

Responsive

When we assess a quality statement for sexual assault referral centres we will look at evidence in the categories listed

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Care provision, integration and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Evidence categories

- [feedback from staff and leaders](#)
- [feedback from partners](#)

- [processes](#)

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)

Equity in experience and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Evidence categories

- [people's experience of health and care services](#)
- [feedback from staff and leaders](#)
- [processes](#)