FTE). Post being re-advertised.	0% (2.92 of 2.92 FTE).
3.5a	Caseloads of health visitors	Health Visitors	N/A	Total Caseload (below 5 years)=14,399. Targeted caseload (below 5)=586	Total Caseload (below 5 years) 12,489. Targeted caseload (below 5 years) 568.	Total Caseload (below 5 years) 12,651. Targeted caseload (below 5 years) 663.	Total Caseload (below 5 years) 13,416. Targeted caseload (below 5 years) 667.
4:Children &							

Young People – Police/YOT										
4.1A	Number of Domestic violence reports to Access and Assessment (through Merlins)		N/A	17	10 (27)	20 (47)	33 (80)			
4.1B	Number of children unborn/under 1 referred to Children’s Social Care re: domestic abuse (Merlin)		N/A	3	2 (5)	3 (8)	7 (15)			
4.2	Persons accused of Gun Crime			0	0	0	0			
	Victims of Gun Crime			1	0	3	3			
	Persons Accused of Knife Crime			0	0	3	4			
	Victims of Knife Crime			21	12	20	17			
	Serious Youth Violence Incidents (Gang Related)			0	2	0	2			
4.3	Physical Child Abuse offences	Familial		13	12	11	20			
		Non Familial		2	5	11	3			
	Physical Child Abuse charges	Familial		0	0	4	2			
		Non Familial		0	3	1	3			
	Physical Child Abuse Charge Rate	Familial		0.00%	0.00%	36.40%	10.00%			
		Non Familial		0.00%	60.0%	9.1%	100.0%			
	Sexual Child Abuse offences	Familial		5	6	8	16			
		Non Familial		2	5	11	2			
	Sexual Child Abuse charges	Familial		0	0	4	2			

		Non Familial		0	3	1	3
	Sexual Child Abuse charge rate	Familial		0.00%	0.00%	50.00%	12.50%
		Non Familial		0.00%	60.0%	9.1%	150.0%
	Neglect Child Abuse offences	Familial		8	5	3	4
		Non Familial		0	0	0	0
	Neglect Child Abuse charges	Familial		0	0	0	0
		Non Familial		0	0	0	0
	Neglect Child Abuse charge rate	Familial		0%	0.00%	0.00%	0.00%
		Non Familial		N/A	N/A	N/A	N/A
4.4A	Number of offenders against children referred for level 2 MAPPA monitoring - contact offences		N/A	Data not supplied	Data not supplied	Data not supplied	Data not supplied
4.4B	Number of offenders against children referred for level 2 MAPPA monitoring - internet offences		N/A	Data not supplied	Data not supplied	Data not supplied	Data not supplied
4.5	Proportion of YOT caseload in which CYP are known to be gang members		N/A	28% (23/82)	32.47 % (excluding prevention)	(34/83) 40.96 % (excluding prevention)	

4.6	End of quarter vacancy rates for police in CAIT (with trend data)*		N/A	1 of 20	1 PCLO & 1 DS 2 of 20	Our Target Workforce Strength is 29 in Total. By the end of Q3 i had .6 of a vacancy for a DS. (Early in this quarter 2.8 DS's short)	Data not supplied
4.7	Caseloads of police in CAIT		N/A	11	12	15 (each DC)	Data not supplied

Appendix 6. Serious Case Review Child A – Report Executive Summary

CHILD A

**A SERIOUS CASE REVIEW
EXECUTIVE SUMMARY**

Kevin Harrington JP, BA, MSc, CQSW

1. INTRODUCTION

1.1 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.

1.2 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 requires Safeguarding Boards to undertake reviews of serious cases. The Regulation defines a serious case as one 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.

1.3 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).

1.4 That SCR was conducted between September 2012 and April 2013. Details of the SCR process and those involved are attached in the appendices to this report.

1.5 Child A's mother met with the Chair of the SCR Panel and a female senior officer from the local authority. She did not feel that there were any problems in the family that the agencies involved in the Review could have helped with.

1.6 It is right to say that, before her death, no agency was aware of any evidence of concern for Child A's safety.

2. THE FACTS

- 2.1 Child A lived with her mother and her half-siblings¹. All family members are white British. This review has seen no evidence that Child A had contact with her father, Mr E, who no longer lives in London. Child A's health and development were normal. She is generally described as a bright, happy child with a warm personality.
- 2.2 There were persistent problems with Child A's school attendance, from an early age. This problem was not tackled during her time at junior school. Despite her poor attendance her levels of achievement at school were good and she was a popular child.
- 2.3 The use of illegal drugs in Child A's family was known to a number of agencies. Her mother disclosed during pregnancy that she routinely used cannabis. Other family members were known to have criminal convictions for drug-related offences. When she was pregnant Child A's mother was offered assistance in addressing her use of drugs but did not take up this offer.
- 2.4 The issue of drug use in the family was discussed between health and social care services on a number of occasions but this did not lead to any further actions.
- 2.5 Merton Children's Social Care services received a number of referrals about Child A's family. These referrals arose from general concerns and there was no direct evidence of abuse or neglect, but the earlier referrals were not followed up thoroughly. These were missed opportunities to assess and try to engage with the family.
- 2.6 Merton Children's Social Care services did assess the family on one occasion, after they had come to police attention. Child A was not interviewed during this assessment but all relevant agencies, including Child A's school, were contacted and no concerns were expressed. Overall, Ms D was said to present as "loving and caring" and there was no evidence to indicate a need for continuing contact with social workers.
- 2.7 When Child A moved to secondary school her school attendance deteriorated further. The school started taking steps to address this but her mother did not respond to any communications. The school had reached the stage of taking legal action against Child A's mother when Child A's maternal grandmother intervened. She wrote to the school stating that she had made

¹ It is not appropriate to disclose any information about Child A's half-siblings, but it is right to clarify that there are no safeguarding concerns for these children.

arrangements for Child A to stay with her and her partner – Mr F - in a neighbouring London borough. Some weeks later Child A was reported missing and subsequently found to have been murdered.

3. KEY LEARNING POINTS AND MISSED OPPORTUNITIES

3.1 The only firmly evidenced cause for direct concern for Child A was her poor school attendance. At her junior school it was not robustly addressed and there was an unsatisfactory lack of challenge in the school's approach. This is in keeping with some national findings about the management of non-attendance at junior schools.

3.2 We still do not have a clear understanding of why Child A was so frequently absent from school. Child A's mother avoided all attempts to explore and tackle this issue. No professional discussed the possible reasons for poor school attendance directly with her or with Child A. It may be that staff at the junior school were disarmed by Child A's engaging presentation and reasonable levels of achievement.

3.3 Child A's secondary school did seek to tackle the attendance problem but their approach was procedurally driven, rather than based on direct contact with the family. This reflects the national pressures on schools in relation to dealing with non-attendance.

3.4 There is substantial evidence that Child A lived in a situation where the use of illegal drugs was an everyday occurrence. This is likely to have affected her and the care she received throughout her life. It was not robustly challenged by health professionals in their contact with her family and there may have been an inappropriate tolerance by some professionals of the use of cannabis.

3.5 There were some weaknesses in the local authority's "out of hours" service's immediate response to Child A's disappearance, including a failure to notify a senior officer. These matters did not affect the overall course of events. By contrast the work subsequently carried out by local authority staff when normal working hours resumed was vigorous and thorough.

3.6 There was some confusion and miscommunication between police and the local authority about their respective responsibilities while Child A was missing. Police action was focussed on Child A's disappearance, while the local authority still had to reassure themselves that there were no grounds for concern for other children of the family. Local services were under pressure because of the degree of public concern and media attention, but it is in such circumstances that the requirement for services to work collaboratively becomes most important.

3.7 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.

4. RECOMMENDATIONS FROM THIS OVERVIEW REPORT

4.1 Introduction

4.1.1 These recommendations arise from this Overview Report which reflects the views of the SCR Panel and the independent Overview Report author. They have been endorsed by the MSCB. They are in line with the Government's guidance² that "*Recommendations should usually be few in number, focused and specific, and capable of being implemented*".

4.2. Recommendations to the Merton Safeguarding Children Board

4.2.1 The Board should, by dissemination of the key messages arising from this review, ensure that schools are reminded of the links between non-attendance at school and the safeguarding of children.

4.2.2 The Board should ensure that agencies provide guidance to inform and assist staff in responding to parental misuse of alcohol and illegal drugs. This should include support to staff in challenging parents who are complacent about the use of cannabis.

4.2.3 The Board should work with partner agencies, and the Child Death Overview Panel, to deliver a clear public message about the harmful medical and social effects of cannabis use, and its potential for damaging family life.

4.2.4 The Board should review and strengthen as necessary arrangements for recognising the enduring consequences of domestic abuse and providing assistance to families which may be affected by this,

4.2.5 The Board should promote an emphasis on ensuring that the "voice of the child" is heard across all partner agencies and that this is demonstrated in working practices and service developments.

² "Working Together" (2010 Paragraph 8.40)

4.2.6 The Board should ensure that there are clear arrangements for working with hostile or resistant families and that front line staff are appropriately supported in this work.

4.2.7 The Board should ask the Metropolitan Police Service to demonstrate that measures to improve compliance with the completion of MERLINS have been effective.

APPENDIX A: ARRANGEMENTS FOR THE SERIOUS CASE REVIEW

During September 2012 arrangements were made to appoint the independent people who are required to contribute to the conduct of SCRs. Mr Keith Makin was appointed to lead the review and Mr Kevin Harrington was appointed to write the reports from the Review. Further details are at Appendix B.

The MSCB constituted a panel (the Panel) to manage and oversee the conduct of the review. The membership of the Panel is set out below.

Name / Designation	Organisation	Role
Mr Keith Makin	Independent	Independent Chair
Interim Head of Children's Social Care and Youth Inclusion	London Borough of Merton	Panel Member
Designated Doctor for Safeguarding Children	NHS Sutton & Merton	Panel Member
Designated Nurse for Safeguarding Children	NHS Sutton & Merton	Panel Member
Detective Chief Inspector	Metropolitan Police Child Abuse Team	Panel Member
Assistant Chief Officer	Merton & Sutton Probation Trust	Panel Member
Head of Safeguarding & Quality Assurance	London Borough of Croydon	Panel Member
Voluntary Organisation Representative	Merton Voluntary Services Council	Panel Member
Mr Kevin Harrington	Independent Overview Report author	In attendance

It was determined that the following agencies should contribute to the review. Those agencies with substantial and / or recent contact were required to submit full Individual Management Reviews (IMR) whereas agencies with less or less recent involvement should provide reports for background information. (In fact, when the reports were analysed, most of the agencies had little direct knowledge of Child A).

AGENCY	NATURE OF CONTRIBUTION
London Borough of Merton Children Schools and Family Directorate	Individual Management Review
Housing provider	Individual Management Review
London Borough of Croydon Children's Services	Individual Management Review
London Probation Trust	Individual Management Review
Metropolitan Police Service	Individual Management Review
Croydon Health Services NHS Trust	Individual Management Review
NHS Sutton and Merton	Individual Management Review
Epsom & St. Helier NHS Hospitals Trust	Individual Management Review
General Practitioners (Merton)	Individual Management Review
General Practitioners (Croydon)	Individual Management Review
London Borough of Merton Housing Services	Individual Management Review
London Ambulance Service	Information report
NHS Direct	Information report
Housing provider	Information report
HomeStart	Information report

Agencies were asked to consider all those matters detailed in the government's guidance, Working Together to Safeguard Children (2010), namely:

- Were practitioners sensitive to the needs of the children in their work, knowledgeable about potential indicators of abuse or neglect, and about what to do if they had concerns about a child's welfare?
- Did the organisation have in place policies and procedures for safeguarding and promoting the welfare of children and acting on concerns about their welfare?
- What were the key relevant points/opportunities for assessment and decision making in this case in relation to the child and family? Do assessments and decisions appear to have been reached in an informed and professional way?
- Did actions accord with assessments and decisions made? Were appropriate services offered/provided or relevant enquiries made in the light of assessments?
- Were there any issues, in communication or service delivery, between those with responsibilities for work during normal office hours and others providing out of hours services?
- Where relevant, were appropriate child protection or care plans in place, and child protection and/or looked after reviewing processes complied with?
- When, and in what way, were the child(ren)'s wishes and feelings ascertained and taken account of when making decisions about the provision of children's services. Was this information recorded?
- Was practice sensitive to the racial, cultural, linguistic and religious identity of the child and family and how was this explored and recorded?
- Were senior managers or other organisations and professionals involved at points in the case where they should have been?
- Was the work in this case consistent with each organisation's and the LSCB's policy and procedures for safeguarding and promoting the welfare of children, and with wider professional standards?
- Were there organisational difficulties being experienced within or between agencies? Was there an adequate number of staff in post? Did any resourcing issues such as vacant posts or staff on sick leave have an impact on the case? Was there evidence of good practice?

Agencies were then asked specifically to consider issues which appeared to be particularly relevant in this case, namely:

- The history of the parents and extended adult group, with a focus on how that history may have affected the care provided to Child A and her half-siblings.
- Agency involvement with Child A from her birth to the date of discovery of her body.
- Whether information sharing between and within agencies was sufficiently robust

- Any gaps and or strengths in the investigations and interventions following Child A's disappearance
- Any significance and relevance to Child A's well being of her grandmother's employment (as a care worker).

