



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Ian Edwards (Vice-Chairman)
Councillor Teji Barnes
Councillor Mohinder Birah
Councillor Tony Burles
Councillor Brian Crowe
Councillor Phoday Jarjussey
Councillor Michael White

Date: WEDNESDAY, 15
FEBRUARY 2017

Time: 6.00 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Published: Tuesday, 7 February 2017

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and
 - (c) respond to any relevant NHS consultations.
2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.
3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

4 Minutes of the previous meeting - 12 January 2017 1 - 10

5 Child Sexual Exploitation 11 - 110

6 Work Programme 2016/2017 111 - 118

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Agenda Item 4

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

12 January 2017

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Teji Barnes, Mohinder Birah, Tony Burles, Raymond Graham (In place of Brian Crowe), Phoday Jarjussey and Michael White</p> <p>Also Present: Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group Maria O'Brien, Divisional Director of Operations, Central & North West London NHS Foundation Trust Joe Smyth, Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager) and Nikki O'Halloran (Interim Senior Democratic Services Manager)</p>
25.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillor Brian Crowe. Councillor Ray Graham attended as his substitute.</p>
26.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
27.	<p>MINUTES OF THE PREVIOUS MEETING - 15 NOVEMBER 2016 (<i>Agenda Item 4</i>)</p> <p>It was noted that, following the Committee's meeting on 15 November 2016, representatives from the London Ambulance Service NHS Trust (LAS) would be invited to attend a future meeting to provide Members with updates on a range of issues that had been highlighted at the meeting. Councillor Jarjussey circulated a photo of a patient transport vehicle used in Hillingdon which had "NHS working in partnership with DHL" on the side. He noted that there had been issues with regard to the withdrawal of the service from a number of patients.</p> <p>Although Members were not concerned about NHS partners, the Committee wanted to ensure that partners were operating at a sufficient standard. The Chairman would ensure that Ms Vicki Hirst was asked to provide a written response, setting out the issue in Hillingdon and assurances of the standard of driver training/knowledge, the type/nature of any contracts and the monitoring measures in place.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none">1. Ms Hirst be contacted to provide information in relation to the patient

transport services; and
2. the minutes of the meeting held on 15 November 2016 be agreed as a correct record.

28. **HEALTH UPDATES** (*Agenda Item 5*)

The Hillingdon Hospitals NHS Foundation Trust (THH)

Mr Joe Smyth, Chief Operating Officer at THH, advised that there had been significant activity at the Hillingdon A&E department and the number of acute patient admissions had been increasing. Compared to the same period the previous year, A&E attendances had increased as follows:

- October 2016: +7.6%;
- November 2016: +20%;
- December 2016: +19%; and
- January 2017: +20%.

The majority of A&E attendances were self-presenters and Mr Smyth advised that Tuesday 10 January 2017 had been the busiest day ever recorded at Hillingdon A&E with 225 attendances. In 2012, A&E (which had capacity for 165 patients per day) saw an average of 145 patients each day. In November/December 2016, the average daily patient attendances increased to 195, and in January 2017 it had risen to more than 200 per day. As such, THH was not meeting the 95% standard of patients being seen within 4 hours.

With regard to blue light/Category 1 attendances at A&E, ambulance staff rang ahead to advise the hospital that they would need one of the four beds in the resuscitation department. In November 2016, there was a 50% increase in these attendances compared with the previous year and in December 2016 there had been a 32% increase. Over the last two years, there had been a 53% increase in the number of Category 1 attendance which had overwhelmed the resuscitation department and meant that some patients had been moved to the majors area.

It was noted that A&E capacity was being hindered by challenges in getting patients back out of the hospital once they had been treated. The department was thought to be too small and radical reform was needed to ensure that patients were quickly moved out of the hospital.

Hillingdon Clinical Commissioning Group (HCCG) and THH had commissioned a review of the blue light attendances to establish whether the threshold had reduced. However, this work had identified that 90% of attendances really were Category 1 (with respiratory factors being a major component) and 10% were 'maybes' where it had been a judgement call.

The Urgent Care Centre (UCC) at Hillingdon Hospital dealt with different types of patients and illnesses to those dealt with by A&E and saw approximately 220 patients each day. Mr Smyth noted that the UCC worked well with a quick patient turnaround and helped out with A&E when possible (although the UCC could not do blood or diagnostic testing).

Patients arriving at the Hillingdon UCC/A&E were triaged by the UCC. If the patient needed to have a blood or other test that the UCC was not able to do, the individual would need to be seen by A&E staff. There were a significant number of patients that used A&E as a one stop shop so that they didn't have to wait for a GP appointment and then have to wait for an appointment for blood tests, etc. Some of these patients were

turned away from A&E and advised to contact their GP but it was sometimes difficult to assess how unwell a patient was. Although the vast majority were registered, hospital staff helped those patients that had not already done so to register with a GP. Concern was expressed that A&E staff were being prevented from helping very ill patients by these individuals who were using the resource inappropriately. It was suggested that, as many people were going to A&E to access primary care, consideration should be given to putting GP practices there.

The UCC was able to refer patients direct to a specialty. However, Mr Smyth acknowledged that this referral process needed to be smoothed out so that it provided maximum support to A&E.

Today's society was all about convenience and the patients attending A&E were predominantly aged 30-40 or under 5. It was thought that the increase in demand was likely to have been driven by people making a conscious decision to attend A&E rather than use their GP.

To cope with the increasing demand, THH had been reconfiguring its pathways, drafting in external staff to help and streamlining referrals and the ambulatory pathway. Although these measures would go some way to alleviating some of the pressure, it was likely that demand for services would continue to increase. As such, plans were being put in place to expand the A&E department by next winter.

Central and North West London NHS Foundation Trust (CNWL)

Ms Maria O'Brien, Divisional Director of Operations at CNWL, advised that the Trust's inpatient services had been re-inspected by CQC before Christmas and been rated as 'Good' overall. However, the Trust wanted to do more work in relation to adult and mental health services.

With regard to bed management pressures, approximately 25% of all inpatients could have been managed in a different environment if the resources had been available. Delayed Transfer of Care (DToc) in Hillingdon was higher than in other Boroughs (17-18%) and was sometimes slowed by a patient's complex challenging behaviour. The Challenging Behaviour Team was working on this as it had a knock on impact on A&E.

Although there were still quite a few, CNWL had halved its vacancies and improved retention through engagement. However, it continued to be a challenge to recruit new staff without having the inner London waiting incentive. Action that had been taken by the Trust included attendance at recruitment fairs across the country, local advertising campaigns and open days, offers of a golden handshake and more defined training and promotion opportunities.

The CAMHS Eating Disorders Team had been in place and had been accepting referrals since March 2016. The service had been meeting all of its targets with regard to urgent cases being seen within one week and routine cases being seen within four weeks. CAMHS had also been working with North West London (NWL) commissioners to develop the future Out Of Hours Service following the review of the pilot year. It was anticipated that the current service would continue, pending the review, but would be pressurised due to demand (Hillingdon children and young people were high users of this A&E based service).

One of two national pilots had been undertaken by West London Mental Health Trust in conjunction with NHS England (NHSE) and the Priory Group to manage the CAMHS Tier 4 budget and deliver new models of care to reduce the number of young people

requiring admission. Phase 1 of the project looked at how to reduce the length of stay for young people that would need a placement and Phase 2 looked at reinvesting the savings for crisis support at home. The project's focus would be on Brent, Ealing and Hillingdon as these boroughs had the highest number of crises.

Ms O'Brien suggested that more robust early interventions needed to be put in place to prevent young people from becoming really mentally unwell. Mr Graham Hawkes noted that many of these young people would approach their GP or school and the Government had said that it would look at placing counsellors in schools (this would be particularly important for young people in exam years at secondary schools).

To address the waiting times for core CAMHS services, three additional staff had been recruited in Hillingdon and additional funding had been provided by NHSE (£64k in 2016/17 and more expected in 2017/18). A new 6-8 session approach and group work had also been introduced and there had been a 20% reduction in waiting times since April 2016 (down from 190 in October 2016 to 120 in January 2017).

Although assessment appointments were usually within six weeks of referral, young people could wait as long as 11 months for treatment. During the interim, these young people needed to self help. Although the treatment waiting times had reduced, this would build up again if a whole system approach was not adopted that straddled all of the organisations involved. Healthwatch Hillingdon was working with CNWL to make improvements. It was noted that there had been a move towards a tier-less service and other boroughs such as Harrow, Westminster and Kensington & Chelsea had commissioned a different layer of support to signpost young people to services such as counselling and schools. Ms O'Brien suggested that this kind of intervention would help to relieve the CAMHS bottleneck. However, some schools appeared reticent to admit that their students were suffering from mental ill health. Furthermore, the Pupil Premium was sometimes used by schools to employ teaching staff rather than providing services such as counselling.

Social media, a fragmented family life and bullying had all contributed to an increase in young people's mental ill health. Parents tended to be more aware of depression and anxiety so, when identified in a young person, this needed a quick low intervention to prevent it from escalating. It was noted that the last in-depth research on young people's mental health had been undertaken in 1994.

Ms O'Brien advised that, following consultation on the proposed redesign, the Musculoskeletal (MSK) Physiotherapy and Podiatry services had now been consolidated.

The Accountable Care Partnership (ACP) work was now rolling out to 15 Care Connection Teams across the Borough. There had been positive results in relation to the proactive management of patients, with a reduction in the number of patients going through A&E. It was noted that the Federations were now in the process of recruiting Care Coordinators.

Hillingdon Clinical Commissioning Group (HCCG)

Ms Caroline Morison, Chief Operating Officer at HCCG, advised that the Sustainability and Transformation Plan (STP) was a five year plan to 2020/2021 developed as a 'place based system of care'. It covered the NWL footprint but was underpinned by a local Hillingdon plan and was based on the premise that if the health and care system was not transformed, there would be a £120m funding gap by 2020/2021 (against a NWL figure of approximately £1,409m).

The NWL plan centred on five delivery areas which had been mapped to ten local transformation themes and six enabling work streams and drew on key NWL transformational programmes such as Like Minded and Local Services. The Hillingdon plan had been developed collaboratively with partners and shared at key forums such as the Hillingdon Health and Wellbeing Board. The CCG was now in the process of developing a full programme plan for implementation with proposed governance that included some shared decision making and a joint Programme Management Office. It was noted that CAMHS was a key pillar of the work being undertaken and that a significant amount of work was also being undertaken in relation to older people (taking account of the whole person in a joined up pathway that was linked to social care).

HCCG was achieving its year to date planned surplus of £2.1m and was forecasting achievement of its £3.6m planned surplus by the year end. HCCG's financial plan was based on achieving savings of £8.3m, predominantly within its acute contracts. Although the current forecast was that HCCG would achieve savings of £8m in 2016/2017 (a shortfall of £600k or 7%), this position had been improving month on month. However, due to new cost pressures, HCCG's acute contracts were forecast to be £5m over plan by the year end which equated to 2.5% of HCCG's budget for acute contracts.

The main pressures on HCCG's budget related to over-performance on acute contracts (THH - £2m, Royal Brompton and Harefield NHS Foundation Trust (RBH) - £1.7m) and continuing health care (£3m forecast of which around £800k related to a national price rise in funded nursing care costs). To mitigate its financial position, work was underway to clear the backlog of continuing health care case reviews and review costs of highest cost care packages. It was anticipated that the new model of care for end of life would also have a significant impact. Work was also underway with RBH to understand the drivers for the increase in activity, particularly in relation to pacing and ablations.

HCCG had successfully agreed all key contracts for 2017/2018 and 2018/2019. Acute contracts across NWL had been agreed using a common approach and the contract agreements were based on activity growth assumptions aligned with the STP and QIPP assumptions that matched the 'Shaping a Healthier Future: Strategic Outline Case'. Ms Morrison noted that the financial environment for 2017/2018 would be challenging and the agreed contract values represented a significant financial challenge to both commissioner and provider to deliver their respective control totals. It was anticipated that further collaborative work would identify opportunities to reduce activity and cost.

To manage the NWL system, a marginal rate of over-performance above the baselines had been set at 70% and performance below the baseline would be payable to 30%. There was also a 50% risk-share on high cost drugs above or below an agreed threshold.

As the three year community contract with CNWL would run until the end of 2018/2019, there would be minimal change from the previous planning assumptions. For the CNWL mental health contract, HCCG had increased its investment in mental health services in line with 'parity of esteem' assumptions, whilst also building in the delivery of significant transformation in mental health services. It was anticipated that there would be bold changes to the way that HCCG contracted services in 2017. Although this would not be a simple process, it would open up great opportunities to drive improvements to patient care.

National, regional and local initiatives were driving improvements to the resilience, effectiveness and efficiency of primary care in Hillingdon. There were a number of key local priorities:

- The General Practice Forward View set out a programme to support general practice development and sustainability linked to investment which represented an opportunity for primary care in Hillingdon for:
 - GP extended hours (8am to 8pm, seven days per week);
 - online access and consultations;
 - provider development / resilience of general practice, which would include federation development, supporting vulnerable practices and managing workload;
 - workforce and redesigning roles (receptionists / care navigators / medical assistants / clinical pharmacist, etc); and
 - estates and technology transformation fund.
- Hillingdon GPs were looking to benefit from increased scale with the four GP networks in Hillingdon intending to come together as a Hillingdon-wide federation from April 2017. It was anticipated that this would enable HCCG to commission directly from individual practices (a pilot weekend visiting service had been set up through a network with the aim of reducing the number of people going into A&E from care homes); and
- A local primary care framework had been developed that set out a new model of care, including:
 - extended access hubs from 6.30pm to 8pm weekdays and weekend openings (currently piloting 8am to 8pm at Hesa Centre);
 - long term conditions and multi-morbidities (services would be contracted at practice and network / federation level with an emphasis on diabetes, cancer, prevention and out of hospital care); and
 - vulnerable patients (care homes, GP support services and mental health (parity of esteem)).

With regard to primary care co-commissioning, HCCG currently commissioned primary care (general practice) jointly with NHS England (known as 'level 2' delegated commissioning). NWL CCGs were considering whether to apply for and take on 'level 3' delegated commissioning from April 2017. This would mean that commissioning decisions related to primary care would be solely determined at a CCG level. Although an initial application had been submitted on 5 December 2016, the HCCG membership (GP practices) would need to agree to full delegation through a ballot which would be held in February 2017. If approved, the go-live date for new delegated arrangements would be 1 April 2017 (although property decisions would not be passed to HCCG).

A critical component of Hillingdon's strategy for integrated care had been the development of an ACP. Since 2013, the ACP had come a long way and was now established as Hillingdon Health and Care Partners and comprised: THH; CNWL; Hillingdon GP Federation (live from April 2017); and Hillingdon4All (a third sector provider collaboration). The ACP had already been working on piloting the Care Connection Team, a primary care-based co-ordinated approach for people with a high level of need, and had been developing its capabilities as a partnership, e.g., by recruiting an ACP director. The ACP planned to deliver an alliance contract for the care of people aged 65 and over from April 2017 which would involve an element of payment on performance and an element of capitated payment against an agreed set of system and patient outcome measures.

From April 2017, HCCG was looking to put in place an alliance agreement that bound

the ACP together over the course of two years to deliver agreed outcomes. As HCCG needed to be assured that the ACP was able to work in this new way, a 'due diligence' type assurance process would be conducted comprising of seven domains: strategy and vision; leadership and governance; processes; technology; financial and risk management; people; and culture and integration. Each domain had a number of criteria against which the ACP would need to evidence its performance and capabilities. Minimum thresholds had been set for year one and higher thresholds for year two. Performance would be assessed against four tiers: emerging, developing, established and leading. The process would include self-assessment, challenge panels and board-to-board sessions and would take place over two years. Challenge panels would include a wide range of stakeholders including lay representation, clinicians external to Hillingdon, local authority representation (including public health and social care) and some CCG involvement.

Six paediatric workstreams, governed through the Children's Strategic Transformation Group, were under review. It was noted that community respiratory clinics would be rolled out across the Borough in 2017 and HCCG had redeveloped the Strategic Transformation Group which included representation from the local authority, Hillingdon Hospital, Healthwatch Hillingdon and HCCG.

The four hour wait performance for children in THH A&E had improved from 86.4% (pre 30 June 2016) to 93.4% (in December 2016) and the Paediatric Assessment Unit opened at THH in September 2016 with an average of 60 children aged 0-18 using the unit each week (approx two children per bed). The pilot for a community integrated clinic had started in January 2016 and aimed to see children in a local GP practice, improve the paediatric skills sets of GPs and prevent the need for hospital care.

