



# **Policy document for the referral of Children and Young People to Herts Sexual Assault Referral Centre (SARC)**

The Children and Young People's Sexual Abuse Service is based at the Herts SARC:

- This service provides a holistic assessment for children and young people who have experienced some form of sexual violence / alleged sexual abuse.
- Allows assessment of the needs of children and access to the wrap around service of the SARC.
- Enables documentation of injuries and the undertaking of forensic sampling to support the criminal justice system.
- Considers screening needs for sexually acquired infections.
- Provides explanation and reassurance for examination findings ensuring the child, young person and their family have an opportunity to discuss their concerns.
- 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 is well established that many children do not disclose, may have normalised their experience or do not recognise abuse, therefore lack of disclosure should not be a barrier to accessing services.**

*(Issue date – August 2020 / Review date – August 2022 or upon any material change to service provision, stakeholder support arrangement or commissioning arrangement.)*

Parties to the agreement:

Name \_\_\_\_\_

Position \_\_\_\_\_

Organisation Hertfordshire Constabulary

Name \_\_\_\_\_

Position \_\_\_\_\_

Organisation Hertfordshire Children's Services

Name \_\_\_\_\_

Position \_\_\_\_\_

Organisation Mountain Healthcare Ltd

Name \_\_\_\_\_

Position \_\_\_\_\_

Organisation

## 1. Introduction

- 1.1 The purpose of this policy document is to outline the process for referring Children / Young People (*aged up to 18 years*) to the Herts 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 / young person has been referred to the SARC.
- 1.3 Any process to refer a child / young person to the SARC must have the child / young person's welfare at the centre. Although each agency involved with a child / young person has its own protocol, any such decision to refer to the SARC is a joint agency decision and a strategy meeting or multiagency discussion is necessary. For under 13's only Children's Services as a single agency can refer to the SARC, but professionals can seek advice from SARC, but must go to Children's Services to consider the need for a medical examination. For children / young people, police must discuss the case with Children's Services prior to attendance along with Health colleagues as part of a Strategy discussion. Where professional disagreement occurs or where police and social care do not act on others recommendation, the HSCP escalation process should be followed - [https://hertsscb.proceduresonline.com/chapters/p\\_resolution\\_disagree.html?zoom\\_highlight=escalation](https://hertsscb.proceduresonline.com/chapters/p_resolution_disagree.html?zoom_highlight=escalation)
- 1.4 Although not limited to; the processes for referring child / young person to the SARC must consider the protocols for Working Together to Safeguard Children (*HM Govt. 2018*), commissioning framework for adult and paediatric sexual assault referral centres (SARC) services, and service specification for the clinical evaluation for children / young people who may have been sexually assaulted (*RCPCH 2015 / HSCP children partnership procedures <https://hertsscb.proceduresonline.com/index.htm>*) and the NHS National Strategic Direction for sexual Assault & Abuse Services – Lifelong care of victims and survivors: 2018 – 2023.
- 1.5 **A strategy meeting or a multiagency discussion (*Conference Call*) is vital.** Child sexual abuse assessment is complex assessment. Sharing of key information such as previous social care involvement and concerns, circumstances such as parental conflict or failure to provide protective parenting, looked after children, and understanding relevant medical history and wider needs of children and their family are crucial prior to assessment. No examination should be undertaken without this understanding.

In addition, strategy meeting or a multiagency discussion allows consideration of: -

- Timing of examination (*FFLM RCPCH Guide to establishing urgency of sexual offence examination Prepubertal and Post-pubertal complainants May 2019*)
- 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, a key care worker or an interpreter for those with English as a second language.
- Police are required to attend acute forensic examinations, whereas social care should be present for both acute and 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 are no immediate safeguarding issues.

