

Equally Safe

A consultation on legislation to improve forensic medical services for victims of rape and sexual assault

#EquallySafeFMS

February 2019

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About the consultation

The Scottish Government's Programme for Government 2018-19⁽¹⁾ committed the Government to consulting on proposals to clarify in legislation the responsibility for forensic medical services to ensure that access to healthcare, as well as a forensic medical examination for victims of rape and sexual assault, is a NHS priority. This paper therefore seeks views on how new legislation might be brought forward to improve forensic medical services for victims of rape and sexual assault. The Scottish Government will be carrying out complementary consultation and engagement activities during the consultation period. Follow twitter account [@EquallySafeScot](https://twitter.com/EquallySafeScot) and hashtag [#EquallySafeFMS](https://twitter.com/EquallySafeFMS) for updates on the consultation.

Responding to this consultation

Please respond to this consultation using the online platform 'Citizen Space' which can be found at: <https://consult.scotland.gov.uk/>. You can save and return to your responses whilst the consultation is still open. Please ensure that consultation responses are submitted before the closing date.

If you are unable to respond using 'Citizen Space', please send your views and comments either by email to equallysafefms@gov.scot or by posting a paper copy to:

Keir Liddle
Violence against Women and Girls and Barnahus Justice Unit
Scottish Government
GWR St Andrew's House
Regent Road
Edinburgh
EH1 3DG

However you respond, please complete the Respondent Information Form (see 'Handling your response' below). Responses should reach us by **8th May 2019**. Earlier responses would be welcome.

Handling your response

If you respond using 'Citizen Space', you will be automatically directed to the Respondent Information Form at the start of the questionnaire. This will let us know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public.

⁽¹⁾ <https://www.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/>

If you are unable to respond via 'Citizen Space', please complete and return the **Respondent Information Form** attached to the end of this document. This will ensure that we treat your response appropriately.

All respondents need to be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002⁽²⁾ and would therefore have to consider any request made to it under the 2002 Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially unlawful or offensive material (for example defamatory material), or personal data, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above.

⁽²⁾ <http://www.legislation.gov.uk/asp/2002/13/contents>

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review;
- inform the development of a particular policy;
- help decisions to be made between alternative policy proposals; and/or
- be used to finalise legislation before it is implemented.

Whilst details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Ministerial foreword

We recognise that a rape or sexual assault is a very traumatic experience both for the person affected as well as for those around them. We are committed to doing all that we can to help improve the experience of victims of sexual crime, throughout their health and justice journey. We know this can help to minimise unnecessary trauma and can have a positive effect on their recovery and on their continued engagement with the justice process.

In April 2017, Scottish Ministers asked the Chief Medical Officer for Scotland, Dr Catherine Calderwood, to chair a Taskforce to provide national leadership to help improve the NHS response to victims of sexual crime. The Taskforce vision, as set out in the five year work plan published in October 2017, is to support Health Boards to ensure consistent, person centred, trauma informed healthcare and forensic medical services and access to recovery for anyone who has experienced rape or sexual assault in Scotland. The Scottish Government has committed £8.5 million over 3 years to support delivery of this work.

In addition, in December 2017, Healthcare Improvement Scotland developed and published National Standards which support the Scottish Government's vision to ensure that the same high level of care is available to everyone, regardless of the geographical location or an individual's personal circumstances such as sex or age.

A forensic medical examination might be important in providing information to help the police investigate a crime when a complaint of a sexual offence is made. Evidence gathered as part of this process can be significant in any future criminal proceedings. However, in addition to the requirements to gather evidence, the utmost priority is to ensure that anyone who has been the victim of rape or sexual assault can access timely healthcare support in a person centred environment and be supported by an appropriately trained and trauma informed workforce. Depending on what has happened to an individual and when, if it is appropriate, they should be offered a forensic medical examination as part of that healthcare response. We are clear that access to a forensic medical examination, wider healthcare interventions and support should be available whether or not the victim has reported, or is unsure about reporting the crime to the police.

In March 2017, Her Majesty's Inspectorate of Constabulary in Scotland published a strategic overview of the provision of forensic medical services for victims of sexual crime and made a number of recommendations to improve this. The strategic overview made two specific recommendations about the need to provide greater clarity around the statutory responsibility for the function and delivery of forensic medical services. One related to the current agreement between Police Scotland, the Scottish Police Authority and NHS Scotland to deliver healthcare and forensic medical services and the other was about clarifying the legal position for obtaining and retaining forensic samples when a victim chooses not to report to the police at the point of seeking healthcare assistance.

This document fulfils a commitment made in the Programme for Government 2018-19 to consult on proposals to clarify these issues in legislation. This is a key priority for the Chief Medical Officer's Taskforce and will help to ensure that there is no

ambiguity about who is responsible for the delivery and continuous improvement of these services going forward.

Her Majesty's Inspectorate of Constabulary in Scotland published a progress review in December 2018, which welcomed the progress being made by the Chief Medical Officer's Taskforce and commended the energy, enthusiasm and dedication of the professionals involved. That progress review also recognised the joint strategic leadership across health and justice to improving healthcare services for victims of sexual crime. We recognise that there is more to do, but remain firmly committed to this joint approach. The recent 2018 First Report and Recommendations of the First Minister's National Advisory Council on Women and Girls calls for a world-leading process for complainers of sexual violence including trauma informed forensic medical examination, and that is our ambition.

We will ensure that any legislative change brought forward as a result of this consultation exercise is informed by the views of people with lived experience of rape and sexual assault and would encourage them and those around them to respond if they feel able to do so. We would also welcome the views of healthcare and justice professionals, as well as other key partners, including the third sector, who we know strive every day to deliver a person centred, trauma informed response to people who have experienced rape and sexual assault in Scotland.