A review of CAMHS had been undertaken by HCCG and the local authority. The review had recommended a move away from the current tiered model of care to the THRIVE (tier-less) model of care for Hillingdon CAMHS and work was underway to implement this. Although the CAMHS waiting lists remained a challenge, additional resources had been released from NHSE to support the achievement of the NHS 18 week referral-to-treatment target. The CAMHS learning disability team was now fully staffed and operating from Woodend, Hayes, supporting children with complex behaviours and autism in the community.

Hillingdon had been selected to become an early adopter for delivering Improving Access to Psychological Therapies (IAPT) for people with long term conditions like diabetes, COPD and asthma. The team would support people with long term conditions to manage anxiety and depression. HCCG had been working with stakeholders to increase the number of people accessing IAPT in Hillingdon from 15% to 25% by 2020.

It was anticipated that there would be additional investment to Hillingdon and North West London perinatal services from NHSE. The investment would support families with mental health interventions during and after pregnancy. The enhanced Community Learning Disability Team, launched in July 2016, had benefited from additional CCG investment which meant they were now able to support more people with learning disabilities and able to undertake autistic spectrum disorders (ASD) assessments locally.

With regard to Yiewsley Health Centre, Ms Morrison advised that £500k would be spent on refurbishing the clinical rooms. Although there would be more capacity at the Centre, staffing levels would need to be considered.

Members were advised that a report detailing progress up to Q2 had been considered by the Hillingdon Health and Wellbeing Board at its meeting on 8 December 2016 regarding the Better Care Fund (BCF). A two year plan was under development, focussing on the integration of different Council departments and looking at how they fit with the STP. The draft BCF plan would be considered by the Health and Wellbeing Board at its next meeting on 14 March 2017. The BCF pilot phase had ended and now covered the whole of the Borough.

Ms Morison noted that there were still plans to have a health presence on the St Andrews Park development. Conversations had taken place between developers and the Council's planning team about exploring an alternative site within the development. This would need to be finalised soon as it was anticipated that this would be a hub.

Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Executive Officer at HH, advised that there were concerns about pressures on the health system in Hillingdon. HH had reviewed hospital discharges from Hillingdon Hospital and the resultant report was expected by the end of the month, highlighting the impact on the care of residents. Of the 170 inpatients spoken to, 56 had follow ups after discharge. Mr Hawkes noted that care was as good as it could be in hospital with staff trying their best but that the care received was not necessarily as good as patients expected and satisfaction levels had dropped significantly. There also appeared to be room for improvement with regard to the coordination between the hospital and care at home and with regard to communication with patients in hospital. Recommendations had been included in the report in relation to the provision of written communication with patients, for example, a diary (so that the family could also write comments) and the development of a booklet to improve communication with older patients. A further recommendation had been included regarding standardising the discharge process across all wards. Members of the Committee would receive a copy of the report once it had been published. It was noted that the Council's Social Services, Housing and Public Health Policy Overview Committee had been undertaking a separate review of hospital discharges and had been liaising with HH.

A lot of work was being undertaken with regard to the ACP. However, it was suggested that this work needed to include care homes and domiciliary care.

RESOLVED: That the presentations be noted.

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

Consideration was given to the Committee's Work Programme 2016/2017. The scoping report for the review of community sentencing was agreed. Once the membership of the Working Group had been agreed, Democratic Services would contact the Members to arrange the date of the first meeting.

It was suggested that, because individuals were regularly attending A&E as it was a quicker option than visiting their GP, consideration be given to this as a review topic. This situation had resulted in A&E being overwhelmed and it was suggested that maybe GP surgeries should be replaced with an expanded A&E. Unless the capacity of Hillingdon A&E was increased, it would not be able to cope with the increased demand on its service. It was suggested that consideration be given to the Chief Executive and Chief Operating Officer at The Hillingdon Hospitals NHS Foundation Trust being invited to attend a future meeting to discuss this issue.

	<p>Members were advised that the next meeting on 15 February 2017 would use a slightly different format. The meeting would be looking at progress made with regard to CSE since the Committee had last reviewed the issue in January 2015.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none">1. a date be arranged for the first meeting of the Community Sentencing Working Group; and2. the Work Programme be noted.
	<p>The meeting, which commenced at 6.00 pm, closed at 8.21 pm.</p>

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.

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Agenda Item 5

EXTERNAL SERVICES SCRUTINY COMMITTEE: CHILD SEXUAL EXPLOITATION (CSE)

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Hillingdon CSE Strategy

REASON FOR ITEM

The Committee received an update on the procedures to deal with Child Sexual Exploitation (CSE) at its meeting on 13 January 2015. This meeting is being held to enable officers and partner organisations to update Members about procedures that are in place to deal with CSE, action that has been taken since the last meeting and to identify any areas for possible improvement.

As the issue of CSE is cross-cutting, the Chairmen and Labour Leads from the Social Services, Housing and Public Health Policy Overview Committee and the Children, Young People and Learning Policy Overview Committee have been asked to join the External Services Scrutiny Committee Members in this single meeting review.

OPTIONS AVAILABLE TO THE COMMITTEE

- Each organisation will be asked to explain what their role is with regard to CSE and identify their biggest challenges and obstacles.
- The Chairman of the Committee will describe a range of scenarios and ask each witness to explain what action their organisation would take in that situation and whether/how this has changed over the last two years.
- Members will then be able to ask question of the witnesses.
- Members may make recommendations to address any issues arising from discussions at the meeting which will then be included in a report submitted for Cabinet consideration.

INFORMATION

In recent years, the term *Child Sexual Exploitation* (CSE) has increasingly been talked about in local and national media but what does this mean, who is at risk and what is being done about it?

What does CSE mean?

This official definition of child sexual exploitation was created by the UK National Working Group for Sexually Exploited Children and Young People and is used in statutory guidance for England:

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

PART I – MEMBERS, PUBLIC & PRESS

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.

It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn't always involve physical contact and can happen online.

Child sexual abuse online

When sexual exploitation happens online, young people may be persuaded, or forced, to:

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.

Child sexual exploitation in gangs

Sexual exploitation is used in gangs to:

- exert power and control over members
- initiate young people into the gang
- exchange sexual activity for status or protection
- entrap rival gang members by exploiting girls and young women
- inflict sexual assault as a weapon in conflict.

Girls and young women are frequently forced into sexual activity by gang members. Research by Beckett (2012)¹ found that girls considered to be engaging in casual sex were seen as forfeiting their right to refuse sex. The majority of sexual exploitation within gangs is committed by teenage boys and men in their twenties (Berelowitz et al, 2012²).

It should be noted that child sexual exploitation isn't a separate category of abuse in child protection procedures. This means data is often: missing or incomplete; concealed in other categories of abuse or crime; or unreported. Furthermore, in law, there is no specific crime of child sexual exploitation and offenders are often convicted for associated offences such as sexual activity with a child. As such, it is not possible to obtain figures from police statistics of sexual exploitation offences.

¹ Beckett, H. et al (2012) **Research into gang-associated sexual exploitation and sexual violence: interim report (PDF)**. Luton: University of Bedfordshire.

² Berelowitz, S. et al (2012) **"I thought I was the only one. The only one in the world."** The Office of the Children's Commissioner's inquiry in to child sexual exploitation in gangs and groups: interim report (PDF). London: Office of the Children's Commissioner.

Not a great deal is known about who commits CSE and identifying abusers is difficult because:

- data often isn't recorded or is inconsistent or incomplete
- children and young people often only know their abuser by an alias, nickname or appearance
- victims may be passed between abusers and assaulted by multiple perpetrators
- children and young people are often moved from location to location and abused in each place
- young people may be given alcohol or drugs

It is likely that the number of known perpetrators is far higher than those reported. People who sexually exploit children are often described as highly manipulative individuals. They exert power over young people through physical violence, emotional blackmail or financial pressure, for example holding them in debt.

To maintain control, or to distance children and young people from those who may be able to protect them, abusers create or exploit weaknesses such as:

- being isolated/distant from friends and family
- disengagement from services such as education or health
- challenging or criminal behaviour

The focus on manipulation and control has similarities with domestic violence, although more research is needed to establish this link and fully explore motivations for child sexual exploitation.

The Children's Commissioner's study found that:

- 72% of abusers were male
- 10% of abusers were female
- in 18% of cases, gender wasn't disclosed²

The evidence indicated that the age range of abusers was from 12 to 75 years. Where ethnic group was recorded, the majority of perpetrators were White and the second largest group were Asian.

In 2012, Barnardo's reported an increase in sexual exploitation by peers in eight of their services. They found young people were sexually exploiting peers either directly by sexually abusing victims themselves or indirectly by introducing children and young people to abusers³. The Children's Commissioner Inquiry found that, of the 2,409 victims reported to them, 155 were also identified as perpetrators of child sexual exploitation. According to the Child Exploitation and Online Protection Centre (CEOP), perpetrators can use one victim to gain access to others, asking victims to bring their friends along to pre-arranged meetings or 'parties'. In some cases, if victims try to break free, the perpetrator will use their peers to draw them back in⁴.

³ Barnardo's (2012) **Cutting them free: how is the UK progressing in protecting its children from sexual exploitation (PDF)**. London: Barnardo's.

⁴ Child Exploitation and Online Protection Centre (CEOP) (2011) **Out of mind, out of sight: breaking down the barriers to child sexual exploitation: executive summary (PDF)**. London: CEOP.

The Child Exploitation and Online Protection (CEOP) Centre published its thematic assessment in June 2011 with the aim of identifying what is currently known about CSE and made recommendations for tackling this form of abuse. The report talks about common findings among victims of this abuse and it states: "victims frequently do not recognise that they are being exploited and do not disclose abuse."

The report also details some commonalities among offenders:

Many of the detailed cases submitted to CEOP showed that grooming is used to manipulate victims, distance them from families and friends, and place them under the control of the offender. Offenders will often use flattery and attention to persuade victims to view them as a 'boyfriend'.

Warning signs to consider include:

- Having an older boyfriend/girlfriend
- Having unaccounted for money or items
- Signs of underage sex such as sexually transmitted infections or pregnancy
- Disclosure of serious sexual assault and then withdrawing the allegation
- Regularly coming home late
- Going missing from school, home or care home
- Not attending school or being excluded
- Being taken to nightclubs and hotels by adults
- Being friendly with adults or suddenly changing peer groups
- Chatting to or exchanging pictures with strangers online
- Experimenting with drugs and or alcohol
- Changes in behaviour that are out of character
- Hostility in relationships with family members or other carers
- Secrecy
- Repeat offending
- Being a gang member or associating with gangs
- Illness that cannot be explained
- Poor self image, eating disorders, self harm.

Who is at risk?

Child Sexual Exploitation (CSE) refers to any child under the age of 18 and is a form of child abuse. It is a broad and complex area of abuse that involves children and young people being targeted and abused by adults or peers for sexual purposes. Victims and perpetrators can be male or female and any child can be at risk of exploitation.

CSE is an under reported crime and it is widely accepted that there are difficulties in securing a conviction as many victims do not understand that they are being abused. There can be a combination of factors that would make a child vulnerable and more at risk of being groomed. Child sexual exploitation is a hidden crime and young people often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening.

Perpetrators of CSE go to great lengths to target and abuse children and may trick them into believing that they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online (any young person who has a mobile phone and access to the internet is at risk of sexual exploitation - it's not just children in

care). Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

What is being done?

In Hillingdon, the Council has worked with local partners to improve early interventions and the detection of children who may be at risk of exploitation. The Committee submitted its recommendations which were considered by Cabinet at its meeting on 23 April 2015 where it was resolved that Cabinet:

1. commends and approves the Hillingdon CSE strategy;
2. asks officers to further develop a programme of joint CSE training in partnership with the Metropolitan Police Service, LSCP, CNWL and the CCG;
3. asks officers, in conjunction with CNWL, to liaise with schools to ensure that CSE is included as a permanent part of PSHE lessons; and
4. agrees that consideration be given to the incorporation of CSE work undertaken by the Council into the LSCB annual report.

Policy Overview and Scrutiny Committee Members are keen to receive an update on the progress that has been made in the implementation of these resolutions.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

- Local Safeguarding Children Board
- Local Safeguarding Children Board - Designated Doctor / Designated Nurse
- Public Health
- Hillingdon Local Medical Committee
- The Hillingdon Hospitals NHS Foundation Trust
- Child Exploitation and Online Protection Centre (CEOP)
- Metropolitan Police Service
- Education Practitioners - Representative head teachers from Primary, Secondary and PRU
- The Office of the Children's Commissioner

SUGGESTED KEY LINES OF ENQUIRY

1. Does the Council continue to have an officer with specific responsibility for ensuring all agencies provide a coordinated support package to those at risk of, or identified as, being sexually exploited?
2. What improvements have been made to the Council's coordinated multi-agency response to concerns around sexual exploitation?
3. What ongoing training has been provided (or is planned) for frontline staff (including teachers and children's home workers)?

PART I – MEMBERS, PUBLIC & PRESS

4. What improvements have been made to the way that the Council and its partners gather and share information on alleged offenders and disrupt their activity?
5. What action has been taken to ensure that there is social and corporate responsibility in identifying and sharing information on CSE?
6. What progress has been made with regard to the inclusion of CSE as a permanent part of PSHE lessons? How is the impact being measured?



Child Sexual Exploitation Prevention and Intervention Strategy 2015



Contents

	Page
1. Introduction	3
2. Aims	3
3. Child Sexual Exploitation - Models and Types of Exploitation	4
4. Who is at risk	8
5. Key Principles	11
6. London Borough of Hillingdon Strategy and Approach	12
7. London Borough of Hillingdon Action Plan	18
8. Appendices:	
• Appendix 1 - Legislation	26
• Appendix 2 - Joint Police and Social Care Vulnerable Witness and Victim Strategy for use in Child Sexual Exploitation/Operations	28
• Appendix 3 - Disruption Letter to Known or Alleged Perpetrator/s	34
• Appendix 4 - SAFEGUARD (CSE Warning Signs)	36
• Appendix 5 - CSE MAP & MASE Exploitation Guidance	38
• Appendix 6 - Duties and Powers to support work with CME	42

- Appendix 7 - Professional Toolkit 44
- Appendix 8 - CSE Training Programme 91



Child Sexual Exploitation Prevention and Intervention Strategy 2015

1. Introduction

Hillingdon Safeguarding Local Safeguarding Children Board fully supports and endorses the government's view that, "Child sexual exploitation is horrific and has no place in this, or any other, society. It is a serious crime and must be treated as such, with the perpetrators pursued more rigorously. We can only tackle it successfully by looking at every aspect of the problem: raising awareness and understanding; effective prevention and detection; securing robust prosecutions; and improving support for victims and their families" (DfE, 2011).

2. Aims

The purpose of this strategy and action plan is to create a climate and culture that encourages organisations to adopt a child centred approach, focusing on their needs and finding ways of promoting young people's sexual and emotional safety. Taking a proactive approach focused on early identification and intervention can only be achieved through an integrated approach, with effective joint working and a shared understanding of the problem.

- To gain a commitment of ownership to this strategy from the highest level within all agencies, the chief executive, lead member and elected members to ensure that all children are protected from child sexual exploitation.

- To raise awareness of the risks of child sexual exploitation amongst children and young people, their parents and carers, professionals, businesses and the community and to ensure that prevention services are in place and that early intervention is available for children, young people, parents and carers.
- To ensure that a safe, responsive and effective multi-agency service is provided to children and young people who are at risk of grooming or victims of child sexual exploitation.
- The coordination of services for those children and young people who are recovering survivors of child sexual exploitation.
- To ensure that perpetrators of child sexual exploitation are disrupted and prosecuted and to effectively support and safeguard victims throughout this traumatic process.
- To ensure the effective arrangements for transfer of information to safeguard children and young people both inside and outside of Hillingdon. Any transfer protocol will prioritise the needs of the victim.
- To engage the child, young person at risk of grooming into child sexual exploitation, including family and carers, within planning, support and disruption.
- To ensure that the delivery of this strategy is effectively evaluated through the LSCB sub group.

3. Child Sexual Exploitation - Definition and Models of Exploitation

3.1 Definition of Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people is a form of child sexual abuse. Working Together to Safeguard Children¹ (2006) describes sexual abuse as follows:

‘Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.’

This guidance uses the following description of **child sexual exploitation**:

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.

