

Chapter Four: Health

The Health chapter will highlight approaches that key services in health should take in order to prevent CSE. However all health services have a responsibility to raise CSE awareness amongst their staff ensuring staff take an appropriate response. Please ensure you read Chapter One and Two before accessing this chapter.

Children and young people who are sexually exploited can present across a range of health settings in a variety of ways: poor self-care, injuries, sexually transmitted infections, contraception, pregnancy, termination, drug and alcohol problems, medically unexplained symptoms, mental health problems, self-harming behaviours, problem behaviours, problems in relationships. They may not recognise they are being sexually exploited as they may perceive the perpetrator as giving them something they need or want. This may change over time as the perpetrator's behaviour becomes more coercive, but, a fear of potential consequences may stop them from disclosing. (AMRC, 2014)

The key health workers who are best placed to spot children at risk of CSE are:

- School Nurses
- General Practice
- Walk-in and Emergency Department
- Sexual Health Services
- Paramedics and Ambulance services
- Midwifery & Gynaecology
- Health visiting
- Primary Care
- Mental Health/CAMHS
- Serenity Sexual Assault Referral Centre

SCHOOL NURSES

In their guidance the Royal Academy of Medical Colleges (AMRC, 2014) describe what young people want when they need to make disclosure about CSE:

The young people said that they wanted:

- *someone to notice that something was wrong*
- *be asked direct questions*
- *professionals to investigate sensitively*
- *to be kept informed about what was happening.*

Disclosing abuse was difficult and the majority had negative experiences at some point, often to do with people responding poorly. Positive experiences were around being believed, protective actions being taken and the provision of emotional support.

School Nurses have direct access to students and are ideally placed to foster a relationship that will help young people to disclose their CSE experience.

The Department of Health has just launched its School Nurses Guidance for best practice in CSE March 2015 which can be accessed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410045/CSE_pathway_FINAL.pdf (DOH, 2015)

The guidance provides the following information:

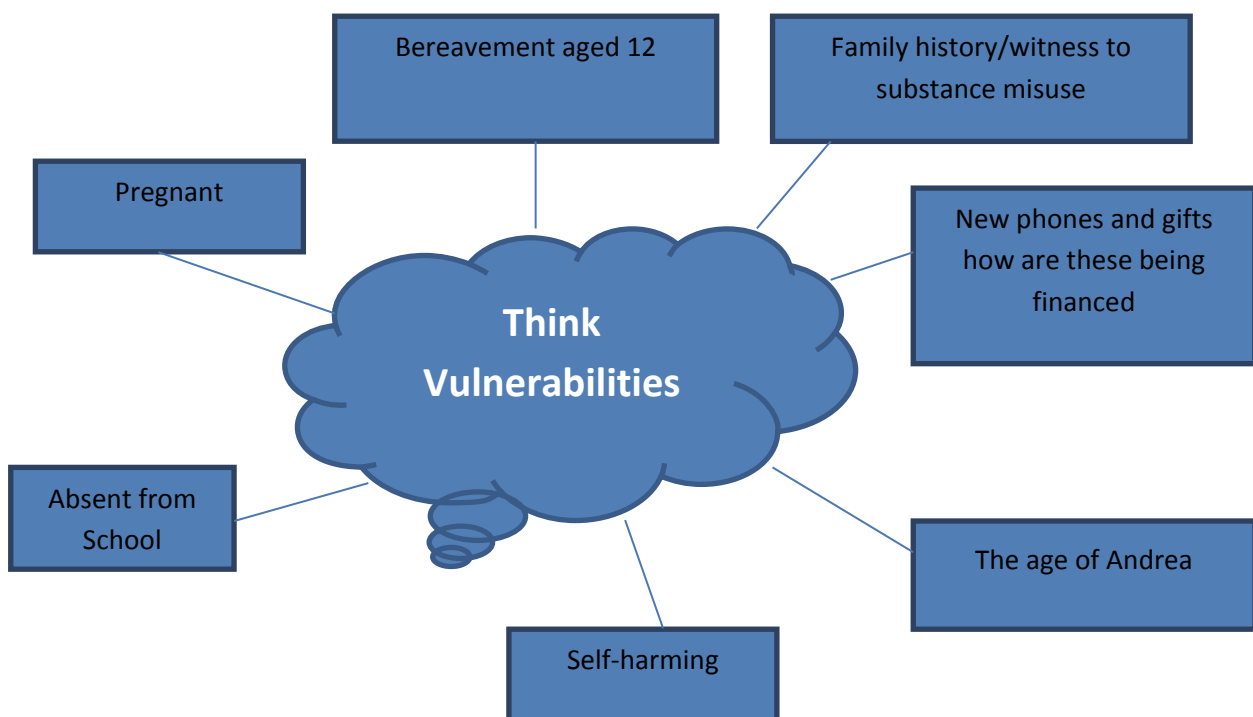
School nursing teams must ensure their services are young people friendly by:

- 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 child 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,

The following is a case example that could typically present to a school nurse at her health drop-in:

Andrea is a 16 year old young person who has attended a 'drop in' at school. You are already aware that Andrea is pregnant and she has been talking about termination. She currently lives at home with her mum, and her dad died when she was 12 years old from complications of substance misuse. The school are aware that Andrea is often absent from school and that when she does attend, she could be described as a challenging young person. One of her friends who attended the drop-in the previous week told you that Andrea often has new phones and expensive gifts. The hospital recently informed you via a paediatric liaison form that Andrea has a history of self-harming.



