Children’s Workforce Induction

WELCOME

Friday 2 November 2018
Aim

To introduce all new staff working with children, young people and families to the integrated working practices in Merton.
Objectives

1. Understand Merton’s **approach to working in partnership** across all services for children, in order to ‘**Make Merton a great place to grow up**’.

- **Key facts** about Merton the borough and **outcomes** for children and young people.
- **Our shared ambitions and values** across Merton’s children’s workforce.
- **Priorities of the Merton’s Children’s Trust (CYPP) and the Merton Safeguarding Children Board (Business Plan) to improve outcomes for children and families.**
- **Merton Well-Being Model** and our **approach to practice**.
- **Our achievements** and key **strengths**.
- **Your contribution** to working in partnership to improve the lives of vulnerable children.

2. **Partnership in Practice**: Understand and apply the **operational tools and processes** that support integrated working in Merton – Merton Well-Being Model; CASA, and MASH; and an overview of online service information.

3. **CYP and Families’ Voices**: Understand the **importance of children and young people’s participation and engagement**.
PROGRAMME

09.00  Registration
09.15  Welcome, introduction and quiz
9.40   Making Merton a great place to grow up
10.40  Comfort Break
10.55  Partnership in Practice:
       *Merton Well-Being Model, Common and Shared Assessment, and the Multi-Agency Safeguarding Hub*
12.00  Lunch break – bring your own.
12.30  Information Sharing
1.00pm User Voice: A Short film ‘Advice for Adults’: Young people’s views on the children’s workforce.
1.30pm CLOSE
Introductions
QUIZ TIME
Making Merton a great place to grow up

Merton’s Children’s Workforce Induction

Friday 2 November 2018
Merton the place

- Outer London borough.
- 200,543 population.
- CYP equal 23% of total population.
- Growing population - between 2011 and 2020:
  - 21% increase primary school children.
  - 11% increase secondary school children.
  - 38% net increase in births between 2002 – 2012.
  
  Difference between the more deprived east (Mitcham / Morden) and the more affluent west (Wimbledon) - see map in your pack.

- Five of Merton’s 20 wards are amongst the 30% most deprived areas across England for children.
- 13% of children aged under 16 are living in low income families, and 37% of Merton school pupils are living in an area of deprivation (30% most deprived, IDACI 2015).

- Since 2010 we have seen a 46% increase of children who are eligible for free school meals (2010: 2,881 FSM children, 2018: 4,199 FSM children).
  
    - 13.9% Primary schools (national 13.7%); 15.1% Secondary schools (national 12.4%).
- 67% CYP BAME, compared with 30% nationally.
- Children and young people with English as an additional language: 124 languages spoken in our schools.
  
    - 47% Primary schools (national 21.2%); 35% Secondary schools (national 16.6%).
Children's Workforce Induction
20 October 2011

74% pupils achieve a GLD in the early years; 3 percentage points above national (AY 16/17).

66% achieve the new ‘expected standard’ in reading, writing and maths, at KS2; 4 percentage points above national (AY 16/17).

Progress 8 score is +0.50 (progress made in 8 key subjects from KS2 to KS4); the best score in the country.

95% pupils attend a school which is graded good or outstanding (30 June 2018).

176 children are subject to a child protection plan; 37.4 per 10,000 (30 June 2018).

157 are Looked After Children (31 March 2018)

16% have a special educational need and/or disability (school census May 2018)
Key relationships: Children’s Trust Board and the MSCB

