

Annual report of the
Merton Safeguarding Children Board
2016/17



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1.0 Chair's Introduction

2016-2017 has been a busy and challenging year for Merton Safeguarding Children Board (MSCB) yet the Board has continued to rise to meet these challenges. Over the course of this year the Board has worked with the Children's Trust, partners and stakeholders to review the Merton Child and Young Person Well-Being Model. We have also recommitted to and extended the Board's three key priorities.

We are pleased to say that the Board remains on a journey of continuous improvement that seeks to place children, the families and the practitioners who support them at the very heart of what we do. The vision of the MSCB is that the Board works to ensure that *Everyone in Merton does Everything they can to ensure that Every Child is Safe, Supported and Successful*. This annual report is an evaluation of our progress towards achieving this aim as well as an assessment of the overall impact of the Board especially with regards to our three key priorities.

The MSCB, like other LSCBs, operates in the context of shrinking resources and expanding expectations and commitments. We have worked hard with partners to prioritise where limited resources can be targeted in order to have the maximum impact on the quality of safeguarding across the system. In October 2015, the MSCB commissioned a Serious Case Review (SCR), following an incident in which a young person who was known to Merton services, experienced significant harm as a result of being attacked by a parent with a mental health condition. This review has been completed, the report was published in February 2017 and we report in detail on the learning coming out of this SCR in Section 8.5.1. The MSCB is committed to learning the lessons from this SCR.

The Board also took the decision to commission a Learning and Improvement Review (LiR) into a case of long-term neglect. This case did not meet the statutory threshold for a SCR; however, the Board considered that there was significant learning for the multi-agency safeguarding system in this case. We report in detail on the outcomes of the LiR in Section 8.5.2

The Board, in common with all LSCBs, faces the challenge for all partners of delivering high quality services within the context of increasing demand and reduced resources. However, this report demonstrates how much can be achieved when we work together, both as individual agencies and in partnership with each other. This report shows that the Board is having a more robust and rigorous focus on quality assurance is now embedded and is continuing to improve the way that the young and children are protected and their well-being is promoted.

The Board's strengths are identified as:

- The MSCB is a mature partnership that is open to learning and challenge
- Senior representation and engagement from agencies
- A relentless focus on working together to keep children safe
- A strong performance focus including the annual QA process
- Annual conference and comprehensive training programme
- An improved connection between the Board and frontline practitioners which has and will continue to improve; this includes the Board's responsiveness to and influence on multi-agency frontline practice
- The Board has clear priorities and the work programme has been aligned to support their delivery.

Our agreed areas of focus during 2016-2017 included:

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

The MSCB wants to ensure that our partnerships enable the most vulnerable families to be supported; that vulnerable parents are supported to care for their children and children are in turn supported to thrive and achieve their potential. Evidence from local and national research tells

us that our most vulnerable parents/families are those who:

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

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

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

- Child Sexual Exploitation (CSE)
- Children who go missing from home/school/care
- Children and young people who are at risk of radicalisation and violent extremism,
- Young people who harm other children and young people
- Children at risk of serious youth violence and gangs
- Self-harm and poor mental health parasuicide.

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

Merton has had a long-established child and young people Well Being Model which we last reviewed in 2013. With changes in local providers and agencies and with changing levels of resources available we need to ensure our Model continues to be fit for purpose. We report in detail on the review of the model in Section 3 of this report.

The questions that the Board is continuously seeking to answer are:

- Is there evidence that the right standards, policies, guidance, procedures, protocols are in place?
- Is there good evidence that these are being implemented and applied consistently?
- What impact/difference does this make in keeping Merton children and young people safe from harm and ensuring that their well-being is supported?

This report shows how the work we are doing as the MSCB seeks to answer these questions.

Shortly after the end of the financial year 2016/17 and before the publication of this report the LA were inspected under Ofsted's Single Inspection Framework and the MSCB was reviewed alongside the inspection.

A copy of Ofsted's report, findings and judgments is appended to this report as an external evaluation of the Board's work over the period 2016/17 and into 2017/8.

In relation to the Board's work, members of the Board are proud and pleased with Ofsted's "Outstanding" finding and their judgment that our "Working Together" as agencies on children's safeguarding and protection is "Good".

These findings, whilst welcome, do not reduce our ambitions or our shared commitment to continuous improvement so that "every child is Safe, supported and successful".

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

Keith Makin
MSCB Chair
July 2017

2.0

Progress of MSCB Business Plan 2016-17

As part of our commitment to continuous improvement, the Board took the decision to extend the three key priorities from 2016-2017 to run from 2016-2019; as such, we are half way through a four-year programme. This section is a progress update regarding what has been achieved so far as well as an indication regarding the work to be done in relation to the Business Plan.

2.1 Think Family –Supporting families with particular vulnerabilities

2.1.1 For the Board to continue to be assured that there are robust and effective strategies, procedures, protocols in place in relation to safeguarding children in cases where parental mental health is a significant factor.

Children's Social Care and South West London and St George's Mental Health NHS Trust have worked together around adult mental health and substance misuse. A Think Family Coordinator has been appointed, as a result of this work. Part of the role of the Think Family Coordinator is to ensure that Think Family is embedded across children's and adult services. This work includes the review of the Mental Health Protocol to ensure that there is clear agreement between adult mental health services and Children's Social Care and that children are safeguarded in cases where parental mental health is a factor.

2.1.2 To continue Work With the VAWG Board to review and refresh the Domestic Abuse (DA) Protocol to increase professional awareness and capacity to effectively intervene in cases of domestic abuse.

The MSCB has worked closely with the VAWG Board on a range of initiatives to ensure that the VAWG strategy is implemented across the MSCB partnership a detailed account of this work is included in section 7 of this report which outlines the key achievements of the VAWG Board in 2016-2017. A task and finish group has been established to develop a Domestic Abuse Protocol. This group will meet in the autumn of 2017 and present a protocol for approval by the Board in early 2018.

2.1.3 The Board will review its guidance to professionals regarding parental substance misuse.

The review of the MSCB Guidance on parental substance misuse is in progress part of the work of the Think Family Coordinator and the Policy Sub-Group. It is expected that a suite of Think Family Protocols, including parental substance misuse, will be presented to the Board for approval by the 31st March 2018.

2.1.4 Merton Safeguarding Children Board, (MSCB), is committed to reducing the incidence of childhood neglect within the borough. This is a key priority for the Board.

The Board undertook a baseline multi-agency audit of neglect cases in 2015-2016. A follow-up audit of neglect cases will take place in early autumn 2017. The Board has refreshed its Neglect Strategy and a multi-agency briefing pack has been made available to practitioners and their managers. In 2016-2017 we saw an increase of nearly 10% in neglect cases which indicates that professional recognition and identification of neglect is improving across the safeguarding system.

2.1.5 The MSCB is assured that the multi-agency Female Genital Mutilation (FGM) Strategy is being implemented and young people at risk of FGM are being identified and supported.

The Board has refreshed its Guidance on Female Genital Mutilation (FGM) and provided a range of briefings and multi-agency training sessions on FGM. The Board has also prepared an FGM leaflet which has been made available to parents and professionals both online and in print. The Board also provides 'red alert' briefings to Merton schools around Easter and Summer holidays, which have been identified as key risk periods for FGM due to the length of the holiday period.

2.1.6 To ensure that children and young people continue to be protected from radicalisation and violent extremism.

The Board has refreshed its guidance for professional working with children and young people who are vulnerable to the messages of



radicalisation and violent extremism. Merton has a thriving multi-cultural and multi-faith community. The guidance on preventing radicalisation and violent extremism is not aimed at any particular faith, cultural or political group. We recognise that extremism takes many forms including far right extremists, left wing extremist groups, extremist animal rights groups as well as other terrorist groups. The Board's Promote Protect Young People Strategic (PPYPS) Sub-Group works with Safer Merton to ensure that there is strong grip and clear oversight of all prevent cases involving young people.

2.1.7 For the Board to continue to seek assurance regarding the quality of frontline practice through themed multi-agency audits.

The Board has undertaken a range of themed multi-agency audits. During 2016-2017 the Board undertook multi-agency audits on the following themes:

- Children with Disabilities and Learning Needs
- Child Sexual Abuse Cases and Threshold Decisions where Sexual Abuse is a Factor
- Domestic Violence (this audit took the form of a live learning event involving multi-agency practitioners and managers in two domestic violence cases).

The learning from each of these audits is discussed at a meeting of the Board's Quality Assurance Sub-Group; from these discussions a view is taken regarding the quality and effectiveness of multi-agency practice. In each audit we ask each auditor to review the following:

- How well have agencies worked to engage difficult parents?
- How do agencies provide challenge and support to parents with learning difficulties?
- How are we challenging parents around substance misuse?
- How is the team around the child keeping the focus on the needs of the child and not allowing the needs of the parents to detract from this task?
- What is the quality of care planning?
- Were there any gaps or delays in case work and if so what impact did this have on our work with this family?

The findings of each audit are then gathered into a key learning report which makes recommendations regarding improving the quality of multi-agency practice. These are then shared with the strategic leads in each agency; who then shares the learning with team managers and frontline practitioners. The MSCB also



2.2 Supporting Vulnerable Adolescents

2.2.1 Strategic oversight of CSE

The Board works to ensure that there is robust grip and conspicuous oversight of all young people at risk of CSE and to improve the identification and support of young people who are victims of CSE. The Board's work in relation to CSE is covered in detail under Section 4.3 in this report.

2.2.2 Contextual Safeguarding and Young people at risk from gang and serious youth violence.

Through the work of PPYPs, the Board maintains an oversight of gangs and serious youth violence. As part of this work the Board has partnered with

The London Borough of Merton is part an innovation partnership with the London Borough of Hackney working on the issue of Contextual Safeguarding. This is an exciting new project, funded by the Department for Education Innovation Fund, which will run for two years. Through this project Hackney will be working closely with the contextual safeguarding network throughout the project to share learning with network members. For members of the Contextual Safeguarding network, the project will provide excellent learning and insight into contextual safeguarding in practice for practitioners and local authorities across the country.

Contextual safeguarding promotes the idea that young people's behaviours, levels of vulnerability and levels of resilience are all informed by the social/public, as well as private, contexts in which young people spend their time. Drawing upon research into adolescent development, it recognises that as children grow they spend increasing amounts of time socialising with peers, at school and in public environments independently of parental/carer supervision. When spending time in these extra-familial contexts young people may be exposed to healthy norms which promote pro-social relationships or they may encounter harmful norms that are conducive

provides a range of briefings which highlights the themes and key learning coming out of multi-agency audits. Learning from audits is also shared with the Learning and Development Sub-Group and is used to inform the MSCB's training and continued professional development offer.

2.1.8 To explore the use and application of Signs of Safety and Signs of well-being across partner agencies as part of the review of the Merton Well-Being Model.

The Signs of Safety approach is being embedded in Children's Social Care with partners in Community Health and Early Years Services being trained in the approach. In order to establish clear governance arrangements for the multi-agency roll out of the approach a task and finish group has been set up in order to agree the terms of reference, governance arrangements and a project plan for the multi-agency implementation of the approach across the safeguarding partnership. It is expected that the work of the task and finish group will be completed in March 2018.

to abusive and exploitative relationships. As a result local responses need to identify, assess, and intervene in all of the social environments where the abuse and exploitation of young people occurs - in essence to take a 'contextual' approach to safeguarding.¹

The Contextual Safeguarding approach recognises that there are a number of share categories of adolescent risk and/or harm including:

- Children and young people going missing from home, school and care
- Radicalisation
- Harmful sexual behaviour
- Teenage relationship abuse
- Gangs
- Serious youth violence
- Online risks including grooming for sexual, financial or other forms of exploitation.

2.2.3 Listening to Children and Young People

Hearing the voice and reflecting the views of young people is a core value of the MSCB. The Board continues to seek to ensure that young people's voices and experiences are heard and reflected in its work. A detailed account of the work related to listening to, reflecting and acting upon young people's voice and views is provided in section 10 of this report.

2.3 Ensuring the Effectiveness Early Help

2.3.1 Finalise the review of the Merton Child, Young Person and Family Well Being Model. An overview of the Board's actions as part of this review is provided in detail under section 3 of this report.

2.3.2 The Board will oversee the implementation of our MASH Action Plan.

The MASH Action Plan is overseen by the MASH Strategic Board which report to the MSCB. The MASH Action Plan is being implemented and we are beginning to see improvements in service delivery and partner engagement as a result of these changes.

2.3.3 The Board will oversee the review of the service offer in early help.

The review of the early help service offer was part of the wider review of the Merton Child, Young Person and Family Well Being Model. Early help is provided at different levels of our longstanding Merton Child and Young Person Well-Being Model developed with our Safeguarding Board and Children's Trust partners.

In Merton we use the C4EO definition of Early Help:

Intervening early and as soon as possible to tackle emerging problems for children, young people and families...early help can take place early in a child's life or early in the development of a problem...effective early help prevents escalation of need and reduces severity of problems...early help can be provided to individual families, particular vulnerable groups or whole populations (C4EO 2012).²

This approach aims to enable and empower families, reducing an escalation of need. Merton's Children's Trust Partnership delivers, commissions and brokers early help services through the voluntary sector, schools, Public Health, Merton CCG, Safer Merton, the council and other key partners.

¹ What is Contextual Safeguarding, Contextual Safeguarding Network, 2017, <https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding>

² Early intervention and prevention in the context of integrated services: evidence from C4EO and Narrowing the Gap reviews, Centre for Excellence and Outcomes in Children and Young People's Services (C4EO 2012)

Merton's Early Years early help offer includes strong local partnerships between community health and early year's services. Our early years sector include 100% good and outstanding Children's Centres and 97% good and outstanding Private Voluntary and Independent nurseries. Our community health services were recommissioned in 2016 strengthening the universal service offer and services for more vulnerable children and young people. Our transformative approach delivered changes in Early Years including reconfiguring the Children's Centres offer and the co-location of Community Health services staff into children's centres to enable better collaborative working. We have targeted the take-up of Children's Centre services to families from deprived areas in the borough and have reviewed our under 5s work between health and children's centres to secure better safeguarding, health and wider outcomes for under-fives, including redesigning pathways and specialist health provision and to fund perinatal adult mental health direct work. 100% of all children who are receipt of free 2 year old funding are placed in good or outstanding provision. Common And Shared Assessment work undertaken in our Early Years Supporting Families Service and Children

Centres is overseen by a qualified Social Work Team Manager, bringing additional value and risk management to pre safeguarding threshold casework. Both early year's settings and Schools have been supported with a Safeguarding guidance and audit tool which is in good use across all primary and secondary schools.

2.3.4 The MSCB's Escalation Protocol

The Board has approved an escalation protocol so that all professionals within the multi-agency system have a clear framework for resolving professional differences in a timely way so that children are effectively safeguarded.

3.0

Early Help: The Review of the Merton Child, Young Person and Family Well-being Model

The Merton Child and Young Person Well-being Model (MCYWBM) has been in place since 2013. The Model is own by the Children's Trust and the MSCB Partnerships. There have been a number of demographic, financial and organisational changes over the last 4 years that meant that a review of the model was timely and necessary.

The key challenges include:

- Demographic growth and changes in Merton's local population
- Organisational changes in agencies such as the Metropolitan Police Service and changes in Health services
- Increasing numbers of Free Schools and Academies
- Increasing demand on local services in the context of contracting budgets.

The drivers for the review of the model include the need to maximise the opportunities to increase understanding between partners, this includes a shared understanding of our varying statutory responsibilities and thresholds for intervention; also, the need to provide better tools and shared approaches for improving the capacity of practitioners to engage in effective interventions with families. It is also essential that we are able to work together to make the very best use of our collective resources to deliver our continuous improvement agenda, including our highest ambitions for our children, the families and the services and practitioners who support them.

The MCYWBM task and finish group met three times. The task and finish group consisted of a broad range of services including:

- Adult Mental Health
- Adult Social Care
- Central London Community Health Care
- Child and Adolescent Mental Health
- Children's Social Care Education
- Children's Services Commissioning
- Early Years
- Education (Primary, Secondary and Special Schools)
- Merton Clinical Commissioning Group
- Merton Children's Trust
- Merton MASH and First Response
- Merton Public Health
- Merton Safeguarding Children Board
- Merton Youth Inclusion
- Safer Merton
- The Metropolitan Police Service (MPS) Borough Command
- The MPS Child Abuse Investigation Team
- Voluntary Organisations (including Merton Voluntary Service Council)





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One of the key themes highlighted throughout these meeting were the increasing demand and pressure on local services. For example in MASH and First Response Teams, there were:

- 5662 initial contacts in Merton
- 1507 referrals (27% of initial contacts)
- 1311 assessments (87% of referrals)
- Resulting in 204 new Child Protection Plans and
- 128 new episodes of care.

Another theme was demographic changes in the local population. For example, it was reported that 8% of the child population, that is, children and young people under 18 population in Merton (approximately 47,499 young people) have had an initial contact made about them. Merton has an East West divide in terms of the indices of deprivation and 5 super output areas. The child population (pupils in Merton Schools) is approximately 67% BAME; this is higher than Merton's adult population and national averages. The top 3 non-English languages spoke in Merton are Tamil, Polish and Urdu.

