



Regional Paediatric Referral Pathway for acute CSA concerns – The Bridge SARC



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Document Control

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Version Control

Version	Date	Reviewer	Change Made
2.7	May 2019	Consultant Paediatrician Clinical Director Bristol Children's SARC	Consultant Paediatrician Clinical Director Bristol Children's SARC – New pathway developed
2.7 KSBP	18.10.2019	Lisa Collard Interim PPO	Protocol rebranded to KSBP and addition of Bristol specific aspects – in orange text

Non Police (self) referral



Young people aged 16 and 17 will usually be considered for the non-police (self) referral pathway either at The Bridge or their local SARC²

Young people aged 13 to 15 will be considered for the non-police (self) referral pathway if:

- The young person, having initially been referred with police involvement then decides to proceed as a non-police referral²
- OR
- A professional's conversation with a Bridge clinical lead and children's social care (as a minimum) has taken place and it is agreed to be in the young person's best interests²

Safeguarding children and young people

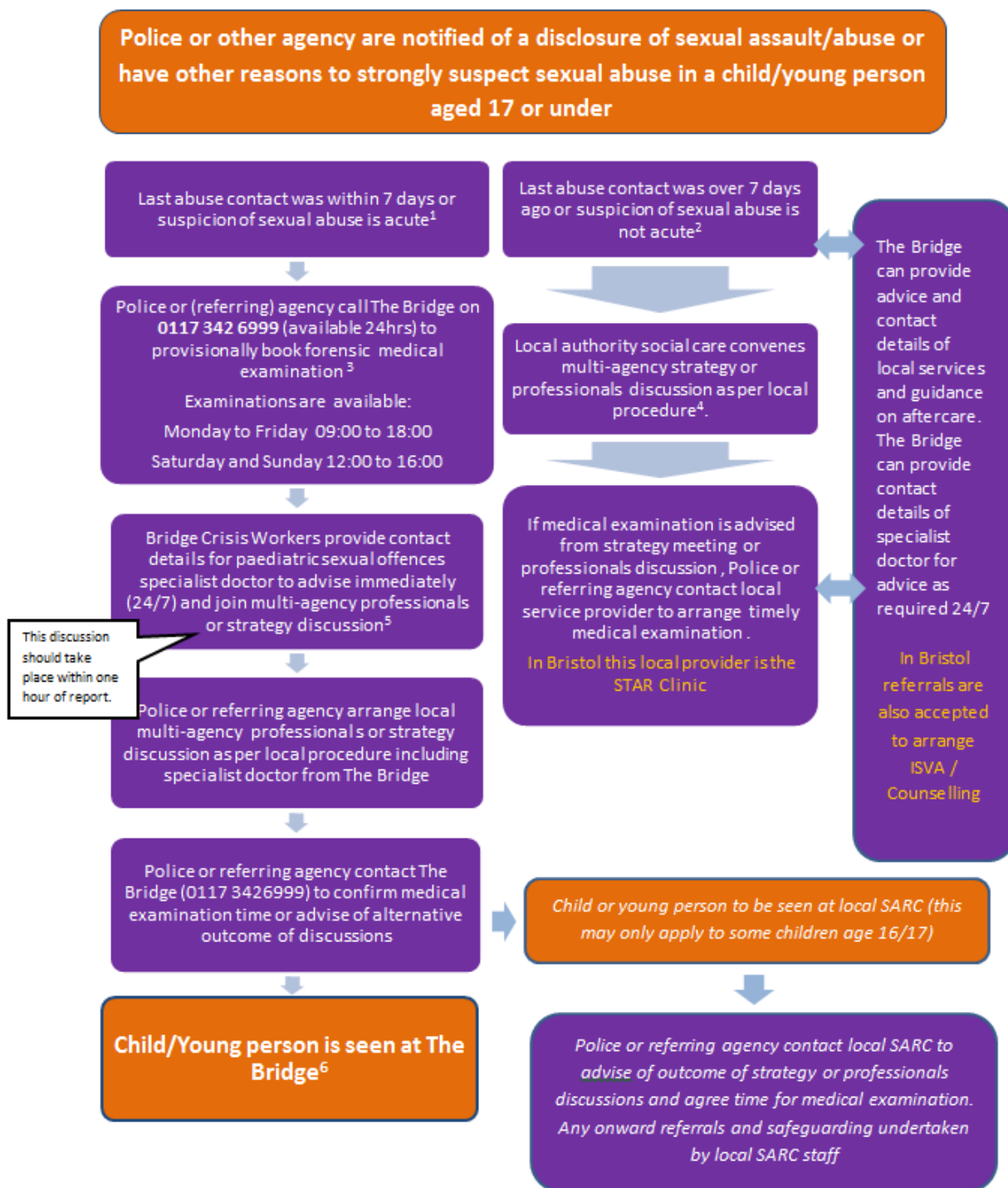
All young people aged 17 and under seen at The Bridge whether a police or non-police referral will have a 'request for help' safeguarding referral form completed and sent to the safeguarding team at University Hospitals Bristol the same or next working day.

The Safeguarding Team will then process the form and send securely to the child's local authority (children's social care) service

Any immediate safeguarding concerns identified by The Bridge staff will result in a same day telephone consultation with the child's local authority (children's social care) or a face to face discussion if the child is accompanied by a social worker.

1: A young person is defined here as aged 13 to 17 years

2: If any additional concerns are identified or disclosed such as Human trafficking, criminal or sexual exploitation or other children identified as being at risk of harm then the professional may need to talk to the police or access immediate safeguarding advice from the local authority and this will be explained to the young person.



1 Suspicions of recent acute sexual abuse may include but are not limited to anogenital trauma with an absent or implausible explanation or recent contact with an adult who poses a risk to children.
 2 Suspicions of non-recent sexual abuse may include but are not limited to STI, pregnancy, harmful sexual behaviour or siblings of a victim of CSA.
 3 When arranging FME any immediate health needs the child or young person may have take precedence and the child's and carers wishes and preferences about timings must be considered.
 4 This should include input where possible from the paediatrician likely to conduct the medical examination
 5 if arranging multi agency strategy discussions are likely to delay a FME significantly then the FME can occur before the strategy providing the referring professional has discussed the referral with the PSOM.
 6 Police officers attending the Bridge must bring information about the account/concern (such as a completed FRO booklet) to brief the attending Clinicians. Police will be shown to a waiting area and will be handed the exhibits when the examination is complete.

Glossary of terms used

SARC	Sexual Assault Referral Centre
The STAR Clinic	The STAR Clinic sees children and young people of all ages who have a genital condition that may need treatment. They also see children and young people of all ages who have recently or in the past been sexually harmed and may need care and treatment. This is hosted by the Community Children's Health Partnership and is based in Bristol
The Bridge	The Bridge is a Sexual Assault Referral Centre (SARC) in Bristol