

## Minutes

### EXTERNAL SERVICES SCRUTINY COMMITTEE

15 February 2017

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge UB8 1UW



HILLINGDON  
LONDON

**Committee Members Present:**

Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Teji Barnes, Mohinder Birah, Tony Bures, Brian Crowe, Jazz Dhillon (In place of Phoday Jarjussey) and Michael White, Jane Palmer (CYP&L POC Chairman) and Beulah East (SSH&PH POC Labour Lead)

**Also Present:**

Raj Alagh, Borough Solicitor, London Borough of Hillingdon

Steve Ashley, Chairman, LSCB / 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, London Borough of Hillingdon

Lisa Fenaroli, Headteacher, Hillingdon Virtual School for Looked After Children, London Borough of Hillingdon

Dr Steve Hajioff, Director of Public Health, London Borough of Hillingdon

Chelvi Kukendra, Designated Doctor (Consultant Paediatrician) for Safeguarding Children, Hillingdon Clinical Commissioning Group (HCCG)

Brendan Molloy, Deputy Principal Lawyer (Education and Social Care), London Borough of Hillingdon

Andrea Nixon, Safeguarding Boards Business and Development Manager, London Borough of Hillingdon

DI Steve O'Connor, Metropolitan Police - Community Safety Unit, Metropolitan Police Service

Jenny Reid, Designated Nurse - Safeguarding Children, Hillingdon Clinical Commissioning Group (CCG)

Tendayi Sibanda, Lead Nurse for Safeguarding Children (Named Nurse), The Hillingdon Hospitals NHS Foundation Trust

Helen Smith, Corporate Parenting Manager, London Borough of Hillingdon

DS Lisa Taverner, Multi Agency Safeguarding Hub (MASH), Metropolitan Police Service

Jacqueline Walker, Interim Director of Nursing, The Hillingdon Hospitals NHS Foundation Trust

Debbie Weissang, Child Sexual Exploitation Strategic Manager, Children and Young People's Service - Safeguarding Children

**LBH Officers Present:**

Nikki O'Halloran (Interim Senior Democratic Services Manager)

30. **APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** (*Agenda Item 1*)

Apologies had been received from Councillor Phoday Jarjussey. Councillor Jazz Dhillon was present as his substitute.

31.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
32.	<p><b>MINUTES OF THE PREVIOUS MEETING - 12 JANUARY 2017</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 12 January 2017 be agreed as a correct record.</p>
33.	<p><b>CHILD SEXUAL EXPLOITATION</b> (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting and thanked them for giving up their time to attend. The purpose of the meeting was to enable Members of the External Services Scrutiny Committee and representatives from the Social Services, Housing &amp; Public Health and Children, Young People &amp; Learning Policy Overview Committees to receive an update and understand / make comment on / challenge the current situation in the Borough with regard to child sexual exploitation (CSE). A similar meeting had been held in January 2015.</p> <p>It was noted that the police had been criticised during the Rotherham enquiry in relation to attitudinal issues where young people reporting CSE had not received a positive response. Similarly, the attitude of officers at the local authority in Rotherham had not been helpful. Members were keen to establish what training, awareness raising and processes were in place to deal with reports of CSE in Hillingdon.</p> <p>Dr Steve Hajioff, the Council's Director of Public Health, advised that there had been an enormous culture shift in relation to awareness and attitude since the cases in Rotherham, Oxford and Stafford. This had manifested itself in a growing reception and desire amongst agencies to act on CSE reports. Although some individuals treated reports of CSE as a tick box exercise, it was not necessarily a bad thing to be emotionally disengaged and more objective.</p> <p>Dr Hajioff noted that levels of post traumatic stress in Hillingdon was greater in Hillingdon, primarily because of the volume of unaccompanied asylum seeking children in the Borough, and was linked to repeat trauma which would include issues such as CSE.</p> <p>A/DCI Steve O'Connor from the Hillingdon Metropolitan Police Service (MPS) advised that a Multi Agency Safeguarding Hub (MASH) had been set up to bring together safeguarding professionals from a variety of agencies in one secure location. The MASH shared information about vulnerable people and aimed to improve the quality of safeguarding. From 28 February 2017, a second Detective Investigator would be in post.</p> <p>It was thought to be less likely that a CSE victim would walk into a police station to report their abuse and more likely that CSE was linked to missing persons. When front line police officers received a report, they would grade and assess each one and MASH officers flagged those with CSE issues that might have been missed. Although the MASH was currently reviewing 40 reports, some of these were in relation to missing persons who had problems at home so would not be deemed to be CSE. These reports would be monitored and assessed to ensure that there were no long term implications.</p> <p>With regard to reports of CSE to the police, a crime report was created which identified that the young person might be at risk. A strategy meeting was then held to grade the</p>

