West Midlands Paediatric Sexual Assault Service

The Glade Bransford Worcestershire WR6 5JD

Email: pSASWestMids@uk.g4s.com.cjsm.net

www.bhamcommunity.nhs.uk/PSAS

West Midlands

Paediatric Sexual Assault Service

> Delivering Best Care, Preserving Best Evidence



West Mercia Rape & Sexual Abuse

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The Royal Wolverhampton

Worcestershire Health and Care

Birmingham Community Healthcare NHS Foundation Trust

Coventry and Warwickshire Partnership

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The West Midlands Paediatric Sexual Assault Service offers holistic assessment and care for children and young people under 18 years of age who are victims of rape or serious sexual assault or where there is suspected sexual abuse, including:

- Physical examination
- Collection of forensic evidence
- Screening and treatment for Sexually Transmitted Infections
- Emergency contraception
- Counselling and support package

The service is available 24 hours per day, 7 days per week, 365 days per year.

Information for Professionals

Birmingham Community Healthcare NHS Foundation Trust

The West Midlands Paediatric Sexual Assault Service is a region-wide service which provides expert care for children and young people who have disclosed sexual assault, or who may have been subject to sexual abuse. Clients are seen by an experienced Paediatrician with specialist training in forensic examination and are supported by a Crisis Worker.

Who to refer

Our service is open to children and young people:

- Who are under the age of 18 (up to 20th birthday if significant learning difficulties and in full time education)
- Who either reside within the following boundaries or where the offence has been committed in that area:
 - West Midlands Police Force Area
 - Warwickshire Police Force Area
 - West Mercia Police Force Area
- Who are victims of rape or serious sexual assault, or
- Where there is suspected sexual abuse.

Reasons for referral may include:

- Disclosure by the child or young person
- Concerns by parent or professional that sexual abuse may be a possibility, for any reason.

If in any doubt, please contact us to discuss your concerns - our doctors are able to advise whether a referral is appropriate.

There when needed

A team is on-call at one of our centres, 24 hours a day, every day of the year.

Where there is concern about recent sexual assault (i.e. acute cases - those within 3 weeks since the last assault), clients will be seen the same day. We aim to be there within 60 minutes.

We also offer routine clinic appointments for historic cases, with a choice of time, examiner and location. These are suitable for historical allegations (3 weeks or more since the last assault), where forensic sampling is not required.

Our Centres

Clients and their families will be seen within a warm, welcoming and safe environment, which has been specially adapted for the age-group. We have four centres serving the West Midlands:

- New Cross Hospital, Wolverhampton
- Blue Sky Centre, George Elliot Hospital, Nuneaton
- Oasis Suite, Birmingham Children's Hospital, Birmingham
- The Glade, Bransford, Worcester

One of these centres will be available to see acute cases every day of the year. Most weekdays, a second centre will run planned clinics.

Safeguarding and Child Protection

The welfare of the child or young person is paramount. It is essential that wider safeguarding issues are considered, including for those young people 16-17 years of age (for example to consider the possibility of Child Sexual Exploitation. Strategy discussion between statutory agencies should occur in every case.

Health professionals should refer to the Police or Children's Social Care, following local safeguarding pathways. The police have Specially Trained Officers who will treat the client with respect and dignity and advise them on the process involved.

What to do if your patient doesn't want to report to the Police or Social Care?

After you have carefully considered safeguarding issues, and discussed it with our team, we accept direct referrals from health professionals.

Rape and sexual assault can have a serious long-term impact on the health and well-being of the client and their family. The most important thing is that they feel that they are believed and they get appropriate support as soon as possible. In the first instance issues such as emergency contraception and sexual health screening need to be addressed.

We do accept self-referrals, and are able to store forensic samples whilst the young person decides if he/she wishes to make a police report.

Consent and assent

We strive to make the examination as childfriendly as possible. We will only examine a child or young person who agrees to be examined (assents), regardless of age. We will keep them informed, and as much as possible, give them control over what is done. Sometimes this may mean only doing part-examinations, or agreeing that they take their own swabs.

We also need formal written consent; this can be achieved in a number of ways, such as:

- The Young Person can sign their own consent if they are Gillick Competent (this should not be assumed, particularly if under the age of 12, or if known to have learning difficulties; please discuss with the doctor)
- A person with Parental Responsibility is aware of referral and agrees to attend
- A Court Order with directive to examine is in place.

Aftercare

All our clients will be offered a bespoke aftercare package, tailored to their individual needs. Advice and screening for sexually transmitted infections, emergency contraception and pregnancy testing will be offered. We will also make any referral to other specialties such as Urology, Gynaecology, General Paediatrics or Mental Health teams that are needed.