A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

3.2 Models of Child Sexual Exploitation

3.2.1 Abuse Model 1

Inappropriate relationships: Usually involves one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser. Many cases show the enormity of this problem as girls engage with young men who appear to be genuine but further down the line become aggressive and controlling

3.2.2 Abuse Model 2

Boyfriend: Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafes/ fast food outlets or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive. Victims are required to attend parties and sleep with multiple men and threatened with violence if they try to seek help. They may also be required to introduce their friends as new victims.

3.2.3 Abuse Model 3

Organised/networked sexual exploitation or trafficking - Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced / coerced into sexual activity with multiple men. Often this occurs at 'sex parties' and young people who are involved may be used as agents to recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by perpetrators. The third model organised sexual exploitation or *trafficking*, is the most sophisticated and complex form of child sexual exploitation and those young people involved would be considered at very high risk. However, young people from any of the models described above can be victim to extreme levels of intimidation, and physical and sexual violence. Organised

exploitation varies from spontaneous networking between groups of perpetrators to more serious organised crime where young people are effectively 'sold'.

Because of the complexity, these activities are likely to require dedicated police resources to investigate and are described as 'internal trafficking' or 'trafficking for child sexual exploitation'. In these cases, perpetrators may not always be engaging in sexual activity with young people themselves but arranging for others to do so. Under the Sexual Offences Act 2003 (S.58), this is defined as trafficking within the UK¹.

3.3 Types of Child Sexual Exploitation

The act of CSE is generally a hidden activity and is much more likely to occur in private dwellings than in public venues. However, the act or method of coercion by the perpetrator(s) can take place on the streets. The following examples describe the different types of exploitation offender's use and how children can be coerced:

3.3.1 Institutional exploitation

Sexual exploitation is both a cause and consequence of children going missing. Looked-after children are clearly a particularly vulnerable group and the source of a disproportionately large amount of missing reports. Children enter the care system for a variety of reasons and as a result they commonly enter with their own sets of problems and issues. Indeed, such children may already have a history of going missing. The specific system of institutional care, particularly outside of a family setting, has its own push factors. For example, looked-after children may seek affection and love elsewhere. This vulnerability can be specifically targeted by groomers for exploitation.

3.3.2 Peer on Peer Exploitation

Young people can be sexually exploited by people of a similar age as well as adults. Research is increasingly demonstrating that a significant number of sexually exploited young people have been abused by their peers and a London Councils report in 2014 found that peer-on-peer exploitation was the most frequently identified form of child sexual exploitation in London. Young people can be exploited by their peers in a number of ways. In some cases both young women and young men, who have been exploited themselves by adults or peers, will recruit other young people to be abused. In other instances, sexual bullying in schools and other social settings can result in the sexual exploitation of young people by their peers. Sexual exploitation also occurs within and between street gangs, where sex is used in exchange for safety, protection, drugs and simply belonging. For 16 and 17 year olds who are in abusive relationships, what may appear to be a case of domestic violence may also involve sexual exploitation. In all cases of peer-on-peer exploitation, a power imbalance will still inform the relationship, but this inequality will not necessarily be the result of an age gap between the abuser and the abused.

3.3.3 Familial

Young people can be individually exploited, or it may also involve other family members. The motivation is often financial and can involve substance use. Parents or family members control and facilitate the exploitation.

3.3.4 Opportunistic

This may occur quickly and without any form of grooming. Typically older males identify vulnerable young people who may already have a history of being groomed or sexually abused. The perpetrator will offer a young person a 'reward' or payment in exchange for sexual acts. The perpetrator is often linked with a network of abusive adults.

3.3.5 On-Line CSE

New technologies and social networking tools and platforms, , chat rooms, dating sites or online gaming, present further opportunities for social interaction. They also bring new risks and increase the opportunity for offenders to target vulnerable young people. Offenders access social media platforms, for example, Facebook, Blackberry messaging (BBM) and Twitter to identify young people whom they can groom.

Technology can facilitate sexual exploitation of children. Where abusive images have been posted on, or shared via, the internet, there is little control over who can access them. This can lead to repeat victimisation. The NWG Network 2013 study, [If you Shine a Light you will probably find it](#), also identified that GPS technology available for mobile devices can be used to identify the location where a photograph was taken, which may increase the risk to the victim. The software can be downloaded freely and provides the coordinates of where the digital image was taken, to within a matter of yards.

CSE can occur through the use of technology without the child realising it. For example, a child or young person is persuaded to post images of themselves on the internet and/or mobile phones. In some cases, the images are subsequently used as a bargaining tool by the perpetrators and threats of violence and intimidation are used as methods of coercion.

Offenders may use technology to exploit children and young people in the following ways:

Harassment and bullying through text messaging.

- Purchasing mobile phones for victims and sharing their numbers among group or gang members.
- Randomly contacting children via social networking sites.
- Using 'friends' lists on networking sites of known victims to target children and young people.
- Viewing extreme or violent pornography and discussing it during sexual assaults.
- Posting images of victims with rival gang members to invite a sexual assault as punishment.

- Filming and distributing incidents of rape and sexual violence.
- Distributing lists of children for the purpose of sexual exploitation.

The Child Exploitation On-line Protection (CEOP) [Thinkuknow](#) website provides information for children and young people on how they can protect themselves online. Parents, carers and teachers can also use the website to understand how they can help to protect children in their care while they are using the internet.

3.3.6 Gangs and Groups

The Office of the Children's Commissioner has defined CSE in gangs and groups in its [2013 report](#). This includes:

- **Gangs** – mainly comprising men and boys aged 13-25 years old, who take part in many forms of criminal activity (e.g. knife crime or robbery) who can engage in violence against other gangs, and who have identifiable markers, for example a territory, a name, or sometimes clothing.
- **Groups** – involves people who come together in person or online for the purpose of setting up, co-ordinating and/or taking part in the sexual exploitation of children in either an organised or opportunistic way.
- **Gang Associate** - An individual can be gang associated for one or more of the following reasons. They:
 - Offend with or for gang members, either willingly or through coercion or exploitation but do not identify themselves as a gang member and there is no other corroborative information that they are a gang member.
 - Associate with gang members. This is known by police, partner agencies and/or community intelligence.
 - Have shown, through their conduct or behaviour, a specific desire or intent to become a member of a gang.
 - They are a family member, friend or are otherwise connected to a gang member, but are not a gang member themselves.

Young people associated with a gang are at risk of being sexually exploited by that gang. Sexual violence may result because rape and sexual assault is carried out as part of a conflict between rival gangs, for example the sister of a gang member may be raped as a way of attacking her brother by proxy. Sexual violence may be used as a form of punishment to fellow gang members and/or a means of gaining status within the hierarchy of the gang.

4. Who is at Risk

4.1 How do children and young people become involved?

The reasons can be due to numerous factors. Often vulnerable children and young people are targeted by perpetrators; however, this is not exclusive to those who are vulnerable. Perpetrators frequently target children and young people at venues such

as; hostels, food outlets, taxi ranks and outside schools. Young people who run away from home are recognised as being more at risk. However, statistics show that the majority of CSE victims in London are actually living with their families.

Some children or young people do not recognise the coercive nature of the relationship and do not see themselves as victims of exploitation, as they consider they have acted voluntarily. The reality is their behaviour is not voluntary or consenting. It is important to remember that a child cannot consent to his or her own abuse.

There is a link between trafficked children and CSE. Children are known to be trafficked for sexual exploitation and this can occur anywhere within the UK, across local authority boundaries and across international borders.

A list of the legislation commonly used in prosecutions connected with Child Sexual Exploitation is shown in (Appendix 1pg 26).

4.2 How do we know who is at risk?

There are a number of indicators that may evidence a child or young person is being groomed for sexual exploitation:

- Who going missing for periods of time or regularly returning home late: unhappy and lonely young people can be flattered and seduced by the attention of streetwise adults who appear to sympathise with them.
- Who are disengaging from education: young people who are not in school during the day may be more at risk of sexual exploitation. Children who are becoming involved in this activity may begin to skip school or become disruptive.
- Often appear with unexplained gifts or new possessions: children who appear to have new clothes, jewellery, mobile phones or money that cannot plausibly be accounted for.
- Have peers and friends who are also involved in exploitation and with older boyfriends/girlfriends.
- Have sexual health issues: a history of unprotected sex leading to sexually transmitted infections or inappropriate sexual behaviour.
- May exhibit changes in temperament/depression: mood swings or changes in emotional well being can be related to being involved in sexual exploitation.
- Misuse drug and alcohol: this may leave children more vulnerable to sexual exploitation, and abusers may use drugs and alcohol to help control children.
- Display inappropriate sexualised behaviours, such as being over familiar with strangers or sending sexualised images via the internet or mobile phones.
- Have involvement in exploitative relationships or association with risky adults.

There are additional signs that might indicate that a child or young person is a victim of complex or organised sexual exploitation. A young person may describe being taken to different towns or districts, or they may be found in areas with reference to risky adults who appear to be connected to each other.

'Push' factors include not feeling accepted in the environment where children should be safe. Family breakdown and arguments can generate 'pushing away', as can abuse, drug and alcohol misuse by family members, and new stepfamilies moving in.

'Pull' factors can include being drawn into an activity outside of the home. It can vary from staying out with peers, boyfriends or girlfriends, becoming involved in drugs and alcohol, being groomed and sexually exploited or wanting freedom and independence.

'Push' and 'Pull' factors can overlap, they may begin running away because of a 'push' factor, which may lead them to be drawn onto sexual exploitation.

However, it is important to be aware that Child Sexual Exploitation can happen to any child/young person or family.

4.3 Missing Children and young people

There are clear links between children and young people who go missing from home or care settings and CSE.

Assessing situations such as missing children goes beyond the simplicity of the actual event and needs a much more sophisticated approach. Agencies need to be mindful of the fact that the focus on the number of occasions where a child goes missing is not as important as why they go missing and the increased risks they face when they do. Any kind of assessment must take this view, and must look at any factors which may 'push' or 'pull' a child or young person into sexual exploitation. 'Push' factors are exactly what you'd expect - they're things that push a child away from home. They include not feeling accepted in the environment where children should be safe and happy. Family breakdown and arguments can generate 'pushing away', as can abuse, drug and alcohol misuse by family members, and new stepfamilies moving in.

The factors that 'pull' young people from home can include being pulled into an activity outside of their home. It can vary from staying out with peers, boyfriends or girlfriends, becoming involved in drugs and alcohol, being groomed and sexually exploited or wanting freedom and independence.

For some young people, they may begin running away because of a 'push' factor, such as abuse within their home. However, once they regularly run away they may become involved in sexual exploitation. Therefore 'push' and 'pull' factors can overlap.

Statistics show that a child associated with organised sexual exploitation can go missing between 100 – 200 times which indicate that interventions for these children

should be a high priority. There also needs to be some consideration for those children who have 'missing episodes'– occasions where their destination is known but for some reason they do not return, for example those children being looked after in residential care settings. When children have regular missing episodes, professionals must examine why this is happening and why they refuse to come back if this is the case.

4.4 Children Missing School/Education and link to Children at Risk of Sexual Exploitation

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Children missing education (CME) are at significant risk of CSE, underachieving, being victims of abuse, and becoming NEET (not in education, employment or training) later on in life. Hillingdon has robust procedures and policies in place to enable us to meet our duty in relation to these children, including provision of a named person that schools and other agencies can make referrals. Hillingdon undertakes regular reviews and evaluate our processes to ensure that these continue to be fit for purpose in identifying and dealing with CMEs in Hillingdon.

From June 2013, Ofsted has implemented a joint inspection for multi-agency arrangements for the protection of children which include CMEs. The arrangements in Hillingdon for managing CME include the monthly e-return from all schools and academies reporting children removed from roll, children on part time timetables, children attending less than 85%. These are then processed by Admin Tech support with the Participation Team Family Key Working Service, Early Intervention. Should any concerns be identified as a result of this identification and tracking process, the named Participation Officer for the school is required to undertake further investigation. In the event that CSE risks are identified, an Inter Agency Referral is completed by the Participation Officer or the school and submitted to Triage without delay. Children and Young People at risk of CSE but not actively being exploited may access a Key Worker for preventative or step down purposes through the Early Help and Team Around the Family process.

Hillingdon can use other duties and powers to support our work on CME. (Appendix 6 pg 42).

5. Key principles

The London Borough of Hillingdon Local Safeguarding Children Board makes a commitment to meet the diverse needs of all children and young people in relation to their health, relationships and emotional health and wellbeing.

The principles underpinning Hillingdon's multi-agency responses to the sexual exploitation of children and young people are:

- The primary concern of anyone who comes into contact with a child or young person who has been or is at risk of being sexually exploited must be to **safeguard** and **promote the welfare** of the child;

- It is important that the child or young person is assisted to **participate** as fully as possible in all decisions that are made in respect of them. Parents or carers should also be as fully involved as possible in the work.
- Children and young people do not make informed choices to enter or continue to be sexually exploited, but do so from coercion, enticement manipulation or desperation. They may have difficulty distinguishing between their own choices around sex and sexuality and the sexual activities into which they are being coerced. Their experiences and circumstances mean that they have **constrained choices**.
- Sexually exploited children and young people should be treated as **victims of abuse**.
- Children and young people should be enabled to make realistic choices and whenever possible be supported with effective provision for **“exiting”** from the circumstances where they are being sexually exploited.
- The professionals involved in making judgements on the levels or risk should be clear on **the basis of those judgements** and the sources of information and should make those assessments as part of a multi-agency approach.
- There should be equal importance given to the issues of **prevention, protection and prosecution**. Legal action should be taken against the perpetrators of sexual exploitation, but where prosecution is unlikely, disruption strategies should be employed.
- Where the police are considering criminal action against children and young people and the final decision rests with the police, they should consult with partner agencies through the CSE meetings to ensure that all alternative and appropriate actions have been considered for that child or young person in line with ensuring adherence to ACPO guidance in relation to not criminalising young people where possible.
- Professionals involved in working with children and young people subject to sexual exploitation will need to show **professional resilience** and be prepared to take a pro-active approach in engaging the child or young person as they do not always engage easily.

6. London Borough of Hillingdon Strategy and Approach

6.1 The Local CSE Strategy

The local CSE strategy involves a multi-agency approach to addressing CSE in London Borough of Hillingdon and consists of five key strategic objectives:

- Raise awareness of the issues within the workforce, community, independent, private and voluntary sectors
- Collect data to analyse prevalence and identify hot spots
- Prevent CSE by improving identification and assessment
- Respond, support and protect victims and those at risk

- Share information to enable the disruption and prosecution of perpetrators

6.1.1 Gathering information

Gathering information is vital as it helps to capture themes and patterns which can be used to develop practice and improve the lives of children and young people. But in order to gather information effectively all partner agencies need to understand the type of information, intelligence and evidence that can be useful, and the process for collating that information. London Borough of Hillingdon Safeguarding Board will collect data in relation to:

- missing children/young from home and care
- missing education
- Relevant offence data
- Relevant health data

6.1.2 Prevention, Protection and Prosecution

The need to target, prosecute and disrupt those sexual predators who are responsible for the grooming and exploitation of children and young people is paramount. Given the under reported nature of child sexual exploitation, it is crucial that young people, families and carers, professionals and the community share intelligence on perpetrators, no matter how insignificant the information may seem, to the authorities.

6.1.3 Prevent; Public Confidence and Awareness

Child Sexual exploitation takes place within our communities, it is important that we engage and raise awareness of those at risk of CSE to prevent children from becoming victims. It is critical to victim and public confidence that the multi agency partnership is reflected accurately through the media and other public facing communication methods.

6.1.4 Protect; Protecting, Supporting, Safeguarding Victims and Managing Risk

The absolute priority for the multi agency partnership is to identify and protect children and young people at risk of or subject of sexual exploitation and to safeguard, support and prevent them from further harm.

Vulnerable witness and victim strategy (Appendix 2 pg 28) is a working document which promotes working together between Police and Children's Social Care when a child sexual exploitation case is being investigated or prosecuted.

6.1.5 Prosecution; Pursue: Effective Investigations and Bringing offenders to Justice

Tackling offending behaviour is critical to the effective prevention of CSE and protection of victims; this will be delivered through professional investigation, effective identification and targeting of perpetrators (including potential perpetrators) and robust offender management.

