Creating a safer
Cambridgeshire

NHS
England

Policy Document for the referral of Child and Young Persons to the Sexual Assault Referral Centre.

The Child Sexual Abuse Service is available at the SARC: this provides holistic assessment for children and young people who have experienced some form of sexual violence.

a) Allows assessment of the needs of children and access to the wrap around services of the SARC
b) Enables documentation of injuries and the undertaking of forensic evidence to support the criminal justice system
c) Considers screening for sexually acquired infection
d) Provides reassurance for findings ensuring the child, young person and their family are informed that they are normal and that there will be no long term consequences for their experience.
e) Provides a central hub of expertise and collates performance data for commissioners to identify best practice and gaps in service provision

Access to the SARC should not be driven by disclosure only – as it well established that many children do not disclose, have normalised their experience or do not recognise abuse, therefore lack of disclosure should not be a barrier to accessing services.

1. Introduction

1.1 The purpose of this policy document is to outline the process for referring Children and Young Persons (aged up to 18 years) to the Peterborough and Cambridgeshire Sexual Assault Referral Centre (SARC).

1.2 This policy document is not to replace any terms of reference or standard operating procedure regarding the running of the SARC or processes once a child or young person has been referred to the SARC.

1.3 Any process to refer a child or young person to the SARC must have the child or young person's welfare at the centre. Although each agency involved with a child or young person has its own protocol, any such decision to refer them to the SARC is a joint agency decision and a strategy meeting is necessary.

When an examination has been agreed to be in the best interest of the child or young person, for chronic cases these should be booked into the established clinics by the authorised referring agencies, and a social worker and police officer identified to attend with the child.

Where a child under 13years, in an acute case, needs to be seen outside of ordinary clinic times for forensic examination or injury documentation, there is a requirement to use a specialist service. The need for this examination in these circumstances requires the prior-authority of the duty Protecting Vulnerable People Department (PVPD) Detective Inspector.

1.4 In the event that the Police make a decision not to authorise a referral to the SARC for any case where it has been initially requested, the circumstances of the case and the rational for that decision are to be passed to the Protecting Vulnerable People Department (PVPD) departmental head or Detective Chief Inspector, for an appropriate review to be completed and a serious incident form completed and sent to NHS England by Mountain Healthcare.

1.5 Although not limited to; the processes for referring a child or young person to the SARC must consider the protocols of working together (2018), commissioning framework for adult and paediatric sexual assault referral centres (SARC) services, service specification for the clinical evaluation for children and young people who may have been sexually abused (2015) and the NHS National Strategic Direction for Sexual Assault & Abuse Services - Lifelong care for victims and survivors: 2018 - 2023.

1.6 **A strategy meeting or a multiagency discussion (conference call) is vital.** Child Sexual Abuse is a complex assessment. Circumstances such as parental conflict, failure to provide protective parenting, looked after children, as well as understanding of medical history and wider needs of children and their family are vital prior to assessment. No examination should be undertaken without this understanding.

In addition, strategy meetings also allow consideration of:-

- Timing of examination (FFLM Sexual Offences Prepubertal complainants and Postpubertal Complainants)
- Venue – consideration whether A&E is required or if other venues are appropriate.
- Consent – Parental Responsibility and Gillick Competence *
- Support – are there any communication barriers which need addressing and who should be present – for young people this could be a person they trust, for ASD, a key care worker or an interpreter for those with English as a second language.
- Police are required for forensic examinations, whereas social care must be present for non-recent cases. There is a statutory obligation to safeguard and promote the welfare of vulnerable children and adults and it is felt that a child sexual abuse examination requires their support even where there no immediate safeguarding issues.

*Parental Responsibility – even where Local Authority share parental responsibility, it is considered best practice to seek consent from the person who holds PR. Only where all attempts have been considered futile, will there be consideration of an examination.

1.7 When a decision has been made to refer a child or young person to the SARC, it is necessary to consider the appropriate arrangements for any subsequent clinical examination and support services. Clear referral pathways are established with the SARC service provider, and there is a need for discussion with them at any point a referral is being considered to ensure consultation with the appropriate specialist paediatric medical practitioner or wider services has been facilitated.

1.8 Although there is a need to ensure any approach to referring a child or young person to the SARC is managed through appropriate partnership discussion, there is a need for clear

governance for the process. As a key stakeholder and commissioning organisation in the SARC provision, Cambridgeshire Constabulary are to act as the gatekeeper to sanction the referral of a child or young person to the SARC for acute cases, once it has been agreed as necessary by the partners involved in any strategy discussion. This sanctioning will be in consultation with the partner agencies involved, ensuring the appropriate SARC provision is being identified and authorised for use in each case in isolation, in the best interests of the child or young person and where professional disagreement has occurred, a serious incident form raised and sent to NHS England.

