



Lewis Macdonald MSP  
Convenor  
Health and Sport Committee

Copy to: Members of the Health and  
Sport Committee and Margaret Mitchell  
MSP

9 November 2020

Dear Lewis

## **STAGE 2 PROCEEDINGS ON THE FORENSIC MEDICAL SERVICES (VICTIMS OF SEXUAL OFFENCES) (SCOTLAND) BILL**

I write ahead of Stage 2 proceedings on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill. I have copied this letter to members of the Health and Sport Committee, substitute members and Margaret Mitchell MSP given that the non-Government amendments lodged are in her name.

I have noted with interest the amendments regarding support for under 16s undergoing forensic medical examination which we will discuss together with the Scottish Government amendments, tomorrow.

To help inform that discussion, I am pleased that I am now able to provide you with an advance copy of the near final Children and Young People's Clinical Pathway (CYP Clinical Pathway). This was subject to a full public consultation in 2019 and is being finalised in preparation for publication, following Taskforce approval of the document in late October.

The CMO Taskforce are delivering virtual roadshows over the next fortnight to prepare health boards for the implementation of the CYP clinical pathway and a wider package of resources, (as noted in the Taskforce summary document which I appended to my letter of 2 November to you and other relevant MSPs). This package will be implemented in health boards from 24 November 2020, prior to a formal launch in early December.

The CYP Clinical Pathway has been developed by the CMO Taskforce in close collaboration with a broad range of professionals including the three regional child protection Managed Clinical Networks (MCNs), paediatricians, Police Scotland, the Crown Office and Procurator Fiscal Service, Social Work Scotland and our third sector partners including Children 1st.

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The CYP Clinical Pathway is applicable to the care of children and young people up to the age of 16, (or up to 18 if the young person is vulnerable, has additional support needs or a disability). The aim of the pathway is to ensure a consistent, national approach to the provision of child centred and trauma informed healthcare and forensic medical examination following a concern raised or disclosure of sexual abuse.

The pathway focuses on the healthcare response to child sexual abuse from initial presentation through to onward recovery and seeks to ensure that the needs of the child or young person, as well as those who care for them, are always put first. It describes the requirement for close working between all multi-agency partners to ensure a holistic, child centred response in line with the principles of Barnahus and incorporates the principles underpinning Getting It Right For Every Child (GIRFEC), as well as our approach to Adverse Childhood Experiences (ACEs). The pathway also takes cognisance of the revised national child protection guidance currently out for public consultation and the UN Convention for the Rights of the Child.

The CMO Taskforce are also working with colleagues from the child protection MCNs to finalise an accompanying age appropriate summary booklet for young people.

I hope the information I have provided with this letter is helpful and I look forward to tomorrow's discussion.

**JEANE FREEMAN**

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