

## EDUCATION AND CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE

26 JANUARY 2017 AT 6.00 P.M. AT THE COUNCIL HOUSE

<b>Committee Members present</b>	Councillor C. Towe (Chair) Councillor T. Jukes (Vice-Chair) Councillor D. Barker Councillor A. Ditta Councillor E. Hazell Councillor E. Russell Councillor M. Ward Councillor T. Wilson
<b>Portfolio Holders present</b>	Councillor R. Burley – Children's Services and Education
<b>Non-elected voting Members present</b>	Ms T. Tunnell (Parent Governor)
<b>Officers present</b>	Mr D. Haley - Executive Director (Children's Services) Ms D. Carter - Assistant Director (Children's Social Care) Ms C. Boughton - Head of Service (Safeguarding and Quality Assurance) Dr B. Watt - Director of Public Health Dr U. Viswanathan - Consultant in Public Health Medicine Dr P. Fantom - Democratic Services Officer
<b>In attendance</b>	Detective Chief Inspector D. Lambert, West Midlands Police Inspector K. Starynskyj, West Midlands Police Ms H. Matthews, Walsall Street Teams Mr A. Thompson, Walsall Street Teams Ms P. Cresswell, Regional Strategic CSE Co-ordinator Ms J. Barnes, Interim Director of Nursing, NHS England Ms H. English, Quality Lead, NHS England Ms R. Musson, Head of Nursing, Quality and Innovation, Dudley and Walsall Mental Health Partnership NHS Trust Mr R. Kirby, Chief Executive, Walsall Healthcare NHS Trust Ms D. Rhoden, Nursing Quality Lead, Walsall Healthcare NHS Trust Ms S. Roberts, Director of Governance, Quality and Safety, Walsall Clinical Commissioning Group

13/17      **APOLOGIES**

Apologies for absence were received on behalf of Councillors N. Gultasib and A. Kudhail and from Mr R. Bragger and Ms M. Wollaston.

14/17      **SUBSTITUTIONS**

There were no substitutions.

15/17      **DECLARATIONS OF INTEREST AND PARTY WHIP**

There were no declarations of interest or party whip for the duration of the meeting.

16/17      **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985  
(AS AMENDED)**

There were no agenda items that required the exclusion of the public.

17/17      **CHILD SEXUAL EXPLOITATION**

The Chair welcomed the partner organisations in attendance, acknowledging that so many representatives were able to be present. He explained the reasons why a special meeting of the Committee had been arranged. This was to receive an overview of current activities carried out in Walsall to prevent and protect young people from child sexual exploitation (CSE).

A report was submitted [see annexed] that provided a review of the work being undertaken in Walsall by the Council and its partners in relation to CSE. In addition to this, a presentation from the Walsall CCG entitled 'Safeguarding Children: Child Sexual Exploitation' was circulated to the Committee [see annexed]. A series of questions were posed by Members in advance of the meeting [see annexed]. A comprehensive response was received to these questions from the representatives. These were as detailed below.

**What is the extent and profile of CSE in our area?**

In responding to this question from Councillor Jukes, DCI Lambert emphasised that the issue of CSE was of extreme importance. He explained his role within West Midlands Police's Public Protection Unit and for a geographic area covering Walsall and Wolverhampton. The Unit's responsibilities included investigating child abuse and CSE and it was noted that prior to commencing his current role, DCI Lambert had been the CSE lead for West Midlands Police.

DCI Lambert stated that a problem profile for Walsall had been commissioned and would be available in two weeks' time. From the statistics available, he was able to confirm that for an area such as Walsall, CSE was a real and high profile issue, as it was in all seven of the local authorities in the West Midlands. Between January and December 2015, there had been 27 CSE-related offences and this had increased to 32 offences during the period January to December 2016, but this did not reflect the full extent of the problem because it was based on the number of incidents reported. DCI Lambert referred to the National Crime Survey, which indicated that there had been a 17-20 per cent increase in sex offending nationally, but confirmed that the level of offending had neither increased nor decreased markedly at local level. In terms of the number of incidents reported, this was reliant upon full disclosure by the victim or by a third party. Work had therefore been undertaken between West Midlands Police and its partners during the last two years to encourage education and safeguarding around this issue.