A disruption letter (Appendix 3 pg 34) can be used where the Local Authority does NOT HAVE parental responsibility as to 'disrupt' suspected perpetrators of CSE. There should be written and informed consent from the person(s) with parental responsibility and from the young person, taking into account their capacity to give consent (Fraser Competence). Should a decision be made to send the letter without the consent of the young person, there will need to be a clear assessment of risk and what issues have been balanced in deciding to send the letter without obtaining the young person's consent. It is not possible to require/order people to do any actions if we are not able to enforce this, hence the language of request. If there is evidence that the person does present an immediate risk (i.e. has a risk to children status) other legal actions would be considered; for example Emergency Protection Order or Police Protection to ensure the young person is removed. Where the young person is subject to a Care Order, then again different legal actions can be applied, in terms of Recovery Orders (Sections 49-50 Children Act, 2004).

6.2 Training

Levels of training and awareness to be delivered (Appendix 8 Training Programme pg 91)

- General awareness
- Specific awareness
- E-learning
- Group training
- Hillingdon Top team briefing

6.3 The Child Sexual Exploitation Risk Assessment

The Child Sexual Exploitation Risk Assessment can be located in the Professionals Toolkit (Appendix 7 pg 44) which is accessible from London Borough of Hillingdon LSCB website. This Toolkit is available to all professionals as an aid to progress a referral where there is a concern of a child/young person at risk or being sexually exploited. This tool is to be used as an indicator to indentifying the warning signs of CSE and implement a multi agency response to a safeguarding plan. The plan should include support for the family/carers.

6.4 Role of Multi-Agency Partners in Identifying and Challenging CSE

Multi-Agency Partners come together from the statutory, voluntary, community and faith sectors. They should follow recognised principles to safeguard and protect the welfare of children and young people. Tackling Child Sexual Exploitation is one of the most important challenges facing safeguarding partnerships; the only way to tackle it effectively is through multi-agency working and a partnership approach. Our objective is to build on and strengthen existing partnerships and identify new partnerships (external and internal) to tackle Child Sexual Exploitation.

Identifying the early warning signs associated with CSE is vital in reinforcing these principles. To assist all front-line practitioners in identifying and remembering the signs, the mnemonic S.A.F.E.G.U.A.R.D. has been created and is shown at (Appendix 4 pg 36).

6.5 Multi-Agency Meetings

6.5.1 MAP Strategy - Multi-Agency Professionals Meetings (MAP)

These meetings will be convened by the lead agency, Children's Services, where there is a concern that a child/young person may be at risk or is suffering from child sexual exploitation. The Child Sexual Exploitation Lead/Manager will be informed of the meetings. The meeting will also include those professionals who are working with the individual victims to coordinate and deliver a child in need or child protection plan. The meeting will manage identified cases of CSE share all relevant information and agree a plan to safeguard the individual child to achieve a positive outcome. Cross borough strategy/MAP meetings for those children that are placed out of borough should also be established where required.

Children/young people identified in Risk Category **1** and low level **2** as confirmed with a team Manager and CSE Lead/Manager will be recorded in MAP/MASE meetings.

Children/young people identified in Risk Category high level **2** and **3** as confirmed with a team Manager and CSE Lead/Manager will be **discussed** in MAP/MASE meetings which take place calendar monthly.

The CSE lead in Children's Services should have an overview of these cases and feed trends into the Multi Agency Sexual Exploitation meeting. As part of Safeguarding in relation to CSE concerns the Risk Category of 1, 2 or 3 must be agreed and recorded must take place at the point of a MAP Strategy meeting (Appendix 5 pg 38)

6.5.2 Multi-Agency Sexual Exploitation Meetings (MASE) - Lead Agency - Police Service

It is recommended these meetings should be convened on a monthly basis. The MASE meeting should be chaired by the local Borough Police at a rank not below Inspector. There may be an agreement locally for the meeting to be jointly chaired by a manager from the local Children's Services. However, the chairperson must be

sufficiently experienced to ensure the meeting remains focused and at the appropriate level to hold agencies to account for activity. Police attendance should always be at a senior level (DI/DCI).

A MASE meeting is not designed to replace the guidance provided in the London LSCB procedures or any other referral and assessment process currently in place.

A MASE meeting should be the driver for agreeing the appropriate operational activity necessary to tackle CSE threats within each borough and across borough boundaries. It should be focused on safeguarding the victims, disrupting the perpetrators, targeting venues/locations, ensuring information is recorded and exchanged, linking in with other areas e.g. MARAC/MAPPA and providing information to inform problem profiles and the LSCB.

6.5.3 Multi-Agency Child Sexual Exploitation Sub-Group

London Borough of Hillingdon Safeguarding Board has established a multi-agency Child Sexual Exploitation sub-group group, which will include other appropriate areas of concern such as missing, trafficked, FGM, radicalisation and gang related children/young people to coordinate and monitor the delivery of an annual action plan with key partners from a number of key agencies including the Police, Children's Services, Education, Health, the voluntary sector and the Youth Offending Service. Its key functions are:

- Scope the scale of the problem within Hillingdon by collecting and monitoring local data
- Share responsibility among members for the coordination and delivery of the CSE action plan
- Report to LSCB on progress, highlighting any specific barriers or areas of risk with in implementing action plan
- Raise awareness of sexual exploitation, missing, trafficked and gang related children/young people within agencies and communities
- Encourage the reporting of concerns about sexual exploitation, missing, trafficked and gang related children/young people
- Support the identification of training and awareness needs
- Disseminate guidance and examples of good practice across sectors

This plan remains flexible to be able to meet local and national developments. The development of this plan includes the recommendations from a number of national reports and Serious Case Reviews including:-

- CSE ACPO action plan
- All Party Parliamentary Group (APPG) on missing children
- Report from the Children Commissioner Nov 2013
- SCR Rochdale published Dec 2013
- Other relevant Serious Case Reviews

6.6 Intelligence and Performance Monitoring

A performance framework is being implemented within The London Borough of Hillingdon in format which is standardised for the London region. This performance framework and progress of the partnership in Hillingdon will be governed and reviewed by the Hillingdon Safeguarding Children's Board annually.

The Group will take into account current and emerging guidance/research into the child sexual exploitation and its impact on children and ensure the Board and its members are aware of developments.

6.6 Governance

The Child Sexual Exploitation sub- group will meet twice a year in order to review and report to the LSCB annually.

The LSCB has a role and responsibility to have an oversight of safeguarding within the London Borough of Hillingdon. The action plan clearly directs their role and responsibility in terms of providing an annual for scrutiny by elected members. All agencies have a responsibility to fulfil their obligations in providing information to inform the annual report.



London Borough of Hillingdon CSE Action Plan

Key action areas	What we will do	How we will do it	Who will be responsible?	How we will know the action has been completed effectively	Timescale for completion	RAG
Prevention 1	Reduce the risk of CSE for children and young people in Hillingdon	Develop and implement a CSE Strategy and Action Plan which supports effective identification, assessment and intervention for children at risk of CSE.	Children's Social Care	CSE Strategy and Action Plan will be published on the LSCB website and Horizon. Multi-Agency CSE Audit The action plan will be reviewed and updated by the CSE Sub-Group and will report to the LSCB twice yearly to inform the LSCB Annual Report.	March 2015 Sept 2015 June 2015 and September 2015	
Page 35		Deliver a CSE training programme to all frontline workers in Hillingdon (social care, schools, health, residential units, HAVS), parents and foster carers.	All LSCB members and partner agencies	All frontline staff, have received CSE training and continue to access rolling programme of training and are clear about their role and CSE risk assessing. All foster carers have received CSE training. Review of training to be included in LSCB annual report.	September 2015	
3		Ensure that all agencies have a clear referral process and follow Child	All Board partners, board members to take individual	Audit findings and proposed actions will be reported to the MASE meetings and to the	June 2015	

		Protection procedures if there is a CSE concern.	responsibility for their agency.	LSCB for inclusion in the annual report.		
4	Develop a clear understanding of the nature and extent of CSE across Hillingdon.	<p>All agencies to record the number of CSE cases identified using the CSE Toolkit and Risk Assessment.</p> <p>Analyse intelligence to better understand the prevalence of CSE in Hillingdon, identify local hotspots, known perpetrators and gang associations.</p> <p>Mapping with Hillingdon schools</p>	All LSCB members and partner agencies	<p>Performance data and information sharing through MAP and MASE will support prevention and tracking of CSE in Hillingdon.</p> <p>Performance data will be provided to the LSCB for inclusion in the annual report</p>	June and September 2015	
5	Identify children/young people at risk of CSE and, where appropriate, include other concerns in the assessment, such as Missing, Trafficked, FGM, Gangs and Radicalisation. The CSE Toolkit should be used at the low level concern stage of the CSE risk assessment. If required,	All agencies to ensure that frontline workers in Hillingdon are aware of, and have access to, the CSE Toolkit. The CSE Toolkit should be used for all assessments	All Board partners, board members to take individual responsibility for their agency.	To be measured against agreed dataset.	CSE sub-group group to report to LSCB twice a year for inclusion into annual report.	

	make referral to the appropriate agency for intervention and support.					
6	All agencies to make referral to LADO where alleged perpetrator is an employee or a contractor with a board partner.	LADO to include data in monthly report to the Children's Safeguarding AD and collates data for annual report.	All Board partners, board members to take individual responsibility for their agency.	Findings will be recorded in the LSCB annual report.	30 April 2015	
Page 37	Engage with children and young people and raise awareness of CSE.	All agencies to develop strategies to engage children and young people in raising awareness. Recommendation to include CSE in PHSE.	All Board partners, board members to take individual responsibility for their agency.	Board partners report that this action is complete. LSCB to include in annual report.	September 2015	
8	Increased awareness of CSE targeting night time economy; accommodation providers, pharmacists, licensees to ensure that they can report instances of CSE when they are	Roll out of Operation Make Safe	All Board partners, board members to take individual responsibility for their agency.	Board partners report that this action is complete. LSCB to include in annual report.	September 2015	

	identified.					
9	Communicate directly with children, young people, parents and carers to ensure awareness of and access to relevant and approved information relating to CSE and where they can seek help and assistance.	Develop and publish a communications strategy that is accessible to all, and communicate it to children, young people, parents and carers.	CSE sub-group.	Feedback from children, young people, parents and carers of the effectiveness of the communications strategy.	May 2015	
Page 38	Protection 10 Any agency identifying a young person at risk of significant harm through CSE will follow the Child Protection Procedures in conjunction with LBH CSE Strategy and Pan London CSE Operating Protocol 2015. A CSE Risk Assessment will also be completed.	All agencies to ensure that frontline workers in Hillingdon are aware of, and have access to, the CSE Toolkit. The CSE Toolkit should be used when completing a CSE risk assessment.	All Board partners, board members to take individual responsibility for their agency.	Multi-agency audits to be carried out regularly	September 2015	
11	Ensure therapeutic support is available for children/young people who have been assessed as requiring it.	Ensure appropriate pathways are available for those children/young people identified as being at risk of CSE.	CSE sub- group.	Multi-agency audits to be carried out regularly.	September 2015	

12	Protect and support children/young people who have been sexually exploited where a prosecution is being considered.	Ensure that the Joint Police and Children's Social Care Vulnerable Witness and Victim Strategy are adhered to.	Board representative for Police and Social Care.	Joint Police and Children's Witness and Vulnerable Witness Strategy is reviewed annually.	March 2015	
13	Ensure that cross-border safeguarding is effective for children and young people at risk of CSE and other concerns, such as Missing, Trafficked, FGM, Gangs and Radicalisation.	All agencies to ensure that children placed out of borough, and those placed by other local authorities in Hillingdon, are assessed using the Runaway and Missing Persons Protocol.	All Board partners, board members to take individual responsibility for their agency.	Multi-agency audits to be carried out regularly.	September 2015	
14	All referrals should be completed in accordance with the guidance in the professional's toolkit.	All agencies will audit the quality and nature of the referrals	All Board partners, board members to take individual responsibility for their agency.	Multi-agency audits to be carried out regularly	September 2015	
Prosecution and Disruption 15	Ensure that children and young people who are victims of CSE and their families are supported throughout the Criminal Justice process to its conclusion and thereafter as required. This could	A Pre-Trial plan should be completed to include the provision of specific services as for victims, witnesses and their families.	Board representative for Police and Social Care.	Multi-agency debrief at end of the trial and learning from this to inform practice.	March 2015	

	include perpetrators					
16	All agencies to work in partnership when bringing a case to prosecution or during the trial.	Police and Children's Social Care will lead the multi-agency approach.	All Board partners, Board members to take individual responsibility for their agency.	Strategic Operation meetings will be held to meet the needs of the Criminal Justice process and victims. Safeguarding AD will report to LSCB and Comms Team.	March 2015	
17	Professionals will be briefed on what they can expect from the court process	A Senior Police Officer will arrange and deliver 1day mandatory training twice a year to professionals.	Police and CPS representative.	Feedback from the training will be shared with MASE and LSCB.		
18 Page 40	Disruption Plan - Utilize Ancillary Orders to maximize effect. The effective use of these orders will assist investigation, restrict and manage offenders and support victims.	Apply the below to support Criminal Justice outcomes: Section 2 Abduction Notices. Risk of Sexual Harm Orders. Sexual Offences Prevention Orders. Restraining Orders. Bail conditions.	Police	Police to provide a report twice a year to MASE and LSCB.		

19	Ensure that all agencies meet the duty of care to workers working with victims and perpetrators of CSE.	Ensure that lone working policy is embedded in Supervision. If required a addendum is added to the current lone working policy to ensure workers safety.	CSE sub-group.	All agencies to provide MASE with confirmation. Evidence to be collated by CSE tasking and finishing group and reported to LSCB twice annually.		
20	Learn from previous, current and future prosecutions.	CSE tasking and finishing group will disseminate information to all senior management, who will be expected to share with workers.	CSE sub-group. Senior Management from all agencies.	Senior management will confirm this action to the CSE tasking and finishing group. CSE tasking and finishing group will report to the LSCB twice annually.		
Page 41	Learn from previous, current and future prosecutions.	Ensure that offenders are prosecuted accurately using relevant CSE Sexual Offences Act (2003) in order to understand the level of risk Hillingdon.	Police/CPS	Police will provide a report to CSE tasking and finishing group.		

Appendix 1

Appendix I - Legislation

- § Rape of a child under 13 years - Section 5 Sexual Offences Act 2003
- § Assault of a child under 13 years by penetration - Section 6 Sexual Offences Act 2003.
- § Sexual assault of a child under 13 years - Section 7 Sexual Offences Act 2003.
- § Causing or inciting a child under 13 years to engage in sexual activity - Section 8 Sexual Offences Act 2003.
- § Sexual activity with a child - Section 9 Sexual Offences Act 2003.
- § Causing or inciting a child to engage in sexual activity - Section 10 Sexual Offences Act 2003.
- § Engaging in sexual activity in the presence of a child - Section 11 Sexual Offences Act 2003.
- § Causing a child to watch a sexual act - Section 12 Sexual Offences Act 2003.
- § Arranging or facilitating a child sex offence (child under 16) Section 14 Sexual Offences Act 2003
- § Meeting a child following sexual grooming (child under 16) Section 15 Sexual Offences Act 2003
- § Paying for sexual services of a child Section 47 Sexual Offences Act 2003
- § Causing or inciting child prostitution or pornography Section 48 Sexual Offences Act 2003
- § Controlling a child prostitute or a child involved in pornography Section 49 Sexual Offences Act 2003
- § Arranging or facilitating child prostitution or pornography Section 50 Sexual Offences Act 2003
- § Trafficking into, within or out of the UK for sexual exploitation Section 57,58,59 Sexual Offences Act 2003
- § Section 2 Child Abduction Act 1984 to be used as standard with all under 16s identified as missing with named perpetrator where an address is known.
- § Section 58 of the Sexual Offences Act 2003 must be used for all identified and trafficked under 18 year old children within the UK, and a referral made to the
- § National Referral Mechanism which is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support.

Appendix 2



Joint Police and Children Social Care Vulnerable Witness and Victim Strategy for use in Child Sexual Exploitation/Operations.

The joint Police and Social Work Vulnerable Witness and Victim Strategy is informed and governed by the following:

- 1. In 1991, the Government agreed to be bound by the United Nations' Convention on the Rights of the Child.** Article 3.1 states:
"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be the primary consideration"
- 2. Achieving Best Evidence in Criminal Proceedings.** Guidance on Interviewing Victims and Witnesses, and using Special Measures' ('ABE') describes good practice in interviewing witnesses to enable them to give their best evidence in criminal proceedings. The guidance includes information relation to the Code of Practice for Victims of Crime and the Witness Care Units. Witness Care Officers (WCOs) may find it useful to refer to the relevant sections of ABE.
- 3. Working Together to Safeguard Children 2013.** This sets out how individuals and organisations should work together to safeguard and promote the welfare of children. There is a clear role for the Police and the Crown Prosecution Service (CPS) in terms of Safeguarding Children.
- 4. Section 11 of the Children Act 2004.** Under this section the Police have statutory duties to safeguard and promote the welfare of children.
- 5. Children and Young People** is the public statement of the CPS commitment to work together with others to safeguard children. It brings together the principles of the Code of Practice of Victims of Crime, the Prosecutors Pledge and applies them to children. The statement is available from the CPS website.

