

# SPOTTING THE SIGNS

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A national proforma for  
identifying risk of child  
sexual exploitation in  
sexual health services

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and Georgia Johnston

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## About the authors

### DR KAREN ROGSTAD

Dr Karen Rogstad is a consultant in HIV and sexual health at Sheffield Teaching Hospitals NHS Foundation Trust, and undergraduate dean at the University of Sheffield Medical School, and was previously chairman of the BASHH Adolescent Special Interest Group. She represents BASHH and the Royal College of Physicians, London on this piece of work.

Karen was a member of the National Taskforce on Violence Against Women and Children and the advisory board of the Office of the Children's Commissioner enquiry into sexual exploitation by gangs and groups. She co-authored national guidelines on the physical signs of child sexual abuse for the RCPCH, and on management of children and young people accessing STI services for BASHH.

Karen has an interest in young people affected by HIV and transitional care, has participated in videos about CSE on NHS Choices, and was module editor for the CSE module of eHIV-STI – part of NHS England's e-Learning for Healthcare programme.

### GEORGIA JOHNSTON

Georgia has worked with young people for 12 years – in both a voluntary and a paid capacity – in education, youth work and sexual health settings. She has worked at Brook for over five years and is Brook's national lead on CSE, sexual abuse and violence.

Recently Georgia was involved in a review of 'sexting' and its impact on young people in Manchester, including a city-wide conference to launch new guidance and young people's participation within schools and the Manchester safeguarding children's board. She was also involved in the development of Brook's *Sexual violence and exploitation conversation cards* (in collaboration with Fink) and a written SRE curriculum for pupil referral units (PRUs) across Manchester.

Article 34 of the United Nations Convention on the Rights of the Child states: *"governments must protect children from sexual abuse and exploitation"*.

## Foreword from Dr Karen Rogstad

Child sexual exploitation (CSE) takes many forms and can present to different professionals in a myriad of guises. Many years ago the Adolescent Special Interest Group of the British Association of Sexual Health and HIV developed a proforma to be used in genitourinary medicine (GUM) clinics when young people under 16 years of age presented for care related to sexually transmitted infections. This proforma was adopted by most GUM clinics. Separately, other services devised their own tools, including Brook's sexual behaviours traffic light tool ([www.brook.org.uk/traffic-lights](http://www.brook.org.uk/traffic-lights)).

Not only has CSE continued, but the patterns of exploitation have changed. There is also now increasing understanding of its prevalence and nature, and that older young people may also be exploited and require safeguarding. The investigation of the Office of the Children's Commissioner into CSE by gangs and groups – along with high profile cases in the press – have led services to consider how we can improve our detection.

The Department of Health awarded a grant to BASHH to update and develop a new proforma that can be used in sexual health services around the UK. Brook collaborated with BASHH with the support of a multi-agency advisory board and working group to produce a proforma that can be used whenever a young person accesses a service for sexual health. Services shared their tools and work, and we are particularly grateful to the Greater Manchester Sexual Health Network, the GPs and other health professionals involved in its development and piloting.

The most important input has, of course, been from young people themselves. Focus groups led by Brook, Family Action young carers and Redthread have provided vital input from young people who are service users and non-users. These include young people aged under 16 to 21, male and female, sexually exploited, those affected by gangs, and young carers. Their input helped us to develop a proforma that meets their needs. They told us how the proforma should be used, and reminded us that individual young people prefer different approaches.

One of their key points was the importance of a conversational tone – this has been reflected in the proforma and how it should be used. Through the pilots we now know that 16 and 17 year olds – who previously may not have been asked questions to detect CSE – are happy for us to do so. The advisory board recommends that a toolkit is developed to help professionals use the proforma, and BASHH and Brook hope to work together to develop this.

We received many positive comments following the pilot, and several practitioners and organisations believe the proforma will be helpful when young people present in other settings, or for other problems. It may also be useful to use with young people over the age of 18 who have learning difficulties or other vulnerabilities.

I'd like to express my thanks to the Department of Health for supporting this work, particularly Andrea Duncan and Judith Hind, to Angela Robinson who gave me the support to pursue this, and to the members of the BASHH Adolescent Special Interest Group who were involved, especially Dawn Wilkinson.

Additional thanks to Simon Blake and all the members of the advisory board, working group and pilot site leads, and everyone else who provided input. Ruth Lowbury, Chief Executive of MEDFASH provided invaluable help for me when developing the grant application, for which I am very grateful. This project would not have been delivered without the excellent project management of Georgia Johnston and the administrative support of Laura Richards.

My final thanks goes to the young people who participated in the focus groups, for helping to protect other young people from harm.

**Dr Karen Rogstad**  
**Chairman of the Advisory Board**

## Section one: introduction

### INTRODUCTION

This booklet provides background and context for the development of a national proforma to help health professionals working with young people identify and assess the risk of child sexual exploitation (CSE) as a first step to ensuring they get the support and protection they need to be safe.

