



Independent Inquiry into Child Sexual Exploitation in Northern Ireland

Call for Evidence: Respondent Information Form for Organisations

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately.

1. Name of Organisation

Royal College of Paediatrics and Child Health

2. Name of Person completing Submission

Title Mr Ms Mrs Miss Dr Other (Please specify) _____

Surname

Roberts

Forename

Emily

3. Position within the Organisation

Policy Lead

4. Postal Address

5-11 Theobalds Road		
London		
United Kingdom		
Postcode WC1X 8SH	Phone 020 7092 6093	Email: emily.roberts@rcpch.ac.uk

Permissions - I am responding on behalf of an organisation

The name and address of your organisation may be made available to the public on the CSE Inquiry website.

Are you content for your response to be made available?

Please tick as appropriate:

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If "No", please state why: _____

We will share your response internally with relevant Inquiry personnel who will consider the issues you have identified. They may wish to contact you again in the future, but will require your permission to do so.

Are you content for the Inquiry to contact you again in relation to your response?

Please tick as appropriate:

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Some organisations may be called upon to give oral evidence to the Inquiry.

Please indicate whether your organisation would be willing to give oral evidence. All oral evidence will be given in private.

Are you willing to give oral evidence, if approached?

Please tick as appropriate:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If "No", please state why: _____

INQUIRY INTO CHILD SEXUAL EXPLOITATION IN NORTHERN IRELAND

EVIDENCE FROM ORGANISATIONS

Please structure your evidence along the following lines if possible:

1. Please describe work undertaken by your organisation that is relevant to CSE, even if it is not the main focus of your work. This should include structures, procedures and processes currently in place.
2. Reflecting on the current definition of CSE, can you indicate whether this definition enables your organisation to identify appropriately and capture information about CSE.
3. From the information held by your organisation, can you provide an indication of the nature and extent of CSE in NI for both genders?
4. What measures are required to improve the arrangements for preventing and tackling CSE in NI?
5. What barriers exist in preventing, identifying, disrupting or prosecuting child sexual exploitation (CSE) perpetrators?
How might these be overcome?
6. Please provide any examples of local initiatives which have been taken in relation to preventing and tackling CSE.
7. Please add anything else you wish to say that is relevant to the work of the Inquiry.

Service Users' Experiences

The Inquiry will be consulting children and young people about CSE in a variety of ways. If you work with people who are likely to have or to have had experience of CSE, it would be helpful if you could submit any anonymised views or experiences of service users that can ethically be provided. You may also wish to suggest to the Inquiry how the views and experiences of your service users could best be ascertained to inform the Inquiry.

INQUIRY INTO CHILD SEXUAL EXPLOITATION IN NORTHERN IRELAND

EVIDENCE FROM ORGANISATIONS

Please write down here what you want to tell the Inquiry.

1. Please describe work undertaken by your organisation that is relevant to CSE, even if it is not the main focus of your work. This should include structures, procedures and processes currently in place.

The Royal College of Paediatrics and Child Health (RCPCH) was founded in 1996. The College comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards. The College's responsibilities include: setting syllabuses for postgraduate training in paediatrics; overseeing postgraduate training in paediatrics; running postgraduate examinations in paediatrics; organising courses and conferences on paediatrics; issuing guidance on paediatrics; and conducting research on paediatrics.

The RCPCH Child Protection Standing Committee (CPSC) has representation from across England, Northern Ireland, Scotland and Wales. The CPSC responds to proposals relating to child protection made by Government and other bodies on implications for paediatrics and child health as well as contributing to a range of other stakeholder groups.

In 2013, the RCPCH provided representation on the Department of Health Working Group Report on Child Sexual Exploitation in England, contributing and endorsing the final reportⁱ. The RCPCH is now a member of the Academy of Royal Colleges Working Group on Child Sexual Exploitation which was established to consider what the medical Royal Colleges could do to improve awareness and recognition of and response to child sexual exploitation: the Academy intend to publish a paper in 2014.

The RCPCH also produces a range of guidance materials for paediatricians, including the *Physical signs of child sexual abuse*ⁱⁱ and the *Child Protection Companion (2nd Ed)*ⁱⁱⁱ, which support improved child protection practice in relation to child sexual abuse and CSE. The recent update to the intercollegiate document, *Safeguarding Children and Young people: roles and competences for health care staff*, now also includes reference to CSE, stating that professionals at Levels 2^{iv} and 3^v need to be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation.

2. Reflecting on the current definition of CSE, can you indicate whether this definition enables your organisation to identify appropriately and capture information about CSE.