Jeanne Freeman OBE MSP
Cabinet Secretary for Health and Sport



Humza Yousaf MSP
Cabinet Secretary for Justice

Glossary

CMO - the Chief Medical Officer for Scotland, Dr Catherine Calderwood⁽³⁾.

CMO Taskforce - the Taskforce for the improvement of services for adults and children who have experienced rape and sexual assault⁽⁴⁾.

Forensic Medical Services - Forensic services, in the widest sense, are the collection and analysis of scientific evidence and the presentation of evidence at court, for the purposes of a criminal investigation or prosecution. This consultation concerns forensic medical services for victims of rape and sexual assault specifically.

HMICS - Her Majesty's Inspectorate of Constabulary in Scotland⁽⁵⁾ who have produced, amongst other things, a March 2017 strategic overview of the provision of forensic medical services to victims of sexual crime⁽⁶⁾.

Police referral – the traditional model for the provision of forensic medical services where the sexual offending is reported to the police.

Self-referral – a model for the provision of forensic medical services where the sexual offending is not reported to the police, but where there is the possibility of the offending being reported at a later date. For the position of victims who are children or young people see Chapter 5.

Victim - the Scottish Government recognises that some victims of serious offences prefer to be referred to as survivors and that the term of art in the criminal justice sector is complainers. For the purposes of this consultation document, reference to victims includes reference to survivors and complainers.

⁽³⁾ <https://www.gov.scot/about/how-government-is-run/directorates/chief-medical-officer/catherine-calderwood/>

⁽⁴⁾ <https://www.gov.scot/groups/taskforce-to-improve-services-for-rape-and-sexual-assault-victims/>

⁽⁵⁾ <https://www.hmics.scot/>

⁽⁶⁾ <https://www.hmics.scot/publications/strategic-overview-provision-forensic-medical-services-victims-sexual-crime>

Chapter 1: Introduction

Background

1. In 2017-18 there were 2,136 incidents of rape and 119 of attempted rape and 4,826 incidents of sexual assault recorded by the police in Scotland⁽⁷⁾. The victims of sexual violence are predominantly women; the Scottish Government recognises violence against women as a fundamental violation of human rights; a cause and consequence of gender inequality and the attitudes that support it, which is why it is also referred to as gender based violence. The Scottish Government is committed to preventing and eradicating violence against women and girls, whilst providing equal access to services and support for victims who are men and boys.
2. The Equally Safe strategy, published in 2014 and updated in 2016⁽⁸⁾, is Scotland's strategy to take action on all forms of violence against women and girls. Equally Safe's vision is of a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it.
3. The Programme for Government 2018-19 includes a commitment to improve the experience of the justice system for victims, a commitment that is particularly important for victims of sexual crime. Improving services for victims of rape and sexual assault is one of the three priority areas for Scotland's Health & Justice Collaboration Board⁽⁹⁾.
4. Against this background it is critical that victims of sexual offences receive consistent, person centred, trauma informed healthcare and access to recovery. Part of this healthcare response may include forensic medical services (as described in more detail in Chapter 2). Consistency of services in this context means consistency in the implementation of the Healthcare Improvement Scotland National Standards⁽¹⁰⁾ that are referenced throughout this consultation paper.
5. In March 2017, HMICS published a strategic overview of the provision of forensic medical services to victims of sexual crime. The strategic overview highlighted that services need to improve and, as part of that, suggested that the legal position for aspects of service provision lacked clarity.

⁽⁷⁾ <https://www.gov.scot/publications/recorded-crime-scotland-2017-18/pages/15/>

⁽⁸⁾ <https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/>

⁽⁹⁾ <https://www.gov.scot/groups/health-and-justice-collaboration-improvement-board/>

⁽¹⁰⁾ http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/sexual_assault_services.aspx

6. In April 2017, the Scottish Ministers asked the CMO to chair the CMO Taskforce to provide national leadership and oversight for the improvement of services. The Scottish Government's Programme for Government 2018-19 made a commitment to consult on proposals to clarify in legislation the responsibility for forensic medical services to ensure that access to healthcare, as well as a forensic medical examination for victims of rape and sexual assault, is a NHS priority.
7. HMICS published a progress review in December 2018, which welcomed the progress being made by the CMO Taskforce and the Government's commitment to consult on legislative change⁽¹¹⁾.

Purpose of this paper

8. This consultation paper takes forward the Programme for Government commitment to consult on legislation to improve forensic medical services for victims of rape and sexual assault. The Programme for Government notes that a Bill (primary legislation) on Forensic Medical Services is likely to form part of the legislative programme for the parliamentary year beginning September 2019.
9. Chapter 2 of this consultation paper explores the functions of Health Boards. Chapter 3 addresses the particular question of the taking and retention of samples together with the associated issue of personal data. Chapter 4 explores victims' human rights including the right to respect for their dignity and access to rehabilitative healthcare. Chapter 5 addresses the particular position of victims who are children or young people, against the background of the Convention on the Rights of the Child⁽¹²⁾. And Chapter 6 seeks evidence to inform various impact assessments the Government proposes to carry out.

