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Paul.Mears@wales.nhs.uk

30 August 2024

Buffy Williams MS
Chair
Children, Young People and Education Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

(By email : SeneddChildren@senedd.wales)

Dear Buffy

Inquiry into Children and Young People on the Margins

Further to your letter dated 17 July 2024 regarding gathering evidence as part of your inquiry 'Children and young people on the margins', where the focus is on missing children and criminalised children and young people, please note our responses to the three specific points within your letter.

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.

Cadeirydd/Chair: Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.
You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

Currently, there is no specific data collected to reflect how many young people are seen in Emergency Departments (ED) who may be victims of child criminal exploitation.

In the past year, Prince Charles Hospital (PCH) and school nursing in Merthyr Tydfil have seen a small cohort of young people related to the gang 'YAD'. Appropriate referrals were made to children's services under the 'duty to report'. Cwm Taf Morgannwg UHB was part of a multi-agency discussion to disrupt gang activity and ensure effective information sharing.

The number of children and young people reported for risk of exploitation from ED is very low. Referrals are submitted to the Multi-Agency Safeguarding Hub (MASH), where health is a key partner of the agencies based here.

CTMUHB safeguarding forms part of the Regional Exploitation Strategy Group and is working in collaboration with partner agencies on the development of a CTM regional strategy for exploitation, which is due for completion in September. This forum also allows for the discussion of themes and trends in the CTM region.

Presentations to sexual health clinics that indicate risks of involvement in child criminal activities. Details of any specific strategies and projects involved by health boards.

Whilst CTMUHB sexual health services have a child sexual exploitation tool built into their assessments. There is no current regional tool for criminal exploitation. One has been developed in partnership in the region along with the exploitation strategy; all services will use this.

Bespoke training on exploitation has been delivered to sexual health services and is integrated into all level 3 training packages. CTMUHB, in partnership with the police, has delivered multi-agency training to staff members on three occasions in the last year.

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.

Any presentation to Primary Care would be reported through MASH. The Public Protection Nurses based at the MASH provide ad hoc support and advice to all staff, including those working in Primary Care.

Public Protection Nurses in MASH work closely with the police missing person team and attend multi-agency meetings on MISPER and child sexual exploitation.

The Health Board would also like to offer recommendations to the committee for consideration:

1. **Enhance Data Collection and Reporting:** It may be beneficial to establish a systematic method for collecting data on children and young people who present with injuries suggestive of child criminal exploitation in EDs. This data can help understand the scale and nature of the issue, enabling more targeted interventions. Implementing a standardised data collection tool across all health boards could improve the accuracy and consistency of reporting.
2. **Develop a Regional Tool for Criminal Exploitation Assessment:** While there is a child sexual exploitation tool integrated into sexual health services, there is a need for a similar tool for assessing the risks of criminal exploitation. Developing and implementing a regional tool, in conjunction with the exploitation strategy, would ensure that all services are equipped to identify and respond to potential cases of criminal exploitation effectively.
3. **Strengthen Multi-Agency Collaboration and Training:** Collaboration between health services, police, and other agencies is essential. Expanding bespoke training programs on exploitation for healthcare professionals, particularly those in primary care and emergency settings, can enhance their ability to identify and report exploitation cases. Regular multi-agency meetings and training sessions can foster better communication and coordination among stakeholders, leading to more effective safeguarding of at-risk children and young people.

CTMUHB appreciates the opportunity to contribute to this important inquiry and is committed to working collaboratively to safeguard children and young people at risk of exploitation. We look forward to further discussions and the implementation of effective strategies to address these critical issues.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Paul Mears', with a long, sweeping underline stroke.

Paul Mears
Prif Weithredwr/Chief Executive