



INVITATION TO TENDER

PART 1 - STATEMENT OF REQUIREMENTS

**FOR THE PROVISION OF :
INDEPENDENT SEXUAL VIOLENCE ADVISOR (ISVA) SERVICE
CONTRACT REF: 1177 - 2015**

Deadline for receipt of the completed Invitation to Tender by 16.00 Hours on 29th June 2016

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1. Introduction

- 1.1. This Invitation to Tender (“ITT”) has been issued by The Police & Crime Commissioner for Humberside (the “PCC”) in connection with a competitive procurement for the provision of Independent Sexual Violence Advisor (ISVA) Service. The procurement will be conducted in accordance with the Open Procedure under the Public Contract Regulations 2015 (“the Regulations”).
- 1.2. Contained within this tender pack are the following documents;
 - ITT Part 1 – Statement of Requirements
 - ITT Part 2 – Instructions to Tenderers
 - ITT Part 3 – Response to Tender
 - ITT Part 4 – Schedule of Rates
 - ITT Part 5 – Form of Contract
- 1.3. The PCC requirement is seeking one Provider (this may include however sub – contracting or consortia arrangements involving a number of organisations)
- 1.4. The intention is to award any resulting contract for a period of 3 years with extension options of two periods of 12 months.
- 1.5. The Transfer of Undertakings (Protection of Employment) Regulation 2006 (SI 2006/246) (TUPE) may apply in respect of the award of any Contract and that for the purposes of the Regulations the undertaking shall transfer to the Contractor on the commencement of any Contract. Tenderers should seek their own legal advice regarding TUPE. Tenders are advised to consider the Terms and Conditions in relation to TUPE in the event of submission to this Invitation to Tender

2. Background

- 2.1. The Police and Crime Commissioner is inviting organisations to tender to provide an Independent Sexual Violence Adviser (ISVA) and Children Independent Sexual Violence Advisor (CISVA) support service to both adult and young people both male and female who are victims of rape and sexual violence across the Humberside area.

3. Scope and Specification

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1.0 Introduction

- 1.1 The Police and Crime Commissioner is inviting organisations to tender to provide an Independent Sexual Violence Adviser (ISVA) and Children Independent Sexual Violence Adviser (CISVA) support service to support both adults and young people (both male and female) who are victims of rape and sexual violence across the Humberside area. This will be part of a joint commissioning process with North East Lincolnshire Council and North Lincolnshire Council.
- 1.2 The PCC is seeking one provider (this may include sub-contracting or consortia arrangements involving a number of organisations) for a high quality and cost effective service across Humberside. The service must be flexible, easily accessible and victim centred.
- 1.3 It is essential that there is effective integrated working between the Sexual Assault Referral Centre (SARC) and relevant partner organisations including the police, CPS, NHS, local authorities (including Public Health and Safeguarding Teams) as well as other victim and witness support services such as Victim Support and the Humber Young Witness Service. This will ensure services are not duplicated and that the service response is both co-ordinated and coherent.
- 1.4 The **contract length** will be from 30th September 2016 to 29th September 2019, with the potential to extend for a further two periods of twelve months each.
- 1.5 The PCC is inviting bids up to the maximum **contract value** of £800,000 for the initial 3 year period.

2.0 Context of the Service

- 2.1 The Police and Crime Commissioner's Police and Crime Plan 2013-17 (<http://www.humberside.police.uk/sites/default/files/Police-and-Crime-Plan-2013-17.pdf>) prioritises victims of serious crime, those who are persistently targeted and the most vulnerable or intimidated. Victims of sexual violence fall into one or more of these categories.
- 2.2 In addition to the very practical issues that can impact victims, sexual violence and abuse can cause severe and long-lasting harm to victims across a range of health, social and economic factors. The effects of sexual violence can include depression, anxiety, post-traumatic stress disorder, psychosis, drug and alcohol misuse, self-harm and suicide. However, when victims receive the support they need, when they need it, they are more likely to cope and take positive steps towards recovery. It is important therefore that victims of rape and sexual violence have good support and access to effective support

services, irrespective of whether or not they wish to report incidents to the police.

- 2.3 This service specification is concerned only with securing the preferred provider of a Humberside Independent Sexual Violence Adviser service. The PCC considers sexual violence as specialist a subject as domestic violence; they are not the same thing even though some characteristics are shared. For this reason the PCC wants a specialist ISVA service (including services for children and young people), not one where the ISVA or Children's ISVA role is combined with the IDVA role.