DCI Lambert pointed out that CSE comprised serious crimes such as rape of a person under 18 years of age, sexual activity involving a person under 16 years of age, human trafficking and abduction offences (children being removed from the lawful authority of their parents). It also covered other forms of assault, but the majority of CSE cases tended to be those of rape, abuse and trafficking. For the Walsall area there had been 115 non-crime referrals in 2016 and, for every crime reported, there were approximately 4 or 5 non-crime referrals relating to a concern about a child.

Both nationally and locally, all communities were affected by CSE and there had been under-reporting in all communities. Having regard to the type of victims, DCI Lambert related that in Walsall, 69 per cent of cases concerned females and 31 per cent concerned males. During the last two years, on the basis of the intelligence received, 130 young people were believed to be at risk of harm, although this figure fluctuated over time. Of the 130, there were 22 young people at serious or significant risk (high and medium category) and through partnership work wrap-around, safeguarding and protection services were in place for them.

Whilst there was less intelligence available concerning the offenders, DCI Lambert stated that a profile revealed that perpetrators came from all backgrounds and ethnic groups. In Walsall, of the 19 known offenders, all of them were male. There were complexities, however, because some victims of CSE believed they were in a relationship with the abuser and viewed them as being their partner. Reference was made to the practice of offenders travelling to other areas of the country to commit offences and that this could still involve children who were living in Walsall. In terms of the locations where offences were committed, this could typically include parks and public spaces, hotels, public houses and takeaway restaurants.

### **What has been the local response to undertaking disruption activity to ensure that offenders are dealt with and risky locations identified and the risk managed?**

Further to a question from Councillor Wilson, DCI Lambert described the local and regional frameworks and the structures that have been put in place to identify locations associated with CSE activities.

When West Midlands Police became aware of the activities of an offender that place a child at risk, discussion takes place at a Multi Agency Child Exploitation (MACE) meeting. This multi-agency safeguarding forum focuses on individual children who are also invited to attend the meeting and a plan is then put in place to safeguard and protect them from CSE. The remit of the CSE and Missing Operational Group (CMOG) was to look at victim commonalities, offenders, locations and put plans in place to tackle offenders. It was noted that these meetings were chaired by a police Inspector. A disruption tool kit was introduced in November 2016, with licensing arrangements, civil orders and public space protection orders able to be invoked to protect victims of CSE. The CSE and Missing Strategic Committee (CMEC), which was attended by various partners and chaired by DCI Lambert, considered strategic issues, themes and patterns of abuse and reported to the Walsall Child Safeguarding Board.

Inspector Starynskyj was the local inspector responsible for an area in Walsall that included the Blakenall, Bloxwich and St Matthews wards. He gave an explanation of the systems and the tactics that were based on locations and which were being deployed by West Midlands Police to minimise risk and manage safeguarding. He stressed that this was especially important given that due to the rapidly changing nature of the risk there was a need for rapid and decisive responsive action.

An example of a local tactical option was given by Inspector Starynskyj, concerning the building of effective working relationships with the management and staff working in local hotels. Awareness training had been provided and was to be refreshed and delivered again in the summer. This was to raise awareness of the risk of CSE particularly associated with late night walk-in bookings and last minute bookings, and to ensure adherence to occupancy rules and other policies that would mitigate risk. Furthermore, such locations were also included by West Midlands Police in the course of their local patrols. The provision of CCTV in hotel premises and car parks was emphasised, as this highlighted when CSE perpetrators arrived and left hurriedly and helped to facilitate the tracking of vehicles. The WM Now App was also used across the Force, so that officers could receive up-to-date information on local crimes that had been reported online by members of the public.

