



Appendix 2



Specification of Requirements Make a Change TRAFFORD

January 2021

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Section 1

1.1 Purpose

1.2 Respect and Women's Aid, funded by The National Lottery Community Fund and local contributions, require the provision of Make a Change, a community-based, early response to perpetrators of domestic violence and abuse, inspired by the Women's Aid Federation England [Change that Lasts](#) approach. The purpose of this document is to specify the requirement for these services in detail and has been produced for potential providers, so they can provide a comprehensive tender response.

1.3 Introduction and Commissioning Intentions

1.4 Respect and Women's Aid Federation England are working together to develop community-based, early response to working with perpetrators of domestic abuse, which also contributes to a system change in the response to domestic abuse. The model is inspired by the established Change That Lasts survivor model, which was developed by Women's Aid Federation England Federation England in partnership with Welsh Women's Aid. We are looking to expand access routes to services to work with those who would not otherwise be offered a service or know where to find one.

We are looking for delivery partners to deliver all elements of Make a Change in Trafford. See Invitation to Tender for a description of Make a Change.

1.5 The perpetrator response will be delivered via three strands:

- Community engagement, awareness raising and outreach, including piloting our friends and family strand
- Workforce development and training, alongside direct, expert consultation to professionals
- Direct, expert support to perpetrators via the Make a Change behavioural change programme

1.6 The survivor response will be delivered via:

- Direct, expert support to survivors and children, in line with the Change That Lasts best practice response; needs' led, strengths based and trauma informed.

1.7 This project is intended to run from the point of commissioning to March 2025, however full funding is only confirmed until the end of March 2022 in line with our sustainability model. Local funds must be raised so that the local area can contribute 20% in 2022/2023 and then 40% in 2023/2024 and 2024/25. This grant will be issued therefore until March 2022 with an optional extension until March 2025.

We are commissioning the provision of two grants, divided into two lots of work:

Lot 1: Provision of survivor services in Trafford

Lot 2: Provision of perpetrator services in Trafford

- 1.9 Organisations can bid for either or both the survivor and perpetrator work in any area.
- 1.10 Applicants must be established in the relevant county and be in a position to commit to delivery over the course of the project.
- 1.11 Outcomes**
- 1.12 Through provision of the service detailed above the following outcomes should be met:
- Community engagement:
- Communities are aware that help is available, and access is voluntary
 - We reach a range of communities with diverse needs and characteristics
 - Friends and family (under development) are offered support that is implemented and tested in collaboration with Respect and Women's Aid England
- Workforce Development and Training/Expert Support:
- Professionals are helped to develop practice and the skills to recognise, respond and refer to interventions
 - Improved organisational and multi-agency responses to domestic abuse
- Direct Support to Survivors and Perpetrators:
- Increased safety for survivors and their children via improved and expanded space for action (Mirabal¹)
 - Survivors of domestic abuse have improved safety, well-being for them and their children
 - Child survivors report increased safety, increased understanding of the dynamics of domestic abuse and stronger emotional well-being
 - Increased access and support for survivors who otherwise would not access a specialist service
 - Increased accountability for those who have hurt, scared and/or controlled their partner or ex-partner
 - Improved behaviour for perpetrators of domestic abuse
- 1.13 [IMPACT](#) will be used for measuring outcomes of the expert support strand of the work for adults participating in the programme. Measuring will also be developed by the MaC partnership to help each area demonstrate the impact and difference they have made by delivering Make a Change, including the support for children.

Section 2

Survivor Services, Lot 1.

2.1 Overview

2.2 Make a Change requires the provision of the following services to be delivered:

- A needs-led, strengths-based, survivor-focussed service that will provide direct support to survivors who are impacted by the perpetrators working with the providers of the perpetrator response.
- The total available budget for these services is paid in arrears at the end of the month subject to successful reporting to the funder:

| | Q1 | Q2 | Q3 | Q4 | Total |
|--------|---------|---------|---------|---------|----------------|
| Year 1 | £0 | £0 | £18,727 | £18,727 | £37,454 |
| Year 2 | £18,346 | £18,346 | £18,346 | £18,346 | £73,382 |
| Year 3 | £18,346 | £18,346 | £18,346 | £18,346 | £73,382 |
| Year 4 | £18,346 | £18,346 | £18,346 | £18,346 | £73,382 |
| Year 5 | £18,346 | £18,346 | £18,346 | £18,346 | £73,382 |

In years 1 and 2 full funding is confirmed.

Years 3 - 5 are subject to local contributions to the total cost of implementation of 20% in year 3 and 40% in years 4 and 5.