N/A

ⁱ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279189/Child_Sexual_Exploitation_accessible_version.pdf

ⁱⁱ <http://www.rcpch.ac.uk/child-health/standards-care/child-protection/publications/child-protection-publications>

ⁱⁱⁱ <http://rcpch.lpl-uk.com/pubdetail.php?StockID=9005>

^{iv} All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers

^v All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns

3. *From the information held by your organisation, can you provide an indication of the nature and extent of CSE in NI for both genders?*

N/A

4. What measures are required to improve the arrangements for preventing and tackling CSE in NI?

It is crucial that the awareness of healthcare professionals to CSE is raised, including but not limited to Paediatrics, ED Physicians, CAMHS, Sexual Health doctors, GP's, Forensic Medical Officers and school health staff. The Health Working Group Report on Child Sexual Exploitation in England found that raising awareness through education and training and encouraging staff to be more curious about child sexual exploitation is a vital part of transforming the culture of health services^{vi}.

Healthcare professionals need to have an understanding of risk factors for CSE and the response required, including clear pathways for action and how various legislative issues such as consent, child sexual abuse, and the Sexual Offences (Northern Ireland) Order 2008 all interact with each other when CSE is being considered as a possibility. To achieve this, all child protection education and training should contain a comprehensive section on sexual exploitation so that health professionals are supported to respond appropriately to victims.

It is also vital that awareness is raised amongst children, young people and families through engaging them in the discussions around CSE.

5. What barriers exist in preventing, identifying, disrupting or prosecuting child sexual exploitation (CSE) perpetrators? How might these be overcome?

Prosecution relies on recognition of offences, supporting victims in coming forward and through the court process. Research stresses the importance of building trust as the first stage in any intervention in order for there to be sufficient information from the child or young person and openness from their family to understand the problems that need to be addressed^{vi}. Services need to work in partnership, maintaining a child or young person-centred focus.

Feedback received from members suggests that there is variability in agency responses across different parts of Northern Ireland to allegations of CSE, which are often dependent on whether a young person or family member wishes to make a formal complaint to Police Service of Northern Ireland. A young person should always be supported and encouraged to seek the assistance of a healthcare professional with expertise in child protection, specifically the assessment of CSA, and should receive a holistic health assessment. This will ensure that they receive appropriate care and follow-up regardless of whether they wish to make a formal complaint or not. Information collected as part of this assessment may eventually be used to support criminal proceedings where appropriate.

Looked After Children (LAC) have an increased vulnerability to sexual exploitation, and health professionals caring for LAC have a crucial role in identifying children at risk of or experiencing sexual exploitation, and responding appropriately to safeguard them^{vi}. Feedback from members suggests, however, that Northern

^{vi} Department of Health. *Health Working Group Report on Child Sexual Exploitation An independent group chaired by the Department of Health focusing on: Improving the outcomes for children by promoting effective engagement of health services and staff.* January 2014.

Ireland lacks adequate service provision of both designated nurses and designated doctors for LAC across all areas. It is understood that some Trusts have these in place and others have no ring-fenced posts or alternative measures such as extended Health Visitor input.

6. Please provide any examples of local initiatives which have been taken in relation to preventing and tackling CSE.

Training in the form of awareness raising and risk identification is currently being rolled out within the Northern Health and Social Care Trust to Paediatricians, ED staff, CAMHS, Regional Sexual Assault Referral Centre Forensic Medical Officers, Family Planning and Sexual Health staff. Paediatricians have been asked to participate in training in September 2014 for recently appointed Family Court Judges and as part of this aim to raise awareness from the viewpoint of medical involvement with CSE.

Risk assessment tools such as the Brook / British Association for Sexual Health and HIV *Identifying Child Sexual Exploitation: a proforma to aid sexual health care providers* can be useful in ensuring frontline health staff are equipped to identify potential cases of CSE^{vii}.

In England, the Cambridgeshire and Peterborough Local safeguarding Children's Boards have developed a risk assessment referral form which feeds into Multi-Agency Safeguarding Hubs which all professionals can fill in and send off. A copy of the questionnaire has been attached to this response.

Chelsea's Choice^{viii} is a theatre production aimed at raising awareness of CSE amongst young people in the UK. Anecdotal feedback from members suggests that this programme has led to increased awareness and disclosure of CSE.

1. Submissions should be no more than 5 sides of A4
2. Please feel free to include additional information in support of your submission
3. Submissions should be emailed to: cseinquiry@rqia.org.uk no later than Tuesday 18 March 2014

^{vii} <http://www.brook.org.uk/index.php/what-s-new/latest-news?view=article&id=162>

^{viii} <http://www.iustwhistle.org.uk/index.php/home/members>