# MANAGEMENT OF CHILD SEXUAL EXPLOITATION POLICY

Linked to the following Somerset Partnership Policies:

- Child Protection Legal Guidance Policy
- Clinical Supervision in Child Protection Case Work Policy
- Managing Historic Allegations of Child Abuse and Neglect Policy
- Risk Management Policy and Procedure
- Safeguarding and Protection of Children Policy
- Untoward Event Report Policy and Procedure

Linked to the following Somerset Local Safeguarding Children Board Policies:

- Resolving Professional Differences Policy
- Protocol for Responding to Children and Young People Missing from Home and Care in Somerset
- Strategy to tackle Child Sexual Exploitation 2015-2017

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<td>Applies to:</td>
<td>All Children and Young People’s Services, Minor Injury Unit and Somerset Wide Integrated Sexual Health service staff in particular, all Trust staff in general</td>
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This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000
**Amendments**
Policy has been updated to include the new national definition of Child Sexual Exploitation.

**Document objectives:** Ensure staff are aware of Child Sexual Exploitation and know how to screen, assess and refer cases of suspected or actual Child Sexual Exploitation

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<th>Approving body</th>
<th>Clinical Governance Group</th>
<th>Date: July 2016</th>
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**Contact for review**
Named Nurse Safeguarding Children

**Lead Director**
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**CONTRIBUTION LIST**
Key individuals involved in developing the document

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<td>Named Nurse Safeguarding Children</td>
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<td>Nurse Consultant, Minor Injury Units</td>
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1. INTRODUCTION

1.1 Child Sexual Exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Adults can similarly be exploited in this way or may be victims of sexual exploitation that started when they were children. The term CSE covers a range of situations and contexts, with exploitation being perpetrated by individuals, groups and gangs, in formal and informal ways. Children or young people may be tricked into believing that they are in a loving, consensual relationship. They might be groomed in a variety of ways, such as being invited to parties and other social events and given drugs and alcohol. They may also be groomed online. 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, (NSPCC, 2016). Please see Definition in Section 4.6 below.

1.2 CSE is a form of child sexual abuse. It is a hidden crime as children and young people trust their abuser and often do not realise they are being abused. They can become dependent on their abuser and may be made fearful of harm to themselves or others if they tell anyone what’s happening to them.

1.3 Given the often complex nature of the exploitation, children and young people are often unaware of the exploitative nature of the relationship. They may be resistant to recognising the actual nature of the relationship and therefore, hard to work with and protect. It must also be acknowledged that some forms of CSE involve significant levels of control and coercion, making it feel dangerous to the child or young person to disclose or leave the exploitative situation.

1.4 It is important that Health staff have knowledge about CSE and know how to respond if they are concerned that a child or young person is at risk of CSE or is being sexually exploited.

2. PURPOSE AND RATIONALE

2.1 This policy is in place to ensure that all Somerset Partnership NHS Trust staff are clear about their duties and their responsibilities as employees to safeguard children from abuse and neglect, specifically in relation to CSE. This policy provides detailed guidance on the process for the identification, assessment and reporting of CSE. The ultimate aim is to provide safer care for children through consistent processes and interventions by practitioners, which will also reduce any potential risk to the Trust.

2.2 This Policy is fully inclusive of all children, young people and their families who use Somerset Partnership services and/or come into contact with Somerset Partnership members of staff, regardless of their protected characteristics defined by the Equality Act 2010. Safeguarding and child protection processes will be followed equally, whatever section of the community the child or young person inhabits. All Trust staff must follow this Policy as a statutory responsibility of their role as employees of Somerset Partnership.

2.3 These procedures set out within this Policy apply to all staff working within Somerset Partnership NHS Foundation Trust, particularly those clinical staff who may come into direct contact with children and young people. These are likely to be, in the main: Child and Adolescent Mental Health Service,
3. **DUTIES AND RESPONSIBILITIES**

3.1 **The Trust Board** has a duty to ensure that it fulfils its statutory responsibilities to safeguard and promote the welfare of children.