In responding to a question from the Chair on the powers available to West Midlands Police to ensure that disruption activity happened, there was confirmation that effective use was made of the licensing regulations and that West Midlands Police received co-operation and good support from the Council to achieve this. Noting the importance of providing appropriate sessions in both primary and secondary schools, and for the sharing of information to improve the confidence of those children at risk so that they would have the confidence to come forward, Inspector Starynskyj related that there were good lines of communication with schools and that head teachers were involved in strategic and operational discussions on CSE.

### **How do you engage in the joined up approach to tackling CSE?**

With reference to a question from Councillor Barker, DCI Lambert explained the manner in which the national approach to tackling CSE was fed into regional level co-ordination by the police forces. This included the forces covering Staffordshire,

Warwickshire, West Mercia and the West Midlands, and regular strategic CSE meetings allowed practice to be shared in relation to risks and threats. Regional leads also attended meetings at local authority level (chaired by DCI Lambert), on behalf of Walsall Safeguarding Children Board, CMOG covering operational matters, and by MACE meetings for the individual victims of CSE activities. The importance of sharing information was deemed crucial and, since the establishment of the Multi Agency Safeguarding Hub (MASH), more information was being obtained and shared between partners. DCI Lambert observed that there was a real willingness and active commitment to deal with and tackle CSE.

There was a further question from a Member who enquired whether work was undertaken to train staff in residential homes, as was the case in Staffordshire, where staff underwent training every twelve months. The value of these sessions was that it enabled the staff to receive the police's perspective and for this to be incorporated into working practices. Recognising that further training would be beneficial, the Executive Director (Children's Services) proposed that action be followed up to understand the model that was being delivered in such sessions and the manner of joined-up work that could be utilised with regard to the five residential care homes in Walsall.

A Member having raised the issue of late bookings, and the steps being taken in respect of hotels, DCI Lambert reiterated that adherence to occupancy policies was paramount. He pointed out that in terms of compliance, the West Midlands Police tested the resilience of hotels and cited the example of the Hotel operation recently conducted by Thames Valley Police to check hotels in Oxfordshire. In relation to the response times for dealing with calls from hotels, DCI Lambert stated that if there was a crime in progress or an immediate safeguarding concern then this would be a 'P1' graded log, which required an immediate response. The target time was to attend within 15 minutes of a call and would be resourced by 24/7 uniform teams.

There were questions from Members regarding the potential impact of the restructuring of West Midlands Police in 2020, and the impact that this might have on resources allocated to preventing CSE. DCI Lambert responded by noting that although plans were to be finalised, all areas of policing would be affected. In view of the growth in work on vulnerability, there was an expectation that an uplift of resources and staffing could be anticipated for this area in future.

**Resolved:**

**That with reference to the sessions provided to residential care staff in Staffordshire, further investigation be conducted into the appropriateness of the training model and its potential application to the five residential care homes in Walsall.**

**Is there an awareness raising programme in place for children, families and the wider community? Is this reaching the right people?**

In response to a question from the Chair, Ms Matthews gave an overview of the remit and work of the Walsall Street Teams and their role in engaging with the

schools in Walsall. The Street Teams gave coverage of the whole of Walsall, with activity delivered proportionate to demand and levels of risk, for example, there was a greater concentration of activity in the south of the Borough.

Ms Matthews noted that in 2016 there had been expenditure of £90,000 on work carried out in primary and secondary schools. Additional charitable donations of £160,000 had also been utilised to deliver this training. Sessions had been run in 13 Walsall Schools, including Joseph Leckie, Blue Coat C of E Academy, Alunwell, Shire Oak, Ormiston Sheffield Academy, and Walsall Academy, with attendance of 2,080 pupils. Prevention programmes had been delivered to 537 providers, including educational institutions and children's homes. Appropriately tailored sessions had been delivered in both primary and secondary schools. An 'Exposure' programme had focused on pornography and how it affected relationships; 'Keep Safe' sessions were provided and dealt with internet safety, consent and, particularly for younger children, in order to combat online grooming and provide advice and sources of help.

