



Annual Activity Report
1st April 2016 - 31st March 2017

Oakwood Place – SARC for Essex



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1 Introduction

This report contains activity data based on the clients who have been referred to Oakwood Place, Sexual Assault Referral Centre (SARC) from 1st April 2016 to 31st March 2017.

Oakwood Place is a partnership between Essex Police and NHS England and is situated in the grounds of Brentwood Community Hospital, Brentwood, Essex. Oakwood Place has been designed specifically with SARC services in mind and offers two Forensic suites and three Police ABE interview rooms.

1.1 Services Available

Oakwood Place offers a service to men, women and children who have been raped or sexually assaulted. This may be acute or historic in nature, and the service can be accessed by the police, an outside agency or the client themselves.

Services offered include:

Immediate care

- Forensic Evidence Collection provided by Forensic Nurse Examiners and Forensic Medical Examiners
- Medical Care (Emergency contraception) and HIV PEP (Post Exposure Prophylaxis)
- Specialist Sexually Trained Officers (SOTO) employed by Essex Police
- Crisis Workers

Ongoing Care

ISVA (Independent Sexual Violence Advisors) services and Counselling is provided by a third-party organisation, Essex Rape Crisis Partnership, with which we work closely to provide support for all clients, whether they have recently attended for an examination or where the assault may have occurred in the past.

1.2 Police Referrals

If a client chooses to report to the Police, they will be accompanied to the SARC by a SOTO. On arrival at the SARC all clients are met by a trained Crisis Worker who acts as a chaperone during the forensic examination, and an advocate and support during the time the client remains at the SARC.

A Forensic Nurse Examiner (FNE) will be present at the SARC to conduct the Forensic examination following explanation of the process and obtaining consent from the client. The FNE will also provide advice on any immediate physical or mental health needs and refer into appropriate services as needed. This service is available 24 hours a day seven days a week.

1.3 Non-Police Referrals (Self -Referrals)

If a client chooses to self-refer without police involvement, they will have the same access to a forensic examination and support from a Crisis Support Worker as a police referral. This service is invaluable for third party intelligence reasons and can help clients whilst they decide whether to proceed with criminal investigations. The Non-Police service (also known as self-referrals) is available on a 24/7 basis. This is initially accessed via a helpline for initial triage, confidential advice and support, if an examination is required, this is managed on a case by case basis but normally directed to daytime hours, 8am to 8pm, seven days a week, unless exceptional circumstances.

1.4 Paediatric Service

The Paediatric service is available to clients up to the age of 13 years and is covered by Paediatricians who are provided by the NHS. This service is available Weekdays 9am to 5pm and during Bank Holidays and Weekends 10am to 2pm.

The decision for a child to attend the SARC is made following a multi-agency strategy discussion, held between social care, police and SARC paediatricians, and there is an expectation that social workers will attend with the child and family.

On attending the SARC, the child and family will be supported by a crisis worker and the examination will be conducted by a Paediatrician. If forensic samples are required a Forensic Nurse Examiner will work alongside the paediatrician and will have responsibility for collecting and handing over forensic exhibits to the SOTO in attendance.

1.5 Definition of a SARC Client

An individual is defined as a SARC client if they have engaged with any of the following services; Police, SARC attendance for a Forensic Medical Examination; SARC attendance for advice and aftercare; Self-Referral service; paediatric service and referral onto ISVA services.

Oakwood Place staff can discuss the options available to those who require support for non-recent incidents and will refer or signpost on to the appropriate services.

2 SARC Activity Summary

Month	Police Examinations	Non-Police Examinations	Total Examinations	Additional Referrals	Total Clients
Apr-16	9	1	10	14	24
May-16	20	0	20	10	30
Jun-16	18	1	19	3	22
Jul-16	21	3	24	3	27
Aug-16	18	3	21	2	23
Sep-16	14	4	18	7	25
Oct-16	17	1	18	7	25
Nov-16	10	0	10	1	11
Dec-16	17	1	18	3	21
Jan-17	13	0	13	9	22
Feb-17	17	2	19	16	35
Mar-17	20	6	26	7	33
Total	194	22	216	82	298

3 Executive Summary

In the period, April 1st, 2016 to March 31st, 2017, Oakwood Place received **298** referrals. of which 22 were self-referrals.

It has been difficult to extract data from previous years to enable a direct comparison with the 2016/2017 data presented in this report. This is due to several factors;

- Prior to April 2016, Essex Police directed any ISVA referrals to Oakwood Place, who then redirected these onto the ISVA service in the area the client resided.
- From April 2016 Essex Rape crisis partnership reorganised their service involving a change in the referral process which encouraged Essex Police to send their referrals via the online system rather than through the SARC.

