

Island Communities Impact Assessment (ICIA)

Clinical Pathway for Healthcare Professionals Working to Support Adults who Present Having Experienced Rape or Sexual Assault

Introduction

The importance of island-proofing was recognised in the “*Empowering Scotland’s Island Communities prospectus*” published in June 2014. The principle of island-proofing is one of building a broad-based islands awareness into the decision making process of all parts of the public sector.

Background

The aim of the Clinical Pathway and Guidance for Healthcare Professionals Working to Support Adults who Present Having Experienced Rape or Sexual Assault (adult clinical pathway) is to provide guidance for healthcare professionals in Scotland working to support adults (age 16+) who present having experienced rape or sexual assault.

The desired outcomes are to ensure that clinicians working in a forensic setting have the required information to fully support adults who present having experienced rape or sexual assault. The pathway outlines:

- Processes for supporting the immediate health and wellbeing of individuals
- Processes for initiating recovery using trauma informed practice
- Guidance on how to assess and manage clinical risk, ongoing safety and the provision of ongoing support and follow up
- Processes for collection of forensic evidence, if required
- The legal framework and policy context in Scotland
- Processes for collecting evidence for judicial purposes

Overall, the Clinical Pathway contributes to the overarching aim of the Chief Medical Officer (CMO) Taskforce to improve services for people who experience rape or sexual assault in Scotland.

The aim of the pathway is to ensure that clinicians working with people who have experienced rape or sexual assault have all the required information and guidance to be able to treat the individual in a person-centred and trauma-informed way.

The pathway will be followed for anyone in Scotland who discloses acute rape or sexual assault. The pathway will also indirectly affect the families of those who present having being raped or sexually assaulted.

Public Consultation

A public consultation on the draft Adult Clinical Pathway ran from October 2018 – January 2019, and received a total of 53 responses (from the online survey and focus groups).

Engagement took place with stakeholders in rural and island health boards and the feedback on the pathway was mixed in terms of its adaptability to island Board circumstances. However, it should be noted that it is an aspirational pathway and the commitment to ensure services are standardised across Scotland for people who experience rape or sexual assault has led to an acknowledgement that changes are required in the local Boards to improve consistency of service provision.

Due to the complexities of the work of the CMO Taskforce, a lot of the feedback received during the consultation was out of scope for the Adult Clinical Pathway document and was related to other areas of work e.g. workforce and training, service design.

Implementation of the Adult Clinical Pathway

It is acknowledged that the Adult Clinical Pathway is a generic document that does not provide detail on how a service should be delivered in each local Board. It is not the intention to include this detail within the pathway. However, dialogue is ongoing with Regional Planners and Board Nominated Leads to ensure that the Clinical Pathway and implementation of local services are joined up and cohesive.

How services should be delivered by health boards is set out in the Healthcare Improvement Scotland (HIS) Standards¹. These were published in December 2017 to ensure consistency in approach to healthcare and forensic medical services for anyone who has experienced rape, sexual assault or child sexual abuse. The standards set the same high level of care for everyone, regardless of the geographical location or an individual's personal circumstances or age. To support implementation and monitoring of the 2017 standards, a set of interim indicators were published in December 2018 and piloted to ensure they provide meaningful data to help inform the continuous improvement of services.

The results of the pilot have been used to develop the final indicators² which were consulted on in 2019. The finalised indicators were published in March 2020.

1

http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_services.aspx

2

http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_indicators.aspx

North of Scotland Forensic and Custody Healthcare Alliance

Recognising the challenges the North presents, particularly in relation to geography, the North of Scotland Forensic and Custody Healthcare Alliance has been developed. The alliance delivery model consists of three core centres (Aberdeen, Dundee and Inverness) and six peripheral sites (Benbecula, Kirkwall, Lerwick, Wick, Stornoway and Golspie), with an overarching virtual North of Scotland centre for expertise. The approach taken by the North enables individual health boards to retain their individual identity, responsibilities and accountability while collectively providing coordinated, multi-agency support and expertise to victims in the North including those in island communities. This network approach also provides a degree of mutual support within the workforce in the North.

