Healthcare Improvement Scotland

Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse: adults, young people and children

Standards

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Contents

Introduction

The physical and psychological impacts of rape, sexual assault and child sexual abuse are considerable.[1]Figures estimate that 3.6 % of adults in Scotland have experienced at least one type of serious sexual assault since the age of 16.[2] One in three women are likely to experience sexual violence.[1] Other population groups which report higher prevalence of sexual assault include minority ethnic groups, people with disabilities, people with mental health problems and sex workers.[1] Health and social inequalities can also impact recovery from traumatic events.

Figures indicate that at least one in twenty children in the UK have been sexually abused.[3] Recorded crime statistics in Scotland for 2019-2020 indicate that at least 40% of the sexual crimes recorded by the police related to a victim under the age of 18. Official statistics also show an increase in online child sexual abuse, which includes grooming and exploitation.[4]

The prevalence of sexual violence is most accurately based on population-level studies.[1] It remains underreported and in the majority of cases unreported. There are many reasons why people may delay disclosing or reporting incidents. Children may not recognise abuse and this may contribute to a delay in disclosure, sometimes until many years after the abuse took place. For others, societal and cultural attitudes can have a significant impact, which results in under-reporting.

People who have experienced rape, sexual assault or child sexual abuse may be re-traumatised by recounting their experiences. A disclosure of previous abuse may occur at any time or in any setting. Wherever and whenever a disclosure is made, a coordinated response that incorporates effective communication between services helps mitigate this risk of re-traumatisation.

Information and support

Support is available from NHS Scotland, Police Scotland and various charities and support organisations. For more information, refer to:

- Turn to SARCS
- Where to find support if you've been raped or sexually assaulted
- Supporting someone who has been raped or sexually assaulted
- Police Scotland: Help for victims of sexual crime.

Policy context

In recent years, there has been an increased focus on taking a public health approach to tackling rape, sexual assault and child sexual abuse. This has been taken forward through the implementation of Scottish Government policies including Equally Safe and Bairns' Hoose. The Scottish Government is committed to developing a trauma-informed and trauma-responsive workforce and services for people who have experienced rape, sexual assault or child sexual abuse. The introduction of the trauma-informed justice framework acknowledges the commitment to embed trauma-informed principles into everyday practice. The framework provides complainers with increased confidence that they will be listened to, and legislation used effectively in response to their disclosure.

In 2017, a Chief Medical Officer's Taskforce was set up with the vision to deliver consistent, person-centred, trauma-informed healthcare and forensic medical services for anyone who has experienced rape, sexual assault or child sexual abuse. The five-year work of the Taskforce led to the development and implementation of legislation, standards and indicators and clinical pathways.

In April 2022, the Forensic Medical Services (Victims of Sexual Offences) (Scotland) 2021 Act commenced. The Act provides the statutory basis for the provision of certain forensic medical services and associated healthcare and support. This includes the person being referred to other services provided by NHS boards.[5]

The Sexual Assault Response Coordination Service (SARCS) Network (part of NHS National Services Scotland) was established by the Scottish Government to:

- provide NHS leadership and strategic oversight of services
- support the continuous improvement of healthcare and forensic medical services
- coordinate the collation of a range of data, including patient feedback
- support the delivery of coordinated holistic, person-centred, trauma-informed healthcare and forensic medical services across Scotland.

In 2023, Healthcare Improvement Scotland undertook a review of the 2017 standards for healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse. The review recommended that the standards be updated to reflect changes in legislation, policy and service delivery. This led to Healthcare Improvement Scotland being commissioned by Scottish Government to review the 2017 standards. For further information on the updates to the standards, refer to Healthcare Improvement Scotland website.

The standards are mapped to key legislation and policy.[6, 7] This includes the principles of person-centred and trauma-informed care,[8, 9] human rights and equality.[10-14] These standards should be considered within the wider policy context and approach to gender-based violence.[15] Services and staff should be aware of the possible wider context of gender-

based violence, including coercive control, domestic homicide and suicide, and non-fatal strangulation and that distress as a potential corroborating factor should be understood.[16]

The standards should be read alongside the following:

- Equally safe 2023 – preventing and eradicating violence against women and girls: strategy
- Equally Safe Delivery Plan
- Healthcare Improvement Scotland: Cervical screening standards
- Healthcare Improvement Scotland: Healthcare and forensic medical services indicators
- Healthcare Improvement Scotland: Sexual health standards
- National guidelines for the management of individuals disclosing sexual violence in sexual health services
- Recommendations for the collection of forensic specimens from complainants and suspects
- Vision for Justice in Scotland
- WHO addresses violence against women as a gender equality and health priority
- Women's health plan.

Healthcare and forensic medical services: adults

In Scotland, a Sexual Assault Response Coordination Service (SARCS) is available in each territorial NHS board. This dedicated service provides trauma-informed care and support, including forensic medical examination services, in the days following an incident. The service can also coordinate support for people with non-recent disclosure, for example through signposting to appropriate services.

People over the age of 16 can self-refer to a SARCS through NHS 24 or may be referred, following initial disclosure, by another healthcare professional. If the person reports the assault to the police first, the police will make the necessary arrangements for them to access a SARCS.

The standards should be read alongside the following:

- Adult support and protection
- Clinical pathway for healthcare professionals working to support adults who present having experienced rape or sexual assault
- Disclosure of rape or sexual assault: guidance document for healthcare professionals.

Healthcare and forensic medical services: children and young people

It is the Scottish Government's ambition that all children in Scotland who have been victims or witnesses of abuse or violence have access to trauma-informed recovery, support and justice.[17] The Bairns' Hoose standards provide an operational and organisational framework for a new, high-quality model for the response to abuse which is designed around the needs and rights of children. The Scottish Government has set out the scope for who will access Bairns' Hoose. This includes all children under the age of 18 in Scotland who may have been victims or witnesses of abuse. This includes sexual abuse or violence.

The aim of the Bairns' Hoose model is to provide a child-friendly environment for assessments and investigative interviews which can help to reduce the child's anxiety and enable effective coordination of follow-up support. This reduces the risk of the child experiencing further trauma and enables them to start recovering from their experiences from the point of disclosure.[18]

NHS boards are a key delivery partner for Bairns' Hoose. Bairns' Hoose is an approach to care, protection and child-friendly justice that requires leadership and effective collaboration between agencies. Bairns' Hoose partnerships across Scotland are currently in development.

The standards should be read alongside the following:

- Clinical pathway for healthcare professionals working to support children and young people who may have experienced child sexual abuse
- Healthcare Improvement Scotland Bairns' Hoose standards
- National guidance for child protection.

Scope of the standards

The standards apply:

- wherever people may disclose that they have experienced rape, sexual assault or child sexual abuse
- to anyone who has engaged with healthcare and forensic medical services.

The standards cover adults, young people and children. The standards also refer to care partners and representatives of people accessing services.

The standards aim to support current and future service provision and improvement in the delivery and coordination of care and support for adults, young people and children who have experienced rape, sexual assault or child sexual abuse. The standards cover all NHS staff involved in the multidisciplinary delivery of relevant services including locum staff, contracted staff and those covered by reciprocal work arrangements.

The standards cover:

- trauma informed care and shared decision making
- collaborative leadership and governance
- staff training, education and support
- supporting and responding to initial disclosure: adults
- access to coordinated healthcare and support: adults
- forensic medical examination: adults
- healthcare, medical examinations and support for children and young people.

The standards should be read as a collective rather than linear document. For example, the information noted in Standard 4 should be provided in line with the principles set out in Standard 1.

These standards are intended to support children and young people who have experienced rape, sexual assault or child sexual abuse and should be implemented alongside the Bairns' Hoose standards. Standard 7 specifically reflects the additional responsibilities and requirements for services supporting children and young people.

The Bairns' Hoose standards cover:

- key principles
- collaborative leadership and governance
- inclusive access
- design and environment
- planning for children
- interviews in the Bairns' Hoose
- support through the court and legal process
- health and wellbeing
- therapeutic recovery services
- multidisciplinary staff training and support
- prevention, sharing knowledge and learning from good practice.