risk and look at how to move forward. Agencies would then work with the family and put together a safety plan with triggers (schools might be involved if they were deemed to be a trigger). If there were no further developments within six months, the case was marked as dormant and revived if further information was received.

If the MPS was unable to pursue a perpetrator for CSE, officers would use different tactics to try to identify and disrupt them. There was often a common thread of drugs which the police could use to disrupt the perpetrators.

Although often perceived as groups of men picking up young girls, CSE covered a much wider remit. Members expressed concern in relation to how, and to whom, CSE was reported. As victims would not necessarily go to a specialist to report CSE, all uniformed police officers had been provided with training to make them more aware of the issue and to familiarise them with the risk assessment template so that they were able to identify those at risk. In Hillingdon, CSE training had been prioritised by the police so that officers knew what to look for: Ms Debbie Weissang, the Council's CSE Manager, had provided all detectives in Hillingdon with a basic CSE awareness training package in 2016; and the MASH CSE lead officer and DS Lisa Taverner had attended a centralised CSE training session.

It was noted that, in the last two years, Ms Weissang had delivered training to approximately 1,200 individuals, including hospitals, pharmacists, housing officers, health education and Stockley Academy staff. This training had included examples of good and bad practice and made the referral process clear as this was everyone's responsibility. A short NHS film had been produced which highlighted the contact made by victims of CSE with pharmacists. As well as using this film in the training sessions that she delivered, Ms Weissang provided delegates with a CSE resource pack.

Ms Weissang noted that Hillingdon had made significant progress with regard to CSE. As soon as CSE cases had been triaged, they were being put into safeguarding. The Council had been working with partner agencies to share information and communication had improved. A peer review had been undertaken by Havering which had deemed Hillingdon's CSE training to be of a high standard.

Ms Helen Smith, the Council's Corporate Parenting Manager, noted that training was provided for foster carers in Hillingdon to help support their understanding of CSE. Looked after children (LAC) were allocated a social worker who would, where relevant, be involved in Multi Agency Sexual Exploitation (MASE) meetings that considered high risk cases. LAC underwent initial and annual health assessments which could highlight concerns to social workers. To help support LAC, the Children in Care Council (CICC) had identified beneficial targeted programmes such as Unique Swagga.

Ms Lisa Fenaroli, Head of Hillingdon Virtual School, advised that her team only worked with LAC and had links to foster carers and schools. Personal education plan (PEP) meetings were a statutory school based requirement for children in care to help track their education and promote their achievements. If a LAC disclosed CSE at school, Ms Fenaroli was confident that this information would be fed back to the Virtual School. However, she noted that the majority of the children that the Virtual School worked with had already been risk assessed for CSE and her team liaised with schools to ensure that they were aware of those individuals where a risk had been identified.

Members noted that, when a LAC was reported as a missing person, the Virtual School was advised accordingly. However, when that person was found and returned home, this information was not necessarily passed on to the Virtual School in a timely fashion

so that they could make contact and continue their work with the child. Ms Fenaroli advised that it was important to ensure that there were no delays in relation to this information sharing.

Although some schools had reduced the level of counselling available to pupils, there were a number who had used the Pupil Premium for counselling if a need had been identified. However, Members expressed concern that they had received reports of children experiencing problems getting this support in schools and professionals had suggested that there was nowhere for these young people to go. The Committee suggested that, to ensure that the message reached all tiers within a school, contact should be made with the Board of Governors rather than Headteachers alone, as each Board would have a safeguarding lead.

