Background:

Adolescence is a key transformative stage, which involves significant physical and psychosocial changes taking place, alongside growing autonomy and responsibility for decision making (World Health Organisation 2010). Therefore, young people may be vulnerable to a range of safeguarding risks within the wider social context (Viner 2012). This includes safeguarding risks such as child sexual exploitation, self-harm, suicide, sexting, cyberbullying, peer on peer abuse, gang violence, which have become more apparent over the last decade (Sidebottom et al 2016).

School nurses are the lead public health professionals in co-ordinating and delivering the Healthy Child programme for 5-19 years (GOV.UK 2015) through working with children, young people and families across the four service levels: community, universal services, universal plus and universal partnership plus (Department of Health, DH, and Department for Education, DfE 2012b) delivering on the 4-5-6 model (Public Health England, PHE 2018a). A central aspect of the school nurse's role is in safeguarding, as it involves, through the provision of safe and effective care, the protection from maltreatment and the prevention of impairment on health and development, to ensure that young people receive the best outcomes (HM Government 2018).

Therefore, the school nurse's role is uniquely placed to identify, assess and manage adolescent health and wellbeing. However, despite this, there is limited research undertaken on this aspect of the role, as existing literature tends to focus on individual school nurse interventions (Children's Commissioner 2016a:2) rather than providing a holistic overview of their work in adolescent safeguarding.

Aim:

The aim of this study is to explore school nurses' experiences of safeguarding adolescence in their role, as well as contributing to research within this area of practice.

Methods:

An inductive qualitative research design was utilised for this study, as this enabled the researcher to explore complex issues and gain new insights (Smith and Chudleigh 2015) using a phenomenological methodology, in order to obtain a deeper understanding of the school nurses' experiences from their own individual perspective (Lester 1999). A purposive, homogenous sampling technique was employed to identify and select school nurses and trainee school nursing students into the study, who are knowledgeable and have had experience of the phenomenon of interest, which is safeguarding adolescence, as part of their role in practice (Cresswell and Plano Clark 2011).

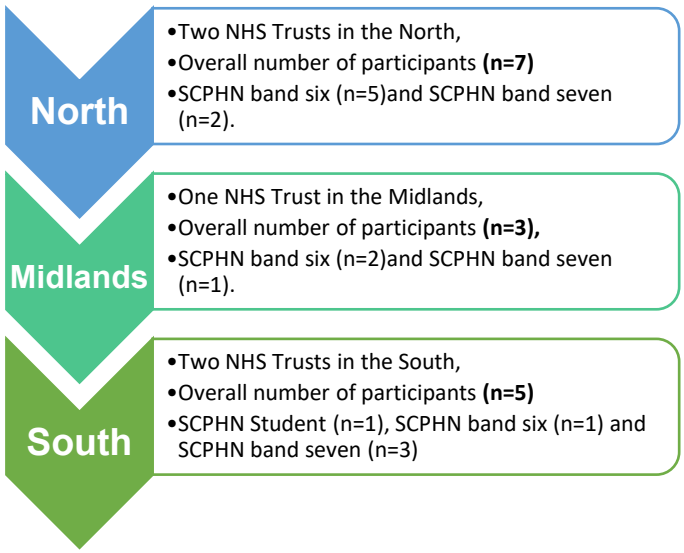
The inclusion criteria for the study, included recruiting Specialist Community Public Health (SCPHN) school nurses who were currently working as a band six or seven, or as a trainee SCPHN within five NHS Trusts chosen to include within the study. The five NHS Trusts were located across England within the North, Midlands and South regions, in order to provide a representation of the school nursing role in safeguarding adolescence from a variety of lenses such as experience as a school nurse, levels of safeguarding need, different commissioning arrangements, skill mix and caseloads.

Ethical approval for this study was sought through the Integrated Research Application System (IRAS) which resulted in approval being granted by the Health Research Authority (HRA) and Health and Care Research Wales (HCRW). In addition to this, local approvals were obtained from the five NHS Trust sites involved in this study, and school nursing service managers and team leaders were also contacted to request permission to disseminate a study flyer to their school nursing teams to recruit to the study. School nurses were advised to email the researcher to express their interest in taking part in the study and a participant information sheet and consent form were then emailed to them to complete and return before arranging to undertake the telephone interview.

