



SRFCA Service Standards for Delivering services supporting Survivors of Childhood Abuse



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Definitions

For the purposes of this document, the following definitions apply:

The Workforce

Trustees, staff and volunteers in the organisation, including casual and contract staff.

The Board

The group of individuals that have governing oversight of the organisation. This may comprise of Trustees or Directors.

Service Users

The individuals who the organisation provides a service to. This may include a survivor's/victim's family and/or friends.

Remote Service Delivery

This is the delivery of services though means other than in person. This may include webchat, email, video calls, texting, telephone and social media groups.

Within this standard, the following verbal forms are used:

- “shall” indicates a requirement;
- “should” indicates a recommendation;
- “may” indicates a permission;
- “can” indicates a possibility or a capability.

Further details can be found in the ISO/IEC Directives, Part 2



1. Governance

No.	Standard
1.1	The organisation operates and provides services in accordance with its governing document/charitable objectives.
1.2	The organisation has an approach to assess the board on its collective skills, knowledge, experience and competency to lead the organisation in meeting the aims of the charity. This must be assessed at minimum every 3 years.
1.3	Trustees have knowledge and understanding in the area of sexual violence and abuse or will be enabled to develop this via the induction process and subsequent training.
1.4	If clinical supervision is provided, the board is responsible for ensuring lines of accountability and a process for feedback/concerns is documented.



1.5	<p>The role of the board is documented and understood by trustees, which includes responsibility for:</p> <ul style="list-style-type: none">oversight of organisational policies and proceduresoversight of risk assessment, including a business continuity planorganisational structurebudget agreement and ensuring financial and auditing requirements are metproviding strategic direction and ensuring all organisational activity and resources are directed towards the aims of the charityensuring the organisation meets all statutory requirements, e.g., health and safety, safeguardingsetting the organisational aims and objectives, and the process for how this is communicated to the whole workforceoversight of complaints or incidents
1.6	<p>The board shall ensure there is a business/strategic plan, which has been developed in collaboration with the workforce and service users, and is reviewed/updated at minimum every 3 years.</p>
1.7	<p>The board is responsible for wellbeing measures that recognise and monitor the impact of working with sexual trauma issues on the workforce.</p>
1.8	<p>Organisational aims and objectives are based on known or anticipated need.</p>
1.9	<p>The organisation models and promotes respectful relationships both internally and externally.</p>



2. Management

2.1 General

No.	Standard
2.1.1	<p>The organisation has up-to-date written policies and procedures that are knowingly accessible to all members of the workforce. At a minimum, this shall include:</p> <ul style="list-style-type: none">• Confidentiality• Safeguarding• Health and Safety• Data Protection• Equality and Diversity• Recruitment and Selection• Whistleblowing• Finance and governance• Working from Home• Risk management• Disciplinary and dismissal policies.• Grievance policy• Volunteering policy (if volunteers are utilised)
2.1.2	<p>The organisation has a process/policy regarding involvement with research projects. At a minimum, this shall include:</p> <ul style="list-style-type: none">• who in the organisation responds to external requests;• how the organisation makes a decision about whether to participate; and what support would be offered to participants.



2.1.3	<p>The organisation has outcome monitoring and a data collection framework, in line with statutory regulations such as GDPR, which includes an approach to capture service user feedback and journey.</p> <p>this may include:</p> <ul style="list-style-type: none"> • Confidentiality or anonymity • Informed consent • Reasons for data collection and its intended use retention and storage
2.1.4	<p>The organisation has a proactive approach to manage and minimise waiting lists.</p>
2.1.5	<p>The organisation is a member of relevant professional associations/membership bodies. This may include the British Association for Counselling and Psychotherapy, UK Council for Psychotherapy, the British Psychological Society, the Institute for Arts in Therapy and Education, Helplines Partnership or the National Council for Voluntary Organisations.</p>
<h2 style="margin: 0;">2.2 Financial Management</h2>	
No.	Standard
2.2.1	<p>The organisation operates financial management to contribute toward the sustainability of the service.</p>
2.2.2	<p>The financial controls and processes meet the needs of the organisation.</p>
2.2.3	<p>The organisation has a funding strategy that manages risk around reliance on one major source of income.</p>
2.2.4	<p>The Trustees receive financial reports at a minimum annually.</p>