Ms Nikki Cruickshank, the Council's Assistant Director of Children's Safeguarding and Service Improvement, noted that there were times when a young person was reported missing to the Police on the basis that they had not returned home on time but were in fact known to be at the house of a friend known to parents/carers/social care and this was therefore not a true missing episode. Training and clarity around reporting missing would improve and tighten up these procedures. Mr Raj Alagh, the Council's Borough Solicitor, noted that the Council's safeguarding team were very knowledgeable about the relevant legislation and the social services legal team were extremely capable and receptive to enquiries from other officers.

Within the MPS, a central unit investigated CSE reports across London. However, although information was held by the unit, it was not necessarily available or passed on to all boroughs. In practice, this meant that a CSE perpetrator could move into Hillingdon without the knowledge of any agencies in the Borough. A/DCI O'Connor advised that more work needed to be undertaken to improve this communication issue and it was suggested that an alert system be initiated in each area.

This cross borough boundary issue extended to pharmacies. Mr Steve Ashley, Chairman of the Hillingdon Local Safeguarding Children Board, advised that pharmacists in Hillingdon were trained to identify potential CSE victims. However, when the victims and perpetrators were aware that their behaviour was drawing attention (for example, regular requests for the morning after pill), they would cross the Borough boundary to visit pharmacists that had not been trained or who were not aware of their history.

Unfortunately, although processes were not in place to gather all of the information needed, the agencies involved were acutely aware of this. Whilst some of the poor information sharing was as a result of IT systems, it was often more attributable to how the different boroughs treated CSE. To this end, the MPS would be implementing changes to improve information sharing across boundaries.

Despite there having been some restrictions in relation to information sharing contained within the Data Protection Act 1998, protocols were in place in Hillingdon to share information in relation to CSE. Mr Alagh advised that, if there were any doubt, he would advise that it was better to breach the Act than to put a child's life at risk. Dr Hajioff noted that there had been a review of the Caldicott principles guidance a couple of years previously which now included a presumption to share information. This change had been particularly helpful to the health sector which had previously been less likely to share information.

Mr Ashley advised that the Borough needed to ensure that child safeguarding was 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 had been taken locally included two CSE peer reviews (one had taken place in the last year), an internal audit (Hillingdon had been rated at 'Good') and improvements made in the 25 areas identified as failings following Operation Baker. Other action that could be taken included a resource mapping exercise across the Borough.

Mr Ashley was keen to ensure that Hillingdon was outstanding in its dealings with children. He anticipated that the focus on CSE would inevitably diminish over time when another issue became a higher priority. As such, it was important to ensure that Hillingdon continued to focus on CSE whilst also pre-empting other emerging issues, for example, youth on youth crime had increased and there were concerns about the use of social media and the Internet. It was noted that the Internet could result in a child from any background being drawn into grooming as there was no initial physical contact.

Dr Hajioff advised that digital marketing techniques had been developed to target digital mental wellbeing and were being used by Facebook in conjunction with Samaritans. The issue had been complicated further with the growing popularity of applications such as WhatsApp (which enabled individuals to have closed conversations) and the connectivity of games consoles. Consideration would need to be given to how these issues could be addressed, as well as educating young people to mitigate the risk at a national level. It was noted that the Social Care Bill would include a statutory requirement for PSHE which would include grooming. Mr Ashley would ensure that PSHE training was taken forward as an action.

Ms Weissang had put together a mind map for a school wrap around service and would be meeting with staff to discuss it. In addition, SAFE! would be delivering online workshops to Harefield School and it was hoped that this would subsequently be rolled out across the Borough. Ms Weissang had also been working with the participation team about how best to reach NEET. DS Taverner advised that plays and films such as "Murdered Online" were useful tools to illustrate the danger that young people faced and had proved to be very effective.

Ms Chelvi Kukendra, Designated Doctor (Consultant Paediatrician) for Safeguarding Children at Hillingdon Clinical Commissioning Group (HCCG), advised that CSE training had been provided for GPs and there were clear referral pathways in place. Dr Sujata Chandra, HCCG Governing Clinical Lead for Safeguarding Children, advised that if a young person was known to Social Services, it would raise a flag with their GP who could contact the MASH as well as Ms Kukendra and Ms Jenny Reid (Designated Nurse Safeguarding Children at HCCG).