Telephone interviews were chosen as the method of data collection due to being accessible in terms of reach and scalability to school nurses across the five NHS Trusts. The telephone interviews used a semi -structured approach which consisted of ten questions and were composed of a mixture of closed and open questions. Prior to taking part in the study participants provided written informed consent, as well as providing permission to audio record the telephone interview and to use anonymised responses within this article. There was no risk of breaching confidentiality as all participant responses were coded with a unique identification number and stored securely in accordance with ‘General Data Protection Rules’ (GDPR 2018) and the ‘UK Policy Framework for Health and Social Care Research’ (Health Research Authority, HRA 2017).

Data analysis was undertaken by the researcher, as well as being peer reviewed before analysing and managing the data using the Computer Aided Qualitative Data Analysis Software (CAQDAS) known as ATLASti. This software assists "the researcher to analyse the data collected through the ability to express relationships between codes, concepts and themes, in a range of different ways" (Silver and Lewin's 2014:210) using a grounded theory approach (Strauss and Corbin 1998). Therefore, the data was analysed through "open coding, to fracture data into concepts and categories, axial coding to make connections between categories or codes" (Smit 2002:69) and "selective coding to identify the main category and relate other categories to this" (Strauss and Corbin 1998:143).

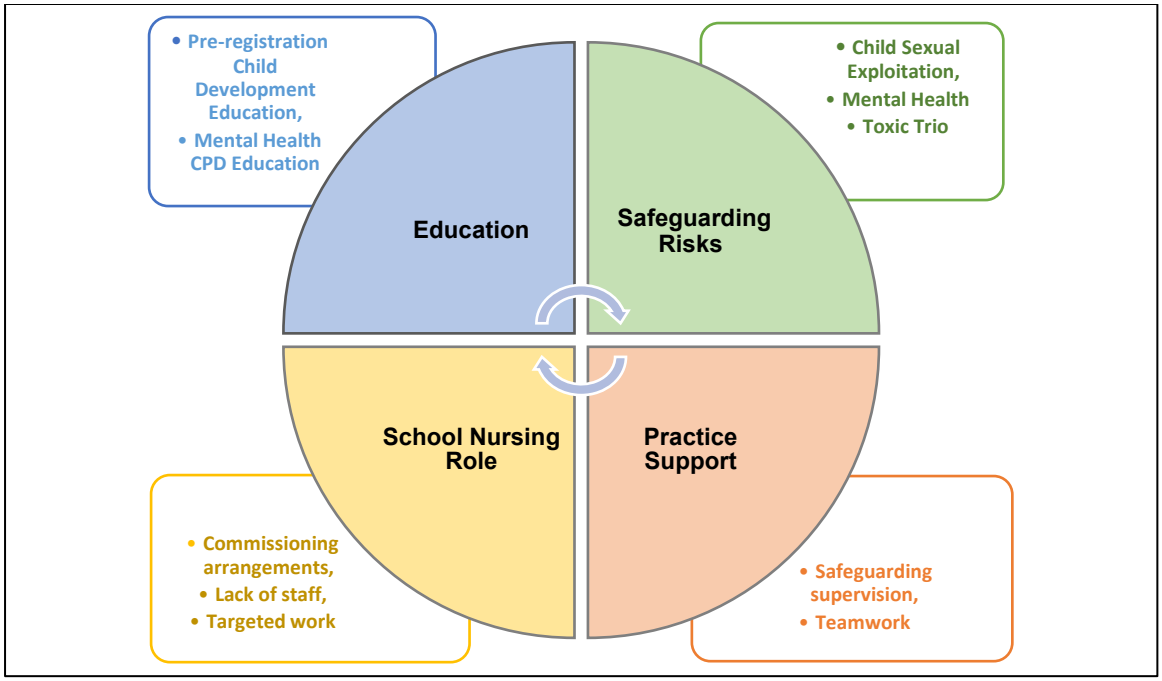
Figure 1: Participants involved in the study



Findings:

Overall, there were fifteen participants (n=15) of which there were (n=8) band six SCPHN's, (n=6) band seven SCPHN's and (n=1) trainee SCPHN student, who took part in this study (Figure One) from across the following regions of England: North (n=7), Midlands (n=3) and South (n=5). The school nurses who took part in the study had a range of experience, from a training SCPHN student through to experienced SCPHN's with over eleven years' length of service. Following analysis being undertaken on the telephone interviews completed, this resulted in four core categories being identified within the data, these being: education, safeguarding risks, school nursing role and practice support (Figure Two).

