**Reducing misogyny and improving**

**sexual safety in the ambulance service**

**Next steps**

October 2023

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# **Next steps**

This document sets out the recommendations for action to reduce misogyny and improve sexual safety in the Ambulance Service. It takes forward the commitments made in the *‘Reducing Misogyny & Improving Sexual Safety in the Ambulance Service: Consensus Statement 2023’,* which are based on our findings from reviewing the available evidence and engaging with stakeholders.

The recommendations:

* are evidence based and aim to instigate more consistency throughout the sector
* are not a replacement for any criminal proceedings or specialist safeguarding advice
* may overlap with support for colleagues experiencing domestic abuse and local policies (eg relationships at work)
* should pre-empt scenarios of ‘perpetrator and victim’ in the same workplace.

The *‘Reducing misogyny and improving sexual safety in the ambulance service: Consensus statement 2023’* highlights that misogyny and any form of sexual misconduct in the ambulance service can be perpetrated in the following structures:

1. Colleague towards colleague\*.

The most prevalent based on what we know, and where the interventions outlined within this document are focused.

1. Colleague towards patient.

Anyone abusing their position within the ambulance service will be subject to disciplinary procedures. Professional registrants are required to align to relevant codes of standards, conduct and ethics.

1. Patient towards colleague.

Each trust should have a specific reporting process in place and accessible support for affected colleagues\*

\*We define colleagues as anyone working the ambulance sector including those returning to practice, students, and apprentices

**Figure 1:** Misogyny and sexual safety pyramid

# **Recommendations**

To enable positive change and build on measures already in place, the following recommendations are made.

## **Recommendation 1: Accountability and leadership**

Every trust has a legal responsibility and duty of care to protect everyone working within the ambulance service from harm. Acknowledging the problem of misogyny and sexual misconduct in the ambulance service, with full ownership is a leadership foundation to build upon.

Approaching the subject with a willingness to address own bias, an openness to listen to lived experience, recognise, and remove systemic barriers to speaking up, engage with reflective practice and communicate with full transparency seek to build psychological safety.

Measures for implementation:

* Regular climate surveys
* Support and advocacy of employee led networks.
* Continual listening of colleague experience data
* Improvement review of current measures
* Engage with reverse mentoring with those with lived and learned experiences.
* Socialise personal journey of reflection to role model the learning approach to change.
* Commitment to misogyny and sexual safety remaining a priority.

The [Paramedic leadership document](https://aace.org.uk/wp-content/uploads/2023/06/PRN00432_Paramedic-leadership-in-ambulance-trusts-in-England_June-2023.pdf) draws attention to cultural themes of misogyny and sexual safety.

## **Recommendation 2: Confidential reporting and support**

Individuals will be supported to safely report all concerns of a sexual or misogynistic nature with the option within any process or policy to include a ‘bypass’ to allow initial concerns to be shared with someone away from the Line Management structure.

Reporting routes and wellbeing support should be accessible, confidential, and communicated regularly.

The creation of safe and inclusive spaces to empower individual choice.

It may be appropriate to refer complex cases (including non-recent experiences) to an independent adviser to ensure a victim centred approach is taken.

## **Recommendation 3: Commitment to learning**

Organisational and individual learning, at every level is required for effective intervention.

The development of a learning module to be developed and each trust/ health board to identify colleagues to facilitate delivery.

To encourage broader awareness raising, collaborative educational events to cover a range of subjects [eg, men’s (and those who identify as male) mental health, allyship, the active bystander and student experiences].

Support for line managers with identifying and acting upon ‘problem’ patterns of behaviour.

Access to specialist perpetrator behaviour change support.

## **Recommendation 4: Culture transformation**

Focusing on prevention, the correlation between cultural norms and predation (Figure 1) should align to any broader transformational workstreams.

Increased diversity reduces the risk of sexual misconduct (which does not occur in isolation) and improving inclusion should remain a strategic direction for each Trust.

Review approach to risk management of concerns (victim centred approach) and improve consistency of employee relations advice.

Continued sharing of learning and best practice throughout the sector.

Evaluating the impact of trust level measures and interventions with the input of lived experience. See an [example self-audit tool](https://aace.org.uk/wp-content/uploads/2022/03/AmbulanceWBSP_Implementation_Self%E2%80%91Audit_Tool-070322.pdf).

# **The Sexual Safety in Healthcare Organisations Charter**

For those working in the Ambulance service in England both the Association of Ambulance Chief Executives and NHS England have signed up to the [Sexual Safety in Healthcare Organisational Charter](https://www.england.nhs.uk/publication/sexual-safety-in-healthcare-organisational-charter/). This represents the key framework for health and care systems to ensure the sexual safety of all staff. Following publication in September 2023, work is ongoing to implement this charter and individual ambulance Trusts are encouraged to sign-up.

# **Appendix 1. Project stakeholders.**

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| --- | --- |
| NHS England* Office of the Chief Allied Health Professions Officer (CAHPO)
* Workforce Training, and Education Directorate (WTE)
* Urgent and Emergency Care (UEC)
* Intensive Support team
* Communications
* Domestic Abuse and Sexual Violence (DASV) team

Office of Health Inequalities and Disparities (OHID)College of Paramedics (including the student committee)The Ambulance Staff Charity (TASC) Social Partnership ForumNHS EmployersChief AHP Advisors * Scotland
* Northern Ireland
* Wales
 | Association of the Ambulance Chief Executives (AACE) * Council
* Ambulance Trust HR Directors (HRDs)
* National Directors of Operations Group (NDOG)
* Women’s Network
* National Ambulance Diversity and Inclusion Forum (NADIF)

Ambulance Trusts* England including the Isle of Wight
* Wales
* Scotland
* Northern Ireland
* Wellbeing guardians
* “Freedom to Speak Up” Guardian network.

National Guardians OfficeResearchers working in related field.Individuals with lived experience in the Ambulance service |

Reducing misogyny and improving sexual safety in the ambulance service

# **Useful references and resources**

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