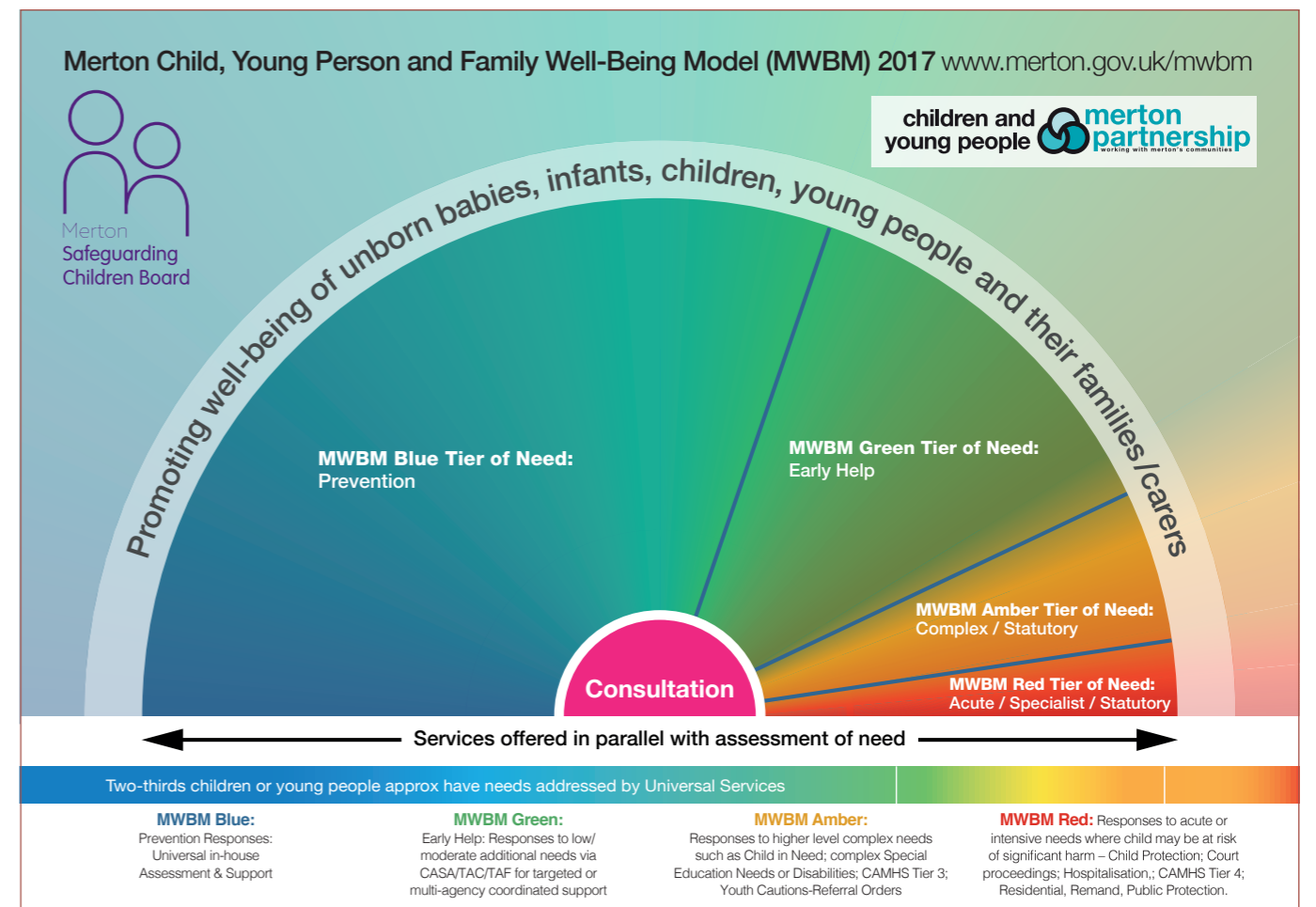
It was noted that Children's Social Care works with 800 children from 400 families. There are 350 Child in Need cases (100 of these are children with disabilities whose situations are mostly fixed; 50 of these cases are children with no recourse to public funds). 100 families have a Child Protection Plan. Children's Social Care's capacity means that they can work with 66 families at a given time. It was noted Transforming Families works with 60 families - however, funding for this service is being reduced by the government. This highlights the fact that Merton's social care system is relatively small as a multi-agency safeguarding partnership we need to improve access to early help and intervention so that levels of need and concerns regarding children's welfare do not escalate.

The MCYWBM task and finish group highlighted the need to reaffirm the following core values of the Children's Trust and the MSCB, which underpin our work. These reaffirmed values are outlined as follows:

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

The MCYWBM task and finish group also revised the visual representation of the Model.

The task and finish group also recommended that the Children's Trust and the MSCB approved Merton's Social Work Practice Model (see Appendix 2) and that Signs of Safety is extended beyond Children's Social Care. It was also propose that the name of the Model be change from the Merton Child and Young Person Well-Being Model, to the Merton Child, Young Person and Family Well-being Model to reflect the need for all agencies and services to 'think family' in accordance with the Board's Think Family priority.



4.0 Local context and need of the childhood population for Merton³

4.1 Merton the place

Merton has a total population of 200,543 including 47,499 children and young people aged 0-18 (Census 2011) between 2012 and 2016 the 0-18 population increased by 4%. This growth is predicted to increase by between 4% and 6% by 2020, based respectively on the GLA population projections for its Strategic Housing Land Availability Assessment and its alternative Trend forecasts, which take additional factors into account. Within the whole CYP population increase, there are variations for different age groups, between 2011 and 2020 we can estimate the population of (based on SHLAA 2015):

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

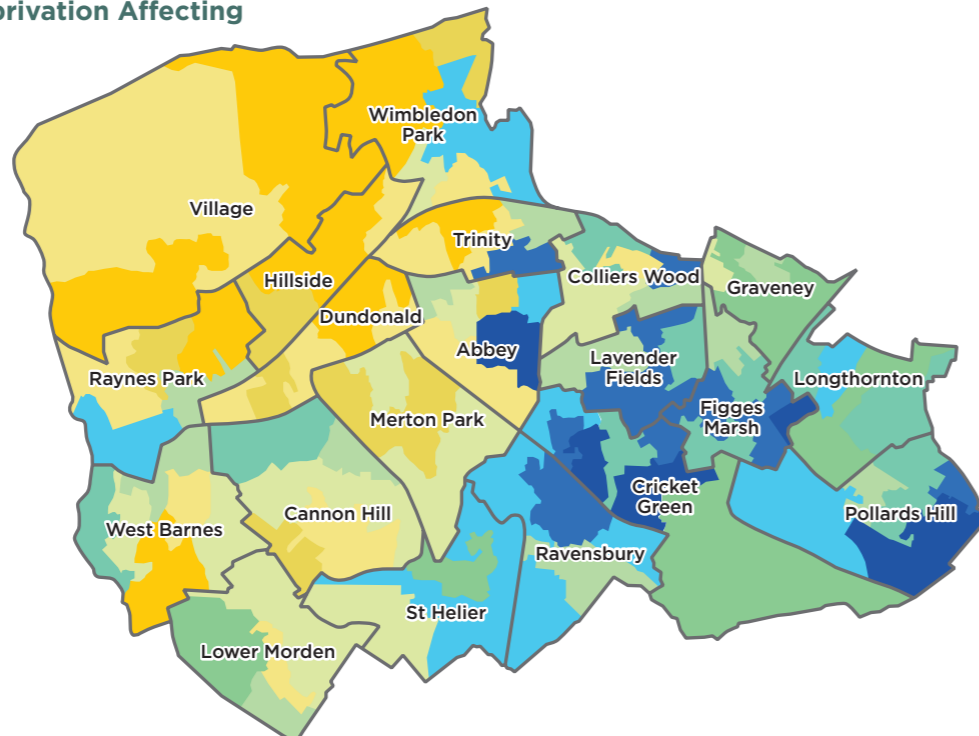
is approximated at 3178 by 2020. This increase in births, together with other demographic factors such as migration of families into the borough, has already created the need for more school places, put pressure on early years and pre-school services, children's social care and early intervention.

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

Historically there was a 40% net increase in births from 2,535 in 2002 to a peak of 3507 in 2012 and

Table 1: Merton Income Deprivation Affecting Children Index 2015

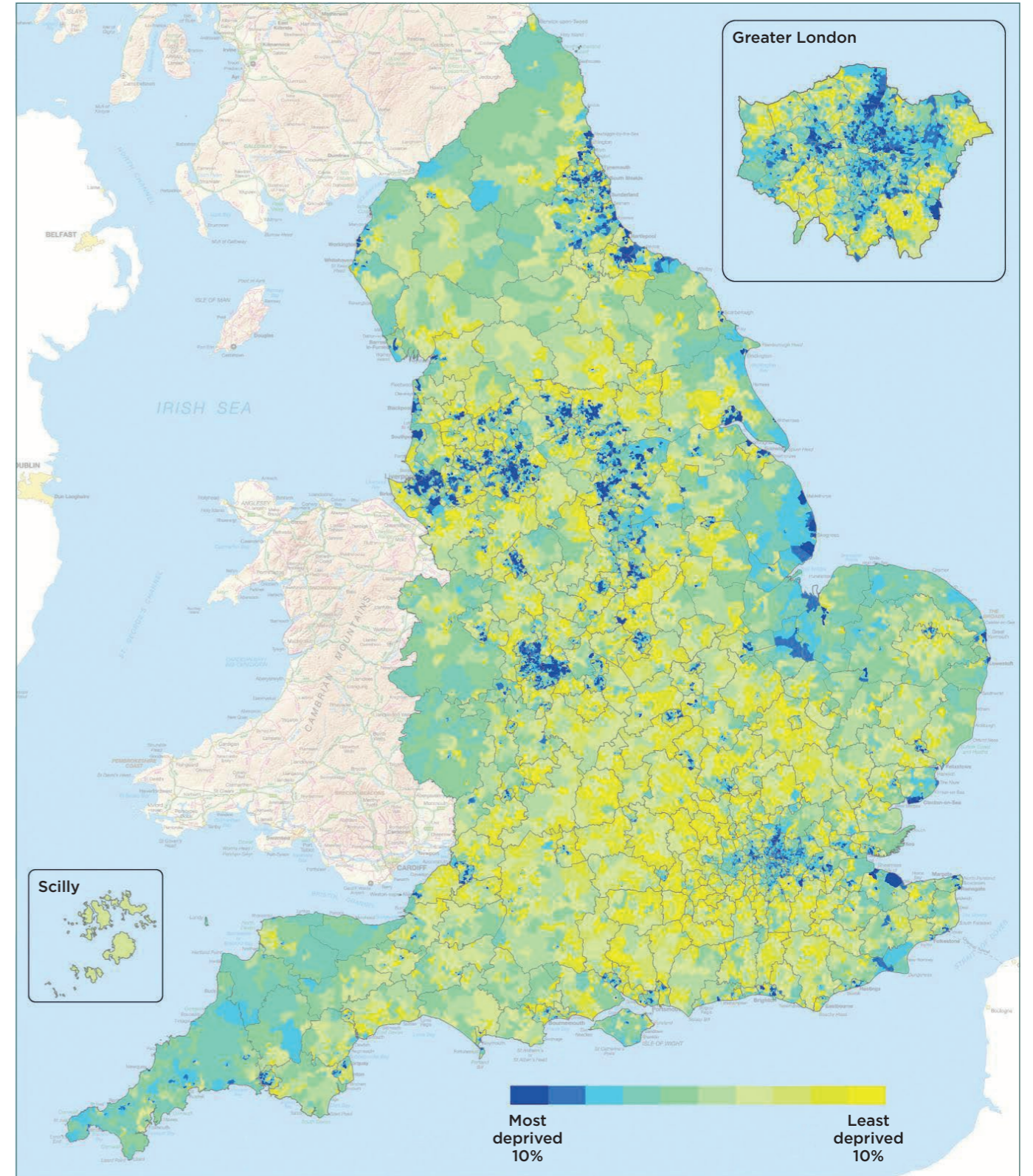
- Most deprived 10%
- 10% to 20%
- 20% to 30%
- 30% to 40%
- 40% to 50%
- 50% to 60%
- 60% to 70%
- 70% to 80%
- 80% to 90%
- Least deprived 10%



³ Statistical information regarding the demographic profile of the Borough is based on the 2011 Census.

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UK Indices of Deprivation



Thirty five per cent of Merton's total population is Black, Asian or Minority ethnic (BAME), this is expected to increase further to 39% by 2017. Pupils in Merton schools are more diverse still, with 67% from BAME communities, 44% with a first language which is not English, speaking over 120 languages (2016). The most prominent first languages for primary pupils apart from English are Tamil 7%, Polish 7% and Urdu 6%.

The SEND Resident population has increased by 16% between 2012 and 2016 (1078 CYP in 2016). The number of pupils attending Merton mainstream (inc. Academies) and Special Schools with a Statement of SEN or EHC Plan has also increased significantly over the last four years. This cohort is growing at a faster rate than the Merton School Population, with a 14 percentage point increase over the last five years. The number of Merton pupils with a Statement of SEN or EHCP has grown over the last five years at a faster rate than London, Statistical Neighbours and National. As at January 2016 there were 1148 pupils attending Merton Schools with a Statement of SEN or EHCP.

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

4.2.1 Children In Need

Our published DfE CIN census data shows an increase in the rate per 10,000 as at 31 March (2015-16) compared to our trend and statistical neighbours. This data has been subsequently reviewed and updated, in fact Merton's Children in Need (CIN) rate per 10,000 (2015-2016,



333.3) remains in line with 2014-15 (338.3), and statistical neighbours (336.91), the London average (355.3) and the National average (337.7). See Table 2 below.

Table 2: Increases in CIN rate between 2011 and 2016

| Year | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | SN 2015-16 | London 2015-16 | National 2015-16 |
|-----------------|---------|---------|---------|---------|---------|------------|----------------|------------------|
| Rate per 10,000 | 371.3 | 336.8 | 355.1 | 338.3 | 333.3 R | 336.91 | 355.3 | 337.7 |

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4.2.2 Children Subject to a Child Protection Plan

Rate of Children Subject to a Child Protection Plan

The rate of Children subject of a child protection plan on the 31 March 2016 (29.9) was unusually low, compared to Merton's trend and against the benchmark of SN (36.20), London average (36.20) and national average (43.1). This was due to a number of large families with multiple siblings on child protection plans being deregistered days before the national Child In Need census was taken. Merton's average CP rate per 10,000 is 40 with approximately 160-180 child subject of a plan at any one time. See Tables 3 and 4 below.

Children Subject to a plan for the second or subsequent time

In the past 5 year to 2016, locally, regionally and nationally the numbers of children subject to a plan for the second or subsequent time have been steadily increasing. In Merton as at the end of 2015/16, 46 children or 22.5% of children became subject of a child protection plan for a

second or subsequent time. Whilst both national and London outturns have similarly increased gradually in preceding years, Merton's 2015-16 outturn is noticeably higher than SN average (16.2%), national average (17.9%) and London (14%) average (2015/16).

During 2015/16 Children Social Care completed an extensive review of all cases where child protection plans had been initiated for a second or subsequent time, a number of recommendations were agreed to deliver improvements through 2016/17. Actions included strengthening the quality of CP planning through focused training with CP Chairs and social workers in Signs of Safety; more effective safety planning particularly in relation to domestic violence; strengthened processes for consultation and review where children have previously been subject to a plan. The impact of this improvement work as evidenced in the 31 March 2017 outturn at which point 13% of children were subject of a second or subsequent CP plan, drawing the authority back in line with the London average. See Table 5 overleaf.

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

| Year | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | SN 2015-16 | London 2015-16 | National 2015-16 |
|-----------------|---------|---------|---------|---------|---------|------------|----------------|------------------|
| Rate per 10,000 | 39.8 | 37.9 | 40.3 | 38.8 | 29.9 | 36.20 | 37.9 | 43.1 |

Table 4: Children subject to a child protection plan

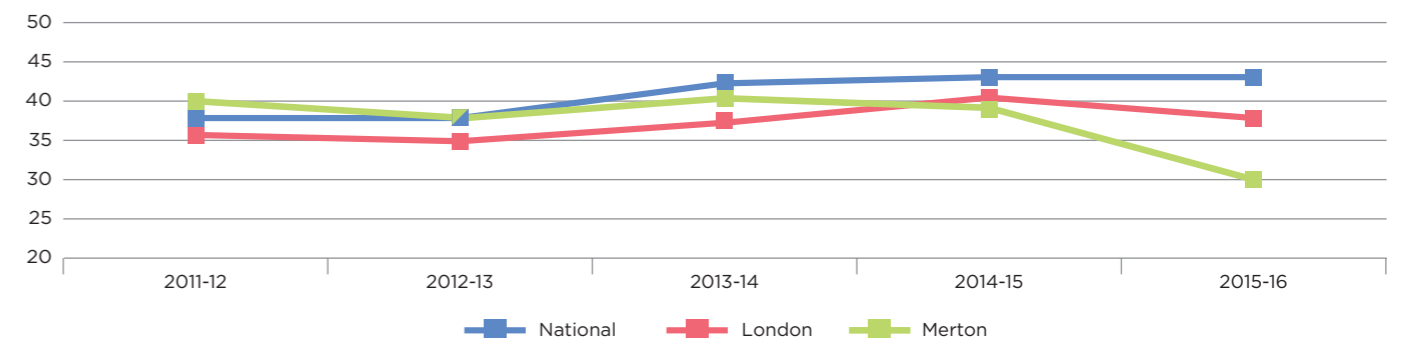


Table 5: Children Subject to a plan for the second or subsequent time

| Year | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | SN 2015-16 | London 2015-16 | National 2015-16 |
|------------|---------|---------|---------|---------|---------|------------|----------------|------------------|
| Number | 15 | 17 | 24 | 37 | 46 | 49.10 | 1250 | 11,350 |
| Percentage | 7.8% | 10.6% | 11.3% | 16.4% | 22.5% | 16.2% | 14.0% | 17.9% |

Children subject of a plan lasting for 2 or more years (children who ceased to be the subject of a child protection plan)

Nationally 3.8% (2015/16) of children were subject of a child protection plan lasting two years or more, in Merton this was 5.9% (2015/16) relating to 14 children, which is a 40% increase from the previous year 2014-15. See Table 6 below.

4.2.3 Looked After Children

At 31 March 2016, the looked after children rate per 10,000 of the population aged under 18 was 35.00. This is in line with the rate of 34.00 obtained in 2014 and 2015. Similarly both London and national averages held a steady course at 51.0 and 60.0 respectively. Overall, Merton's rate is lower than both national and London averages.