At this point liaison and information gathering with the school in partnership is key. You have some of the information but not all. Liaise with the Designated Safeguarding Lead in school who will find additional information from:

- What her teachers (year head, pastoral lead, head of house etc.) know about her?
- Speaking with the SENCO
- Does she have a pastoral support plan?
- Does the school counsellor see her?

Consider how to speak with Andrea about your concerns. There are some key messages from young people in the DoH School nurse guidance from young people themselves (DOH, 2015):

“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.”
- “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.”
- “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.”

Once you are clear on your information and have explained the action you need to take for Andrea complete the CSE Assessment and add this to your referral to Social Services. Above all keep Andrea informed about what you are doing, make sure she can contact you by telephone as once she discloses information to you she will need your support.

GYNAECOLOGY

It is highly recommended that gynae practitioners read Chapters One and Two and read the sections for Sexual Health and Midwifery as there is shared learning that can be applied to the gynaecological setting.

Young people who present to gynae services may come for a number of reasons that may include:

- Abdominal pain investigations
- Menstruation issues
- Seeking termination

It is important to be aware of all the CSE risk factors but in addition consider the following:

- Does the young person attend on her own?
- How old is she?
- Does the young person attend with an older friend rather than a relative?

- Has she attended in the past and what for?
- Are there any past safeguarding concerns in the safeguarding section of her notes?
- Is she reticent in giving information?
- If any of the CSE risk factors are identified contact the Hospital Children Safeguarding team and seek advice if possible before discharge
- Always ensure you speak to the young person on her own, the older person present with her may be exploiting her
- Where English is a second language, ensure use of a professional interpreter, do not use family or friends as interpreters
- If CSE risk factors are present then explain your concerns to the young person and complete the CSE assessment in Chapter Two. Include this with your referral to children's social services
- Complete a paediatric liaison form so that the school nurse is informed who can follow the young person up if she attends school

MIDWIFERY

Midwives are ideally placed to pick up any CSE early warning signs and act upon them. From booking in, to routine ante-natal appointments and home visits, the Midwife using the peri-natal care pathway can assess a young woman's vulnerability. Young people under the age of 18 years may not carry any CSE risks but it should always be considered. Midwives should read the Chapters One and Two and know the signs and symptoms of CSE. If risks for CSE are identified then the CSE assessment should be completed and a referral to MASH initiated.

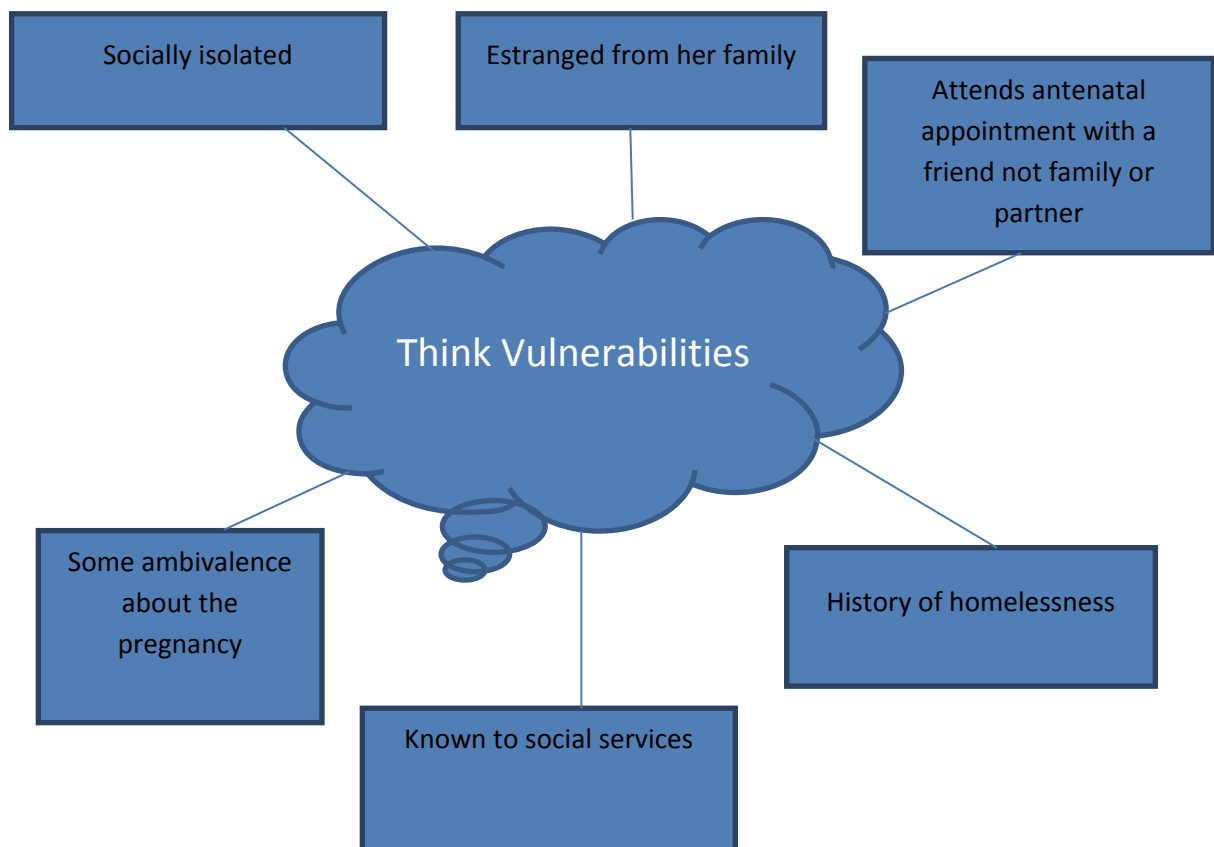
Key warning signs pertinent to midwifery to look out for:

- A discrepancy in the age of the young person and her partner, (consider the 5 -year rule, if you're under the age of 18 and you have a partner 5 years older than you, there is a high risk of CSE)
- A reluctance to share information about her partner
- The young person not being able to identify the partner and again reluctant to give information
- Late booking
- Ambivalence about the unborn
- If the partner is identified look out for signs of domestic abuse/intimate partner abuse
- Social isolation from friends and/or family
- A history of being in care

- Missing ante-natal appointments
- Attending antenatal appointments on their own
- Chaotic lifestyle
- History of self-harm and/or associated mental health problems
- Substance misuse history

CASE EXAMPLE

Charlotte, 17 years old, presented at 23 weeks. She attended the booking with a friend and is reluctant to share who the father is, stating she no longer sees him and he doesn't want to be involved. Charlotte doesn't feel great about the pregnancy but equally she says she is going to make the best of it. Charlotte states that she lives in her own flat because she doesn't get on with her mother and her father has not been around for many years. She currently has a leaving-care worker who helped to get a flat when she presented as homeless.



PRACTICAL FIRST STEPS:

- Consider referral to the vulnerable midwives team
- If CSE risks are established complete CSE Assessment Tool and contact social Worker who will refer to RISE
- Consider referral to Family Nurse Partnership
- If no disclosure is forthcoming, but you remain suspicious that she may be at risk of CSE, and you are to remain the allocated midwife, encourage a close working relationship. Regularly make contact and build trust
- Ensure at least one ante-natal home visit
- Always document who is present at contacts and try to establish the relationship of any adults present with the mother to be
- Seek supervision with Named Midwife to ensure safe practice

HEALTH VISITORS AND FAMILY NURSE PARTNERSHIP (FNP)

Health visitors and FNP workers have access to the home environment, and therefore they are ideally placed to pick up on CSE related concerns. Please ensure you read Chapters One and Two so that you are aware of the risk factors associated with CSE: access to a family's home can give a different view of the lives of children and young people.

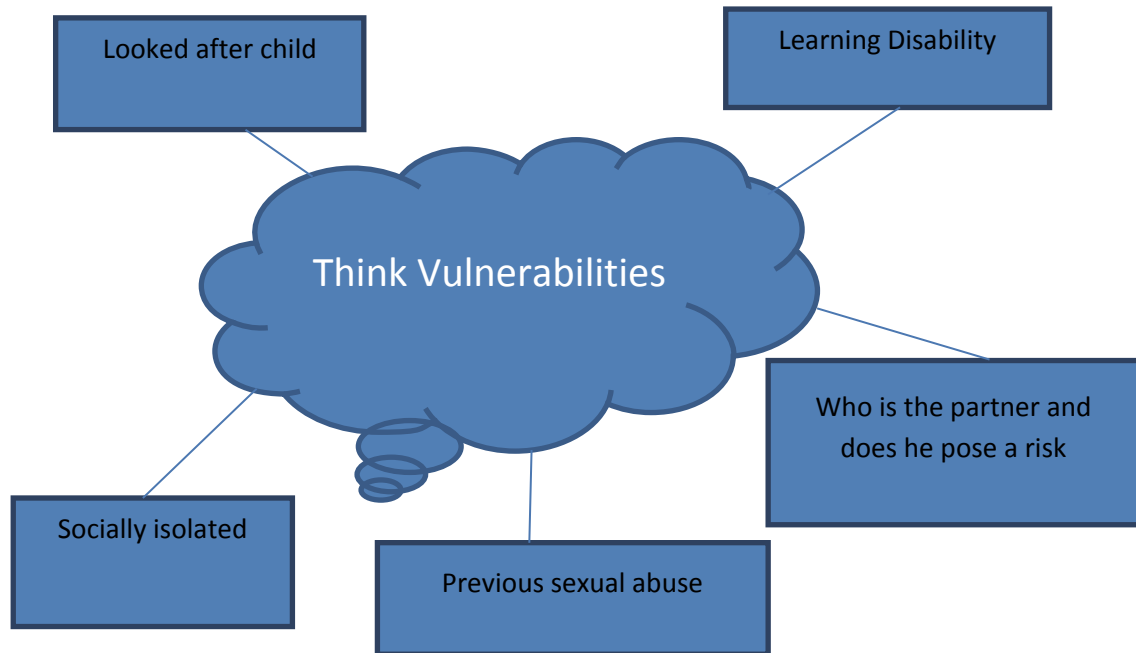
As the Health Visitor, your client is the new mother who may not be at risk of CSE; however she may have teenage children who she is concerned about also.

As the Family Nurse you are already working with a vulnerable cohort so you need to be aware of any of the signs and symptoms of CSE as outlined in the introductory chapter.

If any concerns are identified, the CSE assessment tool should be completed and a referral to MASH made. The NHFT Children's Safeguarding Team is available to Health Visitors, School Nurses and Family Nurses for advice on all concerns related to CSE.

CASE EXAMPLE

Poppy is a 17 year old mum that you visit in her home. Poppy has previously been a Looked After Child. She was removed from her family as a young child due to previous sexual abuse. She is now supported by a leaving care social worker. Poppy has some learning difficulties and she attended a special school. Poppy is socially isolated from her peers due to the location that she is currently living in.