Appendix 7. Partners' Self assessments under Section 11 Criteria

Merton CCG Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Amber
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

Section 11 actions

Standard No.	Action(s)	Responsibility	Timescale
4	<ul style="list-style-type: none"> • Link with the Patient and Public Engagement Lead within MCCG and add views of CYP to processes currently used to obtain public feedback. • To use current information already being collected and identify where CYP views and experiences. • To use new GP Patient Participation Groups to obtain views of children and young people. 	Director of Quality	April 2014

Sutton & Merton Community Services Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Amber
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	Green
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	Amber
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Amber
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Amber
Standard 8	There is effective Information Sharing	Green

Section 11 actions

Standard No.	Action(s)	Responsibility	Timescale
3	<p>1. Safeguarding Children supervision model to be introduced within The Royal Marsden Hospital. Review of supervision requirements in RM, to include process mapping re number staff that will require 1-2-1 supervision</p> <p>2. Evidence required re the effectiveness of the escalation of risk policy. Collation and analysis of all cases that have been escalated.</p> <p>3. Audit of supervision – to review effectiveness of supervision. Questionnaire to all staff.</p>	<p>Named Nurse</p> <p>Named Nurse/Safeguarding Manager</p> <p>Named Nurse/Safeguarding Manager</p>	<p>6 months</p> <p>Ongoing</p> <p>6 months</p>
5	<p>1. Thematic case audits required to evidence specific training effectiveness. Random audit of children subject to CP Plans using multi agency audit tool. Cases which identify areas for improvement with multi agency working will be referred to the QA sub group.</p> <p>2. Repeat of the self harm audit 9 months after self harm training. Audit of records of all children presenting with self harm – collation of numbers along with if previously known to services and if early intervention had been offered.</p>	<p>Named Nurse/Safeguarding Manager</p> <p>Named Nurse/Safeguarding Manager</p>	<p>Ongoing</p> <p>Ongoing</p>
6	<p>All Directorates within RM need to be clear about the responsibilities of managing allegations. RM needs to demonstrate processes are in place. Service managers to be reminded of the processes of managing allegations against staff. This will include a flow chart of when to inform RM Safeguarding Lead and LADO.</p>	<p>Named Nurse</p>	<p>3 months</p>
7	<p>RM need to ensure that each child has the most appropriate health representation at child protection case conferences and core group meetings. Clinical Children's Services Director working with LSCB's to agree appropriate representation. This will be monitored through data of KPIs.</p>	<p>Clinical Children's Services Director</p>	<p>6 months</p>

Epsom St Helier Acute Trust Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

St George's Acute Trust Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Amber
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	Amber
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

Section 11 actions

Standard No.	Action(s)	Responsibility	Timescale
4	<p>Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children & families</p> <p>The Trust ensures that the need to safeguard children and promote their welfare is taken into account when planning service development, however the Trust needs to be able to provide more evidence as to how children are consulted and involved in the provision of services</p> <p>Although there is some evidence that the views of children are sought more work is required, with recommended actions as follows:</p> <p>1.1 Introduce leaflet for children inviting comment</p> <ul style="list-style-type: none"> • Discussion with PALS – do they seek views or is there information that can contribute • Use of new Trust tool to survey children • Liaison with in-house CSS – suggest joint survey 	<p>Matrons Named Nurse and paediatric patient advocate nurse</p>	<p>November 2013</p>

	<p>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</p> <p>The Trust has a Safeguarding Children Training Strategy in place.</p> <p>Both the acute and the community service have safeguarding children training programmes which run throughout the year.</p> <p>The acute service has a safeguarding children team who meet regularly and plan and assess training. The named doctor and the named nurse for safeguarding children lead on the training in the acute service.</p> <p>The Trust encourages staff to take part in Wandsworth Safeguarding Children Board multi-agency training.</p> <p>The Trust has experienced problems evidencing training data. A new system has just been installed to capture training data but more work is required on ensuring the accuracy of the data. The named nurse for the acute service and the Divisional Director of Nursing and Governance (DDNG) has been working with the Training and Education Department to resolve this problem.</p> <p>In the meantime the data that is available demonstrates inadequate safeguarding children training at all levels.</p> <p>An action plan is in place.</p> <p>Level 3 training is being targeted initially</p> <p>20 additional sessions at level 3 safeguarding children training has been funded and is currently being delivered.</p> <p>Safeguarding children training figures are reviewed at both the strategic and operational safeguarding children meetings and the Chief Nurse is monitoring the progress.</p>	<p>The safeguarding children team</p> <p>The DDNG</p> <p>The Training & Education Department</p>	<p>November 2013</p>
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South West London & St George's mental Health Trust Section 11 self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Amber

Section 11 actions

Standard No.	Action(s)	Responsibility
8	<p>Quality and timeliness of Information Sharing by the Mental Health Trust has been highlighted in two SCR's. These were not Merton SCR's.</p> <p>Actions:-</p> <ul style="list-style-type: none"> • Specific learning events for the SCR's. • Information sharing embedded in Safeguarding Children training at all levels. • Improved access to Safeguarding and risk supervision and consultation from Trust Named Professionals. 	Trust Safeguarding Children Group/ Trust Named Professionals.

Child And Adolescent Mental Health Service (CAMHS) Self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green

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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Amber

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What action(s) are underway or planned to address any Amber or Red assessments above?

Standard No.	Action(s)	Responsibility	Timescale
8	Following referrals into MASH, there are some issues around feedback from MASH to CAMHS regarding decisions made and actions taken. To be addressed in MASH meetings.		Dec 2013

Borough Police Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

Child Abuse Investigation Team (CAIT) Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

Youth Justice Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Amber
Standard 8	There is effective Information Sharing	Amber

Section 11 actions

Standard No.	Action(s)	Responsibility	Timescale
7	Works fairly well at the moment – but needs to be strengthened by a more structured and systematic approach.	SC / FAS	Ongoing
8	Ensuring documents are shared between teams particularly around LAC young people. Establishment of operational group to oversee processes / practice	SC / FAS	October '13

Transforming Families Section 11 self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

London Probation Trust Section 11 self assessment

		Traffic Light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Amber
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	Amber
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

Section 11 actions

Standard No.	Action(s)	Responsibility	Timescale
4	<p>For an organisation that works with offenders, promoting the 'think family agenda' is a constant challenge and theme.</p> <ul style="list-style-type: none"> • LEARN (QA process) continue to promote safeguarding. • Promote the use of home visits and think family agenda • Continue to play active role in MASH. 	LDU ACO	On going
5.	<p>LPT also need to ensure practitioners seek and access relevant training and identify / fill any skills gap. LPT are currently in the process of revising training provision / content for LPT so as to ensure it is fit for purpose.</p>	ACO London lead	April 2014

CAFCASS London Section 11 self assessment

Standard 1 – Senior management commitment to the importance of safeguarding and promoting children’s welfare.	
Indicators	Evidence
1.1 There is a designated lead with overall responsibility for safeguarding	<p>The overall responsibility for safeguarding children in family proceedings (a primary function of Cafcass) is held by the Corporate Management Team (CMT) chaired by the Chief Executive (CE) Anthony Douglas.</p> <p>The lead responsibility for different elements of safeguarding policy and practice are held by a number of senior managers, for example:</p> <ul style="list-style-type: none"> • The National Service Director is responsible for safeguarding practice within operational areas. • Each Assistant Director and Head of Service has one or more safeguarding matters within their portfolio on which they hold lead responsibility e.g. private/public law policy and practice developments, child protection policy, service area reviews etc. <p>Each portfolio is reviewed regularly by the Corporate Management Board (CMB) chaired by the CE.</p>
1.2 Adequate resources are available to support the above post.	<p>Each operational area is led by a Head of Service.</p> <p>The National Improvement Service supports operational practice through auditing, mentoring, the provision of training etc (details below).</p> <p>There is also a Safeguarding Team comprising a Head of Service (Corporate Services) and an Executive Assistant. Their functions include:</p> <ul style="list-style-type: none"> • Co-ordinating and quality assuring submissions to serious case reviews (and other multi-agency reviews). • Supporting Cafcass members in contributing to LSCBs. • Holding the overall policy lead.
1.3 Senior managers monitor the actions of their staff to safeguard children	<p>Safeguarding and promoting children’s welfare is one of Cafcass’ statutory functions (Criminal Justice and Court Services Act, 2000) and service priorities.</p> <p>The CE and Cafcass Board receive a monthly performance report, including information relating to</p>

	<p>safeguarding performance.</p> <p>The CE and Corporate Management Team (CMT) see safeguarding as their responsibility and as our core business as a front-line organisation.</p> <p>The Quality Committee of the Cafcass Board reports regularly to the main Cafcass Board on the quality of practice, including safeguarding practice (see 1.7).</p> <p>Safeguarding is assessed regularly as a service objective in supervision across all practitioner, operational manager, specialist manager and team business support roles.</p> <p>As part of supervision direct evidence is collected that service objectives have been met and that there has been adherence to policies, particularly with regard to safeguarding.</p> <p>Quality for Children (Q4C, Cafcass' Performance Management system) strengthens the ability of Cafcass to monitor evaluations of the quality of work in safeguarding practice, and to systematically identify and address related development needs. The quality of evaluations made under Q4C is moderated by senior managers.</p>
<p>1.4 Children and young people are listened to appropriately.</p>	<p>At a practice level, expectations around direct engagement with children who are subject to court proceedings, and ascertaining their views, needs, wishes and feelings are set out within the Cafcass <i>Operating Framework</i> (2012) and quality assured by management.</p> <p>In respect of private law applications the Practice Direction 12B (President of the Family Division: April 2010) stipulates that Cafcass will not initiate contact with the child before the First Hearing.</p> <p>Tools for effective engagement with children are available on the intranet.</p> <p>A core training course on direct work with children is available to practice staff.</p> <p>At a strategic level Cafcass provides administrative, developmental and financial support to the Family Justice Young People's Board, which helps Cafcass and the wider judicial system to shape and design policies and initiatives and make sure they remain focused on children and young people. The young people on the board have had experience of the Family Courts as they are recruited from our service users.</p>
<p>1.5 There is a named lead officer for e-safety and allegations against staff</p>	<p>Assistant Director responsible for Cafcass' Child Protection Policy, Neville Hall.</p>
<p>1.6 There is a mechanism to ensure commissioned services are</p>	<p>Cafcass has a specialised Commissioning and Partnerships Team that ensures that all commissioned services meet required standards of safeguarding children. This requirement is set out in the <i>Operating Framework</i> and in</p>

compliant with s11	service level agreements.
<p>1.7 Senior managers identify weaknesses in practice and take action to remedy these.</p>	<p>There are a number of systems established to ensure that weaknesses in safeguarding practice are identified and remedied.</p> <ol style="list-style-type: none"> 1. The Cafcass Quality Committee reports regularly to the main Cafcass Board on its detailed scrutiny of matters of quality, including the outcomes of: internal audits of the quality of practice (including safeguarding practice); inspections conducted by Ofsted; Cafcass submissions to serious case reviews; major revisions to the private law and public law practice models. 2. Cafcass' National Improvement Service (NIS) maintains the 'national learning log', which is updated and disseminated throughout the organisation on a quarterly basis. The purpose of the log is to ensure that organisational learning points, derived from a range of sources (serious case reviews, audits, complaints, Ofsted inspections, critical incidents) are subject to clear action plans designed to improve safeguarding practice and systems across the organisation. Audits are conducted to establish that action plans have delivered desired outcomes. 3. Operational Area Management Teams meet monthly to manage performance and problem solve in operational areas. Service Area Management (SAM) Teams within the area then meet the following week to translate corporate and operational strategies into local action.

Children's Social Care Section 11 self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

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Early Years Section 11 self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Amber
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Amber

Section 11 actions

Standard No.	Action(s)	Responsibility	Timescale
6	Notification to LADO procedure to be under review	Dep Service Mgr, Early Years Childcare and CC's	July 2013
6	Deliver workshops to 108 managers of PVI settings, informing them of the changes in relation to MASH and CASA, and of the new children centre LANs (locality allocation networks). And to include revised procedures in relation to LADO referrals	Dep Service Mgr, Early Years Childcare and CC's	May 2013
8	Although children centres have data protection and information sharing protocols and procedures, there is still a small degree of inconsistency identified. We aim to improve our QA of localities to ensure consistent implementation.	Quality and Standards Manager	To start in September 13
8	Supporting Families Team to devise clearer procedures and checking procedures.	Supporting Families 0-5 Team Manager	July 2013

MARAC Domestic Violence/Abuse Section 11 self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children's welfare	Green
Standard 2	There is a clear statement of the agency's responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

Multi Agency Safeguarding Hub (MASH) – Section 11 self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children’s welfare	Green
Standard 2	There is a clear statement of the agency’s responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

LB Merton, Children, Schools & Families – Schools/Education – Section 11 self assessment

		Traffic light
Standard 1	Senior management have commitment to the importance of safeguarding and promoting children’s welfare	Green
Standard 2	There is a clear statement of the agency’s responsibility towards children and this is available to all staff	Green
Standard 3	There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare	Green
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	Green
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	Green
Standard 6	Safer recruitment procedures including vetting procedures and those for managing allegations are in place	Green
Standard 7	There is effective inter-agency working to safeguard & promote the welfare of children	Green
Standard 8	There is effective Information Sharing	Green

Appendix 8. Section 11 Self Audit Refresh 2012 – returns matrix

Standard	CAFCASS	LB Merton – Adult Social	LB Merton – Education	LB Merton – Housing	LB Merton – SENDIS	LB Merton – Youth Justice	LB Merton – Youth Service	NHS – Epsom & St Helier Acute	NHS – Commissioning	NHS – Community Services (Royal Marsden)	NHS – SW London & St	Police – Borough	Police – CAIT	Probation	VCS – Action for Children	VCS – Care Support Merton	VCS – Catch 22
A: Responsibility And Accountability: Senior Officers																	
B: Staff: General Responsibilities																	
C: Involving Children, Young People & Families																	
D: Safety And Accessibility																	
E: Training & Professional Development																	
F: Recruitment, Vetting Procedures, And Allegations Against Staff																	