2.3 Service Provision Requirements

2.4 As a requirement of the contract, the Provider is required to:

- Provide multi-skilled staff that are suitably qualified to be able to work in a needs-led, strengths-based way, working in partnership with the perpetrators strands of work:
 - (i) Working directly with those affected by domestic abuse and conducting needs-based assessments for adult and child survivors
 - (ii) Working to build engagement and relationship with adult and child survivors, increasing their space for action
 - (iii) Utilising a strengths-based way of working that protects and expands access to serves from the most marginalised communities and monitors for under-representation
 - (iv) Signposting to and advocating with relevant services, including universal and statutory services to help survivors get the support they need.
 - (v) Working alongside the perpetrator response by attending case management meetings and staying in regular contact with the perpetrator response to maximise the safety of survivors and children
 - (vi) facilitate communication and information sharing as required between the survivors and perpetrator strands of the work with full respect to the dignity and privacy of survivors

- (vii) engage in training as needed, including that provided by the MaC partnership to ensure staff skills are relevant and remain up to date
 - (viii) monitor the impact and effectiveness of interventions on adult and child survivors in a relevant and meaningful way ensuring their voice and priorities are heard
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- Provide advice and consultancy to organisations and individuals to support their development
 - Provide advice and guidance to those working with survivors of abuse, ensuring messaging in the training and skills development is embedded in services
 - Support the development of organisational policy and process to support frontline staff when identifying domestic abuse and in their ongoing practice
 - Discuss perpetrator interventions with partners and other professionals in an accurate and survivor-focused way

2.5 The provider must take a multi-agency approach to working with those affected by domestic abuse. The Make a Change Partnership believe that 'the system counts' therefore the system change is as important as the direct work.

2.6 The Provider must be flexible to the development of the approach, feeding into developmental work and trialling approaches. The work will be led by the Make a Change partnership.

2.7 The Provider must outline a clear needs-led plan for the expert support strand of the work that places the survivor at the heart of the intervention. This must be assessed over the course of the intervention to ensure they are working to the goals and needs of the survivor.

2.8 The Provider must work within national guidance for safeguarding, confidentiality and data protection. Safeguarding concerns must be logged with a clear rationale for actions. A sufficiently skilled senior manager must have overarching responsibility for Safeguarding and due diligence. This work must be reported on to the partnership to ensure compliance. The provider must escalate relevant concerns to the Make a Change partnership.

2.9 The Provider is responsible for working with the Head of Delivery and Development for Make a Change and Regional Practice Leads ensure that the outcomes as outlined in 2.11 are met. This will involve support with the development and delivery of relevant materials, processes and approaches to capturing progress and impact

2.10 The Provider will work with the Data and Impact Manager and the Make a Change partnership to capture the views of survivors to ensure participant involvement in the design and development of interventions.

2.11 Outcomes for Survivor Response via Direct Support to victims/survivors and their children:

- Increased safety for survivors and their children via improved and expanded space for action (Mirabal¹)
- Survivors of domestic abuse have improved emotional safety, well-being for them and their children
- Child survivors report increased safety, increased understanding of the dynamics of domestic abuse and stronger emotional well-being
- Increased access and support for survivors and children who otherwise would not access a specialist service

2.12 Criteria for Delivery Partners

As a requirement of the contract the provider is required to:

2.13 Survivor Services will provide;

- Open ended survivor support to adult survivors associated with those attending the Make a Change group work programme.
- Adult survivor support will be evaluated through the Impact toolkit and the On Track PoWER forms.
- 1:1 support to child survivors (8 - 18 years old) for children attached to those attending the Make a Change group work programme
- Child survivors will be evaluated through On Track PoWER forms
- Appropriate staff, at appropriate seniority level to attend relevant senior and operational meetings required to ensure smooth delivery and evaluation of the programme

2.14 Hold membership and associated quality mark/standard: Be a Women's Aid Federation England Member and have the WAFE Quality Mark (or a commitment to working towards gaining) <https://www.womensaid.org.uk/what-we-do/national-quality-standards/>

2.15 Be established in the relevant county and to be in a position to be able to commit to delivery over the course of the project (anticipated Spring 2021 to March 2022 with an optional extension until March 2025.)

2.16 Be committed to working with both Women's Aid Federation England and Respect (and feed into the information sharing across wider projects) to deliver Make a Change

¹ <https://www.dur.ac.uk/resources/criva/ProjectMirabalfinalreport.pdf>

- 2.17 Demonstrate that you are overtly aligned to Women's Aid Federation England values, principles and standards and be willing to work to the Change That Lasts principles and value base.
- 2.18 Be committed to working with other organisations (including but not limited to, other voluntary sector organisations, police, health organisations, social care, community safety partnerships) in the county to develop the response. Especially, a willingness to work with other voluntary sector organisations delivering elements of this work if the survivor and perpetrator response is split over different organisations.
- 2.19 Be committed to working alongside Regional Practice Lead and engage in practice development, reflective practice and be willing to take direction from Respect and/or WAFE to ensure project fidelity and development in line with relevant standards, including flexibility in service delivery in the case of unforeseen circumstances, such as the Covid 19 pandemic.
- 2.20 Support the Data and Impact Manager to capture data and information.
- 2.21 Include Women's Aid Federation England in any panels associated with recruitment/appointment of staff working on the Make a Change programme.
- 2.23 A good understanding of and commitment to the Change That Lasts survivors' approach.
- 2.24 A commitment to developing domestic abuse responses that are responsive to need, incorporate professional judgement and are not solely reliant on one form of risk assessment.