Table 6: Children subject of a plan lasting for 2 or more years (children who ceased to be the subject of a child protection plan)

| Year | 2012-13 | 2013-14 | 2014-15 | 2015-16 | SN 2015-16 | London 2015-16 | National 2015-16 |
|------------|---------|---------|---------|---------|------------|----------------|------------------|
| Number | 6 | 7 | 10 | 14 | 13.29 | 400 | 2410 |
| Percentage | 3.5% | 3.6% | 4.3% | 5.9% | 4.4% | 4.3% | 3.8% |



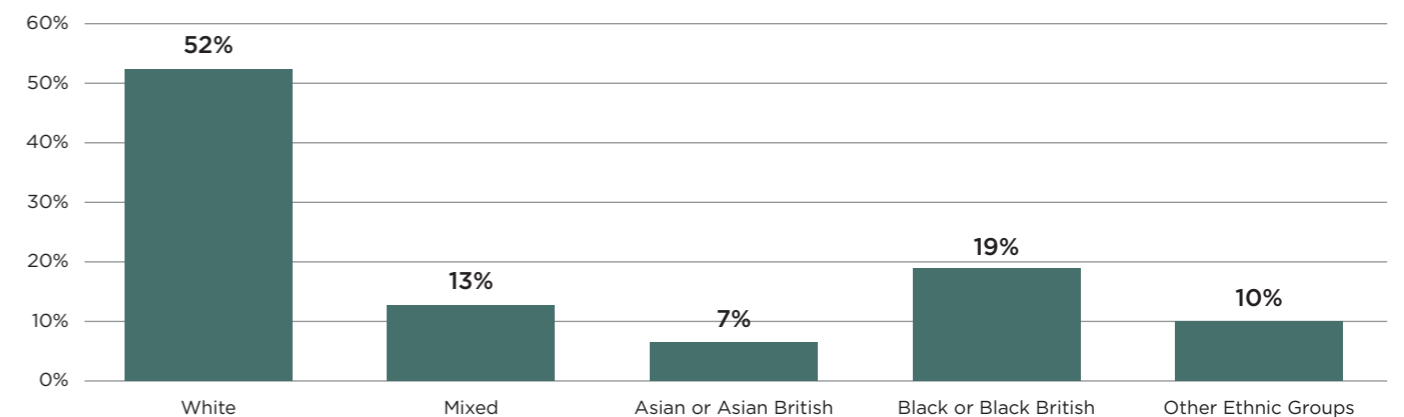
Table 7: Looked After Children In Merton

| | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|----------|---------|---------|---------|---------|---------|
| Merton | 30.00 | 31.00 | 34.00 | 34.00 | 35.00 |
| London | 57.00 | 54.00 | 54.00 | 52.00 | 51.00 |
| National | 59.0 | 60.0 | 60.0 | 60.0 | 60.0 |

Table 8: Looked after children by 10,000 population



Table 9: Ethnic Group of Looked After Children



It is noteworthy that although the rate per 10,000 has remained stable, due to increase in overall population, the actual number of children entering care in Merton has continued to rise year on year thus placing extra pressure on services and caseloads. There were 130 looked

after children in Merton in 2012 this increased to 165 in 2016, an increase of 27%. Some this growth can also be attributed to on average 20-25 UASC entering care in Merton each year. See Tables 7, 8 and 9 above.

Looked After Children with Stability in their placement

As at 31st March 2016, 68% of Children who had been looked after continuously for at least 2.5 years, were living in the same placement for at least 2 years. This is an improvement on the 54% outturn in 2015 and places Merton on par with national averages. See Table 10 below.

As a result of this increased focus and additional resource we have seen some improvement in respect of outcomes for young people in this area.

We were in touch with 89% of our young people during 2015/16. See Table 11 below.

66% of our care leavers are in education, employment or training (2015/16) this is a significant improvement on 2014/15, 45% and can be attributed to actions delivered against our Care Leavers Strategy, placing us well above the national average of 49%. See Table 12 opposite.

96% of care leavers (aged 19, 20, 21) were living in 'suitable accommodation' in 2015/16 this is a significant improvement on 2013/14 (66%) and better than the national average 81% (2014/15). See Table 13 opposite.

Table 10: Percentage of Looked After Children with Stability in their placement

| | 2011-12 (31st March) | 2012-13 (31st March) | 2013-14 (31st March) | 2014-15 (31st March) | 2015-16 (31st March) |
|----------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Merton | 68% | 64% | 55% | 54% | 68% |
| National | 68% | 67% | 67% | 67% | 68% |

Source: SSDA 903
 Note: The percentage of Children Looked After aged under 16 at 31st March who had been looked after continuously for at least 2.5 years, who were living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement last for at least 2 years.

Table 11: Care Leavers in Touch

| | 2014-15 | | 2015-16 | |
|------------------------------|---------|-----|---------|-----|
| | Number | % | Number | % |
| Merton | | | | |
| Yes | 72 | 77% | 132 | 89% |
| No | 9 | 10% | 3 | 2% |
| Service No Longer Required | 7 | 8% | 3 | 2% |
| Young Person Refuses Contact | 3 | 3% | 7 | 5% |
| Young Person Returned Home | 2 | 2% | 3 | 2% |

Source: SSDA 903

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Table 12: Percentage of Care Leavers in Education, Employment or Training

| | 2012 (31st March) | 2013 (31st March) | 2014 (31st March) | 2015 (31st March) | 2016 (31st March) |
|----------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Merton | 70.6% | 60.0% | 47.0% | 45% | 66% |
| SN | 64.3% | 67.8% | 55.15% | 52.2% | 50.10% |
| National | 58% | 58% | 45% | 48% | 49% |

Source: SSDA 903
 Note: In 2014 the DfE extended the care leaver cohort to include 20 and 21 year olds. As a result the figures for 2012-2013 include only to 19 year olds whilst the figures for 2014 - 2016 include Care Leavers of all ages.

Table 13: Percentage of Care Leavers in Suitable Accommodation

| | 2012 (31st March) | 2013 (31st March) | 2014 (31st March) | 2015 (31st March) | 2016 (31st March) |
|----------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Merton | 88% | 85% | 66% | 76% | 96% |
| SN | 89.86% | 89.30% | 85.33% | 83.20% | 81.10% |
| National | 88% | 88% | 78% | 81% | 83% |

Source: SSDA 903
 Note: In 2014 the DfE extended the care leaver cohort to include 20 and 21 year olds. As a result the figures for 2012-2013 include only to 19 year olds whilst the figures for 2014 - 2016 include Care Leavers of all ages.

4.3 Children at Risk of Sexual Exploitation

From 1 April 2016 to 31 March 2017 40 young people were presented to the Multi-Agency Sexual Exploitation (MASE) Panel. The majority of the children discussed at the MASE are aged 13 to 16, during 2016-2017; these are further broken down as follows:

- 96% were female
- 62% were from Black Asian or Minority Ethnic Background (BAME)
- 39% of these who had a MASE referral also had a Missing episode, however this is only a small proportion of all those who go missing from home or care
- The majority of children known to the MASE live in our most deprived wards Pollards Hill, Figges March, Ravensbury and St Helier

- As at 31st March 2017 40 children were Open to the MASE
- 25% were LAC (10 young people)
- 20% were care leavers (8 young people) and
- 10% were CP (4 young people)
- The majority of CSE cases are open to the MASE panel for a year.

Merton's Child Sexual Exploitation (CSE) strategy was re-launched in 2013 and refreshed in 2015 and 2017 supported by intelligence from our Joint Strategic Needs Assessment and peer review on CSE. Our Strategy provides clear and practical guidance for social workers and other practitioners dealing with cases where there is suspected and confirmed child/young person sexual exploitation.

Merton's management oversight of children who are at risk/subject of sexual exploitation, children missing from home or care and children missing education is maintained at three multi agency panels where information is shared and triangulated. Officers join up the 'risk dots' between these panels.

- Multi Agency Sexual Exploitation Panel (MASE)
- Missing from Home or Care Panel (Multi agency representation)
- Children Missing Education Panel (Multi agency representation).

Strategic thematic issues are identified by officers and during audits. These are discussed and challenged at a senior management level and at the Promote and Protect Young People (PYPP), thematic subgroup of the MSCB and at the executive group of the MSCB in Merton referred to as the Business Implementation Group (BIG).

4.3.1 Summary Activity to address CSE in 2016 and 2017:

- Refreshed and re-launched strategy, protocol and tools in March 2015 and refreshed in 2017
- Increased identification of young people at risk, including more males, referred to and discussed at MASE
- Learned from our London CSE peer reviews and developed a JSNA CSE chapter: refreshed our CSE strategy, guidance and support tools
- Improving connectivity between CSE and Children Missing from Home, Care or Education; strengthened data, tracking & triangulation and appointing a CSE operational lead
- Appointed CSE Operational Lead to support the CSE Strategic Lead in autumn 2016
- Delivered CSE champions in Secondary Schools and within Health agencies
- Undertaken extensive awareness raising including: CSE awareness weeks, targeted events for Foster Carers and ongoing

development for Primary and Secondary schools including training to Heads/ Designated teachers and health champions

- Strengthened MSCB PPYP links to children missing from home, care and education
- Audited cases to inform our CSE improvement agenda and reviewed and strengthened dataset
- Continued work with Redthread in St Georges Hospital in relation to young people who have presented with injuries from knife/gunshots and CSE/Sexual injuries. New screening process in place between local Sexual Health GUM clinics and Social Care
- MOPAC funded Young Women and Girls Worker in place – with complex caseload of very vulnerable young women
- Development of Gangs and CSE victims mapping which includes cross-border activity
- Completed refreshed CSE self-evaluation in the context of Ofsted guidance on the 'deep dive' theme for targeted local authority inspections
- Ongoing commitment to Schools Police Officers with a proactive prevention programme and key link role
- Reviewed CSE partnership arrangements
- Maintained commissioned service
- Extended cross borough liaison locally in London and ensuring specific liaison with authorities in whose areas Merton LAC are placed
- Participating in new developments – a 'child house'.

4.3.2 CSE and Looked After Children

There is a strong grip on the issue of looked after children and CSE. Seventeen looked after children were identified as being at risk of CSE. The Promote and Protect Young People Strategic Sub-Group (PPYPS) has strategic oversight of CSE and looked after children and reviews multi-agency performance of this issue at each meeting. In addition to this looked after children

who are at risk of CSE are reviewed at each MASE meeting. Ten looked after young people were identified as being at risk of CSE.

4.3.3 CSE and Out of Borough LAC Cases

We have placed young people away from the borough because of our concerns about LAC. For some young people placements away from their home community are a key part of the care plan as a result of anti-social behaviour and or risk taking behaviours. For some the needs of the young people are such that they require specialist placements which are not available in Merton or surrounding boroughs. For all children being placed outside of the borough the DCS is required to sign off agreement for the placement. Care plans for these children and young people are reviewed to ensure that where possible young people are supported to return to their home community at the earliest opportunity. During 2016-2017 there were 165 looked after children who were placed out of borough who were identified as being at risk of CSE.

4.4 Children Missing from Home and School

On average 400 to 500 episodes of missing from home or care are reported each year in Merton. This equates to between 60 and 80 unique children in each quarter with some seasonal episode increases around school holidays. The majority of the children who go missing are aged 14 to 17, male and White British. A large number of missing episodes reported in Merton relate to children looked after by other Local Authorities, but are placed in Merton. A small proportion of those who go missing from home are known to be at risk of child sexual exploitation or are known to be missing education, however almost half of those who go missing from care are known to be subject of these other vulnerabilities.

Actions to Address Children Missing From Home and Care

- Ongoing strengthening of 'Multi Agency Missing from Care and Home Panel' supported by a 'Missing dataset' which identifies other vulnerabilities including CSE and CME
- 'Weekly Missing Meeting' established in April 2016 and embedded in response to a need to strengthen multi agency operational working to ensure that children receive timely support from appropriate services including a return home interview
- Policies and procedures are in place to deliver a well-coordinated response to children who are reported as missing from home or care (Refreshed April 2016)
- Ongoing utility of Police Missing Person Co-ordinators analysis of repeat locations and individuals for MBC meetings
- Two thematic audits of children aged 11 to 14 who were reported as missing completed (November 2013 and March 2015) provided baseline intelligence and reassurance of the quality of assessments
- Independent organisation (Jigsaw4U) commissioned to work as part of a wider interagency team to provide practical and emotional support and prevent/reduce episodes of going missing. Jigsaw4U also provide 'return home interviews'
- With regards to children/young people known to Children's Social Care, case management of CIN/CP CYP missing from home is improving and recording and case management of Looked after Children missing or absent has improved over the last 12 to 18 months
- All in-house foster carers have received 'missing and absent' procedure training
- 'Children Missing' policies and procedures are checked as part of the placement commissioning process. Agency foster carers and residential placements are required to report missing episodes in a timely way to the Council and Police and are required to support the Council to implement safety plans.

Children Missing Education(CME)

On average 130 to 150 Off Roll children and young people are discussed at the CME Panel each year academic year. During 2015/16 the off roll CME are summarised as follows:

- The majority were children and young people in years 7 to 10
- 55% were male
- Only 5% were subject of a SEN Statement or EHCP
- 5% were Merton LAC, none were subject of a child protection plan and
- 3% were subject of a Child in Need Plan
- 96% of all CME Off roll cases during 2015/16 were actioned and closed by the panel within three months.

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CME policies and procedures, comply with the revised Statutory Guidance (January 2015). Merton's Education Welfare Service (EWS) promote and enforce regular and punctual school attendance. EWS support schools, parents and students to ensure that a child of compulsory school age has access to education and attends school regularly and punctually or receives a suitable education other than at school as well as ensuring that risks are well understood and minimised.

CME Multi-agency panel reviews all children who are missing education and tracks actions to return them to full time education, this panel meets monthly.

All referrals to the MASH are screened by an education officer to check if they are known to be missing education, this intelligence factors into MASH RAG rating. Briefings are provided to primary and secondary school head teachers on safeguarding risks associated with absence from school and are reinforced in termly designated teachers' events.

Action Taken To Address Children Missing from School

- Strengthened the partnership approach of the multi-disciplinary Hard to Place and CME Panels
- Implemented a Chronic Absence Project in response to an SCR finding with a focus on pupils with chronic absence pre-transition to secondary school. Undertook a post implementation impact review to take forward the learning
- Maintained our strong performance with low levels of NEET and achieved significant reduction of numbers of young people in the "Not Known" category
- CME/PA protocols between Education and Social Care services strengthened with regular reporting to CSF Continuous Improvement Board
- Briefings provided to Primary and Secondary School head teachers on safeguarding risks associated with absence from school and reinforced as appropriate in termly designated teachers' events
- Specific guidance provided to schools on forced marriage, female genital mutilation, child trafficking and Prevent
- Continued to improve school attendance and maintained our strong focus on preventing permanent exclusions
- Developed schools and early year's settings safeguarding audit tool and guidance
- Adopted a vigilant approach to the quality of alternative education provision in the borough and the identification and notification of unregistered schools
- Strengthened Education Welfare Service focus on the home education process where families opt to educate children other than at school (EOTAS). Action is taken by the authority in relation to unregistered schools, we are activity monitoring and liaising with Ofsted where necessary
- Ongoing commitment to Schools Police Officers with a proactive prevention programme and key link role

- Rolled out changes in relation to Pupil Registration Regulations 2016 regarding on and off rolling
- Further developed the CME panel dataset and intelligence analysis
- Consolidated school partnerships and further developed the Merton Education Partnership, used forums to highlight Safeguarding. Developed schools and early years Safeguarding audit tool and guidance (In early years all funded support and targeted support settings).

4.5 Prevent

The Board has refreshed its guidance for professional working with children and young people who are vulnerable to the messages of radicalisation and violent extremism. The Board's Policy Sub-Group works with Safer Merton to ensure that there is strong grip and

clear oversight of all prevent cases involving young people. The MSCB has worked hard, along with Safer and Stronger, to achieved strong engagement with the 'Prevent' agenda involving key partners including police, schools, early years settings and with faith, voluntary sector and wider communities.

4.6 Female Genital Mutilation

The Board has refreshed its Guidance on Female Genital Mutilation (FGM) and provided a range of briefings and multi-agency training sessions on FGM. The Board has also prepared an FGM leaflet that has been made available to parents and professionals both online and in print. The Board also provides 'red alert' briefings to Merton schools around Easter and Summer holidays, which have been identified as key risk periods for FGM due to the length of the holiday period. There have been two cases where FGM has been identified as a risk factor.



5.0 Statutory and Legislative Context

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

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

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

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

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

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

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

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



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

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

These duties are further clarified in the statutory guidance: *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2015, Chapter 3* (WT 2015)

LSCB duties are specified in WT 2015, Chapters 3, 4 and 5, with a responsibility to have oversight of single agency and multi-agency safeguarding and promotion of children's welfare (under Children Act 2004, section 11, see the footnote on page 33) as set out in WT chapters 1 and 2.

The Children and Social Care Act 2017 received Royal Assent on 27th April 2017. The Act will abolish LSCBs, replacing them with Safeguarding Partnerships, and the 2004 legislative framework. It is expected that a revised Working Together to Safeguard Children and statutory regulations will be provided in late 2017 or early 2018.

6.0 MSCB Inter-relationships and Influence with other Key Partners

The Board has a rolling 24-month Business Plan, to be refreshed each March for the business year starting each April. The update of the MSCB Business Plan for 2017-2019, agreed by the Board in June 2016, is attached as Appendix 1. The Business Plan outlines the Board's priorities for 2017-2019 and was agreed by the Board at its annual Away Day in March 2017. Priority items can be added within the year.

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

Membership⁴ of the Board includes the following statutory partners:

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

Membership of the Board also includes:

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

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

- The Health and Well-Being Board
- The Corporate Parenting Board
- The Children's Trust
- The Safer and Stronger Partnership.

⁴ The structure and membership of the Board is included in this report as Appendices 4 and 5.



7.0 MSCB Sub-Groups

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

7.1 Quality Assurance Sub-Group

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

The QA Sub-Group undertook the following activities in 2016-2017:

- Completed 3 themed multi agency audits. The themes for each multi-agency audit are as follows:
 - Children With Disabilities May 2017
 - Child Sexual Abuse and Threshold Decisions in Child Sexual Abuse Case October 2017
 - Live Learning Practice Audit on the Theme of Domestic Abuse January 2017
- Reviewed the MSCB's Multi-agency Performance Dataset
- Monitored learning from SCRs, LiRs, and the Action Plans coming out of the Child B SCR and the Baby C LiR
- Disseminated learning from multi-agency audits
- Maintained an overview of multi-agency escalations to the Board.

7.2 Promote and Protect Young People Sub-Group

The Promote and Protect Young People (PPYP) Sub-Group met 8 times in 2016-2017. The purpose of the PPYP is to take overall lead responsibility on behalf of the MSCB to ensure that there are effective and up-to-date multi-agency policies, protocols and procedures to ensure children and young people are safeguarded and protected and their welfare is promoted; *concentrating on extra-familial abuse* where there is *risk of abuse outside the family*. PPYP is responsible for policies relating to issues like CSE, children

missing from home, care or education, child on child abuse, other forms of exploitation (such as radicalization), e-safety, trafficking, abuse by those in a position of trust or in institutions - including faith organisations and community organisations; and policies and procedures in relation to allegations against those in a position of trust (Local Authority Designated Officer (LADO) referrals).

