

EDUCATION, CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

Minutes of the meeting of the Education, Children & Young People Scrutiny Panel held on Tuesday, 19 July 2016 at 7.00 pm at the Civic Offices, Portsmouth.

Present

Councillor Will Purvis (in the Chair)

Councillors David Tompkins
Ben Dowling
Paul Godier
Suzy Horton

Officers

Alison Jeffery, Director of Children's Services
Sarah Newman, Deputy Director Children's Social Care

Witnesses

Sue Sainsbury and Claudia Villa-Hughes from Barnardos
Tina Scarborough, CCG

49. Apologies for absence (AI 1)

Apologies for absence were received on behalf of Councillor Gemma New.

50. Declarations of Members' Interests (AI 2)

Councillor Godier declared a personal interest as his sister-in-law works for the Youth Offending Team. He asked that this declaration be included in all future minutes during the course of this review.

51. Minutes of Meeting held on 21 June 2016 (AI 3)

RESOLVED that the minutes of the Education, Children & Young People Scrutiny Panel held on 21 June 2016 be confirmed and signed as a correct record.

52. A review into how well Portsmouth City Council and partners are preventing and dealing with child sexual exploitation (AI 4)

The chair invited everyone to introduce themselves which they then did. He particularly welcomed the external witnesses to the meeting and invited each witness to give a brief overview of their work. Tina Scarborough, Head of Safeguarding and Patient Safety, PCCG referred to her report that was attached with the papers. She advised that Portsmouth Clinical Commissioning Group (PCCG) have undergone a significant change in safeguarding personnel. The newly appointed Head of Safeguarding and

Patient Safety joined the CCG in February 2016. The CCG reviewed other roles and have appointed new staff who are currently going through an induction process. She drew panel members' attention to the recommendations at the end of her report. In response to queries the following matters were clarified:

- Their key contacts were GPs and CAMHS and also school nursing and sexual health. She advised that she would expect to come into contact with young people via those services for example as a result of providing contraceptive advice, treatment of injuries etc.
- It was very difficult to assess how effective information sharing currently was. A significant amount of work to upskill GPs was taking place to advise them what they should be looking for. Although useful initiatives were already taking place there was a need to build on these.
- With regard to sexual health services practitioners were skilled in asking the right questions as were those dealing with adolescent mental health issues. However there was a need to do more training with GPs.
- If signs were spotted that a child was at risk of CSE, the child would be referred to MASH or the child's social worker if allocated.
- With regard to GPs, targeted training takes place once each month and there is also monthly training to a larger group. She explained that they were also exploring the use of the shortened risk assessment adopted by Hampshire Safeguarding Children Board for some professionals.
- Ms Scarborough explained that her own staff as part of the induction process are obliged to train in safeguarding up to level 3 which includes CSE. Safeguarding training is also provided through the agency and before a person can be employed they must go through the correct checking procedure.

Ms Scarborough advised that Portsmouth Hospital uses the SERAF (Sexual Exploitation Risk Assessment Framework) tool which is a national tool concerning safeguarding. The "four questions" tool was based on that. There was also an in-house safeguarding team.

With regard to national resources for GPs, a booklet from NHS England has been produced in the last two weeks. She also advised that there was a GP toolkit concerning safeguarding.

In response to further questions it was confirmed that a designated nurse had been recruited with representation on the MET operational group.

Claudia Villa-Hughes from Barnardos advised that table 13 referral routes on page 6 of the Barnardos Miss-U and U-Turn Portsmouth annual report April 2015/March 2016 gave details of where children at risk of CSE had been referred. Ms Villa-Hughes explained that this was pretty much as expected.

Sarah Newman said that MASH can break down the reasons for referrals or can give a breakdown of the numbers of referrals by each agency - but as yet

cannot do both. The chair commented that it would be useful to see that breakdown.

The chair then invited Claudia Villa-Hughes from Barnardos to provide information on the services provided. She referred to the Portsmouth annual report April 2015/March 2016 and explained that in the period April 2015 to March 2016 a total of 287 referrals to their services (Miss-U and U-Turn), a total of 273 young people engaged with the service and support was provided to 192 young people. For those young people there were a total of 598 face to face interventions and 136 failed sessions/visits making a total offer of support of 734 sessions.

She explained that the handout gave a detailed explanation of how the interventions made a difference to the young people supported and the work carried out to engage those who are more vulnerable. She said that the report read in conjunction with quarterly and monthly missing reports will give a detailed picture of Barnardos' work with young people at risk of CSE and/or young people who are reported as missing for whom a CYP is received. She explained that Barnardos offer a therapeutic type of service and focus on healing relationships and give advice on how to keep safe. Advice is also provided on how to avoid exploitative situations and to suggest safety strategies. The case would be closed when the young person is either able to use safety strategies or if they are referred on to another service. She further explained that Barnardos is part of the strategic and operational MET group. The MET strategy is relevant to the current city response and follows national guidelines on how to prevent, disrupt and identify CSE and offers information on the multi-agency support network that is available in the city to young people who are at risk of CSE or are being identified as missing, exploited or trafficked. Deadlines and action owners are identified and regularly reviewed at MET strategic meetings to ensure progress and take into consideration any possible changes. The MET strategy is targeted at Portsmouth and Portsmouth has developed a local risk assessment tool for practitioners. Barnardos has been involved in piloting the Portsmouth Risk Assessment Tool and the outcome (risk level identified) was the same outcome as the one obtained completing a SERAF.

In response to queries the following responses were given:

- With regard to Miss-U and U-Turn, Barnardos would ask the individuals about the missing episode and would assess whether or not the child was safe. During those interviews it was possible that additional people at risk would be identified.
- All the figures mentioned relate to Portsmouth.
- For the details provided, the missing figures were given first and then the CSE figures.
- The perpetrators of CSE were not known by Barnardos as their concern was with the victims and not on the perpetrators. If they had any concerns, these would be shared with the police and the rest of the MET Operational Group.

