Department of Health

Public Health England

School Nurse Programme: Supporting the implementation of the new service offer: Helping school nurses to tackle child sexual exploitation

Context and rationale

This pathway is designed to clarify the role of the school nursing service regarding child sexual exploitation. It aims to consolidate best practice by:

- Helping practitioners to recognise child sexual exploitation and to understand its effects on health and wellbeing.
- Summarising the evidence base, including the types of child sexual exploitation, its prevalence and consequences.
- Identifying the school nurse role at different levels of service and outlining a core offer from the school nursing service.

The pathway draws mainly on the Health Working Group Report on Child Sexual Exploitation, Department of Health, 2014 and What's Going on to Safeguard Children and Young People from Sexual Exploitation: How local partnerships respond to child sexual exploitation, Sue Jago, 2011

The term "Child sexual exploitation" covers a broad range of sexual violence and abuse within both physical and virtual environments. It falls within the category of child sexual abuse, it usually occurs outside the family, and there is an additional context since the young person is used for sexual purposes for the financial and/or non-monetary (e.g. status) gain of another.

The United Nations Convention on the Rights of the Child states that all children should be protected from sexual exploitation and abuse, that each child should have a voice in matters concerning them, and that there is a duty to promote the physical and psychological recovery and social reintegration of all child victims. The Children Act (2004) places a duty on key organisations, including health services, to work co-operatively to safeguard and protect the welfare of children. Many local Safeguarding Children Boards have now appointed a lead officer to co-ordinate child sexual exploitation responses across statutory agencies and the voluntary sector. See Tackling child sexual exploitation: action plan, Department for Education, 2011.

Understanding Child Sexual Exploitation

Child sexual exploitation can happen in any community and all professionals have a role to play in identifying and protecting children and young people. Child sexual exploitation, which involves boys and young men as well as girls and young women, takes many forms, from the seemingly 'consensual' relationship where sex is exchanged for attention, accommodation, drugs, alcohol, money or gifts, to organised crime and trafficking. It involves varying degrees of coercion, intimidation or enticement, including unwanted peer pressure, sexual bullying (including cyber bullying) and grooming for sexual activity. There is always an imbalance of power in the relationship.

However, some young people feel that they are not *victims* of sexual exploitation and may appear to have enhanced confidence. This is a challenging and complex issue but it is important to recognise in order to be effective in safeguarding *all* children and young people. See Sexual exploitation, selling or swapping sex: Victimhood and agency, Dodsworth, 2013.

Child sexual exploitation can have a profound lifetime detrimental effect on health and mental health. The consequences of sexual abuse include depression, post-traumatic stress disorder (PTSD), anxiety disorder and disturbed behaviour. There are also the impacts from witnessing and experiencing physical violence, addiction to drugs and alcohol, the isolation and chaos of disrupted family, social relationships and routines, living with threats, humiliation and pervasive control.

Types of child sexual exploitation include, but are not limited to:

- Inappropriate relationships: often involving a sole perpetrator who has inappropriate power or control over a child or young person, and uses this to sexually exploit them. The victim may believe they are in a consensual loving relationship. The perpetrator may be known to the child and may be a family member.
- 'Boyfriend' model of exploitation: the perpetrator befriends and grooms a child or young person into a 'relationship'. Once trust is gained they may then coerce or force them to have sex with friends or associates. Often, the victim believes they are in a consensual, loving relationship.
- Peer exploitation model: a child or young person is invited (often by same sex friends) or forced by peers or associates to engage in sexual activity. They may then be rewarded in many ways, including participating in the abuse of other victims.
- Organised/networked sexual exploitation: victims (often connected) are passed through networks, possibly over geographical distances between towns and cities where they may be forced or coerced into sexual activity with multiple men and women, often at 'sex parties' involving drugs and alcohol before sexual abuse occurs. The victims may be used to recruit others into the network. This activity can entail serious organised crime involving the planned exchange of victims. See If only someone had listened: Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups: Final report, Children's Commissioner, 2013

In all the examples, frequently and increasingly the sexual activity is filmed and used to blackmail, silence and humiliate the victim.