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

- 1.6 When a decision has been made to refer a child / 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 the SARC at any point a referral is being considered to ensure consultation with the appropriate specialist paediatric medical practitioner and that any wider needs have been facilitated.
- 1.7 Although there is a need to ensure any approach to referring a child / young person to the SARC is managed through appropriate partnership discussion, there is a need for clear governance for the process. The attendance of the SARC will be in consultation with the partner agencies involved, ensuring the appropriate SARC provision (examination / ISVA referral) is being identified and is in the best interest of the child / young person. Where professional disagreement occurs or where police and social care do not act on others recommendation, the HSCP escalation process should be followed - [https://hertsscb.proceduresonline.com/chapters/p\\_resolution\\_disagree.html?zoom\\_highlight=escalation](https://hertsscb.proceduresonline.com/chapters/p_resolution_disagree.html?zoom_highlight=escalation)
- 1.8 Although this paper refers to all cases of child abuse relating to a child / 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 / young person are still undertaken however where time restrictions are felt to impact on forensic evidence or delays examinations where a child / young person is becoming distressed, the child / 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.
- 1.9 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.
- 1.10 Families cannot self-refer into the paediatric service, due to the complex nature of child sexual abuse and the need to consider all the information known about a child prior to attendance. Young people who are Gillick competent, can self-refer and will have access to the SARC. (See self-referral protocol)

- 1.11 Advice can be sought from the paediatric team to discuss whether a referral should be considered. This can be facilitated by contacting Mountain Healthcare Pathway & Support Services on 0330 223 0099. Either will be facilitated as soon as practical and may not be immediate.

## **2.0 Acute Cases**

- 2.1 When concerns are raised about child sexual abuse having occurred recently, for example within the last seven days, this should be considered as an acute case. Depending on the type of offence(s) suspected and the age / pubertal status of the child, forensic sampling could be very important. Consideration should be given to the Faculty of Forensic and Legal Medicine (FFLM) guidance '*Recommendations for the collection of forensic specimens from complainants and suspects*' which are updated every six months. There are a number of other considerations that would prompt an urgent examination. Other considerations would be if a child had symptoms in the genital or anal area or suspected to have injuries irrespective of whether they are outside forensic timeframes. Clinical signs may still be present on examination up to 21 days after the assault, for example, healing genital injury, anal injury or other injury. These injuries may be forensically significant, so in some circumstances strict adherence to a timeframe may not be indicated. Distress in child / family may also necessitate an urgent examination. Access to urgent aftercare needs such as emergency contraception or HIV post-exposure prophylaxis may also necessitate an urgent examination. The timing of when an acute case is seen, whatever the definition, needs to follow the recommendations as set out in: FFLM RCPCH 2019 Guide to establishing urgency of sexual offence examination: pre pubertal complainants and post pubertal complainants.
- 2.2 To ensure the most appropriate approach to these cases, with the child / young person's best interest being primary consideration, a strategy discussion is to be conducted within 4 hours of such notification.
- 2.4 Where the strategy discussion is to take place during office hours, this will take place with all necessary partner agencies attending, with a minimum requirement of Children's Social Care, Health, Police and the current SARC (Forensic Paediatric Examiner / Forensic Nurse Examiner). This will be a full strategy discussion in line with the working together principles ensuring as informed a strategy discussion as possible to determine the best overall course of action and requirement for any subsequent examination.
- 2.5 Where the strategy discussion is to take place out of hours, this is to be held between the Children Services Safeguarding Out of Hours Service, the Police Lead at that time and the current SARC (Forensic Paediatric Examiner / Forensic Nurse Examiner).
- 2.6 Due to limited resources, coupled with diverse and demanding working commitments for the Forensic Medical Examiners and SARC Forensic Paediatricians, there will undoubtedly be times 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 / young person concerned. This should be documented, and a serious incident (*see Appendix B*) raised to Mountain Healthcare Ltd ([mhl.paiers@nhs.net](mailto:mhl.paiers@nhs.net)) to ensure that the services are developed which meet the needs of children / young people. Strategy discussions / multiagency discussions should be booked with as much notice as possible for the SARC forensic paediatricians / nurses to contribute.

- 2.7 Where following the strategy discussion it is identified that an examination of the child / young person is necessary, and this examination is to take place at the SARC, consultation will be held with the SARC service provider (*Mountain Healthcare Ltd*) via their Pathway & Support Service on 0330 223 0099. They will establish the needs for the case and this would where appropriate be an examination at Herts SARC. This will be considered in line with the child / young person's best interest and the evidential necessity to take alternative action outside of the pre-arranged clinic times.
- 2.8 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 professional must ensure communication to the child / young person / primary carer, to ensure they know how to access additional time critical medical services such as access to emergency contraception or sexual health and other support service they may require. ISVA service / sexual health / emotional support to be considered.
- 2.9 Should the decision be made not to bring a child or young person to the SARC for any case where it has been advised an incident form should be completed (*see Appendix B*) and sent to Mountain Healthcare Ltd. ([mhl.paiers@nhs.net](mailto:mhl.paiers@nhs.net)) so we can understand the rationale for non-attendance.