The proforma has been produced by BASHH and Brook with funding from the Department of Health. Thankfully, public and professional awareness of CSE is on the increase and this document aims to provide practical advice and support to tackle this.

### SECTION ONE: INTRODUCTION

- What do we know about child sexual exploitation?
- The purpose of the proforma

### SECTION TWO: PROFORMA FOR IDENTIFYING RISK OF CHILD SEXUAL EXPLOITATION

- Guidance for practitioners on how to use the proforma
- Proforma for identifying risk of child sexual exploitation

### SECTION THREE: RECOMMENDATIONS

- Recommendations from the advisory board and working group about what needs to happen next

### SECTION FOUR: EVIDENCE

- Evidence and research about child sexual exploitation and the need for sexual health services to identify and assess the risk of CSE

### SECTION FIVE: APPENDICES

- Appendix one: pilot evaluation
- Appendix two: contributors to the advisory board, working groups and pilot sites

### ACKNOWLEDGEMENTS

The proforma and supporting materials can be downloaded from both BASHH and Brook websites at [www.bashh.org.uk/SpottingtheSignsCSE](http://www.bashh.org.uk/SpottingtheSignsCSE) or [www.brook.org.uk/SpottingtheSignsCSE](http://www.brook.org.uk/SpottingtheSignsCSE)

### WHAT DO WE KNOW ABOUT CHILD SEXUAL EXPLOITATION?

There is little data to give an accurate account of the extent of child sexual exploitation in England, although it's clear that it is a very real threat faced by some young people on a daily basis. Sexual health services are often the first and only place a young person will access independently. These services are a safe place for young people to discuss all aspects of their life, including issues they may not want to discuss with anyone else.

It is also likely that many exploited young people will have disengaged with other statutory services – including school – but still access sexual health services owing to the nature of their abuse. The changing shape of exploitation and our growing understanding of how it may manifest itself with young people – through gangs and peer groups, families, people in positions of power, and online – are all reasons we must readdress how we gather information around young people's sexual lives so we can help them to develop healthy relationships and prevent or intervene where there is a risk of exploitation and abuse.

The Inter-Ministerial Group on Ending Gang and Youth Violence tasked the Department of Health with contracting a development project that would incorporate our increased knowledge of how CSE and gang-related sexual violence affect young people, and provide a tool to help professionals working in sexual health services to detect the signs of exploitation. This national proforma is the result.

#### **We have adopted the following definition of CSE:**

*CSE involves those under 18 in exploitative situations, contexts and relationships where young people (or a third person or persons) receive something (for example, food, alcohol, cigarettes, affection, gifts) as a result of them and/or another or others engaging in sexual activities. It is an abuse of power by those exploiting by virtue of their age, gender, intellect, and physical strength and/or economic or other resources.*

CSE encompasses both gang-related and other sexual violence and exploitation. Although we use the terms 'he' and 'she' we use them in a non-gender specific way – it is acknowledged that perpetrators may be male or female, and victims may be boys or girls. However, it's clear from the evidence to date that young women are more likely to be sexually exploited and that the methods of grooming and coercing young men and young women are different.

Through this project we listened to what young people and professionals felt needed to be done within healthcare settings to ensure practitioners can properly address the issue with young people in their care and respond accordingly. Young people have played an important role in ensuring the proforma works for them, is sensitive to their needs, and reflects the complexities of CSE.



## THE PURPOSE OF THE PROFORMA

The proforma has been developed as a guide to help professionals who work with young people under 18 to detect CSE and gang-related sexual violence.

It should be used as a prompt to generate a conversation around the young person's situation, rather than as direct questions. Though, due to the nature of the abuse, it's unlikely that a significant number of young people will disclose that they are being exploited, the form should help you identify key indicators of CSE that you can act upon accordingly. It is important that you are aware of your organisation's safeguarding policies and procedures, and can follow local referral pathways and Department of Health and professional body guidance on confidentiality.

It's vital that you quickly follow up any disclosure using the correct pathways, making a note of who you referred to and when, as the young person may not disclose again.

The tool has been designed to help identify the risk factors associated with CSE and can be used as a starting point for further support for the young person if needed. A full risk assessment for CSE should be carried out by the appropriate organisation. Please refer to the National Working Group (NWG) risk assessment toolkit for guidance. This decision must be based on your judgement if you suspect the young person is experiencing, has experienced, or is at risk of CSE.

Never assume that because a young person doesn't present as being sexually active they are not at risk. Young people who don't disclose sexual activity may still be at risk of CSE or be sexually active. It's also vital to clarify what a young person's understanding of 'sex' is.

With this in mind, we've designed the proforma to be used with anyone presenting to a sexual health service. As a practitioner you must ask questions according to how the young person responds to the proforma. Be aware that even if you have no concerns at the time of the consultation the young person's circumstances may change. Always keep detailed and informed notes during the consultation, and complete the professional analysis at the end of the proforma.

