Non acute cases should be seen **IN HOURS 9-5 M-F**

**NON ACUTE CASE > 14/7**

**Opportunity for documentation of healed injury & Management of unmet health needs**

**IN HOURS 9-5 M-F, S/S 10-4**

CARE PATHWAY: BOOKING an APPOINTMENT at PAEDIATRIC SARC (RAINBOW) ALDER HEY (AH)

**When a professional has concern that a child may have been subjected to sexual abuse, concerns must be raised with**

**Police and Social Care before a child can attend the paediatric SARC at Rainbow: refer to multi agency (MA) CSA pathway for local MASH1**

***NOTE:\*\*****see overleaf for additional narrative on requests for a forensic medical assessment*

**MA decision that CSA examination required at Rainbow**

**ACUTE CASE**

**Opportunity for DNA recovery2 +/or documentation of injury & Emergency health needs**

Rainbow 0151 252 5609 in hours, Consultant Safeguarding (Rainbow) Paediatrician on call via AH switch 228 4811

**Appointment given to police and social worker who will accompany child and family / carer to Rainbow SW + police bring genogram and first account (ideally 30 mins before child due to arrive)**

**Rainbow allocate appointment5**

* **FME and adult SARC contacted by email re case**
* **Rainbow confirm FME booked to attend Rainbow**
* **SW + police complete referral form prior to allocation of appointment**

**Rainbow allocate appointment**

* **Rainbow contact FME on rota directly to ensure availability**
* **Rainbow inform adult SARC that FME booked to attend Rainbow**

**Clinicians allocate appointment for OOH examination**

* **Paediatrician & FME discuss case and agree timing**
* **Refer to FFLM3, 4 guidance. Note this is guidance only:**

Additional risks, vulnerabilities and urgent health needs must be considered

Case to be seen following day,

FME-FME, Paed-Rainbow handover

**OUT OF HOURS**

**\*\* Request for Forensic Medical Assessment**

All cases need a tripartite multiagency discussion at the point when the possibility of CSA is raised. Following this discussion usually the investigating police officer will explore the need for a forensic medical examination with a forensic physician (FME), and social care with a safeguarding paediatrician. However, there are occasions when police do not consider it necessary for a forensic examination as there is insufficient information/ CJS need. There may remain a need for a forensic medical examination if there are other agency concerns about CSA, particularly health and well-being aspects that need to be addressed. A holistic SARC assessment with a forensic physician can still go ahead with SARC and social care agreement, without police directly instructing a forensic physician

References:

1. Pan Merseyside Multi Agency CSA Pathway, May 2022



1. Recommendations for the Collection of Forensic Specimens from Complainants and Suspects

These recommendations are updated biannually, in January and July. For access to the latest version search “publications” at the Faculty of Forensic and Legal Medicine, [www.fflm.ac.uk](http://www.fflm.ac.uk)

3. & 4. Guide to establishing urgency of sexual offence examination

 These two flowcharts (pre-pubertal and post-pubertal) are for the use of appropriately trained clinicians. The flowcharts are intended to help the clinician’s decision making process when deciding if a forensic medical examination is warranted between the hours of midnight and 07:00, or can wait and be done during the day.

 

 5. Centre of expertise on child sexual abuse [www.csacentre.org.uk](http://www.csacentre.org.uk): useful source of information, including information for education, recognition and response

 6. Understanding medical examinations for child sexual abuse concerns (The CSA Centre): <https://youtu.be/gOWX1xxnTWg>