The development of the CSERQ15 questions

**Introduction** The CSERQ15 checklist was developed by the Contraception and Sexual Health Service of Aneurin Bevan University Health Board (ABUHB) in 2015. The questions are intended to support practitioners and professionals who work in health settings who have limited contact with, or knowledge of a child, in identifying those children and young people (under-18s) at higher risk of sexual exploitation.

**Background** From 2009-2015 a modified version of the SERAF (Sexual Exploitation Risk Assessment Framework) referred to as the Clinical SERAF was used by some sexual health services in Wales. Developed by ABUHB, in collaboration with Barnardo’s Cymru, it comprised 33 items which explored vulnerabilities and risk indicators for CSE relevant to consulting with young people in a health setting. However, it was considered by other health workers to be too lengthy to be widely adopted. In 2011, a research project identified the best predictor questions from the original 33 items of the Clinical SERAF which informed the development of the CSERQ15 checklist which was introduced in 2015.

**How has the CSERQ15 been evaluated?** Since its inception the CSERQ15 has been regularly evaluated. In 2012, a case note audit (n=1645) determined the that the CERQ15 had a sensitivity of 86.7% and specificity 78.8% and CSERQ4 sensitivity 92.2% and specificity of 69.2%.

In 2017, an audit of 100 cases from one Borough in South East Wales for whom a CSE strategy meeting had been held, identified that 61/100 had been seen on one or more occasion at a sexual health clinic. Of these, 77% had positive response documented for at least one of the CSERQ4 questions. 67.2% reported having ‘gone missing’, 32.8% had ‘older partner’, 3.3% ‘controlling partner’ and 9.8% ‘frequenting areas known for sexual exploitation’.

The age difference between client and their partner was further explored in 2015 through a case note review of visits by 13-17 year olds to sexual health clinic (n=1526). At 2% visits by those aged 13-16 years a partner of 4 or more years older was recorded, this compared with 8.6% for 17 year olds. 1.7% of 17 year olds reported a partner 6 or more years older. The age difference ‘cut offs’ were adapted at this time (see question 2).

**How did the wording of the questions come about?** The views from both a focus group of young people and sexual health staff who routinely consult with young people and consider CSE risk, informed the wording of the questions.

**Feedback from young people and staff on CSERQ15 questions** In 2017, 25 young people were asked for their views on CSERQ15 questions. This took place in clinical setting following a consultation with a staff member during which the CSERQ15 checklist had been completed. Responses to five questions were recorded as ‘positive’, ‘negative’ or ‘indifferent’. The questions explored the young person’s understanding of both why the questions were being asked and what they were being asked, how easy it was to answer, how comfortable they felt answering and whether they would be happy to return to clinic. Each staff member who had completed the CSERQ15 was also asked for their views on how they thought the young person would respond. Overall, 80% of young people and 86% staff responded positively to the CSERQ15 questions with high correlation (89%) between the respective responses. There were no negative responses from either young people or staff.

**When should you refer?** There is good correlation between five or more positive responses to CSERQ15 questions one or more positive response to CSERQ4 questions. Therefore, if either threshold is met a child protection referral MUST be considered.

However, each child is unique and their circumstances will be different. New risk indicators are regularly identified. A holistic approach to CSE risk must be taken. It is absolutely acceptable to make a professional judgement to refer at a lower threshold (e.g. when CSERQ4 is negative or fewer than five of the remaining CSERQ5-15 questions are positive) especially if you have other concerns for the health, safety or welfare of the child or other siblings.
References