Format of the standards

All HIS standards follow the same format. Each standard includes:

- an overarching standard statement
- a rationale explaining why the standard is important
- a list of criteria describing what is needed to meet the standard
- what the standard means if you are a person receiving care and support
- what the standard means if you are a member of staff
- what the standard means for organisations
- examples of what meeting the standard looks like in practice.

Implementation

Healthcare Improvement Scotland has published these standards to inform self evaluation and improvement. Healthcare Improvement Scotland may use these standards in a range of assurance and inspection activities. They may be used to review the quality and registration, where appropriate, of health and social care services.

The standards sit alongside Healthcare Improvement Scotland's healthcare and forensic medical services for people who have experienced rape or sexual assault indicators. The indicators support wider monitoring of services and provide data which is published annually by Public Health Scotland.

The Scottish Government will monitor NHS board performance against the Healthcare Improvement Scotland standards and indicators,[19, 20] in line with the NHS Scotland Support and Intervention Framework.

The Healthcare Improvement Scotland Quality Management System (QMS) Framework supports health and social care organisations to apply a consistent and coordinated approach to the management of the quality of health and care services. More information about this framework is available on the Healthcare Improvement Scotland website.

Terminology

Wherever possible, we have incorporated generic terminology that can be applied across all settings. All terminology used is defined in the glossary.

Standards summary

Standard 1: Trauma informed care and shared decision making

People can access information and services that are right for them and are supported to participate in decisions about their care.

Standard 2: Collaborative leadership and governance

NHS boards demonstrate collaborative leadership and effective governance of services for people who have experienced rape, sexual assault or child sexual abuse.

Standard 3: Staff training, education and support

Staff have the training, education and skills to deliver care and support for people who have experienced rape, sexual assault or child sexual abuse.

Standard 4: Supporting and responding to initial disclosure: adults

Healthcare professionals respond to initial disclosure in a trauma-informed way and in line with national clinical pathways.

Standard 5: Access to coordinated healthcare and support: adults

Adults are supported to access coordinated healthcare and support at any time following disclosure.

Standard 6: Forensic medical examination: adults

NHS boards ensure forensic medical examinations are high-quality, person-centred and trauma informed.

Standard 7: Healthcare, medical examinations and support for children and young people

NHS boards ensure person-centred and trauma-informed care is delivered in the best interests of the child or young person.

Standard 1: Trauma informed care and shared decision making

Standard statement

People can access information and services that are right for them and are supported to participate in decisions about their care.

Rationale

It is essential that services take a trauma-informed approach when people experience a traumatic event such as rape, sexual assault or child sexual abuse.[9] People report positive experiences and outcomes when they are fully informed and involved in shared decision making.[6, 7, 21] People are empowered when they are supported to describe what matters to them and when they are respected and listened to.[6]

Trauma-informed care builds on and adds to the principles of person-centred[22] and age-appropriate care. Services and staff should recognise and adapt to the specific ways in which the experience of trauma can negatively affect people's experience of care, support and interventions.

People should be given choice and control over decisions to enhance their feelings of safety and trust.[9] Trauma-informed care should be at the centre of any communications with or about the person. People should be fully informed throughout all stages of their care, including any delays or limitations to their care. This should be discussed with them at the earliest opportunity and communicated in a way that meets their individual needs. The person should be advised that they can bring a care partner or trusted representative with them to any appointments, particularly for medical examinations. The person's care partner or trusted representative should be appropriately supported.

A person-centred approach to service delivery includes being responsive to people's individual needs. This includes taking into account their preferences, wellbeing and wider social and cultural background. NHS boards and partners should consider potential barriers to accessing care. Children and young people may miss school or college. People living in island or remote and rural communities may have to travel to access specialist care and support, including a SARCS. Local protocols should be developed to support people to access services. These may include, but are not limited to, coordinating travel to appointments and access to interpreters.[23]

Information should be provided in a range of formats and languages which reflect the needs of the person. The format should take account of the persons' age, psychological, social, cultural and spiritual factors. Information should be appropriate, inclusive, evidence-informed and easily accessible. Information and discussions should be delivered in a way that is inclusive of everyone. Information should include all aspects of the person's care, including any onward referrals or procedures.

Services and staff should work collaboratively to provide timely access to information on available options, services and care. This information should focus on the person's choices, needs and preferences.[8, 24] People should have the opportunity to ask any questions they may have.

Staff should work to reduce re-traumatisation and distress. People should be seen in a trauma-informed environment.[9, 25] This includes minimising any factors that may trigger a trauma response, such as particular sights, sounds or smells.

Trauma informed services are informed by people with lived experience of trauma. Feedback and improvement are essential components to delivering a service which is trauma informed.[9] A national feedback form is in place so that people who access forensic medical examinations at a SARCS can provide information about their experience if they wish to do so. NHS boards should collect and review this data to identify actions required for quality improvement and assurance of services (see Standard 2).

Information about a person's care should only be shared with their consent and in accordance with relevant legislation and guidance.[5, 26, 27] In some circumstances, professional judgement may determine that information should be shared without the person's consent, if this is deemed necessary to protect them or other people from harm.[28, 29] If this is necessary, the person should be informed so that they understand the reason for this decision.

Criteria

1.1 People are:

- fully informed
- listened to and taken seriously
- involved and supported through all stages of their care.

1.2 Staff will support people to help them feel safe.

1.3 People receive information on all aspects of their care, which includes any onward referrals. The information is timely, relevant, and in a language and format that is right for them.

1.4 People have access to timely and age-appropriate services that are person-centred and responsive to the person's needs, choices and circumstances.

1.5 There is a trauma informed response to people who have experienced rape, sexual assault or child sexual abuse that:

- recognises and avoids the risk of re-traumatisation or adverse health effects caused by medical treatment
- avoids where possible the need for repeated accounts of traumatic events
- maximises opportunities to empower a person to collaborate and have control over their healthcare, examination and follow up
- meets the aims of the trauma informed justice knowledge and skills framework.[8]

1.6 People can discuss with kind, empathetic, well-informed, compassionate and unbiased staff:

- their needs, concerns and care
- their readiness to access services.

1.7 People are offered support and information, in a format appropriate to their age and needs, about:

- their immediate clinical needs
- their immediate and follow-up healthcare, including safety planning
- referral to other healthcare or support services as appropriate
- any delays or limitations to their care
- the consent process including where information may be shared without their consent
- how and when information will be shared with other services.

1.8 NHS boards ensure that people have access to timely and high-quality services that are provided as close to home as possible.

1.9 Where specialist services are not available locally, NHS boards ensure robust pathways are in place to access national, regional or suitable alternative local provision.

1.10 NHS boards provide clear, accessible and fair policies for reimbursement of reasonable expenses where a person must travel to access services.[23]

1.11 People are asked their preferred method of communication and this is supported, where possible. This includes alternative languages, translation or easy read.

1.12 The person's care partner or representative is involved in discussions and decisions with the person's consent and where appropriate.

1.13 NHS boards actively enable and support people to provide meaningful feedback using age-appropriate, person-centred and trauma-informed approaches and can demonstrate where this feedback has resulted in change.

What does the standard mean for people receiving care and support?
• You will be listened to and taken seriously. • Staff will support you to feel safe and able to trust everyone involved in your care. • Your care and support will be clearly explained. You will know what will be happening. You can stop or pause at any time. • You will be empowered to have a sense of choice, and control over your healthcare. Your healthcare will be delivered in collaboration with you. • The impact of any trauma you experienced and any psychological needs you have as a consequence will be recognised. Your recovery will be supported. • Information will be provided at the right time, right pace and in a language and format that is right for you. • Your privacy is important and will be respected. Staff will explain if information is being shared about you and why. • You will have the opportunity to provide feedback to services about your experiences of care. • Your care partner or representative will be supported as much as possible.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- listen and actively engage with people to understand their needs and preferences including social and cultural experiences that may impact care
- take a person-centred and trauma informed approach to planning healthcare that facilitates informed and shared decision making
- provide person-centred care that meets the aims of trauma-informed services and information for all people who have experienced rape, sexual assault and child sexual abuse
- have the knowledge and skills to provide care and services that meet the aims of the trauma-informed framework.[24] This includes the provision of support to enhance recovery from the psychological impact of trauma in line with guidance.[30]
- provide opportunities for people to ask questions about their care
- provide empathetic, respectful and compassionate support and recognise the importance of people feeling safe
- have knowledge of policies, pathways and services to inform people of the options available to them
- signpost people to current information and support appropriate to their individual needs.