So you already know Poppy has some of the risk factors for CSE - you need more information which can be gained through building a trusting relationship. The CAF process would be an ideal tool to gather further information on Poppy's relationship with her partner, the history leading up to her pregnancy and whether there are substance misuse concerns. If it becomes clear that Poppy is being exploited then referral through MASH with the attached CSE assessment tool is imperative.

SEXUAL HEALTH:

Guide for Integrated Sexual Health Service (ISHS) Staff and other professionals providing sexual health services in Northamptonshire

Introduction:

- Sexual health services are designed to be safe, non-judgemental, confidential and accessible to young people. They will often be the first and only health service a young person will access on their own.
- This presents a unique opportunity to engage in discussion with a young person on all aspects of their life, including issues they would ordinarily not share with anyone else or other agencies.
- Information that may indicate risk of CSE could be captured in these discussions and it is important that as a sexual health professional you understand about CSE indicators and referral and support mechanisms to safeguard young people.

MY ROLE AS A SEXUAL HEALTH PROFESSIONAL AND WHAT I NEED TO KNOW

- It is essential that all sexual health professionals are trained in CSE and use relevant assessment tools so they are competent, comfortable and confident to identify risks and support young people appropriately.
- This should be through both formal training and engaging in supervision to build up experience and knowledge of this area.
- As a sexual health professional, your role is to establish whether the young person understands what a healthy and consenting relationship is. However, even if good understanding is demonstrated, in reality a young person may perceive their situation as consensual when in fact they are being groomed. This is **often** the case in sexual exploitation cases and in all cases of CSE there is a power imbalance.
- There is much ambiguity in assessing CSE risk and there could still be a risk, even if young person does not present as sexually active.

TOP TIPS FOR TALKING TO YOUNG PEOPLE IN THE CONSULTATION

- Use a conversational tone and try to mirror the body language of the young person.
- Avoid using medical jargon. You could use terms used by the young person but you should clarify the meaning first. What a young person means by a term may be different to your understanding!
- Use open questions to start. Direct questions should be used for confirming and clarifying information later.

- Be approachable. Try to be calm, friendly and reassuring.
- Be responsive and sensitive to their needs. Your approach should be changed depending on the responses you receive and if an answer to a question is not forthcoming, do not push or annoy the young person. You may want to make a note in the clinical record that they didn't answer it and come back to it another time.
- **Never** make assumptions about the young person based upon cultural, social or sexual orientation stereotypes.
- Listen and observe as non-verbal responses are sometimes more important than verbal responses.

By following these pointers you create trust and an open dialogue to understand their personal circumstances and behaviour better. While CSE may not be disclosed directly, a young person may provide information on key indicators that should be acted upon.

The information you are provided with should be recorded on the CSE Assessment Tool.

HOW TO USE THE INTEGRATED SEXUAL HEALTH SERVICE CSE ASSESSMENT TOOL:

- In ISHS hub and spokes, we use a nationally produced Competency Record to assess Gillick competencies where someone is below 18 or a vulnerable adult.
- This tool guides you through the clinical consultation and supports an effective dialogue between the young person and sexual health professional.
- If the young person is under 16, they will also see a Health Advisor (a senior nurse specifically trained and experienced in engaging with young people). Then, a senior nurse or doctor will complete the clinical record and make a plan for investigations and referrals where indicated.
- The first half of the form helps you build a picture of the young person and their surroundings. The second half supports you through professional decision making based on the information you have received.

The form explores sexual history and other key areas:-

- vulnerability due to protected characteristics e.g. age, disability, race
- who the young person attends the service with
- if they are attending and happy in their educational setting
- social circumstance such as where they are living and who with
- whether other agencies are providing support

- friends and relationships with others around them
- use of social networking and the internet

During the consultation it is important to explain confidentiality and its boundaries, highlighting there may be a need to seek advice if you believe there is risk of harm or significant risk.

The young person should be kept informed and conversations should be open and honest. Where there is a need to escalate a concern, this should ideally be explained to the young person and where possible they should be involved so they remain and feel in control.

Next Steps:

- Based on professional judgement and analysis, if unusual patterns or risks are identified, it is essential the young person gets the support and protection they need to be safe.
- These could be preventative measures e.g. help to develop healthy relationships, emergency/ on-going effective contraception; or interventional measures where CSE risk is high.
- If there are concerns raised during the consultation then discuss with your line manager at the earliest opportunity and refer to the Multi Agency Safeguarding Hub. Any referral made should include a completed CSE Risk Assessment..

SERENITY:

Serenity, Northamptonshire's Sexual Assault Referral Centre (SARC), acts as a "one stop" provider for male and female victims of sexual assault and abuse, and can offer forensic medical assessment (documenting physical evidence of assault, and collecting samples which may support a criminal prosecution), initial sexual health screening, emergency contraception, and emotional support. The Independent Sexual Violence Advisor (ISVA) can provide ongoing advice and support for victims whether or not there is a police investigation and prosecution. Clients are referred on to victim support or other agencies, or where appropriate, mental health services.

CHILD SEXUAL ABUSE ASSESSMENTS:

Serenity provides the venue for the assessment of children and young people where sexual abuse is suspected, or where a child or young person has made a disclosure of abuse. This is usually as part of a Section 47 Child Protection Enquiry. Children will be offered a holistic Child Protection Assessment including forensic medical assessment, sexual health screening, and access to ongoing support services.