Figure 2: Four categories identified within the study data



Education:

At the beginning of the study, participants were asked what their perceptions of adolescence were (Figure Three):

"*teenagers, secondary age children"* (SN05),

"school age children around age 9-16" (SN07),

"*10-19 years"* (SN013),

"*secondary school aged children up to about 18 -19 years"* (SN08).

"vibrant and lively" (SN06),

"face a lot of challenges" (SN015),

"going through puberty, hormone changes, seeing an increase in risk taking behaviours" (SN08),

"hormones start to kick in and they begin to explore different things" (SN02),

"where adolescents gain an *understanding of who they are and their self-identity*" (SN09),

"*adolescents are wonderful, they are emerging into adulthood*" (SN04).

Secondly, participants were asked what education and training on adolescent (child development) they had received during their pre-registration nurse training and SCPHN training. This identified inconsistencies in pre-registration nurse training (regardless of which nursing branch/field was undertaken adult, mental health and paediatric trained) across all three regions within the UK. Overall there were 53% of participants who identified they did not cover any adolescent development education, as the focus was centred on younger children and development from birth:

"*I don't recall anything in my pre-reg at all*" (SN02),

"*was mainly on younger children, there wasn't much about adolescence at all*" (SN01),

"*general education around child development and adolescence has actually come from myself actually being in practice and learning on the job"* (SN07),

However, in contrast for the SCPHN training, 80% of participants identified there was education provided on adolescent development:

"*There was a lot more about the older ages, I felt we'd picked up what we hadn't in pre -reg*" (SN015),

"*big focus around the adolescent brain and the difficulties they may experience*" (SN03),

There were only 20% of participants who felt that there was not enough adolescent development in their SCPHN training:

"*was not much focus on adolescents, as there was more on public health profiling*" (SN004),

The need to incorporate mental health CPD education to support practitioners in their role in practice was identified by (27%) of participants:

"*more training regarding adolescents and mental health, as we did touch on it in the course, but it wasn't much*" (SN01),

"*There's a lot of mental health in young people and that's increasing with social media, so I think that's becoming more of our role and I think that probably something we need a bit more training on*" (SN015),

"I feel emotional health needs could be better addressed to help us address those needs with children because 9 time out of 10 they end up becoming safeguarding concerns" (SN04),

"*I can complete a package of work with a young person and then refer to another service*" (SN07),

"*we can help with some of the lower level stuff but in the immediate instance you want more information on how to support them in the meantime before referring them onto specialist services*" (SN015).

Three participants identified additional mental health training had been completed whilst in post such as "*we did some mental health first aid training which was very beneficial"* (SN03) which was further supported by other training such as the '*Solihull Approach'* (SN012). Whereas one school nurse highlighted how they had received previous training on emotional health, but some of their colleagues had not received this, resulting in disjointed training across the service.

Safeguarding Risks:

The safeguarding landscape has changed dramatically over the last decade, in specific relation to the adolescent age group, therefore one of the key questions within this study was to identify what the frequent safeguarding issues school nurses were encountering in adolescents in their role in practice (Figure Four). Three school nurses identified that safeguarding adolescence is a significant proportion of their caseload in practice:

'*most safeguarding is within the adolescent age group*' (SN07),

'*75% of my caseload is adolescent safeguarding'* (SN012),

"*90% of what we do is actually safeguarding*" (SN010).

Overall, nearly half of all the participants (47%) identified the highest safeguarding issue in adolescents they were encountering in practice across all three regions and five NHS Trusts in the UK was child sexual exploitation (CSE):

"*CSE is becoming more of an issue*" (SN03),

"there's *a lot of CSE*" (SN014),

"*certainly, what is escalating is CSE*" (SN013),

"*CSE particularly with young girls and the boys is more gang affiliation*" (SN09),

"*CSE, county lines and gangs I would say 80% of children are on my caseload at the moment*" (SN08).