Counselling

Any child or young person aged 5 - 17 vears old who undertakes a medical examination and/or has been sexually abused or exploited will be offered specialist counselling. If the counsellor thinks it would be beneficial to talk to the supportive adult about their child's counselling (for example in the case of the younger child or a child with specific additional needs). the counsellor would do this. The child or young person would always be kept informed about what information was being shared with whom and why and this would be discussed in age appropriate language that respects the autonomy of the child or young person.

For children aged 0 - 5 years old, the counselling support will be available to the child's parent and or carer. Being able to talk about their feelings and thoughts can benefit them and help them to provide the best support for their child.

The counselling will be provided by specialist, registered, counsellors and psychotherapists who are experienced in supporting children and young people and helping them cope and recover from the impacts of sexual abuse and/or sexual exploitation.

All clients will be offered counselling sessions which have been set up in a number of locations which have been set up to provide a safe and supportive environment.

A unique partnership

Delivering Best Care, Preserving Best Evidence

The West Midlands Paediatric Sexual Assault Service is a unique partnership between the NHS, private sector and voluntary agencies, working together to bring specialist skills and experience to deliver best care and preserve best evidence.

We are:

- Birmingham Community Healthcare NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- Coventry and Warwickshire Partnership NHS Trust
- Worcestershire Health and Care NHS Trust
- G45
- Rape Crisis Centres Consortium (WMRSASC and CRASAC)

The West Midlands Paediatric Sexual Assault Service can be reached through a single point of contact telephone number: Tel: 0800 953 4131



Medical Assessment Request Form

Please complete ALL fields

Instructions to referrers:

- For acute cases < 3 weeks, please ensure you have contacted the G4S Call Centre 0800 953 4131 and spoken to the on call acute paediatrician to agree appointment time, prior to completing and submitting this form. Please sent the completed form via SECURE email (pnn or gcsx account) to: <u>PSASWestMids@uk.g4s.com.cjsm.net</u>
- For non acute cases > 3 weeks, please ensure you have contacted the G4S Call Centre 0800 953 4131 to inform them of the child's brief details. Once you have done this, please complete the below and send via SECURE email (pnn or gcsx account) to: <u>PSASWestMids@uk.g4s.com.cjsm.net</u>

A MEDICAL ASSESSMENT HAS NOT BEEN BOOKED UNTIL THE CLINICAL TEAM / PAEDIATRIC COORDINATOR HAS CONFIRMED THE TIME BY TELEPHONE.

Referrer details				
Name				
Agency/job title				
Immediate contact Nº	Usual contact N ^o			
Contact Name after 5pm	Contact N° after 5pm			

Child/Young Person & Family Details						
Name			School			
DOB			Age	Male 🗆 Female 🖸		
Looked-After Ch	ooked-After Child Special Educational		I Needs 🗆	Subject of Child Protection Plan		
Child in need Plan Prev		Previous CSA med	ical 🗌 details:			
Interpreter neede	d? 🗆	Language:				

Parents names

Data Protection Act 1998: You are advised that information on children seen by the paediatrician is routinely registered on the Child Health computer system as part of their care and treatment. Everyone working for the NHS has a legal duty to keep information confidential



Solent NHS Trust Headquarters, Adelaide Health Centre, William Macleod Way, Millbrook, Southampton SO16 4XE Telephone: 023 8060 8900 Fax: 023 8053 8740 Website: www.solent.nhs.uk

Address including					
Postcode					
Tel(s)					
Person(s) with Parental Responsibility					
Risk factors	Domestic violence in the family Parental Mental Health problem	Other Violent Offenses/risk to staff			

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Siblings' Names living at same address		DOB	

	Brief details of reason for reque	st:	
Disclosure 🗌			
Third-paty allegation or other reason to suspect CSA \Box			
Physical sign of concern (e	.g unexplained genital bleeding) 🔲		
	possible sexual abuse e.g. sexualised beha	/iour 🔲	
	f incidents. If disclosure use child's actual f completed electronically, field will expand		
	Police:		
Who will accompany child?	Social worker Parent/carer:		
	Other:		
Who will give written consent?	Gillick competent Young Person Par	ent with Parental Re	esponsibility 🗌
	Social Worker with Care Order 🗋 Cou	rt Order 🗌	
Has the child been interviewed?	ABE done 🗌 ABE planned 🗆 Informal	nterview 🗌 Not	suitable 🗆
If the child is deemed at	risk of significant harm, a place of sa	ety should be ic	lentified

prior to the medical assessment. Safeguarding decisions should not be based on medical findings alone.