1.9 Although this paper refers to all cases of child abuse relating to a child or young person, where the allegation is that of rape (or attempted rape) from the outset **and** is an acute case, these are to be referred directly to the SARC via the healthcare service provider (Mountain Healthcare) for medical examination procedures to be started. **It is important that a strategy meeting/multiagency discussion is undertaken, as it is vital that the considerations of the appropriate management of the child and young person are still undertaken however where time restrictions are felt to impact on forensic evidence or delays examinations where a child or young person is becoming distressed, the child or young person will be seen and a serious incident raised to NHS England to monitor whether there is sufficient resource in social care to support these clients.** These cases are still to be subject of a full strategy meeting but will not delay the medical arrangements and are to run parallel to the medical examination taking place.

1.10 If a child is deemed to have injuries it is vital that these injuries are assessed and treated in a hospital environment before the child is brought to the SARC. In rare circumstances the forensic Medical examiner may need to attend hospital.

2.0 <u>Acute Cases</u>

2.1 Where Child Sexual Abuse (or suspected Child Sexual Abuse) is reported, with the offence suspected as being vaginal and having taken place in a post pubescent child within 7 to 10 days and a pre-pubescent child within 3 days, or suspected as being digital or oral within 48 hours, or suspected as being an anal assault within 3 days, then this is said to be an acute case. **If injuries are present this would also be considered an acute case, even outside these timeframes.** These time constraints are key and offer the most likelihood of any forensic recovery and documentation of injuries that would stipulate the consideration of an immediate forensic medical examination.

2.2 To ensure the most appropriate approach to these cases, with the child or young person's best interests being the primary consideration, a strategy discussion is to be conducted within 4 hours of any such notification.

2.3 Where the strategy discussion is to take place between 1700 and 0900 hours for Peterborough and 1720 and 0900 and on Fridays from 1630 in Cambridgeshire, this is to be held between the Social Care Emergency Duty Team, the Police Lead at that time and the current SARC/Forensic Paediatric service provider (Mountain Healthcare) During normal working hours other professionals involved with the family should also be involved (health, education, etc)

2.4 Due to limited resources, coupled with diverse and demanding working commitments for the Forensic Medical Examiners working as part of the current SARC/Forensic Paediatric service provider (Mountain Healthcare), there will undoubtedly be times when they are not readily available for strategy discussions. Should this be the case at any time, then strategy discussions are to continue as planned to ensure there is not an unnecessary delay in supporting the child or young person concerned. This should be documented and provided to NHS England to ensure that the services are developed that meet the needs of children and young people.

2.5 Where following the strategy discussion it is identified that an examination of the child or young person is necessary, and this examination is to take place within the SARC, this is to be directed to a MASH Detective Sergeant (or where they are not available, the relevant Detective Sergeant or Detective Inspector for the team managing the investigation, or the night crime Detective Sergeant or Detective Inspector) for authorisation. Consultation will be held with the current SARC service provider (Mountain Healthcare Limited either during the strategy meeting or via their call out number 0330 223 0099) to establish the options available for the examination to take place within current prearranged clinic times, or where necessary the need to call out additional SARC specialist resources. This will be considered in line with the child or young person's best interests and the evidential necessity to take alternative action outside of prearranged clinic times.

2.6 If the decision is for no referral to be made to the SARC, or the child/young person refuses to consent to any examination, then the lead professionals must ensure communication to the child/young person, to ensure they know how to access any additional medical service or other support service they may require.

2.7 Should the decision be made by the Police to not open the SARC for any case where it has been requested, the circumstances of the case and the rational for that decision are to be passed to the Protecting Vulnerable People Department (PVPD) departmental head or the duty PVPD Detective Inspector or Detective Chief Inspector, for an appropriate review to be completed and a serious incident form completed and sent to NHS England by Mountain Healthcare. If another agency requires a chronic abuse medical and these cases have no opportunities for forensic recovery, however there is still a need for consideration of medical examination, for the health and well-being of the child or young person as well as identifying potential evidence of the alleged abuse the requesting agency will cover any additional costs incurred in order for that medical to take place.

3.0 **Chronic Abuse Cases.**

3.1 Where Child Sexual Abuse (or suspected Child Sexual Abuse) is reported, with the offence not having occurred within the timeframes to identify it as an acute case, this is said to be a Chronic Abuse Case. These cases have no opportunities for forensic recovery, however there is still a need for consideration of medical examination, for the health and well-being of the child or young person as well as identifying potential evidence of the alleged abuse.

3.2 Children and young people are likely to have beliefs about their situation, even where they have not disclosed and it is important that they have the opportunity to be told about their bodies, have screening for sexually acquired infections and to be able to access wrap around services, to reduce long term sequelae for child sexual abuse.