In addition to the work carried out in Walsall's schools, Street Teams had undertaken a 'communities against sexual exploitation' project, and had worked with the majority of communities in the Walsall area. Via a community engagement forum, training was delivered to 629 parents, 545 professionals and 147 community members had been worked with.

**As the specialist provider, how effective do you think the partners have been in engaging with their workforce and local communities to raise awareness of and improve safeguarding against CSE?**

Further to a question from Councillor Wilson, Ms Matthews confirmed that training had been delivered proactively to a number of agencies and organisations in Walsall via collaborative and partnership working. This process had been fully embedded and training received and participated in by West Midlands Police, public health and social care. There had been involvement by Street Teams in the training of groups of Walsall taxi drivers and managers and staff in local hotels. It was notable that every faith sector in Walsall had been supportive of Street Team's work.

The Chair raised a question concerning the 72 hour interview process in situations when parents and/or children did not engage with the interview process. It was affirmed by Ms Matthews that all of the return interviews were conducted within 72 hours and proactive outreach measures aimed to gain parental consent. One reason why the interview might not happen would be when a parent refused to give consent. Information from return interviews was relayed to West Midlands Police and would then be progressed through to Children's Social Care Services, either through MASH or directly to a nominated social worker.

Having regard to the CSE training offered to taxi drivers, Dr Watt noted that since April 2016, the Licensing function had been a component of the Council's Public Health Department. It was acknowledged that obtaining the acceptance of the training by Walsall's taxi drivers had posed some challenges but agreement and arrangement for training were now in place. The training had recently been provided

to Members of the Council's Licensing Committees and the feedback indicated that it was well received. Dr Watt emphasised the support to the training that had been given by the Executive Director (Children's Services) and the Head of Service (Safeguarding and Quality Assurance).

**Resolved:**

- 1. That Street Teams liaise with the Council's School Improvement Teams in order to ensure future engagement with schools in the Borough and to monitor the impact of the future work to be undertaken;**
- 2. That the Committee receive quarterly reports on the undertaking of the return to work interviews.**

**What best practice exists which could be considered to further safeguard children at risk of sexual exploitation?**

This question having been asked by Councillor Jukes, Ms Cresswell provided the Committee with an explanation of her role as Regional Strategic CSE Co-ordinator, together with some examples of research and evaluation and the impact that had been made on service design and best practice delivery with reference to the '3Ps' of prevent, protect and pursue.

Ms Cresswell referred to examples of work being carried out in the Walsall area, including the 'Boy's Project', which was a training package to highlight that boys were also the victims of CSE. A young person's reference group had been established, allowing areas of good practice to be shared by the partners, and the successful conviction of five sex offenders had resulted from this.

Further to a reference during the discussion to disruption tactics, public space protection orders and sex risk orders, the Chair enquired about the public space protection orders to clarify responsibilities. Ms Cresswell responded, confirming that these were joint orders and that they were made by local authorities and police forces. DCI Lambert added that they were similar to the former dispersal notices and that an application for the order could be made by either a local authority or the police, and that enforcement was the responsibility of the police.

A Member pointed out that some offenders had themselves been abused. It was noted by Ms Cresswell that young people could be victims and, in turn, share harmful behaviour and engage in activity such as the grooming of other vulnerable children. This was a recognisable risk to which victim status should be accorded and support provided.

Ms Cresswell referred to a quarterly newsletter, which would be beneficial for the Committee to receive for information, and that this could be forwarded to Members via Democratic Services.

**Resolved:**

**That Ms Cresswell forward future copies of the quarterly newsletter by email to Dr Fantom so that these might be circulated by him to the Committee.**

**How do you engage in the joined up approach to tackling CSE?**

In responding to this question from the Chair, Ms Roberts explained the nature of the accountability framework between NHS trusts and NHS England, with assurances in terms of safeguarding and statutory responsibilities being integral to the work with service providers. There was a performance framework within the contracts that linked to the national accountability framework of NHS England.

