

Annual report of the
Merton Safeguarding Children Board
2017/18



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1.0 Chair's Introduction

2017-2018 has been a year of progress and transition. In June and July 2017 Merton Safeguarding Children Board (MSCB) was inspected by the Office for Standards in Education, Children's Services and Skills (Ofsted). As you may be aware, the Single Inspection Framework is the most rigorous and forensic examination of children's services and the work of Local Safeguarding Children Boards. Over a period of 4 weeks in June and July 2017, a team of 7 Ofsted inspectors, 2 Data Analysts and 1 Quality Assurance Manager inspected the work of the Children's Social Care and the Merton Safeguarding Children Board. The team:

- Interviewed 206 staff and partners
- Tracked and audited 162 cases
- Requested and reviewed 429 documents
- Observed or led a range of meetings and focus groups.

Inspectors found that:

Merton's Local Safeguarding Children Board (MSCB) is outstanding. It is highly effective in holding agencies to account for their individual safeguarding arrangements in the welfare and protection of children.

Inspectors noted that:

There is a sustained commitment to and focus on the delivery of the board's safeguarding priorities, including families in which adult mental health, neglect, alcohol, drugs and domestic violence feature in children's lives. The safeguarding needs of children pervade the board's work and business and subgroup plans.

In March 2018, after almost 10 years of dedicated service to Merton's Children, Schools and Families, our Director, Yvette Stanley, was recruited to serve as the National Director of Children's Social Care for Ofsted. Yvette has many achievements to celebrate, most notably Merton's Children's services being rated good with outstanding features at its recent Ofsted inspection and being the highest in the country for progress

in secondary schools. Yvette will be missed but she can be proud of the legacy of a Children's Schools and Families Department, partners and stakeholders, who place vulnerable children and their families at the very centre of all we do.

We are grateful to Paul Angeli, Assistant Director for Children's Social Care and Youth Inclusion and Jane McSherry, Assistant Director of Education who both served as the acting Director of Children's Schools and Families until May 2018, when we were joined by Rachael Wardell. Rachael comes from West Berkshire where she served as the Corporate Director for Communities for West Berkshire Council, Rachael brings a great deal of invaluable experience to Merton. Her career to date includes eight years in local government starting as assistant director in Wokingham Borough Council children's services and early intervention. Prior to that she spent seven years at Ofsted, where she was responsible for children's policy projects in early years and social care and an earlier seven years at the Legal Aid Board.

The Children and Social Work Act 2017 received Royal Assent in April 2017. The Children and Social Work Act 2017 (the Act) replaces Local Safeguarding Children Boards (LSCBs) with new local safeguarding arrangements, led by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups). It also places a duty on child death review partners (local authorities and clinical commissioning groups) to review the deaths of children normally resident in the local area – or if they consider it appropriate, for those not normally resident in the area. The Board is working with partners to determine the future constitution and structure of the safeguarding partnership. A proposal will come to the Board in September 2018 and will go out to wider consultation, with a view to seeking approval for the new arrangements in January 2019. The plan will be for the LSCB to be dissolved on 31st March 2019 and the new safeguarding partnership to be established on 1st April 2019.

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 vision as well as an assessment of the overall impact of the Board especially with regards to our four key priorities.

In November 2017 a seven year old Merton child was tragically murdered by her father. The Board took the decision to commission a Learning and Improvement Review (LiR) of the circumstances surrounding this event. This case did not meet the statutory threshold for a SCR; however, the Board considered that there may be some significant learning for the multi-agency safeguarding system.

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. 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. 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 a more robust and rigorous focus on quality assurance is now embedded and this is continuing to improve the way that young 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 2017-2018 included:

1. Managing the arrangements for the transition from Merton Local Safeguarding Children Board to the Merton Safeguarding Children Partnership

In 2019 the Board will see the dissolution of LSCBs and the establishment of Safeguarding Partnerships. In addition to reviewing the progress that the Board has made to date, we will need to develop clear plans about the future shape and direction of the Board.

The MSCB is Outstanding with no recommendations regarding improvements. Building from this secure base, the Board has agreed not to radically change its constitution but to use the Children and Social Care Act 2017 as an opportunity to strengthen our partnership to ensure that safeguarding children remains a priority for all partners in our safeguarding system and to ensure the most effective representation from statutory and other key partners in the work of safeguarding Merton's children and families and promoting their welfare.

At the Board's Away Day it was agreed that a task and finish group would be established to propose the arrangements for the establishment of Safeguarding Partnership. A task and finish group has been appointed by the Board to explore options for the new Partnership and make recommendations.

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

A great deal of work has been undertaken to embed Think Family as an approach to interventions with children and families across both adults and children's services. We are making good progress in ensuring that our partnerships enable the most vulnerable families to be supported; that vulnerable parents are enabled to care for their children and children receive the care they need 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 and addiction
- Are affected by domestic abuse
- Are parents with learning difficulties 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 forms of abuse and offer effective support early before these problems get worse.

Building on this work, the Board is seeking to drive improvements in our practice with vulnerable families so that stigma is reduced and families with poor mental health and substance misuse issues will feel confident in seeking help and support. We are also able to assure ourselves that practitioners are supported with the skills and confident to engage with all families including:

- Families who are difficult to engage
- Families who are challenging (for a variety of reasons including social class – evidence from practice and SCRs show that affluent families can pose distinct challenges to multi-agency safeguarding systems resulting in harm to children; families who present as 'powerful' etc.).

The Board is also seeking to further highlight the important role of schools, educational and early years' establishments, as a critical safeguarding partner.

3. 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
- Children at risk of serious youth violence and gangs
- Children at risk of criminal and other forms of exploitation including county lines, peer on peer abuse and harmful sexual behaviour
- Self-harm and poor mental health parasuicide.

The Board is seeking to develop a strategic response to Contextual Safeguarding. In particular, we are seeking to develop a coordinated response to overlapping forms of adolescent risk/harm which occurs outside of the family home in spaces such as the neighbourhood, school, community centres and housing estates.

The Board would also like to be more systematic regarding its work in listening to children and allowing them to shape the services that are provided to them. The Merton User Voice Strategy outlines the variety of ways in which the views and opinions of children and young people are considered. The Board would like this to be more coordinated so that these views and opinions can more strongly influence the ways we support families and keeps children safe, so impact of our work with children, young people and their families can be measured more effectively.

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

Merton has reviewed its Children Young People and Families Well-Being Model. We are now reviewing our Early Help (EH) and Preventative work; in particular, we are exploring models for coordinating preventative and early help across the well-being model. As part of our review we will:

- Consider the interface between our MASH and EH arrangements
- Review our service offer at all levels of the Merton Well Being Model and Engage partners in discussion on thresholds, clarify Step-Up-Step-Down processes and the tools to support early help assessments including the Common And Shared Assessment tool and intervention (Signs of Safety/Signs of Well-Being)
- Review the arrangements for the quality assurance of EH and Preventative work.

Addressing the incidence and impact of neglect is a cross-cutting theme that runs across the work of the Board and each of our priorities.

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.

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 2018

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 a. Embedding the ‘Think Family’ Approach across the multi-agency partnership

I. The appointment of the Think Family Coordinator and the establishment of a Think Family Strategic Group

In order to ensure that the ‘Think Family’ approach becomes the normal way in which we work with children and families, a Think Family Coordinator has been appointed. The role of the Think Family Coordinator is to work with both the children’s and adults’ workforce to facilitate joint understanding and effective joint working.



The Think Family Coordinator attends the Merton Safeguarding Children Board meetings and sits on the Policy Sub-Group.

We are beginning to see evidence of a shared understanding of roles and responsibilities; we are also seeing more effective joint working between adults and children’s services. We want to see this embedded across the system.

II. The Mental Health Protocol

The Board has reviewed and revised a *Multi-Agency Mental Health Protocol*. This document was drafted jointly by Merton Safeguarding Children Board and Merton Safeguarding Adults Board, which includes the Clinical Commissioning Group, South West London St Georges Mental Health Trust. The protocol sets out:

- Key questions that all practitioners working with adults who have mental health problems must ask in their work, where their patients or service users are parents or are in contact with children
- Clear guidance about the pathway to obtaining additional support for the children or young people who need early help or safeguarding
- Guidance for the children’s workforce about when to access additional support for the adults who are experiencing mental health problems.

The multi-agency Protocol to meet the needs of children and unborn children whose parents or carers have mental health problems was launched at the joint Merton Safeguarding Children Board, Children’s Schools and Families and Adult Social Care conference’ in March 2018. The protocol is supported by an implementation plan which is monitored by the Policy Sub-Group.

III. Domestic Abuse Guidance

The Board has also approved multi-agency guidance to address domestic violence and abuse. The aims of the guidance are:

1. To protect the child/ren
2. To support the victims/survivors to assist them to protect themselves and their child/ren; and
3. To hold the abusive partner accountable for the violence and provide them with appropriate support and opportunities to change.

The guidance is for use by all professionals (the term includes qualified and unqualified managers, staff and volunteers) who have contact with children and with adults who are parents / carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

The guidance includes violence/abuse between adults (in both heterosexual and same-sex relationships), child to parent violence/abuse and teenage relationship abuse. The guidance also includes coercive control as a form of domestic abuse.

It is expected that protocols for supporting parents engaged in substance misuse and parents with disabilities will be approved by 31st March 2019. This will complete our Think Family suite of protocols.

2.2 Supporting Vulnerable Adolescents

2.2 a. CSE

Merton Safeguarding Children's Board's *Child Sexual Exploitation (CSE) Strategy* was launched in 2013, refreshed in 2015 and again in 2017. These reviews were supported by intelligence from our Joint Strategic Needs Assessment and 2014 peer review on CSE and were prompted by changes in the definition of CSE and the appointment of a CSE Lead in 2017.



Our strategy provides clear and practical guidance for social workers and other practitioners dealing with cases where there is suspected and confirmed child sexual exploitation.

The MSCB Sub-Group 'Promote and Protect Young People' has received papers outlining the rise in criminal exploitation and this is identified as being related to the low numbers of boys referred for CSE. Therefore, a proposal is being drafted for a broader 'Exploitation Strategy' and process.

Over the past 3 years we have had an average of 33 referrals to our Multi Agency Sexual Exploitation Panel. Notably the last year (2017/18) has seen a significant decrease in referrals. Coupled with an increase of cases closed (placed on 'ICE') the number of CSE open cases at the end of March 2018 was only 13 children.

2.2 b. Self-harm and Adolescent well-being

In 2016 the MSCB approved a multi-agency *Self-Harm Protocol* for professionals working with children and young people who harm themselves. The Board will be refreshing this protocol in 2018-2019. This will be set within the framework of a strategy focused on supporting adolescent well-being and preventing suicide. The MSCB will work with the Child and Adolescent Mental Health Service's (CAMHS) Transformation Board to develop a multi-agency strategic response to promoting adolescent mental health and well-being as well as developing a suicide prevention strategy.

2.2. c. High risk Adolescents

We are continuing our focus on supporting high risk adolescents. High risk adolescents are children and young people who have had a range of adverse childhood experiences including neglect, physical and emotional abuse; this includes being exposed to domestic violence and abuse, living with a parent with poor mental health or living with a parent with significant substance misuse. High risk adolescents include:

- Young people who regularly go missing from home, school or care
- Young people who are at risk of criminal exploitation from gangs
- Young people who are at risk of sexual exploitation
- Young people who are known to the Youth Justice System
- Young people who misuse substances such as alcohol or drugs.

The Board has strengthened the arrangements for interviewing children and young people who return home after a period of going missing. We have reviewed our *CSE Protocol* and refreshed our *CSE Strategy*. In addition, we have approved a *Harmful Sexual Behaviour Protocol* and approved an *Online Safety Strategy*. These strategies, protocols and guidance documents support multi-agency practitioners with the

knowledge and understanding of these issues and outline a clear procedure for responding to young people who are exposed to these risks. Managers and practitioners are also supported with materials which can be used to brief staff so that the guidance is understood and consistently implemented.

The MSCB Training Programme provides briefings on CSE, *harmful sexual behaviour*, working with young people at risk of being involved in gangs and young people who are at risk of criminal and other forms of exploitation. The programme includes the following training:

- The impact of domestic abuse on children and young people
- The impact of parental mental illness on children and young people
- Working with children and families affected by substance misuse
- Merton gangs (girls and boys) and child sexual exploitation
- Substance misuse and young people
- Sexual Health and Relationships Education
- Talking to young people about drugs, alcohol and sexual health, early identification of risk and building resilience by earlier interventions.

