West Sussex Connect
Service Specification

A pilot for a whole family response to
domestic abuse in the Crawley, Adur
and Worthing Districts of West Sussex

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This service specification is for the pilot of a delivery model for a whole family response to domestic abuse in West Sussex – specifically the Crawley, Adur, and Worthing districts of West Sussex.

1. Background information

"I think it would be better to have it all under one organisation instead of having to repeat yourself to lots of different people. It would be good if you had one or two dedicated workers that you spoke to all the time." (Gemma)

1.1 Building on the nationally recognised high risk response, SafeLives has worked closely with survivors and five grass roots domestic abuse specialist services to co-create a whole family model that addresses five key gaps that exist in the UK’s response to domestic abuse for people who are

1. at medium risk of harm;
2. remaining in their relationships;
3. have complex needs;
4. rebuilding and recovering from abuse; and for
5. children and young people.

1.2 We believe these gaps have the biggest impact on the ability of services to meet the needs of people experiencing domestic abuse. By addressing them, we can support individuals and whole families in their journey to long term safety and wellbeing.

1.3 This model has been developed using learning from national research, extensive scoping and consultation with service users and a wide range of specialist services and practitioners. Led by SafeLives’ Pioneers we consulted with hundreds of people across the country who have lived experience of domestic abuse, including people from diverse communities, children and young people and perpetrators of abuse, in order to co-create an inclusive response that meets their needs and reflects best practice.

1.4 We will pilot this model in two new Beacon Sites of good practice, Norfolk and West Sussex, alongside the existing high risk Marac/Idva response to domestic abuse and two other core elements of the Beacon Site response. The One Front Door, an early intervention approach and pilot bringing together child safeguarding and domestic abuse frameworks and Drive, a new intervention for high risk perpetrators. This whole system response seeks to provide the right support at the right time to make people safe, sooner. Through upskilling and training of the wider workforce, we will seek to implement sustainable improvements beyond the life of the pilot.

1.5 West Sussex and SafeLives are tendering for this delivery model to be piloted in Crawley and Adur and Worthing. The partnership between SafeLives and West Sussex County Council will be referred to throughout this document as ‘the partnership’.

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1 For more information on the SafeLives Beacon site and One Front Door and Drive projects please read our annual report on the SafeLives website at www.safelives.org.uk
2. **Scope of the service**

The contract will be awarded to a single Service Provider, including sub-contracting arrangements, or a consortium with the expertise, ethos and ability to deliver and coordinate all key elements of the model and able to achieve the outcomes set out below.

2.1 The service will deliver a whole family, whole system response that facilitates engagement between services and clients and can flex to fit with both local provision and clients’ needs. This direct support model will be delivered by a specialist team of experts. They will link with partner agencies and work together with clients to utilise their personal strengths to improve safety and wellbeing.

2.2 The service will deliver the following key elements of the model:

- An **expert service** provided by a **specialist team** of expert practitioners who provide **direct support** to people who are one or more of the following:
  - at medium risk of harm;
  - remaining in their relationships;
  - have complex needs;
  - rebuilding and recovering from abuse; and for
  - children and young people.

- A framework and **principles** that links voluntary and statutory services with the needs of adults and children experiencing any or all of the above to provide a truly **collaborative multi-agency response**.

- A range of **programmes** to support direct client work including: **group work** for survivors, perpetrators of abuse, parents, children and young people; **peer support**; survivor led groups to inform and influence service delivery.

- Utilise **resources** provided including toolkits, assessments and **digital options**.

- **Training** and skills development for partner agencies, including working towards sustainability post-pilot.

- Access to a range of **therapeutic interventions**.

2.3 The service will also work with SafeLives and our independent evaluator, the University of Central Lancashire to contribute to an **evaluation** of the impact and effectiveness of the pilot.

2.4 The delivery team will receive accredited specialist training to support them in undertaking their roles. Opportunities to share the learning throughout the pilot should be formalised, so that all team members are up to date and developing their skills.