3.0 Prevalence – England and Wales

- 3.1 It is difficult to obtain reliable information on the extent of sexual offences as there is a degree of under reporting of incidents. While accounting for less than 1% of all police recorded crime, the levels of under-reporting mean that the scale of sexual violence and abuse is significant. The latest police recorded crime figures¹ showed that the number of sexual offences in the year ending March 2015 (88,106) was the highest figure recorded by the police since the introduction of the National Crime Recording Standard (NCRS) in 2002. This figure is an increase of 37% on the previous year.
- 3.2 Within the overall increase, the number of offences of rape increased by 41% to 29,234 offences, and the number of other sexual offences increased by 35% to 58,872 offences. Both rape and sexual offences are at the highest level since the NCRS was introduced in April 2002.
- 3.3 In addition to improvements in police recording practices, this increase is thought to reflect a greater willingness of victims to come forward to report such crimes.
- 3.4 Previous increases in the number of sexual offences reported to the police were shown to have been related also to a rise in the reporting of historical (those that took place over 12 months before being reported) offences following 'Operation Yewtree', which began in 2012. Feedback from forces indicates that both current and historical offences continued to rise in the year ending March 2015 compared with the previous year. However, the major contribution to this increase is believed to have come from current offences.
- 3.5 Further information on sexual offending from across the crime and criminal justice system can be found in '[An Overview of Sexual Offending in England and Wales](#)'. This report was published in January 2013 and the following paragraphs of this section are from this report.

¹ ONS Statistical bulletin 11 February 2016

- 3.6 Based on aggregated data from the 'Crime Survey for England and Wales' in 2009/10, 2010/11 and 2011/12, on average, 2.5 per cent of females and 0.4 per cent of males said that they had been a victim of a sexual offence (including attempts) in the previous 12 months. This represents around 473,000 adults being victims of sexual offences (around 404,000 females and 72,000 males) on average per year. These experiences span the full spectrum of sexual offences, ranging from the most serious offences of rape and sexual assault, to other sexual offences like indecent exposure and unwanted touching. The vast majority of incidents reported by respondents to the survey fell into the other sexual offences category.
- 3.7 It is estimated that 0.5 per cent of females report being a victim of the most serious offences of rape or sexual assault by penetration in the previous 12 months, equivalent to around 85,000 victims on average per year. Among males, less than 0.1 per cent (around 12,000) report being a victim of the same types of offences in the previous 12 months.
- 3.8 Around one in twenty females (aged 16 to 59) reported being a victim of a most serious sexual offence since the age of 16. Extending this to include other sexual offences such as sexual threats, unwanted touching or indecent exposure, this increased to one in five females reporting being a victim since the age of 16.
- 3.9 Around 90 per cent of victims of the most serious sexual offences in the previous year knew the perpetrator, compared with less than half for other sexual offences.
- 3.10 Females who had reported being victims of the most serious sexual offences in the last year were asked, regarding the most recent incident, whether or not they had reported the incident to the police. Only 15 per cent of victims of such offences said that they had done so. Frequently cited reasons for not reporting the crime were that it was 'embarrassing', they 'didn't think the police could do much to help', that the incident was 'too trivial or not worth reporting', or that they saw it as a 'private/family matter and not police business'
- 3.11 In 2011/12, the police recorded a total of 53,700 sexual offences across England and Wales. The most serious sexual offences of 'rape' (16,000 offences) and 'sexual assault' (22,100 offences) accounted for 71 per cent of sexual offences recorded by the police. This differs markedly from victims responding to the CSEW in 2011/12, the majority of whom were reporting being victims of other sexual offences outside the most serious category.
- 3.12 This reflects the fact that victims are more likely to report the most serious sexual offences to the police and, as such, the police and broader criminal justice system (CJS) tend to deal largely with the most serious end of the spectrum of sexual offending. The majority of the other sexual crimes recorded by the police related to 'exposure or voyeurism' (7,000) and 'sexual activity with minors' (5,800).

- 3.13 Trends in recorded crime statistics can be influenced by whether victims feel able to and decide to report such offences to the police, and by changes in police recording practices. For example, while there was a 17 per cent decrease in recorded sexual offences between 2005/06 and 2008/09, there was a seven per cent increase between 2008/09 and 2010/11. The latter increase may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation.
- 3.14 After the initial recording of a crime, the police may later decide that no crime took place as more details about the case emerge. In 2011/12, there were 4,155 offences initially recorded as sexual offences that the police later decided were not crimes. There are strict guidelines that set out circumstances under which a crime report may be 'no-crimed'. The 'no-crime' rate for sexual offences (7.2 per cent) compares with a 'no-crime' rate for overall police recorded crime of 3.4 per cent. The 'no-crime' rate for rape was 10.8 per cent.

4.0 Prevalence – Humberside

- 4.1 It is accepted that there is a lack of accurate information on the prevalence of sexual violence. The statutory sector does not keep sexual violence data, so local need usually depends solely on police data in isolation, despite the fact that the vast majority of survivors do not report abuse to the police.
- 4.2 There were 1,315 serious sexual offences recorded in Humberside during the 2015 calendar year, a 1% increase compared with the previous year. This represents 76.5% of total sexual offences and 1.9% of all police recorded crime in 2015.