Appendix 9. Ofsted Inspection of Safeguarding and Looked After Children – Action Plan – final report August 2012

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners	Evidence/ Reporting (inc progress to date)	Monitoring mechanisms [†]	August 2012
1.	<p>Ensure that referrers to children's social care services are consistently informed of the outcome of their referrals.</p>	<ul style="list-style-type: none"> All CSC Teams to devise and implement written confirmations that evidence referrers are informed of the outcome of their referrals, including at point of case allocation, transfer or closure. Managers to send copies of sample letters, brief explanation of process to MWS/KM. Managers to ensure case records are periodically checked as part of monthly case file auditing, ensuring outcomes are recorded on CareFirst and non-compliance reported to Team/Service Manager. MWS/NP to undertake a dip sample of case records to evidence an improvement in practice. 	LBM CSF - MWS	<ul style="list-style-type: none"> April 2012 April 2012 April 2012 May 2012 	CSF DMT	<p>Copies of the template letter used by A&A to notify referrers of case allocation & referral response have been circulated for to all LAC, CIN, 16+, VCT team managers to adapt for their teams.</p> <p>In respect of referrals on open cases (for example when a Section 47 referral is received not all teams are routinely recording these as new referrals or formally notifying the referrer in writing of outcomes- this is a practice issue for further development by the teams)</p>

* NHS Organisations - All actions to be monitored by PCT commissioning

† All NHS progress reported to LSCB via the SEG

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
2.	<p>Improve monitoring arrangements for Section 47 investigations so that the timeframe from the strategy discussion to the initial child protection conference is clear, and any reasons for delay are explored.</p>	<ul style="list-style-type: none"> Outcomes of meeting Thresholds or not to be confirmed day of request to Safeguarding team. Recording is to be improved as part of the Carefirst project 	LBM CSF – MWS	<ul style="list-style-type: none"> April 2012 	CSF DMT	<p>Each team undertaking Section 47's now notifies colleagues is safeguards when these are initiated. The Safeguards Team have also initiated a new method of monitoring decision and will now use the date a decision is made to hold a case conference as the measure of strategy discussion to conference within 15 days.</p> <p>Care First Systems have been altered to streamline decision making processes- requests for conferences are now made via care first.</p> <p>Decisions regarding case conferences being held are not being made within a 24 hour time frame.</p>
3.	<p>Strengthen the management oversight of child protection work in the integrated team for special educational needs and children with disabilities, to ensure that safeguarding arrangements for children with disabilities are secure and that child protection plans are progressed effectively.</p>	<p>Immediate actions to further strengthen child protection arrangements including</p> <ul style="list-style-type: none"> Social Work Team Manager of SEND Integrated Service in post (JM). Supervision arrangements for Social Work Team (SENDIS). Re-visited & strengthened (JM) & (LH/KB) Refresher CP training for Social Work Team to be implemented (JM) Staff to be required to take part in post qualification training. 	LBM CSF- LH/KB Partners: RMCHS - AH E& St H/Comm Paeds - BO	<ul style="list-style-type: none"> April 2012 May 2012 April 2013 May 	CSF DMT	<ul style="list-style-type: none"> April 2012 In Place May 2012 In Progress April 2013 May 2012 Underway (JM) May/June 2012

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
		<ul style="list-style-type: none"> • Establish front line management liaison group to include TM and Senior SW (Int Service); Manager (Brightwell) and TM/ATM A&A • Undertake targeted audit of CIN cases in Int Service to QA thresholds. • Provide specialist shadowing opportunities to improve risk and process/system awareness for SW's in Integrated Service. • Ensure Integrated Service is fully incorporated into the Signs of Safety approach to Child Protection conferencing and planning. • Develop 'Macie' style training event for Integrated Service and multi-agency partners. • Ensure Child protection arrangements for CYP with complex needs are appropriately built into MASH. 		2012 <ul style="list-style-type: none"> • May/June 2012 • Summer 2012- • April-June 2012 • Sept-Oct 2012 ▪ TBC 		<ul style="list-style-type: none"> • Summer 2012- • April-June 2012 • Sept-Oct 2012 TBC
4.	Improve the transition arrangements for children with disabilities	<ul style="list-style-type: none"> • CSF and Community and Housing to work in partnership to review transition arrangements and processes 	LBM C & H - HC + LBM CSF – JM Partners	<ul style="list-style-type: none"> • May 2012 • SMCS are reviewing 	CSF and CH DMTs	To be achieved by September 2012 There will be a full update at the autumn

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
	<p>(whether living at home or looked after) to ensure that the information held by all agencies is integrated into a plan that provides a comprehensive understanding of the child's needs and the actions to be taken.</p>	<ul style="list-style-type: none"> • SENDIS to adapt Transition Tool (NATSIP) and review Transition Strategy for SENDIS • Transition arrangements and referring current protocols. JM, VP (Transition Team) • Looking at IT systems in order to establish common access database. 	<p>RMCHS- AH E& St H/Comm Paeds - BO Schools</p>	<p>all children with disability transition health care processes</p> <ul style="list-style-type: none"> • LAC nurse reviewing transition summaries health reports for all LAC <p>September 2012</p>		<p>MSCB</p>

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
5 and 14	<p>Improve the timeliness and quality of communication between parents of children and young people, and children's social care staff, to ensure that parents feel that their concerns are listened to.</p>	<ul style="list-style-type: none"> • Families fully involved in the development roll out and review of signs of safety initiative. • Review the findings of the Survey of parent's experiences within the access and assessment service and implement action plan. • Develop and publish and implement a leaflet for Birth Parents of LAC that clearly explains the contact details and availability of CSC staff relevant to their children's care planning. • All care and placement planning for LAC to include how communication with birth parents will be facilitated and the expected frequency. • Conduct a survey of Birth Parents views as to the nature and methods of communication they would prefer. • Establish a consultative group of Birth Parents to monitor and develop the timeliness and quality of communication with CSC. 	LBM CSF - TL	<ul style="list-style-type: none"> • May 2012 • June 2012 • June 2012 • July 2012 • Sept 2012 • July 2012 		<p>All actions are on target – there have been a number of engagement sessions undertaken with parents and carers in the development of the signs of safety project.</p>

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
6 and 15	Ensure that case recording and chronologies on case files are timely and of consistent quality.	<ul style="list-style-type: none"> Review/replace case recording system to ensure it is fit for purpose Ensure Quality Assurance processes are consistent Strengthen Child Protection plans to ensure they are there is a greater focus on outcomes for CYP. Ensure all new CSC staff have access to ESCR recording training and are aware of quality standards in first 6 weeks of employment. Review and revise guidance for staff in the completion of Case Chronologies and to include a Quality Standard and Improved use of the "Life Events" capture. Ensure Case Chronology Format and Quality Standard is Embedded in Recording Training. Evidence of the Standard of Case Recording and Chronologies through Case Work Audit and random sampling. 	LBM CSF - TW	<ul style="list-style-type: none"> May 2012 May 2012 May 2012 May 2012 May 2012 May 2012 May 2012 Ongoing April 2012 	CSF DMT	<p>All IRO's and key multi-agency colleagues have attended 'Signs of Safety' training to broaden awareness of this strengths based approach and to support a 'smart' focus on outcomes.</p> <p>A new QA Manager post job description has been drafted and is under evaluation before advertising and recruitment in June/July 2012.</p> <p>A corporate review of the current ESCR system is underway and in the interim better use of current functionality is being made e.g. by fully incorporating suggestions from Lean processes and revision to the LAC processes within the existing system.</p> <p>All staff have access to recording training, which incorporates the standardised approach and appropriate use of observations, Care Assess forms and the SMART/Total View functions.</p> <p>The Case Audit process is monitored by the Safeguards Standards and Training service to ensure QA and ensure performance issues are addressed. The use of case chronologies and summaries is improving and as training rolls out expected to improve further.</p>
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No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
7.	Put a plan in place to ensure the systematic reviewing of the progress of children aged between 2½ and 3½ years old, so that their health and developmental needs are identified before they start school	Ensure this is included in the review of HV services and reflected in contract and service specification for 2012/13	SMCS (RMH) to action under contract from PCT AH	Community Contract - Service Spec for HVs specifies adherence to Child Health Programme. CQUIN agreed specific to this review in 2012/13 SMCS have been awarded a national award of Early Implementer Site for Health Visiting and part of this is to review all children between 2 and 2 1/2 years	PCT Safeguarding Executive Group SMCS Clinical Quality Review Group (CQR) Contract monitoring by PCT MSCB	Community Contract - Service Spec for HVs specifies adherence to Child Health Programme. CQUIN agreed specific to this review in 2012/13 contract. Programme manager appointed June 2012 SMCS have been awarded a national award of Early Implementer Site for Health Visiting and part of this is to review all children between 2 and 2 1/2 years

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
8.	Revise the process for arranging appointments later in pregnancy to ensure all cases are tracked and emerging needs are identified promptly by midwifery services	Maternity services at ESH to provide assurance that the new appointment system is robust and that vulnerable women are receiving adequate care	Epsom and St. Helier University Hospitals NHS Trust – Maternity Services	Revised following the administrative changes under the 'Taking Stock Project' and robust systems are now in place again.	PCT Safeguarding Executive Group ESH Clinical Quality Review Group / Trust Safeguarding Committee	Revised following the administrative changes under the 'Taking Stock Project' and robust systems are now in place again.
9.	South West London and St. George's Mental Health NHS Trust to identify any staff who have yet to receive safeguarding children training and ensure that appropriate training is delivered	Training Action plan to developed by SWLStG	South West London and St. George's Mental Health NHS Trust	Ensure contracts to specify this requirement <ul style="list-style-type: none"> Quarterly monitoring introduced Promotion of local courses To include in PDPs in next round of appraisals 	PCT Safeguarding Executive Group Safeguarding Annual reports Contract monitoring	Complete <ul style="list-style-type: none"> Dashboard system in place to monitor individual staff attending mandatory training, including safeguarding. Trust Safeguarding Board leading on training programme to ensure all staff are up to date in accessing the right level of training on an ongoing basis.

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
10.	South West London and St. George's Mental Health NHS Trust and Epsom and St. Helier University Hospitals NHS Trust to ensure that staff working with families where there are child protection plans or child in need plans access supervision by appropriately trained staff on a regular basis, and that robust monitoring mechanisms are in place.	Robust Supervision Framework to be established including monitoring mechanisms	South West London and St. George's Mental Health NHS Trust Epsom and St. Helier University Hospitals NHS Trust		PCT Safeguarding Executive Group Safeguarding Annual reports CQRGs Safeguarding Annual reports	SWL&StG Complete – Safeguarding supervision structure agreed and operational i) ESTH has a Safeguarding Children Supervision Policy in place. Relevant midwives and paediatric staff have been trained to provide safeguarding supervision and monitoring mechanisms are being put in place.

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
11.	Ensure that all children and young people who are looked after are aware of the Children in Care Council and the Merton Pledge at an early stage.	<ul style="list-style-type: none"> ● Achieve completion of key tasks in the Child In Care Council (CICC) Action Plan ● Publicise the Activity of the CICC to all LAC through newsletters and Flyers ● The Corporate Parenting Board to review and relaunch the LBM Pledge ● All IROs and Foster Carers have access to publicity material regarding the CICC and the Merton Pledge 	LBM CSF - TW	<ul style="list-style-type: none"> ● June 2012 ● June 2012 ● June 2012 ● June 2012 	CSF DMT	<p>Developments within the CICC are well underway and Key activity has included Celebrating Success events, M Drive and Teenagers to work planning.</p> <p>An offer of appointment has been made to fill the new full time role of Participation Co-ordinator CICC and it is anticipated a full transition to the new role will be made by September 2012.</p> <p>The Corporate Parenting Board is now well established is monitoring progress of the current developments. The interface with the CICC has yet to be fully formed and once established a full revision of the Pledge will be undertaken</p> <p>Wider awareness of the CICC and Corporate Parenting responsibilities is being delivered through teams and through initiatives such as Corporate Parenting Week.</p>

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
12.	<p>Ensure that the framework for the ongoing assessment of looked after children and young people is clear to social workers and managers.</p>	<ul style="list-style-type: none"> Review overall arrangements to ensure timely permanency for LAC All CSC key staff have completed Revised LAC Process Care First training. Ensure the monitoring of key performance indicators is linked to the assessment and decision making process by tracking review recommendations and outcomes. Monitor care planning and timescale concerns through the IRO Stakeholder Group 	LBM CSF - TW	<ul style="list-style-type: none"> May 2012 June 2012 June 2012 and then Quarterly 		<p>There has been a review of all permanency plans for children which is now linked to the the plans to tackle delay and the o publication of the Adoption Scorecard in May 2012.</p> <p>Substantial improvements have been identified and an action plan prepared to take these forward.</p> <p>The revisions to the LAC Process on Carefirst have been completed and the new format launched in May 2012. All key staff within CSC have completed the relevant training and it is an expectation that the new material is used without exception.</p> <p>A new Care Planning and concern escalation process has been formulated for use by IROs to ensure timely raising of issues with CSC Managers and improve the interface for LAC Permanence and Placements Service with the IRO Service</p> <p>An IRO will sit on the Care Planning Tracking and Monitoring Group from June 2012 and the IRO Stakeholder group will monitor alerts and escalation issues on a quarterly basis to track trends and performance.</p>