This may be an appropriate process in certain CSE cases, if a young person has recognised and disclosed the abuse. For example, where a young person aged 15 discloses that she

went to a party with a friend and was given a lot of alcohol, and thinks she had sex with one or more people she didn't know, a child protection response and assessment at Serenity will be appropriate.

SERENITY'S ROLE WITH YOUNG PEOPLE AT RISK OF SEXUAL EXPLOITATION:

Young people under 18 years of age comprise a significant proportion of Serenity's workload, and in some cases may self-refer. Some of these young people may be at risk of, or being harmed, through sexual exploitation.

- Serenity staff will always advise young people that information may need to be shared with other agencies if they consider the young person to be at risk of significant harm.
- All assessments of young people under 18 will consider whether there are any indicators of wider vulnerability or harm in the young person's presentation.
- Young people under 16 presenting with a history of sexual assault will be referred to Multiagency Safeguarding Hub (MASH).
- Where there are possible indicators of CSE for young people under 18, Serenity staff will use NSCB CSE Risk Assessment Tool to understand the level of risk.
- The Serenity team can access safeguarding advice and supervision on possible CSE cases from the Northamptonshire Healthcare Foundation Trust safeguarding team.
- Where there is evidence that a young person may be at risk of harm through sexual exploitation, a referral should be made to the MASH and the completed CSE risk assessment attached

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Feeding into Mental Health Assessment, Diagnosis and Treatment Plans

When approaching child mental health work, we need to consider the potential of child sexual exploitation risk in all interactions with young people and families. The presenting mental health issues may be correlated to CSE risk factors.

Referrals to CAMHS are via the Referral Management Centre.

THINK at referral
screening

As this is our first opportunity to pick up on potential CSE risk factors, it may be pertinent to reflect on the initial information regarding the family circumstances, e.g. risky behaviours, missing from home, domestic abuse and a lack of protective factors for a young person.

There may be mental health risks in conjunction with relationship issues, trauma, substance use, self-harm, self-medicating, eating and/or body image issues, which all add up to raised vulnerabilities heightening the risk for young people to become sexually exploited.

THINK at
assessment

For those young people accepted for Initial Assessment in CAMHS, a holistic mental health assessment incorporates a good family history, which will focus on risk and protective factors, family situation and relationships, and support networks. As you build up the history, you may identify CSE risk factors.

For those young people being seen via Duty, Crisis and Home Treatment or via the Integrated Pathway for self-harm, a thorough and robust assessment of contributing factors may highlight concerns of CSE risk by the nature of the presentation.

Once CSE concerns are identified complete the CSE assessment tool in Chapter Two

THINK young person and their intimate
relationships- are they safe?

It may become evident that a young person is in a problematic intimate relationship. At this point sensitive questioning around consent and sexual activity may expose concerns. In CAMHS we routinely raise the difficult question of abusive experience. It is important to widen the discussion to incorporate the issue of consent in personal relationships in an appropriate way. Do not make assumptions regarding the nature of relationships young people are engaged in, they may not perceive consent or control in the same way.

THINK SAFEGUARDING

Always have in the back of your mind when assessing and working with young people

- Could there be a safeguarding aspect to this case?
- What is the nature of the safeguarding concern,
- Could it be CSE?

Use the CSE assessment in Chapter Two and incorporate the questions into your assessment if you suspect CSE is a factor.

THINK CSE Toolkit

All of the toolkit can be helpful, particularly consider the guidance given in the Sexual Health and School Nursing sections. There are similarities in approach and service style.

THINK safeguarding supervision

Liaison regarding safeguarding concerns at any point can be discussed in team clinical practice or with the Trust Safeguarding Team childrenssafeguarding@nhft.nhs.uk , or with the health MASH team: 101 ext. 341088 it is always expected practice to seek safeguarding supervision.

THINK information sharing with
RISE and the CSE Forum

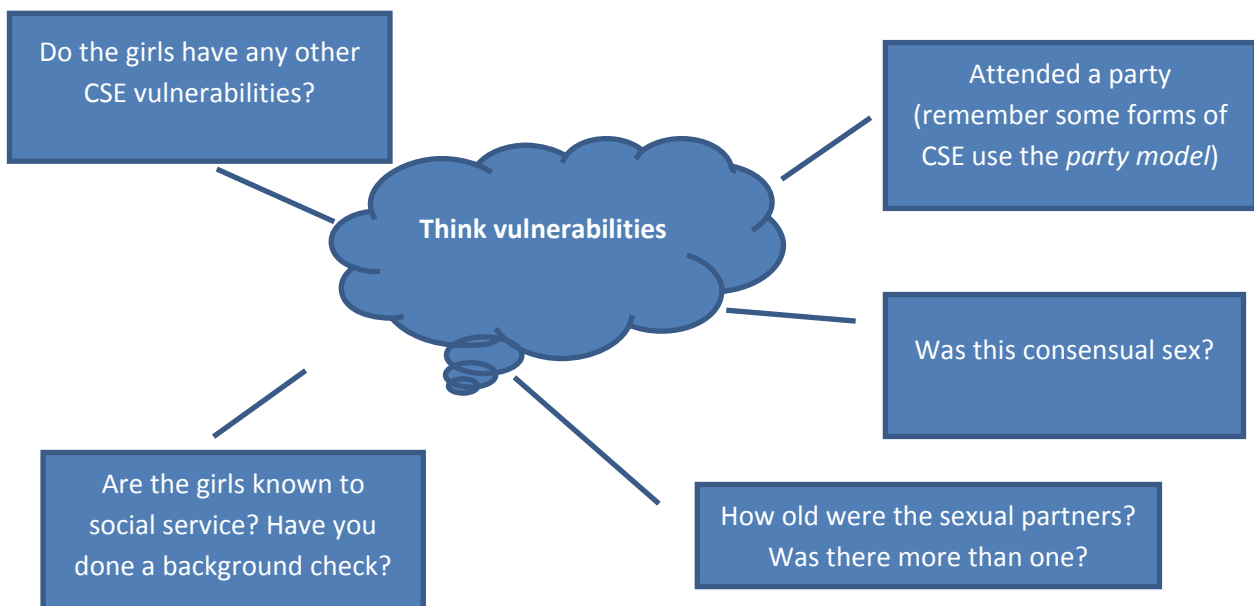
A member of the CAMHS team attends the CSE and Missing Forum where CSE cases are discussed. CSE concerns or missing episodes will have an event warning open in Epex.