Ms Jackie Walker, Interim Director of Nursing at The Hillingdon Hospitals NHS Foundation Trust (THH), noted that CSE processes at the hospital had been strengthened over the last year and that training had been revised to include CSE in the induction and to ensure that all staff dealing with children received CSE training. Systems were in place to support staff in reviewing cases whereby A&E records were monitored to identify whether anything had been missed. If staff had failed to identify a CSE risk, a referral would be made and the member of staff would be given feedback and additional training. Weekly Child Safetynet meetings were also held and named doctors had been identified to be responsible for CSE. It was noted that any young person who was known to be sexually active (for example, they were using the GUM clinic or maternity services) would be asked a series of questions which had been designed to help identify CSE.

Ms Tenyai Sibanda, Lead/Named Nurse for Safeguarding Children at THH, advised that Hillingdon Hospital regularly received young patients from outside of the Borough. THH would be implementing Child Protection - Information Sharing (CP-IS) which was a nationwide system that enabled child protection information to be shared securely between local authorities and NHS trusts across England. As not all of the neighbouring boroughs would be using the same computer system, information sharing might continue to be a challenge. It was noted that Hillingdon Social Care was already using this NHS system.

The issue of young people being brought into the country to be abused had been raised by THH with the UK Border Agency (UKBA). These two bodies had subsequently met and set out plans to identify children who were at risk. A new system was now in place. Ms Andrea Nixon, the Council's Safeguarding Boards Business and Development Manager, advised that a Hillingdon Local Safeguarding Children Board (LSCB) Sub Committee held meetings every two months to look at vulnerable children and adults coming into the country through Heathrow airport. Representatives from the UKBA attended these meetings as well as those of the LSCB and SAPB. Ms Cruickshank noted that there was an out of hours emergency duty team in place with another team in place for Heathrow airport. Social workers in the latter team worked closely with the UKBA.

The Hillingdon LSCB had identified a list of indicators to look out for when trying to determine whether CSE was an issue. Other useful information available included the NHS England pocket guide and the resource pack provided by Ms Weissang during her training sessions. National helpline numbers were also available. Members were keen to ensure that all Councillors received CSE training as they were a possible point of contact for the parents or victims of CSE.

CSE Awareness Day would be held on 18 March 2017. A range of venues would be taking part in the day including the Tudor Centre and schools which aimed to raise awareness amongst parents and young people.

Members were satisfied that a lot of work had been undertaken in Hillingdon since the meeting in January 2015 and, as a result, the position in Hillingdon had improved. However, it would be important to ensure that the strategy and action plan were kept up to date.

It was suggested that, when CSE was next discussed at an External Services Scrutiny Committee meeting, consideration be given to inviting representatives from the relevant Scrutiny Committee of another local authority.

**RESOLVED: That the discussion be noted.**

34. **WORK PROGRAMME 2016/2017** (*Agenda Item 6*)

Consideration was given to the Committee's Work Programme. It was noted that the next meeting would be focussing on the work of the Safer Hillingdon Partnership. Members noted that the Metropolitan Police Service (MPS) operating systems were changing and that there would be implications for the Borough. To enable the Committee to scrutinise these changes in a useful way, a centrally based MPS representative would need to be invited as a witness.

Members noted that the Probation Service had not attended an External Services Scrutiny Committee meeting for some time and, as such, it was agreed that representatives be invited to attend the meeting on 15 March 2017. It was agreed that

the MPS would also be invited to attend this meeting.

Dr Steve Hajioff, the Council's Director of Public Health, advised that drug and alcohol services were contracted externally by the Council. As the contractor was not making the lower level referrals, it was suggested that they be asked to also attend the Committee's next meeting along with the Youth Offending Team (YOT).

Rather than inviting the Stronger Communities Manager to provide a Prevent update to the Committee at a future meeting, it was agreed that she be asked to provide a briefing session for all Members. The Interim Senior Democratic Services Manager would email the Committee to ask them for any specific issues that they would like this briefing session to cover.

**RESOLVED: That:**

- 1. The Probation Service, MPS, drug and alcohol service contractors and the YOT be invited to attend the meeting on 15 March 2017;**
- 2. the Interim Senior Democratic Services Manager email the Committee to ask for specific issues that they would like a Prevent briefing session to cover; and**
- 3. the Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 7.55 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.