### **3.0 Non recent Child Sexual Abuse**

- 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, or with no identified requirements for urgent medical care as previously discussed, this is said to be a non-recent child sexual 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 / young person as well as identifying potential evidence of the alleged abuse.
- 3.2 Children / 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 supported to access wrap around advocacy and counselling services, to reduce the long-term sequelae associated with child sexual abuse.
- 3.3 To ensure an appropriate approach, a strategy discussion is to be conducted by social care at the earliest opportunity of any such notification.
- 3.4 Where the strategy discussion is to take place during office hours, this is to take place with all necessary partner agencies to be in attendance, with a minimum requirement for Children's Services, Health, Police and the current SARC (Forensic Paediatrician / Forensic Nurse Examiner). This will be a full strategy discussion in line with the working together principles.
- 3.5 Where the strategy discussion is to take place out of hours, this is to be held between the Children Services Safeguarding Out of Hours Service, the Police lead at that time and the current SARC Forensic Paediatric service provider, however a daytime discussion should be considered for these non-urgent cases.

- 3.6 Due to limited resources, coupled with diverse and demanding working commitments for the Forensic Medical Examiners and SARC Forensic Paediatrician, 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 / young person concerned. This should be documented and provided to Mountain Healthcare Ltd to ensure that the services are developed which meet the needs of children / young people.
- 3.7 Where it is decided, following the strategy discussion, a medical examination is necessary, then contact is to be made with Mountain Healthcare Pathway & Support Services on 0330 223 0099 to arrange for the child / young person to be referred to one of the Specialist Paediatric Clinics. These are currently contracted to be carried out in Hertfordshire two days a week (*Monday and Wednesday*).
- 3.8 If the decision is for no referral to be made, or the child / young person refuses to consent to any examination, then the lead professional Children's Services must ensure communication to the child / young person / primary carer, to ensure they know how to access any additional medical service or other support service they may require. ISVA services / sexual health / emotional support to be considered.
- 3.9 Should the decision be made not to bring a child / young person to the SARC for any case where it has been advised, an incident form (*see Appendix B*) should be completed and sent to Mountain Healthcare Ltd ([mhl.paiers@nhs.net](mailto:mhl.paiers@nhs.net)) so we can understand the rationale for non-attendance for service development.

#### **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, risk of sexually transmitted infections, assessment of emotional and mental health need and consideration of needs of parents, siblings and other high-risk contacts.
- 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 The medical reports and police summary record which are written following the examination are shared with social care / police.

All children / young people under 18 years old attending the SARC service will be referred to Children's Services, even under 13's. Where social care is already actively involved, the allocated social worker will receive a summary of the examination findings and information about any onward referrals made by SARC.

All children / young people will have a health safeguarding alert sent to the named Safeguarding Nurse – this will then be shared where relevant with Looked After Children's Team, Health Visitors and school nurse.

All children / young people will have a notification letter sent to General Practitioner (*GP*). An information sharing alert is also sent to the Hertfordshire Designated Paediatrician.

All children / young people will have a sexual health care plan to include a referral for screening. Currently testing for sexually transmitted infections will be facilitated in Herts SARC for children aged under 13 years. Children aged under 13 years and diagnosed within Herts SARC with a positive sexually transmitted infection will be advised of clinical plan for their care. Young people aged 13 years and over will be referred to local Genitourinary Medicine / Sexual Health Services for sexual health assessment

## **5.0 Conclusion**

- 5.1 It is of paramount importance that the child / young person is considered at the centre of any decisions that are made about their health and wellbeing. 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 Ltd.
- 5.2 Where there are any concerns or difficulties with any individual case or the overall service provision, these are to be directed to Mountain Healthcare Ltd, and a serious incident form completed (*see Appendix B*) and sent to ([mhl.paiers@nhs.net](mailto:mhl.paiers@nhs.net))
- 5.3 To ensure appropriate use of the SARC facility and joint working, details will be provided to the NHS England Commissioning quarterly meeting.