2.2.5	Management have a working knowledge of any planned changes in the strategic priorities of key funders.
2.2.6	The organisation's accounts are submitted to the board/AGM/Charity Commission/Companies House within internal/external defined deadlines.
2.2.7	External funding requirements are monitored in accordance with commissioner requirements/contracts.
2.3 Risk Management	
No.	Standard
2.3.1	The organisation has a robust and proactive approach to risk management.
2.3.2	The organisation has a business continuity plan which includes an exit strategy to facilitate the wellbeing and onward care of services users should the organisation face a temporary/full closure.
2.3.3	The workforce have access to information and resources for crisis and emergency calls.
2.3.4	The organisation has a proactive and responsive commitment to reducing risk to the workforce around working with trauma. For example, strategies to reduce burnout and vicarious trauma
2.3.5	The organisation maintains insurance cover necessary to satisfy legal requirements, including employers' liability and motor vehicle insurance [where applicable] and conducts regular risk assessments to identify other potential risks and to determine [taking professional advice if necessary] whether insurance is the most appropriate and affordable way of managing such other risks.



2.3.6	<p>The insurance policies maintained by the organisation are reviewed [taking professional advice if necessary] at each policy renewal date with a view to ensuring that such policies continue to:</p> <ul style="list-style-type: none">a) meet legal requirements;b) meet the insurance demands and needs of the organisation;c) provide appropriate sums insured and limits of indemnity and protection for potential losses and liabilities arising from the organisation's activities;d) take account of any changes that have taken place within the organisation [or are being planned] and are applicable to any new activities undertaken;e) provide employees with cover whilst working from home;f) provide cover to volunteers in the same way as they do employees.
2.3.7	<p>The organisation has ICT policies, procedures and measures in place to help:</p> <ul style="list-style-type: none">a) address cyber threats and reduce the risk of cybercrime;b) protect the integrity and security of data;c) ensure that ICT systems can function properly.



2.4 People Management (HR & Training)	
No.	Standard
2.4.1	Internal accountability is clear, and the respective roles and responsibilities of the workforce are defined, including reporting lines.
2.4.2	<p>The organisation ensures that the workforce providing services are recruited, employed and *trained/developed to ensure that they are competent to meet the requirements of sexual violence and abuse service provision.</p> <p>*Training should include learning how to provide (where applicable) person centred and trauma informed support, learning about the background of rape and sexual assault, common myths and stereotypes etc and then learning about common coping strategies, mental health issues and how to provide emotional support.</p>
2.4.3	Management monitor and take action to mitigate against vicarious trauma.
2.4.4	The workforce have an understanding of the identification and impact of vicarious trauma on self and others, and what action they need to take if identified.
2.4.5	Workforce lead roles, such as service coordinator/manager, have skills/training to undertake the role, or a development pathway documented including monitoring and review processes, to ensure competency.
2.4.6	The workforce (including trustees) receive an induction into the organisation.
2.4.7	The workforce can understand and can access relevant policies and procedures.



2.4.8	Relevant news, research and information is circulated to the workforce.
2.4.9	There is support and supervision for the workforce. This may be line management and/or clinical supervision (e.g. BACP guidelines). Reporting lines and management processes are clearly defined.
2.4.10	There is an organisation chart/structure which identifies accountability and reporting lines.
2.4.11	There is a performance management approach for all the workforce.
2.4.12	The organisation has an approach to identifying and delivering learning and professional development needs.
2.4.13	There is an approach to ensuring that workforce training (whether internal or external) meets the needs of the professional/specialist development.
2.4.14	Members of the workforce delivering therapeutic services hold membership of professional bodies (E.g. BACP).
2.4.15	Opportunities for service user involvement are promoted and roles clearly defined.
2.5 Networking, Partnership and Representation	
No.	Standard
2.5.1	The organisation will establish and maintain links with agencies providing direct and related services to service users.



2.5.2	Developing and maintaining continual working relationships with key stakeholders in order to provide a client-centred approach
2.5.3	Information about the services on offer is readily available and is tailored to the audience.
2.5.4	The organisation raises awareness of the issues surrounding sexual violence and abuse.
2.5.5	The organisation will seek to have representation on relevant local partnership arrangements, in particular sexual violence and abuse forums.
2.5.6	The organisation has a protocol regarding obtaining consent, to share designated information with specified agencies.
2.5.7	The organisation has measures in place to stay informed on recent research and issues affecting the sector and related services.
2.5.8	The organisation has a process, policy or guidelines on media related activity for its workforce and service users. At a minimum, this shall include: <ul style="list-style-type: none">- who in the organisation responds to requests;- how the organisation supports individuals to make an informed choice about participating in media related activities; and- a process to retain records of signed consent forms.
2.6 Equality and Diversity	
No.	Standard
2.6.1	There is a policy and procedure if interpreters are utilised.