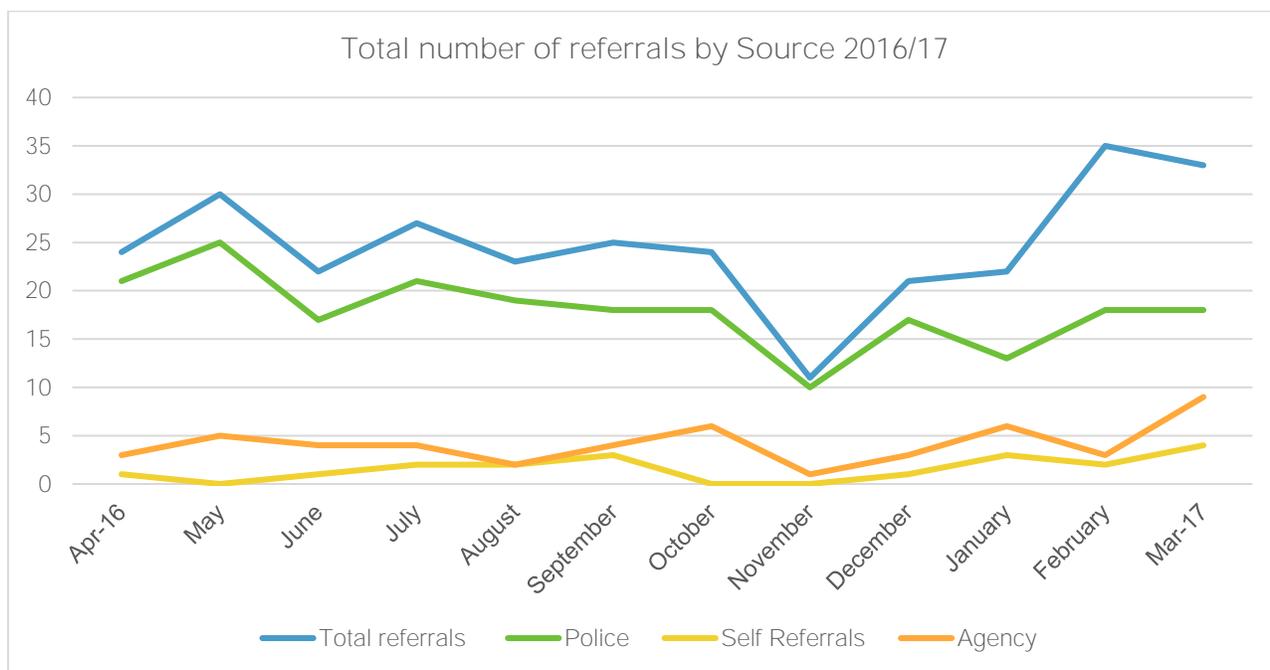
These additional referrals are no longer managed by SARC therefore not included in the current report. In addition, due to the formatting of the previous reports, we are unable to extract these referrals from previous years to make a year on year comparison.

In the period, April 1st, 2016 to March 31st, 2017, Oakwood Place received **22** self-referrals, which is a huge increase compared to the previous year's total of only **1** self-referral.

4 Supporting Data

4.1 Referral Data

Figure 4.1.1 Total number of referrals received by source for period between 1st April 2016 and 31st March 2017



In the period 1st April 2016 to 31st March 2017 a total of 298 referrals were received. Of these referrals 215 (75%) were received from Essex Police.

During 2017/18 Oakwood Place will continue to promote the self-referral service and work with multi-agency partners to raise awareness of the SARC and the referral processes to ensure our clients have a choice about which service they choose.

Figure 4.1.2– Total number of Police Examinations v Non-Police Examinations between 1st April 2016 and 31st March 2017