Walsall Clinical Commissioning Group (CCG) was responsible for commissioning primary care services and, as an example, Ms Roberts referred to the level of assurance for safeguarding responsibilities through named general practitioners in Walsall. In relation to this, there was a children's element and an adult's element.

Ms Musson provided further detail on the governance arrangements in the Dudley and Walsall Mental Health Partnership NHS Trust. Included within these was a strategic safeguarding group that reported to the monthly meetings of the Trust Board. Responsibility for this group lay within the remit of an Executive Director and there was a non-Executive Director who was responsible for scrutiny and the flow of information. Reports were made from the Trust to the CCG and there was attendance at the CCG's quarterly review meetings.

**What support is available to current, potential and historical victims of CSE? Could you give us some examples of steps you have taken to raise awareness at a senior level in your organisation?**

A reply to this question from the Chair was given by Ms Roberts, who stated that there were training programmes for staff in the CCG and in individual Trusts to raise awareness. Training was also provided for general practitioners and the most recent event had been attended by 100 GPs. It was noted that Street Teams had also contributed to the provision of some of the training events.

Having regard to the support for the victims of CSE, whether current, potential or historical, Ms Roberts referred to the pathways available so appropriate care could be provided to children and young people by the health professionals. This included a counselling and psychological element, which was provided by mental health services. She also made reference to the work of the Sexual Abuse Referral Centre that specialised in supporting the victims of rape or sexual abuse.

Further to the discussion on the training provided to GPs, there were questions from Members in relation to the frequency with which the programmes were being run. Ms Roberts confirmed that the programmes were robust and ran on a bi-monthly basis and that all GPs would complete the Level 3 programme on an annual basis. It



was notable that the uptake of the primary care training in Walsall was the highest when compared with other areas in the West Midlands region.

Members enquired whether similar training was provided for hospital staff, and this was confirmed by Ms Rhoden. The programmes were adjusted to cover different levels, with nursing and medical staff completing Level 3 and, for example, NHS drivers completing Level 1, but coverage of CSE was integral to all of the programmes. Monitoring of the training was carried out on the basis of compliance with the contract and percentage attendance, and data was provided to the Commissioner Quality Review (CQR) meeting. Ms Barnes reiterated that standards were applicable to all NHS staff and would provide further information on this so that it could be circulated to the Committee.

There was discussion of the waiting times for seeing a counsellor and the support available to the victims of CSE from the Dudley and Walsall Mental Health Partnership NHS Trust. The Chair also noted that there had been previous concerns about the Child and Adolescent Mental Health Service (CAMHS) given the demands on the service. Ms Musson emphasised the importance of providing the right level of psychological intervention, counselling and family therapy to allow recovery. At present, there was not a dedicated CSE counsellor, and it was noted that this would be helpful to young people accessing the service. The Executive Director (Children's Services) advised the Committee that a report on CAMHS was currently in preparation and would be presented to the next meeting.

Mr Kirby outlined the structures in place at the Walsall Healthcare NHS Trust. He reported that the Board received an annual safeguarding report that would include CSE issues, and that there was an annual awareness and training session for Board members to enable both executive and non-executive members to understand their responsibilities and be aware of the issues. There was currently a non-executive position which had a lead for safeguarding. The leadership teams of the four operational divisions within the Trust were then responsible for ensuring that training to the required level was undertaken and incorporated into the daily work of all of the teams working for the Trust.

### **What work is currently being undertaken by your organisations to address, prevent and intervene against CSE?**

Responses to this question from the Chair were provided by a number of the representatives.

Ms Roberts referred to the accountability framework and drew the Committee's attention to the diagram on page 3 of her presentation [see annexed], as this illustrated how various partners worked together in a multi-agency manner.

Ms Rhoden explained that the Walsall Healthcare NHS Trust operated a flagging system, which provided a link between safeguarding and looked after children, especially in cases where children at risk of CSE had been admitted to the hospital via Accident and Emergency. Ms Musson pointed out that a similar flagging system was operated by the Dudley and Walsall Mental Health Partnership NHS Trust.