2.25 Operational and Case Management, Staffing and Supervision

2.26 The provider is required to provide operational management of the service. The provider is required to provide operational management of the service and provide contingency planning for the continuity of services should unforeseen circumstances arise that impact upon delivery.

- 2.27 It will be the responsibility of the provider to provide ensure:
- Monthly clinical supervision, held independently of line management structures; Robust confidentiality agreements must be in place.
 - Participation in development meetings led by the Head of Delivery and Development for Make a Change, Women's Aid Federation England Business Development Manager and in conjunction with the Practice Advisors
 - Undertake regular reporting to the partnership
 - Work pro-actively with the perpetrator strand to support the delivery of the Make a Change model, including but not limited to regular case management.
 - Engage in training and development as offered by the Make a Change partnership
 - Development opportunities recorded in supervision with equality of opportunity across the organisation
 - Access to line management support
 - Access to safeguarding advice and support
 - A lone working policy and process

- Access to clearly outlined staff policies and processes to support staff over the course of their employment
- A clearly defined, accessible and promoted complaints policy and process for adult and child survivors
- A clearly defined performance management policy and process that recognises the emotional, physical and mental impact of the work, including the experience of power dynamics and gender roles
- Policies that acknowledge the difficulties of the work and address the stress and vicarious trauma that some staff may experience as a result of this work
- Robust domestic abuse policies for both survivors and perpetrators in place to mirror the ethos of the work.

2.29 The Provider will have in place effective disciplinary procedures for staff and volunteers.

2.30 The Provider will employ staff that are appropriately qualified, competent, skilled and experienced for the provision of the Service.

2.31 The Provider will ensure that all staff are properly instructed and supervised, ensuring arrangements are in place for external supervision of staff where required.

2.32 The Provider will ensure that all staff and volunteers are checked and cleared by the Disclosure and Barring Service (DBS) at the enhanced level prior to employment. The Provider will also require from applicants a declaration of convictions that would otherwise be spent under the rehabilitation of Offenders Act 1975. Any staff undertaking occasional work who are supporting this work must not undertake any unsupervised work without a relevant DBS, this includes any sessional staff or volunteers. It is the organisation's responsibility to ensure that DBS checks are up to date and current within their organisational policies. Any risks that are identified as a result of a member of staff sessional worker or volunteer that arises out of the course of this contract must inform the Head of Delivery and Development for Make a Change immediately and ensure that formal guidance is followed and the issue is robustly investigated.

2.33 The service must be offered from Monday to Friday, over the course of a minimum 35-hour week. Some delivery will need to take place in evenings, to ensure that those who work during core hours can access the service. There is no requirement for an out of hours service, but planning should be made for emergency provisions where flexibility in service provision will be needed. We expect, where possible, for work to be delivered in person.

2.34 If a Provider has an embedded case management system that is different to On Track, data will be provided to the partnership and evaluators in a pre-agreed format to ensure consistency of information across the partnership.

2.35 Service Locations

2.36 The Providers will be responsible for ensuring they have appropriate premises from which to operate and deliver their day to day business.

2.37 It will be the responsibility of the Provider to cover all running costs (utilities etc.), which include the cost to furnish the building and provide the Information Communication Technology systems.

2.38 Service Accessibility

2.39 This intervention is being developed to meet some of the challenges that survivors may face such as issues around access, location, knowing where to go for help, ability to speak out, and tolerance of abuse in communities. To deliver this, providers are expected to adopt an assertive outreach approach, since the expectation is on services to proactively engage with survivors, rather than for survivors to seek help. It is expected that Providers will deliver an intersectional approach and therefore must demonstrate that they have considered individual, overlapping needs and systemic disadvantage and how these will be planned for and addressed. Examples of this could be:

- Clear and accessible service access routes
- Joint working with Trusted Professionals who have an existing relationship
- Policies and procedures that set out the use of interpreters and the steps the organisation takes to maintain the confidentiality of adult and child survivors when an interpreter is required.
- Links to the Make a Change website that explains the work
- Applying a consistent narrative and working across the partnership to embed shared messaging
- Policies that recognise and support the overcoming of barriers for marginalised groups and those with protected characteristics
- Regular organisational training and commitment to upholding equality and promoting diversity in the workplace and with service users

2.40 Providers will be expected to provide or seek out partnerships to enable safe and confidential spaces to deliver and promote accessibility of the intervention as developed by Respect and Women's Aid.

