**Service Specifications**

**Provision of Counselling Support for**

**Adult Victims of Sexual Violence**

**Northumbria Police Area**

|  |  |
| --- | --- |
| **Service** | **Provision of Counselling Support for Adult Victims of Sexual Violence - Northumbria Police Area** |
| **Commissioner Lead** | Julie Dhuny |
| **Provider Lead** |  |
| **Period** | 1st April 2017 – 31st March 2018 |

**Aims and objectives**

The overall delivery aim of the SARC (Sexual Assault Referral Centre) is to provide clients with:

1. Acute healthcare and support
2. Comprehensive forensic medical examination (FME)
3. Follow-up services, which address the client’s medical, psychological and on-going needs
4. Direct access or referral to Independent Sexual Assault Advisor (ISVA)

This service specification is for counselling support to meet the mental health and well-being needs of clients which is essential to achieving aims 1 and 3 of the SARC service (National Framework Specification, DH, 2012).

The core aims and objectives of the counselling specification for all adult clients accessing the SARC are:

1. Full assessment of mental health needs and risk of self-harm
2. Timely access to specialist sexual violence counselling services
3. Timely referral to mental health services (community or acute) as necessary
4. Effective partnership working to facilitate transition to other agencies for on-going support

**National/local context and evidence base**

The Northumbria Healthcare Partnership Board (NHPB) is responsible for ensuring the provision of accessible, effective and appropriate SARC services for victims of sexual violence in Northumbria.

Anxiety and depression after sexual assault appear early and are common. Whilst the majority recover, a minority will go on to develop Post Traumatic Stress Disorder. The National Support Team (NST) for Response to Sexual Violence from the Department of Health visited the Northumbria Police area in November 2011 to evaluate the services available for survivors of sexual violence and rape. The NST highlighted access to counselling services for adults who are victims of sexual violence within the Northumbria Police area as an issue in their subsequent report (Full visit to Northumbria Police, NHS South of Tyne & Wear, NHS North of Tyne, National Support Team for Sexual Violence, NST March 2011) and in a subsequent response to sexual violence needs assessment (Response to Sexual Violence Needs Assessment, Lingard 2012). Specifically recommendations included:

* A need to ensure effective and timely access to counselling services for adult cases of sexual violence.
* A need to improve referral pathways to mental health and counselling Providers for both acute & historic cases. In addition, there is a need to improve activity and outcome monitoring from these services
* Access for male clients has been highlighted as a particular issue.

Currently, counselling support for clients in Northumbria is mainly provided by the third sector the majority of which is for women and for historic rather than acute clients**.**

All agencies reported an increase in demand on their counselling services since the closure of the counselling service at REACH (Rape Advice Examination Counselling and Help) in October 2011. Service demand at the REACH counselling service in 2010/11 suggests a need to provide counselling support to 125 adult victims of sexual violence per year. Providers should be cognisant of the longer term vision of the Northumbria Healthcare Partnership Board to use the recommendations of the NST as a framework to further develop SARC services and secure the service in a sustainable longer term capacity.

**Service Description**

A counselling service that meets the acute needs of male & female victims of rape and sexual violence in a timely manner is required to meet the existing gap in provision.

The Provider will be expected to provide 6 to a maximum of 10 sessions per case within a financial envelope of £40,000.

**Any exclusion criteria**

Clients under 16 years should be managed in line with the paediatric SARC pathways.

This counselling service is specifically aimed at addressing short term psychological needs related to sexual violence. The service is not aimed at treating those clients who have experienced sexual violence longer than 12 months ago. It is assumed that these clients will be able to access existing provision delivered primarily by the VCS (voluntary and community sector).

The Provider must refer clients who present with psychological needs relating to sexual violence that occurred longer than 12 months ago into appropriate existing services.

In exceptional cases e.g. special historic cases referrals which lie outside of the referral criteria may be made by Northumbria Police into the service. All such referrals must be approved by the NHPB Sub Group and the NHPB.