ACCIDENT AND EMERGENCY (A&E)

Chapters One and Two highlights the risk factors that young people will present with who may be being sexually exploited. From an A&E perspective, there are some key presenting factors that should lead a clinician to explore whether a young person is at risk of CSE. We are now going to take you through some typical attendances at A&E and suggest when you should think CSE.

AMY AND KELSIE

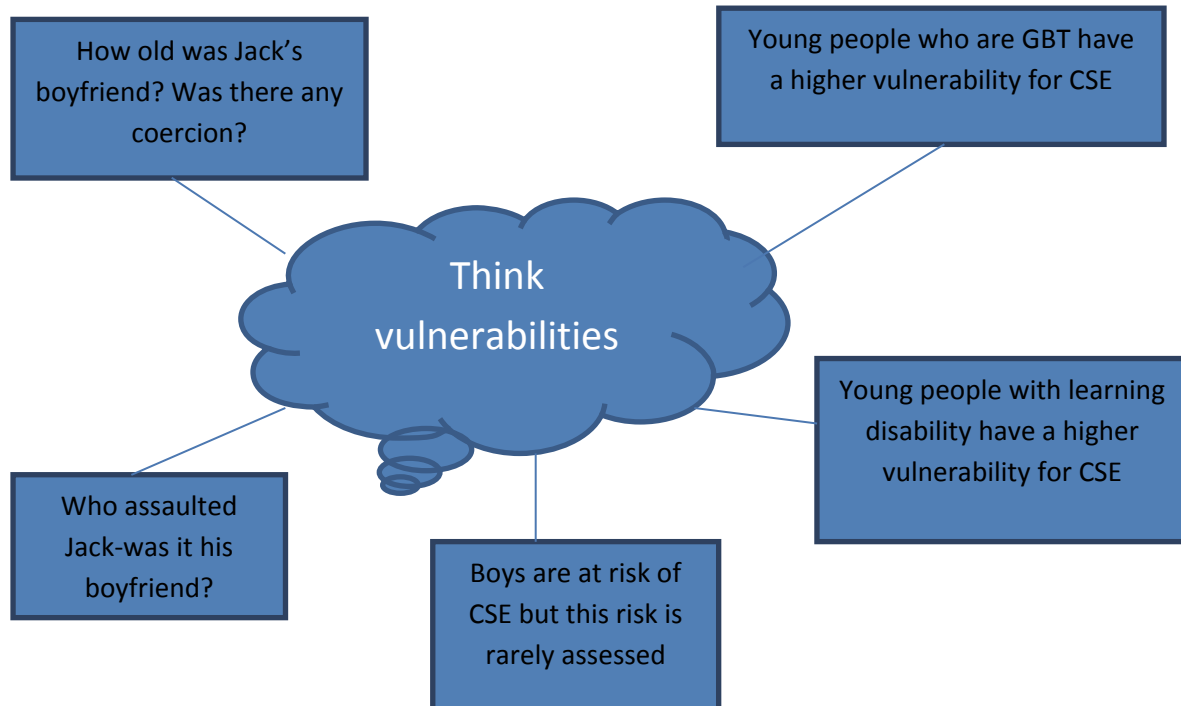
The girls, aged 15 years, attend A&E together early Saturday morning. They are asking for the “morning after pill”. Both girls are assessed separately. Both girls state they were at a party the previous night, had unprotected sex and are worried they might be pregnant.



Amy shares that she can't remember what happened and looks upset; she also says she didn't want to have sex. Kelsie is dismissive of any concerns. The appropriate action at this point would be to explain you are concerned that the girls may have been exploited and that you would like to complete the A&E CSE assessment. The goal is to try and engage the girls into the assessment and referral to MASH. If the girls refuse to engage, the CSE risk has not gone away and a referral should be made to MASH regardless. Explain to the girls that they are not in trouble that the referral is to get them some support.