Parallel to this, the second highest safeguarding issue identified within the findings was mental health at 40%:

"*it's definitely mental health which is the biggest safeguarding concern*" (SN02),

"*in a drop-in I would say maybe 8 out of 10 times its related to mental health which includes anxiety and suicidal ideation"* (SN05).

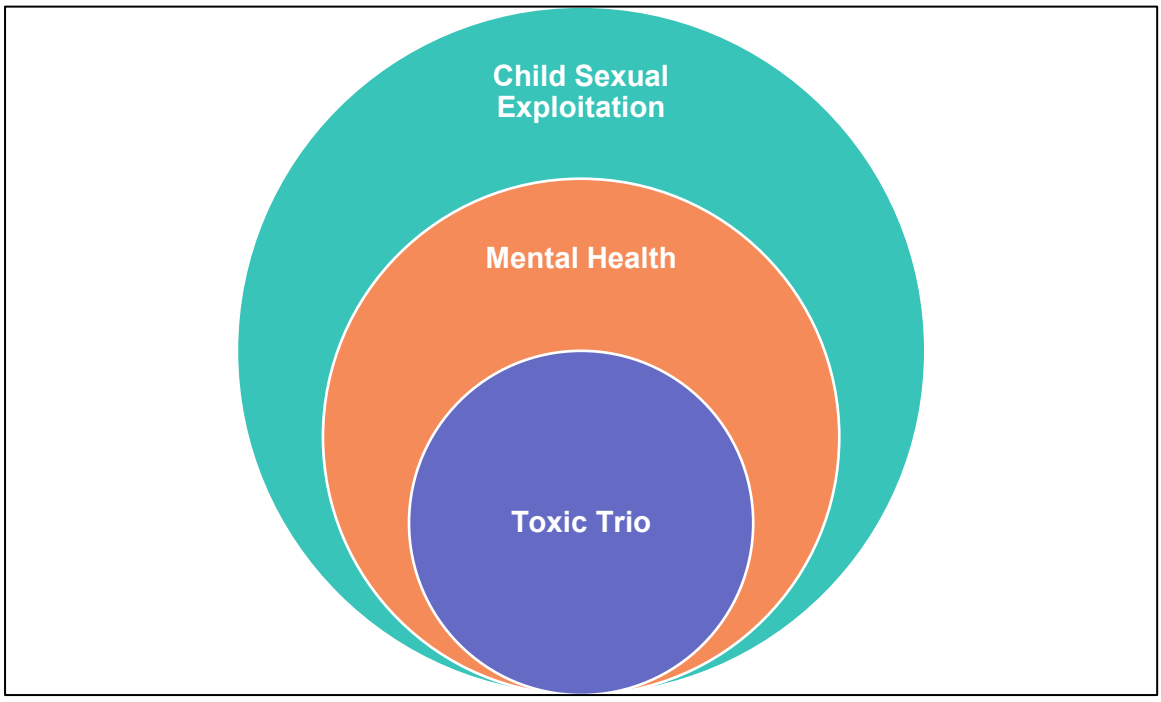
Brandon et al (2012:36) identified three common risk pathways in two thirds of serious case reviews, which are referred to as the 'toxic trio': "domestic violence, parental mental health and parental substance misuse". Participants identified the third highest safeguarding issue in adolescence in practice was related to the Toxic Trio and also identified other emerging safeguarding risks:

"adolescents have grown up and they've been living in an environment where the parents are abusing alcohol or abusing drugs…… a lot of issues with parents with mental health and experiencing domestic violence (SN02)

"there is a lot of drug use, alcohol, domestic violence, the impact upon the children especially adolescents in the area is huge (SN04).

"I feel like there's issues that are becoming more prominent now in terms of safeguarding adolescents which is child sexual exploitation, child criminal exploitation and around extremist views and gang related safeguarding as well' (SN015).

Figure 3: Safeguarding Risks



School Nursing Role:

Since the implementation of new commissioning arrangements across the school nursing service, this has changed the way school nurses work, which is across four service levels; community, universal, universal plus and universal partnership plus, delivering on the 4-5-6 model (PHE 2018).

