

EXTERNAL SERVICES SCRUTINY COMMITTEE

AN UPDATE ON EFFORTS TO TACKLE CHILD SEXUAL EXPLOITATION

Cabinet Member	Councillor David Simmonds CBE
Cabinet Portfolio	Deputy Leader of the Council Education and Children's Services
Officer Contact	Nikki O'Halloran, Administration Directorate
Papers with report	None.

1. HEADLINE INFORMATION

Summary	Cabinet is asked to consider the work and the recommendations made by the External Services Scrutiny Committee's single meeting review on Child Sexual Exploitation (CSE).
Putting our Residents First	This report support's the Council's objective of: <i>Our People</i> Hillingdon's Children and Families Trust Plan
Financial Cost	There are no direct cost implications resulting from this report.
Relevant Policy Overview Committee	External Services, Children Young People & Learning and Social Services, Housing and Public Health
Ward(s) affected	All

2. RECOMMENDATIONS

That Cabinet welcomes the insight and findings of the Committee and asks officers to:

1. Develop a programme of CSE training for all Councillors;
2. Work with partner agencies to provide training and clarity around the procedures in relation to reporting missing children;
3. Work with partner agencies to identify improvements in procedures to:
 - a. prevent delays in relation to information sharing; and
 - b. ensure that the Board of Governors safeguarding leads are included in relevant information sharing processes; and
4. Work with partner agencies to investigate the possibility of mapping CSE related resources across the Borough.

Reasons for recommendations

A Hillingdon Child Sexual Exploitation Strategy was developed to ensure that the individual agencies work effectively together to prevent CSE, intervene early when risks are identified, help, protect and support children who are being exploited and determinedly pursue the perpetrators.

Elected Members reviewed the local partnership approach to CSE in 2015 and again in February 2017. The Committee looked at the work that had been undertaken in the Borough over the last two years and identified possible further improvements.

These recommendations have been formulated to ensure continued organisational resilience against CSE in the Borough.

Alternative options considered / risk management

Cabinet could choose to not approve or amend any of the recommendations.

3. INFORMATION

1. The sexual exploitation of children and young people is a form of child sexual abuse. The following description of child sexual exploitation has been supplied in the guidance provided by the Department for Children, Schools and Families:

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.'

2. Sexual exploitation results in children and young people suffering harm and causes significant damage to their physical and mental health. Some young people may be supported to recover whilst others may suffer serious life-long impairments which may, on occasion, lead to their death, for example through suicide or murder.
3. There has been an increase in the media exposure of Child Sexual Exploitation (CSE) which has heightened awareness of the issue amongst statutory agencies as well as amongst members of the public. However, Serious Case Reviews have looked at the way that certain cases have been handled by the responsible authorities elsewhere in the country. This has highlighted the need for all organisations to look at their practices and procedures and, most importantly, to use the lessons learnt to inform the further development of our joint work on child sexual exploitation.

CSE Strategy & Action Plan

4. A CSE Strategy was developed in 2015 to ensure that the individual agencies work effectively together to prevent CSE, intervene early when risks are identified, help, protect and support children who are being exploited and determinedly pursue the perpetrators. The Strategy aimed to build on the pro-active multi-agency work which is already undertaken in Hillingdon by providing a framework for all professionals working with children and young

people in the Borough to deliver a programme designed to raise awareness of CSE in age appropriate ways and provide them with the appropriate life skills in order to prevent them becoming involved in sexual exploitation.

5. An action plan was incorporated into the Strategy based around the 3Ps: prevention, protection and prosecution. This action plan identified the work that would need to be progressed and clearly highlighted all responsibilities that had been agreed by the partner agencies. The action plan also included a requirement to ensure that appropriate pathways and therapeutic support were available for those young people at risk of CSE.
6. It was proposed that the action plan would be regularly reviewed and updated by the Child Sexual Exploitation Strategic Sub Group which comprised senior managers from all partner agencies and would report to the Hillingdon Safeguarding Children Board (HLSCB) twice yearly to inform the HLSCB Annual Report. The HLSCB Annual Report is considered by Hillingdon's Cabinet, Health and Wellbeing Board, Corporate Parenting Board and Children, Young People and Learning Policy Overview Committee.
7. It is important to ensure that the strategy and action plan are kept up to date.

The External Services Scrutiny Committee Review

8. Having first met on 13 January 2015, the External Services Scrutiny Committee, along with the Chairmen and Labour Leads from the Children, Young People and Learning Policy Overview Committee and the Social Services, Housing and Public Health Policy Overview Committee, held a second single meeting review on 15 February 2017. At this meeting, Members considered the progress that had been made in the Borough over the previous two years in relation to the prevention of sexual exploitation, the protection of children and young people who are being (or are at risk of being) sexually exploited, as well as the disruption and prosecution of offenders. The Committee was able to question and solicit evidence from the following witnesses:

- Raj Alagh, Borough Solicitor, LBH
- Steve Ashley, Chairman, Local Safeguarding Children's Board (LSCB) / Safeguarding Adults Partnership Board (SAPB)
- Dr Sujata Chadha, CCG Governing Clinical Lead for Safeguarding, Hillingdon Clinical Commissioning Group (HCCG)
- Nikki Cruickshank, Assistant Director of Children's Safeguarding and Service Improvement, Children & Young People's Service, LBH
- Lisa Fenaroli, Headteacher, Hillingdon Virtual School for Looked After Children, LBH
- Dr Steve Hajioff, Director of Public Health, LBH
- Chelvi Kukendra, Designated Doctor (Consultant Paediatrician) for Safeguarding Children, Hillingdon Clinical Commissioning Group (HCCG)
- Brendan Molloy, Deputy Principal Lawyer (Education and Social Care), LBH
- Andrea Nixon, Safeguarding Boards Business and Development Manager, LBH
- DI Steve O'Connor, Metropolitan Police - Community Safety Unit, Metropolitan Police Service (MPS)
- Jenny Reid, Designated Nurse - Safeguarding Children, Hillingdon Clinical Commissioning Group (HCCG)
- Tendayi Sibanda, Lead Nurse for Safeguarding Children (Named Nurse), The Hillingdon Hospitals NHS Foundation Trust (THH)
- Helen Smith, Corporate Parenting Manager, LBH

- DS Lisa Taverner, Multi Agency Safeguarding Hub (MASH), Metropolitan Police Service
- Jacqueline Walker, Interim Director of Nursing, The Hillingdon Hospitals NHS Foundation Trust (THH)
- Debbie Weissang, Child Sexual Exploitation Strategic Manager, Children and Young People's Service - Safeguarding Children, LBH

9. The Committee highlighted a number of matters as set out below:

Communication / Information Sharing

10. Despite there having been some restrictions in relation to information sharing contained within the Data Protection Act 1998, protocols are in place in Hillingdon to share information in relation to CSE. A review of the Caldicott principles guidance was undertaken a couple of years previously so that it now includes a presumption to share information. This change has been particularly helpful to the health sector which had previously been less likely to share information.
11. Officers are confident that Hillingdon has made significant progress with regard to CSE and now, as soon as CSE cases have been triaged, they are being put into safeguarding. The Council has also been working with partner agencies to share information and communication has improved.
12. A MASH has been set up to bring together safeguarding professionals from a variety of agencies in one secure location. The MASH shares information about vulnerable people and aims to improve the quality of safeguarding. When front line police officers receive a report, they grade and assess each one and MASH officers then flag those with CSE issues that might have been missed. Some of the reports reviewed by the MASH are in relation to missing persons who have had problems at home so will not be deemed to be CSE. These reports are monitored and assessed to ensure that there are no long term implications. If there are no further developments within six months, cases are marked as dormant and revived if further information is received.
13. Within the MPS, a central unit investigates CSE reports across London. However, although information is held by the unit, it is not necessarily available or passed on to all boroughs. In practice, this means that a CSE perpetrator could move into Hillingdon without the knowledge of any agencies in the Borough. More work needs to be undertaken to improve this communication issue and it has been suggested that an alert system be initiated in each area.
14. Although processes are not in place to gather all of the information needed, the agencies involved are acutely aware of this. Whilst some of the poor information sharing is as a result of IT systems, it is often more attributable to how the different boroughs treat CSE. To this end, it is understood that the MPS will be implementing changes to improve information sharing across boundaries.
15. Hillingdon Hospital regularly receives young patients from outside of the Borough and is introducing Child Protection - Information Sharing (CP-IS) which is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England. As not all of the neighbouring boroughs use the same computer

system, information sharing may continue to be a challenge. It should be noted that Hillingdon Social Care is already using this NHS system.

Training / Awareness Raising

16. As victims will not necessarily go to a specialist to report CSE, all uniformed police officers have been provided with training to make them more aware of the issue and to familiarise them with the risk assessment template so that they are able to identify those at risk. In Hillingdon, CSE training has been prioritised by the police so that officers know what to look for.
17. A peer review had been undertaken by Havering and deemed Hillingdon's CSE training to be of a high standard. Over the last two years, Council officers have delivered training to approximately 1,200 individuals, including hospitals, pharmacists, housing officers, health education and Stockley Academy staff. This training includes examples of good and bad practice and makes the referral process clear as this is everyone's responsibility. As all Councillors are a possible point of contact for the parents or victims of CSE, consideration needs to be given to providing them with CSE training.
18. With regard to schools, a wrap around service is being developed and SAFE! will be delivering online workshops to Harefield School with the intention of subsequently rolling these out across the Borough. The Social Care Bill also includes a statutory requirement for PSHE to cover issues such as grooming. The Local Safeguarding Children Board will ensure that PSHE training is taken forward as an action.
19. CSE training has been provided for GPs and there are clear referral pathways in place. If a young person is known to Social Services, it will raise a flag with their GP who can contact the MASH and/or the Designated Doctor / Designated Nurse for Safeguarding Children at Hillingdon Clinical Commissioning Group (HCCG). CSE processes at Hillingdon Hospital have also been strengthened over the last year with induction training now including CSE. Systems are in place to support staff in reviewing cases whereby A&E records are monitored to identify whether anything had been missed. If staff have failed to identify a CSE risk, a referral will be made and the member of staff will be given feedback and additional training. Weekly Child Safetynet meetings are held and any young person who is known to be sexually active (for example, they if they are using the GUM clinic or maternity services) will be asked a series of questions which have been designed to help identify CSE.