2.5 The service will be based in Crawley & Worthing/Adur IPEH hubs (Integrated Prevention and Early Help)

“Be flexible. Not everyone is the same after the abuse and not everyone will want the same kind of support. We are all different” – survivor consultant
3 Aims, objectives and outcomes

Aims:

3.1 Provide a holistic model, and promote a culture of engaging with every member of the family, to address the gaps and challenges in the coordinated response to domestic abuse for people at medium risk of harm, who want to remain in their relationships, or have complex needs.

3.2 Provide an approach that places service users at its heart, focusing on the safety and wishes of individuals, utilising their personal strengths to move forward and thrive, through a life free from abuse.

Objectives:

- Involve service users in their support, valuing and respecting their expertise and choices.
- Test the impact of a whole system response within a Beacon sites of good practice.
- Build a coordinated multi-agency approach and reliable joint working principles to safeguard all members of the family.
- Leave behind sustainable benefits post pilot.
- Create accessible, robust pathways, for all members of the family, with straightforward and timely access between local services.
- Deliver an expert response by a specialist team who work safely and creatively with clients and their families.
- Deliver a response, centred in safeguarding and risk management to family members who are causing harm.
Outcomes

3.3 For survivors:

1. Improved health and wellbeing of survivors and their children
2. Increased safety of survivors and their children
3. Improved quality of life for individuals and families
4. Improved and positive experiences of engaging with services
5. Improved behaviour and accountability of those causing harm

For services:

6. Increased confidence of professionals and ability to work skilfully with individuals and families
7. Improved response by services to individuals and families
8. Improved social, environmental and economic benefits

4 Programmes

The successful provider will enhance their specialist one-to-one work by offering a range of programmes and activities tailored to clients plus opportunities for skills development and tools for multi-agency partners. The key components of these are described below.

In addition to specialist one to one work, the service provider will:

4.1 Deliver the Engage programme

- A whole family approach centred in safeguarding and risk management; working with each member of the family separately to increase awareness and safety of victims and survivors, to increase accountability and responsibility of perpetrators, and to ensure children are appropriately supported.
- Couples or families who are remaining in the relationship can be referred to the Engage programme (where it has been identified that there is motivation to change by the perpetrator, or willingness to explore this with specialist domestic abuse practitioners).

4.2 Deliver group activities to provide opportunities for learning and support and to meet people with lived experience. The group activities should focus on:

- Trauma informed domestic abuse awareness and understanding, including the impact on children and parenting.
- Building capacity to move forward: coping strategies, confidence building, goal planning, practical skills and creative activities. These should include ways to combat some of the impacts of trauma and workshops that focus on practical skills.
- Children and parenting: building relationships between parent and child.
- Survivor led groups: having a voice, influencing and co-production.

4.3 Establish peer support and peer mentoring to give survivors the opportunity to use their qualities, experience, talents and skills to support other survivors. Opportunities for this will be based on individual assessments of where someone is at in their own recovery. This includes options for peer mentoring for young people. Peer mentors will be appropriately assessed, trained and supported in order to:

- Ensure their wellbeing and readiness to move from survivor to supporter is prioritised.
- Offer a wide range of ways that a mentor could provide support depending on their own skills or interests.
- Enable them to help build community networks and develop normal day to day life and links back to friends and family.
- Enable them to co-facilitate, deliver presentations, social media, etc.
4.4 Allocate funds to enable the delivery of therapeutic and practical support options where this is necessary to support longer term recovery and meet clients’ unique needs. To be delivered via a funding pot for spot purchases or other means to be jointly agreed by the partnership and the service provider.

- To provide earlier access to options such as counselling, support materials for parents to use with children, PTSD support. Other options might include cognitive behavioural therapy sessions, yoga, mindfulness and outdoor based activities for young people.
- To also include practical help identified by the delivery team, which requires funding such as travel, childcare or training.