6. **Safeguarding Children - Guidance on children as victims and witnesses'** provides detailed practical and legal guidance about cases involving children and young people as victims and witnesses. The guidance is available from the CPS website.

PURPOSE

- The first and guiding priority for the Joint Police and Social Work team is to safeguard and promote Children and Young People's welfare and, if in their best interest, facilitate the access to Justice. This will be through S47 investigations, strategy meetings and on-going assessment of risk.
- The second priority is to engage/re-engage with all victims and if appropriate with their families/carers and start to build or establish rapport and the trust of the Young People and Children. Many of the identified Young People and Children are known to Social Care Services and may feel mistrustful of interventions.
- This, together with lessons learned from other similar operations, is likely to be one of the most challenging phase of the investigation. Many victims do not and will not initially recognize they are been exploited.
- In most cases, victims have been the subject of a complex and sophisticated grooming process. This, together with gifts and threats of violence has secured their compliance with the abuser/s which will impact on their ability and willingness to engage with the investigation until trust and rapport is established.
- The third priority is to achieve best evidence with the aim of successfully identifying and prosecuting where possible those responsible for Child Sexual Exploitation (CSE). This ultimately protects the identified Victims, Children and Young People involved with the investigation and those in the wider community including future victims.
- Whilst it is recognised and can be seen in other Operations of this nature more than one ABE interview may be needed, it must be borne in mind that the number of repeat evidential interviews must be kept to a minimum. This can be distressing for the victim /vulnerable witness and will assist in minimizing opportunities for possible challenge during the Court Proceedings which could result in the undermining of the witnesses credibility.

METHOD

- This is an investigation in which the witness testimony will be absolutely pivotal due to a distinct lack of scientific evidence therefore proper and considered planning should include all agency checks, victim profiles and intelligence must be made available and shared with the interview pair. Planning and preparation is vital.

- Victim profiles, S47 strategy meeting and full agency checks will be gathered where possible before any interview is planned or carried out.
- A full victimology profile will be completed on each victim. This will include all information held by police and social care, intelligence and information gleaned from visits and contacts with the individuals. Identifying the vulnerabilities of each child and being mindful that self esteem and self awareness is key to prevent ongoing exploitation of children, the victimology reports will be used to inform individual care and support packages. These packages will be jointly agreed between police and social care.
- All interviews will be carried out jointly by Police and Social Workers. The guiding principles of ABE must be adhered to. This includes planning and preparation before the interview. Victim/vulnerable witness care throughout the interview stage and sufficient consideration given to the aftercare/ongoing safeguarding needs of the victims/vulnerable witness.
- Every endeavor should be made to identify and match interviewer's skills and professional profiles to that of the interviewee and that the same interview pair should insofar as is possible maintain ownership and 'responsibility' for that Young Person/Victim including any ongoing contact, support and safeguarding needs.
- In identifying interview teams it is vital that (at least) one of the team is accredited to Tier 2 ABE interviewing witness standard so that, irrespective of who leads the interview, there is an overview to ensure compliance with the evidential requirements specified in ABE 2011.
- Whilst it can be argued that most of the victims will meet the requirements for special measures 'video evidence in chief', it is not an automatic right, nor is it always the best way (or the victims preferred way) to present their evidence. Victims should be assessed and categorized on a case-by-case basis. Officers must use the witness assessment forms and comply with the 5 step opt out process.
- If capturing visually recorded evidence please ensure familiarity and compliance with the August 2010 Association of Chief Police Officers (ACPO) guidelines. Where possible all equipment should be checked the day before the planned interview. The location of the ABE interview must be given due consideration with the victim/vulnerable witness needs in mind.
- The 'consent' issue is highly likely to prove key to the investigation and MUST be explored in detail. It is important to recognise that in most cases the complex nature of Child Sexual Exploitation, environmental factors and emotional difficulties need to be taken in to account. The vulnerabilities and needs of victims will be high and these need to be considered at every stage of the investigation.
- It should be explained to the victims that they are not the only victim at the hands of this circle of abusers, that there are other victims. It is clearly inappropriate that they are contaminated by specific knowledge of other cases (albeit they already have some mutual knowledge due to the manner of their abuse), but it is vital that they understand they are not alone, that testimony of all may be mutually corroborative. It

has been all too easy in the past to write victims of CSE as unreliable in isolation, therefore it is vital that accounts, testimony obtained from Victims and witnesses are evaluated as a collective and be given every reassurance that they will be supported.

- Interviewers need to be quite clear that, providing every effort is made to ensure the forensic robustness of victim interviewing, it is perfectly appropriate that the interviewee should be asked specific closed questions to ascertain if any offences are identified. If as a result, offences are identified the interviewers should then move back into open questioning to enable details of the offense to be explored further. Leading questions must be avoided at all costs.
- All hearsay evidence should likewise be explored in an appropriate fashion, as should the topic of 'intimidation' and victim impact. Interviews must be conducted bearing in mind the presentation and the future needs of the court and judiciary. The potential value and importance of seemingly trivial pieces of evidence and information should not be underestimated in CSE cases.
- Other witness 'categories', assessment should be made on a case-by-case basis, considering, for example, the use of portable digital recorders as the enquiry progresses. Similarly, there may be occasions when it is appropriate to audio record interviews with professional witnesses.
- Where a witness has been deemed 'key' to the enquiry, and their interview recorded, and it is proposed to adduce that evidence by way of written statement, a timely ABE Interview should be produced to aid expedient decision making by Senior Investigating Officer (SIO) and CPS .
- Evidence, no matter how seemingly trivial or insignificant, has the potential to be of immense corroborative value and must be treated as such
- A full debrief after the ABE interview by the interviewing "team" should be held as soon after the interview as is possible. This will primarily be to ensure all risk and safeguarding needs are considered and further lines of enquiry identified and reported.

LOCATION

- Consider use of portable equipment such as video and audio, if appropriate, and consider the location of the interview. It may be better to carry out the interview at a less formal location than the police video interview suite; this may encourage a more relaxed and open disclosure by the victim or witness. It is essential that any portable equipment used is checked to ensure it is in good working order before the day of the interview if possible.

RECORDS

Police

- Every victim, historic or yet to be identified, should have a specific and unique casebook opened up in their name.
- Casebooks should be regularly updated with every contact and detailed records kept of all interactions between the victim and the enquiry team. All receipts of any purchase made for the comfort or welfare of the victim must be retained. There is no necessity to seek signatures off the interviewees; it is the officer's record.
- An ABE interview of EVERY vulnerable victim/witness interview MUST be completed in every case in order to facilitate timely Senior Investigating Officer and CPS decision-making. It remains the responsibility of CPS to supply full transcripts of video evidence in chief interviews unless the SIO orders full transcripts for investigation purposes (unnecessary if ROVI is of sufficient quality), our responsibility is to (jointly with CPS) determine editing requirements and consider CPIA, disclosure.

Social Workers

All Victims and or Vulnerable Witness electronic case records will have restricted access. All records, assessments reports and correspondence will be recorded and stored using the Local Authority record keeping policies and assessment guidelines.

All note books will be securely stored and kept even after transfer to electronic records. These must be in date order and comply with record keeping standards. These are compellable in any criminal and private proceedings and must be written with this in mind. All completed notebooks must be dated, signed and stored centrally.

Appendix 3

Appendix 3

An Example of Disruption Letter to Known or Alleged Perpetrator/s

Issues to consider when using this template letter.

- This letter applies when the local authority does NOT have parental responsibility.
- There should be written and informed consent from the person(s) with parental responsibility and from the young person, taking into account their capacity to give consent (Fraser Competence).
- Should a decision be made to send the letter without the consent of the young person, there will need to be a clear assessment of risk and what issues have been balanced in deciding to send the letter without obtaining the young person's consent.
- We cannot require/order people to do any actions if we are not able to enforce this, hence the language of request. If we do have evidence that the person does present an immediate risk (i.e. has a risk to children status) we should be looking to other legal actions; for example Emergency Protection Order or Police Protection to ensure the young person is removed.
- We have to be clear what we can enforce through our civil and legal responsibilities and what the Police can enforce through criminal action; hence stating we will refer to the Police and the act under which they will consider any action.
- Where we have put that the person should contact the Police, we need to be confident that the Police will act appropriately on that contact.
- Where the young person is subject to a Care Order, then again different legal actions can be applied, in terms of Recovery Orders (Sections 49-50 Children Act, 2004).

To Whom It May Concern:

The young person named above is under 16 years of age and s/he and their family are being supported by the The London Borough of Hillingdon Children's Social Care. We are working closely with the family to reduce any episodes of running away and prevent any risk to him/her from known or unknown persons.

His/her parent(s)/carers do not wish him/her to have contact with you; this position is supported by the agencies working with the family. The purpose of this letter is to request that you do not contact or associate with (*name of child*) again. If s/he turns up at your address we would request that you ask him/her to leave and if s/he refuses, please call the Police on 101 to report the situation.

If you do not comply with this request, we will refer the matter to the Police who will consider taking action against you under Section 2, Child Abduction Act 1984.

Yours sincerely,

Appendix 4

CSE Warning Signs

Often children and young people who are victims of sexual exploitation do not recognise that they are being abused. There are a number of warning signs that can indicate a child may be being groomed for sexual exploitation and behaviours that can indicate that a child is being sexually exploited. To assist you in remembering and assessing these signs and behaviours we have created the mnemonic 'SAFEGUARD'.



Sexual health and behaviour

Evidence of sexually transmitted infections, pregnancy and termination; inappropriate sexualised behaviour



Absent from school or repeatedly running away

Evidence of truancy or periods of being missing from home or care



Familial abuse and/or problems at home

Familial sexual abuse, physical abuse, emotional abuse, neglect, as well as risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation



Emotional and physical condition

Thoughts of, or attempted, suicide or self-harming; low self-esteem or self-confidence; problems relating to sexual orientation; learning difficulties or poor mental health; unexplained injuries or changes in physical appearance identify



Gangs, older age groups and involvement in crime

Involvement in crime; direct involvement with gang members or living in a gang-afflicted community; involvement with older individuals or lacking friends from the same age group; contact with other individuals who are sexually exploited



Use of technology and sexual bullying

Evidence of 'sexting', sexualised communication on-line or problematic use of the internet and social networking sites



Alcohol and drug misuse

Problematic substance use



Receipt of unexplained gifts or money

Unexplained finances, including phone credit, clothes and money



Distrust of authority figures

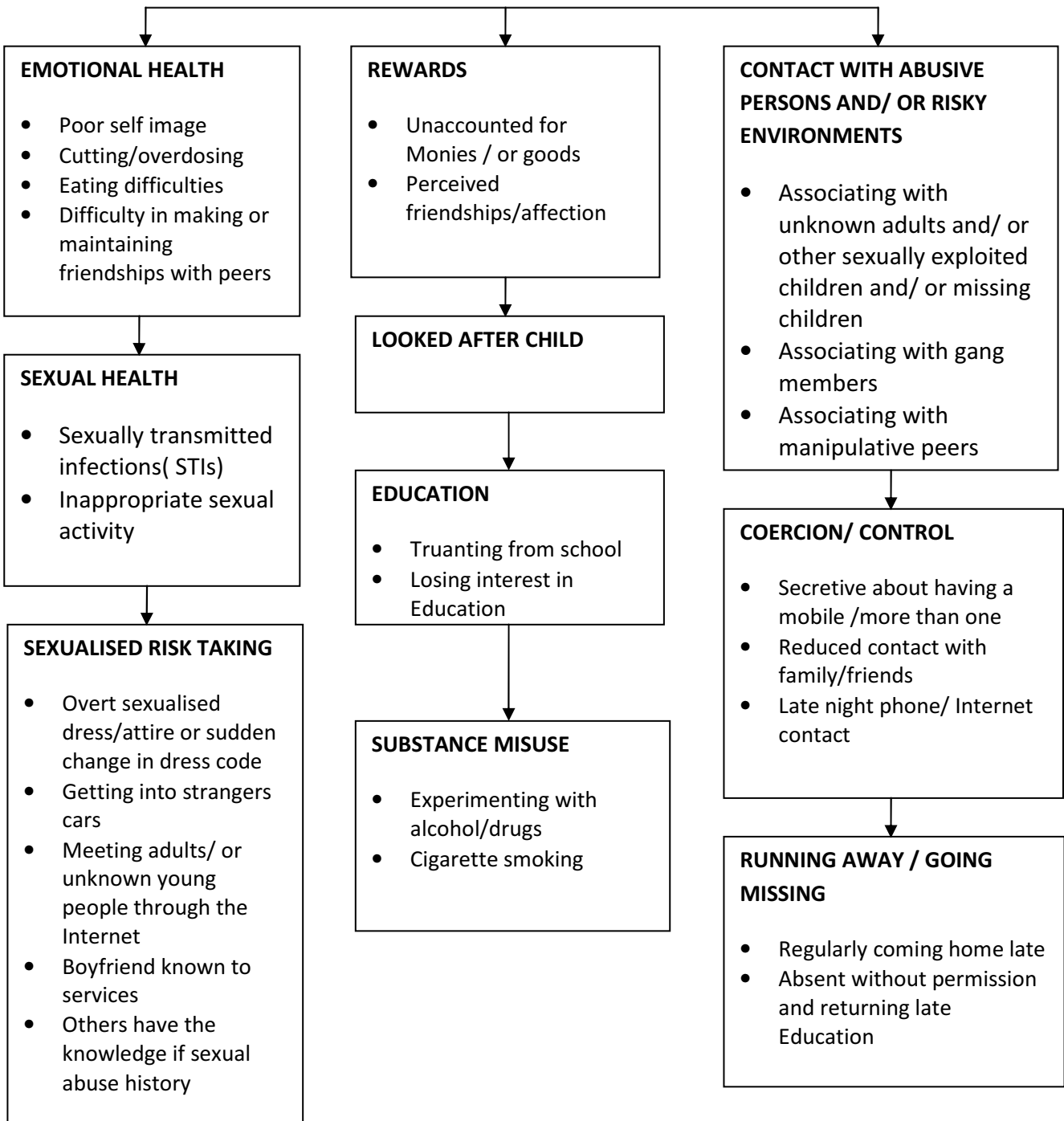
Resistance to communicating with parents, carers, teachers, social services, health, police and others

Appendix 5

**Category 1 - Risk Assessment Framework for Safeguarding Children
Abused Through Sexual Exploitation**

Police Category 1
A vulnerable child or young person, where there are concerns they are being targeted and groomed and where any vulnerability factors have been identified. However, at this stage there is no evidence of any offences