Traditionally, many services don't question young people aged 16 and 17 about risk factors, but there is increasing evidence that young people of this age group are being exploited. Feedback from both the focus group and the pilot has shown that it is acceptable to question young people in this older age group.

## Section two: proforma for identifying risk of child sexual exploitation

### GUIDANCE FOR PRACTITIONERS ON HOW TO USE THE PROFORMA

This proforma has been designed to help you assess young people for sexual health services who are at risk of – or experiencing – CSE. It can be used in its current format, or you can integrate it into your own proforma for working with young people.

1. The proforma can be used with young people under the age of 18.
2. It can be tailored to work within your own systems and local framework but avoid changing it too much as this risks misuse.
3. If you consider a young person is at risk from their replies to the questions on the proforma, you must follow your service's safeguarding policy and discuss with or inform your safeguarding lead.
4. Consider how often to use the tool with each patient and how many questions you need to ask the young person each visit.
5. The proforma will help you identify changes in the young person's circumstance and/or behaviours (including non-verbal indicators).
6. The form must be personalised and used as a baseline assessment that fills in the gaps of the data set for the young person. The professional should fill in any gaps in the proforma at each visit – this way, the form is revisited each time but not always recompleted.
7. Using the proforma may increase consultation time – this must be managed in a way that makes it usable within your service. It is important to ask these questions to help safeguard young people.
8. The questions on the proforma should be embedded within your consultation to minimise the time associated with its use, though the time required is likely to shorten as you become more familiar with the proforma.
9. Confidentiality must be explained properly to young people, including its parameters and the fact that you will need to seek advice if you believe they are at risk of significant harm.
10. Never make assumptions about the young person based upon cultural, social or sexual orientation stereotypes.
11. Always ask young people to clarify what they understand by sexual activity – for example, penetrative vaginal or anal sex, or oral sex. It's important to explain to young people whether you're referring to vaginal, oral or anal sex, and that, where there is risk of sexual exploitation, it may involve multiple partners.

12. Young people prefer to be asked sensitive questions in a professional but conversational manner, which is effective for both you and them. You may need to rephrase questions to suit individuals, and avoid using language that may be unfamiliar to young people, such as medical jargon.
13. When questioning the young person about who they're having sex with, find out what term they feel comfortable using, as they may not consider that person to be a partner.
14. Be aware that a young person may perceive their situation as consensual when in fact they are being groomed, as this is the nature of sexual exploitation.
15. If a young person doesn't want to answer the questions on the proforma make a note of this but don't push them. They may be prepared to respond to another healthcare worker or at a subsequent visit.
16. Look out for any unusual patterns within the young person's history so you can make a professional judgement about their needs and the risk they face.

<b>Visit number:</b> <input type="text"/>			
Confidentiality discussed and understood:			
Age:	Gender:	Ethnicity:	
<b>Education</b>			
Do you attend school/ education other than school/pupil referral unit/ college/training/ employment?	Do you attend regularly?	Do you enjoy it?	Is there anyone there who you can talk to?
<b>Family Relationships</b>			
Who do you live with?	How are things at home?	Do you feel like you can talk to someone at home about sex and relationships?	Young carer: Looked after child: Homeless: Runaway: Family bereavement: Learning or physical disability:
Are you involved with any other agencies or professionals such as social workers or mental health services? If so, would you be happy for us to contact them if we feel we need to?			
<b>Friendships</b>			
Do you have friends your own age who you can talk to?		Do your friends like and know the person you have sex with (if you are involved with or having sex with anyone)?	
<b>Relationships</b>			
Are you having sexual contact with anyone?  (If no) When was the last time you did?	(If yes) Are you happy with the person you're going out with/the person you have sex with?	How old is the person you are having sex with?	How many people have you had sexual contact with in the past three months?  In the past 12 months?
Where do you spend time together?		Where did you meet the person you have sex with?	

<b>Consent</b>		
Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?	Have you ever been made to do something sexual that you didn't want to do, or been intimidated?	Do you feel you could say no to sex?
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Where do you have sex?	Who else is or was there when you have sex (or any other form of sexual contact)?
<b>Sexual Health</b>		
What contraception do you use?	Do you feel like you can talk to the person you have sex with about using condoms or other forms of contraception?	
Have you ever had an STI test?	Have you ever had an STI?  If yes, which, and how many times?	
Do you ever use drugs and/or alcohol?		
Do you often drink or take drugs before having sex?		
Do you suffer from feeling down/depression?	Have you ever tried to hurt yourself or self-harm?	Have you ever been involved in sending or receiving messages of a sexual nature? Does anyone have pictures of you of a sexual nature?
<b>Professional analysis</b>		
<p><b>Is there evidence of any of these within their relationship?</b></p> <p>Coercion:            Overt aggression (physical or verbal):            Suspicion of sexual exploitation/grooming:            Sexual abuse:            Power imbalance:            Other vulnerabilities (please give details):</p> <p>If you have identified risks or concerns please discuss with your CSE or Safeguarding Lead by _____ (date) and follow your own child protection policy and procedure.</p>		

**Any additional information:**

Signed:

Printed:

**Fraser Guidelines**

**Yes**

**No**

The young person understands the health professional's advice.