4.5 Work with the partnership to support the development and roll out of digital support options. These will be separately funded and complement existing digital support in the area and will include:

- online learning
- information about domestic abuse, related topics, and accessing services
- peer network
- counselling

4.6 Provide a training programme (through the delivery team) to build skills and expertise and a cohesive approach across all local multi-agency partners in order to work collectively and provide the best outcomes for every client and family. Training will include:

- Creating an ongoing Culture of Engagement
- A focus on sustainable change to exist beyond the life of the pilot
- Training on the delivery model, including the seven principles
- Tools which will build skills and enhance the work of practitioners
- Co-facilitation of some groups and activities

4.7 Ensure that an authentic survivor voice has a visible and formalised focus through all elements of the delivery model and is central to operational planning and service review.

- This will include establishing a local survivor group or panel to enable the voice of those using the services to inform and influence decisions and generate ideas for development across the whole Beacon Site approach.

4.8 Contribute to operational and strategic governance of the service imputing into decision making, accountability, review and improvement.

“We’ve walked through fire to get our voices back; we’re not giving them up now” - SafeLives Pioneer

5 Core Principles

5.1 The service provider will be expected to implement and follow a set of seven core principles to underpin a consistent approach and quality of service provided:

1. Flexible, consistent and reliable

   The relationship between practitioner and client is vital for recovery. Creativity and flexibility are key, and focusing on the client’s needs, wishes and strengths to build a personalised package of support.

2. Accessible

   A focus on taking the service to the client rather than expecting clients to fit into services using an assertive outreach approach with an ethos of ‘how do we engage these clients?’ rather than labelling them as ‘non-engaging’.
3. **Strengths-based**

Prioritise cooperative, trusting and workable relationships, building on a person's assets and resources to create sustainable change and growth, rather than focussing on ‘problems’. To align with the Signs of Safety approach.

4. **Client involvement**

Working in a person centred way where the client and the practitioner are both experts and support provision is agreed collaboratively. Clients are central to the development of services and they are empowered and valued.

5. **Gender responsive**

How a service and interventions understand and respond to gender, both for women and men, to create space and support that is safe, holistic, and addresses and responds to strengths and challenges.

6. **Working together**

Multi-agency collaboration and proactive partnership working (at all service levels) to provide an effective, integrated and holistic response that supports the range of a person or family’s needs.

7. **Trauma informed**

A strengths-based focus on understanding and being responsive to the impact of trauma, both for services and practitioners, to create opportunities for clients to build understanding, regain control, empowerment and self-worth.

6 **The Delivery Team**

“(I want) to have a support worker who will listen to you, support you in telling your story being valued as a person” survivor consultant

The successful service provider will employ qualified, competent and well supported staff with the expertise, skills and values to engage and work cooperatively with clients and other professionals. Members of the team will have specialist expertise in the different elements of the model and be supported to work collaboratively across all areas.

The service provider will build a delivery team which includes the roles described below.

The service provider will:

6.1 Involve clients in their support and build a team approach of co-production with clients to continually review and improve the support and service offered and received.

6.2 Ensure that the right staff with the right values, are recruited, inducted, trained and supported.

6.3 Ensure that staff members have completed the mandatory training. SafeLives will provide training to the relevant staff and will require providers to adhere to this.

6.4 Proactively work to provide opportunities for staff to develop skills and specialisms for example by offering access to training and continued professional development (CPD).

6.5 Effectively manage any risks that staff and volunteers face through their work. Provide monthly independent clinical supervision to Community Idvas, Engage workers and Children and Young People workers and have robust health and safety and lone working procedures. Provide effective, accessible support and supervision of all volunteer staff.
6.6 Create a culture of openness and embed robust domestic violence policies and procedures that address the situation where employees are themselves victims or perpetrators of domestic abuse.

6.7 Ensure that the team facilitates effective joint working practices with other services to collectively keep adults and children safe and improve their wellbeing.

6.8 Offer expert guidance to other professionals and broker multi-agency adoption of the core principles and pathways, using the tools and training that underpin the model. This includes creating a Culture of Engagement training, which is built on a multi-agency approach that requires a shift in systems and culture by all agencies involved in offering support and keeping adults and children safe.