⁽¹¹⁾ https://www.hmics.scot/sites/default/files/publications/HMICS20181203PUB_0.pdf

⁽¹²⁾ <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

Chapter 2: Functions of Health Boards

Background

10. The CMO Taskforce and Scottish Government's vision is for consistent, person centred, trauma informed healthcare and forensic medical services and access to recovery for anyone who has experienced rape or sexual assault in Scotland. The principal delivery bodies are the 14 territorial Health Boards which are divided into 3 territorial regions. The territorial Health Boards cover defined geographic areas whereas Healthcare Improvement Scotland and the other six special Health Boards have a Scotland-wide remit.
11. The immediate and long-term physical and psychological consequences of rape, sexual assault or child sexual abuse can be significant. Victims' reactions to the trauma of sexual violence may include depression, anxiety, post-traumatic stress disorder, substance misuse, self-harm and suicide⁽¹³⁾. As part of the Scottish Government's commitment to developing a National Trauma Training Strategy adopting a trauma informed approach following incidents of rape and sexual assault was recognised as important⁽¹⁴⁾. Such an approach assists the victim's processing of, and recovery from, the trauma arising from a rape or sexual assault. Following a recent rape or sexual assault a victim may choose to access forensic medical services (whether or not they have decided to report the crime to the police) and it is important that any forensic medical examinations are carried out in a healthcare context by staff who are trauma informed.
12. Sexual crimes account for 5% of all crimes recorded in Scotland in 2017-18. The number of sexual crimes recorded by the police in Scotland increased by 13% from 11,092 in 2016-17 to 12,487 in 2017-18⁽¹⁵⁾. The official statistics on recorded crime may not account for the total prevalence of rape and sexual assault in Scotland. The latest available national statistics on rape and sexual assault (2014-15) in the Scottish Crime and Justice Survey (a large scale self-report survey that includes crimes that haven't been reported to Police Scotland) include 4.6% of women responding that they had experienced some form of serious sexual assault since the age of 16, and 0.6% of males. Around 40% of rapes recorded during 2017-18 were reported more than one year after the rape was committed⁽¹⁶⁾. Further self-report data from the National Survey of Sexual Attitudes and Lifestyles (NATSAL), another large scale social survey, suggests that there may be some under-reporting and that women are far more likely to be

(13) Conaglen P, Gallimore A. Violence prevention: a public health priority. 2014; Available from: <https://www.scotphn.net/wp-content/uploads/2015/10/Report-Violence-Prevention-A-Public-Health-Priority-December-2014.pdf>

(14) <https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf>

(15) <https://www.gov.scot/publications/recorded-crime-scotland-2017-18/pages/15/>

(16) <http://www.spa.police.uk/assets/126884/441011/441165/475794/9.2psperfrepg4>

a victim of a rape, with 1 in 10 women in Scotland stating they have experienced rape and 1 in 50 men⁽¹⁷⁾.

13. In addition to the above, the most recent Scottish Crime and Justice Survey findings on rape and sexual assault from 2014-15 suggest that only around 17% of those who had recounted a rape and 13% of those who had recounted an attempted rape had reported the incident to the police. It may be the case that not all of those interviewed who have experienced rape or sexual assault will have felt comfortable reporting it within the survey despite reassurance that the methods would preserve confidentiality and anonymity.
14. In the past, forensic medical services for victims of rape and sexual assault were seen as a policing and criminal justice function, delivered by police boards. This approach arguably prioritised the needs of the justice system in terms of evidence capture and building a case for possible prosecution of perpetrators. It is now understood that this approach risked re-traumatising victims and therefore Scotland is moving towards a healthcare and recovery focussed approach whilst recognising the importance of reliable forensic evidence gathering techniques to support the criminal justice system.
15. In 2013, shortly after the creation of Police Scotland, the delivery of forensic medical services for victims of rape and sexual offences transferred to the territorial Health Boards. This was provided for in a Memorandum of Understanding between Police Scotland and the territorial Health Boards⁽¹⁸⁾. HMICS' strategic overview discussed the Memorandum of Understanding and took the view that the arrangement is confusing and ineffective and has relied largely on the goodwill of all parties to adopt standards and agree the level of service to be provided. In particular, it was noted that the Memorandum of Understanding is not legally binding.
16. In addition to forensic medical services to support police referrals, which are currently included within the Memorandum of Understanding, the Scottish Government wishes to increase access to self-referral services.
17. Healthcare Improvement Scotland's National Standards include at point 2.9 that persons who refer themselves to services should be able to access health and support services and forensic medical examinations to ensure that forensic evidence is captured even if the individual does not intend, or at that point is undecided about whether, to report what has happened to them to the police. The legislation proposed in this consultation will provide a clear statutory basis for people to access self-referral services in all parts of Scotland.

⁽¹⁷⁾ <http://www.gov.scot/Resource/0047/00474316.pdf>

⁽¹⁸⁾ <http://www.policecare.scot.nhs.uk/wp-content/uploads/2015/03/Police-Healthcare-Forensic-Medical-Services-MoU-Final-v1.pdf>

What are forensic medical services?

18. Forensic services, in the widest sense, are the collection and analysis of scientific evidence and the presentation of evidence at court, for the purposes of a criminal investigation or prosecution. Specific services include records management; scene examination; Physical Sciences (including drugs testing; fingerprint examination; toxicology; firearms); Medical Sciences (psychiatry, psychology, odontology, pathology) and Biology (including body fluid identification and DNA analysis). This consultation concerns forensic medical services for victims of rape and sexual assault specifically.
19. In the context of sexual offending, a forensic medical examination may be carried out with the consent of the victim to recover bodily fluids and otherwise to evidence that intimate contact has taken place. This can include whether there are injuries consistent with the use of force or physical resistance by the victim – although it is important to emphasise that rape and sexual assault are crimes in Scots law even where no force is used or where there is no evidence of a physical struggle. It is now recognised that “freezing”⁽¹⁹⁾ (tonic immobility) is a normal reaction to the trauma caused by sexual violence (in one study as many as 70% of women reported significant tonic immobility and 48% reported extreme tonic immobility during an assault⁽²⁰⁾).
20. In the particular context of rape and sexual assault therefore, forensic medical services have a dual purpose - to meet the healthcare needs of the victim and to capture any forensic evidence of the assault that has taken place. Healthcare Improvement Scotland’s National Standards make clear that forensic medical services are to be provided in the wider context of holistic mental health, sexual health and other healthcare services.