Table 1 below provides a breakdown of these offences.

	Child Rape	Adult Rape	Other Serious Sexual Offences	Total
North East Lincolnshire	50	68	169	287
North Lincolnshire	40	66	146	252
East Riding of Yorkshire	48	57	182	287
Kingston Upon Hull	79	122	288	489
	217	313	785	1315

- 4.3 There were 530 rape offences representing 40% of all serious sexual violence offences.
- 4.4 During the period April 2014 to end of January 2016 (22 months) the Humberside SARC (known as the CASA Suite) dealt with 320 cases, 301 female and 19 male. Activity data for this period is provided at Appendix A.
- 4.5 Providers will be asked how they can meet the following service criteria for female and male victims and young people.

- Capability to respond to the needs of victims according to demand within all 4 unitary authority areas of Humberside.
- Demand for service as recorded by the Humberside Sexual Assault Referral Centre between 1 April 2014 and the end of January 2016 (22 months) indicate the referrals received by the 4 unitary authority areas as:

Hull	137	(42.8%)
East Riding of Yorkshire	48	(15.0%)
North East Lincolnshire	65	(20.3%)
North Lincolnshire	39	(12.2%)
Location not known	31	(9.7%)

Source – Humberside CASA Suite.

More detailed activity data relating specifically to the current ISVA service is included at Appendix A.

5.0 Service Aims

- 5.1 The ISVA service will be available to all victims (male, female, adults, children and young people). The overarching aim of the service will be to meet the needs of the individuals who have been sexually assaulted or raped to ensure the quality of support enables them to make long term changes to their lives and the lives of their children. Victims of rape and sexual assault have a right to services to help them recover and rebuild their lives.
- 5.2 The provider of an ISVA service will be expected to deliver a proactive service to women, men, children and young people who are victims of rape and sexual violence and abuse, both current and historical. Through risk assessment and support planning the service will enable victims to access the services they need in the aftermath of the abuse they have suffered and to ensure that they remain supported and informed as their cases progress through the criminal justice system, if victims choose to pursue their cases in this way.
- 5.3 The ISVA service will:
- Provide a victim-focused, independent service, distinct from the role of crisis worker or counsellor;
 - Work in partnership with local statutory and voluntary services to provide consistent support for victims which will include ensuring relevant links are made and referral pathways agreed to enable the ISVA to properly support victims with a variety of needs.

- 5.4 The successful provider will work in partnership with Humberside Police Protecting Vulnerable People (PVP) teams and appropriate local authority adult and children safeguarding representatives to ensure support services are fit for purpose and appropriately risk assessed.
- 5.5 The PCC would welcome providers to indicate what scope there may be to attract additional funding for an ISVA service, regarding the PCC's contribution as "core" funding.

6.0 The Role of the ISVA

- 6.1 There is no nationally agreed definition of an ISVA, nor is there a nationally accepted or recognised job description for the ISVA role. However, the main role of an ISVA, in the view of the PCC is:
- To make sure that victims of sexual abuse receive the best possible one to one support and practical advice and information on what counselling and other services are available to them;
 - To provide support to victims in relation to the criminal justice process from reporting a crime to the police, (or deciding whether to report a crime), throughout the investigation and prosecution process, and post-trial as necessary;
 - To provide information on processes and procedures when reporting to the police;
 - Liaise with the police and CPS on behalf of the victim, keeping them informed about case progress through the criminal justice system on behalf of the police;
 - Participate in case conferences with the police, CPS and prosecuting barrister;
 - Wherever possible, in conjunction with the police if necessary, ensure that special measures (the method by which the victim/witness will present evidence at court) are in place as necessary;
 - Attend the trial, arrange pre-trial visits and work with the Witness Care Unit (WCU) and Humberside Young Witness Service (HYWS) as appropriate;
 - To offer advice and support across a wide range of issues, such as housing, health and education, that will help to support the victim and ensure their ongoing safety in the aftermath of the abuse.
- 6.2 Since its introduction the role of the ISVA has broadly been considered a success². The Police and Crime Commissioner, together with the local authorities of North East Lincolnshire and North Lincolnshire want to build on this success and provide the service with guaranteed funding for at least the

² Independent Sexual Violence Advisers – Final Evaluation Report Cardiff University

next three years in order to build capacity and capability and deliver high quality services.

- 6.3 ISVAs will work closely with the Sexual Assault Referral Centres (SARC) in each area of Yorkshire and Humber but primarily with the SARC in Hull. SARCs provide round the clock care and support to people who experience sexual violence and it demonstrates good partnership working between healthcare and the criminal justice system. ISVAs will be expected to work in partnership with the SARC to ensure victims are provided with ongoing advocacy and access to services as well as helping them through the criminal justice system. The new SARC provider (Mountain Healthcare Limited) will offer every victim a referral to an ISVA or Children's ISVA to meet their particular support needs.