6.9 The team will consist of the following roles:

**Support Team**

- **Connect Delivery Lead** who has operational and strategic responsibility for delivering and coordinating all key elements of the service. They will provide oversight of the model and develop the coordinated multi-agency approach around the seven core principles to build fidelity to the model and a shared focus on increasing safety and well-being by achieving the Connect delivery model’s aims and objectives.

- **Community Idvas** who will work collaboratively with clients assessed at medium risk of harm, including those participating in the Engage programme, to create a tailored support plan that addresses risk and reflects each client’s needs, strengths and agreed goals. In addition, specialist Community Idvas will provide dedicated, flexible, and personalised support to people with multiple or complex needs. They will work closely with other local services as required to provide holistic support that reduces risk, facilitates long term recovery and enables each client to develop the skills and resources to move on and maintain independence.
  
  - They will each work with a maximum of 50 to 60 clients annually; assuming 80 referrals a year with 60-80% engagement. They should hold a maximum of 30 cases at any one time. This will be reviewed as the pilot progresses.
  - The complex needs specialist support will be provided through 1 FTE Community Idva up to a maximum of 40 cases per year; holding a maximum of no more than 15 cases at any one time.

- **Engage workers** who will deliver an approach, centred on safeguarding and risk management, that engages with and supports people experiencing domestic abuse who wish to remain in their relationship; increasing awareness and safety of victims, accountability and responsibility of perpetrators, and ensures children are appropriately supported. This role will provide proactive support, advice, guidance and specialist initiatives to perpetrators of domestic abuse.
  
  - The Engage Programme will work with up to a total of 40 families annually.

- **Children and Young People workers** who will offer support to all children and young people in families engaging with the service including those aged 13 - 17 who are harming a parent. They will work with partner agencies to safeguard and provide access to what they need to be safe, happy and to thrive.
  
  - They are expected to work with up to 75 children and young people annually.

**Coordination and Training Team**

- **Skills Enhancer** who will develop and deliver a training programme for partner agencies that enhances the knowledge and skills of professionals, to improve the response to individuals or families where there is domestic abuse. Training will focus on areas within the Connect principles and service, with a focus on ‘Creating a Culture of Engagement’.
The Skills Enhancer will also support the delivery lead in coordinating the multi-agency response around the seven core principles and achieving the aims and objectives.

- **Group Coordinator** who will create a range of groups and enable clients/survivors access to activities that will address trauma and support long term healing. Overcoming the impact of domestic abuse, building resilience and enabling survivors to thrive, independently and alongside their children.

- **Peer Coordinator** who will create a robust peer support network by recruiting, training and supporting survivors to act as peer mentors; enabling survivors to support and gain support from other survivors.

- **Business Support** (Optional) who will:
  - Manage administration for training and group programmes and activities
  - Manage visit and appointment bookings, sending text reminders and making follow up calls
  - Support data collation
  - Be responsible for general administration and financial duties

6.10 The provider will be expected to determine the number of full time equivalent positions by the local population size and anticipated caseloads, within the budget available.

6.11 Caseloads listed in the delivery team descriptions are projected based on safe predictions for client and case worker and our understanding from similar existing work with different client groups. These will be reviewed and if necessary amended throughout the pilot.

6.12 This team will work within a single organisation or a consortium, who will provide the line management, admin and other support functions required for them to function effectively, supporting the welfare of each team member and maintaining focus on positive outcomes for all. This will include implementing a reflective working practice and value based approach that enables learning to be shared across the pilot and enables all team members to continue to develop their skills.

7 **Referral Pathways and eligibility**

The successful provider will work with local agencies to create accessible, robust pathways with straightforward and timely access between local services, including initial referral into the Connect delivery team. We anticipate that referrals will come into the delivery team from a wide range of voluntary and statutory partner agencies, including from the MASH and Hubs, based on use of the Dash or professional judgement, and will include self-referrals.

