Child Sexual Exploitation: The changing role of sexual health services in identifying young people at risk of exploitation, gathering and sharing health intelligence with multidisciplinary task forces to provide follow up support for young people.

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Summary

Sexual health services play a key role in identifying young people at risk of, or experiencing, child sexual exploitation (CSE). The development of the Greater Manchester Screening Programme RUclear has helped identify young people at risk of CSE and has led the Greater Manchester Sexual Health Network (GMSHN) to develop a standardised CSE risk assessment tool, referral pathway and training for sexual health services. Sexual health services are sharing health intelligence with multi-agency teams to identify young people at risk.

The Greater Manchester Sexual Health Network

The aim of the GMSHN is to facilitate – by collaboration with all authorities and GM Safeguarding Leads. The Deputy Director of Services representatives and GM Safeguarding Leads from local Council, with representatives on the group including the Detective Chief of the Children’s commissioner as an example of good practice.

In October 2012, the GMSHN organised a workshop on Child Sexual Exploitation (CSE) for sexual health commissioners and providers to raise awareness of CSE, to share good practice and identify further actions required. 80 sexual health commissioners and health practitioners attended the event including staff from contraception services, specialist GUM clinics, integrated sexual health services, young people’s sexual health services and abortion services. The workshop highlighted that GM sexual health services were using different CSE policies and procedures and training on safeguarding and pathways to raise concerns around CSE varied. Specialist multi-agency CSE teams varied, as did referrals into these teams.

Following the workshop, the GMSHN established a CSE task and finish group for sexual health services to tackle 5 key areas:

- Increase awareness of CSE amongst all staff working in GM sexual health services and all commissioners of sexual health services.
- Map out current CSE policies and procedures in sexual health services.
- Standardise GM risk assessment tools, pathways, training and guidance on CSE.
- Improve information sharing within organisations, between health organisations and between health and other multi-agency partners.
- Consider the health and wellbeing of all staff working within this field - psychological support for staff for de-briefings very specialist supervision.

The work in GM sexual health services is being held up nationally as good practice and the Greater Manchester Sexual Health Network has contributed to the National Working Group on CSE’s report “If you shine a light you will probably find it” – A report of health professionals and their experiences of dealing with child sexual exploitation” and has presented at the Office of the Children’s Commissioner CSE Groups and Gangs Inquiry workshop on offenders in June 2013.

Next Steps

- Share GM CSE Risk Assessment Tool and referral pathways for Sexual Health Services with Safeguarding Leads, specialist CSE teams and local groups.
- Strengthen sexual health professional input into GM and local Safeguarding Boards, local multi-agency CSE meetings and specialist CSE teams.
- Organise standardised GM wide CSE training for all sexual health service professionals.
- Increase appropriate sharing of health information for young people at risk of CSE.

By October 2013, the final GM CSE risk assessment tool and GM CSE referral pathways, for use by sexual health services staff with young people and vulnerable adults, should be in place and be used.

A toolkit guide and information package will be provided with the risk-assessment tool, along with a short training session.

This will ensure there is consistency in approach across GM sexual health services in identifying young people and vulnerable adults who are at risk of being exploited.

For those young people and vulnerable adults who are identified as being exploited there will be clear and consistent referral pathways in place to support and protect them from further harm.