Scottish Government support for island health boards to deliver healthcare and forensic medical examination services for victims of sexual crime

Prior to the creation of the CMO Taskforce adult victims of rape or sexual assault in Orkney and Shetland were often required to travel to the mainland for a forensic medical examination (NHS Western Isles were already providing this service). Therefore, an early priority for the Taskforce was to support NHS Shetland and NHS Orkney to develop sustainable on-island services so that adult victims of sexual crime should no longer need to travel for a forensic examination. There may still be circumstances when travel is required, if for example, a doctor is not available for any reason or if a victim chooses to leave the island for reasons of anonymity.

Each health board in Scotland has a senior nominated lead responsible for working collaboratively with the CMO Taskforce and their multi-agency partners to develop and implement costed local improvement plans in line with the HIS Standards and the agreed service model. On this basis, Taskforce funding has been provided to each island health board to enhance existing or to create new healthcare facilities, to procure essential clinical equipment and to help build capacity and capability of their local workforce.

To help ensure an appropriately trained and competent workforce across Scotland, the CMO Taskforce funded NHS Education Scotland (NES) to revise the training for staff to make it more portable, including for remote locations. NHS Orkney and NHS Shetland, together with their multi-agency partners took part in a pilot of this training in 2017. Completion of this specific training, which was designed to incorporate the principle of trauma informed care, is a requirement for all doctors in Scotland who are involved in the delivery of forensic medical examinations. The training materials are available online, so that staff can access them at any time.

A forensic support network provides peer support, education and training for staff in the North Region of Scotland in recognition of the fact that the volume of cases each examiner sees per annum may be low. NES is also funded to deliver training in the North given the difficulty of attending training in the central belt.

Strong inter-board cooperation also means that if a doctor is not available on an island for any reason, the health board will endeavour to make arrangements for a doctor from one of the mainland Boards to travel to the victim to carry out the examination. The experienced teams in NHS Grampian and Archway in NHS Greater Glasgow and Clyde are also available to provide telephone advice and support to doctors in the island Boards if required.

It is recognised that a multi-disciplinary approach is vital to ensuring the long term sustainability of these services, particularly in rural and island locations. As such, an expert group was established under the remit of the CMO Taskforce to develop the role of Forensic Nurse Examiners who can undertake a forensic medical examination and give evidence in court. Considerable progress has been made in this regard and work is now underway to deliver a multi-disciplinary workforce model in Scotland.

Since 2016, the Scottish Government has provided annual funding to recruit an advocacy support worker in the Rape Crisis Scotland centres in Western Isles, Orkney and Shetland. The presence of Rape Crisis centres on the islands has enhanced direct engagement with island communities on the unique challenges they face and helped victims to overcome the perceived barriers to reporting rape or sexual assault. The Scottish Centre for Crime and Justice Research published an evaluation of this funding³ which highlighted the range of support provided by Rape Crisis advocacy workers. The most common was emotional support (52%), followed by provision of advice on criminal justice matters (36%), including the decision about whether to report to the police (22%). Support that did not relate to the criminal justice process was also provided, including information about health, housing and welfare (19%).

Impact of the Pathway on island communities

The feedback from stakeholders from island health boards was acknowledged by the Clinical Pathways Subgroup. How the pathway is implemented will be determined locally building on the services already provided in rural and island Boards. The

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<https://www.sccjr.ac.uk/publications/evaluation-of-the-rape-crisis-scotland-national-advocacy-project-summary-report-jan-2018/>

national model aims to deliver a multi-agency approach which is delivered as locally as possible, including Forensic Medical Examinations and follow up care and support. All NHS Boards have local improvement plans in place to improve access to consistent, high quality care and support, including forensic medical examinations and through care.

It is recognised, that there is no 'one size fits all' solution to delivering low volume healthcare services in rural and island communities and that each health board may need to adopt a slightly different approach in response to local need and circumstances. However, each island health board is already making good progress towards the delivery of the HIS standards and quality indicators which aim to ensure consistency in the quality of care and support provided.