What does the standard mean for the NHS board?
NHS boards: • provide person-centred and trauma-informed services that meet the aims of national trauma informed framework • ensure the staff are trained in person-centred care and to the appropriate trauma-informed practice level[9] • have systems and processes in place to provide services that are responsive and support fully informed and shared decision making in line with national guidance • ensure the availability of appropriate, inclusive, easily accessible and timely information and support • have mechanisms to record and act upon feedback from people, their care partners and representatives and staff • work with partners including the third sector, to ensure people are supported in their decision making • ensure that staff have time and resources to support and care for people.
Examples of what meeting this standard might look like
• Information and support are available and provided in a format that is age-appropriate, including easy read and alternative languages. • Access to interpretation services. • Demonstration of a trauma-informed approach to design of services and environment, including provision of safe spaces.[25] • Feedback from service users about their experiences using the national qualitative feedback form to help inform the continuous improvement of services. • Evidence of acting upon feedback, given by people who access the services, to help ensure a trauma-informed approach to the continuous improvement of service design and environment. For example, information videos about what to expect from the service.

Standard 2: Collaborative leadership and governance

Standard statement

NHS boards demonstrate collaborative leadership and effective governance of services for people who have experienced rape, sexual assault or child sexual abuse.

Rationale

NHS boards have responsibility for effective clinical governance and collaborative leadership in the delivery of services for people who have experienced rape, sexual assault or child sexual abuse.[25-27] Being trauma informed requires a system-wide approach to service provision. This involves examining policies, processes and practice, and adapting where necessary. Leadership within NHS boards should establish and promote the culture, priorities and values of trauma-informed care. They should embed a person-centred and trauma-informed approach to service delivery.[8, 9, 21]

NHS boards are accountable for ensuring high-quality service delivery of SARCS and services for children and young people. NHS boards are also a key partner in the delivery of Bairns' Hoose services, where there is one within their geographical area. Service delivery should be in line with these standards, national clinical pathways and relevant statutory requirements.[5] This includes workforce capacity and capability,[31, 32] performance monitoring, adverse event management, whistleblowing, quality improvement and assurance. Local protocols and pathways should describe roles and responsibilities, including senior clinical leadership for services for children, young people and adult.

NHS boards should ensure that they deliver inclusive services which take account of the populations they serve. This includes the impact of protected characteristics, cultural factors, socioeconomic factors and geographical considerations, including rurality.[33] NHS boards should co-design and regularly review services with people with lived experience to ensure equality and equity in access. Through the use of Equality Impact Assessments (EQIAs), Islands Communities Impact Assessments and community engagement and consultation, organisations can understand and effectively reduce health inequalities and improve outcomes.[33]

Local care pathways should be in place to support transition between services or care provision in other NHS board areas. NHS boards and partners have collective responsibility for adult support and protection and child protection and safeguarding, in line with national guidance and the NHS public protection accountability and assurance framework.[28, 29, 34]

NHS boards should work collaboratively to ensure that Regional Centres of Expertise for SARCS are adequately resourced.[25] This includes supporting the effective coordination and delivery of SARCS within their area. Opportunities for sharing learning and development should be available, as appropriate and within the principles of good information governance.

Clear referral pathways and coordination within the Bairns' Hoose partnership ensures that all relevant services are part of the continuous planning process for children.[18]

NHS boards should collect and review feedback from people who access services, staff and partner organisations. This may include the use of EQIA's, qualitative feedback or quantitative feedback. Alongside patient safety, people's experiences are a valuable indicator of quality of care and should inform service improvements.

National documentation is in place to ensure data collection for healthcare and forensic medical services is consistently recorded. A national clinical IT system is in place to ensure that a secure, digital record is kept of all relevant patient data in line with e-health requirements. Consistent completion of the national forms and data input to the national clinical IT system minimises variation and error and ensures robust reporting and review of data. Any data and information shared is subject to the relevant legislation and national and local data sharing protocols, policies and procedures.

The national indicators set out areas for performance measurement and improvement in forensic medical services. NHS boards should collect and review data in line with the national indicators.[20]

Criteria

2.1 NHS boards can demonstrate robust governance and assurance arrangements in line with national clinical pathways, which include:

- clear roles, responsibilities and lines of accountability
- a nominated lead for services
- clinical leadership and supervision for staff
- regular review of current service provision in line with relevant legislation and Healthcare Improvement Scotland standards and quality indicators
- effective cooperation agreements and collaborative working across NHS boards, special health boards and other partners (including third sector organisations) to plan and deliver services.

2.2 NHS boards can demonstrate an inclusive, rights based and person-centred culture through:

- collaborative leadership and management[9]
- values based, compassionate and trauma-informed practice, service planning and delivery
- routinely informing people and their representatives of their rights
- aligning service delivery with the principles of trauma-informed leadership and management of systems.[9]

2.3 NHS boards can demonstrate reciprocal arrangements and protocols to support people during their care, which include:

- pathways of care if a person requests or receives services outwith their NHS board area
- pathways of care to support transitions, for example moving from children and young people's services to adult services
- the provision of preferred sex of sexual offence examiner from other NHS boards, where appropriate
- the provision of key information to minimise the need for someone to retell their experience and to reduce unnecessary delays in the person's care.

2.4 NHS boards can demonstrate service improvement through feedback from people who access services, staff and partner organisations, which includes:

- clear and accessible feedback and complaints processes
- responsive approaches which recognise the different kinds of expertise and experiences that people have
- using anonymised and aggregated feedback to monitor and improve services
- mechanisms for updating stakeholders on how services have been improved following feedback
- improvement plans with oversight by a clinical governance committee.

2.5 NHS boards demonstrate their commitment to addressing health inequalities through:

- undertaking population needs and impact assessments to inform service provision
- meaningful engagement with adults, young people and children
- partnership working with third sector agencies and support services.

2.6 NHS boards demonstrate collaborative working with the SARCS Regional Centres of Expertise and Bairns' Hoose, as appropriate. This includes:

- supporting and encouraging audit and research to develop and share best practice to inform the continuous improvement of services
- staff and service participation in relevant clinical and strategic networks, where appropriate.

2.7 NHS boards ensure multidisciplinary and partnership working to deliver healthcare and forensic medical services.

2.8 NHS boards ensure processes are in place to support sharing of data and intelligence across organisations and services, which cover:

- reporting, benchmarking and performance
- audit to ensure care is informed by evidence and current practice
- information governance and sharing with other services in line with national guidance and General Data Protection Regulations.

2.9 NHS boards ensure the consistent recording, collection and monitoring of data using national documentation including:

- sexual offences against adults national form health assessment
- sexual offences against adults national form: forensic examination
- child protection proforma.

2.10 NHS boards have a robust process for the identification, management and response to risk, incidents and adverse events, which includes:

- a standard and consistent approach to reporting
- clear accountability and responsibility for local review and reporting
- business continuity plans
- processes for monitoring actions and shared learning
- information and support for those impacted by adverse events, as appropriate.

2.11 NHS boards and statutory partners have systems and processes in place to monitor and review adult support and protection and child protection.[28, 29, 34]

2.12 NHS boards have systems and processes to ensure adherence to national Whistleblowing and Duty of Candour guidance.[35, 36]

2.13 NHS boards implement workforce plans that:

- identify required staffing levels for the service, including building capacity and sustainability
- provide clinical and restorative supervision and continued professional development
- are in line with safe staffing legislation and policies and professional or clinical competency frameworks.[32]

2.14 NHS boards demonstrate a commitment to internal and external quality assurance and improvement through:

- assessment of current service provision against professional guidance, national standards and quality indicators[18, 20, 26, 27]
- review of data in line with national indicators including timeframes for access to a forensic medical examination with improvement plans developed as required
- sharing best practice
- acting on feedback from staff and other services, including the third sector
- coordination of services in line with the FMS Act.[5]

What does the standard mean for people receiving care and support?