7.0 Scope of Service Requirements

7.1 Definition and Eligibility Criteria

- 7.1.1 Victims of sexual offences as defined in the Sexual Offences Act 2003: <http://www.legislation.gov.uk/ukpga/2003/42/contents>
- 7.1.2 Victims of child sexual exploitation (CSE) as defined by the National Working Group Network: <http://www.nwgnetwork.org/who-we-are/what-is-child-sexual-exploitation>
- 7.1.3 All victims are entitled to the support that they need irrespective of gender. The term victim (whilst recognising its emotive connotations) relates to all victims, not just women and girls.
- 7.1.4 There is no lower age limit for the service, however deployment of an ISVA would be considered by the Protecting Vulnerable People (PVP) Team at Humberside Police in conjunction with partner agencies on a case by case basis.
- 7.1.5 The ISVA service will be made available to both those victims who pursue a criminal investigation and trial and those that do not.

7.2 Referral and Initial Contact

- 7.2.1 Victims will be referred from the Sexual Assault Referral Centre from the point at which they present. The provider will also accept referrals from all member agencies of Humberside, including, but not limited to, Humberside Police, Victim Support, Independent Domestic Violence Advisers (IDVAs), Sexual Health Services, GPs, Children's Family Court Advisory Support Services (CAFCASS) and Adult and Children Social Care Services.

- 7.2.2 The provider will receive self-referrals directly or through a third party organisation or through the 'Help for Victims' website. The provider must ensure all victims receive the support they need.
- 7.2.3 The successful provider will ensure, irrespective of the referral route that 100% of sexual violence victims are contacted within 24 hours of receiving a referral in order to make an assessment of immediate safety and support needs. If the provider fails to meet this objective in relation to a specific referral, the referring agency must be contacted within 12 hours of the time lapse to explain the action taken to achieve this objective and why contact has not been made.

7.3 Caseload

- 7.3.1 The provider will ensure that ISVA staff manage a caseload in accordance with any current guidelines. Caseloads need to be effectively managed by engaging in pro-active regular case management meetings, which should include monitoring risk and reviewing support plans. This is an effective way to monitor case progression and manage endings.

7.4 Availability

- 7.4.1 ISVA services will be available Monday to Friday 8am to 6pm provided by full time Independent Sexual Violence Advisers (ISVAs) and Children's Independent Sexual Violence Advisers (CISVA's).
- 7.4.2 The main locations for service delivery will be discussed and agreed at the commencement of the service between the provider and commissioner. The provider will deliver interventions from these locations with the option to deliver wider interventions at community venues that appropriately meet the needs of the client and the community. Services will be delivered on a user led needs basis.
- 7.4.3 Notwithstanding 7.4.1 above the provider will ensure that opening times are service user friendly and if 7.4.1 is too restrictive, then any alternative opening times must be agreed with the Commissioner prior to any changes being made. Premises should be accessible to service users and not restrictive in terms of building. Services will be flexible around working patterns and appointments.

7.5 Training

- 7.5.1 As part of their bid submission, providers should provide evidence that their ISVAs are already suitably qualified and experienced or will be suitably qualified and experienced within the first twelve months of the contract period. In addition to this the provider will commit to enabling ISVA staff to attend training events and conferences as part of their continued professional development.

- 7.5.2 The provider will evidence, as part of their bid submission, that their ISVAs will be suitably qualified and experienced as per any recognised national guidelines provided by either Lime Culture, The Survivor's Trust or any other industry . In addition to this, the provider will commit to continuous training of ISVA staff and to provide evidence of this as requested by the PCC.
- 7.5.3 The PCC expects providers to use a base of appropriately trained volunteers to work alongside qualified ISVAs to provide additional resilience, support and flexibility to the service model.

7.6 Safeguarding

- 7.6.1 The provider will comply with the relevant local policies for safeguarding and promoting the welfare of children and adults in vulnerable circumstances derived from the local multi-agency policy and the Local Safeguarding Adults Board and Local Safeguarding Children Board (LSAB and LSCB) policies and procedures as amended from time to time.
- 7.6.2 If requested the provider shall participate in the development of any local multi-agency safeguarding quality indicators and/or plans.
- 7.6.3 The “No Secrets” Report (DOH, 2000) is the key guidance document for the development and implementation of multi-agency policies and procedures to protect vulnerable adults. Regional Safeguarding Adult standards have been agreed. The provider will be expected to meet these minimum standards.

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No secrets guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf).

- 7.6.4 The provider is required to work collaboratively across partner agencies to ensure a holistic contribution to inter-agency services to safeguard and protect children at risk of significant harm in accordance with statutory guidance contained in ‘Working Together to Safeguard Children’.

