

Agenda Item 3

JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS

23 March 2022

Present: Councillor Marsie Skeete (in the Chair), Councillor Eloise Bailey, Councillor Adam Bush and Councillor Joan Henry, Councillor Agatha Akyigyina
Councillor Laxmi Attawa, Cllr Edith Macauley, Rosie McKeever, Sivapragasam Shivaranjith, Beau Fadahunsi, Rosie Bradley, Jodie Ferris, Sharon Scott, Grace, Simon Swaby, Logie Lohendren, Maria, CI Chris Scammel, Helen Baly, Ben Halscka

1. **Declarations of Interest**

None.

Minute's Silence

A minute's silence was observed for the passing of Mrs Loretta Hall (wife of Jerry Hall), Mrs De Souza and Ms Audrey King.

2. **Apologies**

Simon Shimmens, Mr Sheikh, Dr Arumugaraasah, Slawek Szczepanski, Councillor Omar Bush, Rev Hannah Neale

3. **Minutes**

Agreed.

4. **Fostering in Merton - Rosie Bradley – Recruit & Publicity Officer, Children Schools and Families, LBM**

Rosie Bradley gave an overview of Fostering and stressed that it is considered a last resort to take a child into care. Merton has 150 Looked After Children and 70 Foster Carers. Becoming a foster carer is an intensive process and takes 3 to 6 months to complete, as the council must ensure that the child is being placed into a safe and secure environment.

There is no typical foster carer, however foster carers are required to; have some childcare experience (but don't need to be parents), patience, resilience, compassion and be trusted by the child. Foster carers are advocates for the children in their care.

Foster Carers can come from a range of backgrounds and do not have to be working, they need a spare bedroom, be over 21, have leave to remain in the United Kingdom. Compassion is the most important thing and wanting to provide a stable home environment for the child.

Rosie informed the meeting that there is a national shortage of foster carers and a child is taken into care every 20 minutes and range from babies to 18-year-olds. There is a particular need for foster homes for teenagers, asylum seekers and siblings.

Children are taken into care for safeguarding for many reasons including domestic violence, neglect or abuse in the home, alcohol and drug abuse and mental health, or the 'Toxic Trio' (alcohol, drugs, and mental health). Some have experienced trauma and loss, but support is available 24/7 for foster carers.

Foster carers receive an allowance depending on experience of between £312-£514 per week per child and receive a start-up grant of £500. They also receive money for birthdays, celebrating religious festivals or to take the child on holiday. Comprehensive training is provided and support is available from a Supervising Social Worker and the child's social worker.

The Mockingbird project has been introduced and is based on the concept that it takes a village to raise a child – there is an extended family network for foster children and carers and a Buddying programme matching new carers with more experienced carers for the first year.

Rosie encouraged JCC members to consider becoming foster parents.

Comments/Questions

C: Merton has great foster carers but when there are issues with the children, we need to support the carers more. To get more people the council needs to look after the foster carer as word goes around so may not get more people.

A: The Mockingbird project is helping foster carers feel more supported. Every effort is being made to give support and we will keep building on that.

Q: If a child is suicidal who should this be reported to the hospital or social worker? If there are concerns about safeguarding what should the foster carer do?

A: Rosie clarified that she works in recruitment and publicity and has an awareness-raising role. However, she would have thought it best to involve the social worker. Foster carers must complete daily logs and include incidents.

C: The lack of foster carers is because they don't feel supported and are not being listened to. Children are inside a family in a foster home. Some carers get depressed and are made to feel worthless after being in the service for many years. This issue needs to be investigated.

A: Rosie undertook to raise the issue with colleagues.

Q: Who does the assessment and decides if the child is placed into foster care or residential care?

A: It is preferable that the child goes into foster carer instead of residential care, but it depends on the child. The placement team matches the child to an appropriate foster carer. Every effort is made to place a child with a foster carer.

Q: How many children are in foster care and what percentage are Black Asian and Minority Ethnic (BAME)?

A: There are 150 children and 70 foster carers. Rosie undertook to provide the BAME data.

Resolved: Rosie to provide the BAME data.

Q: Is Post 16 treated differently?

A: There is a Staying Put policy that enables young people to remain in their placements post 18. If the placement is working well and the foster carer agrees, the young person may remain there until 21, or up to 25. This often applies if the young person is in education, it depends on the circumstances.

Q: Will the Ukrainian refugee situation put more pressure on the borough? Will more children from Ukraine be taken on by the council?

A: It is a difficult question to answer and will probably be more families but continue to look for foster families. Groups change according to priority need, will continue to recruit carers.

5. Suicide Prevention - Jodie Ferris, Suicide Prevention Coordinator (Communities), South-West London, Mind in Brent, Wandsworth and Westminster

Jodie Ferris gave an overview of the suicide prevention service, commissioned by the Southwest London Clinical Commissioning Group (CCG). Suicide is an attempt to solve a problem. 1 in 20 people think about suicide and it is often a combination of too much pain and too few coping strategies. Suicide is an attempt to solve a problem. Issues such as adverse childhood experiences and trauma can lead people having suicidal thoughts and attempting to take their life.