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
13.	Ensure that the outcomes of planning meetings and reviews are followed through promptly, to avoid drift.	<ul style="list-style-type: none"> Implement National reporting mechanism for IRO service with full consultation with CICC Establish formal system of IRO alerts to managers for all significant issues in LAC and CP planning Report on 3 monthly basis to CSMT all outstanding Alert issues Establish IRO representation in the Care Planning and Permanency Tracking group. 	LBM CSF - LH	<ul style="list-style-type: none"> June 2012 May 2012 July 2012 May 2012 	CSF DMT	<p>The IRO service has adopted the national reporting schedule to the regional coordinating bodies and the DfE. The report for 2011-12 is scheduled to be completed by the end of June 2012.</p> <p>The IRO service has a dispute resolution process in place and alerts are now being formally captured and tracked.</p> <p>A dedicated IRO has been identified as the link and representative on the Care Planning and Permanency Tracking Group.</p>
14.	Improve the timeliness and quality of communication between parents of looked after children and young people, and children's social care staff, to ensure that parents feel that their concerns are listened to.	See action point 5				

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
15.	Ensure that case recording and chronologies on case files are timely and of consistent quality.	See action point 6				
16.	Review the arrangements for initial health assessments to ensure that they are carried out within 20 working days of a child or young person becoming looked after.	Designated Doctor for LAC to work with LAC nurse to establish mechanism in partnership with social care colleagues and community paediatricians to agree pathway.	Epsom and St. Helier University Hospitals NHS Trust – Community Paediatrics BO Partner SMCS (RMH)	Service Spec and KPIs for designated Doctor for LAC in place	Corporate Parenting Group (LBM) Corporate Parenting Group (LBM)	Designated doctor has had dialogue with Children's Social Care and will agree a pathway launch in September 2012. An audit process is in place to share monthly rather than annually.
17.	Ensure that looked after children and young people are provided with a comprehensive summary of their health history when they leave care.	Designated Nurse for LAC to work with health colleagues and leaving care team to introduce robust system for providing this information.	SMCS (RMH) AH	Service Spec - Designated Nurse LAC in place	Corporate Parenting Group (LBM)	Service Spec - Designated Nurse LAC in place

No.	Areas for improvement identified in the report	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	August 2012
18.	Ensure that a robust audit and review programme is in place for all initial health assessments, review health assessments and health plans, so as to promote improvement in their quality.	Designated Doctor and Nurse for LAC in Merton to work with Sutton colleagues to establish regular audit and peer review of initial health assessments	SMCS (RMH) AH Partner Epsom and St. Helier University Hospitals NHS Trust – Community Paediatrics BO	Service Spec - Designated Nurse LAC Audit in place currently within SMCS (RMH) will develop this further with Partners Completed by end of July 2012	Corporate Parenting Group (LBM)	Service Spec - Designated Nurse LAC Audit in place currently within SMCS (RMH) will develop this further with Partners Completed by end of July 2012

Appendix 10. Business Plan 2010-13. Progress report 2012/13

The Business Plan covers the period from 2010 to 2013 and is refreshed annually – usually in September.

This plan is written in the light of an Ofsted inspection of the Council and its partners in relation to safeguarding and looked after children. While the Ofsted report found practice to be good against all its criteria it has helped to focus attention on how to improve further. For this reason the MSCB Business Plan for 2012 onwards gives a high priority to further development of a performance framework that will enable the Board to satisfy itself that all partner organisations are meeting high standards and that front-line safeguarding practice is improving.

Services continue to experience change as they adapt to financial constraints and in some cases wholesale reorganisation. The MSCB will try to maintain the existing strengths of those partnerships though these changes.

Objectives	Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
			Who? (Workplans)	When?	
1. Governance & accountability					
1.1	<p>Membership kept under review to take account of:</p> <ul style="list-style-type: none"> • New Health Structures • Appointment of lay members • Attendance and engagement 	<p>Review completed</p> <p>Attendance at MSCB and subgroups</p>	<p>MSCB Business Management</p> <p>Policy & Practice Subgroup</p>	<p>Dec 2013</p>	<p>Green</p> <p>Membership enhanced.</p> <ul style="list-style-type: none"> • CCG represented at exec level • Lay Member appointed • Attendance and engagement good

Objectives	Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
			Who? (Workplans)	When?	
<p>1.2</p> <p>Ensure adoption and implementation of:</p> <ul style="list-style-type: none"> • New Working Together • Revised London Child Protection Procedures • Full engagement of VCS groups 	<p>New procedures in place</p>	<p>Changes implemented by all partners</p>	<p>DCS</p> <p>Partner executive leads</p>	<p>Sept 2013</p>	<p>Amber</p> <ul style="list-style-type: none"> • New WT13 published march 2013 – work progressing in 2013-14 • Revised London CPP expected late 2013 • Young Carers represented by Carers Support Merton, but more work needed for improved CVS representation
<p>1.3</p> <p>Ensure that providers in the changing health economy remain engaged with safeguarding policy and practice, including the new Merton Clinical Commissioning Group.</p> <p>Safeguarding children on agenda of Health & Wellbeing Board</p>	<p>Safeguarding children embedded in practice and governance in the new health economy.</p> <p>Safeguarding embedded in the work of the Health & Wellbeing Board</p>	<p>Partner executive leads engaged with the MSCB</p> <p>Safeguarding structures maintained in new arrangements.</p>	<p>DCS</p> <p>Partner executive leads</p>	<p>Sept 2013</p>	<p>Green</p> <ul style="list-style-type: none"> • CCG represented at exec level and health membership and engagement maintained. • Attendance and engagement good • DCS and Lead Member represent children's interest on the HWB

Objectives	Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
			Who? (Workplans)	When?	
2. Challenge & improvement					
<p>Develop a comprehensive Quality Assurance Framework and Programme for multi agency safeguarding activity including a robust dataset of performance indicators</p> <ul style="list-style-type: none"> • Performance management framework • Quality Assurance programme • Programme of multi agency case audits a year • Risk Assessment • Section 11 audits • Process to review outcomes for children one year after cessation of Child Protection Plans 	<p>Evidence that organisational standards are met by all partners and child protection practice is effective.</p> <p>Learning from audits and performance data is acted upon</p>	<p>Performance reports to QA subgroup and MSCB meetings on quarterly basis</p> <p>Action Plans delivered</p> <p>Risk assessment produced</p> <p>Section 11 Audits refreshed 2012</p> <p>CP Plans review report</p>	<p>Quality Assurance subgroup</p> <p>QA Manager</p> <p>LBM – Policy & Performance</p>	<p>Framework in place November 2012</p> <p>Progress reports January, March, September 2013</p>	<p>Green</p> <ul style="list-style-type: none"> • QA Framework presented to MSCB in March 2013. Work continues to develop a Learning and Development Framework in 2013-14. • Performance Framework further developed • Multi agency Case audits carried out • Section 11 process maintained • CP Plan Review in progress

Objectives	Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
			Who? (Workplans)	When?	
<p>2.2</p> <p>Ensure Early Help/Early Intervention and Prevention services are effective in safeguarding children</p> <ul style="list-style-type: none"> • EIP Strategy • MASH • Revision of Merton Wellbeing Model • Enhanced CAF • Develop Risk Management Framework for EIP Services 	<p>Reduction in number of children needing statutory intervention</p> <p>New Structures working effectively and improving outcomes for children</p>	<p>Data on children requiring CSC threshold services</p> <p>Evaluation of cases to assess where Early Help has improved outcomes</p>	<p>Policy & Practice Subgroup</p> <p>Quality Assurance Subgroup</p>	<p>September 2013</p>	<p>Green</p> <p>Membership enhanced.</p> <ul style="list-style-type: none"> • CCG represented at exec level • Lay Member appointed • Attendance and engagement good

Objectives	Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
			Who? (Workplans)	When?	
<p>Improve practice around response to domestic violence and its effects on children and young people:</p> <ul style="list-style-type: none"> Identify a strategic lead for multi agency DV activity Coordinate activity with Safer Merton and the DV Forum via the DV Action Plan DV practice guidance Support Pan-London activity Develop training with Safer Merton (see 3.1) 	<p>Reduced number of children on Child Protection Plans resulting from domestic violence.</p> <p>Greater awareness of the effects of DV on children by all providers and front line staff from all providers.</p>	<p>Practice guidance produced</p> <p>Continued Safer Merton representation at Board meetings</p> <p>DV Champions in place</p>	<p>Policy & Practice subgroup</p> <p>Safeguarding Service Manager</p>	<p>September 2013</p>	<p>Amber</p> <ul style="list-style-type: none"> More work needed to develop this role as part of addressing the trigger (toxic) trio Subgroups being reviewed in 2013-14 to improve focus

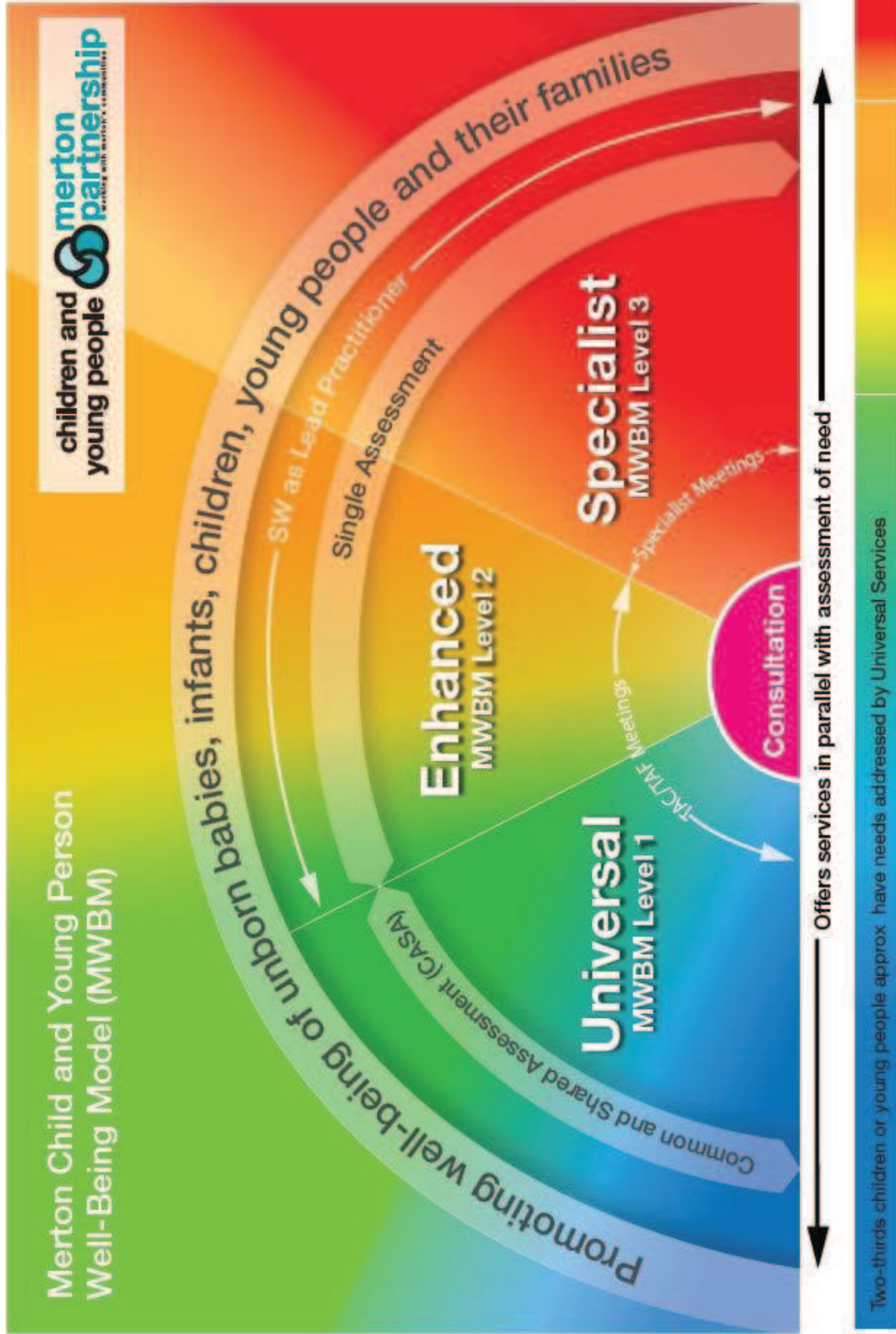
Objectives		Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
				Who? (Workplans)	When?	
2.4	Maintain and develop multi agency awareness of Private Fostering issues	Improved identification of children who are privately fostered and more effective response to any safeguarding concerns	Annual evaluation and report (statutory requirement)	Policy & Practice subgroup MSCB Business management Private Fostering Partnership Group	Ongoing	Green <ul style="list-style-type: none"> • Work of Private Fostering Group enhanced. • Annual report presented to MSCB in November 2012 • Online survey carried with schools other agencies April 2012
	<ul style="list-style-type: none"> • Private Fostering working group • Engage and raise awareness of schools and other partner agencies 					
2.5	Maintain focus on addressing Child Sexual Exploitation:	Reduce levels of CSE and improve outcomes for vulnerable young people, including young runaways	Production of multi agency protocol and delivery of action plan	Promote & Protect Young People Group Children's Social Care	Protocol and action plan in place by April 2013. Achieved	Green <ul style="list-style-type: none"> • Work of PPYP Strategic group developed alongside case work of the PPYP Operational Group • Child Sexual Exploitation Strategy developed • Commissioning of intensive interventions from Barnardos
	<ul style="list-style-type: none"> • Develop the strategic and operational monitoring role of the Promote & Protect Young People Group • Develop preventative work with young people in schools and other settings 					