2.41 Partnership Working

2.42 Providers will need to have in place strong local working relationships and referral pathways with partners, and an appetite to maintain these through the intervention, acknowledging the challenges of working together brought about by different organisational priorities, in order to ensure the best responses for survivors at the point of their first access.

2.43 Providers are expected to attend the development/impact meetings to ensure that learning is captured and the benefits of partnership working are maximised.

2.44 Work will be undertaken through the expert support strand to ensure the development of organisational policy and progress, diplomacy and understanding, as well as ensuring that the ethos and values of Make a Change are embedded in partner processes.

2.45 Providers will need to participate in safeguarding processes for both children and vulnerable adults as the need arises.

2.46 Contract Monitoring and Evaluation

- 2.47 The Providers will need to provide a brief monthly update on the work being mobilised for the first six months of delivery to the Head of Delivery and Development for Make a Change. After this point, the Practice Lead reserves the right to request for this to continue based upon the performance of the delivery partner against the agreed project plan for mobilisation and delivery.
- 2.48 For the first six months of the contract, monthly meetings will be held between the Provider and the Regional Practice Lead (who is employed by Respect and Managed by the Head of Delivery and Development for Make a Change) to discuss the establishment of the service and any initial performance issues. After which time, quarterly meetings will be held to discuss quarterly performance and any other service issues which arise. The Provider will inform the Head of Delivery and Development for Make a Change/Women's Aid Federation England Business Development Manager of any material problems with the provision of the Service immediately and will not wait for these quarterly meetings to do so.
- 2.49 The Provider will provide a quarterly report as per Make a Change reporting requirement outlining:
- Delivery and progress against project plan
 - A description of all activities undertaken
 - Participant numbers against each activity
 - Feedback from participants
 - Outcomes data for the participants
 - Details of work in they have undertaken across the partnership
 - Details of any events and activities taken
 - Details of engagement with evaluators
 - Challenges faced and how these were overcome
 - Successes achieved
 - Any points of learning
 - An anonymised and brief overview of any safeguarding concerns, staff incidents or other issues including changes to commissioning of the organisation that may affect programme participants, the project or the reputation of delivery partners, the local areas, Respect or WAFE.
 - Updates on any areas to be added or that are currently in place on the risk register
 - A brief and anonymised overview of any service complaints that have been received.
 - See Appendix 5 for an example quarterly reporting template
- 2.50 The Provider will also provide a quarterly detailed breakdown of spend. The Make a Change Partnership reserves the right to claim back unspent and unaccounted for funds or in the case on non-delivery of the terms of the contract.
- 2.51 The outcomes to be measured are indicated in point 2.11.
- 2.52 The Provider consents to Make a Change organising and conducting any other Service evaluation as required, including case audit exercises.

2.53 Information sharing and Intellectual Property

- 2.54 The Provider must be compliant with 2018 GDPR legislation and have an associated policy to underpin the organisational commitments.
- 2.55 All consent gained must be informed and gained freely from participants, using Make a Change consent templates. Multiple mediums must be available to record consent, particularly in the case where reading/writing might be an issue. Consideration must be given to the use of different languages, interpreters and verbally recorded consent.
- 2.56 It must be clearly outlined to service users and participants who can access their data, including police and court requests and the process for this is available.
- 2.57 Participants must have access to policies that are explained to them such as confidentiality and the process undertaken when police request data and complaints processes.
- 2.58 Provisions must be made for participants to be able to access the data held on them and have the right to have the data removed prior to agreed organisational statutes.
- 2.59 The Provider must agree to the Information Sharing Agreement as outlined in Appendix 4
- 2.60 The Provider must have, as a minimum, encryption on their laptops to secure data and all phones must be password protected.
- 2.61 There must be provision to hold case information securely and provisions in place to minimise the risk of data being shared inappropriately.
- 2.62 There must be provision for the storing of third-party material that is separate from case files (such as the information of children, and survivor information).
- 2.63 Staff must be sufficiently trained in the use and storing of information.
- 2.64 All materials created during the lifetime of the project remain the intellectual property of Women's Aid Federation England and Respect. Delivery Partners will be named as contributors to the development of the response and will hold a continuous licence to use the resources for the lifetime of the grant agreement.

2.65 Governance

- 2.66 The Provider will be expected to:
 - Participate in project boards, reporting and governance meetings and development meetings
 - Work collaboratively with the Make a Change Partnership
 - Have clear lines of accountability between front line staff, management, directors and trustees
- 2.67 There must be sufficient senior oversight at director and trustee level of:
 - Safeguarding
 - Risk to staff and any volunteers that engage with the work
 - Risk to the continuance of the organisation i.e. funding and commissioning
 - Management of legal and financial risks
 - Matters that impact upon organisational reputation
 - The implementation of escalation processes and review where relevant of matters escalated

- Wider organisational and project performance and takes responsibility for contractual arrangements.