7.1 The framework for referral will be for consenting individuals who do not meet the high risk Marac/Idva threshold and are experiencing or seeking support for any of the following:

1. assessed at medium risk of harm;
2. have multiple or complex needs that require specialist engagement, response and interaction;
3. a victim / survivor who has not separated from the perpetrator, including where they are seeking whole family support;
4. stepping down from the high risk response, or who are seeking support to move forward and undo the harm caused by the abuse;
5. a child or young person associated with any adult victim or survivor referred; and/or an adolescent (aged 13 – 17) causing harm to a parent where they have experienced domestic abuse within the family home.
7.2 The service will work with the partnership to further develop and review referral pathways and criteria; reflecting their insight and the early findings from the pilot.

7.3 **Local thresholds** will be variable. Risk is dynamic, success of this intervention and improved outcomes for clients relies on specialist domestic abuse professionals to assess the right response to meet a client’s needs.

8 **Equality and Diversity**

The Connect delivery model is founded on an inclusive approach that reaches out to people from every community or culture, or who have a protected characteristic, and who are or have experienced domestic abuse. Domestic abuse can be perpetrated by any person in a relationship with the victim; a spouse, partner, adult child, other family member or caregiver, regardless of the age, gender, ethnicity, sexuality, physical or mental health, culture or religion of the people involved.

We know that there are significant barriers in accessing and engaging with support. This delivery model seeks to remove the barriers which prevent and/or limit both access and utilisation of services, through sensitivity and understanding of the issues people may face, and by promoting a flexible, positive and assertive approach.

**The service provider will:**

8.1 Demonstrate compliance with the equalities legislation and a commitment to equality and diversity, including support for those with complex needs. This commitment should be reflected through every aspect of the work from governance through to evaluation and when seeking the views and voice of survivors and services users.

8.2 Ensure that Equality and Diversity policies and procedures are implemented and, in particular, identify or highlight cases of disability in accordance with the Equality Act 2010.

8.3 Monitor engagement and outcomes disaggregated by ethnicity, age, disability, sexuality, gender, income and take steps to understand and address performance that falls below that of the service user group as a whole.

9 **Governance**

The successful provider will have clarity of accountability between their executive and non-executive roles (trustees/board) with robust performance management, risk and financial management systems and a clear strategy, operating plan and budget.

**The service provider will have a management or board structure that:**

9.1 Monitors appropriate data to measure the performance and outcomes and regularly reviews practice to ensure continuous evidence led service development or corrective action when required.

9.2 Receives regular information to ensure that a non-discriminatory service is being offered to all eligible clients and that resources are allocated according to risk and need.

9.3 Takes account of stakeholders’ views in reviewing and developing the service and ensures there are systems in place to monitor the clients’ views and experiences.

9.4 Identifies and manages key legal, financial and operational risks and has a clear strategy for maintaining its activities within a sustainable organisation.

9.5 Takes responsibility for ensuring that the organisation meets its contractual requirements.
9.6 Contributes to strategic partnerships and multi-agency forums.

9.7 Understands the requirements and aims of the Community Idva service and actively works to achieve these throughout the pilot.

10 Safeguarding

The service provider will:

10.1 Ensure that the welfare and rights of children and young people remains paramount and that all children and young people are effectively safeguarded with due consideration but not exclusively to:

- Other Acts listed in the Invitation to Tender document where applicable

10.2 Ensure that all staff and volunteers conform to all safeguarding children and child protection legislation, national Working Together guidelines and the local safeguarding children procedures.

10.3 Ensure that all staff and volunteers conform to local safeguarding adults’ policy and procedures.

10.4 Ensure that frontline practitioners have the relevant level, for their role, of safeguarding training as identified by the Local Safeguarding Children's Board (LSCB).

10.5 Ensure that frontline practitioners have the relevant level, for their role, of safeguarding training as identified by the Local Safeguarding Adults Board (LSAB).

10.6 Ensure that all individuals engaged in Regulated Activity are subject to a valid enhanced disclosure check for regulated activity undertaken through the Disclosure and Barring Service (“DBS”).