2.2. d. Contextual Safeguarding

Throughout 2017-2018, the MSCB commissioned a Contextual Safeguarding audit. The first phase of this audit process was a paper audit to:

- review all relevant strategic documents, operating protocols, assessment tools and guidance documents currently used to respond to peer-on-peer abuse in Merton
- Observe relevant multi-agency strategic and operational meetings
- Meet with practitioners and young people.

There is a contextual safeguarding Project Plan in place which outlines how Merton will establish



clear governance and strategic oversight of this work. The plan sets out how practice will be observed and how practitioners and young people will be engaged in shaping our response. The findings of this work will then be disseminated. The MSCB and partners will then determine how our response to contextual safeguarding will be developed and applied across the safeguarding partnership.

2.3 Early Help

The MSCB is committed to ensuring the provision of high quality early help and preventative services. The Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the Local Safeguarding Children Board found that:

Children are protected through an outstanding early help offer.¹

Inspectors also noted that:

High-quality early help assessments help to identify needs, leading to children and families benefiting from a range of integrated early help support services.²

Inspectors reported that:

The Merton Child and Young Person Well-Being Model guides threshold decisions and is supported by a well-embedded wide range of integrated early help services, commissioned and brokered by the Children's Trust partnership. Thresholds are understood well by partner agencies and applied appropriately, resulting in effective and timely interventions for children.

The training and engagement with early help partners contribute to very strong early help assessments, which are undertaken by a wide range of partners. This ensures timely identification of need, with decision-making and work overseen by a social work qualified team manager. Effective intervention at an early stage is having a positive impact on reducing the number of children who require a more specialist service. Families benefit from prompt support from a range of innovative, high-quality early help services, such as a

¹ The Office for Standards in Education, Children's Services and Skills (Ofsted) (2017) *Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board.*

² Ibid.



dedicated victim support service for children, and mental health practitioners in schools. Parents spoke very highly of the early help services available and the positive difference that they are making for children.

If risks to children change, they experience a relatively seamless transition between early help and statutory services. Step-up and step-down processes are well considered and purposeful, with the vast majority evidencing a clear rationale and decision-making. This ensures that children and their families are receiving the right service at the right level of intervention to meet their needs.³

Although Merton's early help offer is judged as outstanding, we are not complacent and we believe that our early help and preventative services would be strengthened by greater coordination and further developing quality assurance processes; we would also like to ensure that there is an early help adaptation of the Merton Social Work Practice model which would include developing an early help version of the Signs of Safety approach to working with children and their families. In order to achieve these aims, an Early Help Task and Finish group has been formed to explore models of coordinated early help. The task and finish groups include senior

leaders across health, education, children's social care, the police and the voluntary sector.

2.4 The MSCB's Work on Neglect

Neglect remains one of our cross-cutting priorities. There is evidence from the numbers of referrals that we are getting better at recognising incidents of neglect. However, we want to ensure that as a safeguarding system we:

- a.** Have a shared understanding of neglect in all its forms
- b.** Are able to recognise and intervene in cases of neglect
- c.** Are able to raise community awareness and understanding
- d.** Keep a clear focus on adolescent neglect

³ The Office for Standards in Education, Children's Services and Skills (Ofsted) (2017) *Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board.*

2.4.1 Neglect Audit

In 2017, the Quality Assurance Sub-Group conducted a multi-agency audit of 3 cases. The audit was arranged around the journey of the child through the child protection system and included:

- a Child in Need Case
- a case where the child was subject to a Child Protection Plan and
- a case of a Looked After Child.

The audit found aspects of good practice including:

- good child centred work
- good recording of actions and decisions
- evidence of a good understanding of the types of neglect
- good multi-agency communication and information sharing.

The audit also identified some areas for further development:

- There is a need for more effective multi-agency communication especially with Early Years settings
- In complex cases, where parents have multiple needs and vulnerabilities, there is a need for practitioners to focus on the safeguarding of children whilst working with others to support the needs of parents
- We need to get better at engaging with fathers in child protection, especially in cases where the behaviour of the father places children at risk
- Effective early intervention in cases of neglect to prevent neglected younger children becoming neglected adolescents and subject to a wider range of adolescent risks and vulnerability.

2.4.2 Neglect Toolkit

The MSCB's Training Officer is an internationally recognised expert on the issue of neglect and has worked with the Learning and Development and Policy Sub-Groups in order to develop a Neglect Toolkit. The Toolkit is aimed at supporting practitioners in the early identification and assessment of neglect and in recognising the impact of the cumulative harm caused by neglectful experiences on children and young people.

The following three principles should guide the use of the Toolkit:

1. Focus on the lived experiences of children and young people
2. Adopt a holistic approach based on the domains of the Assessment Framework
3. Multi-agency approach to promote timely, evidence-based information sharing amongst practitioners and volunteers.

The Toolkit has been designed to consider different aspects of neglect experienced by children and young people, and includes a section on the parents and family history and functioning. It is intended to be used for children and young people at all stages of the journey of the child, from pre-birth assessments, pre-school and school ages to adolescents aged 18 years.

The Toolkit is to be used by all practitioners and volunteers working with children and their families in statutory and voluntary organisations. It is intended to offer practitioners the opportunity to evidence base and rate their concerns to help make a judgement as part of an early help or statutory assessment approach.

The Toolkit was piloted between March 2018 and July 2018. An evaluation report will come to the Board in September 2018.

3.0

Local context and need of the childhood population for Merton⁴

3.1 Merton the place

Merton has a total population of 209,400 including 48,200 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 child and young people's population increase, there are variations for different age groups. Between 2011 and 2020 we can estimate the population (based on SHLAA 2015) increases as follows:

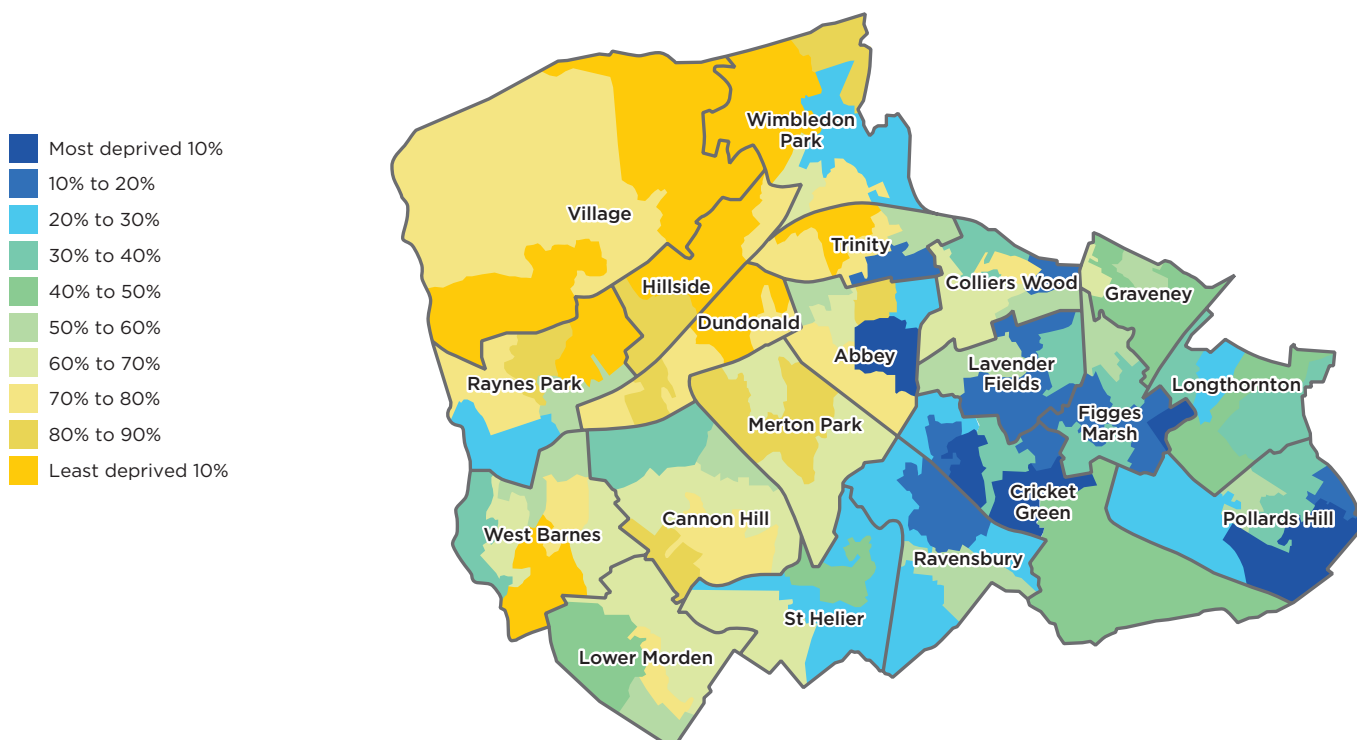
- Primary school children aged between 5 and 10 will have increased by 20%
- Secondary school aged children aged 11 to 15 will have increased by 13%.

Historically there was a 40% net increase in births per year from 2,535 in 2002 to a peak of 3,507 in 2012 and is approximated at 3,178 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.

East Merton currently has almost 17,800 5-17 year olds compared to 15,000 in west Merton. Both east and west Merton are predicted to show an increase in this age group by 2025 to 18,500 in the east and 15,600 in the west.

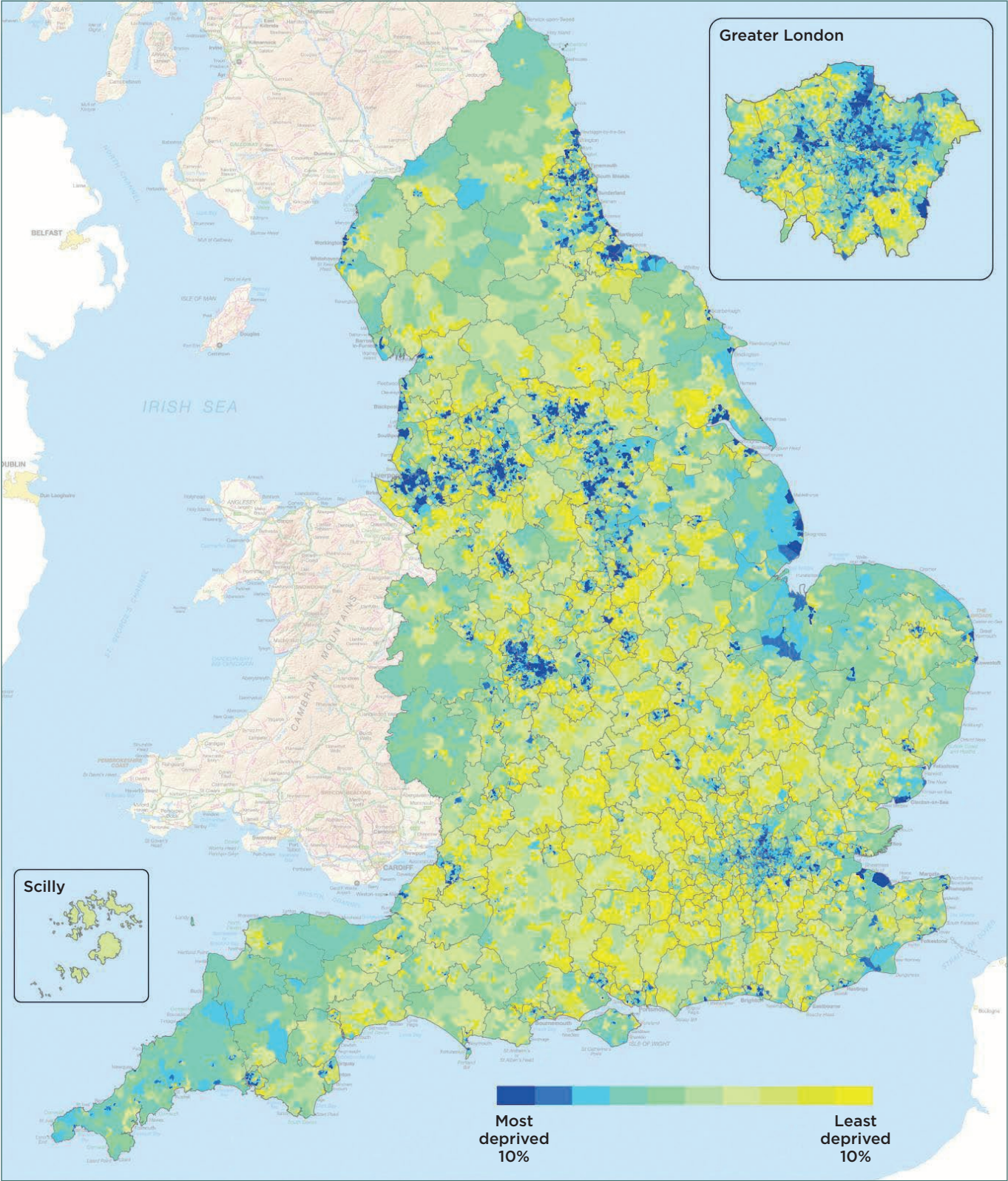
Predominantly suburban in character, Merton is divided into 20 wards and has three main town centres; Wimbledon, Mitcham and Morden. There are a number of pockets of deprivation within the borough mainly in the eastern wards and some smaller pockets in the central wards

Merton Income Deprivation Affecting Children Index 2015



⁴ Statistical information regarding the demographic profile of the Borough is based on the 2011 Census.