In 2016-2017 PPYP undertook the following pieces of work on behalf of the Board:

- Reviewed and updated *Guidance for Professionals Working with Children and Young People who May Be Vulnerable to the Messages of Radicalisation and Violent Extremism*
- Oversaw the work the MASE Panel and Persons of Concern Panel
- Maintained strategic oversight of Children Missing from home, school and care
- Oversaw the Merton Adolescent Review
- Reviewed and updated the MSCB's *CSE Protocol* for approval by the Board
- Reviewed and updated the MSCB's *CSE Strategy* for approval by the Board
- Monitored and ensured the implementation of the CSE Action Plan
- Ensured the delivery of the CSE Awareness Events across the Borough
- Revised and Updated the MSCB's Missing Panel Terms of Reference for approval by the Board
- Reviewed and updated the MSCB's *Online Safety Strategy* for approval by the Board
- Prepared the MSCB's *Harmful Sexual Behaviour Protocol* for approval by the Board.

7.3 Learning and Development Sub Group

The purpose of the Learning and Development Sub-Group is to take the overall lead responsibility, on behalf of the MSCB, to ensure that there are effective arrangements in place so that the multi-agency workforce is up to date in knowledge and

skills for safeguarding children and promoting their welfare. The Learning and Development Sub-Group also plans and delivers the Joint MSCB/CSC/CSF Multi-Agency Annual Conference for practitioners and managers. The aim of the conference is to increase awareness developments in safeguarding and to engage in dialogue with frontline practice. We also aim, where possible, to involve children and young people.

7.3.1 MSCB Joint Conference With Children’s Social Care and Children’s Schools and Families Department

The MSCB and CSF Joint Conference, *Behind Closed Doors: Working the Complexities of Domestic Abuse* included over 140 attendees from a range of multi-agency backgrounds, including health, that is, the Clinical Commissioning Group, Central London Community Health Care, Public Health, education, youth inclusion, children’s social care, safeguarding adults, mental health, probation, the metropolitan Police Service, and voluntary organisations.

The event featured a Keynote Address from Jo Keogh MBE. Jo has been committed to supporting the victims and survivors of Domestic Abuse for over 15 years. She was awarded an MBE in 2013 and the Commissioners Commendation for the Domestic Abuse Achievement awards in 2014. Jo’s address focused on coercive control and the need for services to be sensitive to the experiences of victims who should be recognised as survivors. Jo’s presentation came alive with the contribution of Victoria, who is a survivor of domestic abuse. Victoria bravely shared her story with the conference and explained the need to balance compassion with a robust approach to working with both victims and perpetrators. She highlighted the need to build trust, and for practitioners to understand the level of control exerted by perpetrators and the level of fear and trauma experienced by survivors and to be professionally curious and ask the difficult questions.

The conference also featured six workshops by professionals and services which work with families in the Merton area:

- Working with Multi-Agency Risk Assessment Conferences (MARAC) High Risk Victims and Response
- Children’s Social Care Impact of DV on Family Life
- Working with Perpetrators, Building Better Relationships
- Housing for Women - Life in the Refuge
- Domestic Violence and Mental Health - Supporting Victims on their journey
- Domestic Violence and Health Outcomes - Impact of DV on Health.

Some of the comments from the conference state that:

- “Merton is doing some excellent work in tackling DV issues and in recognising people’s lived experienced and improving services’ responses through training and development”
- “Thanks for an excellent day”
- “Excellent Conference - ...powerful account by Victoria...”
- “Powerful... Emotional”

The Conference was concluded with a Dramatic presentation by AlterEgo Creative Solutions. The drama, entitled *Behind Closed Doors*, helped practitioners to understand:

- The complexities of Domestic Abuse, Coercive Control & Stalking
- The Warning Signs/Risk Factors
- Why victims may not tell anyone, may not wish to prosecute, may retract statements, may justify what is happening to them, may not even see themselves as victims in the first place and may fight against any intervention
- The importance of effective Risk Assessment
- How to sign-post to relevant services.

7.3.2 MSCB Training

The table below gives a quick overview of the number of planned and run training events from April 2016 to March 2017.

The tables overleaf indicate attendance per course and per agency.

The MSCB has a responsibility to monitor and evaluate the effectiveness of training including multi-agency training to safeguard and promote the welfare of children. As part of this responsibility the MSCB offers a comprehensive programme of multi-agency training.

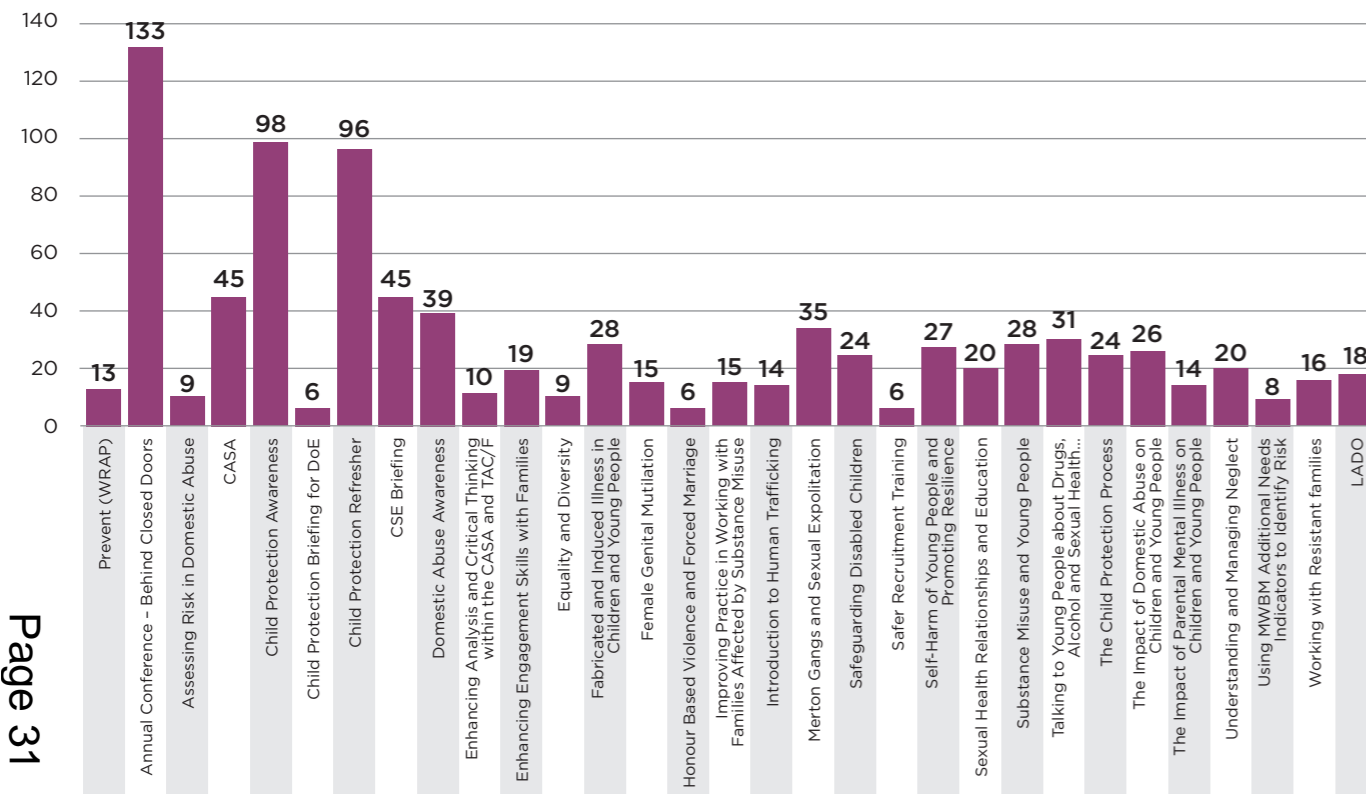
The MSCB’s Learning and Development Strategy outlines the MSCB’s approach to Multi-agency Learning and Professional Development.



Table 11: MSCB Training for 2016-2017

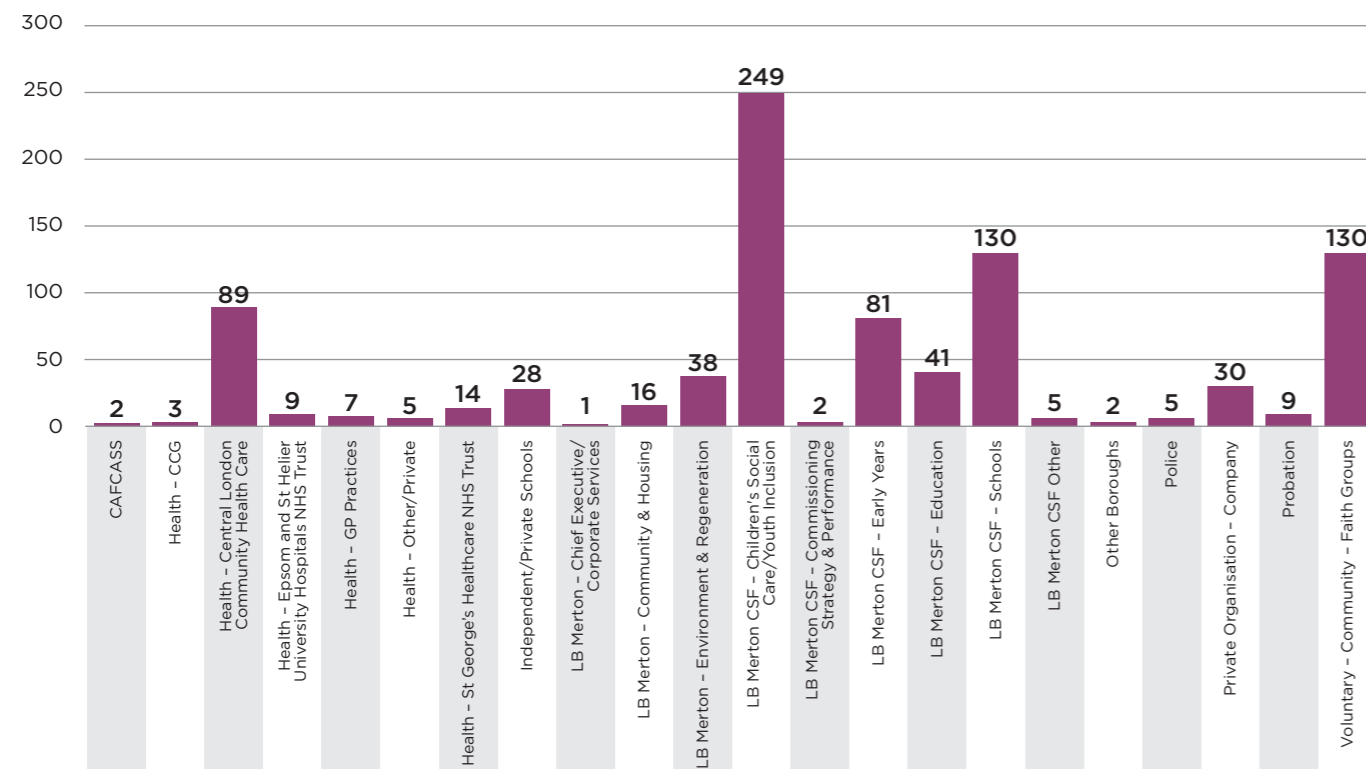
| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-----------------------------------|-----------|-----------|-----------|-----------|----------|------------|-----------|------------|-----------|-----------|-----------|------------|------------|
| Planned events | 6 | 7 | 13 | 6 | 0 | 10 | 8 | 11 | 3 | 7 | 7 | 9 | 87 |
| Added events | | | | | | | 1 | 2 | | 1 | 1 | 1 | 6 |
| Cancelled events | 4 | 2 | 5 | 0 | 0 | 0 | 2 | 4 | 1 | 1 | 0 | 4 | 23 |
| Actual events | 2 | 5 | 8 | 6 | 0 | 10 | 7 | 9 | 2 | 7 | 8 | 5 | 69 |
| Booked | 28 | 59 | 93 | 77 | 0 | 200 | 121 | 144 | 20 | 107 | 113 | 185 | 1147 |
| Actual number of attendees | 20 | 69 | 69 | 53 | 0 | 167 | 90 | 115 | 23 | 98 | 98 | 191 | 993 |

Attendance per Course 2016-17



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Attendance per Agency 2016-17



The provision of learning and development will be based on:

- Lessons from serious case reviews, learning and improvement reviews, management reviews
- Learning needs identified as part of multi-agency audits
- The MSCB key priorities as outlined in the MSCB business plan and other requirements as arising during the course of the year
- It will also link to requirements from other Boards (e.g. Safeguarding Adult Board, the Health and Well-Being Board etc.) and where appropriate share with other Safeguarding Boards and agencies so as to avoid duplication with single agency programmes and maximise the use of resources and shared expertise
- System wide Developments in multi agency safeguarding practice, for example, the Merton Social Work Practice Model, including the multi agency implementation of Signs of Safety and the review of the Merton Child and Family Well-being Model)
- Multi-agency training needs identified as part of reviews and/or inspections.

The MSCB's programme is one of the most comprehensive multi-agency safeguarding training programmes in London, offering a wide range of training opportunities for multi-agency safeguarding practitioners.

The Learning and Development Sub-Group reviewed the figures from 2015-2016 and as a result the Sub-Group took the decision to refresh the programme and training offer. The current training programme is aligned to the Board's key priorities and reflects the learning coming out of our SCR and LiR as well as learning emerging from analysis of SCRs nationally.

We are working closely with partners in Children's Social Care (CSC) to ensure that there is consistency and minimal overlap between the MSCB training offer and the CSC programmes.

7.3.3 E-Learning

Merton SCB renewed their membership with Virtual College in September 2016 and paid £8,000 for their e-Learning package and self-registration system, allowing learners and institutions to create their own e-Learning account.

In October 2016, Merton SCB upgraded their membership with Virtual College and upgraded to unlimited licences to the Total Training Package, paying an additional £8,000. The membership dates run from 30/09/2016 to 29/09/2017.

7.4. Policy Sub-Group

The Policy Sub-Group is focused on policies and procedures and the purpose of the Policy Sub-Group is to take overall lead responsibility on behalf of the MSCB to ensure that there are effective and up-to-date multi-agency guidance, policies, protocols and procedures to ensure children and young people are safeguarded and protected and their welfare is promoted. The Policy Sub Group also has lead responsibility for policies in relation to *safeguarding children from harm and neglect within their families or substitute families*. This includes core early intervention and child protection procedures and looked after children procedures; private fostering; the Sub-Group also leads on specialist areas such as parental mental ill-health, parental alcohol and substance abuse, and parental disabilities; FGM, cultural-based abuse and so-called 'honour' violence.

In 2016-2017 the Policy Sub-Group drafted or refreshed the following policies/strategies/protocols for approval by the Board

- The FGM Strategy
- The Neglect Strategy
- The Bruising in Pre-mobile Babies Protocol
- The Multi-Agency Escalation Protocol.

7.5 Merton Child Death Overview Panel (CDOP)

In January 2017, the Merton CDOP took the decision to disaggregate from the London Borough of Sutton. Merton CDOP established local arrangements to respond to and review child deaths in Merton; these include:

- A review of all child deaths (under 18 years, excluding those babies who are stillborn) in the LSCB area undertaken by a panel (Para 5.8 – 5.9); and
- A rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child (Para 5.12-5.20).

neonatal unit. Three babies died in the delivery suite and one died in paediatric intensive care, three of eight babies were under 23 weeks gestation. Mental health concerns were identified with three families and one set of parents were consanguineous. In all eight cases no recommendations were made by the Panel.

No cases reviewed this year have been classified as Sudden Unexpected Death in an infant for Merton.

There were 14 deaths classified as “expected” reviewed in this period, all of which were considered to have “no modifiable factors”. In 1 case, the parents are consanguineous and declined genetic testing antenatally. There were 3 sets of twins. One sibling survived of IVF Twins. Eight children had life limiting conditions. No recommendation was made in any of these cases.

7.6 Youth Crime Executive Board (YCEB)

The Youth Crime and Prevention Executive Board (YCPEB) is chaired by the Director of Children’s, Schools and Families Services and the vice chair is the Chief Inspector of the Metropolitan Police (Merton). The YCPEB is the governance structure for Merton in relation to the work of the Youth Justice Team (the local Youth Offending Team), including the Youth Justice Annual Plan, performance and Quality Assurance. It also oversees the partnership response to Serious Youth Violence, Gangs and Troubled Families (known locally as Transforming Families) (TF). Membership includes Children’s Schools and Families (CSF): Children’s Social Care (CSC); Youth Justice; LAC, Education Inclusion, Police, Probation and the Clinical Commissioning Group (CCG). The YCPEB reports to the MSCB. The Safer and Stronger Partnership reviews the performance of the partnership, the Youth Justice Team as well as wider youth crime issues.

The YCPEB’s key priorities over the past year have involved maintaining and monitoring the strong performance of the YJT, particularly in relation to the Youth Justice Board’s three key performance indicators of reducing first time entrants to the Youth Justice system, sustaining low numbers of young people who are sentenced to custody and

reducing the number and rate of young people who reoffend. The YCPEB priorities have also been in regard to delivering the TF programme and reducing the serious youth violence and gang activity in the borough.

The Youth Justice and Transforming Families Teams are placed within the Family and Adolescent Service, which is a strand within Children’s Social Care and Youth Inclusion that delivers a range of government prescribed and legislated functions to children at risk of harm, children in care, care leavers and young offenders, as well as wider services for families. A number of the interventions are targeted with the aim of providing an intervention before problems escalate within a family or that of a young person. This involves working closely with schools, academies, the Police and the Education Welfare Service. This work has included contributing to the CSF Equalities Action plan and actions are now in place to ensure that young people from deprived wards in the borough are supported. An example of this work is the Performance Reward Grant (PRG) Phipps Bridge (ward) work, which is focused on reaching and supporting young men from Black, Asian and minority ethnic (BAME) and White working class backgrounds

YCPEB oversees Merton’s response to new legislation, the Inspection regime, its local crime reduction & prevention initiatives, monitor issues concerning risk and safeguarding and ensure staff & resourcing levels are in place to maintain performance and effectiveness within the delivery of the youth crime and prevention services. As part of our commitment to continuous improvement, the YCPEB monitors the delivery of any improvement plans following inspections or audits. In 2016 an audit was completed on 20 cases by Cordis Bright, who have previously audited the team. This was in light of anticipated changes to Her Majesty’s Inspectorate of Probation (HMIP) framework for inspection of Youth Offending Teams and following implementation by the YJT of the Youth Justice Board’s new assessment framework, AssetPlus, in March 2016. The audit evidenced an improvement since their last visit in August 2013 and the subsequent SQS in October 2013. They examined 8 YROs and 11 Referral Orders. They presented

the results separately as the results were different for each cohort. All YROs had sufficient risk management and effective oversight by managers and improvements were identified in regard to home visits and in a number of areas for Referral Orders. An Action Plan was developed and is reviewed by the YCPEB. Cordis Bright also recommended the Trauma Recovery Model to support the team’s proactive approach with young people but to have a structure for responding to more complex / chaotic cases and increase the use of outreach and home visits.