- You can be confident that services are well run and safe.
- You will be supported by staff who work together to provide you with a high-quality service.
- Staff will coordinate your care, including if you move between services or areas.
- You will have opportunities to provide feedback and participate in decisions about how services are designed.
- Information about you and your care, including personal data, will only be shared with your consent unless there are concerns for your wellbeing. This will be explained to you.
- Any clinical records, images and evidence (in self-referral cases) will be securely stored.
- None of your identifiable information or data will be used to compile reports about service performance or improvement.
- You will know how long information about your care will be kept for.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- are supported in their roles through effective leadership and clinical governance
- are trained and knowledgeable in local and national clinical pathways, standards and guidance
- encourage and empower people to share their views and experiences of services, including completion of the national feedback form
- are aware of how to report and escalate public protection concerns, complaints or adverse events
- can raise concerns and understand whistleblowing policies
- share feedback to inform service improvements
- ensure the consistent and accurate completion and submission of all relevant documentation including national forms and protection proformas on the national clinical IT system
- ensure all data is stored and shared in line with legislation, national policies and guidance.

What does the standard mean for the NHS board?

NHS boards:

- have clear and robust governance and assurance processes that detail responsibilities and partnership working
- ensure robust accountability, assurance and reporting arrangements are in place for public protection[34]
- have clear processes in place to monitor the performance of SARCS against these standards, the FMS Act and other relevant guidance and protocols
- ensure the implementation of coordinated and person-centred pathways of care
- cooperate in the delivery of services, supported by the Regional Centre of Expertise, where appropriate
- have systems and processes to ensure adherence to national whistleblowing and Duty of Candour guidance
- record and monitor data in line with the national indicators, including time from acceptance of referral to commencement of forensic medical examination
- record and monitor data and undertake learning activities to improve service delivery, multiagency and multidisciplinary working, planning of care and information sharing

- ensure the completion of national documentation and the use of the national clinical IT system to support consistency in approach and high standards of reporting and monitoring
- have systems in place for the collection, storage and review of data relating to medical examinations for people of all ages
- ensure all documentation and data collection complies with relevant legislation, guidance, policies and procedures.

Examples of what meeting this standard might look like

- Documentation describing accountability and governance arrangements for service delivery.
- Audit of local public protection arrangements at strategic and operational levels.[34]
- Documentation such as service-level agreements describing any reciprocal workforce arrangements.
- Audit of staff vacancies, staff retention and safe staffing levels and action plans.
- Provision of information to inform people of their rights, for example to do with consent or sharing of patient information between services.
- Use of EQIAs, Islands Impact Assessments and Children's Rights and Wellbeing Impact Assessments.
- Support recruitment process to ensure sustainable rota cover.
- Board reports on adherence to provisions of the Health and Care (Staffing) Scotland Act 2019.
- Examples of continuous improvement activity in response to performance data and feedback from adults, young people and children who access services.
- Multidisciplinary working, including involvement of professionals across services and settings.
- Audit and review of data of time from acceptance of referral to forensic medical examination to inform improvement plans.[20]
- Audit of a preference of sex of the sexual offences examiner involved in their care.
- Audit and review of national documentation.
- Adherence to information sharing protocols.
- Quarterly submission of SARCS network quality framework data including adults, young people and children.

Standard 3: Staff training, education and support

Standard statement

Staff have the training, education and skills to deliver care and support for people who have experienced rape, sexual assault or child sexual abuse.

Rationale

To ensure that services are safe, effective, person-centred and trauma-informed, staff should be provided with training and education appropriate to their role, responsibilities and workplace setting. NHS boards should ensure that staff have access to relevant training, education and information and be trained to the appropriate trauma-informed practice level. Sensitive and compassionate staff are key to minimising the risk of harm and re-traumatisation, as well as in supporting recovery and helping people to feel safe. Training and education should cover referral pathways and legislation.

Staff should be trained and competent to deliver both trauma-informed and person-centred care and support in line with all relevant policies and pathways. This covers obtaining consent and assessment of capacity, adult support and protection and child protection, information sharing and the national clinical pathways.[28, 37-39] Where appropriate, staff must undertake the NHS Education Scotland Essentials training, which incorporates the principles of trauma informed practice. The roles and responsibilities of sexual offence examiners, forensically-trained nurses and nurse coordinators are defined in the national clinical pathways, guidance and education frameworks.[24, 40, 41]

NHS boards should have policies and procedures to identify and minimise the impact of vicarious trauma on staff.[8, 9] Appropriate services should be available to support their health and wellbeing. Clinical supervision and restorative supervision are essential components of training and education. Opportunities for mentoring, peer support and multidisciplinary learning and development should be provided.[31] Staff should be supported to work in collaboration and partnership with other services including Regional Centres of Expertise and Bairns' Hoose.

Criteria

3.1 NHS boards ensure that staff supporting people who have experienced rape, sexual assault or child sexual abuse have access to:

- relevant training opportunities including specialist training
- appropriate education and continuous professional development opportunities
- workplace policies and services for staff health and wellbeing
- information and training to support a person-centred and trauma informed approach to care
- regular clinical supervision
- restorative supervision
- performance appraisal
- engagement and support through networks such as Regional Centres of Expertise or Bairns' Hoose.

3.2 Staff are fully informed about their roles and responsibilities within the national clinical pathways, which include:

- immediate clinical needs assessment, treatment and onward referral
- child protection
- adult support and protection[42]
- forensic capture and the secure storage of evidence, where appropriate
- report writing, court skills, the legal process and legislative requirements
- completion of national documentation and data collection
- legislative requirements.

3.3 Staff are trained to the relevant trauma informed practice level[24] to:

- understand the impact of trauma and how to avoid re-traumatisation
- respond with sensitivity and compassion
- support people to feel safe.

3.4 NHS boards ensure that people are supported by informed and compassionate staff who:

- take time to understand and respect a person's experiences, wishes and personal outcomes
- understand the rights of adults, young people and children
- have communication skills appropriate to the individual needs and age range of people who use services.

3.5 Staff involved in healthcare and forensic medical examinations are supported to:

- undertake training, education, reflective practice or clinical supervision as appropriate to develop and maintain their skills, knowledge and competence
- have their education and training needs aligned to professional development frameworks
- access peer support and review
- follow a multidisciplinary and multiagency approach to improve knowledge, communication and partnership working
- provide feedback on their experience of delivering services.

3.6 NHS boards ensure staff have access to individual and group support and supervision to:

- mitigate against vicarious trauma
- address professional and emotional strain and challenges they may experience.

What does the standard mean for people receiving care and support?
• You will be supported by staff who have the training, skills and knowledge to meet your needs. • You will be treated with respect and compassion. • Staff will communicate with you using language that feels respectful and comfortable for you. • You will be listened to, and your concerns and wishes will be taken seriously. • You will be supported to make choices about your care and support by well-informed staff.
What does the standard mean for staff?
Staff, in line with their roles, responsibilities and workplace setting: • can demonstrate the required qualifications, skills and competence • practice self-directed learning and participate in relevant training • understand their roles and responsibilities to enable them to support people • receive support for their own mental health and emotional wellbeing • have the knowledge and skills they require to provide care that meets the aims of trauma-informed services.