UK Indices of Deprivation





(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).

35% 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 (including 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. 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.

4.0

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

4.1.1 Children in Need

Merton's Child in Need (CIN) rate per 10,000 (2016-2017) is lower than the London average of 308.1 and is also lower than the National average of 330.4. We are also lower than our statistical neighbours (SN) who are at 311.9. See table 1 below.

Table 1: Increases in CIN rate between 2011 and 2017

| Year | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | SN 2016-17 | London 2016-17 | National 2016-17 |
|----------|---------|---------|---------|---------|---------|---------------|-------------------|---------------------|
| CIN Rate | 336 | 355 | 338 | 411 | 287 | 311 | 308 | 330 |

4.1.2 Children Subject to a Child Protection Plan

Rates of Children subject to a Child Protection Plan in Merton in 2016-2017 remain lower than the London rate at 36.72; the Merton rate is 27.2. Merton is also lower than our statistical neighbours who are at 45.4. Please see table 2 below.

Table 2: Children Subject to a Child Protection Plan

| Year | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | SN 2016-17 | London 2016-17 | National 2016-17 |
|--------------------|---------|---------|---------|---------|---------|---------------|-------------------|---------------------|
| Rate per 10,000 | 37.9 | 40.3 | 38.8 | 29.9 | 27.2 | 45.4 | 36.72 | 43.3 |

Source: LAIT

Nationally 3% of children were subject to a Child Protection Plan lasting for 2 years or more. The number of Merton children subject to a Child Protection Plan lasting 2 years or more is in line with the national averages.

4.2.1 Looked After Children

At 31 March 2017, the looked after children rate per 10,000 of the population, aged under 18 was 33.00. This is a slight decrease in rate from 35 in 2016. Merton had 161 looked after young people. 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 3: Looked after children by 10,000 population

| | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
|---------------|-----------|-----------|-----------|-----------|-----------|
| Merton | 31 | 34 | 34 | 35 | 33 |
| London | 54 | 54 | 52 | 51 | 45 |
| National | 60 | 60 | 60 | 60 | 62 |

Table 4: Ethnic Group of Looked After Children

| Ethnic Group | Number LAC during 2016-17 | Percentage LAC during 2016-17 | Number LAC on 31st March | Percentage LAC on 31st March | Number of Care Leavers (S24) | Percentage of Care Leavers (S24) |
|---|----------------------------------|--------------------------------------|---------------------------------|-------------------------------------|-------------------------------------|---|
| Asian or Asian British | 17 | 7% | 10 | 6% | 18 | 10% |
| Black or Black British | 48 | 20% | 33 | 21% | 44 | 25% |
| Mixed Heritage | 34 | 14% | 22 | 14% | 19 | 11% |
| White or White British (includes White Other and White Irish Traveller) | 106 | 45% | 70 | 45% | 65 | 37% |
| Chinese | 0 | 0% | 0 | 0% | 0 | 0% |
| Any Other Ethnic Group | 29 | 12% | 19 | 12% | 32 | 18% |
| Not Obtained | 1 | 0% | 0 | 0% | 0 | 0% |
| Refused | 0 | 0% | 0 | 0% | 0 | 0% |

Looked After Children with Stability in their placement

As at 31st March 2017, 71% 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 68% outturn in 2016 and places Merton slightly above national averages.

Table 5: Percentage of Looked After Children with Stability in their placement

| | 2012-13 (31st March) | 2013-14 (31st March) | 2014-15 (31st March) | 2015-16 (31st March) | 2016-17 (31st March) |
|---------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Merton | 64% | 55% | 54% | 68% | 71% |
| National | 67% | 67% | 67% | 68% | 70% |

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 6: Care Leavers in Touch

| | 2015-16 | | 2016-17 | |
|------------------------------|----------------|----------|----------------|----------|
| Merton | Number | % | Number | % |
| Yes | 132 | 89% | 154 | 87% |
| No | 3 | 2% | 7 | 4% |
| Service No Longer Required | 3 | 2% | 14 | 8% |
| Young Person Refuses Contact | 7 | 5% | 2 | 1% |
| Young Person Returned Home | 3 | 5 | 1 | 1% |

Source: SSDA 903

Note: 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.

Key Information: Care Leavers 2016-17

There were 161 Care Leavers aged 18 to 21 years old during 2016-17:

- 87% of Care Leavers aged 18 to 21 were in-touch with Merton CSF (140 out of 161 Care Leavers)
- 54% of in-touch Care Leavers aged 18 to 21 are using semi-independent provision (75 out of 140)
- 95% of in-touch Care Leavers aged 18 to 21 were residing in suitable accommodation at the point of contact (133 out of 140 in-touch Care Leavers)
- Majority of in-touch 18 and 19 year old care leavers residing in 16+ Semi-Independent provision at point of contact.



Table 7: Percentage of Care Leavers in Education, Employment or Training

| | 2013 (31st March) | 2014 (31st March) | 2015 (31st March) | 2016 (31st March) | 2017 (31st March) |
|---------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Merton | 60.0% | 47.0% | 45% | 66% | 71% |
| SN | 67.8% | 55.15% | 52.2% | 50.10% | |
| National | 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.

71% 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. 95% of care leavers (aged 19, 20, 21) were living in 'suitable accommodation' in 2016/17.

4.3 Children at Risk of Sexual Exploitation

Over the past 3 years we have had an average of 33 referrals to our Multi-Agency Sexual Exploitation (MASE) Panel. Notably the last year (2017/18) has seen a significant decrease in referrals. Coupled with an increase of cases closed (placed on 'ICE') the number of CSE Open cases at the end of March 2018 was only 13 children.

Numbers of referrals to MASE:

- In 2015/16 referrals totalled 38 – total iced 30, re-referrals 0
- In 2016/17 referrals totalled 41 – total iced 44, re-referrals 4
- In 2017/18 referrals totalled 21 – total iced 35, re-referrals 4.

The majority of referrals are girls with an average age of 14 years.

- 2015/16 average age 14 years, ranging from 8 years to 17 years. 3 male
- 2016/17 average age 14 years, ranging from 9 years to 17 years, 2 male
- 2017/18 average age 14 years, ranging from 12 years to 17 years, 0 male
- 46% of the children referred are White British (63 of 136)
- 27% are Black British, Black African or Black Caribbean
- 24% are Mixed or 'other'.

The most recent 'Dashboard' in regard to CSE was completed 30th September 2017. This outlines all those referred to MASE during 2017/18 and of those referred (32 young people), Social Care's involvement is outlined as follows:

- 18.7% (n6) were Looked After
- 18.7% (n6) were on a Child Protection Plan
- 21.8% (n7) were on a Child in Need Plan
- 0.31% (n1) was a Care Leaver.

Current open cases are tracked each month at the MASE meeting.

Summary of CSE Activity in 2017-2018

- A piece of joint work was specifically undertaken with a cohort of young people attending a local library where CSE concerns were raised among a number of other behavioural concerns. This involved collaboration with Participation Services, Catch 22, Mayor's Office for Policing And Crime (MOPAC), VWAG Worker and the Library staff. This created a safe space for young people to develop trusting relationships with workers that could signpost them to relevant services.
- Awareness raising and collaborative initiatives are undertaken on a regular basis. These include the Annual CSE Awareness Day that offers short sessions of training focusing on particular areas of vulnerability linked to CSE. Each term there is a CSE Champions meeting that shares intelligence and knowledge to support early identification.
- A Young Women and Girls (YWAG) worker is supervised by the Lead within the Adolescent Service but based in the MASH team one morning a week and attends weekly missing meetings, Cross Borough Meetings and CSE strategy meetings.
- The MSCB launched a refreshed CSE Strategy and Protocol in 2017 to align with the new definition of CSE and clarify referral processes.
- A number of schools in Merton use PHSE lessons as the forum for promoting and raising awareness of CSE with pupils.
- Merton implemented CSE Champions' Meetings where staff from some of Merton's secondary and primary schools, who are designated leads on CSE, meet. Other attendees and champions come from health, voluntary sector and alternative education.
- Training on gangs and CSE is delivered by the CSE Lead and MOPAC workers at least twice a year.

- Catch 22 CSE service was commissioned in 2017 to receive referrals for young people in Merton at high risk of CSE. The CSE team delivers targeted initiatives and 1:1 work with identified young people at risk of and/or experiencing CSE.
- There has also been a number of young people referred who are on the periphery/ associating with other vulnerable young people known to be at risk of either CSE or being groomed/exploited for sex, gang, criminal and/or drug related activity. The Catch22 CSE service also provide workshops and presentations to raise awareness.
- Catch22 has had a high rate of engagement from referrals. In the year to date (April to December 2017) there were 26 Referrals and 23 Engaged. The number of referrals decreased when the newly appointed Young Women And Girls (YWAG) worker started in post. A process for managing the referrals to either Catch22 CSE or the YWAG was established between the LBM CSE Lead and the Catch22 Service Manager.
- The WISH Centre are an organisation who specialise in providing support for young people at risk of self-harm and also have started to provide services for young people in Merton who are also at risk of sexual violence.
- Cross borough working around CSE and missing children is managed primarily by the Police. We recognized that this was an area that required further development and we utilized our current partnerships to develop this further. The CSE lead makes contact with boroughs that place young people with CSE risks within Merton to ensure safety plans are in place.

4.3.1 CSE and Looked After Children

There continues to be a strong grip on the issue of looked after children and 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. In 2017-2018, Merton had two looked after young people who were identified as being at risk of CSE.

4.3.2 CSE and Out of Borough LAC Cases

Whilst the desire is normally to keep young people in the local area, in some cases we have placed young people away from the borough because of our concerns about the individual. For some young people placements away from their home community is a key part of the care plan as a result of their vulnerability to exploitation in this borough or neighbouring boroughs. 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 they are supported to return to their home community at the earliest opportunity. These cases are all held open to the CSE Operational Lead and monitored for a period of time while the placement settles and the CSE is deemed to no longer be a risk. If CSE is felt to still to be a risk whilst the young person is in placement they will remain open and monitored with a plan in place ensuring support for the young person.

4.4 Children Missing from Home and School

Children Missing Education(CME)

| CME Panel 2015-16 | CME (Off Roll) | Vulnerable to CME (On Roll) |
|----------------------------------|--|---|
| Number of cases discussed | 128 CME (Off Roll) cases discussed at CME Panel during 2015-16 Academic Year (26 cases open at end of AY; 102 cases closed during AY) 18% reduction | 123 Vulnerable to CME (On Roll) cases discussed at CME Panel during 2015-16 AY (36 cases open at end of AY; 87 cases closed during AY) |
| Panel timeliness | 96% CME (Off Roll) cases actioned and closed by CME Panel during 2015-16 Academic Year within three months of case start date (up by 15 percentage points compared to 2014-15) | 57% Vulnerable to CME (On Roll) cases actioned and closed by CME Panel during 2015-16 Academic Year within three months of case start date (in line with 2014-15 academic year) |
| CME Panel 2016-17 | CME (Off Roll) | Vulnerable to CME (On Roll) |
| Number of cases discussed | 129 CME (Off Roll) cases discussed at CME Panel during 2016-17 Academic Year (25 cases open at end of AY; 104 cases closed during AY) 19% remaining open | 131 Vulnerable to CME (On Roll) cases discussed at CME Panel during 2016-17 AY (61 cases open at end of AY; 70 cases closed during AY) |
| Panel timeliness | 89% CME (Off Roll) cases actioned and closed by CME Panel during 2016-17 Academic Year within three months of case start date | 52% Vulnerable to CME (On Roll) cases actioned and closed by CME Panel during 2016-17 Academic Year within three months of case start date |

On average 130 to 150 Off Roll children and young people are discussed at the CME Panel each academic year. 89% of all CME Off roll cases during 2015/16 were actioned and closed by the panel within three months with a target of 90%.