Community Plan

Merton Partnership

Merton Safeguarding Children Board

Children’s Trust

Health and well-being board

Safeguarding Adults Board

Safer and Stronger

Sustainable communities and Transport

MSCB Business Plan

Children and Young People’s Plan

Health and Well-Being Strategy

Safeguarding Adults Business Plan

Strategic Assessment; ASB; VAWG/DV; Prevent; Neighbourhood Watch

Economic Development Neighbourhood Renewal
Video: Working together to make Merton a great place to grow up.
<table>
<thead>
<tr>
<th>Children’s Trust Ambitions</th>
<th>Children’s Workforce Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have the highest ambitions for all our children and young people and judge our success by a range of criteria including:</td>
<td><strong>Keeping children and young person at the heart of our work.</strong></td>
</tr>
<tr>
<td>Providing or commissioning services or settings which are judged good or outstanding.</td>
<td><strong>Equality, equity, inclusion and valuing diversity – judged on our impact on the most vulnerable.</strong></td>
</tr>
<tr>
<td>Improving outcomes and closing gaps, particularly for vulnerable children and young people.</td>
<td><strong>Local accountability and partnership.</strong></td>
</tr>
<tr>
<td>Demonstrating that the views and ambitions of children and young people have informed and improved our service offer.</td>
<td><strong>Making a difference – quality assurance and continuous improvement.</strong></td>
</tr>
<tr>
<td>Evidence that our early help work has prevented the development of higher needs, or enabled stepping down from intervention and developing resilience and independence.</td>
<td><strong>Promoting a learning culture.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Promoting a culture that values children and young people.</strong></td>
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</tbody>
</table>
Children's Workforce Induction

Local Authority Departments:
- Children, Schools and Families
- Community and Housing
- Environment and Regeneration

Voluntary and Community Sector

Health Commissioners:
- Merton Clinical Commissioning Group
- Merton Public Health.

Merton Children’s Trust Partners

Schools including governors, and early years settings

NHS Health Providers:
- Community health service
- SW London and St George’s Mental Health Trust.

Employment and Training – Job Centre Plus

Merton Council and Cabinet Member for Children’s Services

Parent representatives

Metropolitan Police

Community Engagement Network

Further Education Providers
Children and Young People’s Plan 2016-19 priorities

- Early help and improving outcomes for those subject to the effects of disadvantage.
- Safeguarding children and young people.
- Looked after children and care leavers.
- Closing the gap in educational outcomes and opportunity.
- Engage and enable young people to achieve better outcomes.
- Children with special educational needs and disabilities.
**MSCB Business Plan – development priorities**

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

**Supporting Vulnerable Adolescents** – those at risk of: CSE; missing from home, care or school; radicalisation and extremism; violence and crime; self harm and poor mental health.

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

**Addressing ‘neglect’ is a cross cutting theme across these priorities**
Merton’s Practice Model
for Children’s Social Care and Youth Inclusion

CULTURE
Systemic
- Collaborative
- Holistic
- Reflective
- Embracing Diversity and Difference
- Supportive
- Learning
- Honest and Transparent
- Child and Family Led

APPROACH
Signs of Safety
- Strengths, Solution and Safety Focussed
- Curious and Critical Thinking
- Skilful use of Authority and Questioning

SKILLS
- Motivational Interviewing
- Appreciative Inquiry
- Chronologies
- Three Houses
- Genograms
- Scaling
- Words and Pictures
- Tightrope

Workers’ Knowledge and Experience
Learning and Development
Policy, Legislation & Guidance

Outcomes

Version 8 Jan 2018
Merton’s Children’s Trust – continuous improvement since our Ofsted inspection in 2017

Rated by Ofsted as ‘Good’ overall with ‘Outstanding’ features: Adoption Service; Leadership and Management; and Merton Safeguarding Children Board.

Strong ‘universal’ services with all children’s centres rated by Ofsted as ‘outstanding’, and 95% of Merton school pupils attending a school which is graded ‘good’ or ‘outstanding’.

Year on year improvement in school results in the early years foundation stage, and key stages 2 (end of primary), 4 (GCSE) and 5 (A’ Levels), with all being above national.

Good reduction in young people aged 16-18 who are NEET (not in education, employment or training) between 2013 and 2018 placing Merton in the first quintile nationally.

Development of a regional teaching partnership and sector led improvement processes.

Enhanced implementation of the Wellbeing Model through a focus on families leading to the development of a ‘Think Family’ Strategy.

Embedding the ‘Merton practice model’ evidence based approach including Signs of Safely and working on implementing this within the Mosaic case management system.
Enhanced social care casework, quality assurance framework and multi-agency auditing including live learning events and tackling difficult issues.

Development of social work retention plans in partnership with Community Care and the University of the West England.

Increased work on contextual safeguarding, gangs, CSE, CCE and county lines raising the profile of these issues across the partnership and within the community.

Family Drug and Alcohol Court service (FDAC) now fully operational offering an alternative form of care proceedings for parents and children, in cases where substance misuse is a key factor in the decision to bring proceeding.