The young person is aware that the health professional cannot inform his/her parents that he/she is seeking sexual health advice without consent, nor persuade the young person to inform his/her parents.

The young person is very likely to begin having, or continue to have, intercourse with or without contraceptive/sexual health treatment.

Unless he/she receives contraceptive advice or treatment the young person's physical or mental health, or both, are likely to suffer.

The young person's best interests require the health professional to give contraceptive advice, treatment, or both without parental consent.

## Section three: recommendations

### WHAT NEXT?

The following recommendations detail the steps required to build the confidence and competence of professionals working with young people, enabling them to identify and assess the risk of CSE, and to respond in the appropriate way to ensure the young person's safety and care.

These recommendations are not necessarily endorsed by the Department of Health or the funding organisations. BASHH and Brook will work with partners and the Department of Health to seek opportunities to deliver against these recommendations.

1. Staff will require training to help them use the proforma effectively and to provide a better understanding of CSE. Training doesn't need to be lengthy or too in-depth but must enable professionals to feel comfortable and confident in using the tool.
2. A toolkit should be developed for professionals who have less experience in this area.
3. The proforma should be made available online.
4. There is a need for an online version of the form that young people can complete themselves.
5. The proforma should be embedded within commissioning contracts for all sexual health services.
6. The proforma could be adapted and piloted within other services where young people access health care.
7. The proforma should be continually reviewed in light of increasing knowledge around CSE, and adapted according to changes in the social and health environment.
8. It may also be helpful to use the proforma with young people aged over 18, particularly those who have a learning or physical disability, or are otherwise vulnerable.

## Section four: evidence

### SUMMARY OF THE RESEARCH AND EVIDENCE

It is universally reported in research and inquiries that CSE is massively underreported and unrecognised by statutory and voluntary sector organisations (Office of the Children's Commissioner 2013, NSPCC 2013, Barnardos 2011).

Combine this with the NSPCC's *No one noticed, no one heard* (2013) – which highlights how few young people report sexual abuse and violence – and with the fact that there are few convictions for perpetrators of CSE in the UK (CEOP 2011) and the outlook seems pretty stark for young people who are victims of this crime.

The Family Rights Group recently reported an 800% increase in domestic violence cases (The Guardian, 15 January 2014). One of the key indicators for CSE is if a young person has been a witness to, or a victim of, abuse in the home. It is also true that children and young people who have a parent who suffers domestic violence are increasingly being taken into care – another indicator of CSE.

Sex and relationships education (SRE) plays an important role in safeguarding young people from CSE, and Brook, the PSHE Association and the Sex Education Forum have produced supplementary advice to the statutory SRE guidance to help schools incorporate teaching about CSE into SRE. (Available at [www.brook.org.uk/supplementaryadvice](http://www.brook.org.uk/supplementaryadvice))

It is important to understand CSE in the context that most sexual behaviour among young people is part of normal development. For comprehensive age-related details, see Brook's *Sexual Behaviours Traffic Light Tool*: [www.brook.org.uk/traffic-lights](http://www.brook.org.uk/traffic-lights)

### A SUMMARY OF THE EVIDENCE

1. At least 16,500 children were identified as being at risk of child sexual exploitation each year by gangs and groups (Office of the Children's Commissioner report, 2013).
2. Some professionals dismiss what a child is telling them because it doesn't fit in with their preconceived notion of what constitutes CSE (Office of the Children's Commissioner report, 2013).
3. Between 5% and 17% of children under 16 (between 650,000 and two million children) experience sexual abuse, and more than one in three don't tell anyone during childhood (NSPCC, *No one noticed, no one heard*, 2013).
4. There was a 16 per cent increase in reports of CSE from 5,411 in 2008/9 to 6,291 in 2009/10.
5. A quarter of these reports relate to online grooming. (CEOP, *Out of sight, out of mind – breaking down the barriers to child sexual exploitation*, 2011).



6. There is a strong link between children being sexually exploited and children going missing. Each year, 140,000 children go missing from home or care (Department of Education, Tackling child sexual exploitation action plan, 2013).
7. Any child or young person, from any social or ethnic background, can be exploited. Boys and young men can be at risk as well as girls and young women (Barnardos, *Puppet on a string*, 2011).
8. Of 53 services operated by its members in the UK, research carried out by the National Working Group found that 2,894 children had been engaged with during the previous year (National Working Group, *National picture of child sexual exploitation and specialist provisions in the UK*, 2010).

## THE SEXUAL OFFENCES ACT 2003

A number of offences recognise the grooming, coercion and control of children:

- S.14 Arranging or facilitating a child sex offence (child under 16)
- S.15 Meeting a child following sexual grooming (child under 16)
- S.47 Paying for the sexual services of a child
- S.48 Causing or inciting child prostitution or pornography
- S.49 Controlling a child prostitute or a child involved in pornography
- S.50 Arranging or facilitating child prostitution or pornography
- S.57, 58, 59 Trafficking into, within, or out of the UK for sexual exploitation

## WHAT DID YOUNG PEOPLE TELL US IN THE FOCUS GROUPS?

We conducted a number of focus group sessions in different settings around England, including sexual health services, youth offending teams, schools and outreach services.