JACK

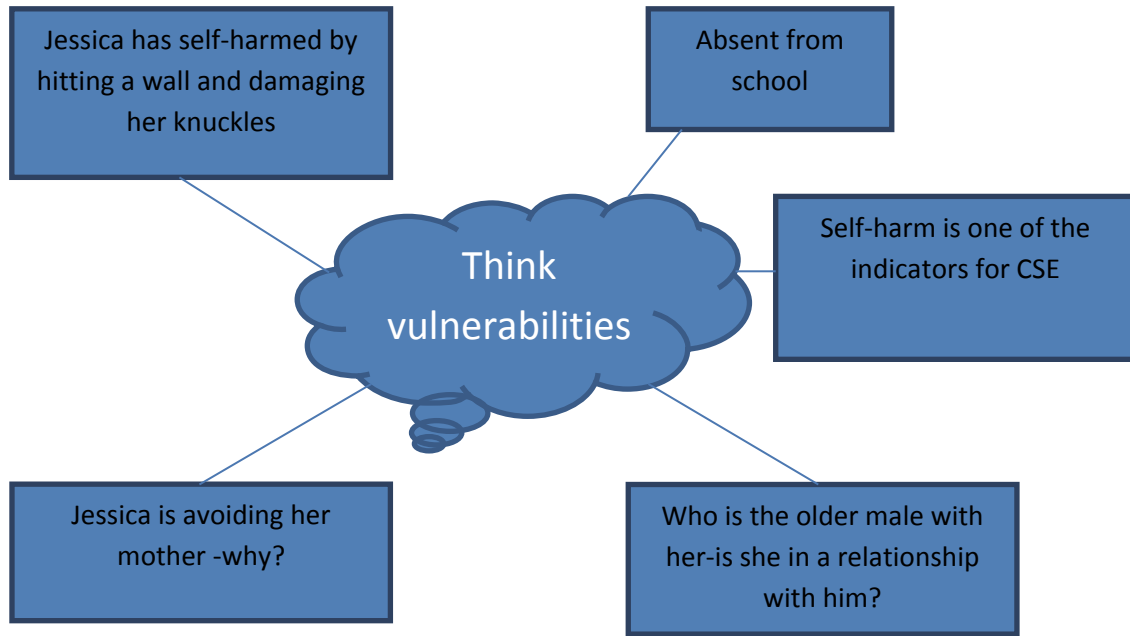
Jack attends A&E in the early hours of Sunday morning. He is 17 years old, and he has sustained an assault injury to his face. He states at first that he was hit by someone he didn't know. Jack appears to have learning difficulties. He shares that he is gay and has just split up with his boyfriend. He says his parents are unaware he is gay and has had a boyfriend previously.



Explain to Jack that you are concerned for his welfare and suggest that you ask him some questions to see if there are any other concerns. Then complete the A&E CSE assessment, if CSE risk factors are found, refer to MASH and attach the CSE assessment. Keep Jack informed and seek to involve his parents however bear in mind that Jack may have relationship difficulties with his parents if he has not felt able to disclose his sexual orientation.

Jessica

Jessica is 15 years old and presents at A&E at 2pm in the afternoon in the company of an older male. She has injured her knuckles and states she hit a wall because she was feeling down. You notice some faint scars to her arm that may be as a result of self-harm. Jessica says her mother doesn't know she is at A&E and she doesn't want her to know because she will make a fuss.



Speak to Jessica on her own ask the older male to wait outside. Explain to Jessica you are concerned for her welfare and you would like to ask some questions. Complete the A&E CSE assessment and then share with Jessica the results. Make a referral to MASH if CSE risk factors are present and attach the CSE assessment. Seek to involve her parents.

A&E practitioners need to be aware at all times of the potential for young people to be at risk of CSE. Young people often attend A&E as they know it is a safe place and they are looking for help.

PARAMEDICS

“Staff are in a unique position to note important pre-disposing factors such as the home environment and the initial story. It is no longer considered enough to mention concerns to hospital staff or other health care workers as being sufficient to protect a child or young person from risk/suffering significant harm.” (EMAS 2014)

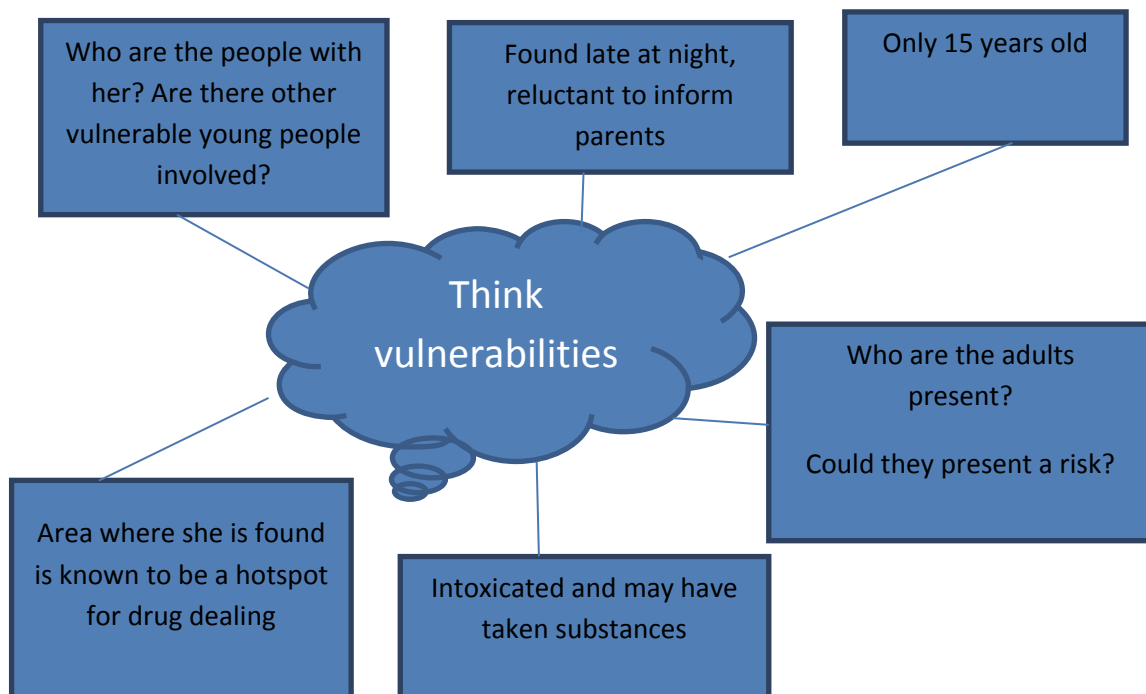
The East Midlands Ambulance Trust provides paramedic and ambulance services to Northamptonshire; paramedic/drivers should refer to their own Safeguarding Children Policy (quoted above).