The Youth Justice Board’s annual National Standards audit was completed with most standards met or met with some improvements required. The YCPEB has endorsed recommendations, and will seek a partnership response from Service Managers for Youth Justice, Emergency Duty and Access to Resources Teams to create a plan for how LA responsibilities for a ‘PACE bed’ can be met, within the remit of practicable and fully supervised care, supported by transport. Training for EDT and frontline social workers will support awareness of responsibilities during different stages of young people’s involvement in the criminal justice system.

The YCPEB remains committed to the core value of ensuring the voice of the child (VOC) and that this is captured and acted upon. The Youth Justice Annual Plan includes an Action Plan developed and reviewed by a youth board consisting of young people currently or previously on orders with the team. The latest youth board reported positively on the improvements to the recommendations, which are shared in team meetings. The Online Viewpoint Questionnaire was a requirement of HMIP and has now ceased. The last report from Viewpoint showed favourable satisfaction of service delivery. An ‘exit questionnaire’ as been developed by the team to capture the views of young people as they end their orders and the results will continue to be reported to the YCPEB and Youth Justice Plan reviews.

The YCPEB continues to have a focus on the Ending Serious Youth Violence agenda and this year Merton was involved in a Local Assessment

In all, 36 cases were reviewed and completed by the CDOP during the period 1st April 2015 to 31st March 2016. 15 Cases were from Merton and 21 cases from Sutton. From 1 April 2015 to 31 March 2016, there were 28 child deaths reported to the Sutton and Merton CDOP. 16 deaths were of children resident in Sutton and 12 in Merton.

In 2015-16 there were no out of borough deaths of Sutton or Merton children.

There were four CDOP meetings held in 2015-2016 and 36 cases reviewed in total, as per the breakdown in Table 2 below. The number in brackets beside the number of cases reviewed indicates in which year the child died: (13) for a child death from 1st April 2013 – 31st March 2014 (14) for a child death from 1st April 2014 – 31st March 2015, and (15) for a child death that was reviewed in April 2015- to March 2016 year.

There were 9 unexpected deaths in Sutton and Merton in the 2015-2016 CDOP year. Nine rapid response meetings were held. Where a rapid response meeting was held, 1 case was referred to Merton Safeguarding Children’s Board for consideration as a learning review. The case currently awaits the Coroner’s Inquest and review.

There were 8 neonatal deaths reviewed in this period. Of these none had modifiable factors identified. Half of these children died on the

Process, delivered by the Institute of Community Safety. The recommendations from this report have been presented to both YCPEB and Safer and Stronger. The priorities will be to consider senior leadership oversight and collaboration in regard to the local profile and mapping of gangs, violence and exploitation. This will include oversight of the increase in County Lines drug dealing and a pilot project funded by the Home Office to engage young people through offering alternative pathways and access to legitimate income through apprenticeships. The YCPEB has also endorsed the combining of the Youth Offending Management Panel (YOMP) with the Gangs Multi-Agency Panel (GMAP) to ensure a streamlined multi-agency oversight, which will also reduce duplication of complex cases previously discussed at both panels. Reports from YOM-GMAP and case examples are to be represented to YCPEB to allow senior strategic oversight.

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 IOPAC funding for the gangs, restorative justice and CSE workers has been retained, this is now monitored by the Safer Merton manager, which has seen an increase in joined up working between the relevant services and Safer Merton and this joint working approach will continue to be fostered through networking events, representation at relevant panels and responding to the LAP review.

The Youth Justice Team has worked with the MSCB on a Harmful Sexual Behaviour Protocol, which aims to improve a multiagency response to young people who are involved in inappropriate or harmful sexual behaviour with appropriate assessment routes. The YCPEB and the MSCB QA Sub-Group were sighted on and approved the actions from a Critical Learning Report in regard to a critical incident involving a Rape charge, which includes the commissioning of a consultancy service to support workers on a regular basis in regard to their engagement and supervision of young people involved in harmful sexual behaviour (whether on court orders or under safeguarding processes). The Assessment Intervention and Moving on (AIM) tool will continue to be utilised to support screening and assessment. Other assessment frameworks are also being considered through the commissioning and training programme.

Merton CSF also focuses on the Child Sexual Exploitation agenda especially with regards to reducing the vulnerability of children and young people. This is done through the work of the Multi-Agency Sexual Exploitation (MASE) Panel and the Persons of Concern Panel (POC). These panels report to the Promote and Protect MSCB Sub-Group. The YCPEB also has oversight of this significant work and the Youth Justice Team Manager ensures representation from the YJT is maintained at all panels and groups. The cross-over of the serious youth violence and CSE agendas will increase next year with the YJT Manager being the lead for 'Contextual Safeguarding' agenda and having management responsibility for the CSE Lead.

7.7 Violence Against Women and Girls (VAWG) Sub-Group

The MSCB is committed to addressing the violence against women and girls. The VAWG Sub-Group is Chaired by the Director of Children, Schools and Families and the Vice-Chair is from the Borough Police. The strategic aims outline four priority areas in tackling VAWG and domestic abuse, which are:

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

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

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

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

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

Key achievement highlights for 2016-2017

The Merton VAWG board oversaw a range of work during 2016-17. As the work of the four year strategy was overseen and year one outcomes delivered we discharged the following:

- The London Borough of Merton is now a fully accredited partner in a national campaign to tackle Domestic and Sexual Violence
- Work has been completed with Merton becoming the second London borough to adopt the UK Says NO MORE campaign. Merton is the biggest supporter of this work and now has an employee as one of their faces for their national 2017-18 campaign
- Merton was also the first London Borough to adopt the "Ask Angela" campaign which works to address sexual violence within the night time economy. Based on our work this campaign has now been adopted by the Metropolitan Police who are now rolling this out across the city
- The Safer Merton Partnership to launch our revised VAWG mission statement
- Work completed with the introduction of a four year strategy developed and signed off in conjunction with partners
- The Safer Merton Partnership to work with victims of Domestic Violence and Abuse (DVA) and encourage reporting of incidents to achieve our ambition of increasing victims' access to services year on year

■ Work undertaken through the campaigns resulted in some increases in reports for quarters 1-3 however reporting in quarter 4 reduced. The reduction may coincide with there being no sustained promotion during these months to undertake a full DVA profile for the borough.

Alongside this we successfully delivered work around:

- Merton's Police achieve 40% SD rate for Violence with Injury (Domestic Abuse) the second best in the MPS
- More Domestic Violence Protection Orders are being applied for and granted
- Police MARAC referrals are up significantly
- Operation Dauntless approach with higher risk suspects is now routine
- All repeat cases are reviewed regularly by the Police
- MARAC learning days have been carried out and the most recent MARAC self-assessment provided some positive results
- Presentation provided at the annual MSCB conference which was focused on DVA
- Delivered a full programme of activities for the 16 Days of Activism 2016.

As we move forward through 2017-18 we will continue to build on this work by:

- Recruiting a VAWG co-ordinator to ensure that all nine strands of VAWG are fully developed and embedded across the partnership
- Completing an overview profile of all VAWG strands in Merton and updating the DVA profile
- Discharging our year two priorities from the VAWG strategy and developing the detail around our year three ambitions
- Continue to build on our successes of the NO MORE and Ask Angela campaigns to further improve reporting rates within the borough

- Commission a new DVA service for 2018-20201 to ensure that Merton can meet the needs of our DVA victims moving forward
- Develop and deliver an improved programme of events during the 16 Days of Activism campaign 2017, deliver a robust programme of events for NO MORE week 2018 and ensure that the VAWG partnership acknowledge all international, national and/or local days around VAWG.

7.8 MASH Strategic Board

The purpose of the MASH Strategic Board (MSB) is outlined as follows:

- To provide assurance to the MASH Leadership Group
- To review the performance of MASH against individual agency Performance Framework and MASH Performance Framework
- To Review the function of the hub
- To identify future development/changes for the hub.

The MSB meets each month and membership of the Board includes:

- Merton Adult Services
- Merton Borough Police
- Merton CSF: Children's Social Care, Education & Early Years
- Merton CCG: Commissioner of community health services
- Merton Housing Services.

The MSB is accountable to the MSCB. An annual report will be submitted and presented to the MSCB and the MASH Group by the Chair who shall brings to the attention of the Board and the MASH Leadership Group issues relating to performance, the future direction of the MASH, operations, issues, blockages etc.

7.9 Structure and Effectiveness of the MSCB

In 2014-2015 the Board undertook a review of its structure and constitution. The focus of this review was to streamline the work of the Board for increased effectiveness (see appendix 3). These changes were embedded in 2015-2016 and there is evidence that these changes beginning to pay dividends in terms of the Board's increased effectiveness and impact.

The Board has 100% compliance with its section 11 process for statutory agencies. This was supported by a rigorous Peer Review and Challenge process to which challenged each agency to demonstrate their effectiveness in safeguarding and promoting the welfare of children locally.

The MSCB has clear thresholds which are clearly understood throughout the safeguarding system. This is known locally as the Merton Well-Being Model and Common And Shared Assessment).

The MSCB has a robust Multi-Agency Training programme which works to ensure that the multi-agency children's workforce has access to high quality, multi-agency training. This programme is evaluated as being very good by the members of staff attending courses.

The Board is assured by partner agencies regarding their recruitment and supervision of persons who work with children as part of our Section 11 process. There are arrangements in place for the LADO and there has been a significant increase in LADO referrals and consultation in 2015-2016. The Board also receives the private fostering annual report in January each year.

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

The Board communicates with persons and bodies including schools, parents, educational settings, temples, churches, Mosques, other voluntary organisations, health providers and a range of other statutory and voluntary services by telephone, online, in person, through conferences, events, briefings etc. regarding safeguarding. The Board elicits feedback on its communications to ensure that this is effective.

The Board also quality assures the quality of safeguarding and promotion of children's welfare, through the monitoring of key performance data; multi-agency, single agency audits ensuring that the learning from audits and other quality assurance activity is cascaded across the children's safeguarding system.

The Board contributes to the planning of services for children in highlighting priorities for service delivery and service design. For example, the Board's Annual Business Plan is informed by the Joint Needs Strategic Assessment

Since the last inspection (January 2012), the MSCB has:

- 7 serious incident notifications have been submitted to Ofsted by the MSCB
- completed two SCRs (the Tia Sharpe SCR and the Child B SCR)
- The MSCB have completed 3 learning and improvement reviews (Child J, Baby PP and Baby C).

7.10 MSCB Budget

The MSCB has an agreed budget and all agencies contribute. Its income for 2016/17 was £248,470. The MSCB Budget for 2016-2017 is detailed as follows:

| | |
|---|-----------------|
| Brought forward from 2014-2015 | £18,642 |
| Income for 2015-2016 | |
| Agency Contributions | |
| CAFCASS | £550 |
| London CRC | £1,000 |
| London Probation Service | £1,000 |
| London Borough of Merton | £142,030 |
| Merton CCG | £55,000 |
| Metropolitan Police | £5,000 |
| Sub-total | £204,580 |
| London Borough of Merton Baseline supplement ⁵ | £43,890 |
| Total | £248,470 |
| Expenditure | |
| Staffing | £144,170 |
| Premises | £2000 |
| Supplies and Services | £100,460 |
| Transport | £1,840 |
| Totals | £248,470 |
| Brought forward from 2016-2017 | £0.00 |

⁵ In 2016-2017, the MSCB Expenditure exceeded income from Agency contributions; LB Merton therefore supplemented the MSCB Budget.

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

8.1 Harmful Sexual Behaviour Task and Finish Group

The PPYPS Sub-Group commissioned a task and finish group to develop a multi-agency protocol to address the issue of harmful sexual behaviour. The task and finish group included representation from:

- Children's Social Care
- Health
- The Police
- The Youth Justice Team
- Child and Adolescent Mental Health Practitioners with the Youth Justice Team
- Education

The task and finish group also consulted with schools and young people. The Harmful Sexual Behaviour was developed in accordance with the relevant chapters in the *London Child Protection Procedures*⁶, drawing upon the following local and national guidance:

- *Merton Safeguarding Children Board's Child Sexual Exploitation Strategy 2017*
- *Merton Safeguarding Children Board's Child Sexual Exploitation Protocol 2017*
- *Harmful Sexual Behaviour Among Young People*, Guideline September 2016 (National Institute for Health and Care)
- Hackett, S, Holmes, D and Branigan, P (2016) *Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours*, London, NSPCC
- AIM2 Model of Initial Assessment (G-Map, 2012).

The Harmful Sexual Behaviour Protocol was recommended to PPYPS and was presented to the Board for Approval in June 2017.

8.2 CSE Protocol and CSE Strategy Task and Finish Group

The PPYPS also commissioned a task and finish group to revise Merton's CSE Protocol and our CSE Strategy. The task and finish group included the CSE Lead Practitioner, representation from the Police, Health (including Merton CCG), Children's Social Care, Education, Commissioners

8.2.1 The CSE Protocol

The CSE Protocol has been reviewed to ensure that it is in line with the London Child Protection Procedures Chapter 7 in light of the Merton context. The revised protocol highlights peer on peer abuse and makes reference to contextual CSE and harm in a range of public environments/ contexts. The protocol has added additional clarity regarding interventions at each level of need. As a result, we have outlined our approach in the following:

- Cases that are pre-threshold in early help and that require enhanced support
- CIN Cases
- CP Cases
- LAC Cases

Throughout the protocol we have highlighted the role of the CSE Lead to provide consultations to professionals on all cases relating to CSE. The revised CSE Protocol was approved by the Board in March 2017.

8.2.2 The CSE Strategy

The CSE Strategy was last updated in January 2015. Since that time the Board has reviewed its CSE protocol, the DfE has also refined its definition of CSE, the London Child Protection Procedures have been updated, and there is also a growing body of evidence and practice development around contextual safeguarding. The Strategy sets out the MSCB's response to CSE.

The statutory definition of CSE has been updated. The strategy makes the link between CSE, Harmful Sexual Behaviour and other shared categories of harm/exploitation including missing; Harmful Sexual Behaviour, teenage relationship abuse, serious youth violence, CSE and radicalisation (see pages 5-7). The CSE Strategy was approved by the Board in May 2017.

The strategy also highlights the significance of contextual safeguard drawing on the work of Carlene Firmin (2013 and 2016). Information regarding the local context has been updated. Related to this is a new section on working with children and young people affected by CSE drawing on the work of University of Bedfordshire, the International Centre for Researching CSE, Violence and Trafficking and Research In Practice (2017).

8.3 Online Safety Strategy Task and Finish Group

The Policy Sub-Group commissioned a task and finish group to revise and update the MSCB's Online Safety Strategy. We were grateful for the support and expertise of Derek Crabtree, the Schools ICT Support Manager who worked on drafting the strategy. The task and finish group included representatives from the Police, Health, Children's Social Care, Education, Voluntary Organisations. The aim of this strategy is to provide guidance and inform frontline practitioners to:

- Guide children, young people and others to the best sources of information and support and not duplicate the great range of advice and resources already available
- Help organisations to develop their own solutions, and incorporate the principles and priorities in this strategy into those
- Identify those young people potentially vulnerable
- Make sure that risk is assessed and managed effectively
- Make sure that young people understand their own risks in using online services.

The strategy covers the following aspects of online safety:

- Inappropriate content
- Cyber-bullying, including sexual bullying
- Online Grooming
- Youth Produced Sexual Images
- Online Reputation
- Privacy
- Self-Harm
- Online Pornography
- Radicalisation

The Strategy was approved by the Board in June 2017.



⁶ The London Child Protection Procedures, 5th Edition: Chapter 7. Safeguarding Children from Sexual Exploitation (Part B3 Safeguarding Children Practice Guidance); Chapter 8. Organised and Complex Abuse (Part A: Core Procedures). In cases where there is more than one victim and/or perpetrator Chapter 8 must be followed; Chapter 10 Safeguarding Sexually Active Children (Part B3 Safeguarding Children Practice Guidance) Chapter 15 Children Harming Others (Part B3 Safeguarding Children Practice Guidance).

8.4 Bruising In Non-Independently Mobile Infants and Children Task and Finish Group

The Policy Sub-Group commissioned a task and finish group to prepare a protocol on Bruising In Non-Independently Mobile Infants and Children. The task and finish group met and prepared guidance designed to support professionals' practice in the assessment and management of bruising in non-independently mobile infants (usually less than 6 months old). The aims of the guidance are to:

- Outline pathways in Merton for the referral and assessment of bruising in non-independently mobile infants and children
- Ensure that all partners are responding to bruising in non-independently mobile infants and children in a consistent way
- Support practitioners to effectively respond to concerns about non-accidental injury in non-independently mobile infants and children.

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The guidance is part of MSCB's implementation of recommendation 5 of the Baby C Learning and Improvement Review. The guidance was approved by the Board in June 2017.

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

8.5.1 Learning from the Child B SCR

In 2015-2016 the Board commissioned a Serious Case Review, known locally as the Child B Serious Case Review (SCR). In September 2015, B (age 16) was seriously assaulted by her Mother during the night while B was asleep. The sustained attack resulted in significant damage, requiring surgery. B's Mother had a long history of mental illness, including in-patient and community based mental health services.

Child B was seriously harmed by her Mother who had an on-going history of poor mental ill-health; at times, she was well and, at times, she deteriorated rapidly. The work shows the need to understand parental mental health, alcohol, and possible domestic violence and their impact on young people. These are not new themes

in serious case reviews. This review helped the Board to identify the work that needs to be done locally to ensure that practitioners recognise and understand this 'trigger' trio.⁷

The Key Lessons from the SCR are outlined as follows:

- **Embedding Think Family in Assessments and Work with Families.** Work with children and families needs to take into account the family dynamics of family history, relationships, different belief systems, or culture. Practitioners need to be equipped and supported through training and supervision to understand the possible significance of the cultural and religious dynamics.
- **Understanding the needs of Young Carers.** The needs of Young carers need to be recognised, understood and attended to by the whole multi-agency system. This requires appropriate joint assessments
- **The use of written agreements.** There is a need for clarity regarding the use of written agreements. This includes ensuring that the use of such agreements follows the London Child Protection Procedures and best practice guidance.
- **Leadership and Quality Assurance of multi-agency meetings and processes.** Step-down from child protection the children in need processes need to be well planned and carefully managed from a multi-agency perspective. This includes clarity about who should be involved, what the goals were and timing of meetings.