These sessions gave us valuable insight into the questions the proforma should ask, how it should ask them, and why health professionals have a duty to actively support and respond to concerns around the possibility of exploitation or abuse.

The focus group sessions and questionnaires raised some clear themes and plenty of informative suggestions that helped to shape the proforma.

The sessions found that most young people would welcome a health professional asking them questions if they were presented in a way that was accessible to them, and if confidentiality was made clear.

It's important to ask questions in a conversational way – making it easier for the young person to open up and trust the professional, and therefore easier for the professional to spot the signs of CSE. Young people suggested that the professional should, “be chilled – maybe adapt to the individual” and “don't be intimidating. Ask direct questions but in a calm way”.

Though we need to gain information about young people's personal lives, it's vital to be careful and tactful in the way we ask the questions. Young people told us they want time to answer questions, and that they need to feel safe before answering. One young person said, "If someone doesn't want to answer, they shouldn't be forced to talk."

It's also important not to assume that the young person is in a relationship or has a regular partner. Ask exploratory questions such as, "Can you tell me a bit about your situation? Are you in a relationship or involved with someone?" to encourage response.

For many young people, disclosing exploitation can heighten their own anxieties about loss of control, which often reflects their experience. Throughout the consultation, it is vital to reassure the young person that they will be involved in any action you may take. Always make your confidentiality procedures clear to the young person before carrying out a screening.

Many young people who are being exploited feel a lack of control over their own destiny, and this leaves them feeling worthless and shameful. To enable the young person to get out of their situation, or to get help, the professional conducting the screen must keep them informed at all times about any concerns they may have and about what they will do with the information gathered.

As one young person said, "If the professional has concerns they should say so, as the young person might not realise that what's happening is cause for concern." Professionals should be confident that they can address the needs of young people in an appropriate manner. If they can't, the proforma is unlikely to uncover potential exploitation.

### ASKING THE RIGHT QUESTIONS

The focus groups suggested that asking the questions below allows the young person to assess whether what's happening is good for them.

- Are you in a relationship?
- Can you tell me about it?
- Are you happy?
- What's going well?
- How were things at the beginning of the relationship?
- Has anything changed, such as how you feel about yourself, or how your partner treats you?
- Are you happy with the sex you're having?
- How do you feel about your situation?
- Do you feel good about yourself?

All the young people involved in the focus groups were explicit in their desire for professionals to approach the subject with sensitivity and honesty, and to define the parameters of confidentiality.

*"It's really important that the professional makes it clear that "nothing you've done makes you a bad person."*

*"Don't act like a doctor – you need to listen and not jump to conclusions."*

## **HOW TO MAKE YOUNG PEOPLE FEEL COMFORTABLE**

- Reassure that support and help are available to them.
- Reassure that no one can access the information they share unless they are in serious danger.
- Be friendly and approachable.

## Section five: appendices

### Appendix one: Pilot evaluation

Define Research and Insight ([www.defineinsight.co.uk](http://www.defineinsight.co.uk)) carried out an independent review of the experience of the professionals and young people using the proforma. Their report is published below. BASHH and Brook will seek further funding to review the impact of the proforma once it has been adopted for use in services across the UK.

#### 1. BACKGROUND

BASHH, with the support of Brook, has developed a new proforma for use by health professionals across different health settings (GP surgery, GUM clinic, school nurse clinic, etc) to assess whether a young person is either experiencing, or at risk of, CSE.

The proforma was piloted across 23 sites in December 2013 and evaluation was required to assess the proforma across three key measures:

- how useful the proforma is at capturing the information of risk of child sexual exploitation
- how usable the proforma is for healthcare professionals
- how acceptable the questions are for young people and healthcare professionals to answer

#### 2. METHODOLOGY

Each young person who participated in the pilot gave their consent for their data to be included in the evaluation of the proforma.

Following each consultation in which the proforma was used, the young person and/or practitioner completed a short evaluation form.

In total:

- 275 self completion questionnaires were returned by young people
- 259 self completion questionnaires were returned by practitioners

Data was collated from both evaluation questionnaires and the project leads in each service. The evaluation questionnaires used a scale of 1 to 5, with 1 being the most negative and 5 being the most positive.