The DFE guidance for all schools (Maintained, Academy and Independent) on referring all off roll and on roll children via the LA has significantly increased the workload of Education Welfare Service (EWS). The Council has increased resources to the team and the team have stopped other functions to comply with the guidance. We predict that this will be over 1,500 children by September 2018 within the school year. Of these approximately 30% require case intervention by EWS.

The patterns emerging from this data are:

- International families in the UK to work (Non-EU and EU) – usually in Wimbledon.
- Evictions from the private rented sector – more commonly in Mitcham.
- Some pupils will withdrawn due to the parental view of the quality of the school, issues in school or needs of the child.

All cases are tracked and over 95% resolved with the year. Some will transfer to Elective Home Education (EHE). There is a robust system in place to ensure that children who receive EHE are safe. This is managed by the EWS.

CME policies and procedures, comply with the revised Statutory Guidance and *Keeping Children Safe In Education 2018*. Merton's EWS promotes and enforces 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. Merton's school attendance is very good, above national, London and outer London in primary, secondary, special and PRU.

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.

We are vigilant on illegal schools and have worked closely with neighbouring boroughs on Merton residents that have attended out of borough illegal schools this year.

We work pan-London on quality assuring Alternative Education Provision to ensure safety and quality.

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 (reviewed and refreshed to be presented to the Board in September 2018).
- Ongoing utility of Police Missing Person Co-ordinators analysis of repeat locations and individuals for missing persons meetings.
- Independent organisation (Catch22) commissioned to work as part of a wider interagency team to provide practical and emotional support and prevent/reduce episodes of going missing. Catch22 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.

Action Taken To Address Children Missing from School

- A strong partnership approach of the multi-disciplinary Hard to Place and CME Panels.
- 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's Promote and Protect Young People Strategic 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 achieve strong engagement with the 'Prevent' agenda involving key partners including police, schools, early year's settings and with faith, voluntary sector and wider communities. Merton has not been identified as a Prevent Borough.

There is comprehensive Prevent Guidance available to staff via the MSCB and a programme of training for staff and external stakeholders in the borough.

CSF supports schools to deliver the Prevent Duty which is evident by:

- The provision of Governor training;
- Annually every school trains all staff;
- The use of Head Teachers meetings to discuss Prevent matters;
- Schools undertake IT monitoring and the London Grid for Learning is in place in all schools;
- Schools are teaching British values and there are a range of curriculum projects to support this; and
- The borough operates a strong Standing Advisory Committee on Religious Education (SACRE) with involvement from Prevent and Counter Terrorism Police.

Prevent referrals are all managed through the MASH. This ensures safeguarding measures to be put in place from the start of a referral. The Channel Panel has representation from the MASH and enables appropriate case discussion to implement appropriate safeguarding measures.

The local delivery of Prevent was scrutinised as part of the OFSTED inspection that took place in June 2017 and rated as 'Good'. One of the



inspectors led a focus group discussion with the partners that support local delivery. The borough was able to demonstrate that through strong partnership working; effective safeguarding plans were in place to support Merton's young people.

An area for development is ensuring that Prevent concerns about cases discussed at other panels, such as MAPPA or Offender Management, are shared with the Channel chair (either informally or via a referral). In 2017-2018 there were 11 referrals relating to Prevent; of these referrals 7 were Merton children (1 becoming a Channel Case).

4.6 Female Genital Mutilation

The Board refreshed its multi-agency guidance on Female Genital Mutilation (FGM) in 2017-2018 and provided a range of briefings and multi-agency training sessions on FGM. The Board provides multi-agency training on FGM, which is well attended. 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 were 10 women identified with FGM in Merton.

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.

The Children and Social Work Act 2017, received Royal Assent on 27th April 2017. The Act will abolish LSCBs, replacing them with Safeguarding Partnerships. *Working Together to Safeguard Children 2018* was published in July 2018.

Section 16 of The Children and Social Work Act 2017 amends the Section 16D of the Children Act 2004 Act. The Act provides that

- (1) The safeguarding partners for a local authority area in England must make arrangements for:
 - (a) the safeguarding partners, and
 - (b) any relevant agencies that they consider appropriate, to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area.
- (2) The arrangements must include arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area.
- (3) In this section:

“relevant agency”, in relation to a local authority area in England, means a person who:

- (a) is specified in regulations made by the Secretary of State;

and

- (b) exercises functions in that area in relation to children.



“Safeguarding partner”, in relation to a local authority area in England, means:

- (a) the local authority;
- (b) a clinical commissioning group for an area any part of which falls within the local authority area;
- (c) the chief officer of police for a police area any part of which falls within the local authority area.

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, 2018, Chapter 3* (WT 2018)

LSCB duties are specified in WT 2018, 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,) as set out in WT chapters 1 and 2.

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.



The current membership⁵ 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:

- The Director of Children, Schools and Families
- 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
- Representation from Adult Social Care
- Representation 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.

⁵ The structure and membership of the Board is included in this report as Appendices 3.

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 between March 2017-2018:

- Conducting a multi-agency audit on the theme of Children with Disabilities in May 2017
- Conducted a multi-agency audit on the theme of neglect.

The Sub-Group also monitored the following action plans to ensure effective implementation:

- Monitored the implementation of the Child B Serious Case Review (SCR) Action Plan
- Monitored the implementation of the Baby C Learning and Improvement Review (LiR) and a multi-agency quality assurance framework to ensure that the learning from this is cascaded across all agencies
- Conducted a range of briefings regarding the learning from Multi-Agency audits and local LiRs and SCRs
- Maintained oversight of escalations to the MSCB.

The QA Sub-Group is overseeing the review of the MSCB Performance Dataset. A Task and Finish Group has been established and will meet during the autumn term to make proposals regarding performance 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 2017-2018. 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).

During 2017-2018, the PPYP Sub-Group:

- Reviewed and refreshed the MSCB CSE Strategy to include the new DfE definition of CSE
- Reviewed and refreshed the MSCB CSE Protocol clarifying processes for referring and managing CSE cases
- Monitored the implementation of the CSE Action Plan
- Oversaw the work of the MASE Panel
- Review the work of commissioned services including parenting support, the work of Catch-22, Barnardos, Metro support for boys and young men, and the work with young people at risk from gangs, work with girls who are vulnerable to CSE and exploitation from gangs, the CSE Coordinator, parenting support work etc.
- Developing the work in relation to contextual safeguarding.

7.3 Learning and Development Sub-Group

7.3.1 MSCB Joint Conference with Children's Schools and Families Department and the Safeguarding Adults Board

The Merton Safeguarding Children Board (MSCB), Merton Safeguarding Adult Board and Merton Children's Social Care Joint Conference was held on 21st March at Epsom Jockey Club Conference Centre. The Conference theme was *Think Family: No Wrong Door a spotlight on parental mental health*.

The Conference was attended by almost 200 professionals from a wide variety of disciplines across adult and children's services and included strong representation from the private and voluntary sector. This year we were honoured to have in attendance a group of parents who were service-users; their contribution to the conference was invaluable.

The Conference featured presentations from Hannah Doody (Director of Community & Housing) and Paul Angeli (Assistant Director Children, Schools & Families). The MSCB's Training Coordinator, Carla Thomas gave a powerful presentation entitled, *The children are watching – the possible impact of parental difficulties on children and young people*. This was one of the most highly rated presentations of the Conference.

Our keynote address was delivered by Dr Crispin Day, from South London and Maudsley, NHS Foundation Trust, King's College, London, Institute of Psychiatry. The focus of Dr Day's presentation was on Transformational Parenting and helping us think through the services that are behind each 'door' or access point.

7.3.2 MSCB Training

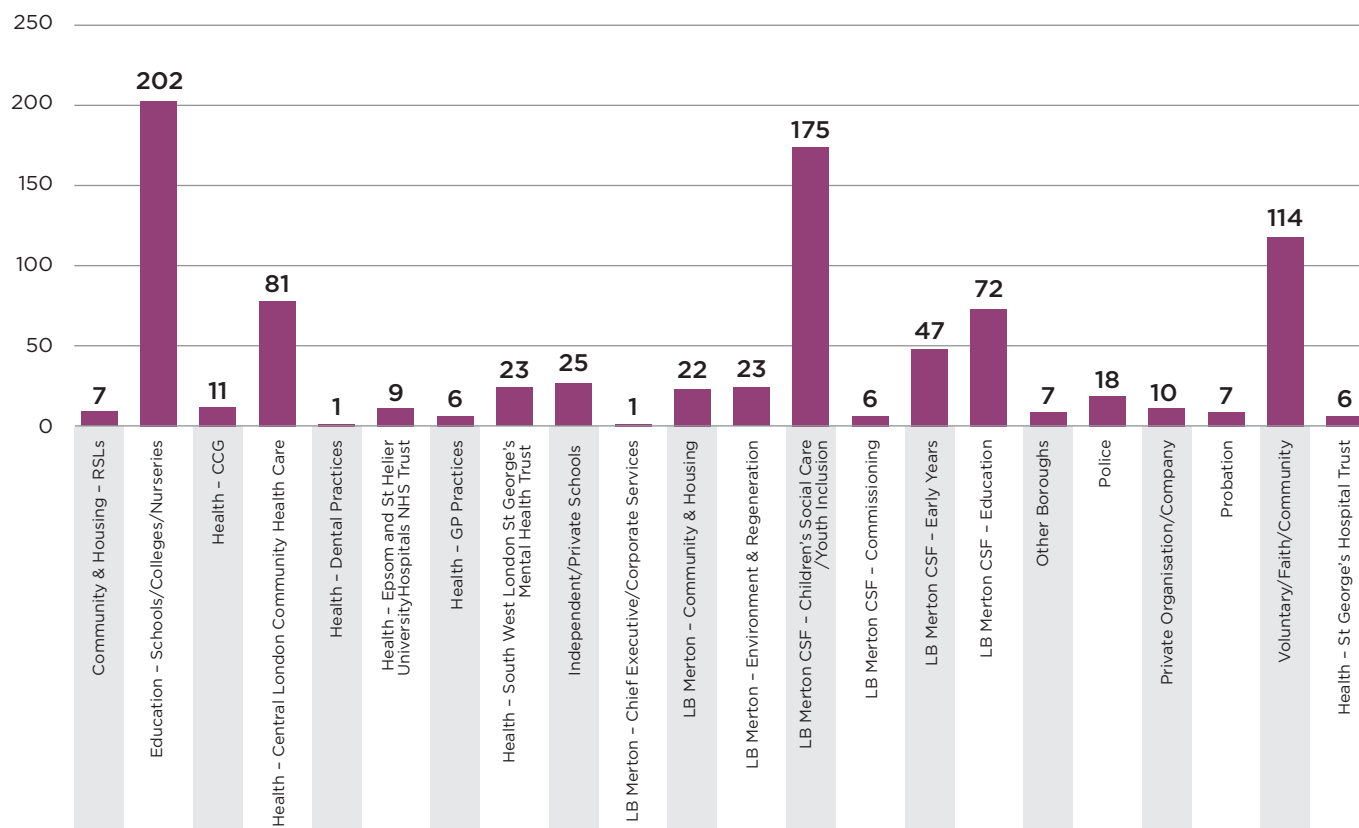
The table below gives a quick overview of the number of planned and run training events from April 2017 to March 2018.

The table overleaf indicates attendance per course and per agency.

MSCB Training 2017/2018

| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|------------------------|-----------|------------|-----------|-----------|----------|-----------|-----------|------------|----------|-----------|-----------|------------|------------|
| Planned events | 4 | 9 | 7 | 6 | 0 | 9 | 5 | 7 | 1 | 3 | 5 | 8 | 64 |
| Added events | | | 1 | | | 1 | | 5 | 1 | 2 | 2 | | 12 |
| Cancelled events | 1 | 2 | 4 | 2 | | 1 | | 4 | 1 | | 1 | 2 | 18 |
| Actual events | 3 | 7 | 4 | 4 | | 9 | 5 | 8 | 1 | 5 | 6 | 6 | 58 |
| Booked | 28 | 126 | 39 | 68 | | 125 | 81 | 142 | 8 | 79 | 83 | 267 | 1046 |
| Cancellations | 1 | 9 | 1 | 10 | | 8 | 12 | 7 | | 4 | 4 | 8 | 64 |
| DNAs | 7 | 21 | 4 | 7 | | 22 | 15 | 20 | 2 | 18 | 15 | 33 | 164 |
| Extras | 3 | 22 | 1 | 5 | | 8 | 6 | 20 | | 10 | 6 | 6 | 87 |
| Number attended | 23 | 118 | 38 | 53 | 0 | 96 | 57 | 110 | 6 | 66 | 68 | 221 | 856 |

MSCB training attendance per agency April 2017 – March 2018



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 was reviewed in June 2017. The strategy outlines the MSCB's approach to Multi-Agency Learning and Professional Development.