Work of the CMO Taskforce

21. The national leadership provided by the CMO Taskforce brings together experts from various organisations, including health, justice, social work and third sector partners.
22. The Scottish Government commissioned Healthcare Improvement Scotland to develop and publish the National Standards in Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse referenced earlier in this Chapter. These standards were developed to ensure consistency in approach to healthcare and forensic medical services. The standards will set the same high level of care for everyone, regardless of the geographical location or an individual’s personal circumstances or age. They

⁽¹⁹⁾ <https://www.rapecrisisScotland.org.uk/i-just-froze/>

⁽²⁰⁾ <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13174>

support the Scottish Government's vision for the delivery of health and social care services set out in the Health and Social Care Delivery Plan⁽²¹⁾.

23. The CMO Taskforce has consulted on 'Clinical Pathways and Guidance for Healthcare Professionals Working to Support Adults who Present Having Experienced Sexual Assault or Rape'⁽²²⁾. The views of those with lived experience have been integral to the pathway which describes the care and treatment that a victim should receive.
24. The CMO Taskforce has also worked to produce interim quality indicators for anyone who has experienced rape, sexual assault or child sexual abuse⁽²³⁾, including children, young people and adults. The indicators apply to all services and organisations (including Health Boards and Integration Joint Boards) responsible for the delivery of healthcare and forensic medical examinations for people who have experienced rape, sexual assault or child sexual abuse. The indicators cover the following areas: person-centred and trauma informed care, facilities for forensic medical examinations, and consistent documentation and data collection. The Healthcare Improvement Scotland National Standards also cover these five areas.

Possible policy approaches

25. The Scottish Government and CMO Taskforce's vision is of consistent, person centred, trauma informed healthcare and forensic medical services and access to recovery for anyone who has experienced rape or sexual assault in Scotland, delivered in a framework which provides for clear responsibility and accountability. At present there is no direct statutory function on territorial Health Boards to provide forensic medical services to victims of rape and sexual assault.
26. HMICS' strategic overview highlighted issues with the consistency and quality of service provision across Scotland. The Scottish Government's purpose is to focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth. One of the national indicators contributing to the Government's purpose is that public services treat people with dignity and respect. The National Performance Framework⁽²⁴⁾ (NPF) provides a single framework to which all public services in Scotland are aligned and uses broad measures of national wellbeing to reflect how Scotland performs against a range of economic, social, health and environmental indicators. In light of the policy objective to improve the quality of

(21) http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/sexual_assault_services.aspx

(22) <https://consult.gov.scot/cmo/guidance-for-healthcare-professionals/>

(23) http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/sexual_assault_indicators.aspx

(24) <https://nationalperformance.gov.scot/>

environmental indicators. In light of the policy objective to improve the quality of and access to services, it is the Scottish Government's view that the status quo is not an option.

27. The Scottish Government also discounts the option of returning service responsibility to police authorities (a police physician led model). The paramount policy consideration is that services be healthcare and recovery focussed and it could undermine these outcomes if there was to be a return to a criminal justice focussed model.
28. The Scottish Government is also not attracted to a contracting model, in terms of which a legally binding contract would replace the Memorandum of Understanding. In principle, such a model could provide for a robust and clearer legal basis for the delivery of police referral services, however it is difficult to see how it could work in the self-referral context (where there would be no partner body for Health Boards to contract with). The model applicable in England is that NHS England has responsibility for sexual assault services commissioning by virtue of a "section 7A agreement"⁽²⁵⁾ under the National Health Service Act 2006⁽²⁶⁾.
29. Subject to stakeholder views, the Scottish Government considers that the most effective model would be to clearly place responsibility for the function and delivery of forensic medical services with Health Boards. To achieve that, we think it is appropriate for legislation to confer specific, direct statutory functions on territorial Health Boards to provide forensic medical services to victims of rape and sexual assault, including in the self-referral context. This option, of conferring statutory responsibility for the service on Health Boards, is considered the most effective way of ensuring clarity, governance and accountability in relation to the delivery of the service. It is hoped this will in turn drive improvements in the consistency and quality of the service.
30. The CMO Taskforce consulted with stakeholders to determine the optimal model and configuration of rape and sexual assault services for Scotland. An option appraisal report was published in October 2018⁽²⁷⁾. There was a clear preference for services to be owned and delivered locally (by territorial Health Boards) supported by regional centres of expertise. Therefore we do not propose to prescribe any particular model of service delivery in legislation. The CMO Taskforce does have a coordinating role in the process of service reform but it will

⁽²⁵⁾ <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2018-to-2019>

⁽²⁶⁾ Section 7A was added by section 22 of the Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

⁽²⁷⁾ <https://www.gov.scot/publications/honouring-lived-experience-chief-medical-officers-taskforce-improve-services-victims/>

be up to the territorial Health Boards, working on a local and regional basis, together with their partner agencies, to design and implement services which meet the Healthcare Improvement Scotland National Standards and deliver upon the CMO Taskforce vision. The CMO Taskforce is providing funding to enhance or create new healthcare and forensic medical examination facilities in each of the 14 Health Boards.

31. The particular position of victims of child sexual abuse is further discussed at Chapter 5.

Question 1:

Should a specific statutory duty be conferred on Health Boards to provide forensic medical services to victims of rape and sexual assault, for people who have reported to the police as well as for those who have not?