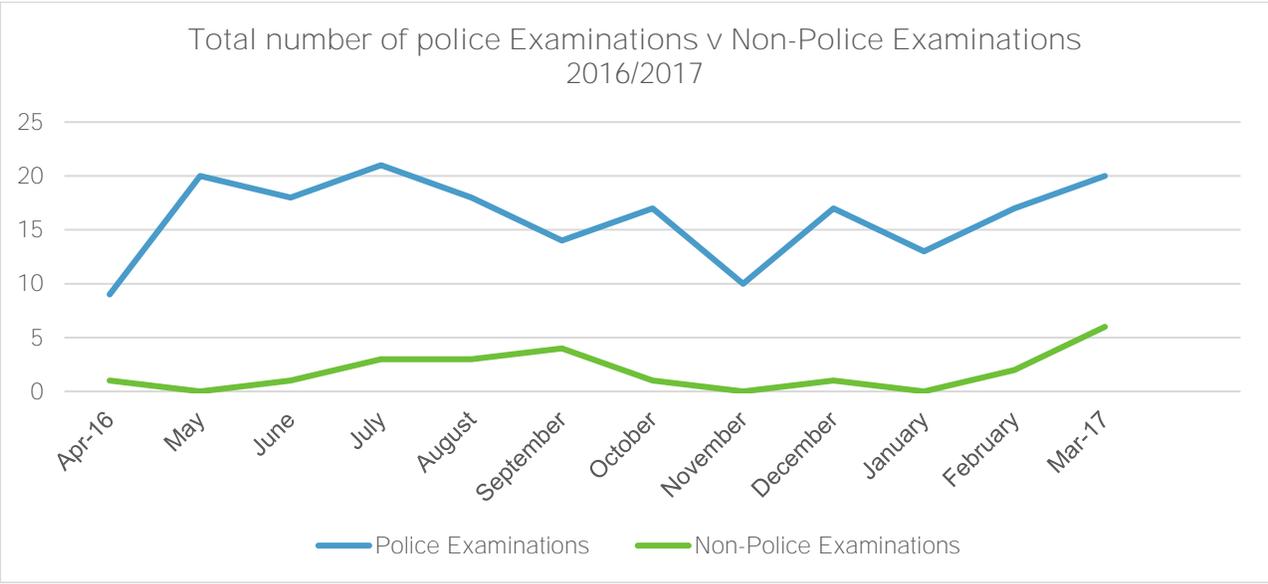
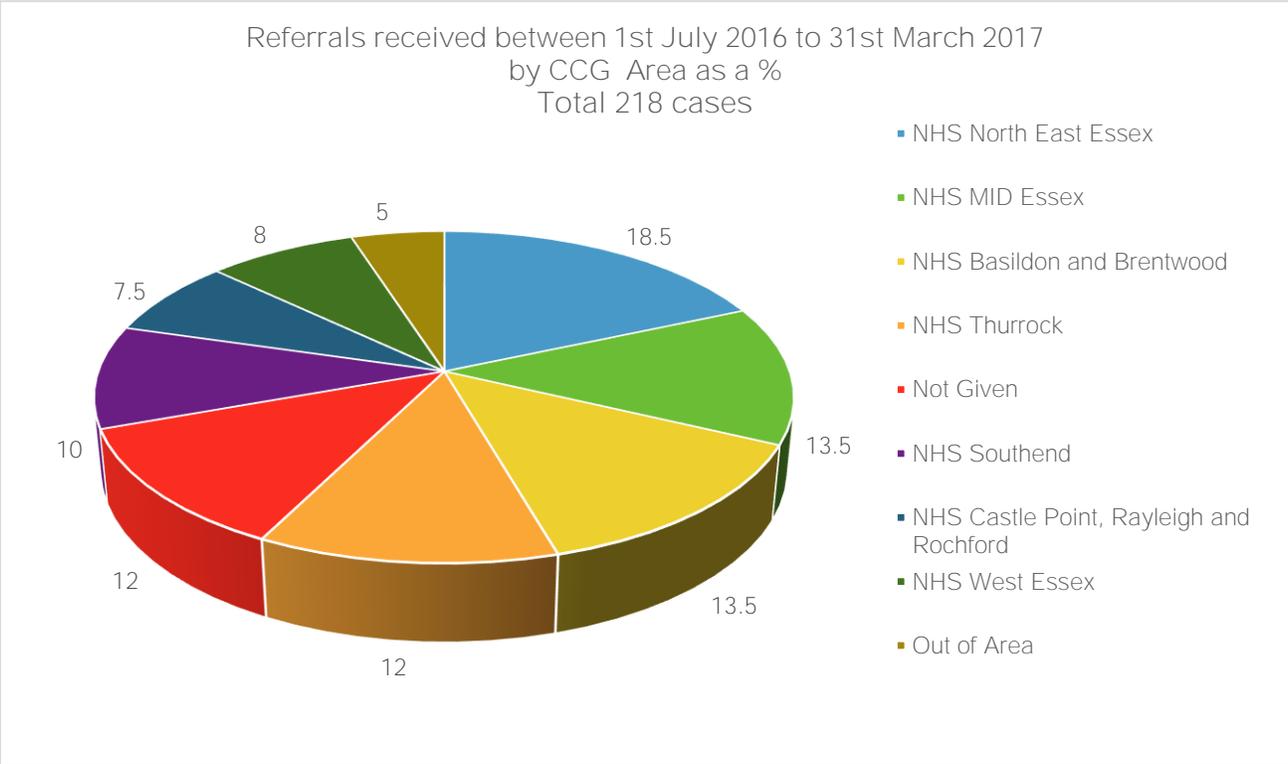


Figure 4.1.3– Total number of referrals received between 1st July 2016 and 31st March 2017 by CCG Area as a %



Data is only available for the 9-month period between 1st July 2016 to 31st March 2017.

In 12% of referrals received the CCG area was not documented, this information is not routinely requested when giving telephone advice or signposting to other services.

Out of area referrals comprised 5% of the total. Several of these were from the neighboring borough of Barking, Havering and Redbridge. Other out of area referrals were received from other SARCs for assistance with follow on services.

4.2 Client Demographics

Figure 4.2.1 Client Gender 1st April 2016 and 31st March 2017 by %.