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 remains 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 training programme includes events booked until March 2019. We have recently added to the programme a series of briefings including:

- A briefing on Harmful Sexual Behaviour Protocol
- A briefing on the multi-agency working protocol for children living with parents with mental health problems
- A briefing delivered by Kingston LSCB on Learning lessons from a Kingston LIR which related to a family who were resident in Merton and known to Merton services.

The MSCB 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

As part of our on-going review of the MSCB's training offer, we have reviewed the E-Learning Programme. Unfortunately, there is limited takeup and completion of E-Learning Courses across the multi-agency safeguarding system; as a result, the Learning and Development Sub-Group confirmed the decision not to renew the MSCB's E-Learning License. This means that from 31st July 2018, the MSCB will no longer offer an E-Learning package.

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.

7.5 Merton Child Death Overview Panel (CDOP)

The Merton Child Death Overview Panel has local arrangements to respond to and review child deaths in Merton in accordance with the Working Together to Safeguard Children (2018) guidelines. 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 enquiring into and evaluating each unexpected death of a child (Para 5.12- 5.20).

For the period 1st April 2017 to 31st March 2018 eight child deaths were reported to the Merton CDOP. Four of the eight child deaths were 'unexpected' and so subject to a rapid response meeting and one death was referred to the MSCB for consideration of a learning review, however the MSCB decision was the case did not meet the required threshold for a review. In all four

unexpected deaths where a rapid response meeting was held the national timeframe of 5 days was met. One of the eight deaths reported occurred outside of the borough of Merton.

There were three CDOP meetings convened in 2017/18 and ten child deaths reviewed. The timeframe for the review of child deaths at CDOP is six months⁶. Merton CDOP reviewed 70% of child deaths within six months of the death which compares favourably with the national performance indicator of 24%⁷.

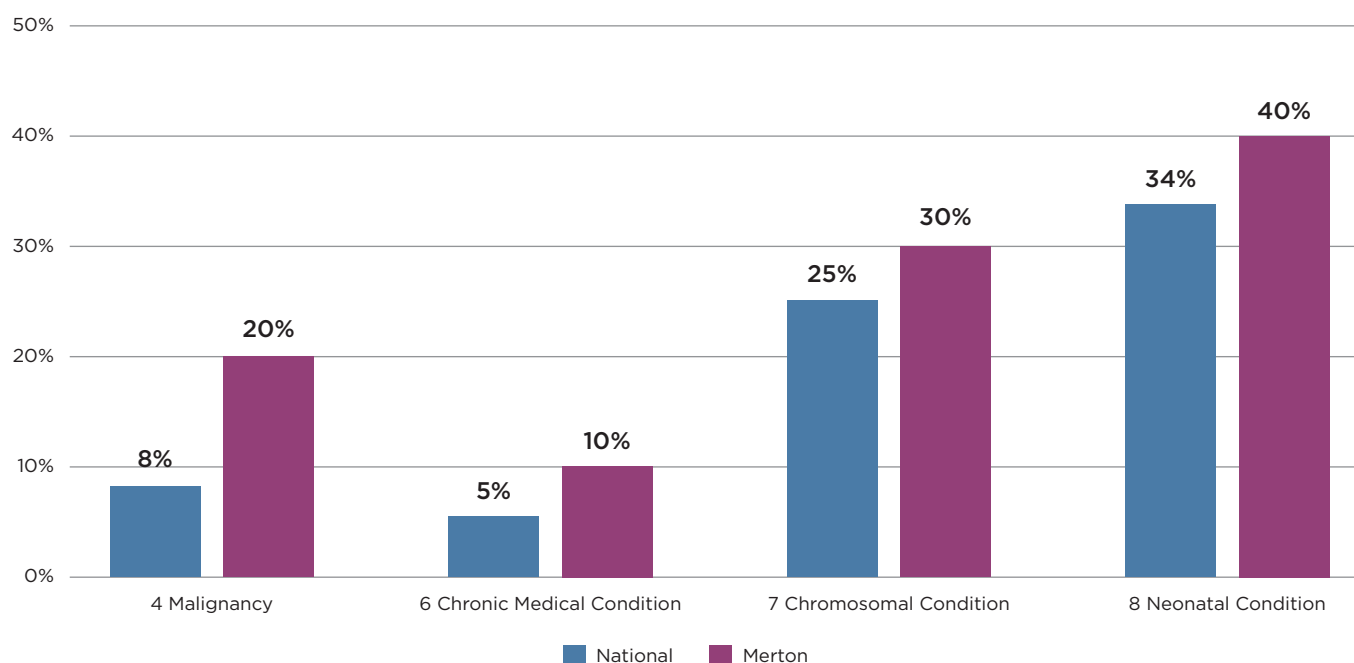
The ten deaths reviewed were classified by CDOP as 'expected' and considered to have 'no modifiable factors'. Two of the child deaths reviewed concerned children who had life limiting conditions. Three of the child deaths reviewed were neonatal deaths (extreme prematurity) and no modifiable factors were identified. There were no cases reviewed that were classified as sudden unexpected death in an infant (SUDI).

The categories of death for the ten Merton cases reviewed by Panel in 2017-18 were:

- Category 4: Malignancy (2)
- Category 6: Chronic medical condition (1)
- Category 7: Chromosomal condition (3)
- Category 8: Perinatal/neonatal event (4)

⁶ National statistics from <https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2017>

⁷ Ibid. as per (1) above.

Table 7: National and London Borough of Merton Categories of Child Death (%) 2017/18

National data (table 7) demonstrates Merton having higher than national percentage of child deaths relating to all the above conditions. In 2017-18 Merton has more than twice the amount of child deaths from malignancy-related conditions than national averages. In all other categories Merton is nominally more than national average, however the local numbers proportionately are small and should be interpreted with caution.

The Children and Social Work Act 2017 supported by national guidance will impact on how CDOPs function in the future; the sponsor for CDOP will shift to the Department of Health and each CDOP will be expected to review 60 deaths annually. The rationale for these changes being the vast majority of child deaths have a medical or public health causation and the increasing the number of deaths reviewed will enable meaningful analysis of data.

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. Membership includes senior representatives from Police, Children's Social Care (CSC), Education Inclusion, Probation, Housing, Public Health and the Clinical Commissioning Group (CCG). The YCPEB is the governance structure for Merton in relation to the work of the Youth Justice Team (the local Youth Offending Team), including production of the Annual Youth Justice Plan, performance management and quality assurance. It also oversees the partnership response to serious youth violence, gangs and the "Troubled Families" programme (known locally as Transforming Families) (TF). The YCPEB reports to the MSCB and the Safer and Stronger Partnership, which has wider oversight of crime issues in the borough.

The YCPEB's key priorities over the past year have involved maintaining and monitoring the team's performance against 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. Therefore the YCPEB contributes to all three of the MSCB priorities in regard to Think Family, Early Help and Vulnerable Adolescents.

Following a restructure in April 2018, the Youth Justice Team, Transforming Families Teams and newly established Tackling Exploitation Team (managed by the CSE Lead) have been placed into a new service, which the staff renamed as the Adolescent and Family Service. The YJT Manager's post has been deleted and assimilated into the Head of Service post, which sits within the Children's Social Care and Youth Inclusion senior leadership team. The YJT is a multi-agency service with seconded staff from Police, Probation, Education, CAMHS, Catch22, Nursing and Social Care. The YJT undertakes assessments and delivers interventions with young people

receiving a formal disposal from either the Police (pre-court outcomes) or the courts (statutory orders) and also has a bespoke specialist offer for parents. The Transforming Families team delivers targeted interventions with families aiming to intervene effectively before problems escalate within a family. This involves working closely with schools, academies, the Police and the Education Welfare Service. The team has a targeted parenting officer who provides group work. The MOPAC funded gangs' worker in TF delivers both group work and individual interventions with young people involved in gangs and/or serious youth violence.

The YCPEB oversees Merton's response to new legislation, the inspection regime, its local crime reduction and prevention initiatives, monitors issues concerning risk and safeguarding and ensure staffing and resourcing levels are in place to maintain performance and effectiveness within the delivery of the youth crime and prevention services.

A partnership development in the last year has been the implementation of a Liaison and Diversion Service within the YJT, commissioned by the CCG and funded by NHS England. The aim is to liaise with Police and other professionals at the earliest opportunity when a young person enters the criminal justice system (usually at the point of arrest) to assess their health and wellbeing needs and consider potential diversion opportunities for these needs to be met outside of the criminal justice system. The funding has allowed for the 0.5fte CAMHS Forensic Psychologist position in the YJT to be extended to full-time, thereby offering a flexible response to cases across the system. The funding has been utilised to also extend the Speech and Language Therapy (SALT) hours to allow a service for pre-court outcomes and to commission a specialist consultant for harmful sexual behaviour training and consultancy (for all services).

The CCG has also identified a gap in regard to young people on the edge of the criminal justice system (often involved with the Transforming Families Team) and will be putting forward a business case for an additional 0.5fte provision to meet this gap and ensure that a health offer is provided across the criminal justice pathway, as per the Transformation Plan and Health in Justice framework.

Merton's Borough Police have recently undergone changes to merge as a Borough Command Unit with Wandsworth, Kingston and Richmond. This has resulted in changes of personnel representing different target areas (safeguarding, neighbourhood safety, investigations). The Superintendent of Neighbourhoods now represents the Police at the YCPEB. The change has positively impacted the YJT and seen an increase in staffing from the Police with a second seconded Police Officer (0.8fte) joining the YJT in September 2018. This will allow for more capacity to undertake joint work and contact victims of youth court outcomes in compliance with both GDPR and the Victim Code.

The YCPEB monitors performance through quarterly 'dashboard' reports, summaries of the highest risk young people monitored at the Youth Offender Management and Gang Multi-Agency

Panel, receiving notifications from partners and the Youth Justice Board in regard to national changes and developments and through audit reports.

The YCPEB is preparing for a new inspection framework from HMIP, which includes a casework audit but has been extended to include an assessment of the governance and leadership of youth justice and the pre-court work carried out by both Police and the YJT. The Board members have attended a 'visioning event' with the YJT staff to understand the work undertaken by all the team members, which was presented through a roleplay and 'interesting facts' handout. This was followed by roundtable discussions to allow both board members and YJT staff to discuss examples of good practice and any barriers to achieving positive outcomes. The event was seen as a success and is likely to be repeated in future, including with representatives from children's social care and schools. The YCPEB has also supported the process of a peer review between Merton YJT and their neighbouring YOT in Sutton, which will focus on the elements of governance and leadership. The YJT will also have an external audit, which should provide a benchmark for further actions since the last external audit was completed in November 2016.

Due to the small cohort currently entering the system and receiving statutory orders the changes in performance can be dramatic and last year saw a rise in both custody and re-offending rates, which has been analysed in more detail within the Youth Justice Plan.

The YCPEB commissioned the IT team to create profile reports from the YJT case management system (Careworks). This has enabled a more robust analysis within the Youth Justice Plan and a detailed summary of the needs and barriers to desistance presented by the majority of cases. These have been particularly striking in regard to mental health, social, learning and communication needs, substance misuse and relationship difficulties. This therefore allows for a focused and targeted response to those most at risk of re-offending or causing harm and supports the continued provision of a multi-disciplinary team to work with the most entrenched cases on statutory orders.

A rising concern is that of criminal exploitation, in particular 'county lines' drug dealing. The Youth Justice Team was successful in gaining grant funding from the Home Office to deliver a pilot project aimed at preventing young people's involvement in serious and organised crime. Merton was one of three areas in England and Wales to be granted the funding. The project prioritised cases with Class A drug supply, particularly those in county locations, as a response to the Local Assessment Process undertaken by the Community Safety Institute in February 2017. The pilot worked with eight young people and another 15 cases were identified as involved in county-lines. The mapping of these 23 cases has identified a number of trends in regard to education, peer groups and family needs. A presentation was given to the Merton Partnership in February 2018 by the YJT, TF and Safer Merton managers in regard to gangs, serious youth violence and exploitation, highlighting that while the numbers are small the impact has been significant due to the type of violence (sometimes involving samurai swords or machetes) and the link between Merton's young adults and a small number of murders in London during 2017. Further presentations were made to the Children's Trust and MSCB and a joint knife crime plan is being developed in Merton, led by partners but in collaboration with the YJT and TF.