Chapter 3: Taking and retention of samples

Background

32. As mentioned in the preceding Chapter, an important aspect of forensic medical services for victims of sexual offences is the taking and retention of samples. In the case of a police referral (whether at the outset or later on), the victim will be consenting to the transfer of these samples to police and prosecutorial authorities. In the case of self-referral an individual will be providing samples for the purpose of potential future use if the offence is reported to the police at a later date.
33. Healthcare Improvement Scotland's National Standard 5 requires that each Health Board ensures that forensic examinations of people who have experienced rape, sexual assault or child sexual abuse are recorded using consistent documentation and data collection. The General Data Protection Regulation⁽²⁸⁾ and Data Protection Act 2018⁽²⁹⁾ are relevant in this context, and health data has the status of "special category" data under this legislation. As with samples, personal data requires to be securely stored by Health Boards and only transferred to the criminal justice authorities in appropriate circumstances.
34. The Scottish Government take data security and privacy seriously. The consultation process will take into account data protection obligations and the Caldicott principles⁽³⁰⁾ to create a legal landscape that allows for victims to be supported through the process in a way that protects their information rights as well as their health and justice needs.

Possible policy approaches

35. Samples are biometric data and engage the privacy rights of individuals to which they relate. Legislation can be used to provide a clear framework for the taking and retention of samples – for example Chapter 4 of Part 4 of the Age of Criminal Responsibility (Scotland) Bill⁽³¹⁾ sets out a detailed statutory framework for the taking of prints and samples from certain children. This includes special provisions for the taking of intimate samples, and provision for the destruction of prints and samples. The Scottish Government plans to bring forward a Biometric Data Bill in the current parliamentary year to establish independent oversight arrangements for the acquisition, retention, use and disposal of biometric data by relevant law enforcement bodies for criminal justice purposes.

⁽²⁸⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32016R0679>

⁽²⁹⁾ <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

⁽³⁰⁾ <https://www.igt.hscic.gov.uk/Caldicott2Principles.aspx>

⁽³¹⁾ <http://www.parliament.scot/parliamentarybusiness/Bills/107986.aspx>

36. The Scottish Government considers that to support the general policy objective of a modern, clear and robust legal basis for service delivery (as discussed in Chapter 2) it is desirable that there be clear statutory provisions for the taking and retention of samples as regards victims of rape and sexual assault. This will be particularly important in the self-referral context, so that it is clear to victims for which purposes samples have been retained and for how long, and, as appropriate, to empower them to authorise destruction of samples, and also to empower them to allow the transfer of samples to police and prosecutorial authorities if that becomes their wish. (See Chapter 5 for discussion of victims of child sexual abuse.)
37. The Government proposes to carry out a Data Protection Impact Assessment⁽³²⁾ to consider the handling of personal data including “special category” data about health. The Scottish Government would welcome views on whether it would be desirable to enact new legislative provisions about data sharing to cover whether, with whom and for what purposes data relating to forensic medical examinations might be shared. For example, Part 3 of the Revenue Scotland and Tax Powers Act 2014⁽³³⁾ includes special provision for the protection of sensitive taxpayer information, and the sharing of such information where appropriate amongst relevant authorities (Revenue Scotland, its partner bodies and the criminal justice authorities). The Taskforce has established an Information Governance Delivery Group⁽³⁴⁾ to bring clarity and consistency on how information should be stored and shared in relation to victims of rape and sexual assault. An Information Sharing Agreement, once developed and tested, will be used as a model to improve information sharing protocols across the wider forensic medical sector.
38. In the Scottish Government’s view, where samples or personal data are to be transferred to the criminal justice authorities, Health Boards should do this securely and expeditiously. Securely, in this context, means in a manner that protects the privacy of victims and preserves the forensic integrity of evidence.

Question 2:

Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of police referral should operate?

⁽³²⁾ <https://www2.gov.scot/Topics/Statistics/datalinkageframework/Funded-Linkage-Projects/PIAtemplate>

⁽³³⁾ <http://www.legislation.gov.uk/asp/2014/16/contents>

⁽³⁴⁾ <https://www.gov.scot/publications/rape-and-sexual-assault-victims-taskforce-terms-of-reference/>

Question 3:

Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of self-referral should operate?

Question 4:

More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on data protection and privacy (the handling of personal data including “special category” data about health)?

Chapter 4: Safeguarding respect for victims' human rights

Background

39. Healthcare Improvement Scotland National Standard 3 includes that no forensic examinations of victims of sexual offences take place in police settings. It also includes that examination settings maximise a person's dignity and privacy and are responsive to the individual's needs, including people with additional support needs.
40. The National Performance Framework referenced in Chapter 2 includes a human rights and non-discrimination outcome, that we respect, protect and fulfil human rights and live free from discrimination. The inclusion of a human rights outcome underlines the importance the Scottish Government attaches to human rights. It makes explicit that action to give full effect to internationally-recognised human rights is a priority not only for the Scottish Government but for all Scottish public authorities.
41. Given that victims of rape and sexual assault have suffered a grave violation of their rights it is imperative that the healthcare response treats respect for the dignity of victims as a paramount consideration. A response which focusses on the victim's well-being should minimise re-traumatisation and aid recovery.
42. The Patient Rights (Scotland) Act 2011⁽³⁵⁾ includes that patients must be treated with dignity and respect and that health care is provided in a caring and compassionate manner. The Social Security (Scotland) Act 2018 includes that respect for the dignity of individuals⁽³⁶⁾ is to be at the heart of the Scottish social security system. This builds on an earlier requirement in section 5 of the Welfare Funds (Scotland) Act 2015⁽³⁷⁾.
43. The Scottish Government is committed to commencing section 9 of the Victims and Witnesses (Scotland) Act 2014⁽³⁸⁾ which makes provision for victims of sexual offences who have made a police report to request the gender of the medical examiner. Research suggests that most victims (80.8% of female victims) preferred staff to be female. Almost 100% of victims would continue with the examination if carried out by a female doctor, whereas 43.5% of victims said they would not if the doctor were male⁽³⁹⁾. Work is underway through the CMO Taskforce to improve the gender balance of the available workforce so that victims can be given a choice about the gender of examiner involved in their care.