What does the standard mean for the NHS board?
NHS boards ensure staff: • have the necessary knowledge and skills, appropriate to their roles and responsibilities, to provide high-quality care and support • have access to ongoing training, education, support and continued professional development • have opportunities for multiagency and multidisciplinary training • are able to access a trauma informed approach to staff wellbeing, including access to support.
Examples of what meeting this standard might look like
• Provision and uptake of multidisciplinary and multiagency training. • Uptake of appropriate level of training to staff for their role and area of practice in child or adult protection[42] and trauma-informed practice.[24] • Uptake of accredited training and education for forensically-trained nurses and sexual offence examiners. • Appraisal data and training and development plans. • Provision and uptake of clinical and restorative supervision. • Workplace policies and processes to support staff health and emotional wellbeing. • Proactive provision of a range of appropriate measures to ensure prevention of vicarious trauma, chronic stress and burnout, and reactive measures to support staff when needed.[8, 9]

Standard 4: Supporting and responding to initial disclosure: adults

Standard statement

Healthcare professionals respond to initial disclosure in a trauma-informed way and in line with national clinical pathways.

Rationale

A person may disclose rape, sexual assault or historical child sexual abuse at any time following an incident. This standard is intended to support healthcare staff when responding to an initial disclosure where there has been no report to Police Scotland. This standard applies wherever the person discloses including in non-SARCS settings.

Healthcare professionals should respond to an initial disclosure in a trauma-informed, person-centred way. This is a key step to recovery. Healthcare professionals should reassure the person and support them to make a decision about the care that is right for them and at a time, and pace that is right for them.

People should be supported to make sense of the psychological impact of the event they have experienced. Staff should help them to understand the activities that will promote or hinder natural recovery and what may improve later outcomes.

The disclosure of rape and sexual assault: guidance for health care professionals sets out the pathways of care available to the person depending on when the assault happened. It provides information for staff about time-dependent treatment. This includes the need to treat any immediate concerns or medical conditions requiring attention or to make necessary arrangements for urgent treatment (such as the provision of emergency contraception). Healthcare professionals responding to an initial disclosure should also assess if the person is at risk and follow relevant guidance. Any safety concerns, associated with domestic abuse or non-fatal strangulation should be discussed with the person, using compassionate and sensitive language, and appropriate action taken.

Staff should refer people to specialist services (including SARCS) for follow-up care, information and support as appropriate. For example, signposting to support organisations.

Where a child or young person under 16 years (or under 18 with additional vulnerabilities) discloses rape, sexual assault or child sexual abuse, staff should follow the appropriate child protection procedures for all identified concerns, including sexual violence.[29] See Standard 7 for further information.

Criteria

4.1 NHS boards have local protocols or systems in place to support healthcare staff responding to an initial disclosure, which includes:

- access to pathways of care and the guidance for healthcare professionals
- awareness raising of local services including SARCS
- location and contact details for SARCS within their NHS board
- how to access Turn to SARCS information.

4.2 NHS boards ensure staff have the relevant training, in line with their roles and responsibilities, to respond to an initial disclosure of rape or sexual assault.

4.3 When responding to an initial disclosure, healthcare staff should, in line with the disclosure of rape or sexual assault guidance:

- respond in a trauma-informed and person-centred way
- treat any immediate concerns or medical conditions or arrange treatment elsewhere
- ensure the person feels supported and give them time and information to make informed decisions that are right for them
- provide information, advice, support and available options based on the person's needs and circumstances
- explain the SARCS and appropriate pathways into these services
- contact the local SARCS nurse coordinator (or equivalent) for advice, if required
- signpost the person to local support services and third sector organisations.

4.4 Staff follow local referral pathways for any adult support and protection or child protection concerns raised during initial disclosure.

What does the standard mean for people receiving care and support?
• You will be supported by staff who will listen to you with kindness and compassion. • Staff will explain what care and options are available to you. • You will be supported to make choices about the care you want to receive. • Any immediate medical conditions or concerns needing attention will be arranged for you.

What does the standard mean for staff?
Staff, in line with their roles, responsibilities and workplace setting: • understand their role in relation to responding to initial disclosure • can identify and act on any adult or child protection concerns • provide empathetic, respectful and compassionate support • address any immediate medical conditions or concerns needing attention or make arrangements for this • support the person to access services they may need.
What does the standard mean for the NHS board?
NHS boards: • provide awareness raising and relevant training for staff on responding to initial disclosure of rape, sexual assault or child sexual abuse • ensure adult or child protection concerns are responded to • provide support for staff responding to disclosure • provide information to support staff to make appropriate referrals based on the person's needs and circumstances.
Examples of what meeting this standard might look like
• Provision of information to healthcare professionals on responding to initial disclosure. • Referral pathways for adult or child protection concerns. • Uptake of trauma-informed training at an appropriate level for staff roles and area of practice. • Provision of information to support a person's decision making. • Local referral protocols detailing options available to the person based on their needs and circumstances.

Standard 5: Access to coordinated healthcare and support: adults

Standard statement

Adults are supported to access coordinated healthcare and support at any time following disclosure.

Rationale

NHS boards should ensure the national clinical pathways to provide ongoing care and support for people who have disclosed rape, sexual assault or historical child sexual abuse are implemented. Pathways describe the options available following disclosure that reflects the time since the assault happened.

People should be supported to access care and support that is right for them. All assessments and onward referrals to other services (such as mental health, housing, GP or the third sector), should be made in line with the clinical pathway and guidance for healthcare professionals.

For adults, this care and support may be provided in a range of settings, including SARCS. Each NHS board has a dedicated SARCS that offers specialist healthcare, support and advice to people who have disclosed a rape or sexual assault. SARCS should work in partnership with other services to ensure people get the care they need, and at a time and place that is right for them.

SARCS staff are trained to provide a holistic, person-centred and trauma-informed health and wellbeing needs assessment to ensure people receive the care that is right for them. This will include an assessment of the person's immediate healthcare, safety and wellbeing needs. Staff will also assess any follow-up healthcare, support and care that the person might need. Where a person does not attend a SARCS, SARCS staff should provide advice and support to enable the person to access the services that meet their needs.

A nurse coordinator (or equivalent) should coordinate any onward referrals and support for the person. This should be documented and shared with the person in a way that is right for them.

If a person discloses a rape or sexual assault more than seven days since the assault, it may not be appropriate for them to have a forensic medical examination (see Standard 6). However, they may be able to access coordinated care and support, including signposting, through a SARCS.

People should be provided with information about how to get back in touch with services, including SARCS, if they wish to re-engage or require further support.

For children and young people, refer to the additional considerations Standard 7 and the Bairns' Hoose standards.

Criteria

5.1 NHS boards provide timely and coordinated healthcare and wellbeing in line with national guidance and pathways. This includes, where appropriate:

- immediate and follow-up healthcare, including sexual health and support for psychosocial wellbeing
- access to responsive, person-centred and trauma-informed care and support services, safety planning and onward referral
- consideration of time since incident.

5.2 NHS boards ensure the timely completion of national documentation for any healthcare assessment undertaken at a SARCS.

5.3 Appropriate psychosocial risk assessment for immediate and future safety is undertaken, regardless of setting, which may include:

- an offer of early referral to support services
- ensuring that the setting is psychologically safe
- consideration of the need for referral to appropriate counselling
- information sharing and/or referral to other agencies.

5.4 For non-recent incidents, and based on the person's individual needs, staff can:

- advise on assessment of any physical or medical needs, where appropriate
- provide advice on how to access specialist services
- signpost to support organisations.

5.5 Where there is an assessed need, the SARCS nurse coordinator ensures coordinated referrals to other services, for example, social work and the third sector where appropriate.

5.6 People know who to contact for further advice, support and access to services if required.

What does the standard mean for people receiving care and support?

- You will receive the healthcare and support you need after a rape or sexual assault.
- No matter how long it has been since the assault occurred, you will be able to access care and support.
- Staff will support you to feel safe and able to trust everyone involved in your care.
- You will be listened to and supported in your choices.
- You will be supported to access SARCS, if that is right for you.
- If you access a SARCS, you will be supported by specialist staff who are trained in helping people who have experienced the trauma of rape or sexual assault.
- You can decide to pause or stop any aspect of your care at any time.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- follow local pathways of care to support people to access the care and support they need
- are trained and competent to undertake assessments of healthcare needs
- discuss the limits of confidentiality in the process to support decision making
- support onward referral to other services where appropriate
- signpost to information and support organisations.

What does the standard mean for the NHS board?

