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

Date Adopted: 4.11.2019
Version: 2.7 KSBP
### Document Control

<table>
<thead>
<tr>
<th>Title of document:</th>
<th>Protocol for The Bridge SARC</th>
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<tbody>
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<td>Created by Consultant Paediatrician Clinical Director Bristol Children's SARC</td>
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### Version Control

<table>
<thead>
<tr>
<th>Version</th>
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<tbody>
<tr>
<td>2.7</td>
<td>May 2019</td>
<td>Consultant Paediatrician Clinical Director Bristol Children's SARC</td>
<td>Consultant Paediatrician Clinical Director Bristol Children's SARC – New pathway developed</td>
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Keeping Bristol Safe Partnership Regional Paediatric Referral Pathway for acute CSA concerns – The Bridge SARC - May 2019
Regional Paediatric Referral Pathway for acute CSA concerns – The Bridge SARC - May 2019

Non Police (self) referral

Local SARC receive a phone call from young person 1

Local SARC have a young person arrive without notice (‘walk-in’)

Local SARC provides reassurance and support the young person in discussing their needs and contact The Bridge:
0117 342 6999

The Bridge will advise them of the options available to them

Young people aged 16 and 17 will usually be considered for the non-police (self) referral pathway either at The Bridge or their local SARC 2

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 referral 2
  OR
- A professionals 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 interests 2

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.
Police or other agency are notified of a disclosure of sexual assault/abuse or have other reasons to strongly suspect sexual abuse in a child/young person aged 17 or under

Last abuse contact was within 7 days or suspicion of sexual abuse is acute

Police or referring agency call The Bridge on 0117 342 6999 (available 24hrs) to provisionally book forensic medical examination. Examinations are available: Monday to Friday 09:00 to 18:00 Saturday and Sunday 12:00 to 16:00

Bridge Crisis Workers provide contact details for paediatric sexual offences specialist doctor to advise immediately (24/7) and join multi-agency professionals or strategy discussion

If medical examination is advised from strategy meeting or professionals discussion, Police or referring agency contact local service provider to arrange timely medical examination. In Bristol this local provider is the STAR Clinic

Police or referring agency contact The Bridge (0117 842 6999) to confirm medical examination time or advise of alternative outcome of discussions

Child or young person to be seen at local SARC (this may only apply to some children age 16/17)

Child/Young person is seen at The Bridge

Police or referring agency contact local SARC to advise of outcome of strategy or professionals discussions and agree time for medical examination. Any onward referrals and safeguarding undertaken by local SARC staff

1. Suspicions of recent acute sexual abuse may include but are not limited to genital 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 FMEx 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 FMEx significantly then the FMEx 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 PRO 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**

<table>
<thead>
<tr>
<th>Term</th>
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<tr>
<td>SARC</td>
<td>Sexual Assault Referral Centre</td>
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<tr>
<td>The STAR Clinic</td>
<td>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</td>
</tr>
<tr>
<td>The Bridge</td>
<td>The Bridge is a Sexual Assault Referral Centre (SARC) in Bristol</td>
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