The report of this was published in February 2017 and is available on the MSCB website.⁸ The recommendations coming out of the SCR are included in this report as Appendix 1.

⁷ The term 'Trigger Trio' is used in Merton to describe the issues of domestic abuse, mental ill-health and substance misuse.

⁸ https://www2.merton.gov.uk/health-social-care/children-family-health-social-care/safeguardingchildren/lscb/serious_case_reviews.htm

The Board has an action plan in place to ensure that the recommendations coming out of this SCR are implemented. In addition to this, the Board has provided a range of briefings to over 120 multi-agency members of staff; to Designated Safeguarding Leads across the primary and secondary school sector, including academies; the Board has also briefed colleagues in the private and voluntary sector to ensure that messages about effective multi-agency working are communicated. The Board is in the process of reviewing its Young Carers' Strategy and a Mental Health Protocol.

8.5.2 Learning from Baby C Learning and Improvement Review

This was a case which was escalated to the Board by the Named Nurse for the Community Health Provider. The concerns included neglect (including physical neglect and failure to attend medical appointments), parental mental health, parental learning difficulties, and parental substance misuse.

The Board met in November 2015 to consider if the threshold for a SCR was met or if there was a need to commission another type of learning review. At that meeting it was agreed that the criteria for a serious case review were not met however, this case would provide an opportunity for a Learning and Improvement Review.

This Review has demonstrated the importance of recognising the indicators and impact of chronic neglect on children. The need for professionals to view a home environment from the child's perspective cannot be overemphasised. This case has highlighted the importance of the need for professionals to take account of the childhood experiences of a parent with mental health concerns and the impact of such experiences on the safeguarding risk to children. Such information needs to be shared with other agencies working with the family.



The key learning coming out of the review is summarised as follows:

- **The need to understand Neglect:** The signs and indicators of chronic neglect need to be recognised and acted upon by multi-agency professionals. Neglect remains the theme running across each of the Board's three key priorities. The Board has reviewed and updated its Neglect Strategy and will be conducting an audit of neglect cases in early autumn 2017. We are also developing a neglect toolkit which will assist practitioners in identifying and assessing cases of neglect.
- **Physical Abuse:** Unexplained physical injuries in children should trigger child protection procedures; especially when there are conflicting accounts given by the child, the parents. There also needs to be clear guidance regarding the significance of bruising in pre-mobile or non-mobile children and what to do in cases of unexplained injuries. As part of the learning coming out of this review the Board has approved multi-agency guidance on bruising in pre-mobile and non-ambulant children.
- **Child Sexual Abuse:** Disclosures of sexual abuse need to be acted upon and investigated as fully investigated as possible. In order establish a baseline of the quality of safeguarding practice in relation to child sexual abuse; the Quality Assurance Sub-Group undertook a multi-agency audit of child sexual abuse. As a part of this audit partners reviewed two child protection cases and 12 threshold cases that did not result in a child protection plan. The findings of this audit were shared with partners and practitioners.
- **Safeguarding Adults:** The report found that the vulnerability of parents to exploitation by other adults needs to be recognised by practitioners; this includes recognition that adults with additional needs, as well as their children, can be at risk of abuse and exploitation. These factors need to be considered holistically by those agencies working with families. Supporting vulnerable adults is part of the Board's Think Family priority and a Think

Family Coordinator has been appointed to assist partners in embedding the think family approach across adults and children's services.

- **Childhood Experiences of Parents:** We know from research that the childhood history of neglect, abuse and poor mental health can have an adverse impact on parental capacity and the ability of parents to provide good enough care to children. It is essential that assessments take into account the childhood experience of parents and the impact of adverse childhood experience on parents' ability to provide good enough care for children.
- **Thresholds and Monitoring:** The review highlighted the need that all plans to monitor cases should have:
 - a. a named lead professional;
 - b. a clear support plan outlining which services will be providing support and expected outcomes;
 - c. such plans should also state how cases will be escalated where improvements have not been made or sustained, and
 - d. Plans should have clear timescales and review periods.
- **The Impact of the Home Environment on a Child's Life:** the need to view a home environment from the child's perspective is crucial to professional understanding of a child's experience. The Board is addressing this finding as part of its work on the issue of neglect.

The Board has an action plan in place to ensure that the recommendations coming out of this Baby C LiR are implemented. In addition to this, the Board has provided a range of briefings to over 120 multi-agency members of staff; to Designated Safeguarding Leads across the primary and secondary school sector, including academies; the Board has also briefed colleagues in the private and voluntary section to ensure that messages about effective multi-agency working are communicated. As a result of this LiR the Board has refreshed its Neglect Strategy, approved a protocol for *Bruising In Pre-Mobile Babies and Non-ambulant Children*.

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

9.1 Section 11

The Board holds partners to account through its Section 11 Quality Assurance and Peer Challenge Process. The Board also receives annual reports from the Children's Trust, the VAWG Group and Public Health.⁹

At the Business Implementation Meeting held on 2nd February 2016 it was agreed that the Section 11 process for 2015-2016 would involve a review and update of each agency's Section 11 Self-Audit for 2014-2015. A Quality Assurance and Peer Challenge meeting would be considered for the new health provider for Community Health Services (Central London Community Health Care; which started in Merton in April 2016) and those agencies where there are specific issues identified in their Section 11 self-audit return.



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

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

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

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

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

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

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

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

STANDARD 8 – There is effective Information Sharing

⁹ Evidence includes minutes of Board Meetings, the notes of the Section 11 Challenge Meetings, Section 11 Returns, QA Minutes, notes of multi-agency audits, the Board's Business Plan.

Agency Returns

The MSCB has received completed returns from the following agencies:

1. CAFCASS
2. Carer Support Merton
3. LBM Adult Social Care
4. LBM CSF Children's Social Care
5. LBM Early Intervention and Prevention Commissioned Services
6. LBM Early Years, Childcare and Children's Centre Services
7. LBM Education Inclusion
8. LBM Public Health
9. Housing Needs
10. LBM Safer Merton
11. LBM Youth Justice
12. London CRC Probation
13. Metropolitan Police Service (Borough and CAIT) Safeguarding Report (Service Wide)
14. Metropolitan Police Service Safeguarding Report (SOECA Service Wide)
15. Merton Voluntary Service Council (MVSC)
16. NHS Central London Community Health Care
17. NHS Epsom and St Helier NHS Trust
18. NHS Merton CCG
19. NHS South West London and St George's Mental Health NHS Trust (CAMHs)
20. NHS St George's Hospital (Section 11 Report)
21. National Probation Service (a regional, pan-London return)
22. London Ambulance Service (annual report addressing safeguarding children)

Overall, the Section 11 returns provide the Board with good assurance regarding the quality of safeguarding practice across the MSCB multi-agency partnership.

The section 11 self-audit returns received provide the Board with good assurance regarding the quality of safeguarding practice across the MSCB partnership. Where agencies assessed that standards were met there were, in most cases, action plans, with clear timescales and named persons to address this.

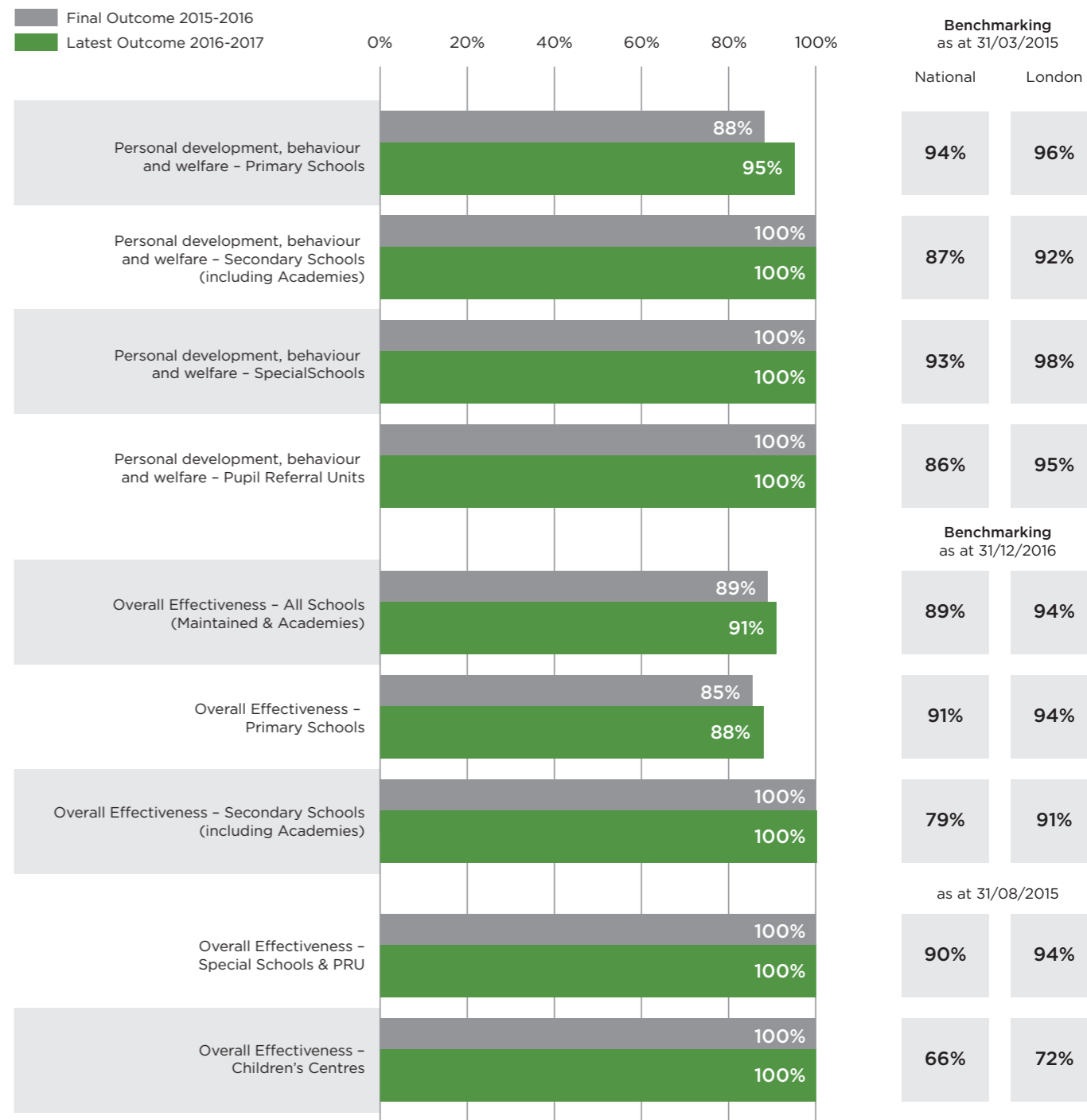
National or regional services (such as, CAFCASS and Probation) submitted more 'global' self-assessments were asked to ensure that there is an addendum which gives assurance for Merton.

Schools were not asked specifically to complete a section 11 audit in this round. A safeguarding systems audit for each school had been undertaken in the autumn term 2016 and reported to the MSCB in January 2017.

It was agreed that the Peer Challenge was helpful and that it was valuable to involve a Lay Member, where possible. The involvement of Commissioners was also seen as helpful as it enabled the Chair and the Director of Children, Schools and Families to challenge commissioned services regarding improving the quality of their safeguarding practice.

9.1.1 Schools

Ofsted inspection outcomes rated Good or Outstanding



9.2 Children, Schools and Families (CSF) Department

CSF department completed section 11 audits for CSC; Early Years; the Youth Service, Education Inclusion and the FAS (including Youth Justice).

The CSF has evolved our structures to deliver to larger numbers of children and young people and meet the challenges of a range of initiatives. We have increased our number of social workers, provided reasonable caseloads and continue to focus on reducing agency rates. We will maintain our sharp focus on this going forward.

There has been a very challenging recruitment and retention context nationally, in London and particularly for SW London. Despite these challenges Merton has appointed over 50 permanent social workers since January 2015. Merton has endeavoured to maintain good quality of recruits and despite the challenges have rejected a number of candidates post references over the same period.

There is recruitment and retention action plan in place and Merton will continue to maintain our focus generally but will also focus on specific hotspot recruitment areas such as: Children with Disabilities, MASH, Quality Assurance (QA). We now have a strong pipeline of student social workers including Frontline colleagues and a sufficient flow of ASYEs. We will continue to maintain our strong focus on this work.

Our professional development activity and strengthened approach to QA, combined with active performance management, are increasingly enabling the challenge and support for improving practice. We want to ensure that all practitioners are supported and work to the highest levels of competence in line with our ambitions and expectations; we both invest in the development of our workers and tackle underperformance. Our developing use of "Signs of Safety" and motivational interviewing techniques are providing useful tools for working with families and adolescents as well as enabling active discussion with regard to pedagogy and practice. This work will need to be sustained going forward.

The implementation of the major changes arising from the Children and Families Act 2014 relating to education, health and care planning for children with SEN and disabilities remain on-going. With strong engagement of partners from the NHS, community organisations sectors and parents/carers, we have established an integrated Education Health and Care service and published our Local Offer. We are now focusing on embedding new procedures and ways of collaborative working which will support more integrated planning and more effective working with this group of children, young people and their families.

To deliver our shared ambitions we will continue to provide leadership and governance through our MSCB partnership identifying and addressing our priorities for improvement. To support us in this we will utilise our anticipated new casework system to further develop our use of data both for identifying underperformance at a case, team or service level as well as for the development, commissioning and prioritisation of services. We will use our continuous improvement agenda to deliver sustained improvements where issues are identified and to maintain our ambitions for all our services to be good or better.

CSF started 2016-2017 with a more stable workforce and the expectation to accelerate the pace of improvement and will also be looking to implement improvements from a recent external review of our MASH as well as plans to review our Children and Young Persons Well-Being Model, the step up, step down process and the continuum of specialist, enhanced and wider services for children and families in line with the emerging MSCB priorities 2016-2017.

9.3 Acute Trusts

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

9.3.1 SW London & St George's Mental Health Trust

South West London and St George's Mental Health Trust completed Section 11 Self-audit; this was undertaken at a time of considerable organisational change due to a major transformation programme.

9.3.2 Epsom and St Helier NHS Trust

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

9.3.3 NHS Merton Clinical Commissioning Group (CCG)

The Merton CCG has completed a Section 11 Self-audit and has attended Quality Assurance and Challenge meetings which gave the Board assurance that the CCG is fulfilling its statutory responsibilities under Section 11 of the children Act 2004.

9.3.4 St George's Hospital NHS Trust

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

9.3.5 Central London Community Healthcare NHS Trust

The Trust was awarded the community health care contract from the first of April 2016. The trust completed their Section 11 submission to the Board for 2016. The Trust also provided supplementary evidence which gave the Board assurance that the Trust was fulfilling its statutory responsibilities in relation to Section 11 of the Children Act 2004.

9.3.5 Public Health

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

9.4 Community and Housing Dept. - London Borough of Merton

Community and Housing Department completed Section 11 Audits for Public Health, Adult Social Care and Housing and participated in the Quality Assurance Challenge Meetings. Representatives of the Housing Needs team and the Safeguarding Manager of Circle Anglia, Merton's largest housing provider attends meeting of the Board

9.5 Corporate Service - HR - London Borough of Merton

A section 11 audit of the council's safer recruitment and employment practices was undertaken. The council has also re-issued advice to schools in the period covering revisions to the vetting and barring arrangements and on the new DfE guidance on disqualification by association. In addition to this, the Board provides safeguarding training to all new members of staff as part of the Corporate Induction process.

9.6 Metropolitan Police/Probation/Cafcass

Regional Section 11 returns have been completed by all three organisations. The Metropolitan Police have completed returns for the Borough Command and CAIT. The Police have included local information and analysis. The Borough Command and CAIT are strong partners in the work of the Board and its Sub-Groups.

10.0 Views of Children and Young People and the Community

10.1. The Help Keep Us Safe Research Project with the London South Bank University

Merton's Local Safeguarding Children's Board and London South Bank University commissioned a research project into hearing young people's concerns about their safety and well-being. It aimed to gather the views of children and young people in Merton about their safeguarding concerns.

The research was conducted in two parts: Part 1 consisted of a survey of one hundred and forty eight young people in the general population who attend secondary schools in the area. Part two consisted of semi-structured interviews with ten young people who were the subject of a child protection plan.

The most commonly cited source of fear was gangs or groups of young people. Four of ten participants (42%) said that they were afraid of gangs or groups of young people sometimes, often or very often. The second most cited source of fear was bullying. One quarter (25%) said that they were afraid of bullying sometimes, often or very often.

Ranked in third place was a range of risks that were rated at a similar level (between 8% to 13%). These can be categorised into several clusters.

- Online victimisation.
- Child sexual exploitation.
- Physical harm.
- Risks related to their own behaviour.

One of the strongest themes was that young people saw other young people as the greatest source of threat. By contrast, a strong majority stated that they 'never' or 'rarely' felt afraid of adults, whether this was in relation to being hurt (approximately 90%) or being forced to do things sexually (89%). The PPYPS Sub-Group is overseeing the Board's response to this research.

10.2 Merton's Children's Trust User Voice Strategy

Merton's Children's Trust User Voice Strategy implements one of the core ambitions of Merton's Children's Trust and the MSCB namely,

demonstrating that the views and ambitions of children and young people have informed and improved our service offer.

The strategy is also part of the Children's Trust's implementation of key legislation, policy and guidance: The Children Act 1989 and 2004 recognises children as citizens with the right to be heard and requires that when working with children in need, their wishes and feelings should be ascertained and used to inform making decisions. The Children and Families Act 2014 section 19 requires that children, young people and families should be involved in decision making at every level of the system. And, Working Together 2015 states that one of the key principles for effective safeguarding arrangements in a local area is to take a child centred approach: 'for services to be effective they should be based on a clear understanding of the needs and views of children'.

Merton's Children and Young People's Plan 2016-19 identifies priority areas of work to close gaps and improve outcomes for Merton's most vulnerable groups. This year, we can report on user voice activity which has involved each of the vulnerable cohorts including: those in need of early help; children in need of help and protection; looked after children and care leavers; children with special educational needs and disabilities; those at risk of disengaging from school and beyond; and those at risk of offending.