⁽³⁵⁾ <http://www.legislation.gov.uk/asp/2011/5/contents>

⁽³⁶⁾ <http://www.legislation.gov.uk/asp/2015/5/section/5>

⁽³⁷⁾ <http://www.legislation.gov.uk/asp/2015/5/section/5>

⁽³⁸⁾ <http://www.legislation.gov.uk/asp/2014/1/crossheading/medical-examinations>

⁽³⁹⁾ <https://www.sciencedirect.com/science/article/pii/S1752928X08000164>

The aim is to increase the number of female doctors able to undertake forensic medical examinations. Further, an expert group under the remit of the CMO Taskforce has been established to take forward one of the recommendations in the HMICS report, to develop proposals for the role of forensic nurse examiner in Scotland. This would mean that appropriately qualified nurses (as well as doctors) would be able to undertake forensic medical examinations of victims of sexual crime and give evidence in court. This multi-disciplinary approach would help to ensure that people are offered a choice of the gender of examiner involved in their care.

44. Work to commence section 9 referred to will proceed in parallel to the development of the additional primary legislation proposed in this consultation paper. The general principles of the Victims and Witnesses (Scotland) Act 2014, in sections 1 and 1A, are already in force and include that a victim should have access to appropriate support during and after a criminal investigation or criminal proceedings.
45. The Government proposes to take a human rights based approach to the development of legislation to improve forensic medical services for victims of rape and sexual assault. Amongst other things a human rights based approach means having regard to all human rights set out in international human rights treaties and facilitating the participation of people affected by policy changes⁽⁴⁰⁾. It means building on and looking beyond compliance with the civil and political rights in the European Convention on Human Rights 1950⁽⁴¹⁾ to encompass economic, social and cultural rights.
46. International human rights law establishes that everyone has the right to the highest attainable standard of physical and mental health, through means including effective access to rehabilitative healthcare, provided without discrimination. The Scottish Government notes that this right is enshrined in the following international instruments:
 - Preamble to the Constitution of the World Health Organisation 1946⁽⁴²⁾
 - Article 25 of the Universal Declaration of Human Rights 1948 (UDHR)⁽⁴³⁾
 - Article 11 of the European Social Charter 1961 (ESC)⁽⁴⁴⁾
 - Article 5 of the International Convention on the Elimination of All Forms of Racial Discrimination 1965 (ICERD)⁽⁴⁵⁾

⁽⁴⁰⁾ <http://www.scottishhumanrights.com/rights-in-practice/human-rights-based-approach/>
⁽⁴¹⁾ <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/0900001680063765>
⁽⁴²⁾ <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>
⁽⁴³⁾ <http://www.un.org/en/universal-declaration-human-rights/>
⁽⁴⁴⁾ <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168006b642>

- Article 12 of the International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR)⁽⁴⁶⁾
- Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women 1979 (CEDAW)⁽⁴⁷⁾
- Article 24 of the Convention on the Rights of the Child 1989 (CRC)⁽⁴⁸⁾
- Article 35 of the Charter of Fundamental Rights of the European Union (originally 2000)⁽⁴⁹⁾
- Article 25 of the Convention on the Rights of Persons with Disabilities 2006 (CRDP)⁽⁵⁰⁾
- Article 25 of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence 2011 (Istanbul Convention)⁽⁵¹⁾

Possible policy approaches

47. The UDHR recognises that the inherent dignity and worth of the human person is at the root of all human rights and we are interested in considering how legislation might help further embed this principle in the context of forensic medical services for victims of sexual offences.

Question 5:

How might legislation help safeguard victims' rights to respect for their dignity?

Question 6:

More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on human rights (including economic, social and cultural rights such as the right to the highest attainable standard of physical and mental health)?

⁽⁴⁵⁾ <https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx>

⁽⁴⁶⁾ <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

⁽⁴⁷⁾ <https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>

⁽⁴⁸⁾ Article 19 recognises children and young people's right to freedom from violence and abuse including sexual abuse. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

⁽⁴⁹⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT>

⁽⁵⁰⁾ Article 16 recognises persons with disabilities' right to freedom from violence and abuse. <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>

⁽⁵¹⁾ <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e>

Chapter 5: Victims who are children or young people

Background

48. The Government wants every child and young person in Scotland to develop mutually respectful, responsible and confident relationships with other children, young people and adults. This is part of the Government's wider ambition in making Scotland the best place for children in which to live and grow up.
49. All children and young people have the right to be cared for and protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs met. Children and young people should get the help they need, when they need it and their safety is always paramount.
50. The National Guidance for Child Protection in Scotland⁽⁵²⁾ sets out the responsibility of all public services including justice and health and the government has been clear that the system as a whole must continue to improve how it looks after victims and witnesses and we are working in partnership with justice agencies to make this happen.
51. Getting it Right for Every Child (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them. It puts the rights and wellbeing of children and young people at the heart of the services that support them – including NHS and criminal justice services – to ensure that everyone works together to improve outcomes for a child or young person.
52. Victims of rape and sexual assault include children and young people. It is crucial that the healthcare response is sensitive to the specific needs of children and young people. The CMO Taskforce will shortly be consulting on a draft clinical pathway for children and young people and has established a Children and Young People Expert Group⁽⁵³⁾. The Group is specifically looking at the recommendations of the options appraisal exercise carried out in 2018 in relation to how the service model will be delivered across Scotland for children and young people. The Group is working with Health Board nominated leads and multi-agency partners to develop costed proposals for services that meet the Healthcare Improvement Scotland National Standards and the agreed national standards from the three Managed Clinical Networks (MCN) for child protection within the existing framework for child protection.