Please ensure that you read Chapters One and Two before accessing this chapter.

The section will use a case scenario to aid the paramedic in their assessment of the vulnerability of the young person to CSE at the scene.

SHANICE

EMAS receive a call-out. Shanice has been found intoxicated and not making sense: she is 15 years old. When you arrive at 1 am, Shanice is lying on the side of the road. There are a number of young people and adults present, who appear to be congregating near to some terraced houses. There is also a youth club at the end of the road. Your initial assessment shows that Shanice is conscious, but you notice her eyes are a little dilated. Shanice is able to tell you she has taken alcohol and some drugs, she doesn't know what type, but they were pills. Shanice is very reluctant to tell you where her parents are. Your priority is to get her into hospital, but you are concerned about the circumstances in which you find her.



The paramedic can assess information that other professionals may never be privy to i.e. they see the location in which the patient is found. A child of this age found in this situation would generally result in a MASH referral, highlighting the vulnerabilities. This would be key to assessing whether there was risk of CSE. Who else was present should also be included into any safeguarding referral. Did the adults present want to remain involved when the ambulance arrived or did they leave without offering information? One of the CSE models used locally in Northamptonshire is the *party model*, so being found outside a house, intoxicated, with adults present who are not related, may indicate a CSE risk. By completing the CSE Assessment Tool in Chapter Two the Paramedic will be able to assess the level of CSE risk

PHARMACY:

Please ensure you read Chapters One and Two before accessing this chapter. Local pharmacies can play a positive role in preventing CSE and child trafficking, which puts children at risk:

- Pharmacies can be the ‘eyes and ears’ of the community.
- Pharmacies can be used by child victims of sexual exploitation to access emergency contraception

PHARMACISTS SHOULD LOOK OUT FOR THESE INDICATORS OF CSE:

- Young people having significantly older boyfriends or girlfriends (consider the 5 year rule – if a young person is under 18 years of age, and their partner is more than 5 years older, there is a high risk of CSE).
- Presenting as suffering from sexually transmitted infections.
- Girls regularly attending for emergency contraception.
- Girls attending pharmacy with older males/adults.
- Young people who appear scared, withdrawn and nervous.
- Concerns about drug and alcohol misuse or young person under the influence.
- Displaying inappropriate sexualised behaviour.
- Concerns about young people associating with other young people involved in exploitation.
- Any adults regularly seen/attending with different young people.
- Young people associating with known adult sex workers.

WHAT CAN YOU DO?

- Take as much information from the young person as possible
- Make a referral to the local sexual health clinic, noting your concerns on the referral form so they can ensure follow up
- Record as much detail as possible about any accompanying adults or adults of concern
- Share your concerns with the police and or make a referral to the MASH

GENERAL PRACTICE

Young people may present to their GP practice with any of the physical, emotional or behavioural concerns which may be linked to CSE (for a full understanding of the CSE risk factors please read Chapter One). Young people may present on their own, with a parent or carer, or a parent may seek advice without the young person present. Some issues could present to other practice staff, particularly nursing staff. GPs and practice nurses must ensure that they are aware of the full range of possible indicators of CSE, including the wider behavioural indicators, which may indicate that a young person may be being groomed or is in an abusive or exploitative relationship.

Consultations could relate to:

- Contraceptive advice or care
- Possible symptoms of sexually transmitted infection
- Suspected or confirmed pregnancy, termination or miscarriage
- Low mood, anxiety, self-harming.
- Drug and alcohol issues
- General changes in behaviour and/or physical wellbeing e.g. sleep, appetite, genitourinary symptoms, recurrent abdominal pain, headaches, school attendance issues.

Where a young person consults on sexual health issues, or discloses that they are in a sexual relationship, GP's should:

- Be open about confidentiality and information sharing at the start of a consultation
- Use the CSE proforma from the RCGP safeguarding toolkit, to structure the consultation.

Where practice staff have any concerns about possible CSE:

- Review the patient record to identify any other indicators of CSE, other concerns and vulnerability factors. Consider reviewing wider family health records.
- Discuss concerns with an experienced colleague, the practice safeguarding lead or county health safeguarding leads and advisors
- Where possible, provide continuity of care with a clinician with whom the young person has a rapport.
- Best practice is to use the NSCB CSE risk assessment tool to explore the level of risk. It is recognised that it may not be possible to complete all fields within primary care.
- Consider seeking information more widely to identify concerns for the young person, e.g. from school nursing team. Concerns could be discussed at a practice multidisciplinary safeguarding meeting, if this is in place. This should normally be done with the consent of the young person, but may be done without consent if there are specific CSE concerns.

Where there is evidence that a young person may be at risk of harm of CSE, a referral should be made to the MASH and the CSE risk assessment tool should be included with the referral.

Please feel free to access other chapters in the toolkit. The following chapters we think will be of most use to you:

-
- Chapter One: what is CSE and what you need to know
 - Chapter Two: CSE and the local response
 - Chapter Eight: CSE Information for Parents
 - Chapter Nine: CSE Information for Children and Young People