Warning Signs of Child Sexual Exploitation

The S.A.F.E.G.U.A.R.D mnemonic in Pan London Child Sexual Exploitation Operating Protocol, Metropolitan Police, 2013 is an example of an aide memoire for practitioners to assess whether a child is experiencing child sexual exploitation:

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.

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.

Prevalence and vulnerability

Effective **Early Help** depends on professionals recognising vulnerabilities, in addition to those in the above indicators, before the child is abused. This includes knowing that child sexual exploitation is relatively prevalent:

1. 5 -16% of children under 16 have been sexually exploited. Child sexual exploitation is under-self-reported.
2. 34% who experienced abuse by an adult and 83% who experienced peer contact sexual abuse did not tell anyone else about it.
3. In the year to October 2011, 2,409 children were identified as victims of sexual exploitation in gangs and groups. The majority of children are sexually exploited by individuals.
4. The average age of sexually exploited children is 15, with a growing cohort of 10-14 year old victims. A significant minority of male and female victims have committed offences.
5. Children who are more vulnerable to sexual exploitation include those with learning difficulties, who have low self-esteem, who are homosexual or bisexual, unaccompanied asylum seeking children, and children who have not received online safety training.

Key Messages from children and young people
'Visible, accessible and confidential'

- "I would rather that services are straight up at the beginning about confidentiality. Otherwise they tell you it's confidential and then you end up telling them stuff and then they pass it on and say 'oh we're worried about you and we had to tell someone', and then you get more angry."
- "It is better for services to be clear and open at the beginning about having to pass information on, so it isn't a shock."
- "Explain what is going to happen. If you're going to be moved from one social work team to another make sure to explain if that means you're going to get new workers."
- "A young person doesn't want to feel like a victim. Make them feel normal and reassure them that they're not the only one."
- "Services shouldn't force you to talk about stuff if you're not ready."
- "It's good if services can help young people feel like they have a choice about whether or not to attend. Reminding young people that they don't have to use a service is a really helpful message when they first attend a service."
- "If services don't make it easy for young people to say 'no' to them they might just find other ways to avoid them – turning off their phone or giving stupid excuses!"
- "Respect how we see our own situation. It is much better for us to understand why something is wrong than to be told by someone else that it is."
- "Sexual exploitation affects every aspect of our lives: our relationships, physical health, emotional health and self-esteem. It is really hard to deal with all of this at the same time."
- "Each of us works at our own individual pace. Take a flexible and individual approach and always be open to feedback."

From AYPH Be Healthy Project

"It's hard to explain unless it's happened to you"

"Knowing there is someone there to help"

"When you're involved in child sexual exploitation your life is really chaotic, so even simple things like a doctor's appointment become impossible"

School nursing services responding to messages from children and young people
'Understand, support, believe and don't judge'

- Provide confidential services and support to meet children and young people's needs. Supporting a child's needs includes taking safeguarding action when it is needed.
- Improve equity of services in rural areas.
- Support delivery of PSHE and work with schools to address child sexual exploitation.
- Support the normalization of accessing school nursing services by removing stigma and embarrassment.
- Support children and young people to understand the situation and to make informed choices.
- Utilize technology to improve access.

Compassion in practice: Nursing, Midwifery and Care Staff: Our Vision and Strategy provides a platform to describe the core values of nursing and midwifery. It is based around six values, known as the 6 C's – care, compassion, courage, communication, competence and commitment. These are underpinned by the six fundamental values in the boxes below, and the school nurse protecting children from sexual exploitation is:

Maximising health and wellbeing

The role of school nurse teams in raising awareness and supporting children at risk of sexual exploitation is to:

- Provide an accessible, confidential school nursing service that is conducive to building rapport and trust between practitioner and children and young people.
- Raise awareness of child sexual exploitation with children and young people, families and other professionals, particularly within the school community. This may be opportunistic or planned, and will be in partnership with specialist services.
- Work in partnership with other agencies, develop interventions that promote security and resilience (Dodds, 2013).
- Work in partnership with parents (PACE (Parents Against Child Sexual Exploitation).
- Complete generic health assessments, and when appropriate a structured assessment to identify risk with sensitivity such as British Association for HIV and Sexual Health (BASHH)/ Spotting the Signs: CSE proforma.
- Support disclosure, but act to safeguard a child if sexual exploitation is suspected even in the absence of disclosure *(ref DCSF 2009).*
- Provide clear information on confidentiality and information sharing to young people, using professional discretion.
- Ensure clear referral processes, particularly to child sexual exploitation specialist team.
- Support recovery, including referral for a range of therapeutic interventions (Child sexual exploitation: health working group report, Department of Health, 2014).

Building and strengthening leadership

The role of school nurse teams in leading, coordinating and contributing to supportive partnerships with other agencies is to:

- Embrace leadership role for the health of school aged children.
- Act as an advocate for children at risk of exploitation and their families.
- Ensure there is timely information sharing and effective partnership working.
- Understand the child/young person's community, being particularly aware of areas of poverty, and of those who are more at risk of being sexually exploited, such as children in care, those not in education, and the homeless. See Child and Maternal Health Intelligence Network.
- Provide health leadership, working with education staff and other partners and young people to develop a whole school approach to safeguarding children.

School nurse leaders should:

- Ensure that appropriate training is delivered to a high standard.
- Work within their organisation and across partnerships to ensure that the response to child sexual exploitation is embedded in broader safeguarding process and policies and provide direction through the Children and Young People's Plan and Joint Strategic Needs Assessment.
- Work collaboratively within the multi-agency context, delivering evidence-based care to support children and families, e.g. with GP services, education staff, the police, children's social care, child sexual exploitation and sexual health services and youth offending services.

Supporting positive staff experience

School nurse teams are motivated and confident in helping children at risk of sexual exploitation. They will:

- Ensure appropriate supervision to develop practice and be supported in their work.
- Ensure that they receive safeguarding training in child sexual exploitation and related issues (e.g. online safety, teenage partner violence, gangs, child trafficking, looked after children), so that they are confident in their understanding, identification, assessment of child sexual exploitation and referral and partnership working arrangements.
- Ensure user engagement.
- Have their own wellbeing monitored by their organisation, for example, staff using the NHS Friends and Family test.
- Ensure that they maintain clear, accurate and up to date recordings and share theses as appropriate for the safety of children and young people.
- Ensure that they take a child/young person centred approach and recognise the nature of child sexual exploitation means victims may not recognise exploitation.

Defining High Quality Care and Measuring Impact

School nursing teams offer a quality service which improves the health outcomes for children at risk of sexual exploitation by:

- Using local data collection and record keeping systems to assess prevalence and the impact on health and mental health outcomes of children at risk of sexual exploitation within a multi-agency framework. There are a number of indicators in the Public Health Outcomes Framework 2013-2016 that are relevant health outcomes in this area. These are:
  - Hospital admissions caused by unintentional and deliberate injuries in children.
  - Violent crime (including sexual violence).
  - Emotional wellbeing of looked after children.
  - Under 18 conception rates.
  - Self-harm.
  - Sexual health.
- Using qualitative assessment of school nursing interventions, through case studies.