2.68 The Provider must follow safer recruitment guidelines and have clear job descriptions in place for roles that will be developed collaboratively with Respect and Women's Aid.

2.70 Safeguarding

2.71 Robust arrangements for safeguarding must be in place with clear policies and processes that outline responsibilities and actions to take at the point of concern. Provision must be made for staff to be supported should safeguarding arise out of hours.

2.72 Safeguarding policies must take into account:

- Children's Act 1989 2004.
- Human Rights Act 1998.
- United Nations Convention on the Rights of the Child (UNCRC).
- Homelessness Act 2002.
- The Care Act 2014
- Working Together to Safeguard Children 2018
- The Equality Act 2010
- The Do No Harm Framework and Guidelines 2010

2.73 Safeguarding leads must be sufficiently skilled to be aware of legal responsibilities and the needs of survivors and willing to engage with the Make a Change partnership where disagreement arises.

2.74 Staff must be sufficiently skilled and trained. They must complete the relevant training as determined by the LSCB/LSAB (Local Safeguarding Children's/Adults Board) or relevant equivalent bodies.

2.75 Safeguarding must be regularly addressed in supervision, form part of the organisation case management policy and be reviewed via case supervision. An overview of the safeguarding concerns and responses must be reviewed at trustee level to ensure compliance.

2.76 Equality and Diversity

2.77 The Provider must have an up to date equality and diversity policy. The organisation must ensure that this is adhered to in line with the Equality Act 2010.

2.78 Project engagement must be monitored to be able to assess the demographics of those who access services. Meaningful and reflective use of this data must be undertaken with steps put in place to ensure that the service is available as widely as possible and any barriers to engagement are identified.

The service provider will be compliant with the terms and conditions.

Section 3 Perpetrator Response, Lot 2

3.1 Overview

3.2 The Make a Change Partnership requires the provision of the following services to be delivered:

- A survivor-focussed service that will provide
 - community engagement activities, awareness raising and outreach
 - Support the pilot of the new friends and family response (in development) in collaboration with the Regional Practice Leads
 - training, development and expert support for professionals (supported by Regional Practice Leads)
 - direct support to perpetrators including advice and guidance to professionals

The total available budget for these services is paid in arrears at the end of the month subject to successful reporting to the funder:

Perpetrator

| | Q1 | Q2 | Q3 | Q4 | Total |
|--------|---------|---------|---------|---------|-----------------|
| Year 1 | £0 | £0 | £40,441 | £40,441 | £80,882 |
| Year 2 | £38,007 | £38,007 | £38,007 | £38,007 | £152,028 |
| Year 3 | £38,108 | £38,108 | £38,108 | £38,108 | £152,433 |
| Year 4 | £38,210 | £38,210 | £38,210 | £38,210 | £152,841 |
| Year 5 | £38,313 | £38,313 | £38,313 | £38,313 | £153,254 |

In years 1 and 2 full funding is confirmed.

Years 3 - 5 are subject to local contributions to the total cost of implementation of 20% in year 3 and 40% in years 4 and 5.

3.3 Service Provision Requirements

3.4 As a requirement of the contract, the Provider is required to:

3.5 Provide multi-skilled staff that are suitably qualified to be able to work across all three workstreams of the project in relation to perpetrators:

- Community engagement
 - Engaging with communities and supporting personal and professional development through outreach, advice, seminars, workshops and training
 - Supporting the delivery of the friends and family intervention (in development)
 - Work with Respect Regional Practice Leads to feed into the development of resources, training packages and materials
- Training and skill development for organisations including frontline staff
 - Identify, engage with and support groups of professionals who may benefit from this approach
 - Deliver training and development for organisations, alongside the Respect Regional Practice Leads

- Feed into the development of resources, training packages and materials that will be used as part of Make a Change
- Direct expert support to perpetrators and professionals
 - Provide expert support, working with perpetrators of domestic abuse both in a 1:1 and group work capacity and providing advice and consultancy to organisations and individuals to support their development.
 - Conduct needs-based assessments
 - Signpost to relevant services
 - Deliver services where local need dictates i.e. DVPPs, individual support sessions
 - Provide advice and consultancy to organisations and individuals to support their development
 - Provide advice and guidance to those working with perpetrators of abuse, ensuring messaging in the training and skills development is embedded in services
 - Support the development of organisational policy and process to support frontline staff when identifying domestic abuse and in their ongoing practice
 - Discuss perpetrator interventions with Make a Change partners and other professionals in an accurate and survivor-centred way

3.6 The provider must take a multi-agency approach to working with those perpetrating domestic abuse. The Make a Change Partnership believes that 'the system counts' therefore the system change is as important as the direct work.

3.7 The Provider must be flexible to the development of the approach, feeding into developmental work and building best practice. The work will be led by the Head of Delivery and Development for Make a Change in conjunction with Regional Practice Leads and delivery partners.