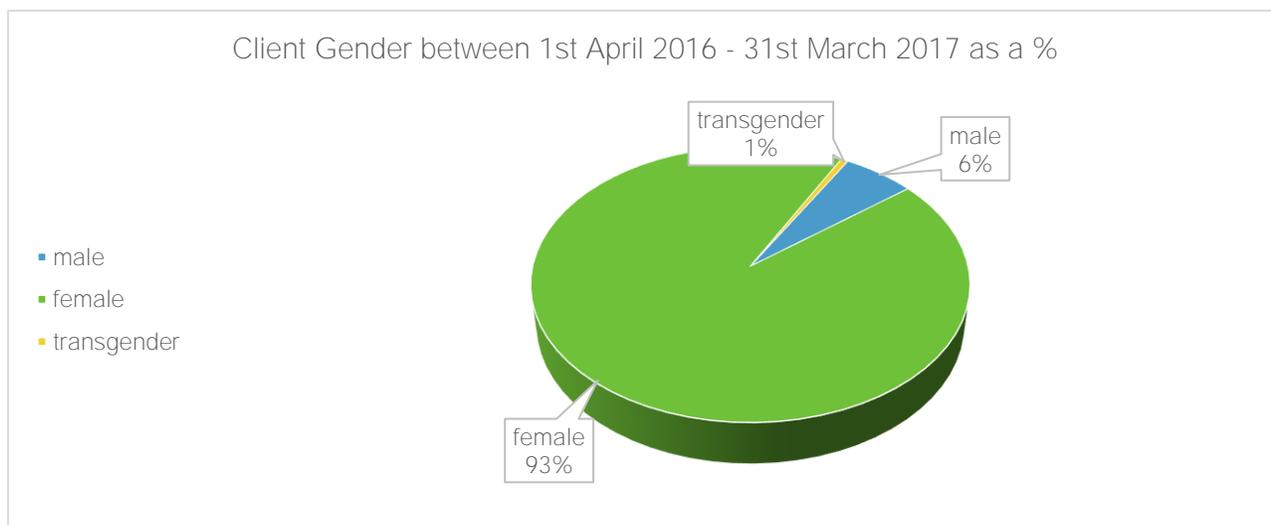
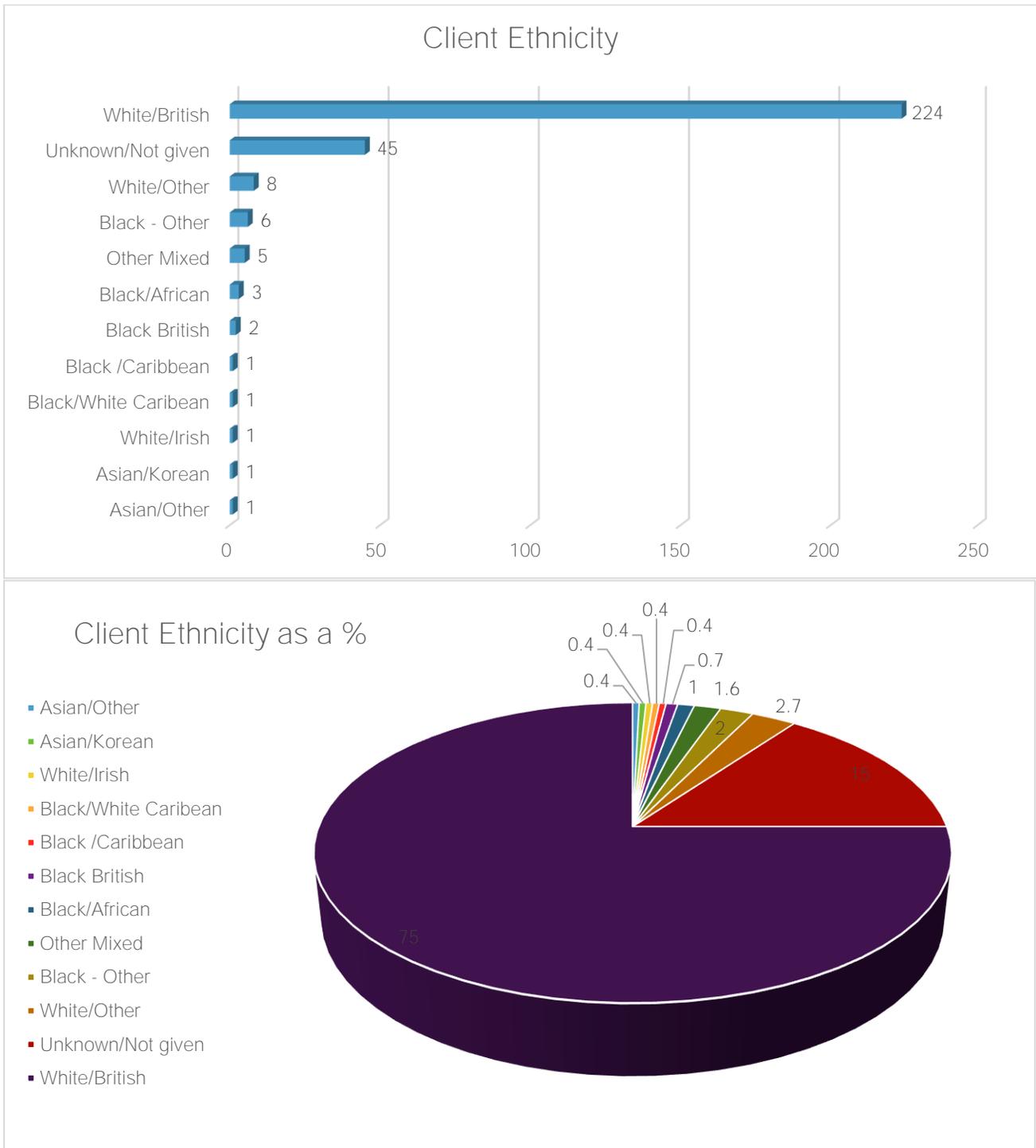