Objectives	Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
			Who? (Workplans)	When?	
3. Workforce development / Training					
Develop and improve the effectiveness of the MSCB multi-agency training offer: <ul style="list-style-type: none"> • MSCB training programme produced • Produce evaluation of learning achieved • Improve take-up of e-learning • Coordinate training offer with other providers including domestic violence 	Improved safeguarding practice through training and learning	Delivery and continuing quality evaluation of the MSCB training programme Annual Report	Training subgroup MSCB Trainer	January 2013. Achieved for 2013/14	Green <ul style="list-style-type: none"> • Training Programme delivered effectively and very well evaluated • Evaluation programme in progress • E-learning take-up improved • DV training coordinated with Safer Merton
4. Engagement: communication & consultation					

Objectives		Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
				Who? (Workplans)	When?	
4.1	<p>Improve young people's participation in safeguarding activity</p> <ul style="list-style-type: none"> Develop role of Communications subgroup as Communications and Participation subgroup. 	<p>Greater awareness of safeguarding by practitioners and young people.</p>	<p>Evaluation report on activity</p> <p>Activity of C&P Subgroup</p>	<p>Chair C&P Subgroup</p> <p>Youth Participation Team</p>	<p>September 2013</p>	<p>Amber</p> <ul style="list-style-type: none"> Role of Communications Subgroup developed to include participation Strategies and processes being evaluated Significant progress expected in 2013-14
	<p>Refresh MSCB communications:</p> <ul style="list-style-type: none"> Review of communications strategy to improve effectiveness 	<p>Raised profile for the MSCB with partners and agencies.</p> <p>Improved public awareness and communication of MSCB activity</p>	<p>Communications strategy refreshed.</p>	<p>Communications & Participation subgroup</p> <p>MSCB Business Management</p>	<p>September 2013</p>	<p>Amber</p> <ul style="list-style-type: none"> Strategy in preparation

Objectives	Outcomes	Performance Measurement / Metrics	Resources		Progress 2012-13 R/A/G
			Who? (Workplans)	When?	
<p>Improve engagement with culture and faith groups in Merton by raising awareness of child protection within minority, particularly newly arrived, communities, and better understanding of those communities by public and other agencies.</p> <ul style="list-style-type: none"> Coordinating Culture and Faith safeguarding projects, e.g. parenting practices Culture and Faith focus group activity Work with supplementary schools 	<p>Greater awareness of child protection and safeguarding by communities</p> <p>Reduction in any disproportionality in children and families accessing statutory services</p>	<p>Evaluation of engagement</p> <p>Focus group activity</p> <p>Data on children requiring CSC threshold services</p>	<p>Policy & Practice Subgroup</p> <p>MSCB Business Management</p>	<p>December 2013</p>	<p>Amber</p> <ul style="list-style-type: none"> More work needed to develop this role and coordinate areas of good practice Subgroups being reviewed in 2013-14 to improve focus Workshop with Supplementary Schools held September 2012. Work to develop this planned for 2013.

Appendix 11. New Merton Child Wellbeing Model 2013



Appendix 12. Work of the subgroup and working groups of the MSCB 2011/12

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

There are four subgroups:

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

And the Promote & Protect Young People Group

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

Private Fostering

The Serious Incidents Subgroup - meets when consideration of a serious case is required.

Workplans are drawn up for each subgroup and progress on tasks reported to each meeting. Each action is also related to the overall MSCB Business Plan objectives to create a line of performance accountability through the MSCB structures.

Quality Assurance Subgroup - Workplan report 2012-13

Membership includes:

- Service Manager, CAMHS
- Senior Manager Adult Mental Health
- Education representative
- Service Manager for Safeguarding Partnerships, LBM
- Police Child Abuse Investigation Team
- A&A Team Manager, LBM
- Quality Assurance Audit Officer, Children's Safeguards, LBM
- Manager Educational Psychology Service/PEP, LBM
- Safeguards Team Manager, LBM
- Designated professional for Child Protection, NHS Sutton & Merton
- LSCB Business Manager and Administrator (Note taker)
- Asst. Chief Officer, London Probation
- Voluntary & Community Sector representative

Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
1. Refresh Section 11 Audits	Improved QA of multi-agency activity	Chair QA Subgroup	March 2012	<ul style="list-style-type: none"> • 2.1 Develop a comprehensive Quality Assurance Framework and Programme for multi agency safeguarding activity 	<p style="text-align: center;">Amber</p> <p>Section 11 audits now complete with exception of Housing Needs. Software being investigated for refresh in 2013. Webpage under construction</p>

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
2.	Conduct multi-agency audits of significant cases – a minimum of three per quarter	Improved QA of multi-agency activity	Chair QA Subgroup	Ongoing	2.1 Develop a comprehensive Quality Assurance Framework and Programme for multi agency safeguarding activity	Green QA Manager recruited. JD audit beginning April 13 Multi Agency Audit Action Plan updated
3.	Develop a multi agency quality assurance and accountability framework for Merton	Improved multi-agency accountability to the MSCB	Chair QA Subgroup	March 2013	2.1 Develop a comprehensive Quality Assurance Framework and Programme for multi agency safeguarding activity	Green Proposals agreed MSCB March 13 Full Framework operational April 2013 led by QA manager Review scheduled for Nov 13
4.	Develop a multi agency performance management framework	Improved performance management and benchmarking	Chair QA Subgroup	Ongoing	2.1 Develop a comprehensive Quality Assurance Framework and Programme for multi agency safeguarding activity	Green Exec meetings being held with sectors from early 2013 to progress. Reporting schedule and improved commentary to be progressed through QA subgroup meetings.

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
5.	Maintain oversight of serious incidents, individual management reviews, lessons learned reviews etc.	Monitoring framework produced	Chair QA Subgroup	Ongoing	2. Challenge and Improvement	<p>Green</p> <p>Process agreed at MSCB 17 March 2011. IMRs, AW, Oka discussed TS to be reported April 13 - Action Plan to be key task</p>

Policy & Practice Subgroup - Workplan report 2012-13

Membership includes:

- Service Manager, Safeguarding Partnerships, (LBM) Chair
- Named Nurse/CP, SW London & St George's MH Trust
- Designated Nurse for Child Protection, NHS Sutton & Merton
- Consultant Community Paediatrician and Designated Doctor, NHS Sutton & Merton
- NHS Provider Services
- Education service rep (LBM)
- Early Years Service representative (LBM)
- Fostering Team Manager (LBM)
- CAIT Team Metropolitan Police
- Principal Youth Officer, LBM
- Manager, Vulnerable Children Team (LBM)
- LSCB Multi Agency Trainer (LBM)
- London Ambulance Service
- CAMHS
- Voluntary & Community Sector representative
- Probation Service
- Educational Psychology

Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
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	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
1.	Reviewing membership and accountabilities	Membership review	Chair P & P MSCB Business Management	Ongoing	1.1 Membership kept under review to take account of: <ul style="list-style-type: none"> • New Health Structures • Appointment of lay members • Attendance and engagement 	Green Review of membership by Chair and MSCB Business Management ongoing
2.	Ensure attendance and participation in Board and sub-groups is stable and active.	% attendance by key partners at sub-groups	Chair P & P MSCB Business Management	Ongoing	1.1 Membership kept under review to take account of: <ul style="list-style-type: none"> • New Health Structures • Appointment of lay members • Attendance and engagement 	Amber Greater commitment to be sought.

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
3.	Implement recommendations arising from Munro review of social work, including an action plan as appropriate	Effective and appropriate response to national changes	Chair P & P MSCB Business Management CSC	Reporting when new Working Together available	1.2 Ensure adoption and implementation of: <ul style="list-style-type: none"> • New Working Together Revised London Child Protection Procedures • Full engagement of VCS groups 	Amber Social Care have a Munro Implementation Group, linking the work with the review of CareFirst, the MASH etc. WT13 published in March 2013. MSCVB to consider at awayday 22 May.

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
4.	Monitor e-safety strategy	Improved online safety Strategy and action plan published and group established to monitor and deliver	Chair P & P MSCB Business Management	Ongoing from September 2012	2. Challenge and Improvement	Green E-safety strategy published 7 th Feb for Safer Internet Day. E-safety group set up to jointly with Anti Bullying Sept 2012. Anti bullying online survey developed Dec 2012

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
5.	Monitor progress of the Merton element of the Pan-London Faith & Culture Project	<p>Policy and practice reflects the diversity of the community, and responds appropriately.</p> <p>Regular reports to the P & P group</p>	<p>Chair P & P</p> <p>MSCB Business Management</p>	<p>Annual report to MSCB</p>	<p>4.3 Improve engagement with culture and faith groups in Merton</p>	<p>Amber</p> <p>Project re-scoped – working group met July. Workstreams:</p> <ul style="list-style-type: none"> • Supplementary schools begun August 2012. Event schedule 27 Nov. • Focus groups with families • Young people’s project mainstreamed through Youth Participation Team • Work with families and CYP subject to CP Plans • Black African chastisement / parenting engagement project

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
6.	<p>Monitor progress of the Promote and Protect Young People Group (formerly the Young Runaways and Child Sexual Exploitation working group).</p>	<p>Improve multi agency response Regular reports and annual evaluation of progress</p>	<p>Chair P & P MSCB Business Management Chair YR & CSE group</p>	<p>Six monthly reports to the P & P group and annual evaluation in the MSCB Annual Report</p>	<p>2. Challenge and Improvement</p>	<p>Green Meeting supported. Merger with Healthy Relationships Children's Trust Partnership Achieved. Group renamed. 23.6.11. Operation meeting split from strategic, meeting monthly, strategic meeting now quarterly. Refresh of Young Runaways protocol beginning. Work on CSE policy commissioned. CSE Strategy produced March 2013.</p>
7.	<p>Ensure the effect of domestic abuse on children and young people is a key priority for all agencies</p>	<p>Improve multi agency response Regular reports and annual evaluation of progress</p>	<p>Chair P & P Domestic Violence Forum Safer Merton</p>	<p>Six monthly reports to the P & P group and annual evaluation in the MSCB Annual Report</p>	<p>2.3 Improve practice around response to domestic violence and its effects on children and young people</p>	<p>Amber Proposals for DV practice guidance and DV champions being progressed and agreed by the DV Forum Dec 12.</p>

	Actions	Outcomes / Performance Measures / Metrics	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
8.	Monitor progress of the Private Fostering working group	<p>Improve multi agency response</p> <p>Regular reports and annual evaluation of progress</p>	<p>Chair P & P</p> <p>MSCB Business Management</p> <p>Chair PF group</p>	Six monthly reports to the P & P group and annual evaluation in the MSCB Annual Report	2.4 Maintain and develop multi agency awareness of private fostering issues.	<p>Green</p> <p>Publicity for Private Fostering Week 20-24 February supported and funded by the MSCB.</p> <p>Audit set up electronically to sent out in April 2012. To be resent early 2013</p> <p>Annual report 2011/12 accepted by DCS and MSCB Chair.</p> <p>Statement updated April 2013. Preparation for future inspections in progress.</p>
9.	Monitor and receive regular reports on the development and implementation of the Early Intervention and Prevention Strategy in terms of multi-agency policy and practice.	Regular reports provided to the P & P group for information	<p>MSCB Business Management</p> <p>LBM</p> <p>Commissioning Manager</p>	December 2012	2.2 Ensure Early Help/Early Intervention and Prevention services are effective in safeguarding children	<p>Green</p> <p>Report received April 2012.</p> <p>Report received 15 October 2012.</p> <p>Report due June 2013</p>

Training Subgroup - Workplan report 2012-13

Membership includes:

- Associate Director of Social Work, SWLSTG Mental Health Trust
- Common Assessment Framework (CAF) Manager, LBM
- Named Nurse for Child Protection, SWL, & STG Mental Health Trust
- Named Nurse, Epsom & St Helier Trust
- Team Manager, Vulnerable Children's Team, LBM
- MSCB Multi-Agency Trainer, LBM
- Workforce Development Officer, LBM
- Named Nurse, NHS Sutton & Merton
- St Helier Ambulance Service
- Early Years & Childcare Training Co-ordinator
- London Probation
- Metropolitan Police
- Voluntary & Community Sector Providers
- School Improvement Adviser, Prof. Development

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

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
1.	To oversee the development and endorse a multi-agency annual training programme as produced by the MSCB Multi-Agency Trainer	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	April 2011 – March 2012	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	Green Training programme for 2013/14 published March 2013. Draft programme 2013/14 now in operation
2.	To improve the range and take-up of e-learning opportunities for partners	Take-up of e-learning courses	Training Subgroup Chair MSCB Multi-Agency Trainer	April 2011 – March 2012	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	Amber Licence with the e-learning Academy now renewed for six months. E-learning uptake to be addressed.