This year we have ensured that children and young people's views are central to decisions about their care. A very high proportion of visits (94%) and reviews (100%) for children subject to a child protection plan, and reviews (99%) for those who are looked after have been conducted within timescales with 90% CYP participation at LAC reviews.

In order to ensure that the views of children, with all levels of ability, and their families inform the CP process social workers have been trained in the child/ family centred Signs of Safety approach, and have also been trained in gathering the views, wishes and feelings of children with disabilities/ communication difficulties. In addition we have continued to support children and young people

to participate in CP Conferences either by attending, or through an independent advocate.

Ninety per cent of LAC participated in their LAC review either through attendance, completion of consultation papers, or through an advocate.

Providing opportunities for children and young people to influence key decision makers

Through a range of forums and groups including the Children in Care Council, Merton Youth Parliament, Young inspectors, the Your Shout Group for learning disabled young people and school councils, Merton's young people's voices have informed and impacted on a broad range of issues which affect young people's lives including:

- review and refresh of licensing policy in town centres
- feedback to Transport for London on the accessible transport for disabled people
- the new 'Child House' support model for those affected by sexual abuse
- LAC placements and Care leavers accommodation
- school reviews and improvement plans
- Youth Generator funding for young people's activities
- Merton's Child and Adolescent Mental Health Service Strategy (CAMHS)
- the Anti-Bullying Operational Group refreshed action plan
- support for young LGBT people
- and recruitment to senior positions in schools and children's services.

Merton's service user forums and target cohorts have been supported to feedback on the quality of our offer to them, and to effect positive improvements to our service provision. Notable examples include:

Children in need of help and protection – user views on the experience of our Social Work Intervention service is used to inform quarterly improvement plans for the service. Views of a number of children, who have used the

commissioned service for missing children, have been used to inform recommendations for the Police service and the Home Office as featured in the HMIC report Missing Children: who cares? Feedback from users of our Contact Service has informed recommendations for improvements to the service including improved information about and scheduling of contact, and increased options for contact arrangements with older teenagers.

Feedback from parents of children with Special Educational Needs and Disabilities (SEND) shows that our Information and Advice Support Service for SEND is invaluable for helping families through the EHCP process and preventing tribunals. Young people were consulted and contributed to the 'look and feel' of the refreshed Family Services Directory which includes Merton's 'Local Offer'.

Other vulnerable cohorts of Young People

- As a result of feedback from young people in the Youth Justice System, in their sessions with young people, workers have increased their focus on the needs of the young person, identifying the skills they need and signposting to local projects that can help build these skills
- Feedback from the forum for young people who are supported by the Education, Training and Employment team highlights that staff have an increased understanding that user views are key to ensuring that assessments and plans are as comprehensive as possible
- In response to feedback from parents involved in the Transforming Families programme practitioners are now revisiting the 'family plan' at more regular intervals so that families are fully aware of targets and expectations
- LGBTQI+ young people attended a meeting of the Board in order to highlight issues affecting them. Young people highlighted the need for a person centred approach and the importance of listening to LGBTQI+ young people with regard to the use of personal pronouns and in understanding gender non-conformity and the need for non-binary understanding of sex and gender.

11.0 Conclusions and Priorities for 2016–18 Business Years

The Board is on a journey of continuous improvement; seeking to sharpen our focus and streamline our processes so that we are increasingly able to fulfil our statutory responsibilities in relation to safeguarding children and young people and promoting their welfare.

Our partnership is mature and robust and is characterised by respectful challenge and accountability. The Sub-Groups are purposeful and targeted on delivering on the Board's agreed priorities. The Board's Performance Dataset allows the Board to analyse trends and identify risk or gaps as well as prioritise areas for development.

At the Board's Annual Away Day it was agreed that the Board would focus on fewer priorities whilst continuing to deliver on a range of key 'Business as Usual' safeguarding issues. In agreeing the Board's priorities for 2016-2018, there was a robust discussion with presentations from partner agencies on their agency's strategic priorities. Members of the Board then agreed the Board's agreed priorities for 2016-2018 be extended and deepened to for the period 2017-2019.

1. Think Family – to support children and adults in our most vulnerable families to reduce risk and ensure improved outcomes. Signs of vulnerability include

The MSCB wants to ensure that our partnerships continue enable the most vulnerable families to be supported; so vulnerable parents are supported to care for their children and children are in turn supported to thrive and achieve their potential. Evidence from local and national research tells us that our most vulnerable parents/families are those who:

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



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

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

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

- Child Sexual Exploitation (CSE)
- Children who go missing from home/school/care
- Children and young people who are at risk radicalisation and violent extremism
- Children at risk of serious youth violence and gangs
- Self-harm and poor mental health
- Young people at risk of suicide.

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

Merton has had a long-established child and young people Well Being Model which we last reviewed in 2013. With changes in local providers and agencies and with changing levels of resources available we need to ensure our Model continues to be fit for purpose. The evidence shows that timely and purposeful help or intervention at all stages of a child or young person's journey is the most effective way improving impact and outcomes for vulnerable children, young people and families. As part of our review we will:

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

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

The MSCB continues to work to drive improvements in the quality of safeguarding practice in Merton. The partnership remains strong and is well positioned to meet the challenges ahead.



Appendix 1a

Recommendations from the Child B Serious Case Review

Recommendation 1: The MSCB and its Partner Agencies should review how the principles of the holistic Think Child, Think Parents, Think Family approach are operating in Merton and how they are embedded in commissioning and leadership of front-line practice and its management, with joint-working and understanding of mental ill-health and parenting.

Recommendation 2: The MSCB should recommend to the Children's Trust that it should review the Merton Young Carers' Strategy and draw up a clear multi-agency Young Carers' Protocol, for all sectors, to clarify the nature and arrangements for Young Carer's Assessments, following the duties set out in The Young Carers (Needs Assessments) Regulations 2015.

Recommendation 3: The MSCB and its Partner Agencies should review their processes for ensuring staff awareness in analysing family history and dynamics, including the understanding of how culture and belief systems impact on their understanding and (risk) assessments of mental health and parenting. This should include staff awareness of listening to family members.

Recommendation 4: Children's Social Care should review the competency of staff responsible for drafting written agreements and the detailed Child Protection Plans, in the light of relevant research, guidance and case law; to ensure that such staff and their supervisors are well-equipped to negotiate and draw up realistic and achievable agreements, based on thorough risk assessments.

Recommendation 5: Children's Social Care and the SW London Mental Health Trust should seek to ensure that the staff (and their immediate line-managers) who have responsibility for chairing multi-agency meetings, particularly Core Groups, Child in Need and Care Programme Arrangements meetings are competent in the facilitation of meetings and have an understanding of the holistic Think Family approach and the principles set out in the London Child Protection Procedures for Core Groups London Child Protection Procedures, Part B, section 9.

Recommendation 6: The MSCB Policy Sub Group should review guidance on 'step down' from child protection or child in need thresholds to ensure that it covers a review of the relevant case history, including the original risk and any other risks subsequently identified, not only recent progress; and an assessment of risk or need in the longer term, including the risk of relapse and contingency plans - including the recognition of potential breakdown or non-compliance; or future significant changes in the family composition.

Recommendation 7: The MSCB Policy Sub Group should review guidance on 'step down' from child protection or child in need thresholds to ensure that it covers a review of the relevant case history, including the original risk and any other risks subsequently identified, not only recent progress; and an assessment of risk or need in the longer term, including the risk of relapse and contingency plans - including the recognition of potential breakdown or non-compliance; or future significant changes in the family composition.

Appendix 1b

Recommendations from the Baby LiR

Recommendation 1: MSCB to give consideration to reviewing and refreshing its Neglect Strategy in the light of the learning coming out of this review.

Recommendation 2: MSCB to seek assurance regarding the level of professional awareness of the Neglect Strategy and its implications for practice in cases of neglect.

Recommendation 3: MSCB to seek assurance from all partner agencies that the following are embedded in practice and underpinned by policy:

- Practitioners working with families, young people and children access regular safeguarding supervision from a trained safeguarding supervisor
- Safeguarding supervision includes case management, professional learning and development and promotes reflective practice
- Chronologies are maintained and reviewed as part of clinical practice and at supervision.

Recommendation 4: MSCB to give consideration to undertaking an audit of 'physical abuse' with the aim of gaining a better understanding of the picture of physical abuse in Merton. The remit of the work to be children in Merton identified as having experienced physical abuse, those who are at risk of physical abuse and those children where the risk of physical abuse is 'masked' by other concerns.

Recommendation 5: MSCB through the policy subgroup to oversee the development of a multi-agency protocol for bruising in pre-mobile babies and children.

Recommendation 6: MSCB to seek assurance from all partner agencies that the importance of listening and taking seriously any disclosure of abuse by a child is embedded in practice and underpinned by policy.

Recommendation 7: MSCB and MSAB to work together promote closer partnerships between agencies on both a strategic and operational level.

Recommendation 8: MSCB to seek assurance from partner agencies that practitioners working with families, children and young people are trained and supported to recognise the signs and indicators that an adult is vulnerable, fully understand the need to share information with adult services and, where required make a referral to adult social care.

Recommendation 9: MSCB to seek assurance from partner agencies that practitioners, in addition to internal agency safeguarding supervision, have access to specialist advice and support in managing cases where there are complex issues, such as parental learning difficulties, mental health and ADHD.

Recommendation 10: MSCB to seek assurance from partner agencies that where an adult is known have mental health issues or learning disabilities and is a parent, the impact on their parenting role and risk to children is considered as part of any assessment undertaken and this is shared with other professionals working involved with the family.

Recommendation 11: MSCB to seek assurance from partner agencies that practitioners working with adults who are known to have mental health issues or learning disabilities, and who are parents understand the potential risk to children, the need to share information with adult services and where required make a referral to Children's Social Care.

Recommendation 12: MSCB to seek assurance from partner agencies that:

- The MSCB Escalation Procedure has been cascaded to staff and is accessible
- Escalation is included as part of each agency safeguarding policy/procedure.

Recommendation 13: MSBC to reinforce to partner agencies that the sharing of information on a multi-agency basis is crucial, if children are to be safeguarded.

Appendix 2 Merton Safeguarding Children Board Business Plan 2017-19

Progress of this Plan will be updated monthly & monitored at each MSCB Meeting.
Approved by the Board 27th June 2017.

| Objectives | Outcomes | Actions (who and what) | Resources | | |
|--|--|--|--|---|--|
| | | | Who? (Governance/oversight) | When? | |
| Priority 1: Think Family: An Effective, Seamless Approach to Supporting Children and Families | | | | | |
| 1.1 | To embed the Think Family Approach across the multi-agency partnership | For a Think Family Co-ordinator to work across Children and Adult facing services | What | Who | PPYPS Sub-Group and BIG Paul Angeli & Gillian Moore |
| | | | To appoint a Think Family Coordinator For a Think Family Task and Finish Group to develop Multi Agency Protocols for approval | CSC and Southwest London and St George's Mental Health Trust | |
| Page 43 | | To deliver a suite of Think Family Multi Agency Protocols for Mental Health, Substance Misuse, Learning Disabilities, Learning Difficulties and Domestic Abuse | Protocols should include a communication strategy, a learning and development plan for the workforce and an implementation plan | PPYPS and BIG CSC ASC Community Health CCG Public Health CSF Commissioners MSCB | Policy Sub-Group and BIG Think Family Coordinator Chris McCree |
| | | | | | |
| | | To Launch the Think Family Protocols at the Joint CSF and MSCB Annual Conference | MSCB Joint Conference around 'Think Family' with reference to neglect and the trigger trio? | MSCB and CSC PD Team CT Think Family Coordinator | Learning and Development Sub-Group |
| | | To embed Think Family into the broader culture of multi-agency working | Think Family Coordinator to lead on promoting effective Think Family Work | All partners The Leads from each agency | Policy Sub-Group |

| Objectives | Outcomes | Actions (who and what) | Resources | | |
|--|---|---|--|--|---|
| | | | Who? (Governance/oversight) | When? | |
| Priority 1: Think Family: An Effective, Seamless Approach to Supporting Children and Families | | | | | |
| 1.2 | The MSCB is assured of the multi-agency awareness of neglect and its impact and the quality of frontline practice in cases of neglect | For the MSCB to undertake a re-audit of neglect To feedback key practice lessons from the audit To integrate these lessons into current training and practice development initiatives | What | Who | QA Sub-Group and BIG Head CSC & YI QA Chair Paul Angeli |
| | | QA Sub-Group and MSCB partners to conduct a multi-agency audit of neglect cases To add Neglect to the Section 11 Self-audit | All relevant MSCB partners including Health (CCG, CLCH, acute trusts, Mental Health Trust), Education, Police, CSC, Voluntary Orgs | | |
| | | To have in place a range of approved practice tools to address the incidence of neglect | MSCB to adopt and promote a range of practice tools to address neglect | Carla Thomas CSC Health Police Education Early Years | Policy and Learning and Development Sub-Groups MSCB BSU |
| | | For the Board to be assured that there is a clear link between the work on neglect including the trigger trio and Think Family | Multi-agency partners to demonstrate an understanding neglect as an effect, with the trigger trio, in many cases, being the cause | MSCB partners including, SAB Health (CCG, CLCH, acute trusts, Mental Health Trust), Public Health Education, Police, CSC, Voluntary Orgs | Policy and Quality Assurance Sub-Group Chair |
| 1.3 | The Board is seeking assurance regarding the quality of multi-agency practice in relation to Domestic Violence & Abuse | The Board has in place a multi-agency Domestic Abuse Strategy | A Task and Finish Group to Develop a multi-agency Domestic Abuse Strategy | VAWG CSC Health Police Voluntary Orgs | Policy Sub-Group with, MSCB Chair |
| | | The Board has approved a range of assessment and practice tools to be used across the multi-agency partnership | To develop/adapt an appropriate child-centred tool for assessment in DVA cases | MSCB Trainer and MSCB Partners | CSC & YI |
| | | The Board has assurance that the strategy is being implemented across the multi-agency partnership | | All Agencies | Policy Sub-Group with, MSCB Chair |

| Objectives | Outcomes | Actions (who and what) | Resources | | | |
|--|--|---|--|--|--|------------|
| | | | Who? (Governance/oversight) | When? | | |
| Priority 2: Supporting Vulnerable Adolescents | | | | | | |
| 2.1 | To Maintain Strategic grip on CSE and related forms of harm including Missing from Home Education and Care | The Board has conspicuous oversight on the issue of CSE locally | What To review multi-agency responses to CSE | Who CSE Lead CSC and YI MASE, SD NC | PPYPS | On-going |
| | | To develop a strategic response to Harmful Sexual Behaviour; with a communication strategy and implementation plan | To develop guidance for professionals, parents and young people | Harmful Sexual Behaviour Task and Finish Group To include CSC, YJT, CCG, Police, Education, SD NC | PPYPS | July 17 |
| | | To review and refresh the MSCB Online Safety Strategy, with a communication strategy and implementation plan | To develop guidance for professionals, parents and young people | MSCB Manager and Schools ICT Support Manager, DC/ MSCB BSU | PPYPS Chair | July 17 |
| | | To communicate clearly to practitioners and parents the parenting support available local for parent of children ages 10-15 | To increase community awareness and access to support | Family Information Service, Bond Road MSCB | PPYPS | October 17 |
| | | To maintain a strategic grip on children missing from home, education and care | For PPYP to receive and Annual report on the work regarding missing children | CSC (including LAC, MASH,) Education Commissioned services NM NC | PPYPS | June 17 |
| | | To ensure that there is increased awareness of the range of risks faced by adolescents | Explore the feasibility of an audit of contextual safeguarding to review the intersections between CSE, HSB, radicalisation, SYV and gangs | MSCB and partners | PPYPS supported by Learning Development and QA Sub-Group | March 19 |
| | | For the Board to maintain conspicuous oversight of multi-agency performance in relation to children missing home education/ school and care | To review the MSCB Performance Dataset to include data vulnerable adolescents including CSC/CME/Missing | Head of Policy, Planning and Performance | PPYPS Head of R & I | June 17 |

| Objectives | Outcomes | Actions (who and what) | Resources | | | |
|--|---|---|---|---|------------------------------------|----------|
| | | | Who? (Governance/oversight) | When? | | |
| Priority 2: Supporting Vulnerable Adolescents | | | | | | |
| 2.2 | To Maintain Strategic grip on self-harm, para-suicide and adolescent mental health | To ensure oversight self-harm, para-suicide and adolescent mental health | What CAMHs and commissioned services to report on their work with young people For acute trusts to report on YP in Emergency Departments presenting with self harm | Who CAMHs Commissioned services St George's NHS Trust Named Nurse Epsom and St Helier Named Nurse | PPYPS Director of Public Health | March 18 |
| | | | | | | |
| 2.3 | To ensure that the Board has a strategic multi-agency response to high-risk, high concern adolescents (i.e. old LAC young people, young people who repeatedly go missing, those a risk of CSE, young people known to Criminal Justice System) | Maintain and strengthen oversight of missing young people in Merton | To continue to improve practice around children and young people missing from home/ school/care | CSC & YI YJT CSE Lead FAS Commissioned Services Police | PPYPS RE (YOT) CSE Lead | March 18 |
| 2.4 | For the Board to develop a range of responses to adolescent risk through the adopting a Contextual approach to safeguarding | To work with partners in the London Borough of Hackney and the University of Bedfordshire as part of the Innovation Project | To undertake an audit of contextual safeguarding To pilot a range of tools and approaches | MSCB Partners Led by CSC RE (YJT) | PPYPS | March 19 |

Appendix 3

London Borough of Merton Social Work Practice Model

| Objectives | Outcomes | Actions (who and what) | Resources | | | |
|---|---|---|---|--|---------------|----------|
| | | | Who? (Governance/oversight) | When? | | |
| Priority 3: Ensuring the Effectiveness of Early Help | | | | | | |
| 3.1 | Finalise the review of the Merton Child and Family Well Being Model | Threshold Document has been revised in accordance with the review of the Model | What | Who | Board via BIG | Sept 17 |
| | | To provide multi-agency guidance in relation to Step-up and Step Down | Update the Threshold document and clarify Step-Up and Step down processes | Head of Policy, Planning and Performance CSC HoS Task and Finish Group, CASA Manager Early Years CSC | | |
| | | CASA tools, protocols and training materials are updated | To review the current CASA tools and materials and align to the new model and the signs of safety | CASA Task and Finish led by CASA Manager | Board via BIG | Sept 17 |
| | | The reviewed Merton Child and Family Well Being Model is launched | To plan launch event and communication strategy | MSCB Business Unit and Children's Trust | Board via BIG | Sept 17 |
| | | Determine the Governance arrangements for the multi-agency implementation of the Signs of Safety | To prepare the terms of reference for Signs of Safety multi-agency roll out | CSC & Practice Leader Signs of Safety CLCH CCG Early Years FAS | Board via BIG | March 18 |
| 3.2 | To ensure that the early help offer is clearly on the Family Services Directory | To ensure that Early Help provision is mapped and publicised across the partnership and community | Map Early Help Pathways and develop a communication strategy to ensure awareness | Led by Early Years Manager and the FSD Lead | Board via BIG | March 18 |

Merton Safeguarding Context

This section reviews trends and progress with safeguarding children with high levels of vulnerability. This includes children who need to be supported by a child protection plan and those who need to be in the care of the local authority to keep them safe.