NHS boards:

- have clear pathways of care for people, including into SARCS, for people who want to access this service
- provide equitable and consistently high-quality care and support for people whenever they access services
- ensure staff providing specialist care and support are trained and knowledgeable
- ensure timely access to assessment at SARCS in line with scheduled, pre-planned care arrangements.

Examples of what meeting this standard might look like
• Documentation detailing decision making relating to a person's care and onward referral. • Local protocols and referral pathways to other services such as adult mental health. • Local protocols detailing service response depending on how long after the incident the person seeks care and support. • Completion of the SARCS national healthcare assessment form.

Standard 6: Forensic medical examination: adults

Standard statement

NHS boards ensure forensic medical examinations are high-quality, person-centred and trauma informed.

Rationale

Adults who disclose having been raped or sexually assaulted, may be offered a timely forensic medical examination through the SARCS.[26, 43] Staff will speak to the person about why an examination is offered and what to expect. The person does not need to report to the police to have an examination. The decision to proceed to examination will follow discussion with the person and a healthcare assessment.

To minimise trauma and aid recovery, a trauma-informed and person-centred approach, which puts the person's best interests at the centre, should be taken for all forensic medical examinations. The key principles of communication, information provision and support are covered in Standard 1. Examinations are carried out in age-appropriate, person-centred and trauma-informed healthcare facilities. Facilities and equipment for examinations should reflect the different needs of all people who use the service, including additional physical, sensory and communication needs. Informed consent and provision of information to the person is vital throughout the examination (see Standard 1).

Examinations are carried out by a trained sexual offence examiner and supported by a forensically-trained nurse. NHS boards have a duty to offer people a preference of sex of the sexual offences examiner involved in their care and should demonstrate and document how this preference was met.[25, 43]

The timing of the forensic medical examination should be person centred, trauma informed and put the person at the centre of all decisions. The timing should align with national timelines outlined in the quality indicators. Where there is a delay or exceptions in meeting the indicators, these should be fully documented, recorded in the national proformas and shared with appropriate partners. The person should always be kept informed of any delays to the examination.

Staff should maintain and develop competencies in line with their roles and responsibilities set out in professional guidance, national clinical pathways and service specifications.[25, 26, 28, 43, 44]

Staff should follow the national DNA decontamination protocol and comply with the relevant Scottish Police Authority environmental monitoring protocols.[45] Evidence obtained from the forensic medical examination is retained in line with relevant legislation, protocols and guidance.[25, 26, 46] People should be informed of timelines around forensic sample storage.

This standard may, where considered appropriate, apply to people aged 16 and over who have self-referred to SARCS through NHS 24. For young people aged 16 and 17, professional judgement should be used to decide whether the adult clinical pathway or the pathway for children and young people is most appropriate. Decisions about children must be made in the child or young person's best interest, with their input where appropriate.[47]

Criteria

6.1 NHS boards provide timely and coordinated forensic medical examinations in line with national guidance and pathways.

6.2 People can access a timely, trauma-informed and person-centred forensic medical examination and:

- are provided with information about their appointment at a SARCS
- are advised about timings
- are advised what to bring with them
- can bring someone with them to the appointment
- are able to pause or stop the examination at any time
- are offered the opportunity to request the sex of sexual offence examiner involved in their care[20]
- are provided with support and information to make decisions that are right for them
- have access to a nurse coordinator to arrange their onward care and support, as appropriate.

6.3 People will receive information about what happens to any evidence obtained from the forensic medical examination and any related consent requirements.

6.4 Where a person has additional support or communication needs, services will work in partnership to meet these wherever possible.

6.5 NHS boards and staff ensure that forensic medical examinations are:

- in the best interest of the person
- trauma informed
- undertaken in line with national timeframes,[20] the clinical pathway(s) and professional guidance.

6.6 NHS boards and staff involved in forensic medical examinations ensure that:

- all relevant data points are captured through the national proformas and in line with the national indicators[20]
- delays or exception reporting to the provision of examinations are documented and shared with partner agencies
- regular communication is maintained with the person to minimise distress and address any concerns they may have.

6.7 Ongoing informed consent is actively sought for each element of the examination in line with the national clinical pathway.

6.8 Forensic medical examinations are carried out by a trained sexual offence examiner in line with clinical guidance, pathways and protocols.

6.9 A forensically-trained nurse is present during all forensic medical examinations.

6.10 To maintain the forensic integrity of the examination, protocols are in place to ensure examinations are undertaken:[46]

- where there is no risk that the person will come into contact with the suspect(s)
- by a different sexual offence examiner from the one who examined the suspect.

6.11 Forensic medical examinations are carried out in a SARCS:

- that is forensically secure and compliant with the national service specification[25]
- that has been decontaminated in line with the national decontamination protocol and other guidance[45]
- with access to the relevant equipment and supplies to support examination
- that has appropriate adaptations for people with additional needs where possible.

Exceptions to this, for example, where adaptations are not available in a forensically secure environment such as a care home, are recorded, shared with partner agencies (where relevant) and discussed with the person or their care partner or representative.

6.12 The location of the examination, and facilities, should maximise privacy and safety for the person.

6.13 Staff ensure that the collection, retention, destruction and transfer of evidence to the police, is carried out in line with national protocols and legislation.[46, 48]

6.14 For self-referral cases, any paper copies of the forensic forms should be stored securely together with any evidence retained, in line with the national self-referral protocol.

6.15 There are systems in place to ensure that facilities, equipment and peripherals used in the provision of forensic medical services have:

- regular environmental monitoring to ensure forensic integrity
- planned maintenance and replacement schedules
- mechanisms for routine checks and testing.

What does the standard mean for people receiving care and support?

- You will be supported by healthcare professionals when you arrive and throughout your appointment.
- Your healthcare professional will advise you what you need to bring with you to the appointment.
- Showers and toiletries are available if you wish to use them after the examination. You can bring your own toiletries and clothing if you want.
- You will be offered the opportunity to request an examiner of the sex you feel most comfortable with. Every effort will be made to meet this request.
- You can decide to pause or stop your appointment or examination at any time.
- During the examination, samples will be taken as part of the evidence-gathering process.
- If you self-refer, you will know how long evidence related to your care will be kept for.

What does the standard mean for staff?
Staff, in line with roles, responsibilities and workplace setting: • have access to education and training in the requirements of relevant national protocols, pathways, forms and guidance • provide support and information that meets the needs of the person • can access suitable, high-quality and maintained facilities and equipment • ensure all documentation is stored and shared appropriately.
What does the standard mean for the NHS board?
NHS boards: • ensure the provision of forensic medical examinations are in line with national guidance and pathways • ensure service design and delivery of forensic medical examinations is informed by the national trauma framework and feedback from people who have accessed the service • have well-coordinated referral pathways to ensure timely access to a forensic medical examination • monitor and review data relating to the provision of forensic medical examinations • ensure workforce arrangements are in place for forensic medical examinations, including offering choice of sex of the examiner • provide high-quality equipment and healthcare facilities that are decontaminated in line with national protocols and subject to regular environmental monitoring.

Examples of what meeting this standard might look like
• Documentation relating to decision making around the forensic medical examination, including the involvement of multiagency staff and professionals, where appropriate. • Documentation and monitoring of who is undertaking examinations. • Clear documentation recording any reasons where access to a forensic medical examination within national timelines of referral or contact with a SARCS has not been met. For example, due to the person's choice or decision, capacity to consent or where significant travel is involved. • Documentation demonstrating all forensic medical examinations have been undertaken by sexual offence examiners with a forensically-trained nurse in attendance. • Audit and review of learning from data on timings of medical examinations and where the person's preference of sex of examiner is not met. • Environmental monitoring documentation to demonstrate compliance with the national decontamination protocol. • Accessible and trauma informed facilities and equipment with appropriate washing facilities, refreshments and replacement clothing. • Information and data on the availability of high-quality facilities for medical examinations, which comply with national specifications and protocols. • Evidence of appropriate storage, retention, destruction and transfer of evidence in line with legislation and protocols. • Evidence of pathways to support people with additional needs, including specialist equipment such as a hoist.

