ABUHB response to: Children, Young People and Education Committee - Inquiry into Children and Young People on the Margins

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On behalf of Aneurin Bevan University Health Board (ABUHB), please accept our comments on Children, Young People and Education Committee - Inquiry into Children and Young People on the Margins. Contributions have been sought across ABUHB to inform the response to the questions posed.

1. ***The scale and nature of children and young people presenting in accident and emergency departments with injuries that suggest they may be the victims of child criminal exploitation, and details of any specific strategies and/or projects that health boards are involved with in this regard.***

As of June 2024, there were 91 children open to the child exploitation team in Gwent Police. In terms of exploitation the health board receives the police cohort for both sexual and criminal exploitation bi-monthly for the for Local Authorities in Gwent. The safeguarding team collate a list of these children which is shared with A&E, CAMHS, sexual health and school health nursing. These services then add the necessary flags to children's record. For example, if a child on the exploitation cohort attends A&E, then there is a flag on their records to submit a duty to report to children's services.

We have seen a number of presentations with injuries to our hospitals including falls from motorbikes/electric scooters, drug and alcohol misuse and overdoses of prescription medication. Although these children are known to the exploitation arena, there is no evidence that these presentations a A&E are directly linked to exploitation as there are no disclosures made.

2. *Presentations to sexual health clinics that indicate risks of involvement in child criminal activities. Details of any specific strategies and/or projects that health boards are involved with in this regard.*

The Directorate of Sexual and Reproductive Health have a safeguarding team in place. Safeguarding pathways and policies are accessible to staff on our internet site, as well as training regarding safeguarding issues. There is a dedicated SECS team who work with young people.(Information for Young People - Aneurin Bevan University Health Board (nhs.wales))

When all under 18's attend sexual health services they are asked questions relating to safeguarding in the form of the CERQ/sexual exploitation risk assessment. (appendix A) this highlights if YP have been missing or at risk of CSE/ CCE. If people answer yes to anything with a red dot this highlights a referral to social services due to being high risk. If there are general concerns they are still refer to social services. The team also feed into corporate safeguarding CSE toolkit meetings.

As a service we have been involved in multiple multi agency projects involving safeguarding e.g. operation Quartz, missing children services. If a child is part of operation Quartz it is added to their notes so clinicians are aware when they come into clinic.

The service is part of the regional Multi-Agency Child Exploitation (MACE) meetings that provide oversight of child exploitation cases. The transition of these regional meetings from child sexual exploitation to child exploitation, as a broader theme, was an identified outcome indicator and enables the region to share intelligence on linked cases, locations of concern and case escalations.

3. *Presentations to any other primary health care provision in respect of child criminal exploitation and missing children, alongside any recommendations you would like to see the Committee make in this regard.*

FCAMHS team (Forensic CAMHS)

FCAMHS team (Forensic CAMHS) are a team of Senior Nurse (Mental health advisor to the 3 local management boards for the YOS/YJS services in Gwent) , Psychiatrist, Psychologist, and three clinical nurse specialists from CAMHS seconded into the youth offending services. The CNSs work in partnership with the YOS to meet the mental health needs of young

people who offend. The CNSs will meet for consultation with Youth Offending staff to discuss all young people who enter the Youth Justice system (both at risk of offending Preventions, and those who have a court disposal).

All young people are screened and those who are identified as requiring consultation which may lead to a mental health assessment, and a three tiered approach to mental health provision (Tier 1 consultation support and supervision of work, tier 2 systemic work with partner agencies at network consultation meetings, CLA meetings, Child protection, Formulation meetings etc or tier 3 1-1 work with young people) Any risks of criminal exploitation are identified by the YOS and /or CNS during their work and would be discussed for referral to NRM (national referral mechanism).

The team also sit on the National Referral Mechanism (NRM) panel that requires a representative from Health, Police and LA as decision makers. There is a small pool of staff within the health board that work across Safeguarding, substance misuse and Health that share the rota of attendance.

An example of a CNS current workload would be. A case load of 10-all of which would meet threshold for criminal exploitation concerns. 5 have a positive NRM, 8 have been through the exploitation toolkit. This is a typical indicator of our work in YOS/YJS. Missing person lists are shared with the CNS every morning.

A high number of young people being referred to YOS/YJS have exploitation concerns, therefore during lateral checks, or allocations panel weekly, health would identify and make recommendations as well as contribute to the care planning, intervention delivery and risk management.

We sit within Risk management panels probably 3x per week for our YOS/YJS's. This does include all exploitation thinking, planning and management. The missing bulletin often leads to strategy meetings or multi-agency meetings for a child that is repeatedly missing. We would be included in that or highlight the concerns via this notification. Additionally, we may sit on Resettlement meetings for our young people if they are moving counties or areas and exploitation needs, need to be addressed and planned for.

The rest of Forensic Team which consists of a Psychiatrist, Psychologist and a Senior Nurse work in a consultative way with the CAMHS service to provide forensic opinion, support and provide wider service provision and as part of our roles would be assessing for possible criminal exploitation. One example of this is our Harmful sexual Behaviour consultation service

which considers the role of grooming etc. We meet at mdt weekly to discuss YOS/YJS and CAMHS cases. We also meet monthly with the FACS service for an enhanced MDT for high risk cases. Again possible risk of criminal exploitation is considered.

The key to success in this work area is joint working across YOS/YJS.