Positive Family Partnership involving Merton and 4 other boroughs delivering evidence based approaches to keep vulnerable families together and prevent children from being taken into care.

Implemented trauma informed approaches with young people who are supported by the Youth Offending Team and Transforming Families, with a view to extending to other service areas.

Worked with the CCG, CAMHs and other partners to develop an overarching approach to the mental health needs of children and young people through ‘Future in Mind: Children and Young People’s Mental Well-Being’.
<table>
<thead>
<tr>
<th>Progressing the development of a SEN and Disabilities Strategy for the borough.</th>
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<tbody>
<tr>
<td>Expansion of specialist provision and additional resource provision in mainstream schools for children with SEN and Disabilities in line with need.</td>
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<td>Advanced stage of development of plans for the Merton Safeguarding Children Board’s move to the new Strategic Safeguarding Partnership arrangements.</td>
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<td>Refreshing our Looked After Children and Care Leaver’s Strategy in consultation with children and young people, to ensure that services meet their needs.</td>
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<td>Worked with public health on the development and publication of the Merton Autism Strategy which aims to ensure that this is a autism-friendly borough where people with autism can reach their full potential at all stages of their lives.</td>
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<td>Further enhanced focus on the ‘child's voice’ increasing the visibility of this work within political and management reporting to ensure that it is effectively challenged and embedded within working practices.</td>
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Merton’s Children’s Trust overall strengths

**Outstanding management and leadership**, and committed political and professional leadership across parties.

**Tradition of partnership working**: schools, NHS commissioners and providers; police; community and voluntary sector.

**Focus on continuous improvement**: a learning culture - using evidence based practice; learning from SCRs and LIRs and good and best practice - making improvements following internal and external reviews.

**Building the prerequisites of good social work practice**: recruitment and retention; fit for purpose structures; manageable caseloads; good quality professional development and support within a clear framework of practice standards including managing performance.

**Outstanding MSCB providing effective challenge across the partnership**.

**Strong and shared ambitions, values and challenge** across Children’s Trust, MSCB and the Health and Well-being Board.

**Innovative approaches**: Positive Families Partnership; Multi Systemic Therapy; CAMHS single point of access; Family Nurse Partnership; Signs of Safety; multi-agency Education Health and Care team; and health co-location in children's centres.

**Longstanding children, young people and families’ voice framework** of commitments.
1. As a ‘new’ member of staff reflect on and discuss your first impressions of Merton:
   - *What is going well?*
   - *What are your observations/ comments on partnership working?*
2. What help or support do you need from other teams, organisations and agencies to work in partnership effectively?

5-10 minutes: discuss these questions on your tables.

10 minutes: Plenary - one person from each table to feedback a key theme from your discussion related to working in partnership.
Comfort break
Partnership in Practice
Common and Shared Assessment (CASA)

Rebecca Doyle
casa@merton.gov.uk
Purpose of this session

An introduction to:

- Merton Child & Young Person Well-Being Model (MWBM)
- Common and Shared Assessment Tools (CASA)
- Multi Agency Safeguarding Hub (MASH)
Safeguarding Children: Who has responsibility?

Working together to safeguard children
A guide to inter-agency working to safeguard and promote the welfare of children March 2015

‘Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone’s responsibility.

Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

• protecting children from maltreatment;
• preventing impairment of children's health or development;
• ensuring that children grow up in circumstances consistent with the provision of safe and effective care
• taking action to enable all children to have the best outcomes.’
Children's Workforce Induction

2000
Victoria Climbie
(age 8)

2007
Baby Peter Connolly
(17 months)

2012
Daniel Pelka
(age 4)
What is Early Help?

Early help is an essential element within Merton’s comprehensive framework of children’s services, whereby additional needs of children are identified and met at the earliest point possible, promoting children’s welfare and reducing the need for more intrusive and expensive interventions at a later stage. In Merton we use the C4EO definition of Early Help:

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

- What are the presenting issues?
- Why do they cause us concern?
- What is the experience of the child/ren?
  - What are the family’s views?
- Who is able to support the family?