Standard 7: Healthcare, medical examinations and support for children and young people

Standard statement

NHS boards ensure person-centred and trauma-informed care is delivered in the best interests of the child or young person.

Rationale

Children and young people who have experienced sexual abuse may have additional requirements. Services should consider these and provide as appropriate. This standard sets out the additional considerations that services should take into account when implementing Standards 1-3. These standards are to be implemented in conjunction with Bairns' Hoose standards, which include standards on health and wellbeing, interview processes, medical examinations and therapeutic recovery services.

Care and support for children and young people is underpinned by the UNCRC (Incorporation) (Scotland) Act 2024, and aligns with the key policy programmes of Keeping the Promise, Getting it right for every child (GIRFEC) and the National guidance for child protection in Scotland. This includes upholding a child's rights to care, protection, education and recovery.

NHS boards and statutory partners should demonstrate implementation of key legislation, policy and guidance, including the national clinical pathway, child protection guidance and Bairns' Hoose standards.[18, 27, 29, 41] NHS boards are a key delivery partner for Bairns' Hoose. Bairns' Hoose is an approach to care, protection and child-friendly justice that requires leadership and effective collaboration between agencies.

Staff should have the specialist skills and knowledge to deliver care and services for children and young people.[41] This includes identification of vulnerabilities and social and cultural factors.

Children and young people should be cared for in a child-friendly or age-appropriate, trauma-informed healthcare setting. Activities and equipment should reflect the broad range of children and young people who may use the service including access to age-appropriate toys, games, outdoor spaces and the internet.[18, 25, 29]

NHS boards should ensure that children and young people have the right support for their age, stage and understanding. This includes coordinated tailored therapeutic support for children, their family or trusted representatives to support services.[18]

Children and young people, and their care partners or representatives, should be central to the planning, design, delivery and evaluation of services.[18]

Children and young people should have access to comprehensive services in response to disclosures of child sexual abuse. A comprehensive health and wellbeing assessment should be undertaken by appropriately trained staff. The decision to carry out a medical examination and the decision about the type of examination should be made by a paediatrician or appropriate healthcare professional as part of the inter-agency referral discussion (IRD) process.[18, 27, 29] This will take account of the best interests of the child or young person and the decision should be fully documented.

The timing of the medical examination should be person centred and trauma informed and put the best interests of the child or young person at the centre of all decisions. The timing should align with national timelines outlined in the quality indicators. Where there is delay or exceptions in meeting the indicators, these should be fully documented, recorded in the national proformas and shared with appropriate partners. The child or young person and their representatives should always be kept informed of any delays to the examination.

For young people aged 16 and 17, professional judgement should be used to decide whether the adult clinical pathway or the pathway for children and young people is most appropriate.

Information should be shared with the child or young person's GP summarising the outcome of any examination and ongoing care needs, in accordance with relevant information governance protocols. Children and young people, and their care partner or representatives where appropriate, should be supported to understand what information may be shared.

Criteria

7.1 Children and young people are:

- listened to and taken seriously
- fully supported to make decisions about their healthcare and wellbeing
- supported to understand and uphold their rights
- supported to understand what information may be shared about them
- able to access appropriate psychological or therapeutic services to support their mental health and wellbeing.

7.2 Children and young people are given care, information and support which is:

- trauma informed
- accessible
- rights based and appropriate to their stage of emotional development, chronological age and specific needs.

7.3 Family or trusted representatives are:

- informed of children and young people's rights
- able to access appropriate psychological or therapeutic services to support their own mental health and wellbeing as appropriate
- provided with information and signposted to third sector organisations for advice as appropriate.

7.4 NHS boards work in partnership to deliver services that are in line with national child protection guidance,[29] the national clinical pathway and any related guidance.

7.5 NHS boards can demonstrate how the best interests of the child or young person have been considered in assessment and decision making.

7.6 NHS boards have established referral pathways into therapeutic recovery and advocacy support, for example a Bairns' Hoose where this is available.

7.7 Staff have the knowledge, skills and competencies to work to deliver person-centred and trauma informed care in the best interests of the child or young person.

7.8 For children and young people, the decision to undertake a medical examination and the type of examination is:

- taken by a paediatrician or other appropriate healthcare professional[29]
- informed by an IRD or other appropriate multiagency discussion
- fully documented and consent recorded
- in line with national pathways and protocols.

7.9 For children and young people, examinations are:

- planned in the best interest of the child or young person
- undertaken in line with national timeframes[20]
- undertaken in an age-appropriate healthcare setting
- carried out by a paediatrician, sexual offences examiner or other appropriate healthcare professionals.

7.10 Children and young people are given meaningful opportunities to participate in the evaluation of services and organisations can demonstrate where this feedback has resulted in change. Approaches to capturing feedback are age-appropriate.

What does the standard mean for children and young people receiving care and support?

- Staff will understand what your rights are and do everything they can to uphold them.
- Decisions about you are made with your input and in your best interests.
- You will be included in what is happening and given as much choice as possible.
- The information you get will be clear, understandable and useful. You will get it when you need it.
- You will have a chance to be involved, to provide feedback and help to shape services.
- You will be able to ask questions and can get help to understand the information you get if you need it.
- Your family will be supported.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- put the best interests of children and young people at the centre of their work, including respecting privacy and confidentiality, where possible
- are knowledgeable and trained in the relevant legislation, the national children and young people clinical pathway and Bairns' Hoose standards
- understand how to recognise safeguarding concerns and can provide immediate advice and subsequent assessment
- involve children and young people in decision making and support them to make choices about their care where possible
- understand social and cultural experiences that may impact on the child or young person
- can refer to the relevant professional or service to provide immediate advice and subsequent assessment, if necessary.

What does the standard mean for the NHS board?

NHS boards:

- uphold the rights of children and young people
- ensure that examinations are planned and undertaken based on the best interests of the child
- ensure that legislation, care pathways, guidance and standards relating to children and young people are adhered to
- ensure that staff working with children and young people are trained and knowledgeable in providing person-centred care that is trauma informed
- ensure that staff are provided with opportunities to participate in training and professional development relating to work with children and young people
- promote collaborative working with Bairns' Hoose partnerships and other agencies who come into contact with children and young people
- respond to safeguarding concerns about a child or young person and follow necessary procedures and protocols
- work in partnership with agencies to ensure that all children have pathways to therapeutic support and recovery.

Examples of what meeting this standard might look like
• Reporting through relevant national datasets. • Audit of decisions and timing relating to medical examinations in line with national quality indicators. • Learning and improvement plans to demonstrate implementation with national guidance and standards, for example child protection or Bairns' Hoose standards. • Evidence of partnership and multiagency working including within Bairns' Hoose partnerships, education services, mental health services, health visitors and the third sector. • Evidence of alignment of national policies relating to service delivery for children and young people. • Information provided in alternative formats and languages including videos and online material developed in partnership with children, young people and their care partner or representative. • Use of Children's Rights and Wellbeing Impact Assessments and other impact assessments to inform service design and delivery for children and young people. • Evidence of working with young people and their care partner or representatives in the design, planning and delivery of services.

Appendix 1: Development of the standards

Healthcare Improvement Scotland has established a robust process for developing standards, which is informed by international standards development methodology.[49] This ensures the standards:

- are fit for purpose and informed by current evidence and practice
- set out clearly what people who use services can expect to experience
- are an effective quality assurance tool.

The standards have been informed by current evidence, best practice recommendations, national policy and are developed by expert group consensus. The standards have been co-created with key stakeholders and people with lived experience from across Scotland.

Evidence base

A review of the literature was carried out using an explicit search strategy developed by Healthcare Improvement Scotland's Research and Information Service. Additional searching was done through citation chaining and identified websites, grey literature and stakeholder knowledge. Searches included Scottish Government, Public Health Scotland, NICE, SIGN, NHS Evidence and Department of Health and Social Care websites. This evidence was also informed equalities impact assessments. Standards are mapped to a number of information sources to support statements and criteria. This includes, but is not limited to:

- government policy
- approaches to healthcare delivery and design, such as person-centred care
- clinical guidelines, protocols or standards
- professional or regulatory guidance, best practice or position statements
- evidence from improvement.