Risk factors include:

- Socioeconomic disadvantage such as; low income, debt, poor housing, lack of qualifications, unemployment and living in a deprived area.
- Middle-aged men, especially men of lower socio-economic position.
- Alcohol and substance misuse.
- Those who self-harm or have made a previous suicide attempt.
- Mental illness, such as depression and personality disorders.
- Bereavement of someone who died by suicide.⁷
- Domestic violence.
- Being part of the LGBTQIA+ community or other discriminated against group.

Anyone can be at risk of suicide. It is important to recognise the signs that someone may be at risk and understand how to actively listen and provide support. Jodie outlined creating a safety plan by considering CPR:

C – Current Plan? How? When? What?

P – Prior Behaviour? Have they felt like this before?

R – Resources? Do they have the means? Do they have anyone else to speak to?

Details of local mental health support were provided, including Men's Shed, Bereavement support, national mental health support, helpline resources and the Stay Alive App.

Questions/Comments

Q: Does the service work with schools?

A: Yes.

Q: Why does CAMHS not have 24/7 callout?

A: This is outside the project's remit. Funding issues result in long waiting lists for CAMHs. Schools also have a school counsellor and a pastoral team.

C: The lack of funding is a disgrace, young people are suffering and reaching out for help.

A: The CCG is pushing for more support for children and young people as many are not accessing support.

Q: Domestic Violence (DV) cases increased during the pandemic – what help is available for victims and defendants?

A: DV is a higher risk group and numerous charities including MIND want to work with those affected by DV.

Q: How are we going to help young people? Support is not enough; we need to try to prevent things from the beginning. We need to make it a big issue to get funding in schools.

6. Merton Vaccine and Engagement update - Simon Wady, Senior Engagement Manager NHS South-West London Clinical Commissioning Group

Simon Wady presented an update on the COVID-19 vaccination programme in Merton.

- 9 wards have vaccination rate 65% or above
- 5 wards have a vaccination rate below 60%
- The wards with most unvaccinated patients per 10k population: Colliers Wood, Figge's Marsh, Graveney, Hillside, Lavender Fields and Longthornton

Vaccine uptake is lowest in areas with higher deprivation and among people identifying as: Black African or Caribbean, Eastern European, Black or white mixed background and Traveller communities. These communities have been hardest hit by the pandemic.

The phase 3 vaccine engagement will include:

- Webinars
- Meetings with community and faith groups
- Culturally sensitive social media content
- Community Champions
- Pop-up clinics

Outreach work will be undertaken to engage a wide range of Black Asian and Minority Ethnic Communities.

The next steps will focus on:

- Vaccinations for 5-11year olds
- Spring booster for people aged 75 years and over, those in care homes and those aged 12 years and over with a weakened immune system
- Refresh engagement with people unvaccinated

Comments/Questions

C: Public Health has done a good job to promote the vaccination. BAME Voice, Churches and Siobhain McDonagh MP have worked hard to increase the vaccination rate in the East of the borough and Hillside. Social media has affected some people's views. There is still time to convince people to have the first dose. There is an issue of trust.

A: A section of Hillside ward neighbouring the east, has lower rates. People from Black communities are more likely to speak to their families and use social media. There is a need to engage with them to increase their knowledge of the vaccination. The CCG is going to refresh the engagement programme and concentrate on those wards. The right people are needed to deliver messages.

C: The Government and the local authority have worked hard to get messages out about the vaccination. People know about the vaccination. Pushing the same train of thought could be counterproductive. The CCG needs to look at why the take up for the second dose and booster are low.

A: Vaccine fatigue is an issue. Also, some people didn't know that you don't have to wait three months to get a booster. Natural immunity also needs to be part of the conversation.

7. Police update – Chief Inspector Christopher Scammell, Metropolitan

Chief Inspector Christophe Scammell leads on Safer Neighbourhoods and Partnerships. He presented a summary of Merton Crime Figures for the 12 Months ending January 2022.

Black people are three to four times more likely to be stopped and searched than white people. Asians are twice as likely to be stopped and searched. The statistics show the disproportionality of stop and search in Merton.

CI Schammel asked the JCC about the type of information that is required for future meetings.

Q: What is being done about the Child Q situation? How do you see the church and police working together?

A: The Child Q situation should not have happened. The school is not blameless. The officers involved were not Safer Schools Officers. There is guidance on strip searches that is being recirculated. In Merton the police have a good working relationship with schools and there is confidence this would not happen in a Merton school.

C: There is safeguarding in place in schools in Merton, not sure why this was not done in Hackney.

Q: For stop and search are leaflets given out that contain a QR code that can be scanned?

A: Those who are stopped should be given a copy. The child Q investigation is ongoing and can not be commented on further.

Q: Are officers getting training on the beat? Police need to stop judging Black kids and using unnecessary force.

A: Officer training is ongoing.

8. Social Prescribing – Ben Halschka, Head of Social Prescribing Merton Connected

This item was not discussed as there was insufficient time, JCC representatives were encouraged to read the information in the agenda pack and send Ben any questions that they have. The meeting ended at 9.20

9. Any Other Business

None