2.6.2	Where feasible, information is available in other formats and languages.
2.6.3	The organisation uses data collection to identify under-represented groups and any action required.
2.6.4	The organisation has protocols, including a referral or signposting process, for responding to individuals who do not meet, or no longer meet, the criteria for the service.
2.6.5	Services are provided in an accessible, safe and welcoming environment.
2.6.6	The organisation has a process/protocol for reporting concerns in relation to equality issues.
2.6.7	The organisation uses data collection to identify service user diversity and uses this information to inform policy and service provision/accessibility.
2.6.8	The organisation gives consideration to individual requirements and making reasonable adjustments.



3. Safeguarding

3.1 General

No.	Standard
3.1.1	The organisation shall have policies/procedures to protect children, young people and/or adults at risk with whom they directly/indirectly work. This shall include the procedure for identifying, assessing and raising safeguarding concerns to statutory partners, including the police or local authority.
3.1.2	The organisation shall have a designated safeguarding lead.
3.1.3	The workforce shall undertake training for safeguarding children, young people and/or adults at risk.
3.1.4	The organisation has procedures in place for the workforce and service users to share safeguarding concerns.
3.1.5	The organisation has measures in place to inform the workforce on professional boundaries.
3.1.6	The organisation has a written procedure for identifying and responding to service users who may be in crisis.
3.1.7	The organisation has a process for continuous improvement, monitoring and review of safeguarding.



3.1.8	There are measures in place to ensure service users fully understand any safeguarding and/or legal limitations of confidentiality around disclosure of any abuse that they may be experiencing or witnessing.
3.1.9	The organisation demonstrates a safe consistent multi-organisational response to safeguarding.
3.2 Children and Young People	
No.	Standard
3.2.1.	Children and young people have the opportunity to access sessions (or part of the session) without the attendance of their responsible adult (providing a confidential space for the child/young person).
3.2.2.	Children and young people are consulted in relation to current services and relevant new developments.
3.2.3.	Services are delivered in a safe, suitable and - where possible - child and young person friendly environment.



4. Service Delivery

4.1 Core Principles

No.	Standard
4.1.1	The organisation advertises and promotes the services on offer and the referral process, including limitations (e.g., geographical coverage, gender only service).
4.1.2	The organisation provides opportunities for service users to contribute to service delivery and development.
4.1.3	The organisation shall have a documented approach to risk and needs assessment and case management monitoring.
4.1.4	The organisation has a process to obtain service user consent for the collection of personal information. This shall include detail on when and why personal information may be shared and what information may be shared
4.1.5	There shall be guidelines for using service user material for training purposes or raising awareness.
4.1.6	The organisation is aware of external organisations that may be referred or signposted to.
4.1.7	The organisation demonstrates continuous improvement in its services.



4.1.8	Where the organisation delivers multiple services, the services shall be structured and managed separately within the aims and objectives of the organisation.
4.1.9	The organisation has a process to ensure the workforce are aware of the relevant legislation and impact of criminal justice processes including managing court outcomes and 'no further action'.
4.1.10	<p>The organisation has protocols on judicial system processes/requirements, including:</p> <ul style="list-style-type: none"> • the process if members of the workforce are called/summoned to attend court in a witness capacity; • record keeping and note taking requirements; • the process and level of support given to service users who choose to engage with criminal/civil justice agencies; • information on compensation available; and • referring/contacting/sharing information/responding with criminal justice agencies.
4.1.11	The organisation has a record keeping and retention policy that takes into consideration the rights of the victim/survivor to report
4.1.12	Case closure is risk assessed and includes referral onto other services where necessary
4.1.13	Information is available to help service users evaluate the quality of the services delivered. This may include external evaluations and case studies.
4.2 Remote Service Delivery	
No.	Standard



4.2.1.	The organisation has a policy/guidance/measures in place which outlines the different considerations required for providing services remotely.
4.2.2.	The organisation ensures that the workforce have the technical competencies, software and equipment required to deliver the service remotely.
4.2.3.	The delivery of remote services follows the same quality assessment/procedures as face-to-face delivery.
4.3 Counselling	
No.	Standard
4.3.1	The organisation holds membership of a professional counselling body. This is displayed on publicity and promotional material.
4.3.2	Counsellors/student counsellors hold membership of professional bodies.
4.3.3	Counsellors/student counsellors are qualified/trained to meet the needs of service users.
4.3.4	Counsellors/student counsellors have sexual violence and abuse training.



