



Department  
of Health

# Health Working Group Report on Child Sexual Exploitation

## Response to the Recommendations

May 2014

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# Health Working Group Report on Child Sexual Exploitation - Response to the Recommendations

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# Executive summary

Child sexual exploitation is a form of child sexual abuse. As with all types of abuse, it can have a devastating impact on the child or young person who is being exploited. Child sexual exploitation is a heinous crime with consequences that can exact a toll on the young people who are subjected to it for some, throughout the course of their lives. It can disrupt their social lives and education, and cause long-term mental health problems including self-harm, attempts at suicide, and relationship behaviours which can affect achieving a fulfilling life.

It is often a hidden problem, not easily spotted by health professionals, families and carers, or reported readily by victims, some of whom may not see it for what it is: children being exploited. The English Children's Commissioner estimated 16,500 to be at risk in the year to March 2011 and identified 2409 victims; where gender was known, 7 in 10 were girls and 1 in 10 were boys.<sup>i</sup> The age range of those affected appears to be going down too, with evidence of some 10 year olds being involved and an incident with a 4 year old. Some of the children and young people also have other vulnerabilities, including a history of familial child abuse, but children from any background irrespective of class or ethnicity may be affected. Young people themselves may be involved in recruiting their friends and also act as perpetrators too.

We welcome the *Report of the Health Working Group on Child Sexual Exploitation*, which responds to a commitment in the Government strategy and action plan on *Tackling Child Sexual Exploitation*<sup>ii</sup> to look into what more can be done by the health services. Sexually exploited children and young people are likely to come into contact with health services for a variety of reasons, so there is much that the health services can do to help identify, engage and support them back into normal, healthier lives.

In its commitment to end violence against women and girls, the Government has affirmed for the second year in the Mandate to NHS England, an expectation of successful partnership working, including working with police and crime commissioners and community safety partnerships (CSPs) to continue to reduce violence, share information and support victims of violent crime<sup>iii</sup> Set up as statutory bodies under the Crime and Disorder Act 1998 to work strategically to reduce crime and disorder in their local areas, CSPs, of which there are 300 in England, include the health services amongst the responsible authorities in their membership. The Department of Health is already involved in the multi-sectoral and cross-Government work being led by the Home Office through the *National Group on Sexual Violence against Children and Vulnerable People*<sup>iv</sup> and will report progress on implementing these recommendations through the National Group. In continuing to work with our partners including NHS England, Public Health England, Health Education England, other Government Departments and national organisations, our aim is to ensure that those providing services to young people do everything they can to prevent and respond to child sexual exploitation and provide a framework that enables all of the children and young people involved to get their lives back and for perpetrators to be brought to justice.

# Response to the Recommendations of the Health Working Group Report on Child Sexual Exploitation

No.	Recommendation	Action
<i>Responding well - Understanding and evidence</i>		
1	<i>The Department of Health should commission work on where the gaps are in the existing evidence base on child sexual exploitation, what the priorities to address should be and how best to address them (potentially through system wide actions and focused work, such as, research), with a clear understanding of who leads on each strand.</i>	The Department of Health has already started to work through the Children and Young People's Outcome's Forum and a range of partners, including the English Children's Commissioner, and other experts, to identify gaps in the evidence available on child sexual abuse and child sexual exploitation. These discussions will help to identify research priorities for consideration by the Department's Policy Research Programme and the National Institute for Health Research.
2	<i>The Department of Health should request NICE guidance on how to identify and treat children who have been sexually abused which should also cover children who have been sexually exploited.</i>	The National Institute for Health and Care Excellence (NICE) published a clinical guideline on when to suspect child maltreatment, including sexual abuse, in 2009. The Department of Health has also asked NICE to develop guidance on the identification and management of young people at risk of sexually harmful behaviour and on identifying and responding to abuse and neglect of children and young people. NICE plans to begin development of both pieces of guidance this year and will consider, in consultation with stakeholders, whether sexual abuse and exploitation should be within the scope of the guidance. Subject to scoping, the Department of Health will consider the need for further guidance from NICE in this area.