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working Together to Safeguard Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

- 7.6.5 The provider has a duty, under section 11 of the Children Act 2004, to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children and must have in place the arrangements for doing so as described in Chapter 2 of ‘Working Together to Safeguard Children’.
- 7.6.6 The provider will be required to contribute to serious case reviews, child death reviews or Domestic Violence Homicide Reviews in accordance with locally agreed procedures and timescales. The provider is to ensure that all requests

for Internal Management Reports for serious case reviews are completed within the prescribed timescales and recommendations are implemented by the Local Safeguarding Children Boards (LSCB's).

7.6.7 Consideration must be given to safeguarding children and vulnerable adults when the provider is dealing with victims who may be parents or carers and who have dependent care obligations which may include care for children and other vulnerable/elderly persons.

7.6.8 To safeguard and promote the welfare of children who are referred to an ISVA or may self-refer, there must be a clear referral pathway to Children's Social Care of the relevant local authority so that they can exercise their duties under section 47 of the Children Act 1989 (duty to safeguard and promote the welfare of children).

7.7 Risk Assessment

7.7.1 Providers will commit to using/promoting the most appropriate Adult or Young People's risk identification tool. This could be SARANA (Sexual Assault Risk and Needs Assessment). The purpose is to give a consistent and simple tool for practitioners who work with victims of sexual abuse, to enable them to identify those who are at high risk of harm and ensure that a plan is tailored to the unique needs of the individual. It might be necessary to refer to a more appropriate service (see section 7.11 'Advocate and Refer On' below).

7.8 Victim Personal Statements

7.8.1 The provider must ensure that their ISVA staff are able to support individual's to make a Victim Personal Statement as requested by Humberside Police or the CPS. Appropriate training will be made available if necessary by Humberside Police and/or the CPS.

http://www.cps.gov.uk/legal/v_to_z/victim_personal_statements/

7.9 Promotion

7.9.1 The provider will be expected to promote and communicate the specialist and comprehensive nature of the ISVA role across all partner organisations to remove any areas of duplicated work of other staff providing services to victims. This will increase the number of referrals to ensure that victims receive the services they are entitled to.

7.9.2 The new provider will deliver training and awareness raising to practitioners in Humberside Police, partner agencies, professionals and the public.

7.10 Working in Partnership

7.10.1 The successful provider will be committed to multi-agency partnership work and to improving services for victims of sexual violence. This might include

ISVAs/CISVAs being co-located in the SARC or within partner agencies and whilst the PCC can see obvious advantages in a 'one-stop-shop' type of service provision he will not prescribe the service model. The ISVA/CISVA model is a matter for providers as long as victims receive quality services and the service has clear strategic leadership.

7.10.2 The PCC will however be looking for an innovative model that covers the whole of Humberside with response at a local level to meet the needs of all victims. In this respect the provider will be expected, as part of their bid submission, to identify key locations (North and South banks of the Humber) where ISVA/CISVA services will be delivered from. The PCC and Humberside Police may be able to assist with securing cost effective premises.

7.10.3 Working in partnership with other agencies (SARC, Police Service, Adult Mental Health Services, Sexual Health Services etc.) the Police and Crime Commissioner wants to ensure that victims receive the most appropriate and coordinated support. The ISVA service should be at the heart of this, building safe, effective clear pathways of care and enabling the rest of the service to operate effectively. The service provided spans a number of different local responsibilities across the criminal justice agencies, the local authorities and the health service. Such duties of the ISVA service will include:

- Delivering the ISVA service in line with the Commissioner's requirements and within the appropriate service guidance and policy framework.
- Provide emotional support and practical assistance; risk assess and help keep victims safer.
- Provide crisis intervention
- Help victims develop positive coping mechanisms
- Monitor and keep clients informed of case progress
- Support victims to access their rights which may include other specialist support, e.g. psychological services, mental health, sexual health, substance and alcohol misuse.
- Discussing victim options if they have not reported their incident to the police
- Helping victims communicate with the police and, if appropriate, understand the criminal justice system
- Watchful waiting and use of the NHS assessment tool for mental health workers in accordance with NICE guidance³
- Help with the provision of a Victim Personal Statement, see http://www.cps.gov.uk/legal/v_to_z/victim_personal_statements/