4.3.5	<p>The counselling service:</p> <ul style="list-style-type: none">a) acknowledges the role of gender in the nature and prevalence of sexual violence and abuse;b) acknowledges individual differences, cultural diversity and special needs of service users;c) acknowledges the rights of service users to access counselling that promotes recovery, personal empowerment and improved quality of life;d) promotes the development of counselling models to meet the range of needs and experiences of service users;e) states explicitly the role of the counsellor/student counsellor and the organisation's responsibility to the service user within the counselling relationship.
4.3.6	<p>There is a risk assessed service user allocation process in place which takes into account the needs of each service user and seeks to minimise the risk of harm to the service user and counsellor, such as retraumatising the client and/or vicarious trauma, burnout for the counsellor.</p>
4.3.7	<p>Counsellors/student counsellors receive clinical supervision in accordance with the BACP or equivalent guidelines. There shall also be support available outside clinical supervision.</p>
4.3.8	<p>There is a system in place by which counsellors/student counsellors are kept up-to-date with research and opinion in the field of counselling and therapy.</p>
4.3.9	<p>Services recognise the needs of partners and family members of survivors of sexual violence/sexual abuse and offer a range of services and/or information and signposting.</p>
4.3.10	<p>The service has protocols to address how they deal with the provision of counselling and therapeutic services prior to court proceedings.</p>
4.4 Helpline	



No.	Standard
4.4.1	The organisation has a policy/guidance/measures in place to outline the needs of hosting a helpline and its service users.
4.4.2	<p>The helpline is run by a workforce which is *trained and has access to regular support and supervision.</p> <p>*Training should include learning how to provide person centred and trauma informed support, learning about the background of rape and sexual assault, common myths and stereotypes etc and then learning about common coping strategies, mental health issues and how to provide emotional support.</p>
4.4.3	The scope and limitations of the helpline service is communicated to the workforce, service users and other stakeholders. This shall include the confidentiality boundaries and signposting when the helpline is unavailable.
4.4.4	If a referral has been made, either internally or externally, it shall be documented.
<h2>4.5 Crisis Service</h2>	
No.	Standard
4.5.1	The organisation has a policy/guidance/measures in place to outline the provision of the crisis service.
4.5.2	<p>The crisis service is run by a workforce which is trained*, and has access to regular support and supervision.</p> <p>*Crisis worker training includes the nature of the role; communicating and working effectively with victims and third parties, assessing victims' needs initially (safety and risks), forensic awareness and evidence, advocacy and supporting the victim and significant others where relevant, third party reporting and safeguarding.</p>



4.6 ISVA (Independent Sexual Violence Adviser)

No.	Standard
4.6.1	The organisation has management systems and specialist knowledge to deliver the service for adults and/or children and young people.
4.6.2	All staff involved in delivering the service have support mechanisms available and receive case management and clinical supervision.
4.6.3	The ISVA/CHISVA and the service manager have completed (or are in the process of completing) an accredited ISVA/CHISVA training course, which includes training on the criminal justice process and criminal injury compensation scheme, and which complies with Skills for Justice National Occupational Standards for ISVAs and Home Office Guidance, Essential Elements of the ISVA role
4.6.4	The organisation works in partnership with local/regional/national statutory and voluntary services to: <ul style="list-style-type: none">• link the service purpose with other services priorities, strategies, and funding;• set-up care pathways of support to survivors, including accommodation; and• establish referral processes.
4.6.5	The organisation has strategic plans linked to the sustainability of the service.
4.6.6	The service is an independent service, available to survivors of recent or non-recent sexual violence and abuse, and their partners and family members.



4.6.7	The service provides support and advice on: <ul style="list-style-type: none">• the criminal/civil/social justice process; and• housing, health and education services.
4.6.8	The service is available via multiple referral and self-referral pathways.
4.7 Group Based Activities	
No.	Standard
4.7.1	The organisation has a written policy and procedure for group-based work/activities which addresses: <ul style="list-style-type: none">• Planning• Resourcing• Suitability• Confidentiality and safety within the group• Rights and responsibilities of group members and the workforce• Monitoring and evaluation



5. Service User Peer Support

No.	Standard
5.1.1	<p>The organisation has adopted a user led approach, which includes volunteers with lived experience providing peer support for their clients/service users with lived experience of sexual crimes.</p> <p>The services on offer can be emotional and/or practical support and are provided within clearly defined boundaries. Such services can include and are not limited to:</p> <ul style="list-style-type: none">• Facilitating group meetings/activities• Responding to emails/phone calls• Providing 1:2:1 support (such as mentoring or one-off meetings)• Facilitating courses (such as psychoeducational)

6. Version History

Version	Date Reviewed	Amendments	Author	Review Due	Approved by
1.0	New	NA	S Spowage	Feb-24	

Minor amendments and additions are shown in italic format within the document and shown by incremented secondary version numbers e.g., 1.1 to 1.2.

Significant changes will be marked with an incremented primary version number e.g., 1.3 to 2.0.