⁽⁵²⁾ <https://www.gov.scot/publications/national-guidance-child-protection-scotland/>

⁽⁵³⁾ <http://www.policecare.scot.nhs.uk/groups/specialist-paediatric-forensic-2/>

53. Any child can be affected by sexual abuse. But they may be more at risk if they have a history of previous sexual abuse, a disability or have experienced other forms of abuse⁽⁵⁴⁾.
54. Both boys and girls can be sexually abused. Research suggests that girls are at a greater risk of being sexually abused by a family member and boys are at a higher risk of being abused by a stranger⁽⁵⁵⁾. Around a third of sexual abuse against children and young people is committed by other children and young people⁽⁵⁶⁾. Research has shown that teenage girls aged between 15 and 17 years reported the highest rates of sexual abuse⁽⁵⁷⁾.
55. Compared to their non-disabled peers, disabled children were estimated to have: almost 4 times higher odds of experiencing some kind of violence, almost 4 times higher odds of experiencing physical violence and almost 3 times higher odds of experiencing sexual violence⁽⁵⁸⁾.
56. Evidence shows that children and young people often report offending against them some time after the opportunity for forensic evidence capture has passed. An examination may still be relevant to check for other signs of abuse or neglect. However it is imperative that there is a holistic and trauma informed approach to healthcare and recovery from the outset, and that they have appropriate access to ongoing therapeutic support.
57. It is the Scottish Government's clear ambition to improve how children, in the first instance, and vulnerable witnesses participate in our criminal justice system by enabling the much greater use of pre-recording their evidence in advance of a criminal trial. This is why Ministers introduced the Vulnerable Witnesses (Criminal Evidence) (Scotland) Bill⁽⁵⁹⁾ to the Scottish Parliament.
58. The Scottish Government wants to balance a child's right to recovery from the point at which they disclose abuse with their right to access justice in a child-

⁽⁵⁴⁾ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/who-is-affected/>

⁽⁵⁵⁾ Maikovich-Fong and Jafree (2010) ex differences in childhood sexual abuse characteristics and victims' emotional and behavioral problems: Findings from a national sample of youth from: [https://kclpure.kcl.ac.uk/portal/en/publications/sex-differences-in-childhood-sexual-abuse-characteristics-and-victims-emotional-and-behavioral-problems-findings-from-a-national-sample-of-youth\(8fb43c02-8d44-4732-bc40-ba3acddda397\).html](https://kclpure.kcl.ac.uk/portal/en/publications/sex-differences-in-childhood-sexual-abuse-characteristics-and-victims-emotional-and-behavioral-problems-findings-from-a-national-sample-of-youth(8fb43c02-8d44-4732-bc40-ba3acddda397).html)

⁽⁵⁶⁾ Hackett (2014) Children and young people with harmful sexual behaviours. From: http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=9781904984498&_ga=2.203245139.334844480.1545229783-74790312.1545229783

⁽⁵⁷⁾ Radford, L. et al. (2011) Child abuse and neglect in the UK today. London: NSPCC. From: <https://learning.nspcc.org.uk/media/1042/child-abuse-neglect-uk-today-research-report.pdf>

⁽⁵⁸⁾ Jones, L. et al (2012) [Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60692-8/fulltext). From: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60692-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60692-8/fulltext)

⁽⁵⁹⁾ <http://www.parliament.scot/parliamentarybusiness/Bills/108702.aspx>

centred way, in line with the principles of the Convention on the Rights of the Child and GIRFEC.

59. The Scottish Government is exploring the application of the Barnahus concept for immediate trauma informed support for child victims of serious and traumatic crimes within the context of Scotland's healthcare and criminal justice system.
60. The Barnahus model was established in Iceland in 1998. It seeks to provide a trauma informed response to child victims and witnesses of serious and traumatic crimes in a familiar and non-threatening setting.
61. In law, younger children do not have capacity to consent to medical procedures such as the taking of samples, therefore a non-abusing parent or guardian must give consent for them. Young people aged 16 or over are presumed to have legal capacity and section 2(4) of the Age of Legal Capacity (Scotland) Act 1991⁽⁶⁰⁾ recognises that a child under the age of 16 may have capacity to consent to medical procedures where they are capable of understanding the nature and possible consequences of the procedure ("Gillick competence").
62. Arrangements for the provision of forensic medical services to victims of child sexual abuse will in practice need to take account of the particular needs of the victim in situations where there are child protection concerns, where people are suspected to be sexually exploited, vulnerable or where mental health issues may be relevant in an assessment whether to involve police or other authorities. See the National Guidance for Child Protection in Scotland: Guidance for Health Professionals in Scotland (2012 aka "the pink book")⁽⁶¹⁾ and the National Guidance for Child Protection in Scotland (2014)⁽⁶²⁾.
63. The Government proposes to carry out a Child Rights and Wellbeing Impact Assessment which will include consideration of the rights set out in the Convention on the Rights of the Child.

⁽⁶⁰⁾ <http://www.legislation.gov.uk/ukpga/1991/50/contents>

⁽⁶¹⁾ <https://www.gov.scot/publications/national-guidance-child-protection-scotland-guidance-health-professionals-scotland/>

⁽⁶²⁾ <https://www.gov.scot/binaries/content/documents/govscot/publications/guidance/2014/05/national-guidance-child-protection-scotland/documents/00450733-pdf/00450733-pdf/govscot%3Adocument>

Question 7:

Should special provisions be included in legislation to reflect the distinct position and needs of children and young people? Do you have any views on how such special provisions should operate?

Question 8:

More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on children and young people including their human rights or wellbeing?

Chapter 6: Impact assessments

64. It has been mentioned that the Government proposes to carry out a Data Protection Impact Assessment and a Child Rights and Wellbeing Impact Assessment⁽⁶³⁾, in the wider context of a human rights based approach to the development of legislation.

65. The Government also proposes to carry out the following further impact assessments:

- an Equality Impact Assessment⁽⁶⁴⁾;
- a Fairer Scotland Assessment⁽⁶⁵⁾; and
- an Islands Impact Assessment⁽⁶⁶⁾.