Figure 4.2.2 Client Age 1st April 2016 and 31st March 2017



Of the 298 clients referred to SARC services, the highest proportion was in the 18 -24 age group, followed by the 13 years and under age group.

Figure 4.2.3 Client Ethnicity 1st April 2016 and 31st March 2017



Most clients attending Essex SARC have identified as White British (75%). This is slightly lower than the national average for both England and Wales (85.5%) and Essex (94.4%) however 15% of SARC clients ethnic group was not given or unknown, and this may have influenced the data. When taking telephone referrals Ethnicity is not a routine questioned asked of clients.

4.3 Paediatric Data

Figure 4.3.1 Paediatric Examinations by age and gender 1st April 2016 and 31st March 2017

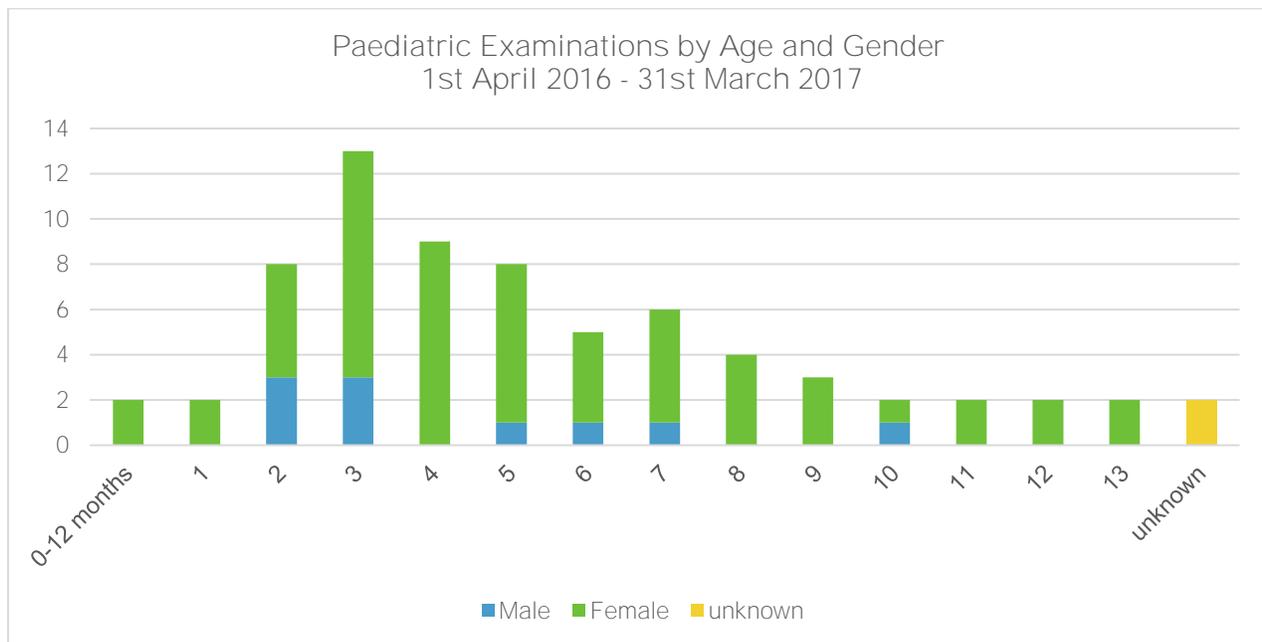
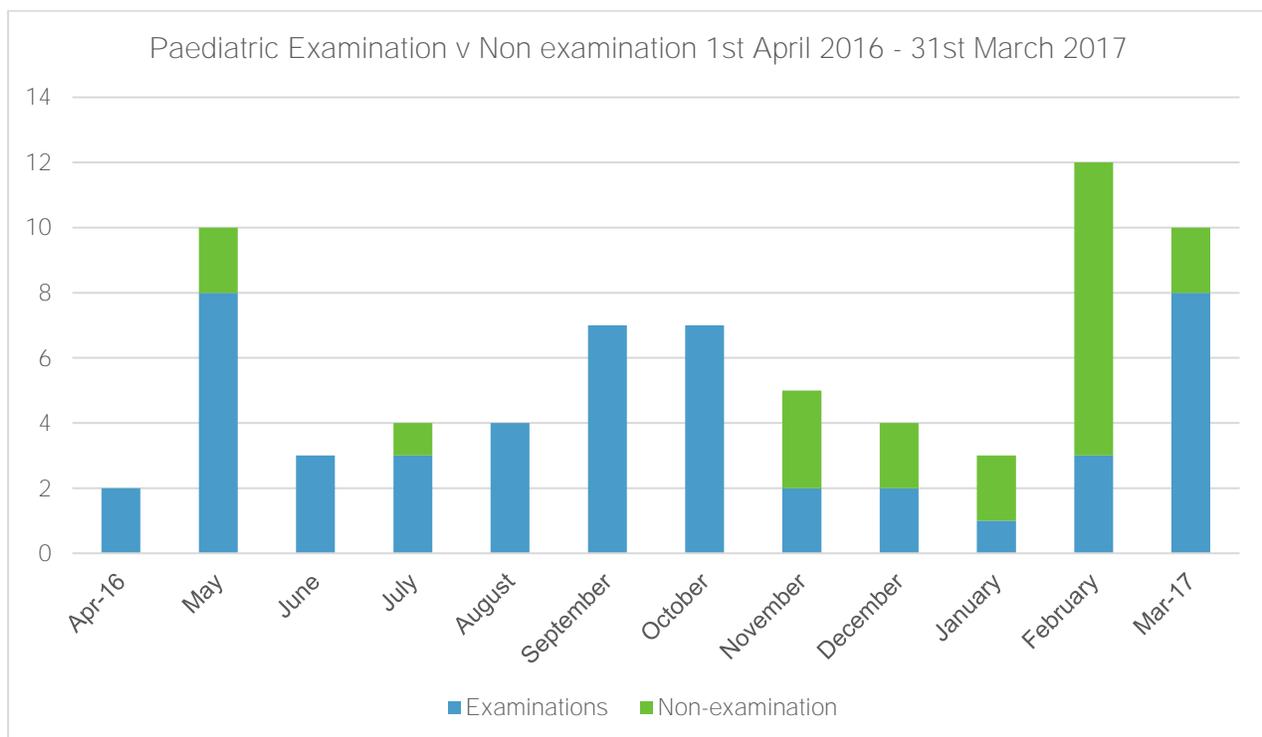