DCI Lambert advised that similar arrangements enabled data to be flagged on the Police National Computer (PNC), and that it was important for this to be done because of the tendency of victims of CSE to move between local authority and police area boundaries.

A Member having asked a question regarding the steps being taken by the organisations to cross-check their own employees, Ms Musson confirmed that DBS checks were carried out. Ms Roberts referred to the policies and practices that were in place relating to position of trust reporting, with any observation and/or evidence of inappropriate behaviour ensuring that a member of staff would be subject to investigation. Similarly, DCI Lambert emphasised that DBS checks were completed for all staff.

There being a question from Members on the definition of high risk, the Assistant Director (Children's Social Care) reported on the work completed to produce a regional and a national definition. There was a toolkit that was used as a screening tool and risk assessment tool. This was based on the categories of CSE that had been developed by the National Working Group on CSE and a checklist of questions was used to determine the categorisation of risk. A common understanding across local authorities had been achieved on how this should be utilised.

**How do you raise awareness of CSE among those members of your staff who are not directly working with children and young people?**

A reply to this question from Councillor Barker was provided by Ms Roberts. She noted that this was an integral part of the mandatory training provided for NHS staff, at Levels 1-3, as referred to in earlier questions. The training was annually updated to allow for reflection, review and remedial action, as appropriate. As indicated previously, staff attendance on the programmes was also monitored. Ms Musson reinforced this response by pointing out that assurance was also sought from any contractors that were working with the Trust.

**What improvements could be made, if any, to ensure individuals are referred to appropriate services?**

In her reply to this question from Councillor Wilson, Ms Roberts stated that there was a constant theme of working together and that this was not just applicable to the health professionals but for any other agencies involved in tackling CSE. Having an understanding of the levels of risk involved and ensuring that this was correctly assessed was crucial to the delivery of the correct level of service at the right time, delivered with good access and to a high standard. Where gaps in provision existed, it was the intention to address these promptly by multi-agency working with partners.

There was further discussion of the CAMHS service, and of the report that would be presented to the next meeting. Mr Kirby stated that safeguarding training enabled staff to spot any signs of concern and take action. He added that he wished to attend the meeting when the report on CAMHS would be received.

**Is there a clear and robust local CSE Strategy for information sharing, preventing and managing CSE with an action plan?**

Further to a question from Councillor Wilson, Ms Roberts, who was also Vice-Chair of the Walsall Safeguarding Board, confirmed that there was a CSE strategy and this was currently being refreshed, having been updated and made available for consultation. The document would be considered at a CMEC meeting on 7 February and would be signed off by the Walsall Safeguarding Board on 20 February 2017.

**How does the plan link with other plans and strategies?**

Councillor Jukes' enquiry was responded to by Ms Roberts, who highlighted the manner in which the Safeguarding Board identified priorities for Walsall, with CSE being a fundamental concern. In terms of the governance arrangements, there was a sub-group on CSE, which, together with the other partnership boards, reported to the Safeguarding Board. CSE was discussed regularly at other boards and forums, especially from both a strategic and an operational perspective.

DCI Lambert indicated that West Midlands Police had not had a CSE strategy; however, the Chief Constable had determined that a strategy should be produced and this was now in progress, and DCI Lambert was contributing to it. A regional framework for CSE had been in existence for some years, and it was the intention that this would be of assistance to West Midlands Police in producing a similar document. The Chair requested that a copy of the document be made available to the Committee once the necessary stages in its production had been completed.

Reference was made by Members to the training that had been provided to some hairdressers in the Walsall area. DCI Lambert pointed out that this had been undertaken because the nature of their work meant that they could become aware of signs of domestic abuse or CSE and refer matters to West Midlands Police.