3.8 The Provider must embed and test the resources developed (in particular the Friends and Family Response) and associated approaches to working as outlined in the delivery model and for the purpose of delivering an effective community response, alongside professional development and expert support. Tools and training will be provided.

3.9 The Provider must outline a clear survivor-focused plan for the expert support strand of the work that places the survivor at the heart of the intervention and also holds perpetrators accountable. This must be assessed over the course of the intervention, to ensure they are working to the goals and needs of the survivor, while also challenging perpetrator behaviour and presenting opportunities for change as part of an early response.

3.10 The Provider must work within national guidance for safeguarding, confidentiality and data protection. Safeguarding concerns must be logged with a clear rationale for actions. A sufficiently skilled senior manager must have overarching responsibility for Safeguarding and due diligence. This work must be reported on to the partnership to ensure compliance.

3.11 The Provider is responsible for working with the Head of Delivery and Development and Regional Practice Leads to ensure that the outcomes as outlined in 3.13 are met. This will involve support with the development and delivery of relevant materials, processes and approaches to capturing progress and impact.

3.12 The Provider will work with the Respect Data and Impact Manager to capture the views of perpetrators to ensure participant involvement in the design and development of interventions.

3.13 Outcomes for the Perpetrator Response

Community engagement:

- Communities are aware that help is available, and access is voluntary
- We reach a range of communities with diverse needs and characteristics
- Friends and family are offered support that is implemented and tested in collaboration with Respect and Women's Aid England

Workforce Development and Training/Expert Support:

- Professionals are helped to develop practice and the skills to recognise, respond and refer to interventions
- Improved organisational and multi-agency responses to domestic abuse

Direct Support to Survivors and Perpetrators:

- Increased safety for survivors and their children via improved and expanded space for action (Mirabal¹)
- Survivors of domestic abuse have improved safety, well-being for them and their children
- Child survivors report increased safety, increased understanding of the dynamics of domestic abuse and stronger emotional well-being
- Increased access and support for survivors who otherwise would not access a specialist service
- Increased accountability for those who have hurt, scared and/or controlled their partner or ex-partner
- Improved behaviour for perpetrators of domestic abuse

3.14 Criteria for Delivery Partners

3.15 As a requirement of the contract the provider is required to:

3.16 Be Respect Accredited (or working within the Standards with a view to applying for accreditation within one year of starting the project) <http://respect.uk.net/wp-content/uploads/2017/02/Respect-Standard-15.11.17.pdf>

- 3.17 Be established in the relevant county and to be in a position to be able to commit to delivery over the course of the project (anticipated Spring 2021 to March 2022 with an optional extension until March 2025.)
- 3.18 Be committed to working with both Women’s Aid Federation England and Respect (and feed into the information sharing across wider projects) to pilot, develop and Make a Change
- 3.19 Demonstrate that you are overtly aligned to Women’s Aid Federation England and Respect values, principles and standards and be willing to work to the Make a Change approach.
- 3.20 Be committed to working with other organisations (including but not limited to, other voluntary sector organisations, police, health organisations, social care, community safety partnerships) in the county to develop the response. Especially, a willingness to work with other voluntary sector organisations delivering elements of this work if the survivor and perpetrator response is split over different organisations.
- 3.21 Be committed to working alongside Regional Practice Leads and engage in practice development, reflective practice and be willing to take direction from Respect and/or WAFE to ensure project fidelity and development in line with relevant standards.
- 3.22 Support the Data and Impact Manager to capture data and information.
- 3.23 Include Respect in any panels associated with recruitment/appointment of staff working on the Make a Change Programme.
- 3.24 A good understanding of and commitment to the Change That Lasts survivors’ approach.
- 3.25 A commitment to developing domestic abuse responses that are responsive to need, incorporate professional judgement and are not solely reliant on risk assessment.

3.26 Operational and Case Management, Staffing and Supervision

3.27 The provider is required to provide operational management of the service and provide contingency planning for the continuity of services should unforeseen circumstances arise that impact upon delivery.

3.28 It will be the responsibility of the provider to provide to staff with:

- Monthly clinical supervision and held independently of line management structures; robust confidentiality agreements must be in place
- Participation in development meetings led by the Head of Delivery and Development for Make a Change, Women’s Aid Federation England Business Development manager and in conjunction with the Regional Practice Leads
- Development opportunities recorded in supervision with equality of opportunity across the organisation
- Access to line management support
- Access to safeguarding advice and support
- A lone working policy and process