## Referral Process to Specialist Forensic Paediatric

Advice can be sought from:  
Mountain Healthcare's Pathways & Support Service: 0330 223 0099

Herts SARC contact number: 01707 355444

### Acute / Recent cases

Child Sexual Abuse (or suspected Child Sexual Abuse) reported where offence is current or presenting with ano-genital symptoms with opportunity for Forensic Sampling or documentation of injuries.

### Non-recent cases

Child Sexual Abuse (or suspected Child Sexual Abuse) reported, with no opportunity for Forensic Sampling or injury documentation and no associated urgent medical care needs

### Service

For all cases the practitioner who identifies the concerns **MUST** make a **priority safeguarding referral** to Children's Services.

A strategy meeting / multi agency discussion will be convened by Children's Services as soon as possible upon referral being received.

Minimum agencies: Children's Service, Health Team, Police and the current SARC (Forensic Paediatrician / Forensic Nurse Examiner).

*This discussion will identify whether a forensic examination / SARC referral is required and in the best interest of the child / young person.*

(Outside of office hours Children Services Safeguarding Out of Hours Service to hold discussion with Police Lead at that time and the current SARC / Forensic Paediatric service provider)

### No SARC Examination required

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

### Referral to BCH Specialist Paediatric Forensic Service Clinic (currently Mountain Healthcare)

**Bedfordshire Clinics – Tuesday & Friday**

**Cambridgeshire Clinics – Thursday or Sunday**

**Hertfordshire Clinics – Monday or Wednesday**

**For Bedfordshire phone: 0330 223 1202**

**For Cambridgeshire phone: 0330 223 1012**

**For Hertfordshire phone: 0330 223 1561**

### SARC Examination required

Police (joint agency investigation) or Children's Service (single agency) to contact SARC via their Pathways & Support Service to arrange an appointment time.





Mountain Healthcare encourages all its staff to participate in the escalation of concerns and positive feedback, to improve outcomes and promote organisational learning.

This form is for use when reporting issues, incidents, concerns or positive feedback, either operational or clinical from across the business and **need not have resulted in actual harm**.

**No Patient Identifiable Data should be included in this report.** Please use initials and reference numbers where available.

All completed forms must be emailed to [mhl.paiers@nhs.net](mailto:mhl.paiers@nhs.net) cc'ing your manager for their information / action.

For Office Use Only			
PAEIR Number:		Contract:	
Type:		Grade:	
Details of Reporter			
Name:			
Role:			
Persons Involved			
<b>Individual(s)/organisations INVOLVED:</b> Please include the job titles of MHL staff, or organisation name of anyone involved in this incident (e.g. Patient, HCP, FNE, FME, Police, A&E, Social Care)			
<b>Individual(s)/organisations AFFECTED:</b> Please include the job titles of MHL staff, or organisation names of anyone affected by this incident (e.g. Patient, HCP, FNE, FME, Police, A&E, Social Care)			
<b>Reference No:</b> Please include Custody ref no. /Oasis ref no. URN. where applicable			
<b>Is the patient involved under 18?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are there any Safeguarding concerns?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is this a Serious / potential Serious Incident?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Has any harm occurred as a result of this incident?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is this a Data Breach or Potential Data Breach?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>IF YES please complete additional Data Breach form <b>immediately</b>.</b>	
Incident Details			
<b>Start Date:</b>		<b>End Date:</b>	
<b>Location:</b> (please specify name of SARC /Custody, Hospital etc. where the incident occurred)			
<b>Incident description:</b> Please provide: <ul style="list-style-type: none"> <li>A clear and concise description of the identified issue</li> <li>Any immediate action taken in</li> </ul>			

response and by whom <ul style="list-style-type: none"> <li>Any suggestions on how you feel this event may have been prevented (if applicable)</li> </ul>			
<b>Missing Medication(s)*</b>			
<b>Type of Medication:</b>			
<b>Reported Total:</b>		<b>Actual Total:</b>	
<b>*For Controlled Medication please also complete this section</b>			
<b>Date of last stock check:</b>		<b>Last stock check completed by:</b>	
<b>Any further details:</b>			
<b>Medications Error(s)</b>			
<b>Medication(s):</b>			
<b>Details of the error and actions taken:</b>			