



**Sexual Assault Referral Centre (SARC)  
Briefing following the NST for Response to Sexual Violence visit in January 2011**

**1.0 Introduction**

This briefing gives an overview of the recommendations made by the National Support Team relating to current Tees Sexual Assault Referral Centre (SARC) Services. The Board are invited to receive and consider this briefing and the draft action plan.

**2.0 Background**

As part of the response to talking violence and abuse, particularly sexual violence against women and girls, there is a desire nationally and locally to improve access to effective services for victims. Sexual Assault and Referral Centre (SARC) services have been developed to meet this need.

The local SARC service opened in 2007 and is commissioned by Cleveland Police and the four Primary Care Trusts. The budget for Helen Britton House is currently £170,000 a year with each PCT contributing 19% and Cleveland Police contributing 24% of the budget. This excludes the cost of forensic physicians and follow-on SARC services.

The National Support Team (NST) for Response to Sexual Violence offered to visit Tees to support the local area partnerships to ensure there is effective SARC provision. The visit lasted 2 days (18<sup>th</sup> and 19<sup>th</sup> January 2011) and included a visit to the SARC team at Helen Britton House, North Ormesby Health Village, stakeholder discussion and workshops. Feedback was given on the strengths and challenges & provided a set of recommendations.

A report has since been received which documents a number of strengths that were highlighted, 50 recommendations and 6 key recommendations made by the NST. The recommendations are grouped under the following headings:

- Key recommendations
- Needs assessment, information and data
- Partnership arrangements
- Strategy & commissioning
- Health & Social Care
- Police
- Crown Prosecution Service (CPS)
- SARC Operations
- Forensic science
- Third sector
- Mental Health

**3.0 Key recommendations**

The 6 overarching key recommendations were:

1. The NST recommends the establishment of a SARC Strategic Partnership Board (SSPB) and a SARC Operational Group.
2. The SARC Strategic Partnership Board should define and agree a shared strategy and vision for the future model of SARC service for adults, adolescents and child victims from across Cleveland.

3. The NST recommends a strategic approach to commissioning of SARC services for adult and child provision that covers the entire victim journey from report and incorporating appropriate follow-on support.
4. The NST recommends an urgent review of current spend for SARC service provision.
5. The NST recommends that the proposed SARC Strategic Partnership Board review the communication, partnership arrangements, referral protocols and feedback/outcome mechanisms across SARC services to enable seamless services for victims as a matter of urgency.
6. The NST recommends that the proposed SARC Operational Group identifies all practice guidance and governance structures are in place to ensure risk assessments and safeguarding protocols are understood by SARC services personnel and are followed correctly. There should be clear structures for accountability and documentation of decisions made.

An action plan has been drafted to capture all the recommendations and the actions being taken to address them, please see appendix 2. Both lead staff and timescales are included with actions documented where these have already been agreed or have taken place. This is a 'living document' however and will form the basis of the Strategic and Operational group work plan over the next few months.

#### **4.0 SARC services**

Sexual Assault Referral Centres (SARCs) exemplify how organisations can work in partnership to provide services to victims whilst also providing high quality forensic care to improve evidence, and ultimately improve criminal justice outcomes. SARCs are a highly skilled, one-stop destination in the aftermath of a rape or sexual assault. They provide services that are tailored to the needs of victims and underpinned by principles of dignity, respect and belief.

Clients can self refer, be referred by the Police or be referred by other services. The SARC facility is for the provision of a forensic medical examination following a recent sexual assault. On arrival at the Centre, clients will be able to access emotional and practical support from a Crisis Worker and will also be given information about how to access further care/counselling and support/advice on various criminal justice options.

The service is available on a 24/7 basis, with on-call teams who will provide advice and support and, if appropriate, arrange for a forensic medical examination to take place.

Following examination, clients are offered a referral to a local Independent Sexual Violence Advisor, who will co-ordinate their after-care e.g. screening for sexually transmitted infections, counselling, and support throughout any criminal proceedings.

Helen Britton House is the base for the SARC for Teesside and covers the whole of Cleveland Police area.

- The SARC development was funded by a £450k Home Office grant applied for by Cleveland Police on behalf of the then SARC Steering group. The £450k start up bid was successful and match funding was provided by Cleveland Police Authority which was used to secure the premises by paying long term rental charges in advance and reducing the rental amount by 50% (arrangement covers 20 years)
- Cleveland Police Authority and the 4 Tees PCTs commission the service (approx 170k).
- The SARC has been line Managed by CASH since opening, CASH transferred to Assura from 1<sup>st</sup> February 2011 but the SARC and its staff will remain with MRCCS.
- The SARC has an operational management board that meets quarterly. The board consists of representation from Health, Police, and 3<sup>rd</sup> sector partner agencies
- Referral pathways exist into Sexual Health Services and 3<sup>rd</sup> Sector agencies
- 3<sup>rd</sup> sector agencies provide ISVA and counselling services for the longer term support needs of clients
- The SARC team provide the immediate crisis intervention and short term support. Additional support is provided in 3<sup>rd</sup> sector provision

- Almost 90% of SARC referrals are Police referrals
- There is constant aim to increase non police reporting to the SARC as the SARC can obtain and store evidential samples which gives clients time to make informed choices without losing evidence
- The Home Office estimate that around 80% of Sexual Offences go unreported

Along with the SARC there are a number of agencies including, the police, 3<sup>rd</sup> sector agencies, local authority teams and health organisations who provide care and support to victims across the care pathway.