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<i>Responding well - Identification and assessment</i>		
3	<p><i>NHS England and their area team safeguarding leads should work with Clinical commissioning Groups (CCGs), Health Provider Trusts and General Practitioners to ensure that:</i></p> <ul style="list-style-type: none"> <li>• <i>Designated Doctors and Nurses for Safeguarding support their area teams and CCGs' work on child sexual exploitation;</i></li> <li>• <i>local multi-agency teams set up to combat child sexual exploitation are fully representative including professionals from primary and secondary physical and mental health care.</i></li> </ul>	<p>NHS England have set up a Task and Finish Group , involving their key partners and stakeholders to agree how they will implement the recommendations that are relevant to them and a timetable. The first meeting of the Task and Finish Group is on 3 June.</p>
<i>Responding well – Intervention and interruption</i>		
4	<p><i>All child safeguarding education and training should contain a comprehensive section on sexual exploitation, recognising that it has profound health consequences, so that health professionals are supported to respond appropriately to victims.</i></p> <p><i>Bodies responsible for this include:</i></p> <ul style="list-style-type: none"> <li>• <i>the individual medical Royal Colleges in their training roles</i></li> <li>• <i>the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and the Health and Care Professions Council in their roles for setting education standard;</i></li> <li>• <i>Health Education England (HEE);</i></li> <li>• <i>NHS England and their area team safeguarding leads; Clinical Commissioning Groups (CCGs) with their designated health professionals; NHS Trusts and providers with their named health professionals, in their</i></li> </ul>	<p>Sexual abuse and sexual exploitation of children and adults with vulnerabilities should be integral to all safeguarding education and training curricula. As part of this recommendation and the work of the National Group on Sexual Violence against Children and Vulnerable People, Department of Health will explore with those responsible for setting education and training standards for doctors, nurses and other health care professionals how understanding of sexual abuse and sexual exploitation can be built into professionals' curricula.</p> <p>HEE's e-learning for Healthcare (e-LfH) has safeguarding modules in its library of products and are planning to review these to ensure they are current.</p> <p>NHS England will work with partners through its Task and Finish group on how to take this forward (as 3 above).</p>

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	<i>capability development work through local safeguarding children boards.</i>	
5	<i>The Department of Health should ensure that relevant e-learning material is available for all staff to have basic child sexual exploitation training to enable them to take preventative action, identify, understand and make safe exploited children; engage with multi-agency partners appropriately and provide recovery services as needed.</i>	<p>The Department of Health is commissioning for release in 2014 a digital tool for health services staff and professionals on identifying child sexual exploitation and what to do to signpost and support victims. This will be developed with a range of partners, including Health Education England and would be promoted widely after it is launched.</p> <p>The Department launched a series of CSE videos for professionals on the NHS Choices website in January 2014.</p>
6	<i>Local health commissioners would wish to promote a joined-up response with partner agencies through care and referral pathways for health treatment and recovery services for children who have been sexually exploited, and where appropriate, engage non-statutory agencies in delivering or co-delivering these services.</i>	<p>NHS England will take this recommendation forward through the Task and Finish group that it is setting up (3 above).</p>
<i>Responding well – Strategic cooperation</i>		
7	<i>To support appropriate local prioritisation, commissioning and local ‘health scrutiny, Health and Wellbeing Boards (HWBs) should ensure that the local Joint Strategic Needs Assessment (JSNA) and the Joint Strategic Health and Wellbeing Strategy, reflect the impact of different forms of violence and abuse, including child sexual exploitation; the JSNA being informed by evidence from a range of local sources, including the local safeguarding children board and the community safety partnership.</i>	<p>Health and Wellbeing Boards (HWBs), as leaders in the local health and care system, can make an extremely valuable contribution to local action to tackle CSE. This includes ensuring that locally-owned processes to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) consider the full range of issues affecting children and young people and locally-determined priorities are robust and appropriate. Health and wellbeing boards, of which local clinical commissioning groups (CCGs) are a member, also have a key role in ensuring that the commissioning, planning and delivery</p>

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		<p>of local services fully meets the needs identified in the JSNA and JHWS.</p> <p>The Department has produced statutory guidance for HWBs and their partners on JSNAs and JHWSs. We are also funding the Local Government Association to lead a development support programme during 2013-14 and 2014-15 for HWBs to enable them to fully realise their system wide leadership role.</p> <p>To help HWBs in building effective local partnerships with commissioners and providers, the LGA programme includes resources on developing JSNAs, of which a specific resource on violence for health and well-being boards was published in February 2014 by the NHS Confederation with support from Government. The Department of Health will draw the attention of HWBs to this resource.</p>
<i>Leadership and the New health and care System</i>		
8.	<i>The Department of Health, the Royal College of Nursing and other nursing professional bodies should promote the role of school nurses in recognising, addressing and coordinating the response to child sexual exploitation.</i>	Promotion of the role of school nurses in recognising, addressing and coordinating the response to child sexual exploitation is important. The Department of Health is working with the professional organisations to develop a pathway to support the role of school nursing in tackling child sexual exploitation which will be available in autumn 2014.
9.	<i>Public Health England should seek to tackle child sexual exploitation through DPHs and their central role in the local health and care system.</i>	Public Health England (PHE) has a system leadership role for public health to support and enable Directors of Public Health. We welcome the recommendation drawing attention to the important role that DPHs and their teams can have in addressing child protection and sexual exploitation issues and will review with the Faculty of Public Health, LGA Community