66. The Scottish Government intends to identify potential impacts of the proposals in the Chapters of this paper and consider what might be done to address potential negative impacts.

67. In terms of the Equality Impact Assessment, the United Nations has noted, “While gender-based violence can happen to anyone, anywhere, some women and girls are particularly vulnerable - for instance, young girls and older women, women who identify as lesbian, bisexual, transgender or intersex, migrants and refugees, indigenous women and ethnic minorities, or women and girls living with HIV and disabilities, and those living through humanitarian crises.”⁽⁶⁷⁾. The Scottish Government would welcome views on potential impacts of the proposals in the Chapters of this paper on different groups including men and boys, and people who identify as non-binary (a gender identity that is neither female nor male).

⁽⁶³⁾ <https://www.gov.scot/policies/human-rights/childrens-rights/>

⁽⁶⁴⁾ <https://www2.gov.scot/Topics/People/Equality/Equalities/EqualFramework/EvidencePSED/EQIA>

⁽⁶⁵⁾ <https://www.gov.scot/news/a-fairer-scotland-1/>

⁽⁶⁶⁾ <https://www.gov.scot/publications/empowering-scotlands-island-communities/>

⁽⁶⁷⁾ <http://www.un.org/en/events/endviolenceday/>

Question 9:

Do you have any views on potential impacts of the proposals in the Chapters of this paper on equalities (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

Question 10:

Do you have any views on potential impacts of the proposals in the Chapters of this paper on socio-economic equality (the Fairer Scotland Duty)?

Question 11:

Do you have any views on potential impacts of the proposals in the Chapters of this paper on people in rural or island communities?

Financial implications

68. When introducing primary legislation to the Scottish Parliament the Government is required to make best estimates of the administrative, compliance and other costs to which the provisions of legislation would give rise, best estimates of the timescales over which such costs would be expected to arise, and an indication of the margins of uncertainty in such estimates. This includes costs on NHS Scotland bodies.
69. The Scottish Government recently announced a funding commitment to support Health Boards to improve healthcare facilities for forensic medical examinations of £8.5 million over three years (financial years 2018-19 to 2020-21 includes £2.25 million in financial year 2018-19 previously announced). This funding is specifically to help deliver improvements to the physical environment for forensic medical examinations for victims of sexual crime and to build the capability and capacity of the available workforce. This funding has been provided to Health Boards with the agreement that services developed with these funds will continue to be delivered by the Health Board beyond the conclusion of funding in 2020-21. The CMO Taskforce has been tasked with working with Health Boards and wider Community Planning Partners to agree a preferred model for Scotland and from this to assess the resource implications required to meet the Healthcare Improvement Scotland National Standards in terms of premises, specialised equipment and a skilled and competent workforce. This process will be informed by detailed assessments against the National Standards which enable Health

Boards to prepare a service Gap Analysis. This process will inform the level of additional investment required on a Health Board basis taking account of where there will be regional aspects of service delivery.

70. This is in addition to other funding to address gender based violence, for example Rape Crisis Centres will be given an additional £1.5 million over the same period – helping these services plan for the future and ensure that more people can receive access to the support they need.

Question 12:

Do you have any views on the financial implications of the proposals in this consultation paper for NHS Scotland and other bodies?

Final question

Question 13:

Finally, do you have any other comments that have not been captured in the responses to other questions you have provided?

Summary of questions

1. **Should a specific statutory duty be conferred on Health Boards to provide forensic medical services to victims of rape and sexual assault, for people who have reported to the police as well as for those who have not?**

- Yes
- No
- Don't know
- No answer

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

2. Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of police referral should operate?

- Yes
- No
- Don't know
- No answer

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

3. Do you have any views on how a legislative framework for the taking and retention of samples, personal data and other evidence in the case of self-referral should operate?

- Yes
- No
- Don't know
- No answer

Please provide reasons for your response in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

4. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on data protection and privacy (the handling of personal data including “special category” data about health)?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

5. How might legislation help safeguard victims' rights to respect for their dignity?

- See below
- Don't know
- No answer

Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

6. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on human rights (including economic, social and cultural rights such as the right to the highest attainable standard of physical and mental health)?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider. For example, any particularly relevant general comments, recommendations or other guidance by treaty monitoring bodies on the interpretation and implementation of treaties – and any relevant international obligations not mentioned in this consultation paper.

7. Should special provisions be included in legislation to reflect the distinct position and needs of children and young people? Do you have any views on how such special provisions should operate?

- Yes
- No
- Don't know
- No answer

Please provide reasons for your response in the box below and, if Yes, outline what special provisions might be required. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

8. More generally, do you have any views on potential impacts of the proposals in the Chapters of this paper on children and young people including their human rights or wellbeing?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider. For example, any particularly relevant general comments or other publications by the International Committee on the Rights of the Child.

9. Do you have any views on potential impacts of the proposals in this paper on equalities (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

10. Do you have any views on potential impacts of the proposals in this paper on socio-economic equality (the Fairer Scotland Duty)?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

11. Do you have any views on potential impacts of the proposals in this paper on people in rural or island communities?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible impacts in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

12. Do you have any views on the financial implications of the proposals in this consultation paper for NHS Scotland and other bodies?

- Yes
- No
- Don't know
- No answer

If yes, please outline possible implications in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

13. Finally, do you have any other comments that have not been captured in the responses to the other questions you have provided?

- Yes
- No
- Don't know
- No answer

If yes, please provide comments in the box below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

Respondent Information Form

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Are you responding as an individual or an organisation?

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Your full name or your organisation's name

Phone number

Address

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Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Please publish the response with my name
- Please publish the response only (anonymous)
- Please do not publish the response

We may share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission so to do. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
- No



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