10.7 Monitor the level and validity of the checks under this sub-clause for each member of staff.

10.8 Not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out, a Regulated Activity or who may otherwise present a risk to service users.

10.9 Comply with any future amendments/additions to such legislation and/or guidelines.

11 Sustainability

The successful provider will work with the partnership to provide sustainable change to the whole of the Beacon site county beyond the life time of the three year pilot. It will integrate with and add value to current local initiatives; developing a better, more skilled workforce, and building capacity in the Beacon Site.

11.1 The service provider will develop and maintain a plan at all times for the safe and effective closedown of the service, reflecting the requirements below. This plan to include a scenario where the service does not run the full term of the contract, for instance should funding be withdrawn.

11.2 The service will, on request from the partnership, work with them to seek onward funding beyond the life of the current contract.
11.3 The service will work with the partnership to plan for the pilot to end in a safe way for the client base. This will include a gradual cessation of direct client work for some of the delivery team, namely the community IDVAs and Engage workers six months prior to the end of the pilot term.

11.4 During the life of the pilot and particularly during any exit stage, service will work with existing services to give skills uplift so that should the pilot programme cease the delivery team will leave behind system change, through a wider service which is improved in terms of response to the client group. This will be achieved by the upskilling of staff members in other organisations and the sharing of service provision products such as toolkits and processes.

11.5 During the exit phase, it is expected that there will be an increased amount of work with other organisations by some of the direct workers in the delivery team as they become available to work indirectly in their roles with other workers and their clients.

11.6 The service will actively advocate for and influence system change to create practice and procedures and effective solutions to meet the needs of people affected by domestic abuse.

12 Evaluation and monitoring framework

The evaluation will:

- Provide evidence of change in relation to the interventions and the enablers and barriers to this
- Provide evidence of a wider system change, how this was achieved and the enablers and barriers to this
- Undertake a social return on investment analysis to explore the potential return on investment of the interventions

The service provider will:

12.1 Use the SafeLives Whole Family Insights tools [and any identified specialist modules] to gather and share data relevant to the evaluation. The Insights outcome measurement tool and initial user training will be provided.

12.2 Collect data relating to additional measures set by the University of Central Lancashire.

12.3 Provide the independent evaluator with programme materials, including information on programme costs (unless there is a valid reason not to share).

12.4 Share experiences of delivering the programme with the evaluator, and where possible, participate in interviews.

12.5 Assist in the selection and recruitment of service users and other key persons for interviews, and where possible, facilitate the interviews.

12.6 Work with the Partnership and the University of Central Lancashire to provide the required data in the format and to the timescales agreed. At a minimum this is likely to include the following:

- Providing a quarterly report to the SafeLives lead, which includes at a minimum the SafeLives Whole Family Insights dataset within one month of the period end. Any material deviation from expected targets or other monitored metrics must be identified together with any explanatory notes, service developments or corrective actions taken.

SafeLives has appointed academic researchers from the University of Central Lancashire to undertake a published robust evaluation of the Service pilot.
- Providing an **annual** report compiled by the Service Manager to include a detailed evaluation of the year, reflections on the projects development and recommendations for the forthcoming year.

12.7 Work collaboratively with the University of Central Lancashire and the Partnership to ensure the requirements of a robust evaluation are met. Including (but not only) holding responsibility for identifying participants and facilitating communication e.g. sharing online surveys, centralising and sharing key contacts etc., monitoring data entry completion, facilitation of data collection activities and assisting interviews with staff and service users.

12.8 Meet any other reporting requirements within the Contract Documents, which will include interim and final reporting.

12.9 Demonstrate flexibility to meet the data requirements of the Partnership and the University of Central Lancashire.

### 13 Data Management

The service provider will:

13.1 Use a case management system, to ensure that personal data is kept secure. The case management system is where all case notes, assessments and forms such as completed questionnaires or progress assessments will be held.

13.2 Adopt/adhere to Data Sharing Agreements (in accordance with the latest ICO guidance) both within and between agencies about people at risk of experiencing or perpetrating domestic violence and abuse. Clearly define the range of information that can be shared and with whom.