The chair said that the police had been invited to provide evidence at a later stage in the review and this information could be obtained at that stage.

Sarah Newman explained that at the operational meetings, soft intelligence is shared for example where parties were going to be held where alcohol or drugs may be used to groom young people. Alerts were provided where known and concerning who was meeting up with whom. This intelligence could be taken back to the teams and shared. The YOT has developed software where a name can be typed in and results would show the name of the school the person attended, friendships etc.

In response to questions about perpetrators and what perceptions Barnardos had gained, Ms Villa-Hughes explained that no information was held about the ethnicity of the perpetrators as Barnardos concentrated on the person at risk of CSE and not the perpetrators.

In response to further questions the following matters were clarified:

- The BME population was hard to reach and a plan was currently being drafted in order to enable improved communication with that group. It was likely that the numbers known to Barnardos do not reflect the true situation. Attempts were currently being made to try to contact and speak with hard to reach groups and this was being done by trying first to gain the confidence of the leaders in those communities.

Ms Villa-Hughes explained that the numbers given on the handouts does not reflect the work carried out by Barnardos. For example where people fail to attend their interview appointments, Barnardos will go to the address of the individual concerned and will keep going back until they manage to speak to the individual concerned or see them. Barnardos persist for as long as it takes to contact the person involved. This does cause capacity issues as there are too many referrals for the size of the service but referrals on to other services such as Social Care enables Barnardos' staff to be freed up to concentrate on those not eligible for Social Services. Ms Villa-Hughes explained that after a number of meetings and a pilot run in February it was decided that CSC would carry out the return interview for all children open to them. This system had only been introduced on 1 July so its effectiveness was still being monitored. However she thought that this was likely to be a big help.

With regard to a query about when the police would be involved, Ms Villa-Hughes explained that "at risk" cases would be discussed at the MET meetings. If a young person disclosed information indicating they were at risk of harm, then that information would be shared with the police and Social Services. When a child first presents to Barnardos, the meaning of confidentiality was explained to them in terms of what Barnardos will and will not share with other agencies. Even where a child specifically says they do not wish the information to be shared, in certain circumstances when the child, or someone they know is at risk, the information would still be shared even though that might cause a problem with the individual. Barnardos would persist in trying to see the young person. If the person completely

disengages, details would be taken back to the MET group to identify another agency that could potentially support the young person.

- It was confirmed by Barnardos that they had seen a massive improvement over recent years in the way police respond to incidents of CSE as it is now much better understood. There is a great willingness in the city to understand and help. There is a very open and sharing environment and Barnardos also have noticed that young people are more trusting of the police than was previously the case.

A query was raised in relation to page 6 of the annual report under the heading Additional Activities. Although training has been offered to taxi drivers to recognise signs of CSE, to date only one taxi driver has attended training. Members were advised that liaison with the children's board had taken place in order to encourage more taxi drivers to become involved. The police had been tasked with making sure that taxi drivers are aware of the training offered. Members were advised that the provision of CSE training for various relevant groups including taxi/private hire trade has been picked up by Hampshire Constabulary as part of a wider county initiative. A scoping meeting between the agencies had taken place and work is ongoing for the police to deliver a number of drop-in sessions for the various relevant sectors.

A request was made that Licensing are contacted outside the meeting in order to clarify whether or not the renewal of the taxi licence is dependent on receiving training on CSE. **Post Meeting Note** - the Licensing Manager advised that the renewal of licenses is not dependant on receiving training on CSE.

The Cabinet Member for Children's Social Care asked the representatives from Barnardos what was their biggest barrier in progressing work on CSE.

Ms Villa-Hughes said that funding is the biggest barrier. The service needs more people as does Social Care. There are 1½ FTEs comprising 1 full time (37h) post for CSE and 1 part time (18.5h) post for missing children to tackle CSE and missing children in Portsmouth. The need is far greater than they can cope with. There are other services and Barnardos works closely with them but refers work to others because of capacity issues. The help Barnardos could give to individuals would be much more comprehensive if they could afford to employ more people.

Ms Villa-Hughes felt that more creativity around helping those at risk of CSE would be useful. She referred to the Guardian Angel initiative that had run for six months involving the police and Children's Social Services whereby information was distributed in the evenings which gave people a number to call. There was also a real need to work with the parents of the young people involved. The Director of Children's Services, Alison Jeffery suggested that it would be useful to look at what is being done by other authorities.

Following the CSE Angel project useful feedback had been provided. The risk assessment tool is constantly being reviewed and more and more professionals are joining the operational group. More people are alert to local

issues. Ms Villa-Hughes said that close liaisons between the various professional bodies meant that it was easy to bring up an issue quickly. She said that liaisons were good in Portsmouth perhaps because of the geographical nature of the city.

Sarah Newman said that the education and health data could be used more effectively and work was being done to capture additional information such as whether school attendance improved following interventions etc. In response to a query about data from academies, it was confirmed that this was more challenging to collect but the authority had good links into the academies and they already supply school attendance figures. Children's Social Care have taken the lead in working with the most vulnerable children and have worked hard to improve awareness of CSE in order to enable best responses. Ms Newman thought that the strategic partnerships worked well but there was still room for improvement.

Sarah Newman undertook to find out whether community wardens were CSE trained.

In response to a query raised at the meeting no members in attendance had received any queries about CSE.

The chair thanked everyone for their contributions to the meeting.

The date for the next meeting was scheduled for Monday 8 August at 6.30 pm.

The meeting concluded at 8.30 pm.

Councillor Will Purvis
Chair