### 3. SAMPLE

#### Young people

The profile of the young people taking part in the pilot can be summarised as follows:

No of young people	Age		Gender		Ethnicity	
	275	13–14	15	Male	23	White British
15–16		92	African			12
17–18		81	Female	166	Black Caribbean	6
19–21		83			Black British	9
Not stated		83			Mixed	12
			Not stated	86	Other/not stated	94

#### Practitioners

The profile of the healthcare practitioners (HCPs) taking part in the pilot can be summarised as follows:

No of HCPs	Age		Gender		Ethnicity	
	259	21–30	13	Male	16	White British
31–40		23	African			9
41–50		79	Female	173	Mixed	5
51–60		24			Black British	5
61+		2			Other/not stated	100
Not stated		117	Not stated	70		

## 4. RESULTS

### Young people

Overall, there was a positive response to the proforma among young people. As shown in Chart 1 below, perceived accessibility of the questions was particularly high. Critically, the language used is easy to understand, with more than two thirds of respondents rating this 'really easy' and showing that, in most cases, language is not a barrier to completion. Over two thirds also felt able to answer the questions.

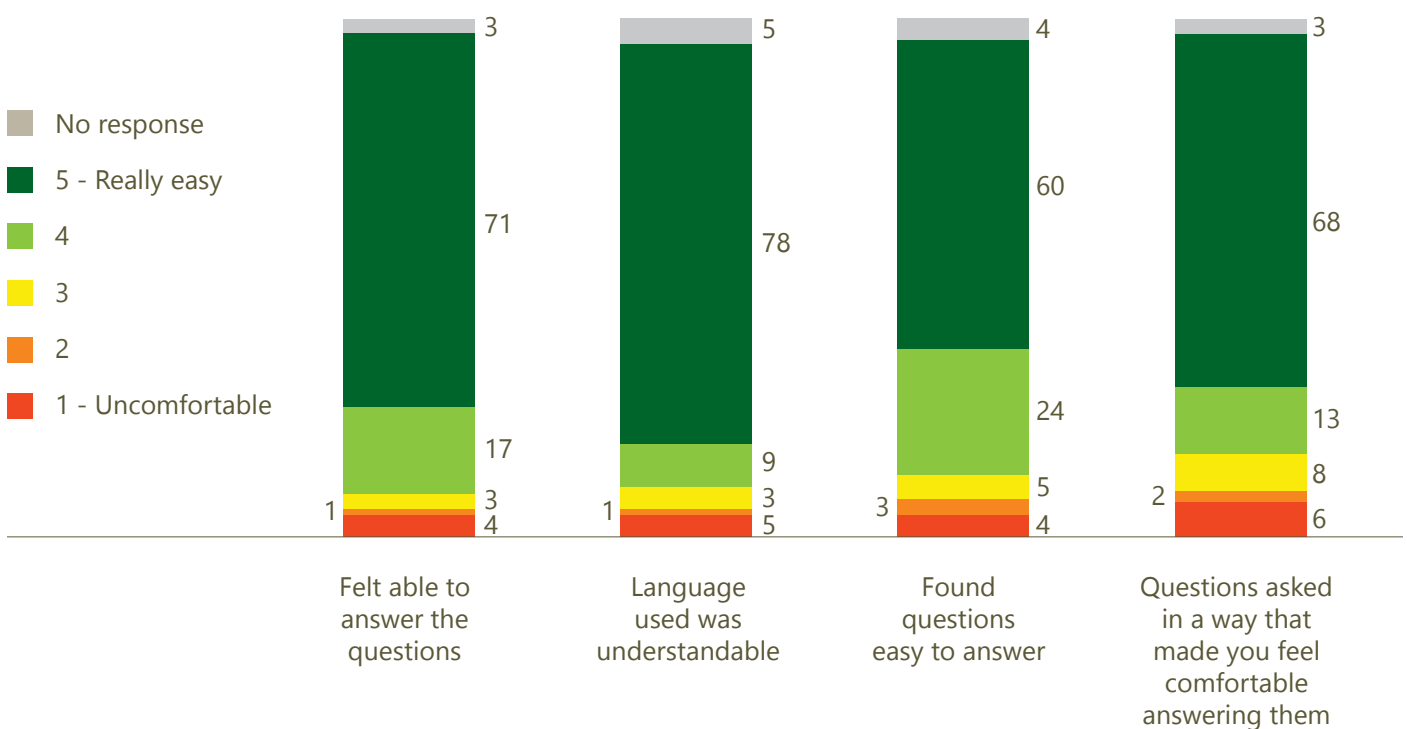
The results also show that the questions were positively facilitating for a number of young people (made to feel comfortable, questions easy to answer) although this was slightly lower than accessibility overall.

Given the nature of the questions it is natural that there may be some resistance to answering them. Despite this, the majority of young people taking part in the pilot said they found the questions easy to answer, and that they were asked in such a way that made them feel comfortable answering.

### Headline results

- 84% of young people found the questions easy to answer
- 88% of young people felt able to answer the questions
- 81% of young people agree (score 4 or 5) that the questions were asked in a way that made them comfortable answering them (with no difference between male and female)
- 87% agree that the healthcare practitioner used language that was understandable

**Chart 1: young people's response to the proforma**



Among the minority of respondents who felt there were questions they couldn't answer, reasons given for this were that they felt uncomfortable answering the questions because of their personal nature, or because they deal with topics they've never been asked about in detail before.