³ NICE Psychological Therapies (Post Traumatic Stress Disorder) CG26

- 7.10.4 Independent Sexual Violence Advisers (ISVAs) will work with victims of recent and non-recent (historic) serious sexual crimes to enable them to access the services they need in the aftermath of the abuse they have experienced.
- 7.10.5 They will provide impartial advice to the victims and present all options open to them, throughout and beyond the criminal justice process, such as reporting to the police, accessing SARC services, seeking support from specialist sexual violence organisations and other services such as housing and benefits.
- 7.10.6 ISVA's will also provide ongoing advocacy and support for victims to enable them to access wider support services and help them through the criminal justice system. The support provided will vary from case to case, depending on the needs of the victim and their particular circumstances and will cover both current and non-recent incidents.
- 7.10.7 All partners need to understand the roles that they play in supporting victims of rape and sexual violence – whether this is through the criminal justice system, or in the provision of services such as support, advocacy and counselling which victims need. Crucially victims need an approach that is co-ordinated, victim centred and consistent. ISVA's play a key role in bringing all of this together.
- 7.10.8 Providers will be expected to outline their planned communication strategy with partners (SARC, Paediatricians, social workers, children and adult services, Probation, CPS and voluntary agencies).

7.11 Advocate and Refer On

- 7.11.1 In order to ensure victims receive the highest quality advice and support it may be necessary to refer to another organisation if they are better placed to meet the needs of the victim. If this is necessary then it is expected that the ISVA will maintain contact with that organisation and the individual victim acting as the overarching caseworker.
- 7.11.2 The ISVA will support victims to access local services to which they are entitled e.g. working in partnership to set up fast track referral systems to sexual health follow-up, mental health services and local counselling organisations within the community.
- 7.11.3 Where relevant the ISVA will keep other agencies informed about important changes to the victim's situation.

7.12 ISVA External Supervision

- 7.12 Due to the extremely challenging nature of the ISVA/CISVA work it is important for all ISVAs and CISVAs to be provided with regular external supervision to recognise the acute risk of 'burn-out', vicarious traumatisation

and compassion fatigue. The PCC will expect this to form a part of any service offer.

8.0 Children and Young People

8.1 Sexual activity with a child under 16 is an offence, including non-contact activities such as involving children in watching sexual activities or looking at sexualised on-line images or taking part in their production, or encouraging children to behave in sexually inappropriate ways.

8.2 Child Sexual Exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 years into sexual activity. CSE can manifest itself in different ways, it can involve peers manipulating or forcing victims into sexual activity, sometimes within gangs and in gang-affected neighbourhoods. Exploitation can also involve opportunistic or organised networks of perpetrators who may profit financially from trafficking young victims between different locations to engage in sexual activity with multiple men (Barnardo's 2011).

http://www.barnardos.org.uk/tackling_child_sexual_exploitation.pdf

8.3 The Office for National Statistics (2013) Crime in England and Wales 2012/13 findings from the British Crime Survey reported:

- 18,915 sexual crimes against children under 16 were recorded
- 35% of all sexual crimes (53,540 sexual crime in total) recorded in England and Wales in 2012/13 were sexual crimes against children under 16.

This service will cover children and young people as well as adults.

9.0 Promoting Gender Equality to Prevent Violence

9.1 The principles of earlier intervention and prevention is supported by the Police and Crime Commissioner as a means of reducing the number of individuals who reach crisis point.

9.2 The PCC wants the ISVA/CISVA service to take a proactive role in identifying, responding and preventing sexual violence. This will require greater partnership working with the healthcare and education sectors given the relatively few men/women and children who subsequently report violence to the criminal justice system.

9.3 This will require closer cooperation with GP services with whom patients may often disclose a history of violence and abuse to.

9.4 There is some limited evidence to show that school and community interventions can promote gender equality and prevent violence against women and girls by challenging stereotypes, deep seated social norms,

attitudes and behaviours that discriminate against and limit women and girls across all communities and give men power over women.

- 9.5 School based programmes can address norms and attitudes before they become deeply ingrained in children and young people. The Government's publication in 2012 "Call to end violence against women and girls" supports these ideas. Its guiding principle is to prevent violence against women and girls from happening in the first place, by challenging the attitudes and behaviours which foster it and intervening early to prevent it.
- 9.6 This will involve helping young people to understand what a healthy relationship is and to re-think their views of controlling behaviour, violence, sexual abuse and consent.
- 9.7 The preferred provider of the ISVA service for Humberside would be expected to develop a preventative approach with partner organisations (schools, colleges, universities) to reduce the demand placed on the statutory criminal justice and health agencies in the longer term.

10.0 Professional Training and Development

- 10.1 There will be a need to build on the training available to ISVA's to ensure a minimum quality standard. National Occupational Standards for Domestic and Sexual Abuse and Violence is important to ensure that they adequately capture the range of skills that ISVA's will need, and provide a framework for the qualification of ISVAs. If such National Occupational Standards are forthcoming then the PCC will expect the service provider to engage in their formulation and strive to attain them.
- 10.2 The successful provider should work with the Government and the PCC to determine how best to build training over the three year contract period to complement local induction and training arrangements. Providers will be required to provide details of all training courses they intend to use, their approach to continued professional development together with details of volunteer training and support packages.