Children in need population

There was a significant increase in open child in need episodes as at 31 March 2016, 1901 compared to 1544 (March 2015). The rate per 10,000 413 was also significantly higher than National 337, London 370 and Merton trend over last three years 336, 335, 338.

There was an increase across the board with our Statistical Neighbours recording an increase of 23.27 from a rate of 313.64 in 2015 to 336.91 in 2016.

The number of children in need episodes starting in the year has increased by 10.6% in Merton and by 1.9% in London whilst decreasing by 0.4% nationally from last year to 2015-16.

Episodes of need are lasting longer in Merton than nationally and in London. Of the episodes ending in the year 2015-16, 34% lasted a year or more compared to national 21.1% and London 20.6%.

'Abuse or neglect' is the most common primary need at first assessment in Merton with 47% of the children in need at the 31st March 2016. This is fractionally below London (48%) and under national proportions of 51%. Nationally and in Merton, 'Family dysfunction' is the second most common need, yet Merton (21%) exceeds London (13%) and national (17%) percentages.

In Merton, the gender gap of children in need has narrowed from 2015 figures of 54% male and 45% female to 2016 with 53% male 47% female. This is broadly reflective of national figures. Nationally there has been little movement in the gender proportions from 2015 to 2016 with 52.5% male and 45.5% female in 2015 to 52.7% male and 45.3% female in 2016.

Referrals

There was a small increase in referrals 1507 in 2015/16 from 1477 in 2014/15. Rate per 10,000 (328) remains in line with Merton's usual trend but lower than National (548) and London (477) benchmark.

Referrals sources, top referrer Police (31%) is in line with National (27%), London (26%) and Merton trends (32%). Referrer "other" (31%) outlier compared to National (7%), London (7%) and Merton 2014/15 (13%)

Single Assessments

The number of completed assessments in line with last year (1630 2015/16, compared to 1658 2014/15). Rate per 10,000 (354) remains in line with Merton's usual trend, lower than National (475) and London (442).

And of the completed single assessments, 92% were completed within 45 days, which is better than Merton's performance last year 90% and better than National (80%) and London (82%)

Domestic violence, which includes that aimed at children or other adults in the household, was the most common factor identified, flagged in 58.6% of episodes assessed in the year and with assessment factors recorded. This is higher than the 49.6% reported nationally and the 43.5% for London. However, this has dropped from the substantially higher 71.5% recorded in 2015.

This was followed by mental health which incorporates mental health of the child or other adults in the family/household at 38.2% which is another significant drop from the 52.1% reported in 2015. This is also slightly higher than the 36.6% nationally and London's 29.4%

Section 47's

An increased numbers of Children subject to S47 enquires (719) compared to 648 2014/15. Increase and significant outlier in S47 rate per 10,000 (156) compared to Merton 2014/15 (142), National (137) and London (138)

There was a reduction in ICPC (217) compared to 267 2014/15. The rate per 10,000 (47) lower than Merton trend (58) and benchmark National (61), London (56).

Merton's ICPC 15 working day's timeliness (79%) better than National 75%, London 72% (2014/15) and Merton 73%.

Child protection

138 children were subject to a child protection plan as at 31 March 2016, this is lower than trends for Merton (162, 182, and 177 for the last three years).

Rate per 10,000 as at the end of March (30) now an outlier against National 43 and London 41 (historically Merton's rate per 10,000 has not been lower than the benchmark). Could be attributed to fewer plans starting during the year (204) compared to 226 last year.

Where concerns are substantiated and the child judged to be at continuing risk of harm then an initial child protection conference should be convened within 15 working days. Merton convened 75.8% within the 15 days, this is higher than the 72.6% achieved in 2015. The 2016 outturn is below national (76.7%), yet above the London average (75.3%).

A higher proportion became the subject of a plan for the second or subsequent time. Our 2016 CPP 2nd or subsequent (23%), is higher than Merton 2014/15 16% trend and National 16% and London benchmark (13%)

Child Protection plans reviews within timescales came to 98%, this is an improvement on 91% 2014/15 and better than National 94% and London 96%.

Child seen in accordance with CP plan (visits), no longer a statutory census performance item.



Appendix 4 Summary of Key Indicators

| Indicators | Merton 2012-13 | Merton 2013-14 | Merton 2014-15 | Merton 2015-16 | National 2013-14 | National 2014-15 | National 2015-16 |
|---|----------------|----------------|----------------|----------------|------------------|------------------|------------------|
| Children In Need | | | | | | | |
| Number of children starting an episode of need | 1222 | 1407 | 1083 | 1198 | 427,700 | 403,400 | 401600 |
| Rate per 10,000 children aged under 18 years | 277.0 | 311.7 | 237.3 | 259.3 | 371.7 | 348.0 | 343.9 |
| Number of children in need throughout the year | 2373 | 2513 | 2517 | 2690 | 781,200 | 781,700 | 778980 |
| Rate per 10,000 children aged under 18 years | 537.9 | 556.7 | 551.5 | 582.1 | 678.9 | 674.4 | 667.1 |
| Number of children ending an episode of need | 887 | 910 | 973 | 789 | 384,100 | 390,800 | 384580 |
| Rate per 10,000 children aged under 18 years | 201.1 | 201.6 | 213.2 | 170.7 | 333.8 | 337.1 | 329.3 |
| Number of children in need at 31 March | 1486 | 1603 | 1544 | 1901 | 397,600 | 391,000 | 394400 |
| Rate per 10,000 children aged under 18 years | 336.8 | 355.1 | 338.3 | 411.4 | 345.6 | 337.3 | 337.7 |
| Referrals and assessments completed | | | | | | | |
| Number of referrals | 1372 | 1745 | 1477 | 1507 | 657,800 | 635,600 | 621,470 |
| Rate per 10,000 children aged under 18 years | 311.0 | 386.5 | 323.6 | 326.1 | 573.0 | 548.3 | 532.2 |
| Number of Referrals which resulted in No Further Action | 33 | 35 | 61 | 83 | 92,400 | 87,500 | 61,800 |
| Percentage of Referrals which resulted in No Further Action | 2.4 | 2.0 | 4.1 | 5.5 | 14.1 | 13.8 | 9.9 |
| Continuous Assessments (Single Assessment) completed (from 2013-2014) | | | | | | | |
| Continuous Assessments (Single Assessment) completed | | 1,533 | 1658 | 1,630 | 175,300 | 550,800 | 571,640 |
| Rate per 10,000 children aged under 18 years | | 333.2 | 363.3 | 352.7 | n/a | 475.2 | 489.5 |
| Section 47 enquiries and initial child protection conferences | | | | | | | |
| Number of Children subject to s.47 enquiries which started during the year ending 31 March | 493 | 593 | 648 | 719 | 142,500 | 160,200 | 172,290 |
| Rate per 10,000 children aged under 18 years | 111.7 | 131.4 | 142.0 | 155.6 | 123.8 | 138.2 | 147.5 |
| Number of Children who were the subject of an initial child protection conference which started during the year ending 31 March | 177 | 239 | 267 | 227 | 65,200 | 71,400 | 73,050 |
| Rate per 10,000 children aged under 18 years | 40.1 | 52.9 | 58.5 | 49.1 | 56.7 | 61.6 | 62.6 |

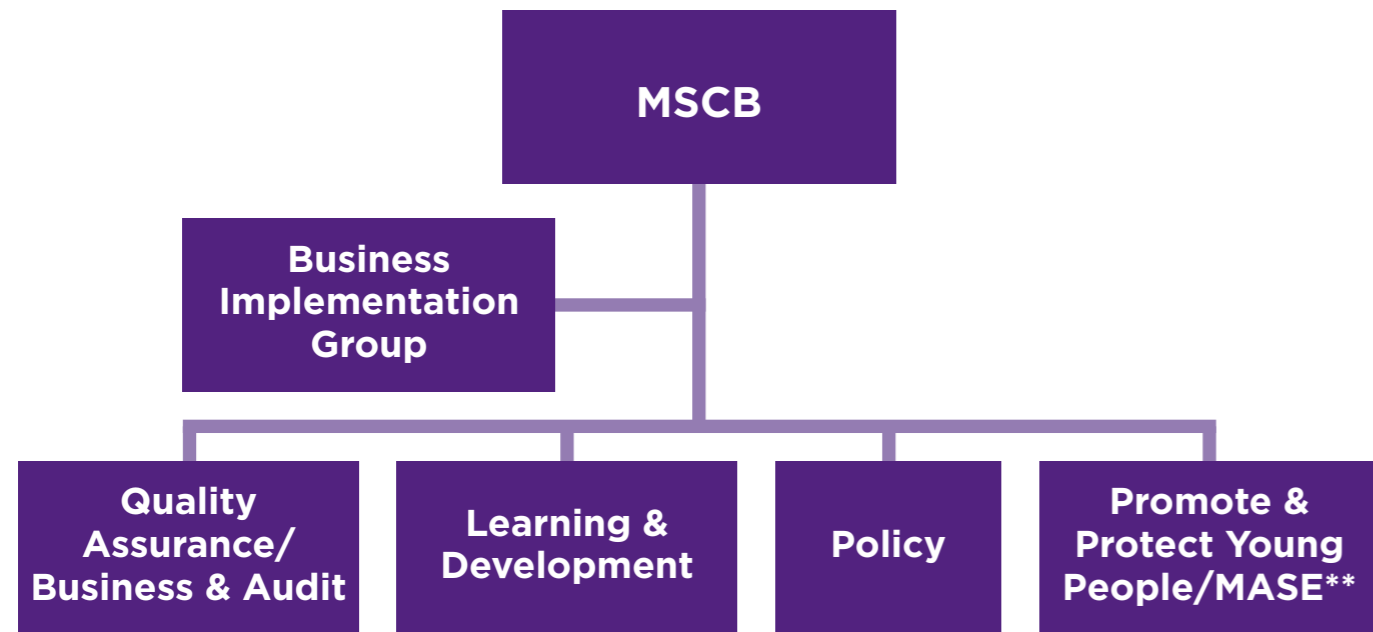
| Number of children in need at 31 March and primary need at assessment | | | | | | |
|---|---------|--------|--------|---------|--------|--------|
| | 2015 | | | 2016 | | |
| | England | London | Merton | England | London | Merton |
| N1 - Abuse or neglect | 49% | 47% | 40% | 51% | 48% | 47% |
| N2 - Child's disability or illness | 10% | 10% | 11% | 10% | 10% | 9% |
| N3 - Parent's disability or illness | 3% | 4% | 4% | 3% | 4% | 3% |
| N4 - Family in acute stress | 9% | 11% | 14% | 9% | 10% | 13% |
| N5 - Family dysfunction | 18% | 14% | 24% | 17% | 13% | 21% |
| N6 - Socially unacceptable behaviour | 2% | 3% | 1% | 2% | 3% | 2% |
| N7 - Low income | 1% | 1% | 0% | 0% | 1% | 0% |
| N8 - Absent parenting | 3% | 6% | 6% | 3% | 6% | 5% |
| N9 - Cases other than children in need | 1% | 1% | 0% | 1% | 1% | 0% |
| N0 - Not stated | 5% | 4% | 0% | 4% | 4% | 0% |

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| Indicators | Merton 2011-12 | Merton 2012-13 | Merton 2013-14 | Merton 2014-15 | National 2012-13 | National 2013-14 | National 2015-16 |
|---|----------------|----------------|----------------|----------------|------------------|------------------|------------------|
| Children who were the subject of a child protection plan | | | | | | | |
| Children who were the subject of a plan at the end of March | 162 | 182 | 177 | 138 | 48,300 | 49,700 | 50,310 |
| Rate per 10,000 children aged under 18 years | 36.7 | 40.3 | 38.8 | 29.9 | 42.0 | 42.9 | 43.1 |
| Children who became the subject of a plan throughout the year | 160 | 212 | 226 | 204 | 59,800 | 62,200 | 63,310 |
| Rate per 10,000 children aged under 18 years | 36.3 | 47.0 | 49.5 | 44.1 | 52.0 | 53.7 | 54.2 |
| Number who became the subject of a plan for the second or subsequent time | 17 | 24 | 37 | 46 | 9,400 | 10,300 | 11,350 |
| Percentage who became the subject of a plan for the second or subsequent time | 10.6 | 11.3 | 16.4 | 22.5 | 15.8 | 16.6 | 17.9 |
| Children who ceased the subject of a plan throughout the year | 171 | 192 | 231 | 238 | 54,400 | 60,400 | 62,750 |
| Rate per 10,000 children aged under 18 years | 38.8 | 42.5 | 50.6 | 51.5 | 47.3 | 52.1 | 53.7 |
| Number who were the subject of a plan for 2 or more years (who ceased to be the subject of a child protection plan) | 6 | 6 | 10 | 14 | 2,500 | 2,300 | 2,410 |
| Percentage who were the subject of a plan for 2 or more years (who ceased to be the subject of a child protection plan) | 3.5 | 3.3 | 4.3 | 5.9 | 4.5 | 3.7 | 3.8 |
| Child protection cases which were reviewed within required timescales | | | | | | | |
| Children who were the subject of a plan at 31 March and who had been the subject of a plan for 3 or more months | 121 | 141 | 116 | 88 | 33,100 | 34,600 | 34,580 |
| Number reviewed within the required timescales | 118 | 131 | 106 | 86 | 31,300 | 32,600 | 32,410 |
| Percentage reviewed within timescales | 97.5 | 92.9 | 91.4 | 97.7 | 94.6 | 94.0 | 93.7 |
| Child Protection Plans throughout the year where the child was seen in accordance with the timescales specified within their plan by the lead social worker (DfE NOTE: Each local authority sets their own timescales, usually they are between two and six weeks, therefore where a local authority measures to a shorter timescale, it is more likely they will see fewer cases within their timescales.) | | 200 | 291 | n/a | 60,000 | 70,200 | n/a |
| Percentage visited within timescale | | 53.5 | 71.3 | n/a | 58.4 | 63.7 | n/a |

Appendix 5 MSCB Structure



MASE Multi-Agency Sexual Exploitation Group

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In addition there are Joint Sub-Groups with Sutton LSCB - namely:

Child Death Overview Panel (CDOP) and the Joint Human Resources Sub-Group

The MSCB will commission Task and Finish Groups as required.

The MSCB Chair may commission a Panel to undertake SCRs or LIRs.

Reporting

Sub-Groups will routinely report to the MSCB on their work plans as follows; and where required by exception:

Quality Assurance

- Multi-Agency data - quarterly in arrears
- Lessons from quality assurance at each MSCB meeting

Learning and Development

- twice per year

Policy

- twice per year

Promote and Protect Young People

- twice per year
- Quality and aggregated lessons arising from case monitoring in Promote & Protect/MASE meetings will be reported via QA and to the MSCB

HR Sub-Group

- once per year

MASH Strategic Board

- meets monthly

VAWG Board

- The Merton VAWG Strategic Board meets four times per year

CDOP

- once per year, usually through the draft CDOP Annual Report

The Sub-Groups will work together to ensure that Policy Development and Learning and Development reflect lessons being learned through QA and PPYP.

Appendix 6 Membership

Membership of MSCB has been agreed as follows:

P Statutory Partner

S Statutory Sector Partner

C Co-opted

V Voting

PO Participant Observer

SA Statutory Advisor

A Advisor

B Board support

Statutory Partners will nominate an agreed senior Agency Deputy who is able to speak and take decisions on their Agency's behalf.

Sector Partners will cover each other and do not require a deputy for their own agency.



Contact Details

Merton Safeguarding Children Board
12th Floor, Civic Centre
London Road
Morden
SM4 5DX

Tel: 020 8545 4866

Email: mertonlscb@merton.gov.uk

| MSCB | |
|-------------------|---|
| Independent Chair | Casting Vote |
| P | Vice Chair to be drawn from the Statutory Members |
| P V | Chief Officer, Merton Clinical Commissioning Group |
| P V | NHS England (London) |
| P V | Chief Nurse, Central London Community Healthcare Services |
| P V | Sutton & Merton Service Director, SW London & St George's MH Trust |
| P V | Consultant Child and Adolescent Psychiatrist, SW London & St George's |
| P V | St George's Healthcare NHS Trust |
| P V | Borough Commander, Met Police |
| P V | DCI, Child Abuse Investigation Team, Met Police |
| P V | Assistant Chief Officer, London Probation |
| P V | Assistant Chief Officer The London Community Rehabilitation Company Limited |
| S V | Lay Members (Two) |
| S V | Voluntary Sector Agency (Two) |
| P V | Director, Children Schools & Families |
| P V | Head of CSC & YI, CSF |
| P V | Head of Education, CSF |
| C V | Director of Public Health Merton, Community & Housing |
| C V | Safeguarding Adults Manager, Community & Housing |
| C V | Housing Needs Manager, Community & Housing |
| P V | Senior Service Manager, CAFCASS |
| SV | Head Teacher Primary School 'Rep of Governing Body of a Maintained School |
| SV | Special School |
| SV | Maintained secondary school |
| SV | Representative of the proprietor of a city technology college, a city college for technology or the arts, or an Academy |
| SV | Independent Sector School - vacant at Jan 2015 |
| CV | CP Officer, Merton Priory Homes |
| PO | Merton Council Lead Member Children's Services Non-voting |
| SA | Designated Doctor for Child Protection, Merton CCG Non-voting |
| SA | Designated Nurse Safeguarding, Merton Clinical Commissioning Group Non-voting |
| SA | Principal Social Worker Non-voting |
| P V | Consultant Child and Adolescent Psychiatrist, SW London & St George's |
| A | Joint Head of HR Business Partnerships Non-voting |
| A | Service Manager, Policy, Planning and Performance Non-voting |
| BS | MSCB Board Development Manager Non-voting |
| BS | MSCB Administrator/s Non-voting |
| A | MSCB Training Officer Non-voting |

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