There was little additional feedback given by young people, however, there is evidence that the staff in the centre helped to overcome perceived awkwardness about answering the questions:

*"I really liked the woman I spoke to and didn't feel uncomfortable or awkward at all, which is what I was worried about."*

*"I only felt comfortable because I have been asked all these questions before and because the nurse knew my history."*

The majority of young people who participated in the evaluation were female, yet there were only differences of 1% to 2% between male and female respondents to the evaluation questions, indicating that the proforma has no gender bias.

Data breakdown to compare responses from young people below and over 16 is in preparation.

## Practitioners

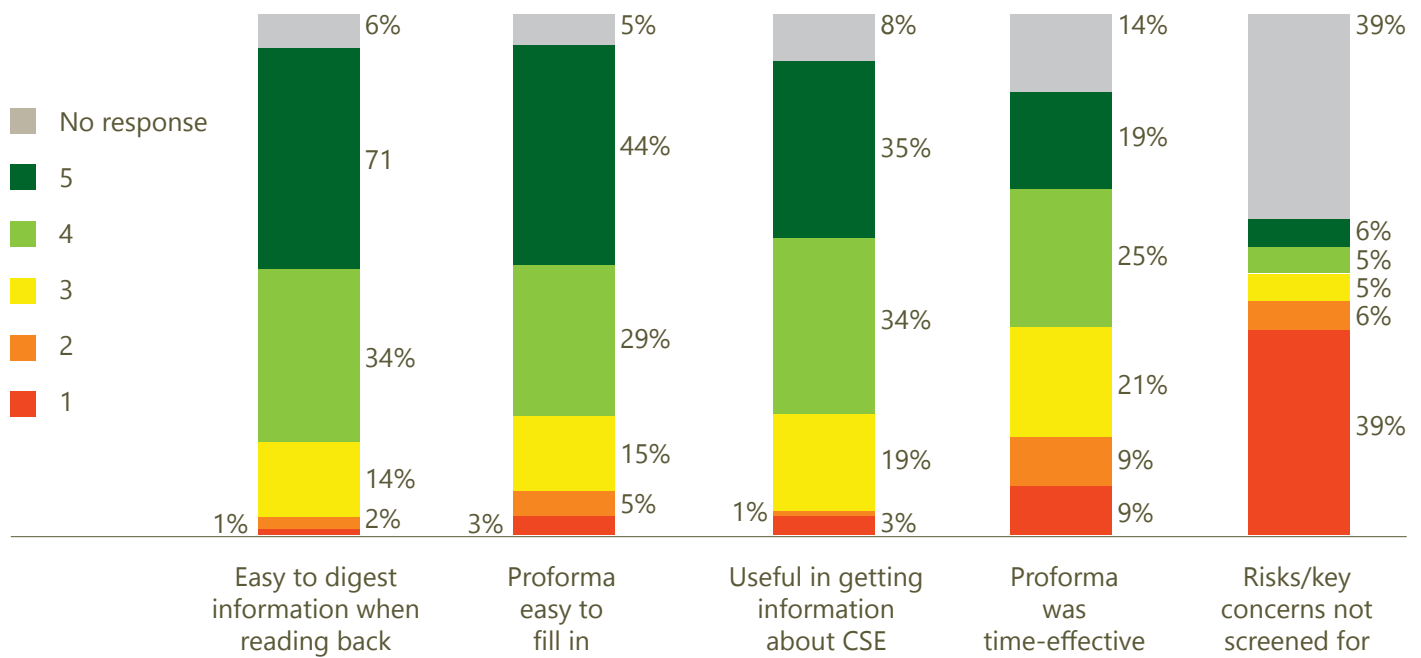
While the evaluation by young person was overwhelmingly positive, a more mixed picture emerged for healthcare practitioners. Responses from practitioners were more detailed than those from young people, and some areas for development of the proforma emerged.

### Headline results<sup>1</sup>

- 89% agree that the proforma picks up on the key issues
- 77% agree that information is easy to digest when looking back over it
- 73% agree that the proforma is easy to fill in
- 69% agree that the proforma is useful
- 44% agree that the proforma is time effective

<sup>1</sup>One note of caution on the practitioners' evaluation sheet: the 1 to 5 scale on the evaluation form wasn't always labelled, meaning the following analysis is based on the assumption that all practitioners followed the same scale as young people, where 1 is negative (no) and 5 is positive (yes).

**Chart 2: practitioner responses to the proforma**



From a professional perspective, the benefits of the proforma include giving young people space and opportunity to discuss some topics – such as self-harm and depression – that may not have otherwise been covered.

Downsides from a professional perspective are:

- The proforma is time-consuming to complete
- If the client isn't sexually active, the questions are irrelevant
- Some questions aren't clear – this generates questions from the young person, which adds to the completion time

Critically, the proforma is largely fulfilling its main objectives as two thirds of practitioners agree (69% score 4 to 5) it is useful in capturing information about CSE.