13.3 Ensure that all aspects of casework and case file recording meet their legal and best practice duties to the client. Including:

- Ensuring that all essential information on clients is recorded within individual case files.
- All case files are kept up to date.
- Confidentiality, use and storage of data and data sharing are clearly explained to clients during the intake process, and written consent obtained.
- Where there is an escalation in risk to high then the Marac process/ role of the high risk Idva should be clearly explained to the client.
- Clients are provided with a confidentiality agreement to sign, to say they have understood confidentiality and information sharing and to consent to support.

13.4 Sign and adhere to the relevant Information Governance Protocols (Marac, MASH, etc.) in the local area.

13.5 Sign and adhere to any local partnership Information Sharing protocol and utilise secure communications systems.

13.6 Ensure all staff members who will share information with other agencies are trained to understand and adhere to the Data Sharing Agreements.

14 Flexibility of the Model

The successful provider is encouraged to work flexibly and suggest adaptations and improvements to the model based on client feedback, and in response to individual strengths and needs of victims, survivors and their families, and to the make-up of the local area. The model offers opportunity for creativity and innovation, but the provider must maintain fidelity to the mandatory elements of the model in order for both the safety and well-being of each client and their family to be maintained, and to evidence and embed what works and amend what doesn’t.

14.1 The impact and practicality of the interventions will be analysed and assessed on an ongoing basis for the whole life of the pilot and we will always be looking for ways to learn and improve.

14.2 This table outlines the opportunities for adaptation and localisation and highlights the mandatory elements of the model which we believe cannot be diluted or removed. Suggested adaptations to the model will be jointly discussed by the Partners and the delivery service.

<table>
<thead>
<tr>
<th>Key element</th>
<th>Mandatory Requirement</th>
<th>Examples of possible adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authentic voice of survivors</td>
<td>Feedback on their experience must inform and influence service delivery and decision making</td>
<td>How this is done may vary to fit with existing approaches</td>
</tr>
<tr>
<td>7 principles</td>
<td>These are understood and implemented by all agencies</td>
<td>How these are applied may vary depending on the local area</td>
</tr>
<tr>
<td>The delivery team</td>
<td>A dedicated team as above, not commissioning or sign-posting service. Ongoing focus on meeting the aims, objectives and outcomes and building effective partnerships</td>
<td>How the team achieves this might vary depending on existing capabilities and services, and feedback from clients</td>
</tr>
<tr>
<td>Key roles to implement the core function of the delivery team</td>
<td>Each specialist face to face role must have completed the specific training and be supported to work safely and effectively with each client, in line with the requirements of the role</td>
<td>Coordination and shaping delivery to fit with local initiatives, good practice and capacity</td>
</tr>
<tr>
<td>Engage programme</td>
<td>Must maintain fidelity and quality assurance of all elements of the programme; delivered by specialist staff who are trained and supported to work with perpetrators of abuse</td>
<td>Any amendments to Engage must be discussed</td>
</tr>
<tr>
<td>Group programmes</td>
<td>To support ‘recovery’, moving on and resilience building including DA specific and non-D.A specific groups. Key elements have been identified which the service will be expected to meet</td>
<td>The focus, type and content of groups could vary to meet need and fit alongside other local groups</td>
</tr>
<tr>
<td>Peer support and mentoring</td>
<td>Must reflect what survivors want and is supported and coordinated by an expert with the right skills and capacity</td>
<td>Existing groups might inform the approach and delivery. Number of peer mentors can be locally agreed ensuring the resource exists to fully support each mentor</td>
</tr>
<tr>
<td>Culture of Engagement</td>
<td>Maintain fidelity and quality assurance of the training</td>
<td>Trainers and attendees may vary. Might include local or other survivor input e.g. videos</td>
</tr>
<tr>
<td>Multi-agency practice and referral pathways</td>
<td>Joint working practices between agencies must support the principles and work cooperatively with clients</td>
<td>Establishing local referral thresholds, which may be variable</td>
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</tbody>
</table>