"we *see all the ones on child protection plans, and child in need plans*" (SN01),

"*we're helping the ones identified to us, so adolescence in need, child in need, early help, child protection*" (SN08).

Previously school nurses would see young people throughout the time they were on a child protection or child in need plan, however commissioners identify after initial assessment:

"*if there are no health needs then we will pull out, as they are being seen by another professional"* (SN01),

"*it's demoralising sometimes because you want to be doing more but we understand we're a commissioned service*" (SN08).

Aligned to this, (27%) school nurses report certain aspects of their role have reduced due to staff shortages, as well as being unable to recruit to vacant posts in the service:

"*we haven't been doing drop ins due to staff shortages*" (SN012),

"*I can't tell you how many SCPHN's we've lost over the past 2-3 years and we haven't been able to replace them unfortunately*" (SN08),

"*we have a lack of staff and we have an inability to recruit qualified school nurses*" (SN014).

Thus, creating additional pressures on the service as school nurses report frustrations about their role in safeguarding adolescence:

"*reactive, …. than proactive*" (SN02),

"*currently instead of doing kind of you know the health promotion, going in and doing drop in's….I'm just solely safeguarding……we're helping the ones that are identified to us, so we're addressing those but it's the ones that go under the radar that we just, we don't get to see because we're so caught up with just the ones that are highlighted to us" (SN08),*

"as a school nurse probably 90% of what we do is actually safeguarding, we don't do an awful lot of public health" (SN010),

"*I try to be the best school nurse that I can be with the resources that I've got"* (SN012).

Nonetheless, school nurses recognise they have a key role in promoting the health and wellbeing of children and young people and are committed to safeguarding them as part of their role in practice:

"*we do cover a lot of children in the grand scheme of things and you've got to think how many adolescents are out there*" (SN08).

"*we are an advocate and …... a voice"* (SN05),

"*one professional can make a change on that person's life*" (SN06),

"*I'm very passionate about young people"* (SN04).

Practice Support:

Safeguarding children and young people is a rewarding, challenging and an emotionally draining aspect of the school nursing role. Therefore, school nurses were asked to identify what aspects of their role in practice supported them in safeguarding adolescence.

Overall, the findings highlighted safeguarding supervision (33%) as being a key area of practice which supports the school nursing role in safeguarding:

"*Safeguarding supervision is really, really important, I find it invaluable*, *as there's always something that you could have maybe done differently*" (SN04).

Similarly, the second area of practice identified by practitioners as supporting their safeguarding role was teamwork at 20%, which could be argued is another form of supervision:

"*we have a good team and we support each other*" (SN02),

"*it's about reflecting with team members and having that peer support*" (SN05),

"*there is a wealth of information within our team, that's what helps you through it really*" (SN02),

"*working in a team where you sort of have informal supervision…. we support each other, share knowledge*" (SN03).

The overall consensus from school nurses was this protected time provides an opportunity to reflect on young people they are currently working with, to review any interventions which are taking place or are required for the future, which they feel supports their role in safeguarding adolescents in practice.

Limitations:

Lincoln and Guba (1985) identified four areas of quality criteria, in order to check the validity and reliability of qualitative research, this includes; credibility, transferability, dependability and confirmability. In this study, from a credibility perspective, a true representation of the participants perceptions, experiences and opinions of safeguarding adolescents in their role in practice was captured through only using direct quotes within the findings.

Fifteen participants were recruited to the study, whilst some may argue that this is a small sample (Faber and Fonseca 2014), this is a phenomenological study, therefore (Cresswell 1998) recommends between 5-25 participants as being an adequate

sample, also recruitment of participants ceased when saturation of the data was reached. In terms of the transferability of the findings, a purposeful sampling approach was adopted for this study, which included only recruiting qualified SCPHN and trainee SCPHN students in the North, Midlands and South of the UK working within the five NHS trusts. However, two limitations were identified, firstly, there was only one NHS Trust who participated within the study from the Midlands region, in comparison to two NHS Trusts within the North and South regions. Nevertheless, the findings in the study were a representation from across all participants within all three regions, specifically relating to the highest safeguarding issues seen in practice.