Working with young people to provide a positive experience

School nursing teams ensure their services are young people friendly by:

- Developing effective communication skills to engage with young people, building rapport and trust.
- Understanding the root cause of altered or challenging behaviours which a young person who is being exploited may display – see the child not the behaviour.
- Attuning sensitively so that the young person doesn't feel pressurised to 'tell their story'.
- Taking responsibility to safeguard a young person where chid sexual exploitation is suspected but the young person is not ready or able to disclose.
- Providing advocacy for children, young people and their families.
- Developing accessible, reliable services in schools that are friendly and offer a confidential, non-judgemental service.
- Listening to children and young people's views and implementing service changes to reflect these as appropriate.
- Ensuring that health information is accessible, available, understandable and relevant.
- Providing, wherever possible, consistency and stability of staff member(s) working with the child/young person.
- Support child, young person and, where appropriate, the family within a multi-agency context.
- Work with other agencies to support work on:
  - Attachment.
  - Health and mental health concerns/recovery.
  - Practical issues associated with poverty i.e. housing, financial and legal assistance.
  - Harm reduction techniques, particularly when the young person demonstrates agency in the exploitative situation.

Ensuring the right staff with right skills, in the right place

School nursing teams are equipped to support the needs of children at risk of sexual exploitation by having the training to enable them to:

- Raise awareness of child sexual exploitation, e.g. in communities, with individual children and families and within the PSHE curriculum.
- Identify warning signs of risk or indicators of vulnerability to, and experience of, child sexual exploitation.
- Complete an appropriate assessment to identify signs of child sexual exploitation. See Appendix 1.
- Raise and explore issues of choice and consent in sexual relationships.
- Be knowledgeable and competent in the issues of confidentiality, information sharing and referral mechanisms e.g. MASH, local specialist sexual exploitation services.
- Assess the level of disability or difficulty where victim and/or perpetrator may have learning disabilities, and to implement the best method of support.
- Work competently within a multi-agency framework.
- Use local and national evidence-base policies and procedures.
- Refer to specialist safeguarding nurse and specialist multiagency sexual exploitation team using local safeguarding procedures if sexual exploitation is suspected or disclosed. If the practitioner is working with a young person who is a perpetrator of sexual exploitation, the same safeguarding processes should be used as for victims.

A School nursing case study

A public health nursing team in Devon have seen a rise in the number of young people, particularly young males age 13 and 14 years, being sexually exploited for drugs and alcohol. There are geographical links between the perpetrators between different towns and counties.

The school nurse team have all undertaken the child sexual exploitation (CSE) specific training programme, which has underpinned our practice and enabled us to identify risk indicators when working with young people. We discuss the young people at risk of CSE and known to be sexually exploited, at our weekly allocation meeting. In response to the escalation the school nurses have linked in with specialist workers from drug and alcohol services and the Missing Persons officer at the child abuse investigation unit. These links have proven key to enable information sharing about the young people to remain up-to-date, as significant events in these young people's lives can change on a daily basis. In addition the school nurses have linked in with the senior schools and provided an awareness session on CSE indicators to staff, and highlighted the importance of using the MASH enquiry process to raise concerns.

The drug use of young people became more risky, so the school nurse then facilitated between the schools and drug and alcohol workers, whole school, targeted, and parent information sessions, on specific drug misuse known to be a feature in the exploitation ring, namely cannabis and gas. The school nurses have also engaged with the PSHE programme in the schools and have provided lessons to year 10 and 11 on domestic abuse in young people and CSE using the CEOP evidenced based resources.

Evaluation has had proven positive outcomes. We have increased awareness in our community on CSE, with schools, parents/carers and young people. We are able to demonstrate excellent information sharing procedures which has ultimately enabled better safety planning for those individuals already being exploited. We are also identify young people, early on, at risk of exploitation, and are able to address this accordingly. We have had an increase in numbers at the school nurse drop in.