ASSESSMENT OF NEED
London Safeguarding Children Board (LSCB) - Thresholds -

London Child Protection Procedures and Practice Guidance

www.londoncp.co.uk

LSCB Thresholds: A Continuum of Help and Support is a tool intended to provide a framework for professionals who are working with children, young people and families across London – providing support and consistency in decision making about the best course of action when they have concerns about a child

www.londoncp.co.uk/files/revised_guidance_thresholds.pdf
Merton Child and Young Person Well Being Model (MWBM)

- Supports cross agency understanding and joined up working
- Consistency across agencies / borders regarding interfaces between services from preventative to specialist
- On-line multi-agency handbook outlines Key Integrated Working Processes
  - Identification
  - Consultation
  - Assessment
  - Information Sharing
  - Referrals – Service Requests
  - Support Provision
Additional Needs Indicators / Threshold Indicators
www.merton.gov.uk/mwbm-additional-needs-indicators

<table>
<thead>
<tr>
<th>CHILD</th>
<th>Universal Preventative New Level 1</th>
<th>Enhanced Preventative New Level 2</th>
<th>Complex Specialist or Statutory New Level 3</th>
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<tr>
<td></td>
<td>Poor or no pre-natal care</td>
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<td>Baby in special care for 48 hours after birth</td>
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<td>Low birth weight</td>
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<td>Baby cries constantly</td>
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<td>Multiple births</td>
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<td>Short-term illness or hospitalisation</td>
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<td>Mid-level of disability not adequately addressed by family</td>
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<td>Onset of Emerg (bed-wetting) / Encopresis (soiling)</td>
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<td>Slow in reaching developmental milestones</td>
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<td>Limited diet – no breakfast or poor school lunch</td>
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<td>Defaulting on health appointments; immunisations; dental</td>
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<td>Not registered with GP</td>
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<td>Dental decay</td>
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<td>Poor growth</td>
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<td>Other diet concerns</td>
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**Health**
- Chronic illness
- Somatizing (physical symptoms caused by psychological problems, with no underlying physical problem identified)
- Significant physical difficulties
- Terminal illness

**Developmental Needs**
- Significant developmental delay

**Care**
- Frequent illnesses
- Frequent accidents
- Continuing to miss routine, non-routine health apps
- Susceptible to minor health problems affecting learning / school attendance (< 17%)
- Anorexic or bulimic child

**Significant weight and height imbalances, including non-organic failure to thrive (< 5%)
- Susceptible to non-accidental injury, especially for non-mobile child young person
- Multiple A&E attendances (onset) tykes inconsistent with explained
- Disclosure of abuse from child/youth evidence of significant harm or risk

**Universal Preventative**
- Parent not engaging
- Parent struggling to provide appropriate care
- Parent unable to provide appropriate care
- Stressful or disrupted family life
- Parent unable to engage parents with services: failure to sign on with UAP, to attend health appointments, to make application for school place
- Poor maternal health: not accessing antenatal care
- Concerted pregnancy (e.g. due to CVT fears)
- Basic care needs not adequately addressed
- Insufficient or inappropriate
- Significant language / communication difficulties
- Nasal polyps / significant health problem

**Enhanced Preventative**
- Parents show lack of warmth in response to child
- Parent / inconsistent responses to child by person
- Parental / relationship / difficulties that impinge on child
- Young person including contact disputes
- Anxious / low self esteem
- Erratic / inconsistent care
- Limited opportunities to develop positive relationships

**Complex Specialist or Statutory**
- Significant parenting difficulties with emotional warmth
- Insufficient, ineffective, critical, or rejecting
- Leaving child inconsistently with multiple careers – attachment issues manifesting
- Child young person threatened with eviction from home – relationship at risk of breakdown

**Sources of Strengths and Protective Factors for Children, Young People & Families which build up Resilience**

**Family and Social Relationships**
- Positive relationships with peers
- Stable and affectionate relationships with caregivers
- Identity
- Positive sense of self and abilities
- Demonstrates feeling of belongingness and autonomy
- Ability to express needs
- Basic Life Skills
- Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living

**Education**
- Experience of success / achievement
- No concerns around cognitive development
- Access to books / toys, as appropriate
- Acquired a range of skills / interests

**Health**
- Physically healthy
- Developmental checks / immunisations up to date
- Adequate / nutritious diet
- Regular dental and optical care
- Developmental milestones met
- Speech and language development met