Secondly, another limitation was in relation to the number of band six school nurses working within the Trusts who do not have the SCPHN qualification but have active safeguarding caseloads (Royal College of Nursing, RCN 2017). On one aspect, the study has had a missed opportunity to recruit participants across the service to obtain further data, however, the rationale for this specific inclusion criteria, was to capture data relating to SCPHN education and training.

In order to maintain dependability throughout the research study, all changes or revisions to the research protocol were recorded and authorised (HRA 2018), and confirmability and analysis of the findings involved a triangulation of methods through independent and peer review of the data, as well as using the ATLASti qualitative software which also analysed and managed the findings from the data using a grounded theory approach.

Discussion:

This research study identified four categories within the data collected, one category was focused on the pre and post registration education, whilst the other three categories were specifically related to the school nursing service. The three categories were; school nursing role, increased numbers of child sexual exploitation and mental health being seen in adolescence and practice support such as safeguarding supervision and teamworking were identified as key factors in assisting school nurses in their role in practice.

In the first category, the findings identify the need to incorporate standardised education on child development (through the whole lifespan) from birth to adulthood within pre-registration nursing programmes. As it is clear that school nurses who took part in this study, either did not receive any adolescent development or the focus was only on younger children. This aligns to evidence of patchy child development training amongst other sectors, during initial professional training such as Social Work, Education and General Practitioners (Brandon et al 2011). As the importance of child development training not only benefits professional practice but also most importantly enhance the outcomes for children and young people they work with (Davies and Ward 2011). Nonetheless, these findings also highlight the value of the SCPHN programme as participants identified adolescent development had been provided within this training, whereas this had not been covered by over 50% of participants within their pre-registration training.

Moreover, within this category, school nurses identified the need to undertake further training on mental health, from a practical perspective, so that they can undertake a

package of work with a young person whilst in between referral to other services. Whilst, some school nurses highlighted they had received some additional training on ‘mental health first aid’ and ‘Solihull training’, it was apparent, that there are inconsistencies across the school nursing services in regard to this training. Therefore, in order to support school nurses in their role in practice, there is a need to deliver emotional health CPD education post registration and also to consider incorporating mental health into annual mandatory sessions (Littler 2014).

A core component of the school nurses’ role is focused on safeguarding which is a thread through all six high impact areas ranging from identification of risk and need, to early help and targeted work, through to safeguarding and child protection” (DHSC and PHE 2018:9), therefore they are in a unique position to address both CSE and mental health in adolescence and work with families in relation to the toxic trio in practice.

The pre-disposing factors associated with CSE, Mental Health and the Toxic Trio all have interlinking pathways. Young people exposed to the toxic trio within their home environments, are at “increased risk of developing mental health problems and alcohol and drug use” (Cleaver et al 2011:179). Furthermore, in a research briefing conducted by SafeLives (2015) 89% of young people at risk of CSE were experiencing mental health issues, such as depression and anxiety. There is a need to continue to recognise and develop interlinking risk pathways for adolescent safeguarding, which will assist practitioners in the identification and assessment of a range of safeguarding risks in practice.

It is evident that there are several emerging safeguarding risks such as for example; child criminal exploitation and gang related safeguarding, which are on the rise in adolescence. There is a requirement to “produce prevalence estimates which provide key data for local authorities and services, as part of the Joint Strategic Needs Assessments”, to get a better understanding of these safeguarding risks (Children’s Commissioner 2018:11). This would support services to tackle safeguarding issues at a local, regional and national level, as well as provide data to inform training, resources and support required for practitioners working with young people in practice.

Findings from this study identify the school nurse’s role in safeguarding adolescence is focused on targeted interventions, this is due to a combination of reasons such as new commissioning arrangements for all Trusts and also due to a shortage of school nurses within the service. Consequently, some school nurses report this results in a ‘reactive rather than proactive’ approach in practice, as the focus is on young people on child in need or protection plans, thus adopting a secondary preventative approach to safeguarding which is focused on preventing the recurrence of the safeguarding issues (Gilbert et al 2012). This creates frustration amongst school nurses as due to a lack of resources and staff, they are unable to undertake some of the primary preventative aspects of safeguarding by working with young people that have not been identified to them (Gilbert 2012). Therefore, in order to complete both aspects of the public health role, it is essential that commissioners recruit and develop more school nurses into the service.