**How is CSE incorporated into local training and who can access this training? Does it include training for a wider cohort of professionals e.g. licensing officers, environmental health officers, elected members or just those working directly with children? Are the outcomes measured and are changes made as a result?**

In her response to this question from the Chair, Ms Roberts confirmed that a variety of organisations were able to access the training and that the outcomes were measurable, with changes being introduced when required. The Head of Service (Safeguarding and Quality Assurance) noted that a number of Council officers had undertaken the training.

Dr Watt reported further on the training that had been delivered to Walsall taxi drivers. This was mandated for all new drivers as part of their licensing conditions, and the drivers themselves bore the cost of the training. Work was now being carried out to ensure that all existing taxi drivers complete the training during the next 18 months. As this involved 1,600 drivers in Walsall, it was recognised that this

was a large undertaking. Nevertheless, it was imperative that the drivers completed the training so that they knew what to do and who to refer issues of concern to. The Chair noted that the training was being provided in conjunction with Walsall Adult and Community College (WACC).

With reference to paragraph 4.16 of the report on CSE, a Member enquired why the figures for the take up of training in 2015/16 appeared to be so low. Ms Roberts referred to the comment in the report that 94% of the attendees had felt their knowledge and skills had improved as a consequence of the training, whilst recognising that further joint work was required.

In terms of whether agency staff employed to look after vulnerable children should receive training on CSE, it was noted by the Committee that this could be an issue and that it should be recognised. The Head of Service (Safeguarding and Quality Assurance) informed Members that care agencies were able to book their staff onto courses delivered by local authorities or other providers. However, there was a view that it would be beneficial for such organisations to be actively encouraged to have their employees trained and that more effective communication could be undertaken via colleges, health centres and relevant websites.

The Executive Director (Children's Services) added that his expectation was that any care worker engaged to work with vulnerable people should have received proper checks and an induction, with access to training programmes.

**Resolved:**

**That a recommendation from the Education and Children's Services Overview and Scrutiny Committee be made to the Council to propose that CSE training be made compulsory for all employees of the Council.**

**What plans are there for further raising awareness of CSE, human trafficking and domestic slavery?**

Councillor Russell sought the views of the representatives in relation to those children who disappeared, which was often as a consequence of people trafficking. DCI Lambert stated that due to the tendency of these children to appear, disappear and then re-appear elsewhere, tackling the problem was difficult and that there were no easy answers. However, he stressed that the majority of missing children were found within 24 hours by the police or other agencies.

The Head of Service (Safeguarding and Quality Assurance) advised the Committee that there were a small number of children that it was not possible to locate. She added that work had been carried out with NHS England for the tracking down of such children via their registration for GP services elsewhere in the country.

The Executive Director (Children's Services) informed the Committee that there had been a review that emphasised the good practice to be found in Walsall. There was a joined-up approach with West Midlands Police and regional work streams across

14 local authorities. He undertook to bring further information on the position with regard to missing children to a future meeting of the Committee in due course.

**Concluding comments**

The Executive Director (Children’s Services) stated that this meeting and the comments made by the representatives in attendance had demonstrated the effective joining up of the work of the partner organisations and highlighted the improvements that continue to be made. Reference was made to a partnership event held six months earlier that had been instrumental in developing a strategic partnership leadership group. There was an inter-board protocol and relationships were being mapped to ensure that the priorities of all the partners were integrated and reflected in order to avoid unnecessary duplication of effort.

Whilst there was the challenge of implementing actions in sufficient time, especially when resources were constrained for all the partners, the Executive Director (Children’s Services) stressed that it was imperative that a high priority continued to be given to tackling CSE and that all partner organisations in Walsall remained fully committed to this. Accordingly, this meeting had generated many useful action points that would be cross-referenced to the CSE strategic plan.

**18/17      DATE OF NEXT MEETING**

The Chair advised that the date of the next meeting was 16 February 2017.

The Chair closed the meeting by extending his thanks to all of the representatives for their attendance, the responses they had given to the questions from Members and the valuable contributions they had made to the discussion.

The meeting terminated at 8.22 pm.

Chair.....

Date.....