**Child Sexual Exploitation Risk Questionnaire (CSERQ4)**

**Guidance Notes**

This form is to be used by health practitioners who have *‘time limited’* contact with children under the age of 18 to help them quickly identify children at risk of sexual exploitation. This includes:

**ED staff Opticians Condom distributers**

**Paramedics/ Ambulance service Dentists GPs / OOHs service**

**Pharmacists 111 Service Urgent Treatment staff**

**Unscheduled Care providers**

For professionals not listed above it is expected that a full risk assessment is completed in line with agreed LSCP procedures.

Remember there are **other forms of child exploitation including county lines, modern slavery, FGM, enforced marriage and criminal exploitation.** These also need to be considered when seeing any child.

The CSE risk assessment requires a child‐centred approach which considers the holistic needs of the child. The CSERQ4 checklist is intended to help health practitioners in assessing a child’s risk and to support their **professional judgement** on deciding when to make a child protection referral

If a child between the ages of 10 – 17 presents to your service with **one** or more of the following, a short CSERQ4 should be completed (overleaf).

* Contraception or STI testing/treatment (including emergency contraception/pregnancy testing)
* Pregnancy
* Drug or alcohol problems or overdose
* Self-harm
* Disclosure of sexual assault or sexual activity that raises concern
* Domestic violence in the home

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**Please ask questions 1- 4 as a minimum.** If you **are** able to complete a fuller risk assessment with the child, please do so.

You may like to introduce the questions: *‘I would like to ask you some questions to check that you are safe and no one is harming you or pressurising you to have sex’.*

\*Children under 13 years of age cannot consent to sexual activity - refer under child protection procedures.

\*Have you considered if the child has capacity to consent to sexual activity

**Child Sexual Exploitation Risk Questionnaire (CSERQ4)**

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| --- | --- | --- | --- |
|  | **CSER4 Questions** | **Yes** | **No** |
| **1** | Have you ever stayed out overnight or longer without permission from your parent(s) or guardian?  ***(Going missing)*** |  |  |
| **2** | How old is your partner or the person(s) you have sex with?  Age of partner \_\_\_\_\_\_ Age of client/patient \_\_\_\_\_\_ Age difference \_\_\_\_\_\_  If age difference is 4 or more years\* then tick ‘YES’. N.B. For 17 year olds, in the absence of any other risk indicators, an age difference of up to 6 years may be acceptable.  (***Older partner***) |  |  |
| **3** | Does your boyfriend/girlfriend or the person(s) you have sex with stop you from doing things you want to do?  ***(controlling relationship)*** |  |  |
| **4** | Thinking about where you go to hang out, or to have sex, are you or anyone else e.g. parent, guardian, friend, social worker, police worried about your safety?  (***Frequenting areas known for*** sexual ***exploitation***) |  |  |

**OUTCOME**

If the child has answered ‘yes’ to **one or more of questions 1-4**,then a referral should be made to Children’s Services as this indicates that the child is at risk of, or experiencing, child sexual exploitation.

Please note that to make a referral to Children’s Services you will need to obtain the child’s name, DOB and address.

|  |  |  |
| --- | --- | --- |
| **Childs Name** | **Address** | **Date of Birth** |
|  |  |  |

**Name and Designation of staff member completing this form**

|  |  |
| --- | --- |
| **Name:** | **Signature:** |
| **Position:**  **Organisation:** | **Date:** |
| **Address:** | **Telephone Number:** |

**Referral Processes**

**Hampshire County Council Children’s Services**

For children living in the Hampshire Local Authority Area the [Inter Agency Referral Form](file:///\\Data2.it2000.hants.gov.uk\Common\County%20Education\Inclusion\Safeguarding%20Team\LSCB\Policies,%20Procedures%20&%20Resources\Child%20Exploitation\2019-20\Hampshire%20County%20Council%20Children’s%20Services) should be used when making a referral. While Children’s Services will act on completed CSERQ4 forms received via email, it is likely that further information will be needed. Therefore, an online Inter-Agency Referral Form (IARF) should be used.

All immediate safeguarding concerns should be made initially by telephone to the Children’s Services Professionals line **01329 225379** or by email to [**csprofessional@hants.gov.uk**](mailto:csprofessional@hants.gov.uk)Calls to the Children’s Services Professionals’ line number will be automatically redirected to the Out of Hours Service outside normal office hours.

**Isle of Wight Council’s Children’s Services**

For children living on the Isle of Wight the [Inter Agency Referral Form [IARF]](https://www.iow.gov.uk/children-and-family-support/childrens-services/concerned-about-a-child/report-a-concern/#:~:text=What%20to%20do%20if%20you%20are%20concerned%20about%20a%20child&text=If%20you%20are%20worried%20about,runs%2024%20hours%20per%20day.) should be used to make a referral. While Children’s Services will act on completed CSERQ4 forms received via email, it is likely that further information will be needed.

For urgentchild protection enquiries professionals can call 01983 823436 during office hours 8.30am to 5pm Monday to Thursday, 8.30am to 4.30pm on Friday. At all other times to contact the  Out of Hours service on 0300 555 1373.

**Portsmouth City Council Children’s Services**

For children living in the Portsmouth City Council area, the shortened exploitation tool with a covering email from health colleagues is acceptable as a contact into the MASH.

Consent - All referrals to the MASH should generally be made with the knowledge and agreement of the family members being referred. Service users need to know what information has been shared with the MASH and that MASH may share it with others responsible for children’s services. If you have any doubts about this issue please contact MASH to discuss.

Please complete:

* I have explained the above and the named young person has agreed to the sharing of personal information between agencies as described and I have made their parents/carers aware of the referral.
* I am concerned that the sharing of this information with parent/carer will place the child at risk of harm and therefore I have not sought consent from parents – please provide further details of your concerns.

Please contact the council's Multi Agency Safeguarding Hub (MASH) during office hours:

Phone: 023 9268 8793

Email: MASH@secure.portsmouthcc.gov.uk

At all other times, phone the out-of-hours service on 0300 555 1373

**Southampton City Council Children’s Resource Service (CRS)**

Members of the public can contact CRS on 023 8083 3004.

Professionals can contact CRS on 023 8083 2300.

There is also an [Online Referral Form available](https://www.southampton.gov.uk/childrenssocialcare) or email: childrensresourceservice@southampton.gov.uk