- Access to clearly outlined staff policies and processes to support staff over the course of their employment
 - A clearly defined grievance policy and process
 - A clearly defined performance management policy and process that recognises the emotional, physical and mental impact of the work, including the experience of power dynamics and gender roles
 - Policies that acknowledge the difficulties of the work and address the stress and vicarious trauma that some staff may experience as a result of this work
 - Robust domestic abuse policies for both survivors and perpetrators in place to mirror the ethos of the work.
 - Support to implement the model including delivering community-based, early responses, an assertive outreach approach, the delivery of training, workshops and seminars, the provision of expert support and consultation services
 - Engagement in case management
 - Delivery of treatment management
 - Development opportunities recorded in supervision with equality of opportunity across the organisation
 - Robust domestic abuse policies for both survivors and perpetrators in place to mirror the ethos of the work.
- 3.31 The Provider will have in place effective disciplinary procedures for staff and volunteers.
- 3.32 The Provider will employ staff that are appropriately qualified, competent, skilled and experienced for the provision of the Service.
- 3.33 The Provider will ensure that all staff and volunteers are checked and cleared by the Disclosure and Barring Service (DBS) at the enhanced level prior to employment. The Provider will also require from applicants a declaration of convictions that would otherwise be spent under the rehabilitation of Offenders Act 1975. Any staff undertaking occasional work who are supporting this work must not undertake any unsupervised work without a relevant DBS, this includes any sessional staff or volunteers. It is the organisations responsibility to ensure that DBS checks are up to date and current within their organisational policies. Any risks that are identified as a result of a member of staff sessional worker or volunteer that arises out of the course of this contract must inform the Head of Delivery and Development immediately and ensure that formal guidance is followed and the issue is robustly investigated.
- 3.34 The service must be offered from Monday to Friday during, over the course of a minimum 35-hour week. Some delivery will need to be in evenings to ensure that those who work during core hours can access the service. There is no requirement for a daily out of hours service however planning should be made for emergency provisions where flexibility in service provision will be needed.

3.35 The provider will use their case management system however data and information will be provided to the partnership and evaluators in a pre-agreed format so that consistency can be drawn across the partnership.

3.36 Service Locations

3.37 The Providers will be responsible for ensuring they have appropriate premises from which to operate and deliver their day to day business.

3.38 It will be the responsibility of the Provider to cover all running costs (utilities etc), which include the cost to furnish the building and provide the Information Communication Technology systems.

3.39 Service Accessibility

3.40 This intervention is being developed to meet some of the challenges that service users may face such as issues around access, location, knowing where to go for help, ability to speak out, tolerance of abuse in communities. To deliver this, providers are expected to adopt an assertive outreach approach as the expectation is on services to pro-actively engage with communities rather than for communities to seek help. It is expected that Providers will deliver an intersectional approach and therefore must demonstrate that they have considered individual, overlapping needs and systemic disadvantage and how these will be planned for and addressed.

- Clear and accessible service access routes
- Joint working with Professionals who have existing relationships
- Policies and procedures that set out the use of interpreters and the steps the organisation takes to maintain the confidentiality of adult and child survivors when an interpreter is required.
- Links to the Make a Change website that explains the work
- Applying consistent narrative and working across the partnership to embed shared messaging
- Policies that recognise and support the overcoming of barriers for marginalised groups and those with protected characteristics
- Regular organisational training and commitment to upholding equality and promoting diversity in the workplace and with service users
- Professionals leading the response do so in an approachable and supportive manner

3.41 Providers will be expected to provide or seek out partnerships to enable safe and confidential spaces to deliver and promote accessibility of the intervention as developed by Respect and Women's Aid.

3.42 Partnership Working

3.43 Providers will need to have in place strong local working relationships and referral pathways with partners and an appetite to maintain these through the development of the intervention acknowledging some of the challenges of working together brought about by different organisational priorities in order to ensure the best responses for survivors at the point of their first access.

3.44 Providers are expected to attend the development/impact meetings to ensure that learning is captured and the benefits of partnership working are maximised.

- 3.45 Work will be undertaken through the expert/direct support strand to ensure the development of organisational policy and progress, diplomacy, and understanding as well as being the critical friend to ensure that the ethos and values of Make a Change is embedded in partner processes.
- 3.46 Providers will need to participate in Safeguarding processes for both children and vulnerable adults as the need arises.
- 3.47 Contract Monitoring and Evaluation**
- 3.48 The Providers will need to provide a brief monthly update on the work being mobilised for the first six months of delivery to the Head of Delivery and Development for Make a Change. After this point, the Practice Lead reserves the right to request for this to continue based upon the performance of the delivery partner against the agreed project plan for mobilisation and delivery.
- 3.49 For the first six months of the contract, monthly meetings will be held between the Provider and the Regional Practice Lead (who is employed by Respect and Managed by the Head of Delivery and Development for Make a Change) to discuss the establishment of the service and any initial performance issues. After which time, quarterly meetings will be held to discuss quarterly performance and any other service issues which arise. The Provider will inform the Head of Delivery and Development for Make a Change/Women's Aid Federation England Business Development Manager of any material problems with the provision of the Service immediately and will not wait for these quarterly meetings to do so.
- 3.50 The Provider will provide a quarterly report as per Make a Change reporting requirement outlining:
- Delivery and progress against project plan
 - A description of all activities undertaken
 - Participant numbers against each activity
 - Feedback from participants
 - Outcomes data for the participants
 - Details of work they have undertaken across the partnership
 - Details of any events and activities taken
 - Details of engagement with evaluators
 - Challenges faced and how these were overcome
 - Successes achieved
 - Any points of learning
 - An anonymised and brief overview of any safeguarding concerns, staff incidents or other issues including changes to commissioning of the organisation that may affect programme participants, the project or the reputation of delivery partners, the local areas, Respect or WAFE.
 - Updates on any areas to be added or that are currently in place on the risk register
 - A brief and anonymised overview of any service complaints that have been received
 - See Appendix 5 for an example reporting template