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
3.	Enhance partner cooperation and joint working on training initiatives to include the development and maintenance of the multi-agency training pool	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	April 2012 March 2013	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	<p>Green</p> <p>Further development work and expansion required with contributions from various partner agencies.</p> <p>Up to date manual produced Sept 12. Good examples of co-training happening.</p> <p>Joint training with Safer Merton on Domestic Violence for 2013/14</p>
4.	To develop mechanisms to evaluate the learning achieved with MSCB training courses	Training providers and managers have a better understanding of the effectiveness of courses and programmes.	Training Subgroup Chair MSCB Multi-Agency Trainer	March 2013	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	<p>Green</p> <p>An NSPCC impact evaluation on sample cases is being carried out</p> <p>Evaluation programme being introduced fro 2013/14.</p>

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
5.	To develop themes for and oversee management of an annual MSCB conference	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	Development work March to Conference in January 2013	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	<p>Green</p> <p>Conference held 24 January 2013 – theme: helping families to stay strong and safe. Very successful.</p> <p>Planning underway for 2013/14</p>
6.	To promote and facilitate joint working and training events with other LSCBs and agencies	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc. Streamlined efficient use of resources	Training Subgroup Chair Training Subgroup MSCB Multi-Agency Trainer	Ongoing	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	<p>Amber</p> <p>Good contacts with neighbouring authorities and throughout London are being maintained including joint operation where practical.</p> <ul style="list-style-type: none"> • London Training Group • MASH guidance training <p>Consistency with neighbours is a challenge.</p>

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
7.	To take part in pan-London LSCB training meetings and initiatives as required	All staff working with children are appropriately equipped at differing levels of expertise in safeguarding and promoting welfare, use of CAF etc.	Training Subgroup Chair MSCB Multi-Agency Trainer	Ongoing	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	Green Very good contacts maintained with colleagues across London and nationally.
8.	To update the 2008 MSCB Training Strategy	Training Strategy updated and published	Training Subgroup Chair MSCB Multi-Agency Trainer	June 2012	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	Amber Preliminary work began in early 2012, but is on hold until the new Working Together is ready. Now being progressed
9.	Establish linkage with agencies' workforce development programmes	Effective and consistent training, avoiding duplication	MSCB Training Manager LBM Learning & Development Manager LBM Safer Merton Training Managers	Ongoing	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	Amber Awaiting Children's Social Care restructure.

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
10	Develop MASH training as service rolls out	Ensure effective use and operation of MASH.	MSCB Training Manager MASH project manager	September 2013 and ongoing	3.1 Develop and improve the effectiveness of the MSCB multi-agency training offer	Amber Service live April 2013. Training to be progressed

Communications & Public Information Subgroup - Workplan report 2012-13

Membership includes:

- Health service representatives
- Voluntary & Community Sector Providers
- LB Merton Communications section
- LB Merton Children's Services
- LBM Children's Social Care
- LBM Youth Participation Team

Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
1. Develop new terms of reference and participation role for the subgroup		Chair Comms & Participation MSCB Business Support	November 2012	4.2 Refresh MSCB communications	Green Draft ToR agreed by MSCB 11 Sept Agreed 25 Sept 12

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
2.	Membership and effectiveness of the Comms & Participation subgroup	Improved links and mechanisms required to ensure effective dissemination of information from MSCB to inform operational practice.	Chair Comms & Participation MSCB Business Support	July 2013	4.2 Refresh MSCB communications	Amber To be reviewed
3.	Child Safety Week / Safer Neighbourhoods Week	Successful promotion of MSCB objectives	MSCB Business Support	2013	4.2 Refresh MSCB communications	Amber Issues with coordination of activity. Other agencies to be involved in 2013, e.g. Libraries/Children's Centres
4.	Safer Parenting Leaflet – refresh. Explore potential for advertising funded version	Successful promotion of safer parenting techniques and information	MSCB Business Support	July 2012	4.2 Refresh MSCB communications	Amber Options to be identified by MSCB Business Management and LBM Comms Team

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
5.	<i>young merton together</i> e-magazine – copy available	Effective safeguarding content in each issue	MSCB Business Support	Bi-monthly	4.2 Refresh MSCB communications	Green Ongoing
6.	Improve communications to BME, culture and faith communities, including through the Pan-London Faith & Culture Project: <ul style="list-style-type: none"> • Child protection in the UK • Available services • Parenting practice 	Effective promotion of safeguarding objectives to BME communities	MSCB Business Support	Ongoing	4.2 Refresh MSCB communications 4.3 Improve engagement with culture and faith groups in Merton	Green Work begun in March 2011 and continuing. To include home safety as part of child safety week 2013.
7.	Contribute to MSCB annual report	Input made to the annual report	Chair Comms & Participation MSCB Business Support	Annually, September	4.2 Refresh MSCB communications	Green Achieved for Annual report 2011/12

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	MSCB Business Plan Objective	Progress R/A/G
8.	To develop young people's participation in the decision making and business of the MSCB, including developing training programmes for young people to increase their awareness and understanding of safeguarding and child protection.	Children and young people are better informed and able to participate in the decisions making of the MSCB and their own safeguarding	Chair Comms & Participation Youth Participation Team MSCB Business Support	July 2013	4.1 Improve young people's participation in safeguarding activity	Amber Discussed at MSCB meeting 12.3.13. For discussion at Awayday 22 May 13
9.	Improve promotion, publicity and use of the Family Services Directory.	Better understanding and awareness of the FSD resources by frontline staff and practitioners	Chair Comms & Participation Early Years	Six monthly	4.1 Refresh MSCB communications	Amber

Promote & Protect Young People Strategic Group (PPYP) - Workplan report 2012-13

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.

Representatives include:

- Jigsaw 4U
- Metropolitan Police - Missing Persons Office and PPD
- Clinical Lead Merton School Nursing NHS Sutton & Merton
- MASH Team
- LAC Designated Nurse
- 16+ LAC Team
- Independent Reviewing Officer
- Teenage Pregnancy Coordinator
- Vulnerable Children's Team Manager
- Education Welfare Service Manager
- Insight Centre & Youth Service Key Work Manager
- Metropolitan Police – Borough Command
- Youth Justice Team Manager
- Women's Health NHS Sutton & Merton
- Ebony Care
- Youth Justice
- Virtual Behaviour Service
- Youth Service
- Barnardo's Child Sexual Exploitation Project

CSE Action Plan 2013-2014

1 CSE Promotion Strategy				
Action	Lead Officer/Agency	Timescale	RAG	Comments
1.1 Raise awareness of CSE, training, briefings, definitions to partner agencies	CSC	Sept'2013		
1.2 Map prevalence and hot spots including victim, locations and perpetrators	(Police) Missing persons officer; CSE lead (Barnardos); Missing lead (Jigsaw4u)	Dec'2013		
2 CSE Prevention Strategy				

Action	Lead Officer/Agency	Timescale	RAG	Comments
2.1 Consult with young people on CSE issues to inform service delivery and development including consultation with local communities	(Barnardos) (Jigsaw4u)	June'2013		
2.2 Deliver awareness raising programme across young peoples settings, eg schools, youth clubs, street based activities include guidance on case of risk assessment tool	(VBS) (PRU)	Sept'2013		
3 CSE Protection Strategy				
Action	Lead Officer/Agency	Timescale	RAG	Comments
3.1 Integrate work to prevent gang and group offending with victim support and recovery	(CSC) (Police) (YOT)	April'2013		
3.2 Skill workforce to support information sharing and increase potential for prosecution and criminal justice support for victims	(Barnardos) (Police)	July'2013		
3.3 Utilise longitudinal work with victims to inform effective recovery approaches and family support	University research group (CSC)	April'2013		
4 CSE Governance				
Action	Lead Officer/Agency	Timescale	RAG	Comments
4.1 Review and evaluate promotion, prevention and protection services	Strategic leads for CSE across agencies	Sept'2013 and March'2014		
4.2 Quality assure effectiveness of risk management safety planning and harm minimisation for victims	QA Manager (CSC)	Dec'2013		

Private Fostering Work group – Workplan report 2012-13

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	Progress R/A/G
<p>MSCB Business Plan Objective: 2.6 Improve multi agency response to safeguarding aspect of private fostering</p>					
1.	<p>Oversight of private fostering performance data for the MSCB. Design detailed performance data matrix</p> <p>Design PI for visits and ethnicity monitoring from CareFirst</p>	<p>PF1 Form annual return to DfE.</p> <p>Develop PI as appropriate for MSCB</p>	<p>Sheila Cate/ Sadi Atim</p>	<p>June 2013</p>	<p>Amber</p> <p>PF1 2012/13 in production – due DfE end May 2013</p> <p>Progress on Ethnicity PIs through CareFirst.</p>
2.	<p>Publicity and marketing for private fostering</p>	<p>Publicity material reviewed and refreshed every two years</p>	<p>Sadi Atim</p>	<p>Next Review March 2013</p>	<p>Green</p> <p>Publicity refreshed March 2011</p> <p>To be reviewed, and funding from MSCB explored.</p>

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	Progress R/A/G
MSCB Business Plan Objective: 2.6 Improve multi agency response to safeguarding aspect of private fostering					
3.	Promote Private Fostering week February each year	PF week promoted	Sadi Atim	February 2013	Green Achieved. 2013
4.	Audit of all relevant agencies response and awareness of private fostering	Audit produced and lessons learned added to workplan	Simon Deakin	End March 2013	Amber Survey Monkey online audit repeated 2 May 2013. Deadline for responses end May. Actions to be identified.
5.	Resources to be allocated to private fostering development work including marketing.	Budget allocation agreed and in place	Sheila Caie	April 2013	Amber Resources allocation to be clarified with MSCB Budget holder
6.	Produce annual report as per statutory requirements	Report agreed by MSCB and published	Sheila Caie/ Simon Deakin	November MSCB meeting	Green Annual report 2011/12 agreed by MSCB November 2012

	Actions	Outcomes / Performance Measures	Who? Responsibilities	When? Milestones / Deadlines	Progress R/A/G
MSCB Business Plan Objective: 2.6 Improve multi agency response to safeguarding aspect of private fostering					
7.	Multi agency audit	Audits of children and carers complete	Sadi Atim/ Judith Ikeje	April 2013	Amber Audits will be aligned with the new QA Framework Learning to be passed on to QA Manager
8.	Ensure the input of the views and participation of children and young people	Under 11s and over 11s feedback form developed for annual survey	Sadi Atim/Judith Ikeje	End May 2013	Amber Work required to incorporate this more effectively into service development
9.	Update statement of purpose, policies and procedures to include the Family & Friends Policy	Policies updated and published on Intranet/Internet	Sadi Atim	Sept 12	Green Complete
10.	Design tracker for checks including medical and health updates for carers		Sadi Atim/ Judith Ikeje	May 13	Green Complete March 2013 Information from CareFirst

Appendix 13 Multi Agency Training Performance 2012-13

Courses

Code	Course Title
APRIL 2012	
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
C18	Safeguarding Young People from Gang Activity and/or Serious Youth Violence
MAY 2012	
H3	Early Identification of Children/Young People at Risk of Substance Misuse and Teenage Pregnancy
C4	Domestic Abuse and its Effects on Children
C 1a	Child Protection Refresher
C 8	Safeguarding Children Involved in Inappropriate Sexualized Behaviour
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
H4	Drug awareness and Young People

Code	Course Title
C 9	Working with Men
C12	Emotional Abuse and Neglect: The Protection of Vulnerable Children
JUNE 2012	
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
H1	Female Genital Mutilation
July 2012	
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
C20	Child Trafficking
C16	The Impact of Parental Substance Misuse on Children and Young People
H2	Childhood Obesity: Brief Intervention Training
C13	Engaging Difficult, Dangerous or Evasive Families
C3	Protecting Children at Risk of Physical and Sexual Abuse
SEPTEMBER 2012	

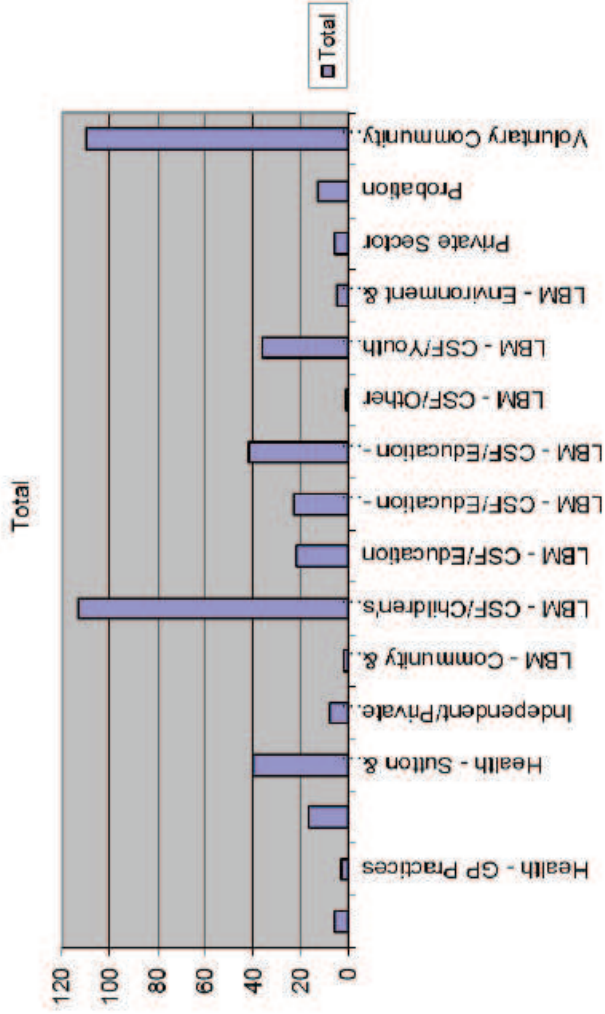
Code	Course Title
M1	Child Protection Refresher for Managers
H3	Early Identification of Children/Young People at Risk of Substance Misuse and Teenage Pregnancy
C2	Assessment Skills: Working in Partnership with the Family & Professionals
C15	Working Together: Good Practice in Equality and Diversity
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
C18	Safeguarding Young People from Gang Activity and/or Serious Youth Violence
M3	Managing Allegations Against Staff
C1a	Child Protection Refresher
H4	Drug Awareness and Young People
C5	The Child Protection Conference and the Core Group Meeting
OCTOBER 2012	
C6	Hidden Sentence
C10	The Impact of Parental Mental Illness on Children and Young People