**Mental and Behavioural Development**
- Appropriate height and weight
- Minimal and Behavioural Development

**Universal Preventative**
- Parent, sibling or family involved in petty criminal activity
- Sibling with disability / significant health problem
- Family history of parenting difficulties
- Stressful in family relationships
- Acromegalic / malnourishment
- Child is taken into care
- Child is an infant
- Child is in care

**Enhanced Preventative**
- Family have serious physical / mental health difficulties
- Family crisis where family is coping
- DV suspected or apparent within the household
- Parent or sibling has received out-of-hours service
- Significant ongoing relationship issues between family
- Family is socially isolated
- Life limiting illness leading to death of master carer

**Family and Social Relationships**
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Where does Early Help fit within the MWBM?

Within the context of Merton’s long standing Children and Young People Well-Being Model (MCYPWBM) developed with our safeguarding and Child Trust Partners, early help is provided at all levels. This approach aims to enable and empower families, reducing an escalation of need.

Our Children’s Trust Partnership delivers, commissions and brokers early help services through the voluntary sector, schools, Public Health, Merton CCG, Safer Merton, the council and other key partners.
Part A

**Family:** Living in 2 bedroom housing association property. In receipt of all eligible benefits.

**Mother and Father:** frequent arguments and episodes where father leaves the family home for some days at a time, considering separating.

**Asha (14 years):** very quiet girl, school report that she is kind and pleasant to others but keeps herself to herself and has few friends. Spends a lot of time in her bedroom reading and online.

**Hari (2.5 years):** Concerns re: social communication and limited speech. Mum reports that he has terrible tantrums and is always on the go and never does as he’s told.

*What level of support is available to the family members?*
Part B (6 months later)

Mother: No longer in relationship with children’s father. Admits to binge drinking at weekends while children stay with her mother. Confirms that she never drinks too much when the children are present. Regularly experiences disturbances with neighbours in her block of flats and children have witnessed verbal aggression and abuse both to and from mother. Numerous male friends who visit the home.

Father: Moved in with new girlfriend in neighbouring block of flats. Does not want to see the children, though has picked Hari up from school on occasions

Asha (15 years): School report that she has recently become more withdrawn following a fall out with a few friends. Negative body image and reports to hate herself and the way she looks. Often seen caring for her younger brother, drops him to school some mornings. No contact with father.

Hari (3 years): Recently diagnosed with ASD, though mother fails to accept and feels that he is just acting out. Missing medical appointments. Now at nursery but with poor attendance, and recent reports of aggressive outbursts at nursery. Often cared for by friends and extended family members. Sporadic contact with father, though enjoys seeing him.

What additional actions/levels of support are available to the family members?
Part C (3 months later)

Mother: Not attending appointments or communicating with school, nursery or health services re: either child. Feeling desperate and states that she is no longer able to cope with Hari as he is home from nursery more and she can’t cope with his behaviour. Rumoured to have entered into a relationship with an ‘offender who has been identified as posing a risk or potential risk to children’.

Asha 15: Found friendship with a group of older girls, drastically changed her image over past months. Attendance and progress at school are good, though has ongoing problems with girls in her year group, often resulting in her becoming violent and aggressive – some indication that she is subject to homophobic/ transphobic bullying.

Hari 3: Being assessed for EHC Plan; behaviour has deteriorated and now attending nursery on reduced timetable. Mother is struggling to manage his behaviour at home.

What additional actions/ levels of support are available to the family members?
Part D – (5 months later)

S47 investigation: confirmed that rumours re: partner were malicious and unfounded. Children placed on Child in Need plan for period of 5 months. Mother engaged well with services.

Mother: Still struggling to manage Hari’s behaviour and finding it difficult to cope with him at home. She is prioritising attendance at medical appointments and is in communication with school and nursery. Has attended a parenting programme.

Asha 15: Attendance at school has been good and achieved good grades in mock GSCEs. Regularly stays out late with older friends and avoids being at home due to constant arguing and Hari’s behaviour.

Hari 3: Increased hours at nursery, though still not able to manage a full session. Increase in violent outbursts both at home and at nursery.