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		<p>Wellbeing Boards and the Association of Directors of Public Health how we can further support this in the future. PHE's role would be to promote awareness of this in the context of the DPH input to commissioning of all health and social care services to children and young people (0-19yrs) by local government.</p>
<p>10.</p>	<p><i>NHS Safeguarding Leads at national, regional and local level should work to promote a better health response for victims of child sexual exploitation. This could include use of the annual assurance process.</i></p>	<p>The Government's Mandate to NHS England sets an objective of continuing to improve safeguarding practice in the NHS. The Government holds NHS England to account for the progress it makes against the Mandate and in carrying out other legal duties and functions.</p> <p>As set out in response to recommendation 3 above, NHS England has affirmed a commitment to work with key partners through a Task and Finish Group to take the recommendations of this report forward.</p>
<p>11</p>	<p><i>The Care Quality Commission (CQC) and Ofsted inspections should scrutinise the health contribution to the local response to child sexual abuse and exploitation.</i></p>	<p>The CQC's Children's Inspection team is undertaking a two year programme of inspections of child safeguarding in health services and the effectiveness of health services provided to children looked after and care leavers. It is also working with Ofsted, HM Inspectorate of Constabulary, HM Inspectorate of Probation and HM Inspectorate of Prisons to prepare for multiagency inspection from April 2015. This team will consider child sexual exploitation as part of the work to assess the health contribution to ensuring the safety and protection of children and young people.</p> <p>In addition, the CQC's Health and Justice Team looks at child sexual</p>

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		<p>exploitation from the perspective of the criminal justice system and recently published a joint thematic report with HM Inspectorate of Probation relating to those young people who sexually offend.</p> <p>The report, as well as another report on gangs, highlighted aspects of child sexual exploitation and has influenced the CQC's on-going joint inspections of prison services catering for youth and adult offenders. The CQC welcomes this recommendation and will be considering the health response to child sexual exploitation within the criminal justice system.</p>
<i>Information Sharing</i>		
12	<p><i>NHS organisations and staff should manage information in a way that is open and transparent to safeguard children who may be sexually exploited or at risk of exploitation. Staff should be clear that safeguarding considerations override the usual requirements for confidentiality and be confident to act accordingly, following the advice of the named doctor and nurse for safeguarding and keeping the child informed as appropriate.</i></p>	<p>NHS England will take this recommendation forward through the Task and Finish group that it is setting up (3 above). The group will draw on good practice across current providers who have responded to local CSE investigations, to develop some national products to address these issues.</p> <p>NHS England is sponsoring the Child Protection – Information Sharing (CP-IS) project to develop an information sharing solution that will deliver a higher level of protection for children who visit unscheduled health care settings such as hospital emergency departments and walk-in centres. It will do so by connecting IT systems used by NHS staff in such settings with those in local authority children's social care. CP-IS will be rolled out to first wave sites in 2014.</p>
13	<p><i>The Department of Health and the Department for Education should work together to ensure that the implementation of the response to</i></p>	<p>Department for Education and Department of Health officials are considering how best to provide relevant information on child sexual</p>

Response to the Recommendations of the Health Working Group Report on Child Sexual Exploitation

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	<p><i>Caldicott2 and the document produced under the umbrella of the Code of Practice includes information relevant for victims of child sexual exploitation.</i></p>	<p>exploitation as part of wider safeguarding policy work. It includes looking at advice and support for victims of child sexual exploitation and will require further join up with other government departments where the policy overlaps (Home Office).</p>

## REFERENCES

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<sup>i</sup> The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups. I thought I was the only one. The only one in the world. Interim Report. November 2013

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<sup>ii</sup> Department for Education. Tackling Child Sexual Exploitation Action Plan. 2011

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<sup>iii</sup> Department of Health. The Mandate. A mandate from the Government to NHS England. April 2014 to March 2015.

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<sup>iv</sup> Home Office. Sexual Violence against Children and Vulnerable People. National Group Progress Report and Action Plan. October 2013.

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