Figure 4.3.2 Paediatric Examinations v Non- Examination 1st April 2016 and 31st March 2017



5 Glossary

Management group data table: Vulnerable Adults are classified as individual aged 18 and above with a physical or mental impairment.

5.1 Assailant - Client Relationship

Relationship to client	Definitions – from Sussex Police (2010)
Stranger 1	Where the offender has no prior contact with the victim or where there are brief comments/questions between victim and suspect (e.g. Do you have the time?).
Stranger 2	Victim and suspect are briefly known to one another, for example they had met at a party, club or bar, or had a client/prostitute relationship. Includes minicabs, Internet approaches and positions of trust (i.e. bogus authority figures).
Not Known	Client has no recollection or knowledge of offender identity.
Family Member/Relative	Non-intimate family members and partners, honorary family members / family friends.
Partner	The suspect and victim are having a consensual sexual relationship prior to the attack. (i.e. husband/wife boyfriend/girlfriend, same sex relationships). This does not count if they were only intimate on the same evening as the attack.
Ex-partner	The suspect and victim have previously, but are no longer, engaged in a consensual sexual relationship prior to the attack. This does not count if they were only intimate on the same evening.
Acquaintance	Defined as a friend.
Not Recorded	The relationship between the victim and the suspect has not been given or recorded.

5.2 Rape - Sexual Offences Act 2003

Any act of non-consensual intercourse by a man with a person, the victim can be either male or female. The 2003 Act extended the definition of rape from the Sexual Offences Act 1956 to include penetration by vagina, anus or mouth of another person (*CPS, 2009*).

5.3 Domestic Violence - Home Office Definition

The Home Office Definition of Domestic Violence is:

'Any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults (aged 18 or over) who are or have been intimate partners or family members, regardless of gender and sexuality.'

In this definition:

Intimate Partners - where there is, or has been, a relationship with a degree of continuity or stability. The relationship must also have, or have had (or reasonably supposed to have had) a sexual aspect. The partners or ex-partners need not to have ever lived together.

Family members - includes mother, father, son, daughter, brother, sister, grandparents, in-laws and stepfamily.

Psychological Abuse - Could include humiliation, ridiculing, bullying, intimidation or deprivation of ordinary social contact.

Physical Abuse - any offence of violence.

Sexual Abuse - rape, and/or other sexual offence.

Emotional Abuse - harm which is deliberately or recklessly inflicted on a person's emotional well-being. May amount to an offence under the Protection from Harassment Act 1997.