Bonita Matthews, School Nurse, Devon

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Lisa Bolton
Specialist Nurse for Children and Young People who are Looked After
Leeds Community Healthcare NHS Trust

Jean Burbidge
Named Nurse, Vulnerable Children and Young People
Lincolnshire Community Health Services NHS Trust

Ruth Cohen
Clinical Lead for School Health
Barts Health NHS Trust

Melanie Coxon
Specialist Community Public Health Nursing Student – School Health Nurse
Holly Lane Clinic

Elaine Croll
School Nurse
Harrogate and District NHS Foundation Trust

Viv Crouch
School Nurse PSHE Specialist/Teenage Pregnancy Lead Nurse
Sirona Care and Health

Michael Fanner
PhD Student - Faculty of Education and Health
University of Greenwich

Heidi Ferrier-Hixon
Lead Nurse for Universal Plus – School Nursing Team
Birmingham Community Healthcare NHS Trust

Melanie Giles
Senior Lecturer – School of Nursing and Allied Health
Liverpool John Moores University

Georgia Johnston
Business Development Officer: Child Sexual Exploitation, Sexual Abuse and Violence
Brook

Annemarie Kennedy
Specialist Community Public Health Nursing Student – School Nursing
Coventry and Warwickshire Partnership NHS Trust

Sara Logan
Specialist Community Public Health Nursing Student
Bridgewater Community Healthcare NHS Trust

Daniel Lucy
Senior School Nurse (Specialist Practitioner)
Pennine Care NHS Foundation Trust

Mary Malone
Pathway Leader – Advance Practice (Specialist Public Health Nursing – Health Visiting and School Nursing)
Kings College London

Gill Marchant
Designated Nurse – Safeguarding Children
NHS Leeds South and East Clinical Commissioning Group

Louise Marshall
Teenage Pregnancy Programme Manager
Manchester City Council

Rebecca McGeown
Specialist Nurse – Child Sexual Exploitation / Safeguarding Practitioner
Lancashire Care NHS Foundation Trust

Maggie McKenzie
Designated Nurse – Looked After Children
Oxfordshire Health NHS Foundation Trust

Amanda Middleditch
Clinical Lead, East, North and South Hertfordshire – School Nursing
Hertfordshire Community Health Services

Catherine Mitchell
Specialist Practice Student – School Nursing
Staffordshire and Stoke-on-Trent Partnership Trust

Amy Nicholas
Policy Lead, Child Sexual Exploitation Team
Rotherham, Doncaster and South Humber NHS Trust

Michelle Nightingale
Safeguarding Advisor
Lewisham an Greenwich NHS Trust

Jayne Pezzulo
Health Lead – Doncaster Child Sexual Exploitation Team
Rotherham, Doncaster and South Humber NHS Foundation Trust

Michelle Phillips
RGN, BSc SCPHN, Queens Nurse
NSPCC

John Radford
formerly Director of Public Health
Rotherham Metropolitan Borough Council

Kerry Rose
Specialist Community Public Health Nursing Student – School Nursing
South Warwickshire NHS Foundation Trust

Jackie Ruddy
Specialist Public Health Nursing Student – School Nursing
Coventry and Warwickshire NHS Partnership Trust

Fiona Smith
Adviser in Children and Young People's Nursing
Royal College of Nursing

Jessica Streeting
Practice Nurse Lecturer/Lead for NICE and Standardisation
London South Bank University / Central London Community Healthcare Trust

Margaret Tench
Designated Nurse – Safeguarding Children
Newcastle Clinical Commissioning Group

Jenny Thomas
Student Specialist Community Public Health Nurse – School Nursing
Staffordshire and Stoke-on-Trent Partnership NHS Trust

Sheila Thomas
Acting Matron / Team Leader
Sandwell and West Birmingham Hospitals NHS Trust

Harry Walker
Policy and Parliamentary Manager
FPA and Brook

Sharon White
Professional Officer
School and Public Health Nurses Association (SAPHNA)

Sue Whitfield
Public Health Lead
Surrey County Council

Liz Williams
Senior School Nurse / Specialist Community Public Health Nurse Student
Staffordshire and Stoke-on-Trent Partnership NHS Trust

Secretariat

Wendy Nicholson, Professional Officer, School and Community Nursing, Department of Health
Pauline Watts, Professional Officer, Health Visiting, Department of Health
Betsy Allen, Professional Lead for School Nursing, Devon Integrated Children's Services, Virgin Care Limited
Fiona Hill, Project Support Officer, School and Community Nursing, Department of Health