3.3 To ensure an appropriate approach, a strategy discussion is to be conducted within 4 hours of any such notification.

3.4 Where the strategy discussion is to take place between 1700 and 0900 for Peterborough and 1720 and 0900 and on Fridays from 1630 for Cambridgeshire, this is to be held between the Social Care Emergency Duty Team, the Police Lead at that time and the current SARC/Forensic Paediatric service provider (Mountain Healthcare Limited). During normal working hours other professionals working with the family should also be involved (e.g health, education, etc)

3.5 Due to limited resources, coupled with diverse and demanding working commitments for the Forensic Medical Examiners working as part of the current SARC/Forensic Paediatric service provider (Mountain Healthcare), there will undoubtedly be times when they are not readily available for strategy discussions. Should this be the case at any time, then strategy discussions are to continue as planned to ensure there is not an unnecessary delay in supporting the child or young person concerned. This should be documented and provided to NHS England to ensure that the services are developed that meet the needs of children and young people.

3.6 Where it is decided following the strategy discussion a medical examination is necessary, then contact is to be made with the service provider (Mountain Healthcare Limited) for the child or young person to be referred to one of their Specialist Paediatric Forensic Service Clinics. These are currently held at the Peterborough and Cambridgeshire SARC on Thursdays and Sundays and the Bedfordshire SARC on Tuesdays and Fridays.

3.7 If the decision is for no referral to be made, or the child/young person refuses to consent to any examination, then the lead professionals must ensure communication to the child/young person, to ensure they know how to access any additional medical service or other support service they may require.

4.0 **Ongoing Information Sharing and Referral**

4.1 On attendance at the SARC, a full assessment will be undertaken and include wider safeguarding needs, risks of sexually acquired infections, assessment of emotional and mental health needs and consideration of needs of parents, siblings and peers.

4.2 Consent is undertaken by the examiner from the person with parental responsibility or the Gillick Competent young person and no information will be shared without their full understanding of what information is shared and who this will be shared with.

4.3 In addition to the reports and police summary record which are written as a consequence to the examination and shared with police and social care.

All children and young people will receive a safeguarding referral – even in under 13s, the safeguarding referral should have a summary of the examination findings which are relevant in order these are on file.

All children and young people will receive a safeguarding alert sent to the named Safeguarding Nurse – this will then be shared with Looked After Children's Team, CAMH, health visiting, school nurse.

All children and young people will have a notification letter sent to GP.

All children and young people will have a sexual health care plan to include a referral for screening. This will be to ICASH for 13s and overs. For children under 13 they will be referred to a named paediatrician at their local hospital, until a fully commissioned service is established.

5.0 **Conclusion**

5.1 It is of paramount importance that the child or young person is considered at the centre of any decisions that are made with regard to their health and wellbeing. This is of no difference with any referral considerations to the SARC for examination. This document outlines how this vital support can be accessed, with the child/young person's best interests in mind and ensure the decision makers involved make referrals to the most appropriate service in conjunction with the current SARC service provider, Mountain Healthcare Limited.

5.2 Where there are any concerns or difficulties with any individual case or the service provision as a whole, these are to be directed through to Protecting Vulnerable People Department (PVPD) Detective Chief Inspector and a serious incident form completed and sent to NHS England.

Referral Process to Specialist Forensic Paediatric Service

Acute cases

Child Sexual Abuse (or suspected Child Sexual Abuse) reported where offence is current, with opportunity for Forensic Sampling or Documentation of Injuries.

Chronic Abuse cases

Child Sexual Abuse (or suspected Child Sexual Abuse) reported, with no opportunity for Forensic Sampling.

Strategy Discussion held

Conducted within 4 hours of notification being received.

Minimum agencies Children's Social Care, MASH Health Team, Police; and the current SARC/Forensic Paediatric service provider (Mountain Healthcare Limited).

The discussion will identify whether forensic evidence from a SARC referral is required and is in the best interests of the child/young person. If not there should be a referral to the SPFSC unless there are specific reasons as to why this is not in the interest of the child or young person.

[Outside of core hours then Social Care Emergency Duty Team to hold strategy discussion with Police Lead at that time and the current SARC/Forensic Paediatric service provider (Mountain Healthcare Limited)].

Mountain Health Care switchboard contact number - 0330 2231202

If there is no referral or the child/young person refuses consent then professionals should ensure the child knows how to access any additional medical or other services they may require.

SARC referral requested

- by Police (Joint agency investigation)
- by Social Care (single agency)

Request must be authorised by MASH Detective Sergeant (or where they are not available, the relevant Detective Sergeant or Detective Inspector for the team managing the investigation, or the night crime Detective Sergeant or Detective Inspector) in both cases before referral to SARC.

Referral to SARC under call out procedure

Phone - 0330 223 0099 (Police Only)

Referral to Bedfordshire and Cambridgeshire Specialist Paediatric Forensic Service Clinic (current contractor – Mountain Health Care)

Cambridgeshire Clinic – Thursday or Sunday

Bedfordshire Clinic – Tuesday or Friday

Cambridgeshire Phone – 0330 223 1202

Bedfordshire Phone – 0330 223 1012