**Geographic coverage/boundaries**

The service is available to male and female residents of North and South of Tyne and all those accessing the REACH SARC.

**Whole system relationships**

The Provider must be committed to an interagency approach and work closely with the police and other criminal justice agencies, health and social care services and voluntary sector organisations.

The types of referrals given will vary depending on the patient’s individual needs and circumstances, and also on the availability of facilities and resources. The service should be familiar with the full range of formal and informal resources that are available locally for victims of sexual violence. It is the role of the counsellor to help patients identify and choose the most suitable option(s) for their particular requirements. Information regarding sexual violence, and about support services for clients in particular, should be readily accessible; strategies that might be helpful in this regard include:

* Compiling a list of local services and telephone numbers that can be kept in a place that is easily accessible.
* Developing service information leaflets with details of the service
* Placing service information leaflets in examination rooms and toilets so that clients can take them away or read the information in private.
* Raising awareness with other Providers of sexual violence services

Clients should be given both verbal and written referrals for support services for victims of sexual violence where appropriate.

The Provider is expected to have systems and processes in place for making acute referrals to mental health services for those at high risk of self-harm or suicide.

The Provider will be expected to cooperate, collaborate and liaise, where appropriate, with others undertaking activity commissioned on behalf of the NHPB and with stakeholders and other interested parties. This will include the provision of anonymised intelligence and information that will help inform and contribute to a sexual violence strategy (Please refer to appendix one for submission forms that the provider will be required to submit).

**Interdependencies and other services**

The adult SARC services are provided by the REACH Centre which was set up in 1991, the second service of its kind in the UK. The counselling service should be widely publicised and well integrated with other SARC services such as the FME and ISVA services provided through REACH.

**Relevant networks and screening programmes**

* NHPB
* NHPB Sub Groups
* NHPB SARC Sub Group
* Rape Strategic Steering Group
* Northern Paediatric Forensic Network

**Training/ education/ research activities**

The Provider must provide, employ or have access to appropriate resources to deliver the Services defined in this Specification.

The Provider will ensure that staff providing counselling are appropriately qualified, are accredited and registered with the appropriate professional body and undergo continued professional development to maintain their level of competency and comply with their professional bodies’ requirements. In this respect, the Provider will ensure that staff have individual annual training plans and ongoing Continuous Professional Development.

Counsellors will be accredited or working towards accreditation and will deliver services according to British Association of Counselling and Psychotherapy (BACP) Standards and British Association of Sexual Health and HIV (BASHH) UK National Guidelines on ‘The Management of Adult and Adolescent Complainants of Sexual Assault’ 2011. (<http://www.bashh.org/documents/3275>)

Counselors must work within the BACP [Ethical Framework](http://www.stmaryscentre.org/about-us/our-services/counselling-and-aftercare-support/).

The Provider shall ensure that all staff involved in delivering the service are vetted to the ACPO Non Police Personnel Vetting level 2 (NPPV2).

The Provider must undertake Criminal Records Bureau (CRB) checks for all staff and volunteers employed by the service and comply with its duties to refer information to the Independent Safeguarding Authority (“ISA”) under the Safeguarding Vulnerable Groups Act 2006. The Provider shall ensure all staff and volunteer roles are risk assessed and where required Enhanced CRB checks are undertaken. The Provider shall ensure that the CRB checks are regularly updated in line with statutory requirements.

**Service model**

**Policies and Procedures:** the Provider will have sufficient written policies, procedures and codes of practice in place to ensure that instruction and guidance for the Provider’s staff are available in relation to the functions and activities described. The Provider will have or operate within:

* Local Safeguarding Adult and Children Procedures
* SARC policies and procedures.
* A written confidentiality policy
* A written complaints policy that must be available to all clients, comply with NHS complaints regulations and the Code of Ethics of the recognised counselling association which the Provider is affiliated to.
* Clear guidelines on action to be taken for clients who are deemed to be at risk of suicide or self-harm.
* A lone working policy

**Clinical Governance:** The Provider will be expected to have robust clinical governance procedures and checks in place. This will include a named individual who will have responsibility for ensuring the effective operation of the System of Clinical Governance. The person nominated shall be a person who performs or manages services under this agreement.