One of the MOPAC funded workers in the Adolescent and Family Service has been supporting victims of serious youth violence and engaging young people on court orders into restorative justice processes. With the rise in county lines and knife possession his role has evolved with most referrals for young people on orders being those at risk of criminal exploitation (in addition to victims of serious youth violence to engage them in restorative approaches). Therefore, his job title has changed from 'reducing reoffending worker' to 'reducing criminal exploitation and violence worker' and he has moved from the YJT into the Tackling Exploitation Team in order to maintain this expanded area of work alongside the child sexual exploitation processes.

In order to maintain joint oversight to reduce the risk, exploitation and harm caused through exploitation and serious youth violence the chairs of the current adolescent panels (Police DCI for Safeguarding and the YJT manager / Head of Service) have developed an integrated multi-agency risk, vulnerability and exploitation (MARVE) panel. The panel will discuss children most at risk or vulnerable to exploitation or harming others and will combine the other adolescent panels previously held within the borough (MASE, Persons of Concern, Young Offender Management Panel, Gangs Multi-Agency Panel and TF). The panel is outlined within the MARVE Protocol, co-written by the CSE Lead, which integrates elements from other protocols (Serious Youth Violence and Criminal Exploitation, Child Sexual Exploitation, Harmful Sexual Behaviour), which all provide workers with clear definitions, responses, pathway routes and actions plans, including responsibilities for children in Merton and/or looked after by Merton.

The focus for the YCPEB in the next year will be to improve performance in regard to re-offending and use of custody, consider avenues for sustainable services in light of the funding for TF ending in 2020 in parallel to reductions in YJB Grant and MOPAC funding, supporting the integrated management of exploitation and harm, ensuring high quality services and staffing are in place for the most high risk and vulnerable adolescents, be 'inspection-ready' and confidently sharing good practice.

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

The MSCB is committed to addressing the violence against women and girls. 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 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 achievements or highlights for 2017-2018.

The Merton VAWG board oversaw a range of work during 2017-18:

- Merton was 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. Wimbledon has 100% coverage and the rest of the borough has 90% coverage of the scheme.
- 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. The seasonal peaks for DV reporting for August and December have changed slightly with August still being a peak month but December reports had lowered and as such we now ensure that services are ready for these profiled seasonal increases.
- The partnership agreed to commence work on a sexual violence profile. This work will be undertaken in the 2018-19 financial year and will drive forward our next 12 months focus on the NO MORE campaign.
- Merton’s Police achieve 22.3% successful detection rate (July 2017 – June 2018) for Violence with Injury (Domestic Abuse) the second best in the MPS. There has been a 10% increase in DVA reports in the last 12 months.
- Operation Dauntless is the Metropolitan Police Service’s range of responses to the issue of domestic violence; the use of the approach with higher risk suspects is now routine.
- Delivered a full programme of activities for the 16 Days of Activism 2016. This included a learning day, a cake sale, an event at Merton College and a tweet a day via Twitter and Facebook.
- Continued providing training support to the MSCB.

- Recruited a Victim Champions post.
- Looked at the Pan London Housing Reciprocal protocol that has been rolled out across London to determine how Merton can be involved.
- A special meeting to look at JTAI Multi-Agency response to children living with domestic abuse and have briefed agencies in preparation to an inspection.
- The VAWG Strategic Partnership has been involved with developing the Children's Schools and Families DVA Strategy.

As we move forward through 2018-19 we will continue to build on this work by:

- Embedding the Victims' Champion and developing the strategic offer of VAWG sub-group further.
- Completing the Sexual Violence Profile and considering how the outcomes of this will change operational delivery and strategic commissioning.
- Completing an overview profile of all VAWG strands which are less understood within Merton.
- Conduct a light review and update of the DVA profile in advance of the 2019-20 full review.
- 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 2019-2021 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 MSCB 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 bring 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. These changes were embedded in 2015-2016 and there is evidence that these changes have paid 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. The Board also receives the private fostering annual report in January each year.

The Board works in cooperation with neighbouring children's services including peer review; 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 2012 the MSCB has:

- Submitted 7 serious incident notifications to Ofsted
- Completed two SCRs (the Tia Sharpe SCR and the Child B SCR)
- Completed 3 learning and improvement reviews (Child J, Baby PP and Baby C).

As noted in this report, the Board was inspected by Ofsted in June-July 2017. Inspectors found that:

Merton's Local Safeguarding Children Board (MSCB) is outstanding. It is highly effective in holding agencies to account for their individual safeguarding arrangements in the welfare and protection of children.

Inspectors also reported that:

The MSCB is highly effective. There are strong governance arrangements underpinned by established partnerships with other strategic boards, including the Health and Well-being Board, the Corporate Parenting Board, the Children's Trust and the Safer and Stronger Partnership. Strategic leaders, elected members and partners work collaboratively and focus relentlessly on what matters to children in keeping them safe and promoting their welfare. There is strong engagement between the chief executive, DCS and lead member; roles and responsibilities are clear and accountability is strong.

7.10 MSCB Budget

The MSCB has an agreed budget to which agencies contribute. Its income for 2017/2018 was £248,470. The MSCB Budget for 2017-2018 is detailed as follows:

| | |
|--|-----------------|
| Brought forward from 2016-2017 | £18,642 |
| Income for 2017-2018 | |
| 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 ⁸ | £43,890 |
| Total | £248,470 |
| Expenditure | |
| Staffing | £144,170 |
| Premises | £2,000 |
| Supplies and Services | £100,460 |
| Transport | £1,840 |
| Totals | £248,470 |
| Brought forward from 2017-2018 | £0.00 |

⁸ 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 Protocol was developed in accordance with the relevant chapters in the **London Child Protection Procedures⁹**, 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 approved by the Board 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 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 safeguarding 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).

⁹ 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).

8.3 Mental Health Protocol Task and Finish Group

A task and finish group was formed to develop a multi-agency mental health protocol. The document was drafted jointly by Merton Safeguarding Children Board and Merton Safeguarding Adults Children Board, which includes the Clinical Commissioning Group, South West London St George's Mental Health Trust. There was also consultation with commissioned services, voluntary organisations, young carers and parents who suffer from poor mental health.

This protocol is important for the safeguarding of children and families in Merton. It should be read and implemented when necessary by staff who deliver services to children and young people whose parents or carers have mental health problems, and staff who deliver services to adults who are parents or carers with mental health problems. The protocol applies equally to pregnant women and their partners where there are concerns about their mental health. The protocol also applies to adults with mental health problems who have contact with a child or children, even if they are not a parent or carer; for example, siblings, lodgers, family visitors, babysitters or childminders.

The protocol was approved by the MSCB and SAB in March 2018.

8.4 The Young Carers Strategy Task and Finish Group

The Young Carers Task and Finish Group comprised of colleagues in Children's Social Care, Health, the Mental Health Trust, Adult Social Care, Merton Carer Support and other voluntary organisations. The proposed Young Carers strategy sets out how Merton council, and its partners will bring about improvements in the way services work together to identify, assess and improve outcomes for young people with caring responsibilities. This strategy aims to build on the priorities of the Merton Safeguarding Children's Board, to 'Think Family' in its collective



partnership approach to fostering positive outcomes for children and young people. It also forms our collective response to lessons drawn from Serious Case Reviews, including our own local example.

The priorities for change, identified within this strategy, have first and foremost been developed through listening to the voice of our local young carers and are agreed by the range of agencies and professionals that work with children and families across the health, education, social care and voluntary sector. The strategy sets out what actions will be taken to achieve our priorities and identifies the resources needed to meet these. The strategy will be presented to the Board for approval in September 2018.

9.0

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

The Section 11 Process for 2016-2017

At the Business Implementation Meeting held on 7th February 2017, it was agreed that the Section 11 process for 2016-2017 would include the full submission of each agency's Section 11 Self-Audit return for 2016-2017.

Merton Schools contribute to a separate safeguarding audit which feeds into the Section 11 Process.

The MSCB Section 11 process is managed in two parts:

Part A is a self-audit based on the pan-London Section 11 Audit Tool. The audit tool allows each agency/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



Agency Returns

The MSCB has received completed returns from the following agencies:

1. British Transport Police (pan-London return)
2. CAFCASS (pan-London return)
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. LBM Housing Needs
10. LBM Safer Merton
11. LBM Youth Justice
12. London Ambulance Service (pan-London return)
13. Metropolitan Police Service (Borough and SOECA) Safeguarding Report (Service Wide)
14. Metropolitan Police Service Safeguarding Report (SOECA Service Wide)
15. Merton Voluntary Service Council (MVSC, representing Merton Voluntary organisations)
16. NHS Central London Community Health Care
17. NHS Epsom and St Helier NHS Trust
18. NHS Merton CCG
19. NHS South West London St George's Mental Health NHS Trust (including CAMHs and Adult Mental Health)
20. NHS St George's Hospital (Section 11 Report)
21. National Probation Service (a regional, pan-London return)

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 2017 and reported to the MSCB in January 2018.

Part B is a series of Peer Challenge Meetings. It was agreed that Quality Assurance and Challenge Meetings would be held with each key agency. 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.

The purpose of these meetings were as follows:

1. To ensure agency compliance and provide an additional level of scrutiny of the evidence presented by each agency
2. To challenge each agency as 'critical friend'
3. The process is designed to be helpful and developmental for each agency.

Quality Assurance and Peer Challenge meetings were held for each agency organised as follows:

1. Public Protection and the Police: Including National Probation, Police (Borough and CAIT), Safer Merton
2. Community and Housing: including Adult Social Care, Housing Needs and Public Health
3. Health Agencies: including CLCH, Epsom and St Helier NHS Trust, St George's NHS Trust, South West London and St George's Mental Health Services, Merton CCG
4. Children's Services: including Children's Social Care, Youth Justice, Early Years, Early Help and Commissioned Services, Education Inclusion.

These meetings were held between 25th September 2017 and the 17th November 2017.

The agenda for each meeting included the following general pattern and was tailored to each agency.

1. Notes/Actions from previous Annual QA Meeting / Performance Meeting
2. Review of Section 11 Compliance Agencies' self-review of work to safeguard children April 2016 – March 2017
3. Relevant agency data showing impact of safeguarding children from the agency perspective. (Agency to make available how it monitors its safeguarding performance)
4. Agency support to the MSCB and Sub Groups (Membership, Attendance)
5. Learning and Improvement (Agency and Multi-Agency Learning and Development; take up of MSCB Training/Briefings),
 - a. Implementing relevant learning from SCRs
 - Child B
 - Baby C
6. Agency Performance Regarding the Safeguarding of Care leavers and Looked After Children
7. Agency Update of Work in Relation to Child Sexual Exploitation



8. Implementing new guidance:
 - Revised Working Together 2015
 - Revised guidance to schools 2016
 - Revised Information Sharing Guidance 2015 and
 - Merton Information Sharing Protocol 2015.