Financial Abuse - where one party uses money as a means of exercising control over another.

6 References

CPS. (2009). CPS Policy for Prosecuting Cases of Rape. London: Blackburn's of Bolton.

7 Client Feedback

Since 1st April 2016 we have introduced numerous feedback process in order to try and increase service user engagement. This has included re-designed forms, stamped addressed confidential return envelopes, secure online feedback, and our Nurse team completing 6 week follow up phone calls.

This continues to be a challenging area, but we have been receiving monthly feedback albeit low in volume overall.

Here is the written feedback received over the year from our clients, their families and their support workers:

"From my experience with the police and the SARC, I felt that I mattered and everything was very calm and reassuring at the SARC."

"I am very impressed with the follow-up call and the service offered by the SARC."

"I have only high praise for the staff, I arrived in a bad place and they were so kind and supportive."

"I am very grateful for the telephone call and follow up."

"very grateful to staff for the all the kindness shown."

"I've had so much support from police"

From a few of our clients and advocates:

"Everybody was lovely, friendly and professional"

"Can't thank everyone enough, they handled a really delicate situation so well"

"Nurses and Crisis Worker really good"

"All staff at unit were lovely"

"Staff were really helpful and fantastic"

"Difficult journey from Harlow, had to get two buses as no direct line" – (Self-Referral)

"Everyone was so helpful at the SARC, but police are now dragging their toes which is making client angry and unsettled"

"Felt very secure at the SARC, my experience here was excellent and you could not have done more."

"All help was made available, nothing could have been better."

"Staff have been great. I was kept safe, well treated with care and attention."

"Very good staff, lovely to talk and have a laugh with. Very good tea and biscuits"

"The staff were extremely helpful and sensitive. Emma was amazing, kind, helpful and friendly, thank you" – Paeds case.

"Everyone was so lovely and helpful"

"The girls were absolutely great and so kind to me"

"SARC Team were really amazing"

"Client felt the care could not be improved, felt secure when attended the SARC"

"Girls at the SARC were all fabulous, so kind and thoughtful"

"I was in such a mess when I arrived all the girls made me feel so safe and made me feel better by the time I left – Sally the nurse was so kind and really put my mind at rest and really looked after me when I was so scared, they were all so lovely"

"We found the whole experience very "nice" my mother said everyone is unbelievably nice. Everyone helped my mother through the whole harrowing experience. Thank you."

"The ladies Emma and Sarah made my brother feel comfortable when undergoing the assessment. The ladies were very chatty and helpful."

"I was very nervous about coming and put it off as I was scared. I have never felt so safe and secure. It has made me realise some strangers can be very helpful and trustworthy unlike the people you think you know!!"

8 Clinical Incidents

Positive Adverse and Irregular Event Reports (PAIERS)

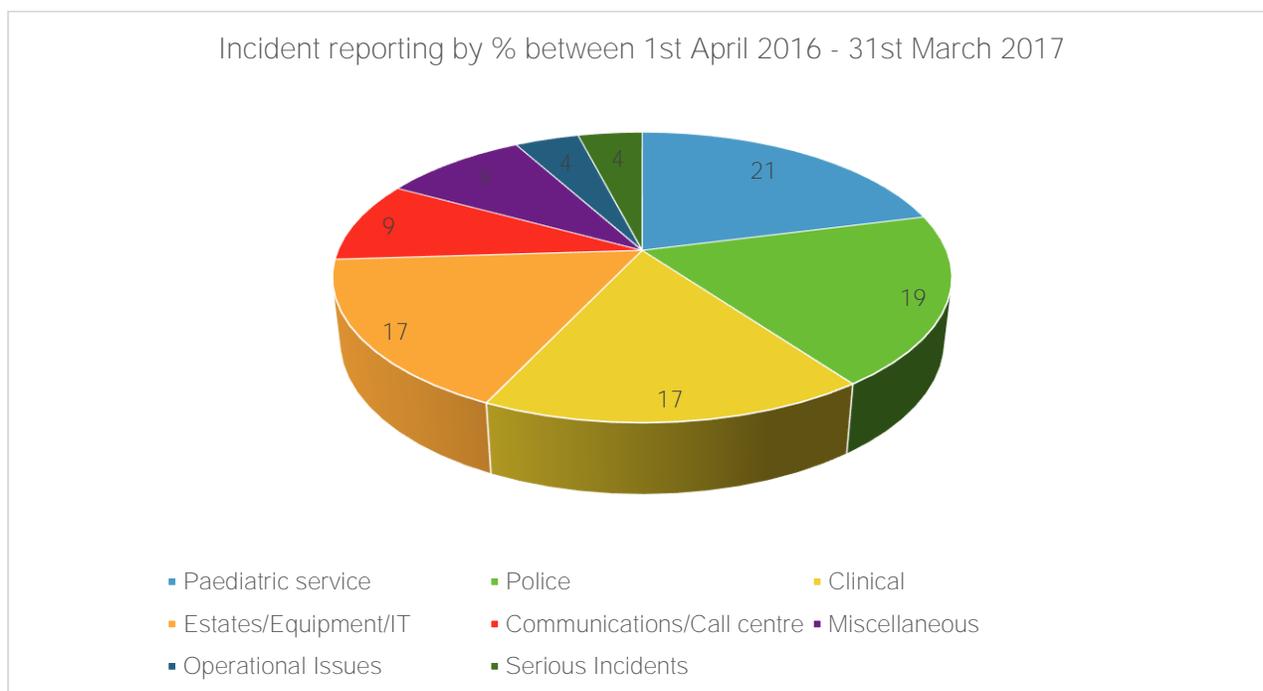
Figure 9.1 Clinical Incident Reporting between 1st April 2016 and 31st March 2017