- 3.51 The Provider will also provide a quarterly detailed breakdown of spend. The Make a Change Partnership reserves the right to claim back unspent and unaccounted for funds or in the case on non-delivery of the terms of the contract
- 3.52 The outcomes to be measured are indicated in point 3.14.
- 3.53 The Provider consents to the Make a Change Partnership organising and conducting any other Service evaluation as required, including without limitation “mystery shopper” and case audit exercises.

3.54 Information sharing and Intellectual Property

- 3.55 The Provider must be compliant with 2018 GDPR legislation. and have an associated policy to underpin the organisational commitments.
- 3.56 All consent gained must be informed and gained freely from participants, using Make a Change consent templates. Multiple mediums must be available to record consent, particularly in the case where reading/writing might be an issue. Consideration must be given to the use of different languages, interpreters and verbally recorded consent.
- 3.57 It must be clearly outlined to service users and participants who can access their data, including police and court requests and the process for this is available.
- 3.58 Participants must have access to policies that are explained to them such as the process undertaken when police request data and complaints processes.
- 3.59 Provisions must be made for participants to be able to access the data held on them, have the right to have the data removed prior to agreed organisational statutes.
- 3.60 The Provider must agree to the Information Sharing Agreement.
- 3.61 The Provider must have, as a minimum, encryption on their laptops to secure data and all phones must be password protected.
- 3.62 There must be provision to hold case information securely and provisions in place to minimise the risk of data being shared inappropriately.
- 3.63 There must be provision for the storing of third-party material that is separate from case files (such as the information of children, and survivor information).
- 3.64 Staff must be sufficiently trained in the use and storing of information.
- 3.65 Make a Change Partnership is the data and intellectual property owner and the Provider(s) is the data controller.
- 3.66 All materials created during the lifetime of the project remain the intellectual property of Women’s Aid Federation England and Respect. Delivery Partners

will be named as contributors to the development of the response and will hold an continuous licence to use the resources for the lifetime of the grant agreement.

3.67 Governance

3.68 The Provider will be expected to:

- Participate in the Local Implementation Group (See Appendix 1 for CTL Partnership Governance)
- Work collaboratively with both Respect and Women's Aid Federation England
- Have clear lines of accountability between front line staff, management, directors and trustees

3.69 There must be sufficient senior oversight at director and trustee level of:

- Safeguarding
- Risk to staff
- Risk to the continuance of the organisation i.e. funding and commissioning
- Manages legal and financial risks
- Matters that impact upon organisational reputation
- Clear escalation processes
- Oversees wider organisational and project performance and takes responsibility for contractual arrangements.

3.70 The Provider must follow safer recruitment guidelines and have clear job descriptions in place for roles that will be developed collaboratively with Respect and WAFE.

3.71 Safeguarding

3.72 Robust arrangements for safeguarding must be in place with clear policies and processes that outline responsibilities and actions to take at the point of concern. Provision must be made for staff to be supported should safeguarding arise out of hours.

3.73 Safeguarding policies must take into account:

- Children's Act 1989 2004.
- Human Rights Act 1998.
- United Nations Convention on the Rights of the Child (UNCRC).
- Homelessness Act 2002.
- The Care Act 2014
- Working Together to Safeguard Children 2018

3.74 Safeguarding leads must be sufficiently skilled to be aware of legal responsibilities and the needs of survivors.

3.75 Staff must be sufficiently skilled and trained. They must complete the relevant training as determined by the LSCB/LSAB (Local Safeguarding Children's/Adults Board) or relevant equivalent bodies.

3.76 Safeguarding must be regularly addressed in supervision, form part of the organisation case management policy and be reviewed via case supervision.

An overview of the safeguarding concerns and responses must be reviewed at trustee level to ensure compliance.

3.77 Equality and Diversity

3.78 The Provider must have an up to date equality and diversity policy. The organisation must ensure that this is adhered to in line with the Equality Act 2010.

3.79 Project engagement must be monitored to be able to assess the demographics of those who access services. Meaningful and reflective use of this data must be undertaken with steps put in place to ensure that the services is available as widely as possible and any barriers to engagement are identified.

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