3.2 **The Designated Non-Executive Director** supports the Executive Lead and the safeguarding team in all aspects of the Safeguarding Children agenda, monitors activity and outcomes and provides additional assurance to the Board in this area.

3.3 **The Director of Nursing and Patient Safety** is the Executive Director Lead for Safeguarding with the Trust. State duties and accountabilities of directors, committees, specialist staff, and identify the author of the document.

3.4 **The Head of Safeguarding** will be the Trust Strategic Lead for CSE and represent the Trust at the Local Safeguarding Children Board Child Sexual Exploitation Sub Group.

3.5 **The Named Nurse for Safeguarding Children** will take the practitioner lead within the Trust on all CSE matters. They will have expertise on children’s health and development, the nature of child maltreatment and local arrangements for CSE. They will provide a source of advice and expertise to fellow practitioners and other agencies. They will promote good practitioner practice within the Trust regarding CSE.

3.6 **The Trust Safeguarding Children Team** will provide staff and managers with support, advice and training in relation to all CSE matters.

3.7 **All Trust employees** are accountable for their own practice and must be aware of their legal and practitioner responsibilities relating to their role, competence and work.

3.8 **Line Managers** are responsible for ensuring all staff are conversant with this policy and other related policies and that all staff have undertaken the appropriate level of training for their role and are provided with appropriate clinical supervision in line with the current Trust Policy.

3.9 **All staff** within Somerset Partnership should be familiar with the procedures detailed in this document and of other related policies.

3.10 **All new staff to the Trust** will be informed as to how they can access this Policy during their mandatory induction programme.

3.11 **All staff** will undertake mandatory training in order to assist them in recognising children who may be experiencing, or are at risk of experiencing, CSE.

3.12 **All staff** must understand both their own and others roles and responsibilities in relation to victims and potential victims of CSE.
3.13 **All staff** must seek advice and support from a member of the Trust Safeguarding Children Team when they have any concerns about the welfare of a child, including when the concern relates to CSE.

4. **DEFINITIONS**

4.1 **Child**: anyone who has not yet reached his or her 18th birthday.

4.2 **Safeguarding Children**: Global term referring to systems in place to ensure safety and to protect all children from abuse. All agencies working with children, young people and their families take measures to ensure the risks of harm to a child’s welfare are minimised and that appropriate steps are taken to address any concerns.

4.3 **Child Protection**: A term relating to activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

4.4 **Child and Adolescent Mental Health Services (CAMHS)**: specialist multi-disciplinary team to provide assessment and treatment for children and young people with emotional/mental health issues.

4.5 **Local Safeguarding Children Board (LSCB)**: A multi-agency forum for developing, monitoring and reviewing local child protection policies and procedures and where necessary conducting Serious Case Reviews. Somerset Safeguarding Children Board, SSCB, website is accessible via [https://slp.somerset.org.uk/sites/somersetlscb/SitePages/Home.aspx](https://slp.somerset.org.uk/sites/somersetlscb/SitePages/Home.aspx)

4.6 **Child Sexual Exploitation**: Somerset Partnership NHS Foundation Trust work within the nationally agreed definition of CSE:

> Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Department for Education Child Sexual Exploitation Guide 2017)

4.7 **Somerset Direct**: the referral arm of Somerset Children’s Social Care, this service is staffed by dedicated call handler staff.

4.8 **First Response**: the Children’s Social Care team, staffed by Social Workers, who manage referrals forwarded to them by Somerset Direct.

4.9 **Multi-Agency Safeguarding Hub (MASH)**: a centrally situated team of Social Workers, Somerset Partnership Safeguarding Children Nurses and the Police Safeguarding Unit who meet daily to carry out Strategy discussions and share information.
5. POLICY STATEMENT

5.1 The purpose of this Policy is to ensure that all Trust staff are made aware of CSE, are knowledgeable about the procedures and processes they are required to follow in this context, and know how to access them. It also details who to contact if in need of advice, support and/or information.