POSSIBLE INDICATORS



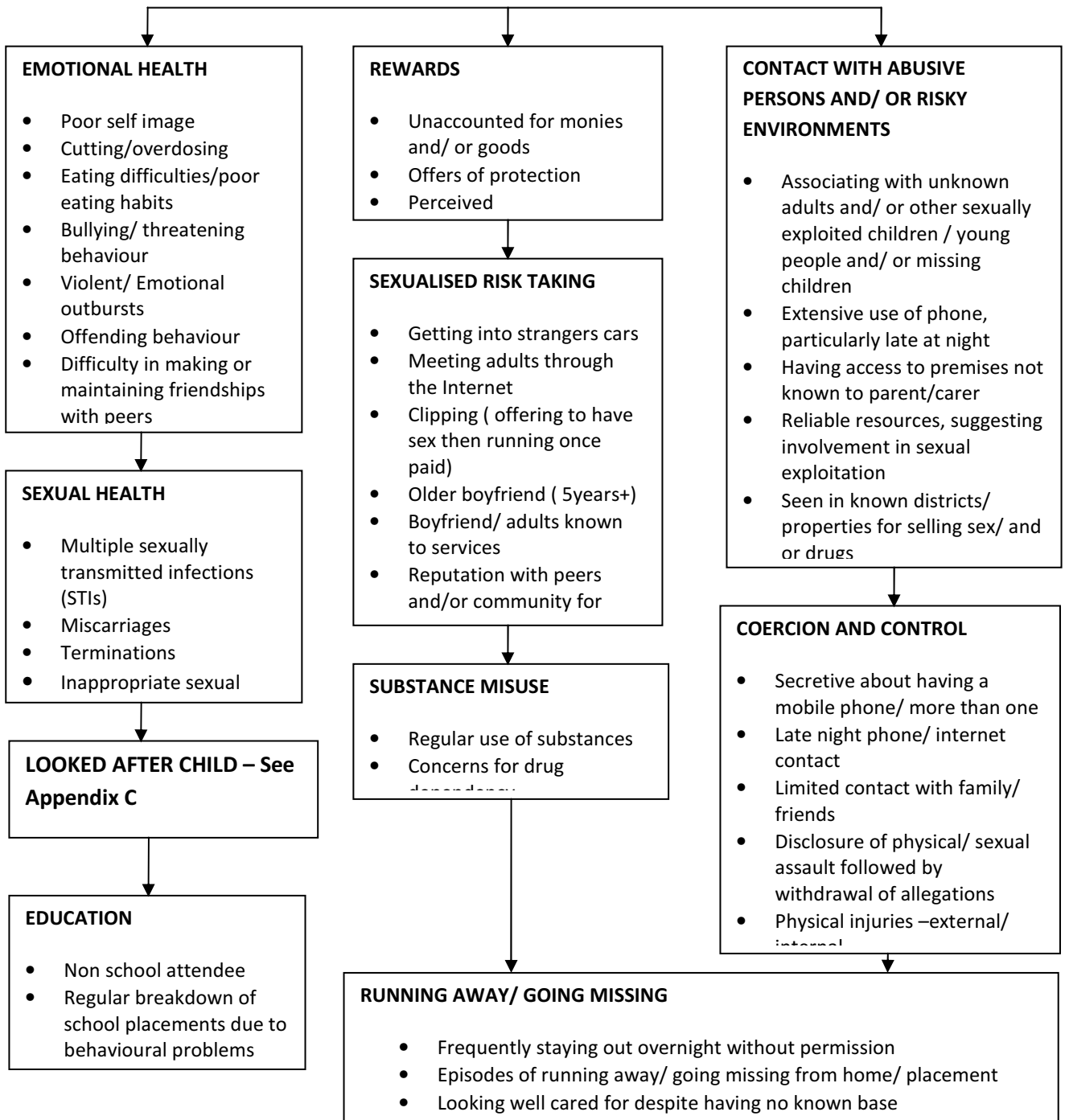
Category 2 - Risk Assessment Framework for Safeguarding Children

Abused Through Sexual Exploitation

Police Category 2

Evidence a child or young person is being targeted for opportunistic abuse through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc. The likelihood of coercions and control is significant.

POSSIBLE INDICATORS

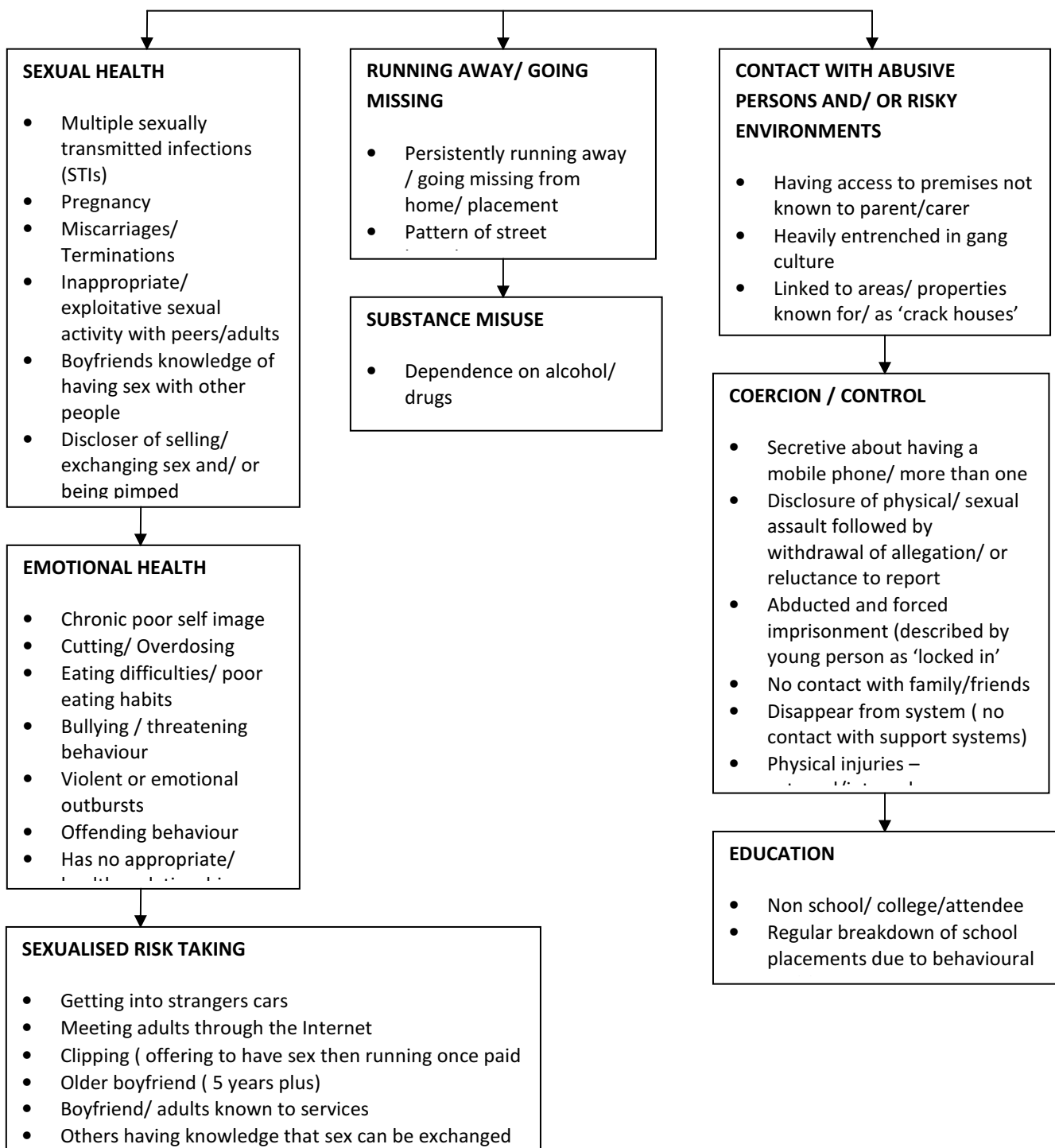


Category 3 - Risk Assessment Framework for Safeguarding Children Abused Through Sexual Exploitation

Police Category 3

A child or young person whose sexual exploitation is habitual, often self denied and where coercion/ control is implicit

POSSIBLE INDICATORS



Appendix 6

Appendix 6:

Other Duties and Powers Hillingdon can utilise to support work with Children Missing from Education include:

- Providing suitable full-time⁸ education to permanently excluded pupils from the sixth school day of exclusion
- Safeguarding children's welfare, and their duty to cooperate with other agencies in ensuring children's safety
- Serving notice on parents requiring them to satisfy the LA that their child is receiving suitable education when it comes to the local authority's attention that a child might not be receiving such education
- Issuing School Attendance Orders (SAOs) on parents who fail to satisfy the local authority that their child is receiving suitable education, and in the opinion of the authority it is appropriate that the child should attend school
- Prosecuting parents that do not comply with an SAO
- Prosecuting or fining parents who fail to ensure their school-registered child attends school regularly
- Applying to court for an Education Supervision Order for a child

The legislation pertaining to Children Missing from Education is to:-

Section 436A of the Education Act 1996 (added by section 4 of the Education and Inspections Act 2006).

Appendix 7

Professionals Toolkit

Version 1 (March 2015)

Identifying and responding to
Child Sexual Exploitation

Welcome

Page 62

To the Professionals Toolkit

This toolkit should be used by **anyone** who works with children and young people in London of Hillingdon.

You should use this toolkit when:

- **You want to know more about how to identify and respond to sexual exploitation**
- **You need advice to make decisions about responding to suspected exploitation**
- **You need advice to take action to get specialist help for a young person**

Contents

Section 1 | Introducing Sexual Exploitation

Guidance on what sexual exploitation is and what it looks like

Section 2 | Assessing Risk

How to assess and refer young people using the assessment tool

Section 3 | Useful Contacts

Directory of useful contacts for professionals, parents and young people

Section 4 | Appendix

Vulnerabilities Checklist & Children's Social Care Referral Pathway

Section One

Introducing Sexual Exploitation

1. What is child sexual exploitation?

Sexual exploitation is a form of sexual abuse and should be responded to by professionals with the same seriousness when dealing with other forms of sexual abuse. This means that where there is harm or a concern of harm to a child or young person resulting from sexual exploitation child protection procedures must be followed to make a referral to Children's Services.

The Government's definition of sexual exploitation is as follows:

"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". (DfE, 2009)

1.2 Some types of sexual exploitation

Grooming

The perpetrators of sexual exploitation are often well organised and use sophisticated tactics. They are known to target areas where children and young people might gather without much adult supervision, such as shopping centres, cafes, takeaways, pubs, sports centres, cinemas, bus or train stations, local parks, playgrounds and taxi ranks, or sites on the internet used by children and young people. The process of grooming may also take place in adult venues such as pubs and clubs. In some cases perpetrators are known to use younger men, women, boys or girls to build initial relationships and introduce them to others in their networks. Children and young people can then be groomed into 'party' lifestyles where they go to houses/flats with numerous men and other young women. These 'parties' often introduce children and young people to alcohol and drugs and offer a space to 'chill'.

Power-Control Relationship

Children and young people are often sexually exploited by 'boyfriends' or people with whom they feel they have a relationship, however they can also be sexually exploited by those they do not know. Whether they are boyfriend or not, the perpetrator will always hold some kind of power over the victim. This power increases the dependence of the victim as the exploitative relationship develops. Other perpetrators will include friends, peers and friends of older siblings. In some cases, perpetrators may target young people through their parents or carers, by providing drugs, alcohol or money to the parents or carers. This can often mean that the parents or carers approve of the perpetrator as a potential boyfriend or girlfriend as they are trusted and needed by the family.

Levels of Coercion

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying (including cyber bullying), and grooming for sexual activity. This may lead to the young person believing that they have consented to sexual activity whereas a genuine consensual relationship should be built on mutual respect and trust between young people of a similar age and a similar physical and emotional maturity.

Use of Technology

Technology is likely to play a part in sexual exploitation. This could involve the victim being deceived into sharing moving or still sexual images which are then used to intimidate, threaten and coerce the victim further to share more images or to meet face-to-face for sexual purposes.

Boys & Young Men

Professionals should be aware that both men and women have been known to be perpetrators of sexual exploitation. Young men may be groomed through 'casual' social relationships formed at common meeting places with perpetrators introducing them to a 'macho' lifestyle of cafes/bars/arcades, etc. This may develop into socialising and making money from criminal activities such as shoplifting or car theft and be linked to other risky behaviours such as drinking and smoking. Many young men and boys who are being exploited will be secretive or ambiguous about their actual sexual orientation.

Victims of Exploitation

Children and young people, who are themselves the victims of exploitation, may introduce other young people to their abusers. This may not be a deliberate attempt to groom others into sexual exploitation, but rather a way of ensuring that their abuser's attention is deflected away from themselves. These children

and young people are themselves victims and should not be prosecuted except as a last resort when other interventions have failed and there is an absolute need to protect others.

Professionals should be alert to organised familial abuse or abuse within closed community groups. This may include trafficking of children into, within and out of the UK.

1.3 Which young people are most at risk of sexual exploitation?

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. However, research shows us that some groups are particularly vulnerable, these include children and young people;

- Who have a history of running away or of going missing from care or home
- With special educational needs
- Leaving residential and foster care
- Who are migrants
- Who are unaccompanied asylum seekers, who may be particularly vulnerable to being coerced / trafficked into prostitution
- With persistent school absence
- Who have disengaged from education, or have been excluded
- Who are abusing drugs and alcohol, and those involved in gangs;
- Who have previously been sexually abused at home, and/or are living with domestic violence
- Who are being looked after by the local authority or are care leavers
- Who are homeless
- Who are isolated from peers and/or are being bullied at school;
- Who are estranged from their families
- Who lack self-esteem
- Who self harm

- Who have no financial support
- Who have a past history of sexual or physical abuse
- Who may have attempted suicide
- Who are young men unsure of their sexuality

Practice and research have identified that children, particularly girls who are involved in sexual exploitation or prostitution, have frequently been coerced into this by an older man, who poses as, and who they view as their boyfriend. They are, therefore, physically and emotionally dependent upon him and this may be reinforced by the use of alcohol and drugs.

Children and young people do not make informed choices to enter or remain in situations in which they are sexually exploited. They do so from coercion, enticement, manipulation or desperation, because they can see no alternatives.

1.4 What are the potential signs of Sexual Exploitation for me to look out for?

Anyone who has regular contact with children and young people is well placed to notice changes in behaviour and physical signs which may indicate involvement in sexual exploitation. They should also be able to recognise where children and young people are vulnerable to being sexually exploited.

The indicators below are recognised as factors linked to child sexual exploitation, many of which feature in the CSE Assessment Tool (see Section 2). This is not an exhaustive list and the presence of any of the indicators should not be taken as proof of involvement or as predictive of future involvement in sexual exploitation.

The presence of any of these indicators should give rise to considering whether an assessment of the child is required to determine their needs and whether they are or are likely to be suffering harm. All assessments and referrals should be carried out in line with local Child Protection and Safeguarding Procedures.

- **Physical symptoms:** for example, sexually transmitted infections, or bruising suggestive of physical or sexual assault
- **Prostitution:** Reports from reliable sources, suggesting involvement in prostitution
- **Crime;** involved in petty theft from shops

- **Multiple older partners:** Repeatedly consorting with unknown adults by phone or internet outside of the usual range of social or family contacts and/or other children known to be involved in prostitution
- **Unexplained income:** Accounts of social activities with no plausible explanation of the source of necessary income
- **Acquisition of expensive items:** clothes/mobile phones/other expensive possessions without plausible explanation
- **Money:** Possession of large amounts of money without plausible explanation
- **Poor family relationships:** hostility in relationship with parents/carers and other family members
- **Staying Out all night:** Frequent reports of staying out overnight
- **Missing:** Episodes of running away/going missing
- **Persistent absconding:** from placement, or late return without plausible explanation
- **Returning from running away/going missing:** looking well cared for, despite having no known base
- **Unusually long absconding:** from placement with no known base
- **Pattern of street homelessness**
- **Having keys to other premises** other than those known about
- **Absence from school:** Persistent unexplained absence from school
- **History of sexual abuse**
- **History of neglectful and/or emotionally abusive care**
- **Substance misuse:** regular drug or alcohol misuse affecting the young person's ability to function
- **Despair/self-harm:** including statements of intent to harm self, severe sleep disturbance, self-harming through cutting or overdose, eating disorder, intensive acting out, including promiscuity
- **Volatile, aggressive behaviour:** risk taking behaviour that makes the young person vulnerable and puts others at risk

Sexual exploitation is often linked to other issues in the life of a child or young person, or in the wider community context. For this reason, it should not be regarded as an isolated issue. Sexual exploitation also has links to other types of crime. These include:

- Child trafficking (into, out of and within the UK)
- Domestic violence
- Sexual violence in intimate relationships
- Grooming (both online and offline)
- Abusive images of children and their distribution (organised abuse)
- Organised sexual abuse of children
- Drugs-related offences (dealing, consuming and cultivating)
- Gang-related activity
- Immigration-related offences
- Domestic servitude

Sexual exploitation also has links to other factors likely to affect the welfare of children and young people including:

- Running away from home and going missing
- Drug and alcohol misuse
- Sexual health
- Sexually risky behaviour
- Bullying
- Domestic servitude, neglect and violence
- Teenage pregnancy
- Long-term sexual, physical and psychological harm
- Forced marriage
- Self-harm and suicide

1.5 What are the issues facing professionals working with suspected/actual victims of CSE?

Resistance

You should provide prompt, decisive and effective responses when you identify that a child or young person could be at risk of sexual exploitation.

However, it is the experience of projects across the country that it can be very difficult to engage children and young people in this situation. It can take six months or longer for a child or young person to become engaged. In some cases it never happens, but children should not be labelled as hard to reach; efforts must be made to reach out to these children and young people, rather than expecting them to voluntarily come to services. For example, their resistance may arise from thinking that they do not want or need protection from sexual exploitation as perpetrators groom their victims so that they are compliant to being sexually exploited and are frightened to report their abuse.