Mountain Healthcare introduced a PAIERS system to encourage low threshold reporting of issues and to support an open and transparent approach to cases that don't go as expected, as well as things that also work well. The aim is to encourage learning to improve services and avoid a blame culture.

Service issues or topics can be raised by anyone. Anything raised is then created into a PAIER form. This is initially reviewed by the SARC Manager who will co-ordinate any investigation requirements, or pass on any feedback. All PAIERS are presented at the SARC Operational Group which is attended by all partners and stakeholder representatives across Essex. The Essex Sexual Assault Services Pathway (SASP) Board which is chaired by Essex Police has oversight of the PAIERS and will be the forum for any PAIERS that require escalation or cannot be resolved through the Operational Group.

This ensures a robust hierarchy for learning and improving our services and also enables risk and high level strategy intervention to take place if required.

A total of 47 PAIERS were reported between 1st April 2016 – 31st March 2017, two of which have been escalated to NHS England as a serious incident.



Breakdown of all Incidents reported

Serious Incidents

Both incidents involved the paediatric service and highlighted the need for SARC paediatricians to be involved in strategy discussions prior to SARC attendance.

The first incident was raised by the SARC, a child was admitted to hospital, the correct pathway into SARC was not followed resulting in a delay in attending SARC and the potential loss of forensic evidence. A further delay occurred as no paediatrician available to examine when child then referred in

The second incident involved a SARC paediatrician refusing to attend SARC for an acute child examination as it was close to the end of their allocated shift. The child was seen by a different paediatrician the following day with no loss of forensic evidence.

Paediatric Service

In addition to the two serious incidents, there were a further 8 PAIERS raised relating to the paediatric service. 5 of these were raised regarding lack of full STI screening provision for under 13yrs. The remainder were due to referring clinicians not following the paediatric pathway correctly.

Currently the paediatric service is developing; a new role of paediatric lead and a dedicated paediatric administrator/crisis worker will be recruited, also with the revision of the paediatric referral pathway it is anticipated that the above issues will be resolved.

Clinical Incidents

Clinical Incidents include; Lack of Mental Health Pathway for over 18s (3); GUM service unable to offer appropriate appointment for SARC clients (1); Social Care not providing feedback following safeguarding referrals (2); Using wrong paperwork (1); inadequate assessment for pregnancy risk (1).

Any incidents involving SARC staff are addressed immediately and an action plan implemented which looks to address training issues/needs.

Incidents involving external agencies are raised with their representatives at the operational board meetings and pathways/strategies developed to prevent recurrence.

Police

3 police incidents relate to police bringing clients into SARC without contacting call Centre prior to attendance. These occurred at the beginning of the new contract and there have been no similar incidents since July 2016.

One incident was due to a delay in examination due to unavailability of SOIT officers.
3 incidents where client should have attended A&E before being brought for examination or too intoxicated for examination and a further incident where client required appropriate adult due to learning disabilities.

All incidents are raised at Operational meetings with the Essex Police representative and each incident then investigated and reported back. SARC staff regularly participate in SOIT/CAIT training and can address these issues with the officers in training.

Equipment/Estates/IT

Several incidents were raised at the beginning of the contract which involved IT set up issues which have now been resolved, one further IT issue involved the CJSM secure account being unsuitable for purpose. These are now resolved.

2 issues involved the backup generator – now resolved, and a further ongoing issue is the front door closing mechanism which can be delayed causing a security risk.

A recent issue highlighted to staff by visitors in reception, is an ABE room not soundproofed so can be overheard.

Call Centre/Communications

Two incidents raised by call centre; difficulty in contacting staff when on call. A further two incidents involving poor communication between staff.

Operational Issues

One issue at beginning of contract when the crisis worker rota was not covered fully at start and end of shifts, this has now been resolved and rota now fully covered.

One complaint about standard of cleaning in Forensic Room, this has been addressed with the cleaning contractors and additional staff training carried out.

Miscellaneous

Labelling on WA products sterile water too small to read and record.

CPS requested to view intimate images of child.

Self-Referral turned up without prior notice.

Relative of victim complaining and argumentative.