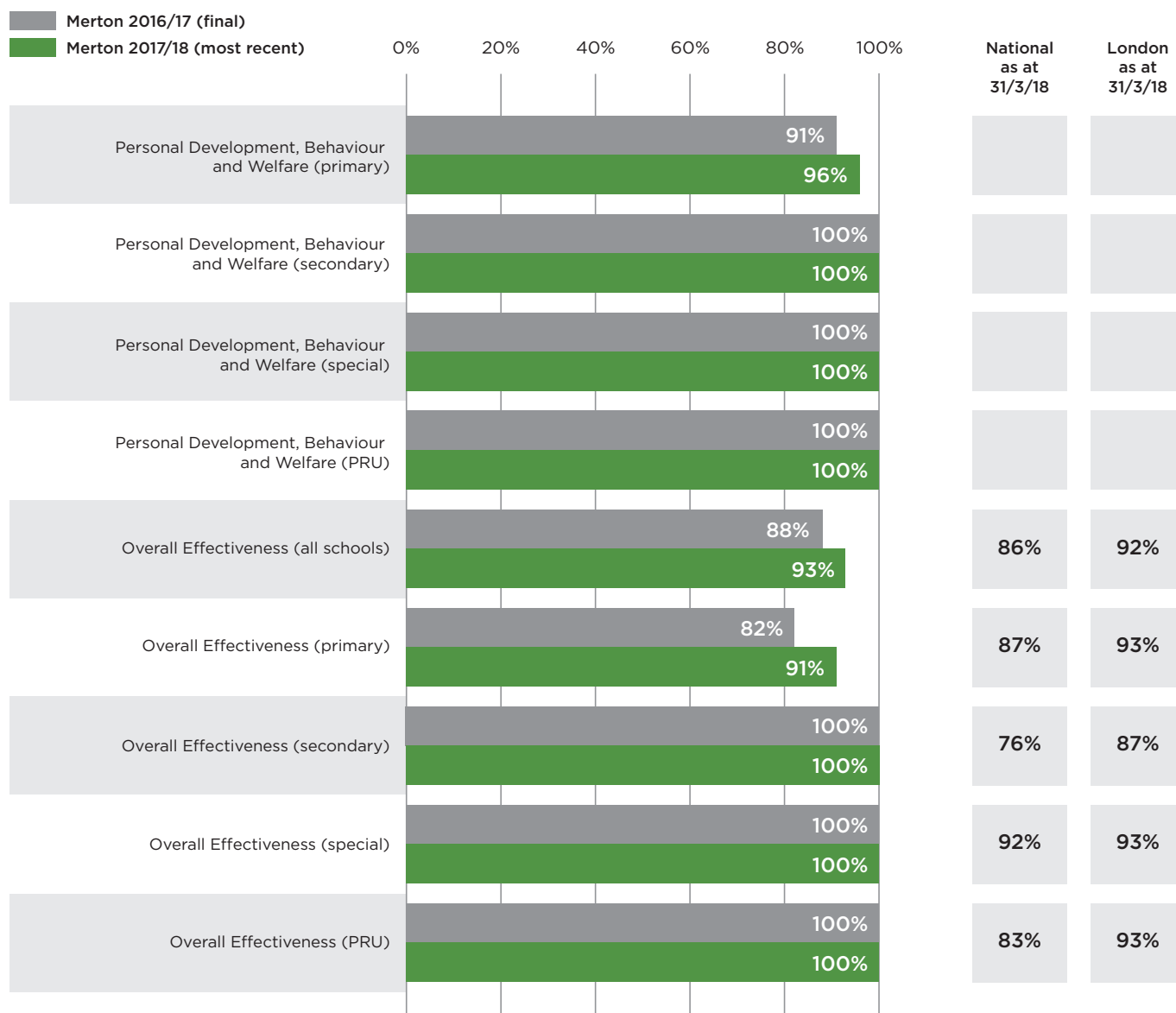
Her Majesty's Inspectors found that:

There is an exceptionally effective section 11 process. The incisive analysis through the annual peer challenge and review meeting process ensures appropriate and respectful challenge of partners' compliance with safeguarding standards and seeks assurance of impact on practice. All senior agency representatives attend these annual challenge sessions. Partners spoken to by inspectors said that they found the process to be rigorous but supportive.¹⁰

¹⁰ The Office for Standards in Education, Children's Services and Skills (Ofsted) (2017) *Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board.*

9.1.1 Schools

Ofsted inspection outcomes rated good or better



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 departmental return provided the Board with good assurance regarding the quality of children's safeguarding.

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. The Trust was involved in the Section 11 Challenge Meeting.

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 2017. 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.

9.3.6 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 Joint Strategic Needs Assessment 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 Clarion Housing, Merton's largest Registered Social Landlord and housing provider attends meetings 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 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 Merton's Children's Trust User Voice Strategy

This year we have further embedded our commitment to ensure that, through their everyday practice, practitioners and managers put children's and families' wishes and feelings at the centre of decision making and planning about their care. We have formulated and started to embed **'Merton's Practice Model for Social Work'** along with a programme of skills training in methods which facilitate this approach, which aims to deliver services which are **child and family led** and responsive to the needs of the people they serve. In addition, we have refreshed our Quality Assurance Framework which aims to evaluate and continuously improve the 'practice model', supporting the development of 'a culture which values learning from frontline practice and the **lived experiences of children and families**', and involves direct conversations with children and families.

Children and young people have been supported to participate in their **child protection (CP) conference**, and the most common method by which their views have been represented this year has been via the social work report.

We have implemented the **Signs of Safety approach to CP Conferences**, and the majority of parents who have attended conferences this year based on this model (September 2016-February 2017) have told us that after the conference:

- They know what to do to keep their child safe
- They understand what the worries are
- Child's view was an important part of the meeting
- They felt listened to and treated with respect
- They feel involved and that collaborative working is taking place.

In 2017-2018, a high proportion of **Looked After Children have participated in their review this year** – between 97.8 to 100% – and the most common method has been by the young **person attending the meeting and speaking for themselves**. The independent advocacy service has supported 17 young people this year to have their voices heard at their LAC review.

We have piloted the new **'Merton Model' of LAC reviews** based on the 'Sheffield Model' of good practice. The pilot meetings have received very positive feedback from young people who **feel listened to** and **more involved**, and from practitioners who say that the approach **supports the child to express their views in a range of ways**, and creates a **child centred meeting**.

Teams across children's social care have embedded a range of child and family centred practice approaches – Signs of Safety, Motivational Interviewing, Tightrope®, Helping Families Programme – as part of 'Merton's Practice Model for Social Work'. The response to these approaches by both users and practitioners is very positive:

- Children and families are supported to express themselves in a range of ways and report 'feeling listened to'.
- Users are empowered to identify their own needs and strengths, and be their own agents of change.
- Users and practitioners are working in partnership to achieve positive outcomes.

Merton's **SEN Team** takes a 'partnership' approach to working with children and families to produce Education, Health and Care Plans (EHCP) for children with SEN and Disabilities, to ensure that their views are central to the process. Feedback from parents who have been supported by the team this year suggest that parents are **confident that EHCPs are meeting their child's needs and supporting their future achievements and well-being**.



This year's case review and learning (audit) overview reports have identified evidence of good practice including:

- Capturing the child's voice in the assessment and plan.
- Being proactive in building a relationship with a young person.
- Listening to child's wishes and feelings led to a change in care plan.

Merton's **Information and Advice Support Service (IASS) Officer** has continued to provide support to parents and carers of children with SEN and disabilities who are going through the Education Health and Care Plan (EHCP) process. This year feedback from parents has highlighted that the service:

- **Facilitated partnership working** with the family and across agencies to access the right support for the child.
- **Worked closely with the family** to support a move from mainstream to specialist provision.

- **Supported year 7 transitions** to secondary schools within the specialist sector, and within the mainstream sector, managing anxieties and ensuring that all necessary support was accessed.

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

This year, our commitment to providing a range of participation opportunities for all children and young people has been further enhanced by the launch of the new dedicated Young People's Participation and Engagement Service. The service has implemented a new strategy which will modernise our existing 'participation promise', implement a structure to increase the accessibility of participation opportunities, deliver guidance and training to the borough's youth organisations to ensure that they deliver 'ethical and meaningful' participation, and improve evaluation and quality assurance processes to ensure the continuous improvement of participation activity across the borough.

Through a range of young people's forums/groups, including – Merton Youth Parliament, Young Inspectors, Pollard's Hill Youth Committee,

and school based 'pupil voice' activities – youth led conferences; and 'positive activities' groups including Merton Police Cadets – Merton's young people have influenced a range of issues which affect their lives. Notable participation activity includes:

- Developing the Merton Youth Parliament (MYP) constitution, and the local strategy for the wider **participation of children and young people**.
- Taking part and winning the **mental health** debate competition held at Facebook headquarters.
- Contributing ideas for the development of a new **health and community** campus in Mitcham.
- Delivering the HealthFest conference to promote **health and well-being**.
- Informing the **tendering, commissioning and recruitment** process for Merton's Risk and Resilience Service.
- Feeding back on the **new design** of the 'Getting it on' website which gives information on sexual health and drugs and alcohol services for teenagers in South West London.
- Undertaking training, delivered by **Public Health**, to complete a review of local take away food outlets.
- Leading on **decision making** for Pollard's Hill Youth Centre.
- Delivering a **conference supporting the emotional health and well-being of LGBT+** (lesbian, gay, bisexual, transgender, plus) young people.
- Shaping **teaching and learning improvement action plans** for individual schools in the borough.
- Taking part in European Union and United Nations 'parallel' **conferences for pupils**.
- Merton Police Cadets supported Merton's 16 Days against Domestic Violence event, providing "front of house" meet and greet, and welcoming guests.

Through a range of research, consultations and surveys this year young people have told us the following, which will be used to inform a number of key strategic action plans:

- Their top concerns are: **gangs, bullying, online victimisation, sexual exploitation, and physical harm** (Young People's Views on Safeguarding)¹¹; and **gangs, crime and littering** (Young Residents' Survey, (YRS).
- Where young people have concerns about their safety they are most likely to seek help from **friends, parents, or other family member** (Young People's Views on Safeguarding)¹²; or **family, teacher or Police** (YRS).
- Young people give the highest satisfaction rating to **libraries, primary schools and public transport** (YRS).
- They are satisfied with the local area as a place to live – 94% (YRS).
- Merton listens to the concerns of young people – 47% (YRS).
- The **top three solutions to supporting children** to lead healthier lives are (Merton Great Weight Debate):
 1. **Less marketing and advertising** of high fat and sugary food and drink.
 2. **Cheaper healthy food and drink.**
 3. Support for families to **cook healthier food.**
- They have a clear vision for the development of the new community health campus in Mitcham (at The Wilson), as a welcoming, accessible place, with a sense of community, which supports the diverse needs of local people. (East Merton Community Conversation).

¹¹ March 2017, MSCB and London South Bank University.

¹² As before.

11.0

Conclusions and Priorities for 2018-19 Business Years

The Board remains 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. We are pleased with the Outstanding rating by HMI Ofsted; however, we are in no way complacent.

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 in March it was agreed that the Board would focus on effectively managing the transition from statutory Local Safeguarding Children Boards to Safeguarding Partnerships under the Children and Social Work Act 2017. We will continue to focus on fewer priority safeguarding items whilst continuing to deliver on a range of key 'Business as Usual' issues. Members of the Board have agreed the following priorities for the period 2018-2019:

1. Managing the arrangements for the transition from Merton Local Safeguarding Children Board to the Merton Safeguarding Children Partnership

In 2019 the Board will see the dissolution of LSCBs and the establishment of Safeguarding Partnerships. In addition to reviewing the progress that the Board has made to date, we will need to develop clear plans about the future shape and direction of the Board.

The MSCB is Outstanding with no recommendations regarding improvements. Building from this secure base, the Board has agreed not to radically change its constitution but to use the Children and Social Care Act 2017 as an opportunity to strengthen our partnership to ensure that safeguarding children remains a priority for all partners in our safeguarding system and to ensure the most effective representation from statutory and other key partners in the work of

safeguarding Merton's children and families and promoting their welfare.

At the Board's Away Day it was agreed that a task and finish group would be established to propose the arrangements for the establishment of Safeguarding Partnership. A task and finish group has been appointed by the Board to explore options for the new Partnership and make recommendations.

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

A great deal of work has been undertaken to embed Think Family as an approach to interventions with children and families across both adults and children's services. We are making good progress in ensuring that our partnerships enable the most vulnerable families to be supported; that vulnerable parents are enabled to care for their children and children are in turn receive the care they need 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.

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 forms of abuse and offer effective support early before these problems get worse.

Building on this work, the Board is seeking to drive improvements in our practice with vulnerable families so that stigma is reduced and families with poor mental health and substance misuse issues will feel confident in seeking help and support. We will also assure ourselves that

practitioners are supported with the skills and confident to engage with all families including:

- Families with whom we find it difficult to engage
- Families who we experience as challenging (for a variety of reasons including social class – evidence from practice and SCRs show that affluent families can pose distinct challenges to multi-agency safeguarding systems resulting in harm to children; families who present as ‘powerful’ etc.).

The Board is also seeking to further highlight the important role of schools, educational and early years’ establishments, as a critical safeguarding partner.

3. 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)
- Going missing from home/school/care
- Radicalisation and violent extremism
- Serious youth violence and gangs
- Criminal and other forms of exploitation including county lines, peer on peer abuse and harmful sexual behaviour
- Self-harm and poor mental health para-suicide.

The Board is seeking to develop a strategic response to contextual safeguarding. In particular we are seeking to develop a coordinated response to adolescent risk/harm which occurs outside of the family home in spaces such as the neighbourhood, school, community centres and housing estates.