*What actions or levels of support are available to the family members?*
Common and Shared Assessment (CASA)

- Merton’s adaptation of national Common Assessment Framework (CAF)
- Tools to support the assessment of families needs
- Facilitates information sharing
- Collaborative approach to partnership working both with professionals and family members
Solution Focused approach to Common and Shared Assessment (CASA)

• Focuses on solutions - future change - rather than ‘problem’ history
• Helps build a relationship of trust with the family in which they feel heard
• Encourages family to feel they are competent and able to initiate change
• Focuses on family capacities and strengths rather than assumed deficits in order to promote sense of empowerment
• Helps the family establish what they want to be different in their lives
# Common and Shared Assessment Forms (CASA)

[www.merton.gov.uk/casa-forms](http://www.merton.gov.uk/casa-forms)

## Merton Common and Shared Assessment Form (CASA) - for families

(supported by stand-alone CASA Action Plan, spanning this and any subsequent CASA Reviews, through to CASA closure.)

<table>
<thead>
<tr>
<th>CASA Received by:</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Agency:</td>
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<td>Job Title:</td>
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<td>Telephone:</td>
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<td>Date Received:</td>
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<td>Time:</td>
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### 1. Details of PRACTITIONER undertaking this CASA

| Name of Assessor: |  |
| Job Title: |  |
| Agency: |  |
| Address: |  |
| Post Code: |  |
| Tel/Mobile: |  |
| Email: |  |

### 2. CHILDREN/YOUNG PERSON’S details (including those not in the family)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>AKA*</th>
<th>Age</th>
<th>DOB/EDD*</th>
<th>MF</th>
<th>Ethnicity (refer codes)</th>
<th>Address (Only record where affected)</th>
<th>Post Code</th>
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<tbody>
<tr>
<td>(Also Known As)</td>
<td>(Date of Birth/Estimated Date of Delivery)</td>
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### 3. Child/Young Person

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<th>Carer Last Name</th>
<th>Carer First Name</th>
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### 4. OTHER HOUSEHOLD

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<tr>
<th>Family Last Name</th>
<th>First Name</th>
<th>AKA*</th>
<th>Job Title</th>
<th>DOB/EDD*</th>
<th>MF</th>
<th>Ethnicity (refer codes)</th>
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### 5. Details regarding Team Around the Child (TAC) or Team Around the Family (TAF) Meeting undertaken

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### CASA Action Plan

- [Details regarding CASA Action Plan and CASA Web of Changes](#)
- [Supports information CASA Action Plan and CASA Web of Changes](#)
- [Supports information CASA Action Plan and CASA Web of Changes](#)
- [Supports information CASA Action Plan and CASA Web of Changes](#)

## CASA WEB OF CHANGES

- [Details regarding CASA Action Plan and CASA Web of Changes](#)
- [Supports information CASA Action Plan and CASA Web of Changes](#)
- [Supports information CASA Action Plan and CASA Web of Changes](#)
- [Supports information CASA Action Plan and CASA Web of Changes](#)
Example CASAs
CASA Completion

• Full explanation of purpose
• Consent to contact others
• Parent /child contribute – it’s their document!
• Balance concerns with strengths
• State source of information
• Distinguish opinion from fact
• Keep the child at the centre
• Plain and simple language (free from jargon and acronyms)
Following Completion of a CASA

• Share completed form with family
• Agree next steps using CASA Action Plan
• Share with other professionals as appropriate
• Convene a **TAF** / **TAC** meeting if appropriate
• Set a review date
Team Around the Child / Family (TAC/TAF)

- A TAC/TAF is a **multi agency meeting**, which is consented to and attended by family members (sometimes including children) and a number of associated professionals.

- TAC become TAF meeting when the needs of two or more siblings are being considered within the whole family context.

- TAC or TAF Meetings are convened in response to needs below CSC statutory levels of concern
- May be convened to support completion of CASA
Team Around the Child / Family (TAC/TAF)

TAC/TAF meetings provide an opportunity to

- help families and practitioners work and plan together towards improving outcomes for children
- create a space for honest and open communication about the issues which may be affecting a child and/or family.
- help identify and share responsibility for specific outcomes for the child
- help promote awareness and understanding of the range of services available
- help avoid duplication by different agencies
- family ‘works with’ practitioners towards solution, rather than feeling they are being ‘done to’
Who provides Early Help?