This highlights the importance of key aspects of support school nurses identified as being fundamental to their role in practice, these being safeguarding supervision and

teamwork. Both aspects highlight two forms of supervision, from a formal perspective school nurses undertake safeguarding supervision, which is vital in supporting practitioners to identify and protect vulnerable children which provides the basis for sound professional judgements (Munro 2011). From an informal perspective teamwork has been identified as a key supportive mechanism in practice, as this provides an opportunity for practitioners to "explore and manage the risks associated with their caseloads and to address their own anxieties and emotions" (Warren 2018:35).

School nurses have an important role in promoting health and wellbeing in adolescence within the population, community, home and at an individual level (Department of Health and Social Care, DHSC and PHE 2018). The aim of this study was to explore the role of the school nurse in safeguarding adolescence through providing a holistic overview of this specialist field of practice. It is absolutely clear that further research needs to be undertaken on the school nurse's role in safeguarding, in order to uncover themes and areas of development. Parallel to this, further research also needs to be undertaken with young people to explore their perceptions, opinions and experiences of safeguarding, as the second highest risks continue to be seen within the adolescent life course.

However, it is evident from the completion of this research study that school nurses are absolutely committed to safeguarding adolescence in their role in practice:

"***we're in an absolutely unique role and I'm passionate about the role I do (SN012)*.**

Conclusion:

This study explored school nurses' experiences of safeguarding adolescence in their role in practice. The findings identified a lack of child development education was incorporated as part of their pre-registration nurse training. Across all three regions (North, Midlands and South) and all five NHS Trusts, participants highlighted that there are increased numbers of adolescence experiencing child sexual exploitation and mental health problems. This aligns to, participants also recognising the need to incorporate additional CPD training, post registration on mental health, to support them in their role when working with young people, before referring them onto specialist services.

Finally, it is evident that there are many challenges school nurses face in their role in practice such as; changes to commissioning arrangements which has led to undertaking targeted interventions with adolescents, both of which are also as a result of a shortage of school nurses within the service. Nonetheless, school nurses are passionate about safeguarding young people, and recognise that key aspects of support such as safeguarding supervision and teamwork assist them in undertaking their unique role in practice.

Keywords: School nurse, safeguarding, adolescence, maltreatment, young people, protection.

Key points:

- All pre-registration nursing programmes should incorporate a life course approach to child development education, from birth to adulthood.
- To incorporate a standardised approach to mental health CPD education for school nurses post registration to support practitioners in their role in practice,

- To continue to recognise and develop interlinking risk pathways for adolescent safeguarding, and review emerging safeguarding trends both locally and nationally,
- We need to recruit more school nurses into the service, to be able to undertake both primary and secondary preventative aspects of the public health role,
- Further research still needs to be undertaken on the school nurse's role in safeguarding adolescence.

Reflective questions:

Use the following reflective questions to write a reflection or to have a discussion with a colleague, both of which can then be used towards your NMC revalidation.

1. What were the key categories identified in the data within this research study?
2. Have you learned anything new from reading this research study?
3. Consider how the research findings will inform your practice as a School Nurse?

References

Brandon M, Sidebottom P, Ellis C, Bailey S, and Belderson P (2011) Child and family practitioners understanding of child development: lessons learnt from a small sample of serious case reviews. Department for Education.

Brandon M, Sidebotham P and Bailey S (2012) New lessons from serious case reviews: a two year report for 2009–2011, Department for Education, London.

Available at: https:// www.gov.uk/government/publications/new-learning-from-serious-case-reviews- a-2-year-report-for-2009-to-2011 (Last accessed on 15th March 2019).

Children's Commissioner (2016a) Lightening Review: school nurses. Children's access to school nurses to improve wellbeing and protect them from harm. Children's Commissioner.

Children's Commissioner (2018) Estimating the prevalence of the 'toxic trio', vulnerability technical report. Children's Commissioner.

Cleaver, H, Unell, I and Aldgate, J (2011) Children's needs- parenting capacity – child abuse: parental mental illness, learning disability, substance misuse and domestic violence. London: The Stationery Office (TSO).