The Board would also like to be more systematic regarding its work in listening to children and

allowing them to shape the services that are provided to them. The Merton User Voice Strategy outlines the variety of ways in which the views and opinions of children and young people are considered. The Board would like this to be more coordinated so that these views and opinions can more strongly influence the ways we support families and keeps children safe, and so that the impact of our work with children, young people and their families can be measured more effectively.

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

Merton has reviewed its Children Young People and Families Well-Being Model. We are now reviewing our Early Help (EH) and Preventative work; in particular we are exploring models for coordinating preventative and early help across the well-being model. As part of our review we will:

- Consider the interface between our MASH and EH arrangements
- Review our service offer at all levels of the Merton Well Being Model and engage partners in discussion on thresholds, clarify Step-Up Step-Down processes and the tools to support early help assessment CASA and intervention (Signs of Safety/ Signs of Well-Being)
- Review the arrangement for the quality assurance of EH and Preventative work.

Addressing the incidence and impact of neglect is a cross-cutting theme that runs across the work of the Board and each of our priorities.

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 1

Merton Safeguarding Children Board

Business Plan 2017-19

Progress of this Plan will be updated monthly & monitored at each MSCB Meeting.
Presented to the Board June 2018.

| Objectives | Outcomes | Actions (who and what) | Resources | | | |
|---|--|---|---|---|--|--|
| | | | Governance/ oversight | When? | | |
| 1. For Merton Safeguarding Children Board to Make the Transition to Merton Safeguarding Children Partnerships | | | | | | |
| 1.1 | <p>To establish a task and finish group which will explore options for effective safeguarding partnerships. This group will:</p> <p>(a) draft a constitution/ partnership agreement for the Merton Safeguarding Children Partnership</p> <p>and</p> <p>(b) propose a partnership agreement which will form the legal basis for the partnership</p> | <p>The new partnership to consider the following:</p> <ul style="list-style-type: none">• Membership<ul style="list-style-type: none">a) Partnersb) Relevant agencies• Geographical Footprint• Leadership and governance?• Independent Scrutiny• Quality Assurance• Training and Practice Development• Funding• Dispute Resolution• Listening and responding to children | <p>The Independent Chair</p> <p>Assistant Director of Children’s Social Care and Youth Inclusion</p> <p>The Director of Education</p> <p>Senior Representative from the Police</p> <p>Senior Representative from the CCG</p> <p>Senior Representation from Housing</p> <p>MSCB Business Manager</p> | <p>A task and finish group comprised of key partners are to explore options and propose a draft partnership agreement to the Board for sign off</p> | <p>The MSCB partnership and Strategic Boards</p> <p>CCG Rep</p> <p>MPS BCU Rep</p> <p>Education Rep</p> <p>CSC Rep</p> <p>Housing Rep</p> <p>HWBB Rep</p> <p>Lead Member</p> | <p>January 2019; with a view to the Board being dissolved 31st March 2019 and constituted as a safeguarding partnership from 1st April</p> |

| Objectives | Outcomes | Actions (who and what) | Resources | | | |
|--|--|---|---|---|------------------------------------|---|
| | | | Governance/ oversight | When? | | |
| 2. Think Family – looking beyond symptoms and supporting families with particular vulnerabilities (with a focus on neglect as a cross-cutting theme) | | | | | | |
| 2.1 | To embed the Think Family Approach across the multi-agency partnership | <p>We want to make it easier for all types of families to access help and support without stigma or blame.</p> <p>Especially families experiencing DVA, mental health, substance misuse, disability</p> | <p>To approve the DVA Strategy</p> <p>To Implement the Mental Health Protocol</p> <p>To approve and implement a Parental Substance Misuse Protocol</p> <p>To approve Protocol for Supporting Parents with disabilities</p> | <p>The Think Family Strategic Board to further embed multi-agency work across adult and children's services</p> <p>CMc</p> <p>Policy Sub-Group</p> <p>Substance Misuse Commissioned Service</p> <p>Policy Sub-Group to agree key agencies</p> | Policy Sub-Group | January 2019 |
| | | <p>We want all our practitioners to be skilled at working with all types of families and are positive at engaging with them</p> | <p>To review our training offer to ensure that practitioners have access to appropriate training</p> <p>To seek assurance from agencies that supervisory arrangements provide support with regard to authoritative practice with families</p> | <p>Learning and Development Sub-Group</p> <p>Section 11 and challenge Process</p> | Learning and Development Sub-Group | <p>January 2019</p> <p>November – December 2018</p> |
| | | To scope out a framework that supports schools, educational and early years institutions involvement in leading and developing multi-agency safeguarding arrangements and improvements in the quality of practice | To work with schools, educational and early years institutions to ensure that they have the capacity and confidence to lead preventative multi-agency safeguarding | The Think Family Strategic Group | The BIG | January 2019 |

| Objectives | | Outcomes | Actions (who and what) | | Resources | |
|--|--|--|--|---|--|------------|
| | | | | | Governance/oversight | When? |
| 2. Think Family – looking beyond symptoms and supporting families with particular vulnerabilities (with a focus on neglect as a cross-cutting theme) | | | | | | |
| 2.2 | To maintain a focus on neglect as a form of harm requiring a skilled, urgent multi-agency response | To feedback key practice lessons from the audit | What | Who | QA Sub-Group and BIG | March 2019 |
| | | To integrate these lessons into current training and practice development initiatives | 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. | Head CSC &YI QA Chair Paul Angeli | |
| | | To report to the Board on the outcome of the Neglect Tool Pilot and to make recommendations for the use of this tool in Merton | MSCB to adopt and promote a range of practice tools to address neglect | Carla Thomas CSC Health Police Education Early Years | QA Sub-Group and Learning and Development Sub-Groups MSCB BSU | March 2019 |
| | | 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 | March 2019 |

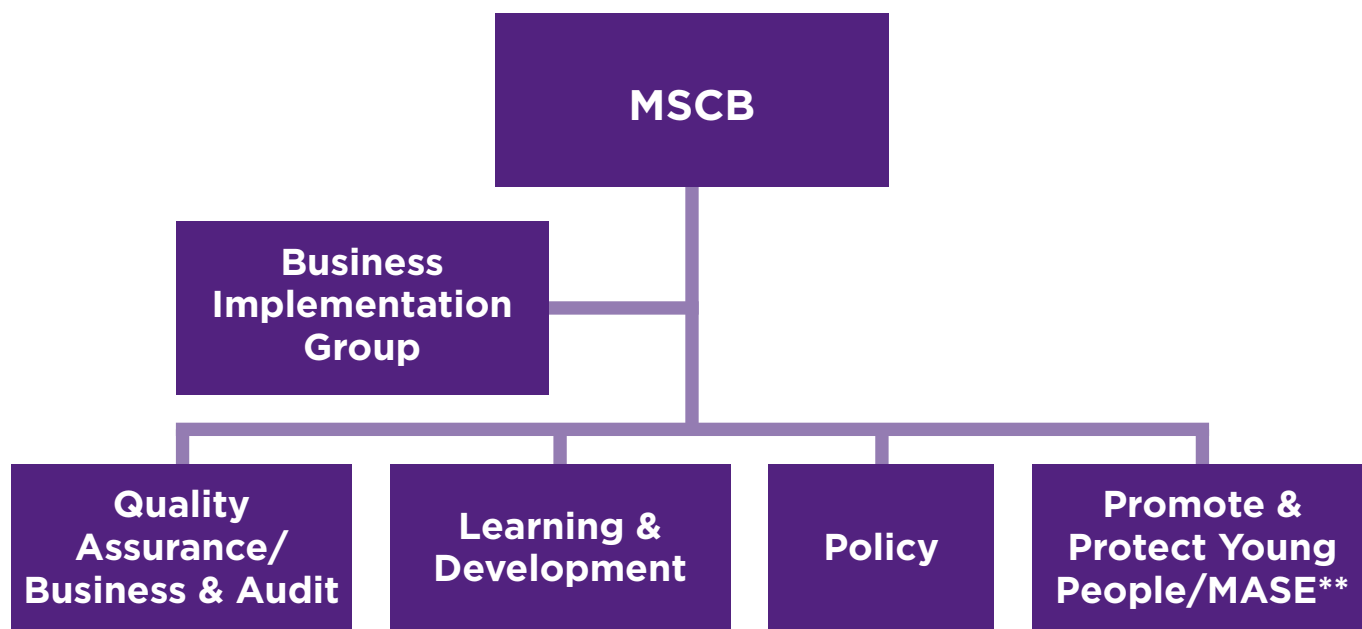
| Objectives | | Outcomes | Actions (who and what) | Resources | | |
|--------------------------------------|---|--|--|---|----------------------------|--------------|
| | | | | Governance/oversight | When? | |
| 3. Supporting Vulnerable Adolescents | | | | | | |
| 3.1 | Listening and responding to the voices of children and young people | We listen to young people and their lived experience We will identify coordinate the various ways in which we hear from young people and ensure that the Board has oversight. We will also ensure that the voice of the child and the family is heard in the commissioning and delivery of services | The BIG | To review the user voice strategy For the Board to agree on-going ways to secure the of the child in the work of the Board | MSCB | January 2019 |
| 3.2 | We understand ASD and social communication disorders and provide appropriate support to children and families and practitioners | To ensure that the Board is sighted on the Implementation of the ASD Strategy | CAMHS Transformation Group | To ensure that the risks to children and young people with ASD are managed effectively | PPYPS | January 2019 |
| 3.3 | Promoting Good Mental Health for Adolescents (12-18 year-olds) | We support good adolescent mental health and emotional well-being – we are clear on the difference between ‘normal’ adolescent behaviour, inappropriate behaviour needing a parental response and adolescent mental health We want to strengthen the link between commissioned services, schools and families (where appropriate) | All agencies Commissioners and commissioned services Secondary Schools | Promote good mental health to more children and young people across the safeguarding system. Champion the voices of Merton young people and parents to influence mental health policy and practice. To work with commissioners and commissioned services to ensure effective, integrated services | PPYPS Sub-Group | March 2019 |
| 3.4 | Reducing Incidents of Self-harm and preventing adolescent suicide | To work with the CAMHS strategic group to develop a suicide prevention strategy To review the Self-Harm Protocol | CAMHS PPYPS Acute Trusts Red Thread Policy Sub-Group | To develop a Suicide Prevention Strategy To review the implementation of the Self-harm Protocol | PPYP and Policy Sub-Groups | March 2019 |

| Objectives | Outcomes | Actions (who and what) | Resources | | |
|--------------------------------------|--|--|--|---|---------------------------|
| | | | Governance/oversight | When? | |
| 3. Supporting Vulnerable Adolescents | | | | | |
| 3.5 | Developing a Strategic response to Contextual Safeguarding | We have an effective, joined-up contextual safeguarding response to overlapping adolescent risks including: <ul style="list-style-type: none">• CSE• gangs and county lines, serious youth violence• peer on peer abuse• harmful sexual behaviour• adolescent substance misuse | PPYPS YJT Transforming Families MPS | To develop a contextual safeguarding strategy To ensure that the strategy is underpinned by a process to manage and review adolescent risk related to peers, space and place | PPYPS January 2019 |

| Objectives | | Outcomes | Actions (who and what) | | Resources | |
|---|--|--|----------------------------------|--|-------------------------------------|------------|
| | | | | | Governance/oversight | When? |
| 4. Skilled and coordinated Prevention at all levels of need | | | | | | |
| 4.1 | Skilled and coordinated Prevention at all levels of need | Effective coordination and QA of early help | Early Help Task and Finish Group | To exploring models for coordinating early help, preventative services | MSCB Children's Trust | March 2019 |
| | | Ensuring effective preventative services at all levels of the MWBM | Early Help Task and Finish Group | To have clarity regarding Merton's Early Help/ preventative services offer | MSCB Children's Trust | March 2019 |
| | | Integrating signs of safety as a part of a preventative response (a shared language and approach for families, professionals and services) | Signs of Safety Steering Group | To provide training to multi-agency managers and lead practitioners | MSCB Signs of Safety Steering Group | March 2019 |

Appendix 2

MSCB Structure



**MASE Multi-Agency Sexual Exploitation Group

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 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 3

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.



| 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) - 1 vacant | |
| S V | Voluntary Sector Agency (Two) - vacant | |
| P V | Director, Children Schools & Families | |
| P V | Assistant Director for CSC & YI, CSF | |
| P V | Assistant Director for 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 - vacant | |
| 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 |

Contact Details

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