- LBM Services
- Pre Schools / Nurseries / Childminders
- Community Health Services
- Voluntary Organisations
- Youth Clubs / Services
- Schools
- Faith Groups
- The community
Multi-Agency Safeguarding Hub (MASH)

• Front door for all child safeguarding referrals
• Information held by other agencies to facilitate informed decision making.
• Identifies low-level repeat referrals which, taken in isolation, may not appear concerning.
• Provides secure and confidential environment for MASH professionals to share and discuss relevant information.
• Directs towards appropriate follow-up action.
MASH – Referrals Process

- Before making a MASH enquiry you need to consider if the child or young person’s needs can be met by services from within your own agency, or by other professionals already involved with the family.

- We know that it is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment, please refer to the multi-agency additional needs descriptors.

- You can always contact the MASH team for advice on completion of the Child Protection Referral Form or the Common and Shared Assessment (CASA).

- Before making an enquiry you should always get the consent of the parents or carers, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk.
Urgent referrals relating to Child Protection

• If you believe that urgent action is needed because, for example, a child is in immediate danger or needs accommodation (upper Level 3 of the Merton Wellbeing Model) phone the MASH on 020 8545 4226 or 020 8545 4227 (Out of hours: 020 8770 5000)

• Your call will be passed immediately to the manager who will make a decision on the risk level and acknowledge this with you within one hour. You must follow up your telephone call by sending a completed Child Protection Referral form to the MASH within 24 hours
MASH –Referrals Process

Other Child Protection concerns

• If you have a Child Protection concern but urgent and immediate action is not needed, you must complete a Child Protection Referral form in as much detail as possible and send it to the MASH at mash@merton.gov.uk

• If a CASA has been completed this can also be shared with the MASH team as evidence to support the referral
# Safeguarding Children Referral Form for Merton MASH

**Child Protection REFERRAL Form for Merton MASH (Multi-Agency Safeguarding Hub)**

## 1. Details of Provider making this REFERRAL

- **Name:**
- **Job Title:**
- **Agency/Team:**
- **Telephone:**

## 2. Child/Young Person Detail $ (add any additional names on separate sheet)

- **Last Name:**
- **First Name:**
- **Relationship to child:**
- **Parents/Guardian(s) Local Authority (see codes):**
- **Language (see codes):**
- **Address:**
- **Tel/Mobile:**
- **Post Code:**

## 3. Child/Young Person’s Principal Carers

- **Carer Last Name:**
- **Carer First Name:**
- **Relationship to child:**
- **Parental Responsibility:**
- **M/F**
- **DOB/Age:**
- **Ethnicity (see codes):**
- **Additional Notes:**

## 4. Other Household Members or Significant People in the Child/Young Person’s Life

- **Last Name:**
- **First Name:**
- **DOB/EDD:**
- **Relationship to child:**

## 5. Other professionals involved (to include OF and school details)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Family Name</th>
<th>Job Title</th>
<th>Team/Agency</th>
<th>Address</th>
<th>Telephone/Mobile</th>
</tr>
</thead>
</table>

## 6. Previous Involvement

- **Previous involvement:**
- **Child Protection concerns for these children?**
- **Do you have other safeguarding or Child Protection concerns for these children?**
- **Do you have any concerns for the children’s welfare?**
- **What are the risks?**
- **What actions have you taken to protect the children?**
- **Who are the children’s support network?**
- **What is the case?**
- **Who is involved?**
- **What have you done?**
- **What additional support have you given?**

## 7. Consent

- **Consent for further contact:**
- **Consent for sharing information:**
- **Consent for photography:**
- **Consent for use of the child’s name:**

## 8. Parent/Guardians Signed Consent for this referral?

- **Yes:**
- **No:**

## 9. Date

- **Date:**

---

**Children and Young People Partnership**

**Merton MASH**

**Children’s Workforce Induction**
MASH contact details

Merton MASH
020 8545 4226 or 4227
Out of hours: 020 8770 5000
mash@merton.gov.uk
12th Floor, Merton Civic Centre, Morden SM4 5DX
www.merton.gov.uk/mash
**BRAG ratings**