5.2 CSE requires a multi-agency approach to assessment and intervention in all cases. It affects individuals, groups and families and causes high levels of significant harm and poor outcomes for those exploited.

5.3 CSE has always existed as an abuse of children. The advent of a range of internet access media has enabled greater and more secretive access to children and young people. Coupled with the ease of movement globally, opportunities for certain types of exploitation have risen exponentially. Global crises affecting populations leave cohorts of children less protected and therefore more at risk of exploitation. Our Trust duty covers all children, regardless of origins, rights or other protected characteristics.

6. CHILD SEXUAL EXPLOITATION PROCESSES

6.1 Screening

6.1.1 Trust staff who are concerned that a child or young person may be at risk of sexual exploitation or who have any other concerns about a child’s welfare should always seek advice and support from a member of the Trust Safeguarding Children Team.

6.1.2 Trust staff who are concerned that a child or young person may be at risk of sexual exploitation or who receive a disclosure of CSE must complete the relevant Somerset Local Safeguarding Children Board Child Sexual Exploitation Risk Assessment Tool and exercise practitioner judgment about the level of need and/or risk in accordance with the Somerset Local Safeguarding Children Board Effective Support for Children and Families in Somerset document and CSE Quick Guide document. All documents can be found on the Safeguarding Children pages of the Trust intranet.

6.1.3 Where the tool is completed and CSE risks are identified, the practitioner must discuss the completed risk assessment tool with a member of the Trust Safeguarding Children team within one working day of the concerns coming to light, agree the threshold level they assess the child is currently at, with reference to the Threshold Guidance within the Effective Support document named at point 6.1.1 above, and plan and implement appropriate action and support.

6.1.4 All completed risk assessment tools must be forwarded to a member of the Trust Safeguarding Children team for review and to be saved for future performance analysis and to provide evidence of compliance with this policy.

6.1.5 Actions to support a vulnerable child or young person where CSE has been considered, suspected and/or confirmed, may include completing or contributing to an Early Help Assessment, (formerly a Common Assessment Framework), or calling and/or attending a Team Around the Child meeting,
where support for the child and family can be put into place to reduce CSE risks.

6.1.6 All completed risk assessment tools where practitioners have identified any level of CSE concern must be sent to the Somerset Direct email SDinputters@somerset.gov.uk with a completed Early Help Assessment document.

6.2 Referral

6.2.1 The completed Early Help Assessment and screening tool will be reviewed by a First Response Team Manager to ensure that the suggested threshold and action is appropriate. If the Manager assesses that the case is at a threshold Level 3 or Level 4 the submitting practitioner will be informed and the case will become a formal referral and subject to a MASH Strategy discussion to determine ongoing multi-agency investigation and assessment.

6.2.2 Trust staff may also identify that a case reaches threshold Level 3 or Level 4 and, having discussed the case with a member of the Trust Safeguarding Children Team, will contact Somerset Direct on 0300 123 2224. This enables the practitioner to make a telephone referral in the usual way, in line with the Trust Safeguarding and Protection of Children Policy. In cases of CSE the Screening Tool for Child Sexual Exploitation is accepted by Somerset Direct in lieu of an Early Help Assessment Form.

6.2.3 NB In cases where a child has been identified as at risk of immediate harm the Police should be contacted via the emergency number 999.

6.2.4 A CSE referral to Children’s Social Care via Somerset Direct will have one of several outcomes:
- the referral will be taken to the daily MASH meeting for a strategy discussion
- a strategy discussion will be held outside the daily MASH meeting when the matter is more urgent
- the referral will be redirected to the local Children’s Social Care area office for immediate allocation to a social worker
- the referral is deemed as requiring No Further Action. If the referring Trust practitioner is unhappy with this decision, they should follow the Somerset Local Safeguarding Children Board Escalation Policy. In this instance, the practitioner should first discuss the case with a member of the Trust Safeguarding Children Team.