Comparing scores across all measures, the proforma receives a lower rating for usefulness than for ease of comprehension and completion, though 69% of respondents still reported a positive score. From the comments we can see that this is because:

- The proforma is time-consuming to use
- The young person may not always understand why they are being asked these questions
- Questions are intrusive and/or irrelevant for many young people – for example, those who aren't yet sexually active, or who are just visiting for condoms, don't expect such detailed questioning



There is repeated evidence from healthcare professionals that the proforma can feel time-consuming to complete. Only 44% agree that the proforma is time effective and many comments indicate that it is too long.

The proforma is seen as particularly time-consuming if a client claims not to be sexually active, as many of the questions that follow are irrelevant.

A quarter (25%) of professionals answering the question found that the proforma added up to 5 minutes to their consultation time, half (47%) said it added 5 to 10 minutes, and a further quarter (25%) found it added over 11 minutes.

In the context of short consultation windows and an attitude among young people that they want to get in and out of sexual health services as quickly as possible, adding up to 10 minutes to the consultation time could limit uptake and willingness of professionals and young people to complete the proforma. Dramatically extended consultation times could also have the unintended consequence of deterring young people from visiting services – for example, if a friend says their consultation took a long time.

One in 10 (11%) professionals agree that there are risks and key concerns that haven't been screened for, with 39% not answering this question. Questions suggested as being beneficial to add include:

- Whether the young person has contact with their parent(s) if they are not living with them
- Whether they have been witness to, or subject to, domestic violence
- When they first started having sexual intercourse
- How many sexual partners they've had
- Whether they have, or have had, an eating disorder

Adding in these questions would need to be balanced against the concern that the proforma is already time-consuming to complete.

Practitioners were asked for the three most important questions they would ask to assess for CSE. Their responses were:

1. Consent (44%)<sup>2</sup>
2. Age of partner (33%)
3. Whether they have ever been forced or pressured into sex (20%)

Whether the young person has ever been offered gifts or bribery in return for sex was the next most common question that practitioners believe should be included (16%). All of these questions are covered by the proforma.

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<sup>2</sup> A particular question was not specified, respondents simply wrote 'Consent'

Three quarters of practitioners agree that the proforma is easy to fill in (72%) and that the completed form is easy to digest (76%). While the majority of practitioners found the proforma easy to use and understand, there is some disagreement with these statements.

Supporting this, there is evidence on the completed forms of some misinterpretation. It was clear on some completed proformas that the form had been given to the young person to complete themselves, rather than completed by the practitioner.

Some practitioners commented that the proforma was difficult for young people to understand, demonstrating that they were asking the questions as written rather than tailoring the wording to suit the individual. These issues may reflect the limitations of the pilot, rather than the limitations of the proforma itself.

Some questions from the proforma were open to interpretation, particularly the primary relationship question:

Are you involved with or having sex with anyone, or more than one person? [sic]

Some practitioners wrote 'n/a' here but then went on to give details of a sexual partner showing that they interpreted this question to be 'are you having sex with more than one person?'

Practitioners were also asked whether they felt there were any issues when using the proforma with clients older than 16. Data from this is being analysed. Some difficulties arise at a general level from using the proforma with clients who aren't yet sexually active, on the basis that the questions are irrelevant.

## Appendix 2: Contributors to the Advisory Board, Working Group and Pilot Sites

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 Emilia Wawrzkowicz: Royal College of Paediatrics and Child Health  
 Sharon White: School and Public Health Nurses Association (SAPHNA)  
 Dawn Wilkinson: Imperial College Healthcare NHS Trust and BASHH  
 Kate Wilson: Brook

## About the British Association for Sexual Health and HIV (BASHH)

[WWW.BASHH.ORG](http://WWW.BASHH.ORG)

BASHH is a professional representative body for those practising sexual health including the management of STIs and HIV in the UK. The organisation innovates and delivers tailored education and training to healthcare professionals, trainers and trainees in the UK. It determines, monitors and maintains standards of governance in the provision of sexual health and HIV care. It also advances public health in relation to STIs, HIV and other sexual health problems. Additionally it champions and promotes good sexual health and provides education to the public.

## About Brook

[WWW.BROOK.ORG.UK](http://WWW.BROOK.ORG.UK)

Brook is the leading national provider of free, confidential sexual health and wellbeing services for young people. In 2014, Brook celebrates 50 years of being the service young people turn to for support, advice and education – we make a difference to over a quarter of a million young people around the UK each year.

Our work includes clinical and support services, education and training, and developing resources for young people and professionals.

Our highly acclaimed Sexual Behaviours Traffic Light Tool ([www.brook.org.uk/traffic-lights](http://www.brook.org.uk/traffic-lights)) provides safeguarding training to help healthcare professionals identify and respond appropriately to sexual behaviours. This online tool is supported by an A3 poster that categorises these behaviours, and a handy pocket-sized leaflet. To purchase our resources, go to [www.brook.org.uk/shop](http://www.brook.org.uk/shop)

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