Creswell, J (1998) Qualitative inquiry and research design: choosing among five traditions. Thousand Oaks, CA, US: Sage Publications.

Creswell, J. W and Plano Clark, V. L. (2011) Designing and conducting mixed methods research (2nd ed.). London: Sage Publications Ltd.

Department for Education (2018) Characteristics of children in need: 2017 to 2018 [Internet] London, DfE; [cited 15th March 2019] Available from: https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018

Department of Health (DH) and Department for Education (DfE) (2012b) Health visiting and school nurse programme: supporting implementation of the new service offer No.5: safeguarding children and young people: enhancing professional practice – working with children and families. DH/DfE.

Department of Health and Social Care and Public Health England (2018) Overview of the six early years and school age years high impact areas- health visitors and school nurses leading the healthy child programme. DHSC/PHE.

Davies C, and Ward H (2011) Safeguarding children across services: messages from research on identifying and responding to child maltreatment. Department for Education.

Faber, J and Fonseca, L (2014) How sample size influences research outcomes. *Dental Press J Orthod*. 2014 Jul-Aug 19 (4) 27-29.

General Data Protection Regulation (GDPR) (2018) General Data Protection Regulation (GDPR) [Internet] – Final text neatly arranged [cited 12th March 2019] Available from: https://gdpr-info.eu/

Gilbert R, Woodman J, Logan S (2012) Developing services for a public health approach to maltreatment. *International Journal of Children Rights*, 20 (2012), 323-342.

GOV.UK (2015) Early adolescence: applying all our health. [Internet] [cited 4th March 2019] Available from: https://www.gov.uk/government/publications/early-adolescence-applying-all-our-health.

Health Research Authority (2017) UK policy framework for health and social care research [Internet] [cited 12th March 2019] Available from: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/.

Health Research Authority (2018) Amending an approval [Internet] [cited 14th March 2019] Available from: https://www.hra.nhs.uk/approvals-amendments/amending-approval/.

HM Government (2018) Working together to safeguard children – a guide to inter-agency working to safeguard and promote the welfare of children. Department of Children, School and Families.

Lester, S (1999) An introduction to phenomenological research. [Internet] Taunton UK, Stan Lester Developments. [cited 12th March 2019] Available from: http://www.sld.demon.co.uk/resmethy.pdf.

Lincoln, Y and Guba, E (1985) Naturalistic inquiry. Newbury Park, CA: Sage Publications.

Littler, N (2014) Emotional health and wellbeing CPD for school nurses (NFSHE Representation). *BJSN*, June 2014, Vol 9, No.5.

Munro, E (2011) The munro review of child protection. The Stationery Office, London.

Public Health England (2018a) Best start in life and beyond, improving public health outcomes. PHE.

Royal College of Nursing (2017) An RCN Toolkit for school nurse: supporting your practice to deliver services for children and young people in educational settings. RCN.

SafeLives (2015) Young people at risk of child sexual exploitation, research briefing for professional working with young people. [Internet] [cited 12th March 2019] Available from:http://www.safelives.org.uk/sites/default/files/resources/SafeLives%20research%20briefing%20-%20young%20people%20at%20risk%20of%20CSE.pdf

Sidebottom P, Brandon M, Bailey S et al (2016) Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014. Final Report. Department for Education. May 2016.

Silver C, and Lewins A (2014) Using software in qualitative research: A step by step guide. Thousand Oaks CA, Sage Publications.

Smit B (2002) Atlas.ti for qualitative data analysis. *Perspect Educ*, Volume 20(3), September 2002.

Smith J and Chudleigh J (2015) Research essentials: introduction to qualitative research. *Nurs. Child.Young People*, 27 (2): 14

Strauss AL, and Corbin J (1998) Basics of qualitative research. Techniques and procedures for developing grounded theory. 2nd Edition. London, Sage.

Viner R (2012) Life Stage - Adolescence (Chapter 8). Annual report of Chief Medical Officer 2012: our children deserve better: Prevention Pays.

Warren L (2018) Role of leadership behaviours in safeguarding supervision: a literature review. *Prim Hlth C*. 28, 1, 31-36.

World Health Organisation (2010) Youth-friendly health policies and services in the european region: sharing experiences. Geneva: WHO.