CAMHS Drug and alcohol Team (referred to as CAMHS DAT) which is part of Gwent NGAGE:

All new referrals to Gwent NGAGE, have lateral checks completed by CAMHS DAT- for this information from Clinical workstation (this is HB case mgt system that reports hospital admission, referrals, letters, and physical test results) WCCIS- (health board case mgt system that covers mental health and learning disabilities). What we noticed from carrying out these checks, there were frequent hospital admission and intentional overdose (these would be followed up by CAMHS Liaison) and recreational overdoses- but with the latter no active offer of referral to local services was being promoted. From this, and with co-production with ABUHB Corporate safeguarding, CAMHS DAT proposed a recreational overdose pathway, where the 'Duty to report' (child protection referral) submitted by A&E staff due to the age and hospital presentation for recreational overdose/intoxication, would be sent to CAMHS DAT for:

- Lateral checks/triage
- Summary of Physical, psychological and exploitation concerns, which would be addressed alongside the drug/alcohol use
- Contact to the patient/family
- Active offer
- If declined- harm reduction advice and information, if accepted- ongoing work with drug and alcohol services or referral on to more appropriate services. As Youth offending team Drug and Alcohol workers are contracted from Barod and part of the Gwent NAGAGE suite of service delivery, this would include consultation with those colleagues.

As an example of referral number for work which also evidences the increased need, in Q1 23/24- we received 1 DTR and in Q1 24/25 we received 49 DTRS. A high proportion of these YP are known to CAMHS, CAMHS DAT, Child Exploitation and are locked after children.

lateral checks are core business for CAMHS DAT who are also piloting a trial period of representation at Monmouthshire Local Authority Child Exploitation Toolkit meetings, as it was identified-

- Consultation and referrals from local authority had significantly reduced since Covid, despite numerous service promotion events by Gwent NGAGE
- There are a number of YP open to Local authorities with CE concerns, drug and alcohol use and mental/physical health concern yet have declined referrals to services. This has resulted in social workers with high risk YP on caseloads with no CAMHS or CAMHS DAT input into the networks around the YP.

As such, representation at these meetings has increased communication with local authority, provided support the networks around the YP- adding to the value of appropriate risk assessment, and starting the process of conversation between the social worker and the young person around referral to drug and alcohol services, as well as providing both a CAMHS and Complex drug and Alcohol opinion by experienced Psychiatric Nurses to our colleagues, which has also improved referral rates.

CAMHS DAT are also part of the Gwent Multi-agency- child -exploitation meetings (MACE), which is led by Gwent police and attended by numerous professionals/services across Gwent. CAMHS DAT again, provide lateral checks for the YP involved in that locality and open to Operation Quartz (this is a huge task), from the lateral checks we can advise on trends, commonalities of presentation both present and previous.

This has identified pockets of substances in a particular area and resulted in a partnership approach for example- the significant rise in Aerosol use in Caerphilly for a particular young age group. This resulted in a bespoke training package for Professionals delivered by Barod, Trading standards visiting shops/supermarkets in the area and reminding storekeepers of the legal age for sale and increased CADRO officer awareness. CAMHS DAT worked with the referrals and professionals involved with the YP, to promote harm reduction messages, increase awareness of risk of imminent death from Aerosol use.

CAMHS DAT also provide Health representation into the Gwent National Referral Mechanisms for NRM consideration. Again, lateral checks inform the vulnerabilities of the YP as well as the evidence to support the decision maker, as an example YP that have been open to CAMHS DAT and undergoing an NRM referral, having the supportive relationship with the CAMHS DAT experienced psychiatric Nurse, allows for a greater depth of conversation which formed the evidence for a positive NRM decision.

Appendix A – Extract from Child sexual exploitation risk assessment questionnaire

Does the young person have a disability? (e.g. learning or communication difficulty, physical disability) N.B. If yes, they are at 3-4 times greater risk of CSE	●
Under- 18 CSERQ (Child Sexual Exploitation Risk Assessment Questionnaire) completed. You must document reason for non-completion in notes	●
CSERQ-1 Have you ever stayed out overnight or longer without permission from your parents(s) or guardian? (Going Missing)	●
CSERQ-2 How old is your partner or the person(s) they are having sex with? Use whole number only e.g. 15,16,17 etc. If no current partner enter 0. If more than one partner use age of oldest	●
CSERQ-A For clients aged 16 and under, if age difference is 4 or more years then tick YES. For clients aged 17 years, if age difference is 6 or more years then tick 'YES' (Older Partner)	●
CSERQ-3 Does your partner stop you from doing things you want to do or, make you do things are not comfortable with? E.g. having sex with other people (Controlling relationship)	●
CSERQ-4 Thinking about where you go to hang out, or to have sex, are you or anyone else e.g. parent, guadian, friend, social worker, police worried about your safety? Think: where are they having sex? (Frequenting areas known for sexual exploitation)	●
CSERQ-5 Does anyone physically or sexually hurt you, or make you feel unsafe? N.B. this would include sexual assault/rape (Injury: are there signs of injury/ branding e.g. hand cutting, tattooing etc.?)	●
If answered 'YES' to ONE or more of the CSERQ1-5 questions this indicates that the child is at increased risk of child sexual exploitation. You MUST make a child protection referral	
CSERQ-6 Have you ever had a sexually transmitted infection?	●
Who do you live with? E.g. parent, guardian, sibling, other relative, foster care, residential care.	●
CSERQ-7 If the client lives with someone other than their parent or guardian, answer yes. N.B. living in residential care significantly increases risk of CSE - lower threshold for referral	
CSERQ-8 Does your parent/guardian or the person you live with have drug, alcohol and/or mental health problem?	●
CSERQ-9 Does anyone stop you from going out with/seeing, your friends or family?	●
CSERQ-10 Do you lack confidence or feel bad about yourself?	●
CSERQ-11 Have you ever felt the need to hurt yourself on purpose or to starve yourself to make you feel better in yourself?	●
CSERQ-12 Do you drink alcohol to get drunk?	●
CSERQ-13 Do you see anyone for counselling or have extra support with your school work?	●
CSERQ-14 Have you ever been excluded from school or stayed off school without permission?	●