Challenging

Children and young people who are at risk of sexual exploitation or who are being sexually exploited may display highly complex and challenging behaviours. They may appear abusive and anti-social and may become involved in bullying and exploitative activities towards others. These behaviours may mean that professionals experience difficulty in recognising the young people's vulnerability and in responding to it.

Anxiety

Many things can get in the way of raising the issue with both boys and girls we are working with. Not least, our own anxiety about how this will affect the client/worker relationship; particularly if the young person reacts badly to any suggestion of sexual exploitation (whether this is or isn't an issue for them). Workers may also feel that, if disclosure is made, then they do not have the awareness or knowledge about the subject to be able to support a young person after disclosure is made.

1.6 How can I be effective in supporting suspected/actual victims of CSE?

Research by The University of Bedfordshire highlights that children and young people found the following approach most effective in the relationship with professionals:

Respect for a young person

Research found that the core of good practice is recognising that a child or young person needs and deserves help and support to safeguard them from abuse, and to move on from that abuse. Children and young people need to be recognised as an individual and not as a sexual exploitation 'case' coupled with a strong belief that the young person can and should have a better life.

Gaining Trust & Confidence

Gaining the child or young person's trust and confidence is important if he or she is to be safeguarded from harm and enabled to escape from sexual exploitation. Often the process of engaging with children who are being sexually exploited can be difficult and lengthy and it can take time for professionals to build up trust and overcome their resistance to being helped and supported to exit the abusive situation.

Recording Information

Follow internal reporting and recording procedures to record information about young people at risk of sexual exploitation, raise concerns in your supervision, and in accordance with information sharing guidelines contact other agencies that may be working with the young person.

Ensure that recording is factual and evidenced based. If recording opinion state "in my profession opinion....."

Sharing Information

The early sharing of information is seen as key to providing effective early help where there are emerging problems. At times, other agencies may be holding information that's crucial to determining the level of risk a young person is facing.

Multi-agency approach

All professionals working with children and young people have a responsibility to identify the symptoms and triggers of sexual exploitation, to share that information and work together to provide children and young people with the help they need. A coordinated multi-agency response is seen as crucial to effectively identify, assess and safeguard a young person being sexually exploited. There are also a number of national organisations that will support you – please see Section 3 of this toolkit for further information.

Pace & Space

For young people this means professionals investing in the time required to allow them to work at their own pace. It also means providing a space to work in which they feel both comfortable and safe. Ensuring that services are accessible is particularly important for those groups that, at present, are not widely accessing specialist services including boys and young men, young people from BME communities and young people with disabilities;

Judging the response to wider issues

For young people there may be any number of practical issues that need to be addressed if the sexual exploitation is to be tackled. But there is a balance to be struck between addressing their needs and over-burdening young people with services. It is important to assess what is of most concern, what is at the crux of their problems, and to focus on those issues.

Communication

Consider barriers to effective communication e.g. language, learning disabilities, sight or hearing impairments. When talking about sex, consider the language/terms used; are they age appropriate and clear? Check out your own understandings rather than make assumptions about what you are hearing. Our body language can also give away any feelings of awkwardness, embarrassment etc. that we may feel. Also, we may believe that we are taking a non-judgemental and supportive stance but our body language can communicate the opposite. Give positive cues that we are interested and listening—good eye contact, nodding etc.

Looking After Yourself

Working with young people at risk of sexual exploitation can be tough and challenging. You should therefore always ensure that you get the right level of guidance and supervision from your line manager so that you feel supported and confident that you are working effectively and doing your best to support the young person.

Section Two

Assessing Risk

2.1 How do I go about using the assessment tool?

When to use this assessment tool

The UK Government 's Tackling Child Sexual Exploitation: Action Plan (2011), along with the local CSE action Plan 2013-14 emphasizes the need and importance for continued data monitoring to assess the nature and prevalence of Child Sexual Exploitation in Hillingdon.

It is hoped that the tool will be useful to all agencies, both statutory and voluntary, who are engaged in work with vulnerable young people at risk of child sexual exploitation. This tool should therefore be used regularly in response to:

- a) Whenever there is reason to suspect that a child is being, or is vulnerable to being, sexually exploited (please see Appendix for Checklist).
- b) When the London Borough of Hillingdon Children's Safeguarding Board requests an audit of suspected or actual cases of CSE in your service.

How to use this assessment tool

- 1) This assessment tool can be completed by accessing LBH LSCB website. The completed risk assessment, including the CSE analysis should be attached to a referral to CSC , discussed as part of a multi-agency meeting, recorded in child/young person's case file.
- 2) This tool is not intended to be used directly with the child who is the subject of concern. It is for use by those working with children who should answer the questions based on information known to them or acquired from other relevant workers.
- 3) Where a question cannot be answered directly by the worker completing the tool, consideration should be given to contacting other workers involved with the child.
- 4) Questions can be left unanswered when the information is not known to the worker completing the tool and where they feel it inappropriate to contact another worker. It should be noted, however, that the tool is less reliable when questions are left unanswered.
- 5) In Section 2, this assessment categorises the risk of CSE in three levels – low, medium and high. To assess the level of risk, where a risk factor is present a discussion with a Team Manager and CSE Prevention Manager should take place to agree the level of Risk before progressing.

2.2 Do I need the consent of the young person to make an assessment?

You do not need to have the agreement of the young person to complete the assessment form.

2.3 Do I need the consent of the young person to share the assessment?

In deciding whether there is a need to share information, professionals need to consider their legal obligations, including whether they have a duty of confidentiality to the child. Where there is such a duty, the professional may lawfully share information if the child consents or if there is a public interest of sufficient force. This must be judged by the professional on the facts of each case. Where there is a clear risk of significant harm to a child, or serious harm to adults, the public interest test will almost certainly be satisfied. However, there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.

2.4 Do I need to involve parents and carers in this assessment?

It is vital that professionals recognise the key role that parents and carers can play; Parents and carers are most likely to be the first to be aware of a change in a young person which may give cause for concern and generally know the young person better than anyone else, being a crucial source of understanding of the exploitative situation and the young person's needs.

It is equally important to recognise that sexual exploitation can be very difficult for parents and carers to deal with, and places enormous strain on the family or carers. They need help to support their children and to keep them safe, and to enable them to cope. In all cases parents should be encouraged to access specialist support services (see Section 3: Useful Contacts for further information).

Hillingdon Safeguarding Children's Board

Child Sexual Exploitation (CSE) Monitoring & Assessment Tool

Section 1: Child (Victim), Perpetrator & Agency Information

Page 78

A. Personal Information	
Client	
Client's Name	
Gender	
Date of Birth	
Address	
Postcode	
Ethnicity (see adjacent table for codes)	
Disability (if known, please specify)	
Perpetrator	
Perpetrators' Name/s (if known)	

Ethnicity (if known)	
Age/s of Perpetrators (actual/estimate)	
Agency	
Worker's Name	
Agency Name	
Address	
Phone / Email	
Does the client have a social worker?	
Date form completed	

CODE	DESCRIPTION
W2	White British
W9	White Irish
M1	Any other white background
M2	White and Black Caribbean
M3	White and Black African
M9	White and Asian
A1	Any other mixed background
A2	Indian
A3	Pakistani
A9	Bangladeshi

B1	Chinese
B2	Any other Asian background
B9	Caribbean
01	African
02	Any other black background
03	Arab
04	Any other ethnic background
05	Not Known / Prefer not to say

B. Looked After Status			
Lives with family, no experience of care		Young person is looked after: foster family	
Lives with family members, previous experience or care		Young person is looked after: residential unit	
Care Leaver		Young person is in Secure/Custody	
Supported Accommodation		Independent/Co-habiting	
Hostel/Bed & Breakfast		Other (please state)	

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C. Education/Training/Employment Status

At school (full-time)		Temporary Exclusion	
At School (part-time table)		Permanent Exclusion	
At College (full-time)		Not on school roll	
At College (part-time table)		Vocational Training	
Pupil Referral Unit		No longer in education	
Other (please state)		In employment	

D. Basis of CSE Concerns

Disclosure of exploitation		Going missing	
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Incident or suspected incident of sexual exploitation		Breakdown in communication with carers	
Concerns about relationship with older male/female		Unexplained money or items	
Alcohol/drug use		Changed behaviour	
Peers involved in prostitution		Other (please state)	

E. Actual/Suspected Perpetrator of CSE

Older boyfriend/girlfriend		Group of young people	
Peer boyfriend/girlfriend		Relative/s	
Single Adult		Unknown	
Group of Adults		Other (please state)	
Single young person			

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F. Actual/Suspected Method of Coercion (please tick those that apply)

Grooming by an individual		Use of indecent pictures to force / coerce child	
Pressure from exploited peer		Gifts (e.g. phone top ups)	
Gang or group related		Through social networking sites	
Unknown		Other (please state)	
Drugs or Alcohol			

Section 2: Risk Assessment

1) Missing Episodes

1) No missing episodes.	
2) Stays out late, no missing	

2) Education

1) Engaged in full time education, training or employment	
2) Registered in full time education, irregular attendance	
or	

3) Occasionally truants, goes missing, prolonged episodes or Occasionally goes missing, short episodes.	
4) Frequent truanting or short missing episodes.	
5) Frequent and prolonged truanting or missing episodes.	

Young person is attending PRU/receiving private tuition (full time equivalent). or Young person is attending college or a training scheme (part time or irregular attendance) or is employed on a part time basis	
3) Young person excluded from school, no provision being made or Young person undertaking some education or training (part time). Poor attendance. or Young person is attending PRU/receiving private tuition (not full time)	
4) Not engaged in full time education, training or employment BUT shows an interest in accessing opportunities.	
5) Not engaged in education, training or employment. Shows no interest in accessing educational or training opportunities.	

3) Drug use	
1) No concerns.	
2) Some concern about use of drugs.	

4) Relationship with carers	
1) Significant understanding and good communication.	
2) Some mutual understanding and positive communication.	

3) Problematic drug use, of concern.	
4) Suspected drug use or dependency.	
5) Drug use known-disclosure.	
Appears dependent on drugs.	

3) Some mutual understanding. Poor communication.	
4) Poor and negative communication, some warmth.	
5) Poor communication, low warmth, attachment or trust.	

5) Accommodation	
1) Young person is satisfied with accommodation. Meets the young person's needs.	
2) Young person is generally satisfied with accommodation. Accommodation meets most of the needs of young person. Some concerns about longer term stability.	
3) Unstable or unsuitable accommodation. Young person is not satisfied where they are living.	
4) In temporary accommodation.	
5) Homeless	

6) Alcohol Use	
1) No concerns	
2) Some concerns about use of alcohol.	
3) Moderate alcohol use, increasing concerns.	
4) Alcohol dependency suspected.	
5) Young person is dependent on alcohol	

7) Risk to others

1) No concerns about placing others at risk.	
2) Reduced concerns about influence on other young people	
3) Some concerns raised about influence on other young people.	
4) Concerns raised that young person may be exposing other young people to risk	
5) Places other young people at risk.	

8) Rights and Risk awareness (relating to consent)

1) Asserts own rights, recognises risk and exploitation.	
2) Knows rights and risk in self and others.	
3) Some sense of own and others' rights.	
4) No awareness of own, some sense of others.	
5) No awareness or assertion of rights.	

9) Engagement with your service

1) Good engagement,	
2) Reasonable engagement, regular contact.	
3) Some engagement with service, occasional contact.	
4) Brief engagement with service: early stages or sporadic contact.	
5) Not engaging with service/no contact	

10) Sexual health awareness

1) Good engagement with sexual health issues / no longer at risk	
2) Engaging with sexual health issues / reduced risks to health	
3) Young person is beginning to engage with sexual health issues / decreasing risk to health	
4) Minimal engagement with sexual health issues / health is at risk	
5) No engagement with sexual health issues / health is at risk	

11) Do you know if the perpetrator/s has been involved in similar behaviour before?

1) Not known	
4) Suspected to have been involved	
5) Yes	

Risk Category	<i>Insert risk category here</i>
Risk Category	Response Guidance
<p>No longer at risk</p> <p>Or minimal risk.</p>	<p>Young person no longer places self at risk or concerns may relate to 'normal teenage behaviour'. Monitor the young person's situation and complete another assessment when concerns are raised again sharing your findings with your Team Manager.</p> <p>Low level concerns which correlate to Risk Category 1. Outcome = Strategy Meeting to be held. Decision to be made regarding a CIN plan for 12 weeks due to minimal risk or an Early Help Assessment due to no risk, but as preventative measures.</p> <p>External professionals to complete Child Protection Procedures for referral pathway, attach CSE Risk assessment to the referral.</p>
<p>Concerns are not immediate, but some behaviour in the young person's life puts them at risk.</p>	<p>Young person remains vulnerable to exploitation but not at immediate risk but some behaviour in young person's life put them at risk. e.g. has new set of peers, still goes missing.</p> <p>Medium level concerns which correlate to Risk Category 2. Outcome = Strategy Meeting to be held. Joint Section 47 with Police to be completed. Child and Family Assessment to be completed. Child in Need Plan for at least 12weeks or Initial Child Protection Conference. It is important to note that within a CP Plan an outcome should include if significant concerns occur then Children's Social Care will discuss with the Legal. Team.</p> <p>External professionals to complete Child Protection Procedures for referral pathway, attach the CSE Risk assessment to the referral.</p>
<p>Urgent and immediate concerns about risk</p> <p>Experiencing current exploitation</p>	<p>Young person's lifestyle places them at a high risk e.g. associating with peers involved in prostitution or sexually exploited, multiple risk taking e.g. missing frequently and concerns about drug taking/alcohol use.</p> <p>High level concerns which correlate to Risk Category 3. Outcome = Strategy Meeting to be held. Joint Section 47 with Police. Initial Child Protection Conference. It is important to note that within a CP Plan an outcome should include if significant concerns occur then Children's Social Care will discuss with the Legal. Team. Initial Child Protection Conference. It is important to note that within a CP Plan an outcome should include if significant concerns occur then Children's Social Care will discuss with the Legal. Team.</p>

	<p>External professionals to complete Child Protection Procedures for referral pathway, attach the CSE Risk assessment to the referral.</p> <p>Take action now- consult with your child protection lead and/or line manager and discuss making an immediate referral to Hillingdon's Children's Social Care Triage MASH & Assessment Team on 01895 558641 (out of office times, contact the Emergency Duty Team on 01895 250111). Attach this CSE assessment form to the referral form. In an emergency, contact the Police on 999, non emergency 101.</p>

CSE Analysis Form

NAME OF YOUNG PERSON:	DOB:	DATE OF ANALYSIS:
YOUNG PERSON RISK TAKING BEHAVIOURS/INDICATORS	ASSOCIATES/ADDRESSES/HOTSPOTS	
ALLEGED PERPETRATOR/S	POLICE ACTIVITY	

Section Three

Useful Contacts

A wide range of local national services, resources and websites are featured in this section. Providing you with this information will help you provide information to both young people and parents who are in need of support, advice and information.

Early Help Service – Ichoose, Unique Swagga and Young Leader's Programme

Unique Swagga' - (girls, aged 13 - 19) , iChoose - (boys, aged 11- 15)

- Coordinated series of early intervention programmes targeted at girls and young women aged between 13 and 19, and male young people aged between 11 and 15 who require additional support to develop resilience to risk
- Structured group-based learning programmes lasting between 6 and 12 weeks, with residential elements
- Additional mentoring support for participants
- Flexible curriculum addressing key risk-factors presented by participants
- Accessed through written referral
- Graduates supported to access asset-building programmes to maintain resilience to risk

Young Leaders' Programme'

- Personal development programmes targeted at young people aged between 14 and 21, who wish to develop community leadership skills
- Young people who have previously experienced barriers to their personal development and achievement are encouraged to attend
- Structured group-based learning and community placement-based programmes lasting 12 weeks
- Activity focus on development of communications skills, teamwork, and development of positive self-esteem, as vehicle to address key risk-factors presented by participants, and enable transition into employment, education, or training
- Participants undertake a long-term placement in a community setting

Tel 01895 277590 - to discuss further and request a referral form.