- **MWBM Red**: Potential child protection issue (e.g. serious injury to child). 
  *Requires immediate action; information to inform MASH Management decision expected from MASH navigators within 2 hrs.*

- **MWBM Amber**: There are significant concerns but immediate child protection intervention is not required (e.g. ongoing DV issues in the household). 
  *Requires further information from MASH navigators within 6 hours.*

- **MWBM Green**: Concerns regarding a child’s wellbeing but without meeting statutory requirements (e.g. poor school attendance, with some emerging behaviour concerns). 
  *Requires any further information from selected MASH navigators within 24 hours.*

- **MWBM Blue**: There is no safeguarding concern and the issue can be dealt with by a Universal service. 
  *No MASH response required. Advice or referral to a Universal service may be provided.*
MWBM Amber/Red levels of concern, and use of the Single Assessment by Children’s Social Care

- In line with ‘Munro Review 2011-15’ and ‘Working Together 2015’, the Single Assessment is the core statutory assessment tool for Children’s Social Care practice in Merton
- Remains consistent with Assessment Framework 2000
- Incorporates Signs of Safety principles
- Supports professional judgement towards improving outcomes for child/family based on:
  - Determining risks?
  - Determining strengths?
  - Showing evidence – providing service where needed
  - Evaluating level of risk and need
  - Forming a judgement - discussed and agreed with manager
  - Working with family
  - Formulating a plan
Single Assessment – when?

- Supports service responses above MWBM Amber levels of concern of Merton Well Being Model (MWBM)
- Will be undertaken following a referral to Merton MASH when follow-up work at above levels is required
- Will always be led by a Social Worker, working in collaboration with family and other relevant agencies
- In Merton must be completed within 40 days *(statutory deadline 45 days)*, with Review at 20 days
Step Up Step Down (SUSD) between Early Help and Statutory Services

SUSD process outlines the arrangements to support ongoing best outcomes for children over time

- SU: children or young people already getting support from universal preventative services for their identified additional needs but who subsequently need a statutory service

- SD: children or young people moving in the other direction from statutory to non-statutory, for whom on-going support from preventative support services is recommended after a period of statutory intervention in order to best support their well being.
CASA Support Available

Training

- CASA, TAC/TAF & MWBM Early Help Training
- Effective Assessment, Analysis and Action Planning within the CASA/TAC/TAF process
- Effective Engagement with Families – What Needs to Change?
- MWBM Indicators of Need – Identifying appropriate interventions when working with cyp around risk, needs and protective factors

- Information Sharing Training

- Child Protection Training

  Details on all above from [www.merton.gov.uk/lscbtraining](http://www.merton.gov.uk/lscbtraining)

Advice and Support

- MASH Team for Child Protection concerns: details on earlier slide
- Enhanced Services: details from relevant teams webpages
- Central CASA Team casa@merton.gov.uk

On-Line Handbook: Merton Child and Young Person Well Being Model

- Multi-agency Practitioners resource: [www.merton.gov.uk/mwbm-casa](http://www.merton.gov.uk/mwbm-casa)
Further MWBM related resources

- Merton Child and Young Person Well Being Model (MWBM) (multi-agency practitioner on-line handbook)
  See: [www.merton.gov.uk/mwbm](http://www.merton.gov.uk/mwbm)

- CASA – forms, guidance and training
  See: [www.merton.gov.uk/casa](http://www.merton.gov.uk/casa)
  And for process visit: [www.merton.gov.uk/mwbm-casa](http://www.merton.gov.uk/mwbm-casa)

- Multi agency Safeguarding Hub (MASH)
  See: [www.merton.gov.uk/mash](http://www.merton.gov.uk/mash)

- Merton Safeguarding Children Board (MSCB)
  See: [www.merton.gov.uk/lscb](http://www.merton.gov.uk/lscb) (direct link to all Safeguarding Training on previous slide)

- London Child Protection Procedures - When agencies have a child protection concern they must follow these procedures.
  See: [www.londonscb.gov.uk/procedures/](http://www.londonscb.gov.uk/procedures/)
Lunch break
User Voice: A Short Film ‘Advice For Adults’
Young people’s views on the children’s workforce
The End

- Evaluations

THANK YOU