11.0 Complaints

- 11.1 The successful provider must provide a friendly and reliable service to ensure victims receive appropriate support. However, in the event that victims are not satisfied with the services they have received, the provider must have an efficient and effective victim complaints procedure.
- 11.2 The provider will produce feedback on complaints as part of their management information. All complaints and feedback will be reviewed by the PCC as part of an on-going systematic process and monitored during contract review meetings.

12.0 Disclosure and Barring Service (DBS) / Criminal Records Bureau (CRB) Checks

12.1 The service provider will need to ensure that all staff have current enhanced Disclosure and Barring Service checks or enhanced Criminal Records Bureau clearance and that this clearance is repeated on a regular basis as is reasonably necessary for the duration of the contract. Vetting will be required to NPCC (formerly ACPO) national vetting policy to the standard of Non Police Personnel level 2.

The provider will bear the cost of any necessary police DBS/CRB checks.

12.2 The provider will ensure that any employee or sub-contractor of the provider whose alleged conduct places a child or vulnerable adult at risk or might bring the Commissioner into disrepute will be the subject of immediate investigation by the provider and dealt with appropriately.

13.0 Social Value

13.1 The PCC for Humberside is committed to considering the social, economic and environmental impact of the services he commissions, and to the implementation of the Social Value Act. This means he wants to encourage local supply chains, and approaches that build local capacity and skills. He supports the Living Wage for those delivering services on his behalf, and expects providers to consider relevant environmental issues.

14.0 Equalities

14.1 Under the Equality Act 2010 the Police and Crime Commissioner for Humberside has an ongoing legal duty to pay 'due regard' to the need to: eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct; advance equality of opportunity between different groups (those who share a protected characteristic and those who do not); and, foster good relations between different groups. Providers are required to act in accordance with this duty, as well as the more general provision of the Equality Act.

15.0 Contract Management/Performance Framework

15.1 Outcome measures allow Commissioners to monitor the effectiveness of services better and help to measure whether the service is providing quality, value for money and productivity. There is currently no standardised outcome measures of violence and it is recognised that the 'perfect' outcome measures may remain elusive.

15.2 Outcome measures alone however are not sufficient. The PCC will want to monitor other measures of performance ('outputs') as well as outcomes. This will include:

- levels of user engagement and
- number of people using the service.

The detailed management information requirements are set out at Appendix B

15.3 During the course of the contract period the PCC would like to work with the successful provider (and Hull University) to consider Social Return on Investment (SROI). This will allow the PCC to calculate overall social benefit of investment in the service. Investment in ISVA/CISVA services may lead to savings by the police, health and social services. There has been relatively little research on the social return on investment of ISVA services but it is anticipated that they are highly cost-effective, particularly where the wider social return is calculated.

15.4 The suggested outcome measures at Appendix B are proposed by the PCC. These are adapted from the Patient Reported Outcomes Monitoring (PROMs)⁴ and the MoJ publication "Measuring outcomes for victims of crime: a resource"⁵. They are designed to track individual progress as well as assess the effectiveness of services. The questions are answered using the Likert scale of 'strongly disagree', 'disagree', 'not sure', 'agree', 'strongly agree'.

15.5 Outcome measures look at the changes, benefits, learning or other effects that happen as a result of activities. The outcome framework at Appendix B provides key measurable outcomes that demonstrate the tangible benefits being achieved by the delivery of ISVA/CISVA support services.

15.6 The provider will be required to appoint someone responsible for contract management and provide information on a regular and timely basis. Initially we would require monthly contract management meetings as the service becomes embedded across Humberside with an expectation that this could be relaxed to bi-monthly.

15.7 The PCC has identified the minimum management information he will expect to be included in any reports together with key performance indicators. This will be aligned with the PCCs Police and Crime Plan as far as possible. The PCC will work closely with the successful provider to modify any requirements

⁴ Commissioning Services for women and children who experience violence or abuse – a guide for health commissioners. Department of Health 2011.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215635/dh_125938.pdf

⁵ Measuring Outcomes for Victims of Crime: A resource. Ministry of Justice
<http://www.justice.gov.uk/publications/research-and-analysis>

to ensure emphasis is placed on information that is truly of value and outcome orientated.

- 15.8 By working in partnership with the provider the PCC will hope to make services more client focused and needs led by identifying what works well in services and what could be improved.

16.0 Information Technology

- 16.1 The Provider must ensure that an appropriate information/case management system is maintained to support the service. This means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of services and management of victim care.

17.0 TUPE implications

- 17.1 The PCC for Humberside currently holds two contracts for ISVA/CISVA services on a geographical basis.

17.1.1 Hull and East Riding of Yorkshire (North Bank). Victim Support are contracted to provide the services.

17.1.2 North East Lincolnshire and North Lincolnshire (South Bank). The Grimsby and Scunthorpe Rape Crisis Centre (t/a 'It's My Right') are contracted to provide the services.