Looked After Children (LAC)

20. Training is provided for foster carers in Hillingdon to help support their understanding of CSE. LAC are allocated a social worker who will, where relevant, be involved in Multi Agency Sexual Exploitation (MASE) meetings that consider high risk cases. LAC undergo initial and annual health assessments which can highlight concerns to social workers. To help support LAC, the Children in Care Council (CICC) has identified beneficial targeted programmes such as Unique Swagga.
21. Personal education plan (PEP) meetings are a statutory school based requirement for children in care to help track their education and promote their achievements. If a LAC discloses CSE at school, officers are confident that this information will be fed back to the Virtual School. However, the majority of the children that the Virtual School work with have

already been risk assessed for CSE and officers liaise with schools to ensure that they are aware of those individuals where a risk has been identified.

22. When a LAC is reported as a missing person, the Virtual School is advised accordingly. However, when that person is found and returned home, this information is not necessarily passed on to the Virtual School in a timely fashion so that they can make contact and continue their work with the child. Improvements need to be made to ensure that there are no delays in relation to this information sharing.
23. There are times when a young person is reported missing to the Police on the basis that they have not returned home on time but are in fact known to be at the house of a friend who is known to parents/carers/social care and this is therefore not a true missing episode. The provision of training and clarity around reporting missing would improve/tighten up these procedures.
24. Although some schools have reduced the level of counselling available to pupils, there are a number who use the Pupil Premium for counselling if a need is identified. However, there have been reports of children experiencing problems getting this support in schools. To help ensure that the Pupil Premium is used to meet children's needs, the message needs to reach all tiers within a school. To this end, partner agencies need to ensure that they contact the Board of Governors rather than Headteachers alone, as each Board has a safeguarding lead.
25. Hillingdon needs to ensure that child safeguarding is at the right level with: the right processes, MASH, MASE, a fit for purpose strategy, risk assessment process, support available for children at risk and resources available to deal with offenders. Action that has already been taken locally includes two CSE peer reviews, an internal audit where Hillingdon was rated as 'Good' and improvements made in the 25 areas identified as failings following Operation Baker. Other action that could be taken includes a resource mapping exercise across the Borough.
26. The issue of young people being brought into the country to be abused has been raised by The Hillingdon Hospital NHS Foundation Trust (THH) with the UK Border Agency (UKBA). These two bodies have subsequently met and set out plans to identify children who are at risk and a new system is now in place. Hillingdon Local Safeguarding Children Board (LSCB) Sub Committee hold meetings every two months to look at vulnerable children and adults coming into the country through Heathrow airport. Representatives from the UKBA attend these meetings as well as those of the LSCB and SAPB.
27. It is anticipated that the focus on CSE will diminish over time when another issue becomes a higher priority. As such, it is important to ensure that Hillingdon continues to focus on CSE whilst also pre-empting other emerging issues, for example, youth on youth crime which has increased and the use of social media and the Internet. Digital marketing techniques have been developed to target digital mental wellbeing and are being used by Facebook in conjunction with Samaritans. This issue has been complicated further with the growing popularity of applications such as WhatsApp (which enables individuals to have closed conversations) and the connectivity of games consoles. Consideration needs to be given to how these issues can be addressed, as well as educating young people to mitigate the risk at a national level.

Financial Implications

There are no direct financial implications arising from this report, with capacity to absorb costs associated with the development of Child Sexual Exploitation training for Members within existing operating budgets.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendations in this report are designed with the purpose widening the provision of CSE training to Councillors and improving information sharing processes.

Consultation Carried Out or Required

The Hillingdon Local Safeguarding Children's Board and witness testimony from the Committee as outlined in this report.

5. CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance has reviewed this report, confirming that there are no direct financial implications associated with the recommendations outlined above.

Legal

The law on child sexual exploitation is not straightforward as there is no single statute which governs it. Indeed, there is no specific crime of child sexual exploitation and perpetrators are often convicted of associated offences such as sexual activity with a child. It is a matter for the Police to bring prosecutions in the criminal courts. However, the Council has a very important role to play in terms of preventing child sexual exploitation taking place in the Borough and in this respect, it has a number of legal powers contained in the Children Acts 1989 and 2004 to safeguard children and young people. For example, it can apply to the Courts for an Emergency Protection Order or commence Care proceedings when it is appropriate to do so.

The Council also works with a number of partner agencies to ensure that there is robust communication and information sharing systems in place and, as is documented in the body of the report, it has led on providing training on child sexual exploitation to a variety of individuals and organisations and it has significantly helped to raise awareness of it. The Council will continue to play a pivotal role in preventing child sexual exploitation and bringing offenders to justice and the approval of the recommendations in this report by Cabinet will be an important part of this process."

Relevant Service Groups

Children's Services and Public Health have been consulted on the report.

6. BACKGROUND PAPERS

The Committee's report to Cabinet 23 April 2015.