**Record Keeping:** The Provider must set out a policy and arrangements for record keeping. The Provider will ensure that accurate and up to date notes are kept on all individuals seen by the service, in line with both Caldicott and Data Protection requirements. The Provider will share data with Commissioners to facilitate the ongoing planning and development of services.

**Pre-Trial Therapy:** The Provider is required to be aware of the need for robust documentation especially when providing pre-trial counselling in order to ensure that the service does not compromise the criminal justice needs of the client.

**Service User Involvement:** The Provider will ensure that service users are fully and meaningfully involved in all aspects of service delivery. Service User feedback will form a key element of the evaluation process.

**Contingency and Business Continuity:** Providers must ensure that there are robust contingency and business continuity plans to cover unexpected staff shortages and any other factors affecting service delivery.

**Care Pathway**

The Provider will be expected to establish appropriate and effective triage and appointment systems which ensure that referrals are acknowledged within one working day and that the initial appointment occurs within two weeks of the referral.

**Location(s) of service delivery**

Suitable accessible premises, facilities and equipment will be available to staff, including provision for staff meetings, training and one-to-one staff supervision and performance review, and record-keeping through the REACH centre facilities in Newcastle (Rhona Cross Suite, Newcroft House) and Sunderland (Ellis Fraser Suite, Sunderland Royal Hospital). The Provider will be expected to operate from both sites as required. In exceptional circumstances where the venue is deemed to be inappropriate based on the needs of the client consideration should be given to providing sessions in an alternative venue.

**Days/hours of operation**

Counselling should be offered flexibly to meet the needs of the clients to include evening provision as required. Clients should also be offered flexibility in terms of appointment date and times and the manner in which contacts are made.

**Referral criteria and sources**

The service is made available to male and female victims of rape or sexual assault accessing the REACH service, regardless of whether they choose to undergo FME. Sexual offences are governed by the Sexual Offences Act 2003 (England and Wales).  Sexual Assault is defined by the Sexual Offences Act (2003) as “Any kind of intentional sexual touching of somebody else without their consent. It includes touching any part of their body, clothed or unclothed, either with their body or with an object”. A rape occurs when someone ‘intentionally penetrates the vagina, anus or mouth of another person with his penis’, that the other person does not consent to the penetration, and the perpetrator ‘does not reasonably believe that the other person consents’. There is also a separate offence of assault by penetration when someone ‘intentionally penetrates the vagina or anus of another person with a part of his body or anything else’. Sexual activity with a child under 16 is an offence, including non-contact activities such as involving children in watching sexual activities or in looking at sexual online images or taking part in their production, or encouraging children to behave in sexually appropriate ways. In this service specification, sexual assault, sexual violence and sexual abuse are used interchangeably and not necessarily in their technical or legal definitions.

Referrals may be from:

* SARC staff
* Northumbria Police

**Referral processes**

The service is part of the REACH service and so must support the development of clear and effective referral care pathways. The service will provide clear information to both clients and those referring about the service options and choices including:

* Counselling eligibility
* Course duration
* Referral pathways
* Timescales for referral
* Protocols for information sharing during and following the referral process

On receipt of a referral for counselling the provider will return contact will acknowledge referral within one working day, and offer an initial appointment date that occurs within two weeks of the referral.

Following receipt of a referral in line with the above referral criteria all clients will be offered an initial assessment session. This session must be used to ensure that the service is right for the client and to determine whether the service will meet the client’s needs.

If the service is unable to meet the client’s current needs the Provider must help the client to access appropriate services. With the clients consent, the Provider must offer referral to a more appropriate service. If the client declines to be referred to a more appropriate service, then the Provider must document the reason. If the client does not wish to disclose the reason, the Provider must report ‘Declined - reason withheld’.