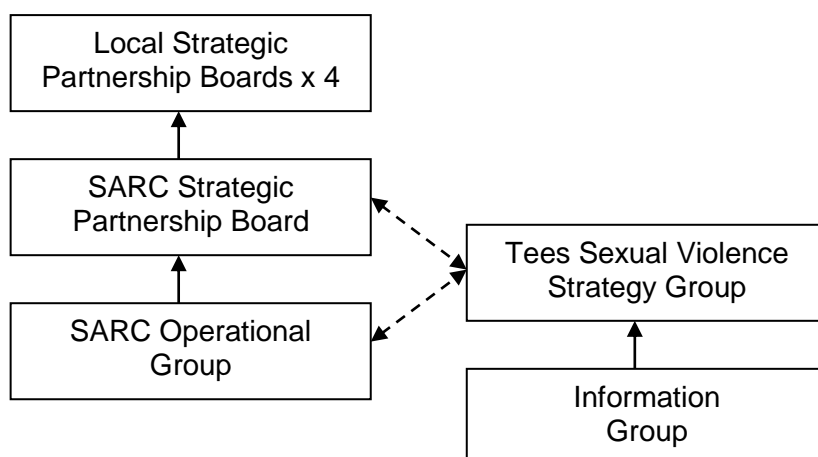
## **5.0 Next Steps based on NST recommendations**

- An internal PCT meeting is taking place on 11<sup>th</sup> March to agree leadership, next steps and the health elements of the action plan
- It has been proposed that the PCT Directorate of Public Health takes the strategic lead on domestic violence, sexual violence, forced marriage and honour based violence. Support to public health in addressing the domestic violence and sexual violence agenda can be drawn from both children's and adult safeguarding leads with input from localities in terms of commissioning services as appropriate.
- Establish a Teeswide Strategic Partnership Board with representation from all stakeholders accountable to the four Local Strategic Partnerships. The first meeting of the SARC Strategic Partnership Board is being arranged and terms of reference have been drafted. Proposed members of both the strategic group and operational group have been identified, see appendix 1. An operational management group is to continue to exist which will report to the Strategic Partnership Board. NHS Tees will be required to adopt a lead role with Cleveland police and be represented on both groups.
- Produce a Commissioning Plan/Strategy based on a strategic needs assessment which is owned by all stakeholders, and clearly sets out the strategic intentions and clarifies the vision. A needs assessment proposal has been developed to be funded by non-recurring funds.
- To inform the commissioning strategy a mapping exercise to be undertaken to determine what exists and contributes to a whole systems approach. As part of this exercise to identify and confirm the total resources committed to fund and support local SARC services.
- Health and social care services to review current referral pathways into and out of SARC services to ensure they are appropriate.
- To ensure risk assessments and safeguarding protocols are in place and are understood by SARC services personnel and followed correctly. All local professionals need to adopt relevant national guidance in relation to the examination and assessment of children. NHS Tees adult and children's safeguarding services will be instrumental in responding to this.
- Commissioners of child and adult mental health services extend current remits to include specific reference to victims of sexual violence. This has implications for existing referral processes and care pathways.

## **6.0 Recommendations**

The Boards are invited to receive and consider this briefing and the draft action plan.

**Proposed Arrangements for the development of a SARC Strategic Partnership Board and SARC Operational Group**



**Proposed representatives at groups:**

SARC Strategic Partnership Board:

Tees PCTs Director/Strategic Lead  
 PCT Safeguarding  
 Police Strategic Lead  
 Police Authority Member  
 Local Authority Director  
 PCT Commissioning lead  
 Crown Prosecution Service  
 Mental Health Commissioner

Provider services invited as appropriate:

SARC Manager  
 Secondary Care Provider  
 Voluntary Sector representative  
 Tees Esk & Wear Valley MH

SARC Operational Group:

SARC Manager  
 Reliance Medical  
 Voluntary sector  
 Police – Rape lead  
 PCT  
 Local Authority  
 PCT – Safeguarding, public health and commissioning (TBC)  
 Sexual Health Teesside  
 Secondary Care  
 Community Care