Standards development

The development of standards is underpinned by the views and expectations of health care staff, third sector representatives, people accessing the service and the public. The standards development process included:

- four development group meetings held between October 2023 and October 2024
- an editorial review panel meeting in November 2024
- a seven-week consultation on the draft standards
- final development group meeting in January 2025
- final editorial review panel meeting in March 2025.

Information about the development group and editorial panel is set out in Appendices 2 and 3.

Consultation feedback and finalisation of the standards

Following consultation, the standards development group reconvened to review the comments received on the draft standards and make final decisions and changes. More information can be found in the consultation feedback report, which is available on request from the standards and indicators team.

Quality assurance

All Standards Development Group members were responsible for advising on the professional aspects of the standards. Clinical members of the Standards Development Group advised on clinical aspects of the work. The co-Chairs had lead responsibility for formal clinical assurance and sign off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All Standards Development Group members made a declaration of interest at the beginning of the project. They also reviewed and agreed to the Standards Development Group's terms of reference. More details are available on request from standards and indicators team.

The standards were developed within the Operating Framework for Healthcare Improvement Scotland and the Scottish Government (2022), which highlights the principles of independence, openness, transparency and accountability.

For more information about HIS's role, direction and priorities, please visit: Healthcare Improvement Scotland.

Appendix 2: Membership of the standards development group

Name	Position	Organisation
Edward Doyle	**Co-chair** Senior Medical Adviser Paediatrics	Scottish Government
Deborah Wardle	**Co-chair** Consultant in Genitourinary Medicine and Sexual Health, Clinical lead for West of Scotland SARC services	NHS Greater Glasgow and Clyde
Debbie Ambridge	Service Manager	NHS Greater Glasgow and Clyde
Gordon Bell	Practice Reporter	Scottish Children's Reporter
Andrew Clark	Programme Manager, Sexual Assault Response Coordination Services (SARCS) Network	NHS National Services Scotland
Angela Cunningham	Justice Healthcare Manager, Forensic Medical Service	NHS Tayside
Jessica Davidson	Lead Nurse, SARCS Network	NHS Lothian / NHS National Services Scotland
Lucy Dexter	Deputy Head of SARCS Policy Unit	Scottish Government
Caroline Eve	SARCS Patient Advocate	Rape Crisis Scotland
Erin Fyfe	Deputy Head of SARCS Policy Unit	Scottish Government
Stephanie Govenden	Consultant Community Paediatrician	NHS Highland
George Laird	Manager, West of Scotland Sexual Health Network and Child Protection Network	NHS Greater Glasgow and Clyde

Name	Position	Organisation
Mhairi MacDonald	Forensic Specialist Nurse, Forensic Services	NHS Highland
Rhoda MacLeod	Head of Adult Services, Sexual Health and Police Custody and Prison Health Care	NHS Greater Glasgow and Clyde
Colin MacRitchie	Detective Inspector	Police Scotland
Tansy Main	Head of SARCS Policy Unit	Scottish Government
Jennifer Nesbitt Thomson	Procurator Fiscal Depute	Crown Office and Procurator Fiscal Service
Anna O'Reilly	Assistant Director, Bairns' Hoose	Children First
Chloe Poole (until May 2024)	Deputy Unit Head, SARCS Policy Unit, Scottish Government	Scottish Government
Carol Rogers	Forensic Operations Lead	Scottish Police Authority Forensic Services
Cliff Sharp	Consultant Psychiatrist and Senior Medical Advisor	NHS Scotland
Hazel Somerville	Gender-based Violence and Sexual Assault Service Lead	NHS Forth Valley
Leanne Tee	Lead Forensic Medical Examiner	NHS Highland
Jacquie Whitaker	Chief Midwife	NHS Shetland

The standards development group and editorial panel were supported by the following members of Healthcare Improvement Scotland's standards and indicators team:

- Dominika Klukowska – Administrative Officer
- Jen Layden – Programme Manager
- Silas McGilvary – Project Officer (from April 2024)
- Gail Young – Project Officer (until March 2024)
- Fiona Wardell – Team Lead

Appendix 3: Membership of the editorial and review panels

Name	Position	Organisation
Lucy Dexter	Deputy Head of SARCS Policy Unit	Scottish Government
Edward Doyle	Co-chair Development Group Senior Medical Adviser Paediatrics	Scottish Government
Erin Fyfe	Deputy Head of SARCS Policy Unit	Scottish Government
Jen Layden	Programme Manager, Standards and Indicators	Healthcare Improvement Scotland
Tansy Main	Head of SARCS Policy Unit	Scottish Government
Jennifer Nesbitt Thomson	Procurator Fiscal Depute	Crown Office and Procurator Fiscal Service
Safia Qureshi	Director of Evidence and Digital	Healthcare Improvement Scotland
Lesley Swanson	Head of Bairns' Hoose Unit	Scottish Government
Fiona Wardell	Team Lead, Standards and Indicators	Healthcare Improvement Scotland
Deborah Wardle	Co-chair Development Group Consultant in Genitourinary Medicine and Sexual Health	NHS Greater Glasgow and Clyde

Glossary

Term	Defined for this standard as:
Accessible and timely	ensuring people can access care when and where they need it.
Adults	people aged 18 and over. For young people aged 16 and 17, professional judgement should be used to decide whether the adult clinical pathway or the pathway for children and young people is most appropriate.
Care partner or representative	includes a trusted (non-abusing) family member, friend, neighbour or an agreed person who can speak on the person's behalf. A representative may have power of attorney or be a legal guardian. A representative may be formal or informal but only a representative with legal power of attorney can provide consent to healthcare treatment on behalf of the person.[6] Family includes parents, siblings, foster carers, kinship carers and siblings, adoptive families and extended families.[50]
Child/children	in line with UNCRC, the term child includes young people up to the 18 years regardless of the legal definition in relation to sexual offences.[51] The Sexual Offences Scotland Act 2009 states that: There are other 'protective offences ' for children under 16 years. The term young child refers to a child who is under the age of 13 at the time the offence was committed. The term 'older child' is used to refer to refer to a child who is aged 13, 14 or 15 at the time the offence was committed. This is in relation to specific protective offences for this age group.

Term	Defined for this standard as:
	Accordingly, for the purpose of these Standards, a 'child' or 'children' is used to describe a person under the age of 13. The term 'young person' is used to describe a person aged between 13-18 years.
Effective	providing care based on evidence and which produces a clear benefit.
Forensic medical examination (FME)	the purpose of the forensic medical examination following a recent rape or sexual assault is to collect any potential evidence which may support a future judicial process and to identify and support the healthcare needs of the person.
Immediate healthcare needs	the healthcare needs of the individual and any treatment required following an assessment carried out by a qualified healthcare professional.
NHS board	'Health Board' is defined in the National Health Service (Scotland) Act 1978. These standards apply to all 14 territorial NHS boards in Scotland. National health boards have a national role in supporting the delivery and continuous improvement of these services.
Person/people	refers to individual(s) accessing services or receiving care or support. Where this term is used it covers adults, young people and children.
Person-centred care	care that ensures the people who use services are at the centre of decision making. It ensures that care is personalised and supports what matters to people. Person-centred care takes into account people's individual needs and wider social and cultural background. Person-centred care should be coordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible.

Term	Defined for this standard as:
Safe	individuals using health and care services feel safe and the care they receive does not harm them.
Trauma informed	trauma informed practice is a way of working and delivering services that recognises that a person may have experienced trauma and understands the effects which trauma may have on the person. For services, it involves adapting processes and practices, based on that understanding of the effects of trauma and seeks to seek to avoid, or minimise the risk of, exposing the person to any recurrence of past trauma, or further trauma. A service that states that it is trauma informed will be able to demonstrate the ways in which it has been informed by feedback from people with lived experience of trauma. A trauma informed system also supports workforce resilience and is underpinned by trauma informed leadership and systems.[8]

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