- 17.2 Detailed TUPE data is included at Appendix C.

Glossary

CAADA Coordinated Action against Domestic Abuse (now Safe Lives)

CAFCASS Children and Family Court Advisory Support Service

CISVA Children's Independent Sexual Violence Adviser

CPS Crown Prosecution Service

CSE Child Sexual Exploitation

CYPS Children and Young Peoples Service

HYWS Humber Young Witness Service

IDVA Independent Domestic Violence Adviser

ISVA Independent Sexual Violence Adviser

LSAB Local Safeguarding Adults Board

LSCB Local Safeguarding Children's Board

PCC	Police and Crime Commissioner
PROMs	Patient Reported Outcomes Monitoring
PVP	Protecting Vulnerable People
SARC	Sexual Assault Referral Centre
SROI	Social Return on Investment
VAWC	Violence against Women and Children
VAWG	Violence against Women and Girls
VPS	Victim Personal Statement

4. Contract Management

Please note this is also listed as Appendix B

Reported Outcomes Framework for ISVA/CISVA services

1. Improved Health and Wellbeing

- (i) I feel emotionally well
- (ii) I feel more able to manage stress, anxiety, low mood and/or depression
- (iii) I have been supported to access sexual health, mental health and/or physical health services, or have been informed how to do so when I am ready

2. Increased Safety and Perceptions of Safety

- (i) I feel safe at home and confident about my personal safety
- (ii) I can recognise abusive behaviour from others e.g. control/violence
- (iii) I am free from further abuse/violence and feel able to ask for further support if I feel unsafe in the future

3. Reintegration

- (i) I feel able to engage in education, training or employment
- (ii) I feel in control over the choices I make
- (iii) I am happy and confident in my relationships with others

4. Feeling informed

- (i) I have been made aware of my rights
- (ii) I have been provided with information relevant to my concerns as an individual
- (iii) I have been told about other support that is available to me

5. Experience of the CJS

- (i) I have felt informed and supported throughout the criminal justice system
- (ii) I was provided with opportunities to ask questions and my ISVA provided me with answers or sought them on my behalf
- (iii) I have been provided with explanations of processes in a way I understood
- (iv) I have increased confidence in the criminal justice system.

6. Overall Experience of the ISVA Service

- (i) My ISVA has been non-judgemental and treated me as an individual with dignity and respect
- (ii) I have felt listened to, believed and valued
- (iii) The ISVA staff are knowledgeable and competent
- (iv) I have felt safe to speak about my circumstances
- (v) Seeking ISVA support has made a positive difference to my life

- (vi) I would recommend the ISVA service to anyone who has experienced sexual violence

What has been the most important thing to you about the support you have received?

Is there anything that can be done to improve the service?

Any other comments

Management Information Requirements

Description (where %, no. also required)	
Referral Outputs:	
<ul style="list-style-type: none"> - Number of new referrals and % engagement. - Case Closure rate - Active caseload per FTE - Average case length - Safety plans completed - Contacted within 24 hours 	Number and rates
Source of Referral:	
<ul style="list-style-type: none"> - Police - SARC - Specialist DV/SV services - Self-referral - Health service - Social services - Housing - MARAC - Children/Young Peoples service - Other 	Numbers and percentages
Response Times:	
<ul style="list-style-type: none"> - Victims contacted within agreed response times - Victims contacted outside of agreed response times 	Number, percentage and explanations for delay.
Client Outputs:	
<ul style="list-style-type: none"> - Gender - Ethnicity - Sexual orientation - Age range - Children living with them when abuse occurs 	Numbers and percentages against agreed categories/age ranges Yes/No and if applicable number and percentage

Victim vulnerabilities:	
<ul style="list-style-type: none"> - Physical - Learning - Physical and Learning - Alcohol - Drugs - Mental health - Suicidal tendencies - Self-harm - Financial problems - Benefits advice 	Number and percentage against each vulnerability
Risk Abuse Profile:	
<ul style="list-style-type: none"> - Average length of abuse prior to engagement - Ex/current partner - Stranger - Relative - Acquaintance - Family friend - Pupil - Colleague - Neighbour - Taxi driver - Other 	Numbers and percentages
Criminal Justice:	
<ul style="list-style-type: none"> - Reported to the police - Charged - Clients granted special measures - Cases leading to conviction - Perpetrators receiving a fine - Ordered to attend a perpetrator programme - Restraining order imposed 	Numbers and percentages
Complaints and Compliments	Numbers

5. Regional Overview of Police Forces

5.1. Humberside Police Overview

5.1.1. For more information on Humberside Police Force please visit;

<http://www.justiceinspectors.gov.uk/hmic/humberside/>