Police

Tel: 101 (for situations that do not require an immediate response)

Tel: 999

Website: www.met.police.uk

NSPCC

Report your concern or get advice and support on the free 24/7 helpline by phone, text or online:

Tel 0808 800 5000

Text 88858

Email help@nspcc.org.uk

Online nspcc.org.uk/reportconcern

Don't wait until you're certain if you are worried about a child. If you have any concerns, contact our free helpline service to speak to an NSPCC advisor 24 hours a day, 365 days a year. The advisor will listen to and assess your concerns, offer advice and support and can take action on your behalf. You can remain anonymous if you wish. All communications will be recorded and we keep records for 15 years.

Childline

Tel 0800 1111

www.childline.org.uk

Department for Education

Working together to safeguard children, 2013

<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>

Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children, 2009

www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00689-2009

Statutory guidance on children who run away and go missing from home or care, 2009

www.education.gov.uk/childrenandyoungpeople/safeguarding/a0066653/young-runaways

Letting Children be Children - Report of an Independent Review of the Commercialisation and Sexualisation of Childhood,

www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208078

Safeguarding children who may have been trafficked - Practice guidance 2011

www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00084-2011

Crown Prosecution Service

Resources to support children and young people who are victims and witnesses

www.cps.gov.uk/victims_witnesses/young_victims/index.html

Home Office

Effective practice in responding to prostitution, 2011

www.homeoffice.gov.uk/publications/crime/responding-to-prostitution

Teenage relationship abuse resources

www.homeoffice.gov.uk/crime/violence-against-women-girls/teenage-relationship-abuse

Ministry of Justice

Achieving Best Evidence in Criminal Proceedings - Guidance on interviewing victims and witnesses, and guidance on using special measures, 2011

www.justice.gov.uk/guidance/docs/achieving-best-evidence-criminal-proceedings.pdf

Vulnerable and Intimidated Witnesses - A Police Service Guide, 2011

www.justice.gov.uk/guidance/docs/vulnerable-intimidated-witnesses.pdf

Child Exploitation and Online Protection Centre (CEOP)**CEOP thematic assessment 'Out of Sight, Out of Mind – breaking down the barriers to child sexual exploitation', 2011**

www.ceop.police.uk/Publications

Child Trafficking Update, 2011

www.ceop.police.uk/Documents/ceopdocs/child_trafficking_update_2011.pdf

Thinkuknow - Guide to internet safety and safe surfing for young people

www.thinkuknow.co.uk

UK Council for Child Internet Safety (UKCCIS)

'Click Clever, Click Safe Code'. It's just three simple things to remember that can help keep you safe when you visit your favourite websites.

www.direct.gov.uk/en/YoungPeople/HealthAndRelationships/Bullying/DG_184893

Barnardo's**Puppet On A String - the urgent need to cut children free from sexual exploitation, 2011**

www.barnardos.org.uk/what_we_do/policy_research_unit/research_and_publications/puppet-on-a-string-reveals-the-urgent-need-to-cut-children-free-from-sexual-exploitation/publication-view.jsp?pid=PUB-1454

Spot the signs – New advice for parents, professionals and young people on the signs of sexual exploitation and how to keep safe

www.barnardos.org.uk/get_involved/campaign/cutthemfree/aboutcutthemfree/spotthesigns.htm

‘Whose Child Now?’ report, 2009

www.barnardos.org.uk/resources/research_and_publications/whose-child-now/publication-view.jsp?pid=PUB-1466

Office of the Children’s Commissioner

Call for evidence in phase one of the inquiry into Child Sexual Exploitation in Gangs and Groups

www.childrenscommissioner.gov.uk/content/publications/content_536

Useful Websites

The London Borough of Hillingdon

www.hillingdon.gov.uk/lscb

The Department for Education

www.education.gov.uk

The Department for Health

www.dh.gov.uk

The Home Office

www.homeoffice.gov.uk

The Ministry of Justice

www.justice.gov.uk

All Party Parliamentary Group on runaway and missing children and adults

<http://www.missingpeople.org.uk/missing-people/professionals/all-party-parliamentary-group-for-runaway-and-missing-children-and-adults>

Association of Chief Police Officers

www.acpo.police.uk

Barnardo's

www.barnardos.org.uk

Brook (Sexual Health Service for young people)

www.brook.org.uk

The Child Exploitation and Online Protection Centre (CEOP)

www.ceop.police.uk

The Children's Commissioner for England

www.childrenscommissioner.gov.uk

The Children's Society

www.childrenssociety.org.uk

The College of Social Work

www.collegeofsocialwork.org

The Crown Prosecution Service

www.cps.gov.uk

Lucy Faithful Foundation

www.lucyfaithfull.org

Missing People

www.missingpeople.org.uk

The NHS Choices website

www.nhs.uk

The National Working Group for Sexually Exploited Children and Young People

www.nationalworkinggroup.org

NSPCC Child Trafficking Advice and Information Line (CTAIL)

www.nspcc.org.uk/Inform/research/ctail/ctail_wda84866.html

PACE (Parents Against Child Sexual Exploitation)

www.pace.org.uk

The Railway Children

www.railwaychildren.org.uk

Rape Crisis

www.rapecrisis.org.uk

The Safe Network (safeguarding information on activities outside the home)

www.safenetwork.org.uk

The United Kingdom Human Trafficking Centre (UKHTC)

www.soca.gov.uk/about-soca/about-the-ukhtc

The UK Council for Child Internet Safety (UKCCIS)

www.education.gov.uk/ukccis

Section Four

Appendix

CHILD SEXUAL EXPLOITATION WARNING SIGNS AND VULNERABILITIES CHECKLIST

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, and parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only).
- Attending school with young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carer.

The following signs and behaviour are generally seen in children who are already being sexually exploited:

- Missing from home or care.
- Physical injuries.
- Drug or alcohol misuse.
- Involvement in offending.
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Absent from school.
- Change in physical appearance.
- Evidence of sexual bullying and/or vulnerability through the internet and/or

Social networking sites.

- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm.
- Thoughts of or attempts at suicide.

Child Sexual Exploitation (CSE) Warning signs identified

Yes

Referral to Children's Social Care

Is there an allocated Social Worker

Yes

Referral sent to both allocated Social Worker for information and to respective SC&05 for creation of CSE flagged CRIS (ES) / Merlin if one does not exist

No

Forward onto Multi Agency Safeguarding Hub (MASH) for evaluation and creations of CSE flagged CRIS (ES)

no

Identify agency to lead, monitor and complete early help assessment

Professionals Toolkit 2014

Hillingdon Safeguarding Children's Board

For support, more information or feedback about this toolkit, please contact

'Child Sexual Exploitation Prevention Manager' 01895 556904

NATIONAL SUPPORT SERVICES	CONTACT DETAILS
NSPCC Child Protection Helpline	0808 800 5000
Childline	0800 1111
Missing People Helpline	0808 800 7070
Rape and Abuse Line	0808 800 0123 (answered by women every evening).
NHS Direct	0845 46 47 111

¹ Puppet On A String - reveals the urgent need to cut children free from sexual exploitation.

Barnardo's http://www.barnardos.org.uk/ctf_puppetonastring_report_final.pdf

Useful Websites

- [Child Exploitation Online Protection \(CEOP\)](http://www.ceop.co.uk) www.ceop.co.uk
- [The National Working Group for Sexually Exploited Children and Young People \(NWG\)](http://www.nationalworkinggroup.org)
www.nationalworkinggroup.org
- [UK Human Trafficking Centre \(UKHTC\)](http://www.soca.gov.uk) www.soca.gov.uk
- [UK Border Agency \(UKBA\)](http://www.ukba.homeoffice.gov.uk) www.ukba.homeoffice.gov.uk
- [Department for Education](http://www.education.gov.uk) www.education.gov.uk



Appendix 8

Hillingdon LSCB CSE training plan

Child Sexual Exploitation (CSE) is not just something that happens elsewhere, there are active cases in the Borough and other children and young people are currently at risk of exploitation. Where young people are being exploited they often don't realise it until serious harm has been done, for this reason it is particularly important that everyone who has contact with children and young people is aware of the warning signs and knows what to do if they suspect that a child or young person might be at risk of CSE.

The 2009 statutory guidance *Safeguarding Children and Young People from Sexual Exploitation* uses the following definition, which came from the National Working Group for Sexually Exploited Children and Young People:

“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.”

Levels of training and awareness to be delivered:

General awareness: With partner agencies the LSCB will lead on a public awareness campaign for child sexual exploitation. The aim will be for the wider public in Hillingdon to be aware of the signs and to know what to do if they have concerns about a child or young person, “Say Something if You See Something”. This can be achieved by posters, leaflets, press articles etc.

Specific awareness: Aimed at those who are likely to be able to identify CSE in connection with their business, taxi operators, hoteliers, night-time economy food outlets, pharmacists. To be achieved by targeted literature, visits and attendance at meetings for briefing sessions. (Operation Make Safe”)

E-learning: For all workers in the Borough who may have contact with children and young people but are not in the groups below. Those who will undertake e-learning should include those who work in parks and cemeteries (identified by the Office of the Children's Commissioner as risk areas for CSE), library staff, reception staff in all agencies, teaching staff up to year six, all non-teaching staff in education establishments. Third sector volunteers who work with families.

Group training: Mandatory training for all those working directly with children and young people at risk of CSE. To include Children's Social Care, Family Key Working Service, Youth Workers, Youth Offending Service, Paediatric staff, Sexual Health, CAMHS, Police, SAFE, (DN- which voluntary agencies?)

Hillingdon Top team briefing: The most senior managers, decision makers and strategic leads to be briefed on CSE, the signs, prevalence, current operations and the strategic approach across the Borough. To be achieved in one session to be led by the LSCB with input from Children’s Social Care and the Police.

Next Steps:

- CSE Strategic group to comment on/agree these levels of training at next meeting.
- Each agency to identify the numbers of people applicable for each level of training/awareness and pass numbers to the LSCB
- LSCB to produce a costed training plan for 2015/16.
- LSCB to arrange a Top Team Briefing

Proposed CSE Training Programme 2015/2016

2015/2016 Month	Training completed and planned with CSC and partner agencies
February	<ul style="list-style-type: none"> • School cluster groups
March	<ul style="list-style-type: none"> • CSC, Police, Health, Residential Care Homes. • Midwives. • E-learning module - via LBH
April	<ul style="list-style-type: none"> • CID Met Police, master class. • CSC, health, education, residential care homes. • GP's. • E-learning module -via LBH and National Working Group (NWG).
May	<ul style="list-style-type: none"> • CSC, health, education, residential care homes. • E-learning module - via LBH and NWG
June	<ul style="list-style-type: none"> • Full day CSE training with Women and Girls Network. • E-learning module via LBH and NWG
July	<ul style="list-style-type: none"> • E-learning module via LBH and NWG
August	<ul style="list-style-type: none"> • E-learning module via LBH and NWG
September	<ul style="list-style-type: none"> • Chelsea's Choice to be delivered to all secondary schools. Beginning in September with a rolling programme. • E-learning module via LBH and NWG
October	<ul style="list-style-type: none"> • E-learning module via LBH and NWG. • School cluster groups.
November	<ul style="list-style-type: none"> • E-learning module via LBH and NWG
December	<ul style="list-style-type: none"> • CSC, health, education, Police. • E-learning module via LBH and NWG.
January	<ul style="list-style-type: none"> • E-learning module via LBH and NWG
February	<ul style="list-style-type: none"> • E-learning module via LBH and NWG
March	<ul style="list-style-type: none"> • E-learning module via LBH and NWG

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Agenda Item 6

EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2016/2017

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Work Programme 2016/2017

REASON FOR ITEM

To enable the Committee to track the progress of its work in 2016/2017 and forward plan its work for the new municipal year.

OPTIONS OPEN TO THE COMMITTEE

Members may add, delete or amend future items included on the Work Programme. The Committee may also make suggestions about future issues for consideration at its meetings.

INFORMATION

1. The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for this municipal year are as follows:

Meetings	Room
Wednesday 15 June 2016, 6pm	CR3
CANCELLED Tuesday 12 July 2016, 6pm	CR6
Thursday 15 September 2016, 6pm	CR6
Thursday 6 October 2016, 6pm	CR6
Tuesday 15 November 2016, 6pm	CR6
Thursday 12 January 2017, 6pm	CR6
Wednesday 15 February 2017, 6pm	CR6
Wednesday 15 March 2017, 6pm	CR6
Wednesday 26 April 2017, 6pm	CR6
Thursday 27 April 2017, 6pm	CR6

2. It has been agreed by Members that consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A.

Scrutiny Reviews

3. At its meeting on 15 November 2016, it was agreed that the Committee's major review during this municipal year would be in relation to community sentencing. A Working Group, comprising four Conservative and two Labour Group Members, is being set up to undertake the review.

BACKGROUND DOCUMENTS

None.

PART I – MEMBERS, PUBLIC AND PRESS

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EXTERNAL SERVICES SCRUTINY COMMITTEE
2016/2017 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
15 June 2016	<p>Health</p> <p>To receive the following updates:</p> <ol style="list-style-type: none"> 1. North West London Collaboration of CCGs - NWL mental health 'Like Minded' strategy 2. Strategic service delivery plan for Out of Hospital Care
12 July 2016	MEETING CANCELLED
15 September 2016	<p>Health</p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon <p>Health</p> <p>To receive a performance update and the annual report of Healthwatch Hillingdon.</p>
6 October 2016	<p>Crime & Disorder</p> <p>To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health <p>London Fire Brigade</p> <p>To receive an update on the impact of hoax calls and action being taken to deal with hoax callers. To identify whether or not there is provision for the Fire Brigade to provide medical services in the absence of the ambulance service.</p>

PART I – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
15 November 2016	London Ambulance Service - update on the action plan following the CQC inspection
12 January 2017	<p>Health Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon <p>Major Review 1 (2016/2017) - Community Sentencing: Consideration of a scoping report and the formulation of a Working Group to undertake a major review on behalf of the Committee</p>
15 February 2017	<p>Child Sexual Exploitation (CSE) Update on the work being undertaken by the Council to prevent CSE.</p>
15 March 2017	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health <p>Major Review 2 (2015/2016) - GP Pressures: Consideration of final report from the GP Pressures Working Group</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Alcohol Related Admissions Amongst Under 18s

PART I – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
26 April 2017 (additional meeting)	<p>Quality Account Reports & CQC Evidence Gathering To receive presentations from the local Trusts on their Quality Account 2016/2017 reports and to gather evidence for submission to the CQC:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Local Medical Committee 4. Public Health 5. Hillingdon Clinical Commissioning Group (HCCG) 6. Care Quality Commission (CQC) 7. Healthwatch Hillingdon <p>Major Review 1 (2016/2017): Consideration of final report from the Working Group</p>
27 April 2017	<p>Quality Account Reports & CQC Evidence Gathering To receive presentations from the local Trusts on their Quality Account 2016/2017 reports and to gather evidence for submission to the CQC:</p> <ol style="list-style-type: none"> 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Local Dental Committee 4. Public Health 5. Hillingdon Clinical Commissioning Group (HCCG) 6. Care Quality Commission (CQC) 7. Healthwatch Hillingdon
Possible future single meeting or major review topics and update reports	
<ol style="list-style-type: none"> 1. CAMHS - possible joint major review with Children, Young People and Learning POC in 2016/2017. 2. Fire Brigade / LAS - the impact of hoax calls and action being taken to deal with hoax callers. Is there provision for the Fire Brigade to provide medical services in the absence of the ambulance service? 3. First responders - is consideration being given to introducing these in Hillingdon? 4. Community Sentencing - how many community sentences are given out, how effective is community sentencing, how does community sentencing work, what type of work is involved in a community sentence? 5. Safe and Sustainable - update on the proposal to withdraw paediatric congenital cardiac services from the Royal Brompton Hospital. 6. Child Sexual Exploitation - update on the partnership work being undertaken in the Borough to address CSE. 7. Domestic Abuse - the provision of mental health support services available to victims. 8. Utilities - to look at the strategic provision of utility services for a growing population in the Borough. 9. Community Policing / Ward Panels / Safer Neighbourhood Board - update. 	

PART I – MEMBERS, PUBLIC AND PRESS

Meeting Date	Agenda Item
	10. London Ambulance Service - update on the action plan following the CQC inspection.

1st MAJOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors TBA (4 Conservative / 2 Labour)

Topic: Community Sentencing

Meeting	Action	Purpose / Outcome
ESSC: TBA	Agree Scoping Report	Information and analysis
Working Group: 1st Meeting - TBA	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: 2nd Meeting - TBA	Witness Session 2	Evidence and enquiry
Working Group: 3rd Meeting - TBA	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: TBA	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: TBA (Agenda published TBA)	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings and site visits can also be set up to gather further evidence.

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