If the Provider determines that the SARC counseling service is appropriate, the client should be offered a maximum of six sessions. Where possible, continuity of care should be provided. Appointments should be arranged at a time to suit the client and, where possible, the same counselor should be made available to see the client.

In the event that the client’s counsellor is unavailable due to sickness or unexpected absence, the client should be notified that their counselor will be unavailable for their scheduled appointment, given an indication of how long the counselor is likely to be unavailable for and offered an appointment with another counselor. Arrangements should be in place to enable clients to see an alternative counselor, if the client requests to do so.**Discharge processes**

The Provider will be required to develop appropriate discharge processes. This may entail further liaison with health and social care services and voluntary sector organisations and review and follow-up arrangements, as appropriate.

With consent from the client the Provider shall inform the client’s referrer that the client has been discharged from the service (or discharged and referred on to another service) giving details of the outcomes of treatment, reason for discharge and any referrals to other services.

**Response time and prioritisation**

On receipt of a request for counselling, the service will return contact within one working day, and ensure that the initial appointment date is within two weeks of referral.

The service will make strenuous efforts to assertively contact both new referrals and those patients for whom the service has lost contact during a treatment episode. The service is expected to utilise appropriate technology and systems to communicate with patients and minimise DNA’s (Did Not Attend) rates.

If a client fails to attend three consecutive appointments, the Provider will be expected to discharge the client from the service and send a letter of notification of such to the client and referrer, where appropriate.

**Service Monitoring**

The Provider will be required to submit regular service, organisational and financial information, as requested by the Commissioner.

The NHPB SARC Sub Group will monitor the service through quarterly contract monitoring meetings.

The Provider will report the following on a quarterly basis:

* A full staff list and any staff changes occurring or planned each quarter.
* Training and supervision completed.
* A financial report, giving total income (including grants, fees and donations) and expenditure details.
* Notification of any formal and informal complaints received, responses and subsequent corrective action taken, if necessary.
* Positive and negative feedback from clients, gathered through service user consultation,
* A review of individual counsellors’ caseloads.
* General Observations regarding needs, trends and gaps in service
* Barriers to progress and solutions.
* Reasons for increases and decreases in service activity.

The Provider will be expected to have systems and processes in place to capture and report the following activity on a quarterly basis:

|  |  |
| --- | --- |
| **Activity** | **Information Expected as a minimum** |
| Total number of referrals received for counselling services | * Note source of referral * Include data to monitor inequalities age, gender, ethnicity, disability, local authority |
| Total number of clients offered an initial appointment within two weeks of referral | * Number and % * Include data to monitor inequalities age, gender, ethnicity, disability, local authority |
| Total number of clients seen within four weeks of referral | * Number and % * Include data to monitor inequalities age, gender, ethnicity, disability, local authority |
| Total number of counselling sessions delivered that quarter | * Number |
| Total number of counselling sessions cancelled by the Provider | * Reason for cancellation |
| Number of sessions attended per client per counselling episode | * Note number of DNAs or late cancellations (client has given less than 24 hours’ notice)   Reason for continuing after six sessions |
| Waiting time to start counselling | Reason for delay if initial appointment later than two weeks from referral |
| Duration of counselling | * Number of sessions delivered and the time period they were delivered over |
| Discharge status | * Counselling completed or no ongoing support required * Ongoing counselling with other Provider (please specify Provider) * Failed to attend 3 consecutive appointments and discharged with letter sent to client and referrer * Other (please specify rationale and which Provider clients are referred on to) * Number of discharge letters sent to referrer |
| Service User experience | * To be monitored by appropriate qualitative methods including questionnaires / interviews by independent evaluator |

The Commissioner/NHPB/NHPB SARC Sub Group will specify additional action points, targets and reporting arrangements proportionate to any under-performance. The monitoring information and activity data and may be revised to meet future developments and requirements and to inform commissioning intentions.

**Appendix 1**

****

****