Code	Course Title
C4	Domestic Abuse and its Effects on Children
M2	Supervising Staff who Assess and Manage Risk
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
C17	The Resilient Child
C17	The Resilient Child
NOVEMBER 2012	
C 12	Emotional Abuse and Neglect: the protection of vulnerable children
C19	Early Intervention: Assessing and Supporting Families Via Joint Working
C 1	Introduction to Child Protection: Think Child, Think Parent, Think Family
C 14	The impact of Parental Learning Disability on Children and Young People
C16	The impact of Parental substance misuse on Children and Young People
DECEMBER 2012	
H2	Childhood Obesity: Brief Intervention Training


Code	Course Title
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
H4	Drug awareness and Young People
C7	Deliberate self-harm by children and young people
H3	Early Identification of Children/Young People at Risk of Substance Misuse and Teenage Pregnancy
JANUARY 2013	
C 1a	Child Protection Refresher
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
C8	Safeguarding Children Involved in Inappropriate Sexualized Behaviour
C2	Assessment: Working in Partnership with Families and Professionals
C15	Working Together: Good Practice in Equality and Diversity
FEBRUARY 2013	
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
H 1	Female Genital Mutilation

Code	Course Title
C 17	The Resilient Child
M 1	Child Protection Refresher for Managers
C 13	Engaging Difficult, Dangerous or Evasive Families
C 4	Domestic Abuse and its Effects on Children
C 3	Protecting Children at Risk of Physical and Sexual Abuse
C10	The Impact of Parental Mental Illness on Children and Young People
C 5	The Child Protection Conference and the Core Group Meeting
MARCH 2013	
M2	Supervising Staff who Assess and Manage Risk
C1	Introduction to Child Protection: Think Child, Think Parent, Think Family
C11	Protecting Children with Disabilities
C 9	Working with Men
C19	Early Intervention: Assessing and Supporting Families Via Joint Working

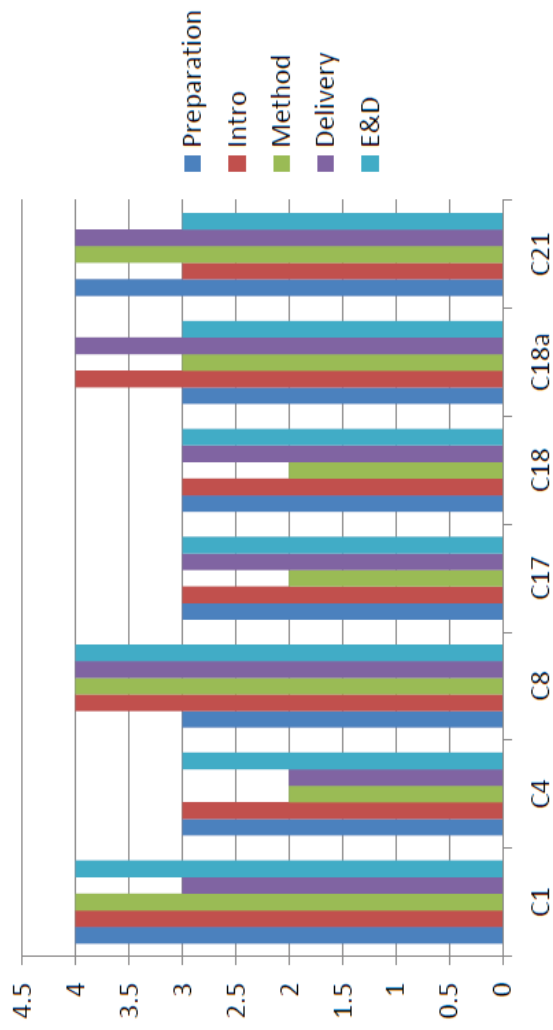
Attendance



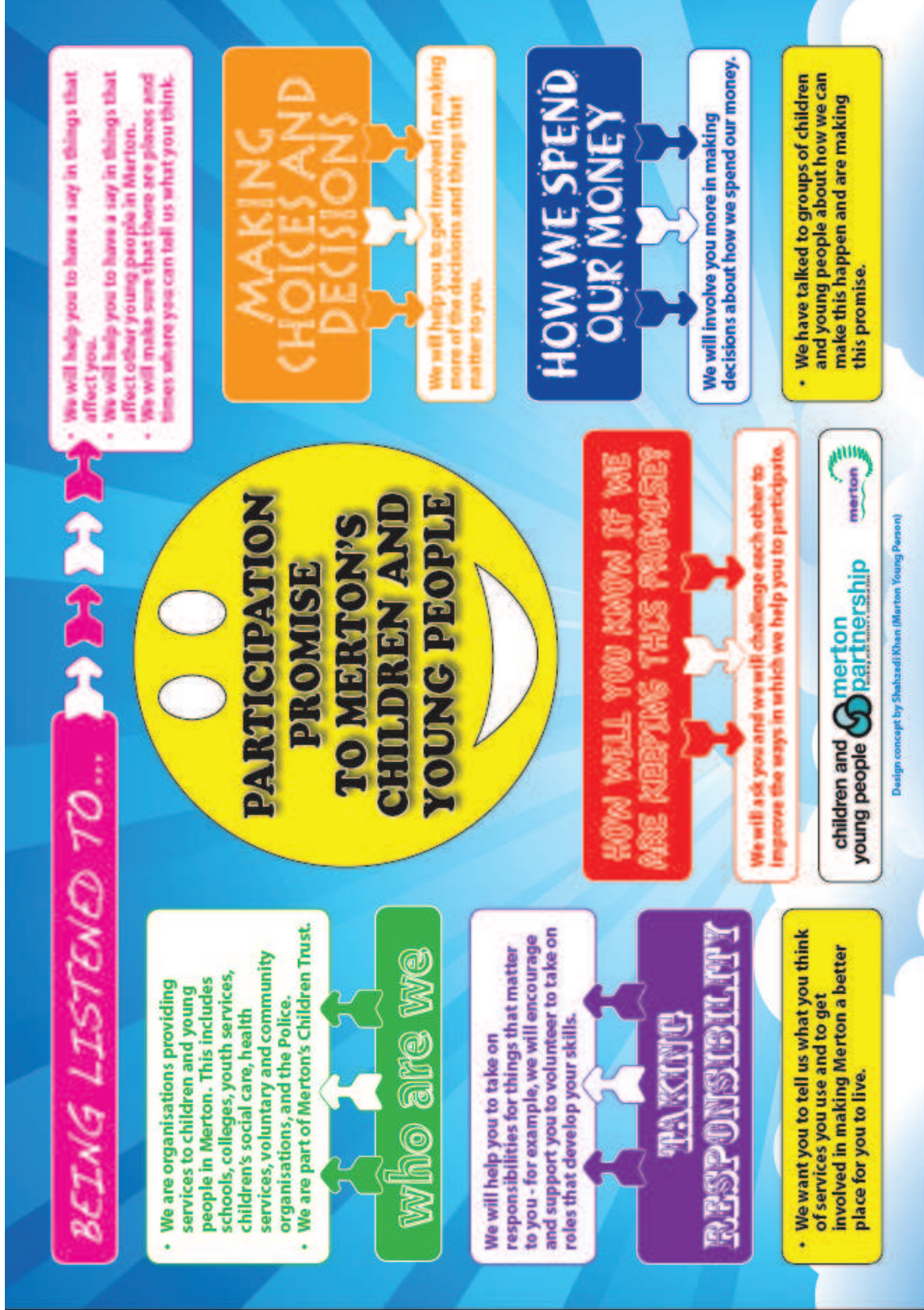
Attendance per Agency

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
 Number of Planned of training events	2	8	2	6	0	11	6	7	5	6	11	5
Number of Actual of training events	2	7	3	5	0	9	6	6	5	5	9	2
Target number of attendees	40	140	40	100	0	180	120	120	100	200	220	100
Actual number of attendees	34	103	49	72	0	125	83	76	48	76	123	40

QA of sample LSCB training courses 2012-13



Appendix 14. Participation Promise



Appendix 15. Child Deaths – Work of the Child Death Overview Panel (CDOP)

**London Boroughs of Sutton and Merton
Local Safeguarding Children Boards (LSCBs)**

Joint Child Death Overview Panel (CDOP)

**Annual Report Executive Summary
April 2012 – March 2013**

1 Introduction

This is the executive summary of the fifth annual report of the Joint Sutton and Merton CDOP.

LSCBs have a statutory responsibility for reviewing information on all child deaths in their areas. They do this through their CDOPs. Sutton and Merton CDOP aims to improve the understanding of how and why children resident in Sutton and Merton die, using the findings to take action to prevent future child deaths and more generally to improve the health and safety of the children in the area.

Sutton and Merton CDOP is made up of a Panel of multi-agency professionals, including paediatricians, social care representatives and representatives from the Met Police.

The Principles of the Sutton and Merton CDOP are as follows:

- Each unexpected death of a child is a tragedy and subsequent enquiries/investigations should keep an appropriate balance between forensic and medical requirements and the family's need for support

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Children with a known disability or a medical condition should be responded to in the same manner as other children

A minority of unexpected deaths are as a consequence of abuse or neglect, or are found to have abuse or neglect as an associated factor. Some deaths may be linked to environmental and public health factors. In all cases, enquiries should seek to understand the reasons for the child's death, address the possible needs of other children in the household, the needs of all family members, and also consider any lessons to be learnt about how best to safeguard and promote children's welfare in the future

- Families should be treated with sensitivity, discretion and respect at all times, and professionals should approach their enquiries with an open mind

2. Overview of the Sutton and Merton CDOP operation

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).

1 Merton death was passed to Wandsworth as the family were resident there. 3 Sutton deaths happened at the Sutton site of the Royal Marsden Cancer Hospital, but were of children who resided out of borough.

At the time of writing this report there were more reported deaths in Merton than in Sutton. However, the 2013 Child and Maternity Health profile³ (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 average⁴.

Sutton⁵ 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.

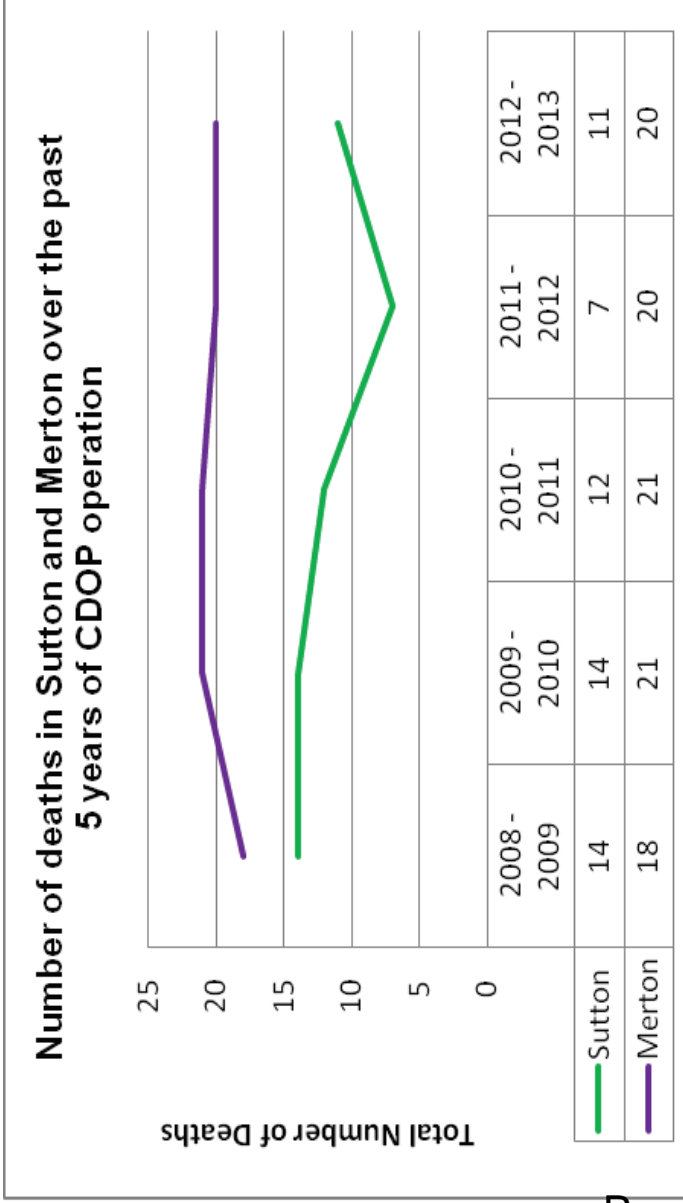
Fig. 1 shows the number of child deaths over the past five years of CDOP operation.

Fig. 1

³ Child and Maternal Health Intelligence Network Child Health Profile Merton March 2013
<http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101634>

⁴ Averages: IMR: 4.4; CMPR: 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>

⁵ Child and Maternity Health Intelligence Network Child Health Profile Sutton March 2013
<http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101634>



2.1 Amount of CDOP meetings and number of cases reviewed

The Sutton and Merton CDOP met 4 times in the 2012 – 2013 year to review child deaths. This is the average amount of times the CDOP has met over its five year operational period.

The CDOP reviewed 24 cases over 2012 – 2013 (8 for Sutton, 18 for Merton). There are 28 cases still awaiting review (7 for Sutton, 16 for Merton).