6.3 Following Assessment and Referral processes

6.3.1 After CSE has been suspected and/or confirmed and the appropriate actions above have been taken, Somerset Partnership staff should continue to provide relevant Trust services as before, based on the individual’s identified needs. Practitioners may also be required to work as part of a wider multi-agency protection plan to ensure the vulnerable child or young person is protected from further sexual exploitation.
7. TRAINING REQUIREMENTS

7.1 The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

7.2 CSE will be referenced and discussed as part of every level of Trust Safeguarding Children Training including induction. This policy will also be named and discussed at every safeguarding children training session.

7.3 Staff requiring Level 3 multi-agency safeguarding children training will also have the opportunity to access the Local Safeguarding Children Board module of CSE training.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

8.1 The effectiveness of this policy and procedure is subject to scrutiny and review by the Local Safeguarding Children Board (LSCB) and the Trust’s Safeguarding Steering Group.

8.2 The Trust regularly reviews its safeguarding and protection of children arrangements. The Director of Nursing and Patient Safety is accountable for ensuring Trust compliance against this policy and the South West Child Protection procedures.

8.3 The Trust Named Nurse and Named Doctor are responsible for ensuring any recommended changes are implemented.

8.4 All Trust staff should be aware of this policy. It is referred to in every safeguarding and child protection training session at all levels. The Trust Named Nurse will facilitate regular audits to ensure staff are aware and are following the policy and to assess whether there are any barriers in place which prevents or discourages staff from using it.

8.5 Where there is evidence that a staff member has not followed the correct CSE procedure properly, the named practitioners will follow this up accordingly and where appropriate use the DATIX reporting system. This will be reported to the Trust Safeguarding Steering Group where as appropriate actions will be recommended and monitored. Any high scoring risks will placed on the appropriate Risk Register and monitored until the risk is reduced.

8.6 Monitoring arrangements for compliance and effectiveness

- Trust Safeguarding Steering Group
- Trust Safeguarding Children Best Practice Group

8.7 Responsibilities for conducting the monitoring

- The Named Nurse will lead internal audit processes to ensure compliance with this policy and related guidance.
8.8 Methodology to be used for monitoring

- random sampling of staff and by questionnaire
- internal audits
- external auditor investigations and reports
- complaints monitoring
- DATIX incident reporting and monitoring
- clinical effectiveness monitoring

8.9 Frequency of monitoring
The Named Nurse will provide twice yearly update reports to the Trust Board to reflect progress on the above measures.

8.10 Process for reviewing results and ensuring improvements in performance occur

Audit results will be presented to the Trust Safeguarding Steering Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented and actions monitored.

Lessons learnt and internal audits will be forwarded to the Clinical Effectiveness Team who will highlight within the Trust staff newsletter “What’s on at SomPar” to raise awareness.

The Trust’s Safeguarding Intranet pages will contain up to date information and be updated when new information is known.

9. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

9.1 References

Children Act 1989
Children Act 2004, Section 11
The Sexual Offences Act 2003
Escalation Policy, (Somerset LSCB, 2013)
NICE CG89 – When to suspect Child Maltreatment
Safeguarding Children and Young People: roles and competences for health care staff. Intercollegiate document, September 2014
Working Together to Safeguard Children, 2015
Department for Education Child Sexual Exploitation Guidance, February 2017

Relevant National Requirements

Department of Health initiatives
9.2 **Cross reference to other procedural documents**

- Clinical Supervision of Child Protection Case Work Policy
- Confidentiality and Data Protection Policy
- Development & Management of Organisation-wide Procedural Documents Policy and Guidance
- Domestic Abuse Policy
- Information Governance Policy
- Learning Development and Mandatory Training Policy
- Managing Allegations against Staff Policy
- Managing Historic Allegations of Child Abuse and Neglect Policy
- Mandatory Training Matrix (Training Needs Analysis)
- Record Keeping and Records Management Policy
- Risk Management Policy and Procedure
- Safeguarding Training Strategy
- Staff Mandatory Training Matrix (Training Needs Analysis)
- Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.