Cases remain awaiting review for a number of reasons. For example, cases cannot be reviewed at CDOP until all other investigations are completed, such as inquests, criminal proceedings, Serious Case Reviews (SCRs) or Individual Management Reviews (IMRs). Cases also cannot be reviewed until all professionals have responded to requests for information, which can take some time. It is hoped all cases awaiting review will be completed in the year 2013 – 2014.

The CDOP has not instigated any campaigns to improve health and safety or to reduce child deaths in the area during 2012 – 2013. However, the CDOP is looking at ways to reduce Sudden and Unexpected Death in Infancy (SUDI) within the 2013 – 2014 year, due to

having a small pattern of SUDIs since April 2012 (5 in total) with 2 relating to co-sleeping. The CDOP recognises that it is very important that the safe sleeping and co-sleeping Public Health messages are reviewed and reinforced so that SUDI deaths are prevented where possible.

There have been no other patterns of deaths over the year 2012 – 2013.

The Panel have made 6 recommendations relating to child deaths, which were made to improve practices, to ensure parents were informed of information they required, and to improve outcomes for children and families in the future. Please see Paragraph 2.5 regarding the recommendations made in 2012 – 2013.

CDOPs must assign a category to each death they review. These categories are decided by the Department of Education and are used by every CDOP in the United Kingdom. In the year 2012 – 2013, the highest number of child deaths in Merton (38%) was attributed at Panel to category 6 – Chronic Medical Condition. The highest number of child deaths in Sutton (63%) was attributed at Panel to category 7 - Chromosomal, Genetic and Congenital Anomalies.

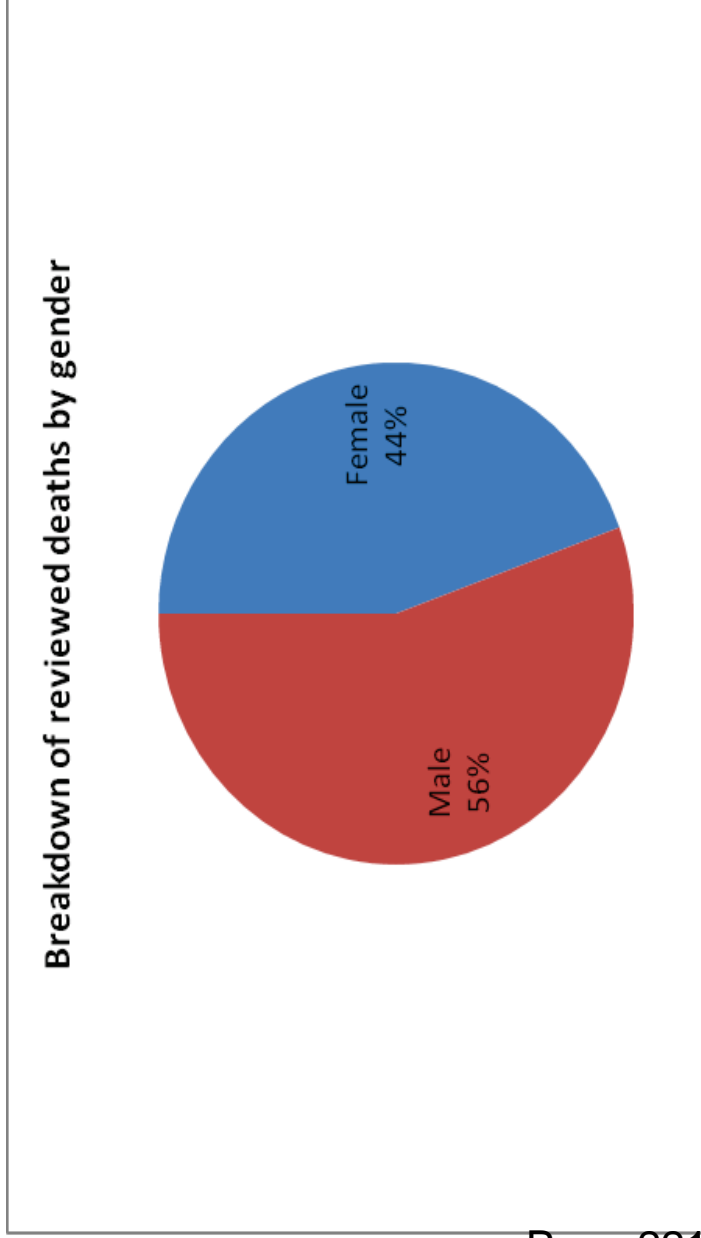
2.2 “Modifiable Factors Identified” or “No Modifiable Factors”

When reviewing a child death, the Panel is asked to decide if, from the information available, the death had “modifiable factors identified”, or had “no modifiable factors”.

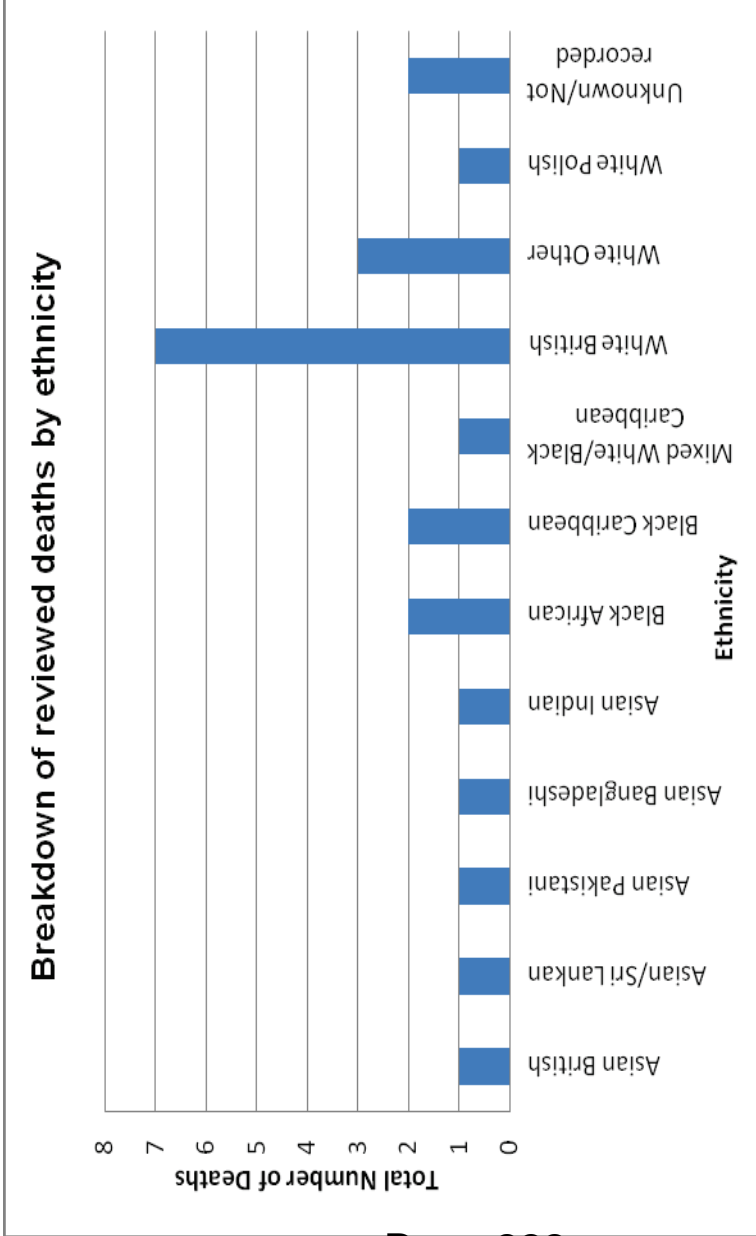
Sutton had 1 death and Merton 2 deaths which were classified as having “modifiable factors identified”. Recommendations were made in 1 of these cases. Please see Paragraph 2.5 for details of recommendations made.

Sutton had 10 cases which were classified as having “no modifiable factors”. Merton had 14 cases which were classified as having “no modifiable factors”. Recommendations were made in 5 of these cases. Please see Paragraph 2.5 for details of recommendations made.

2.3 Breakdown of reviewed deaths by gender



2.4 Breakdown of reviewed deaths by ethnicity



2.5 Improving outcomes and influencing local policy through recommendations

Following reviewed deaths, the CDOP makes, implements and monitors recommendations to change, improve or influence local policy and procedure in order to improve the experiences of families and children in the future.

Recommendations made by the CDOP in 2012 – 2013 include:

- Writing to Health Visiting and School Nursing service heads to ensure the information sent by these agencies for Panel meetings is full, robust and covers gaps in Panel information

- Passing a review on to the LSCB audit subgroup to look at thresholds for referrals to social care and other agencies. Learning to be taken from the case
- Writing to providers to ensure the London Ambulance Service is considered always when creating End Of Life care plans
- Writing to a slimming club to ask that they 'think family' in their training and induction of new members

Even when a case has “no modifiable factors” identified and no recommendations are made, the Panel can go back to agencies as appropriate to ensure that local practices are working. For example, 1 case did not have any maternity information. Maternity information is important when reviewing deaths of infants, especially deaths with prematurity as a factor. The maternity information was sourced and the case sent back for review in June 2013, to ensure a full review is made.

Please see appendix one for all recommendations made by the Panel in 2012 – 2013 and their current progress.

3. **Parent’s feedback to the CDOP**

The Panel encourages and appreciates all feedback from parents following their child’s death, whether good or bad. Anything that parents share with the Panel is treated with the utmost respect and in the strictest confidence. Parent’s feedback is used to create recommendations to ensure any issues are dealt with, to assist parents in the future and to ultimately try and prevent future child deaths. The Panel also recognises and feeds back to hospitals and practitioners when parents tell the Panel about positive experiences they have had.

The Panel received feedback from parents on 2 of the cases that were reviewed in 2012-2013. These helped to influence the Panel’s recommendations and all good practice noted was shared with the hospitals and practitioners involved.

The Panel’s responses to parent’s letters included advising the GP that the parents wished to have genetic testing if they had another child, and letting the parents know to contact their GP, and ensuring that an IMR report’s learning was shared with the parents.

The Panel has also liaised with local providers on behalf of parents around issues such as information sharing between providers and parents e.g. post mortem reports and concerns about care their children received.

5. Conclusion

The panel will continue to review every child death in Sutton and Merton for the year 2013 – 2014 and to make and follow through recommendations, in order to improve the understanding of how and why children in Sutton and Merton die. The findings will be used to take action to prevent future child deaths and more generally to improve the health and safety of children in Sutton and Merton.

Table of recommendations from the 2012-2013 Sutton and Merton CDOP meetings

RECOMMENDATION	ACTION What are we going to do?	BY WHOM Who is going to do it?	OUTCOME What do we intend to achieve?	MONITORING What has been achieved?	BY WHEN What further action is needed?	PROGRESS RAG
1. The chair to write to the Head of the School Nursing service to reiterate the importance of completing form Bs so that any gaps in information are covered.	The chair to write to the Head of the School Nursing service	CDOP chair.	To improve the return and quality of information in Form Bs from School Nurses.	Letter sent to Head of Service November 2012 It was decided to try changing the covering letters/e-mails so this should help resolve the issue.	Action closed January 2013.	
2. The chair to write to the Head of the Health Visiting service to reiterate the importance of completing form Bs.	The chair to write to the Head of the Health Visiting service	CDOP chair.	To improve the return and quality of information in Form Bs from Health Visitors.	Letter sent to Head of Service November 2012 It was decided to try changing the covering letters/e-mails so this should help resolve the issue.	Action closed January 2013.	
3. The panel recommended that this case was shared with the LSCB audit subgroup.	The chair to write to the audit subgroup	CDOP chair.	To ask that the case is used for learning and looking at the level of thresholds with referrals.	Case audit sent out to be returned by 31 May 2013 and audit subgroup meeting on w/c 10 June 2013.	Action closed after information shared (March 2013)	
4. The CDOP co-ordinator to create new covering letters / e-mails for Form Bs.	Create new covering letters/e-mails.	CDOP co-ordinator	To ensure improved rate of return and improve the quality of information collected	New letters and e-mails created. These include dates of return as per CDOP escalation policy. Have been sent out as of March 2013 and response has improved.	Closed when new e-mails and letters were created – March 2013	
5. Chair to write to all local providers involved with the child in this case to remind them to remember to include the LAS in creating end of life care plans.	The chair to write to ESTH (via SPOC), Kingston, SGH	CDOP chair.	To ensure that LAS are aware of any care plans so that appropriate actions can be taken in a timely manner.	Responses have been received from St. Helier and Kingston Hospitals.	Awaiting response from St. Georges' Hospital Target: June 2013 CDOP	

RECOMMENDATION	ACTION What are we going to do?	BY WHOM Who is going to do it?	OUTCOME What do we intend to achieve?	MONITORING What has been achieved?	BY WHEN What further action is needed?	PROGRESS RAG
6. The chair of the CDOP to write to Weight Watchers to ask them to consider "think family" in their training/induction of members.	The chair of the CDOP to write to Weight Watchers	CDOP chair.	To ensure that Weight Watchers promote healthy eating and a healthy lifestyle as a family and members that adult children in their homes who are copying their eating habits.	Letter sent in March 2013. Passed to previous chair but no response so now with new chair (01.05.2013)	Target: June 2013 CDOP	
7. Chair to get relevant maternity information, to see if there were any issues which caused the extreme prematurity (23wks), and bring case Back to review if necessary.	CDOP co-ordinator to get Maternity information from SGH or the GP.	CDOP co-ordinator	To ensure case is thoroughly reviewed.	Maternity information returned in March 2013. Passed to previous chair but no response so now with new chair (01.05.2013)	Target: June 2013 CDOP	