



GUIDELINES FOR APPLICATIONS FOR CAPITAL FUNDING FOR NEW SEXUAL ASSAULT REFERRAL CENTRES

For further information, please contact:

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General information

Applications are invited for **capital** grants to support the development of **new** Sexual Assault Referral Centres (SARCs) for the spending rounds 2008/09 and 2009/10. This capital grant for new SARCs is a **one-off payment** and is intended to help with the start up of a SARC. As a result, you can only make an application for a capital grant for one spending round, either 2008/09 or 2009/10. The maximum capital grant available for each spending year is £75,000.

Capital grants cover funding applications for:

- Building refurbishment;
- Furnishings;
- Medical equipment; and
- Office equipment.

Capital grants do **not** cover applications for:

- Staff costs;
- Publicity and publishing booklets;
- Training;
- Service charges; and
- Maintenance of premises

We strongly recommend that applications are submitted jointly by police forces, Primary Care Trusts (PCT(s)), and any local sexual violence voluntary sector organisations. Applications must also be endorsed by the Crime and Disorder Reduction Partnership (CDRP) where the SARC will be based, acting on behalf of all CDRPs in the proposed SARC catchment area.

All grants for both spending rounds should be spent, and services/items that have been purchased received, by the end of March 2009 (if you are applying for funding for 2008/09) or by March 2010 (if you are applying for funding for 2009/10).

Successful applicants will be expected to comply with standard Home Office terms and conditions and the national SARC minimum standards and to participate in the SARC data collection project.

Please note that references to Primary Care Trusts (PCTs) in the guidance notes and application forms should be read as references to Local Health Boards for applicants in Wales.

To make an application:

Please complete the application form using these guidance notes to assist you. You should ensure that no sections are left blank.

Please send the completed form to ifeyinwa.okoye@homeoffice.gsi.gov.uk by **7 November 2008**.

Application forms will be sifted and assessed. As part of this process, applicants may be invited to attend an interview with the assessors, to answer any questions about the application. Any interviews will take place locally.

We hope to notify applicants of the outcome of their applications by December 2008 at the very latest. Please note that for those that are not in a position by 7 November 2008 to bid for a capital grant for the 2008/9 or the 2009/2010 round of SARC funding, another bidding round for 2009/10 will be announced in April 2009 subject to funding remaining unallocated.

Further Sources of Information

Further written guidance and information relating to SARCs is available on <http://www.crimereduction.gov.uk/sexualoffences/sexual09a.htm>

This includes:

- Joint Home Office and Department of Health ***Guidelines for developing Sexual Assault Referral Centres*** were published in 2005. These are largely strategic and explain the purpose, services, partnership arrangements and benefits of SARCs;
- Additional practical information about setting up a SARC, e.g. staffing structures, forensic procedures, can be found in the ***SARCs: Getting Started Guide*** and ***Medical Care Following Sexual Assault: Guidance for SARCs***, produced by the National SARC Forum;
- An Independent evaluation of SARCs was published in 2004. ***Home Office research paper 285 – Sexual Assault Referral Centres: developing good practice and maximising potentials*** provides evidence to support the development of SARCs.

The **national SARC minimum standards** are provided below:

Definition of a SARC:

A dedicated facility to provide immediate and on going victim care within the context of a partnership arrangement between police, health and the voluntary sector.

The SARC will provide:

- 24 hour access to forensic medical examination and crisis support.
- Appropriately qualified and trained examiners either doctors or forensic nurse examiners supervised by a forensically qualified and experienced forensic physician/doctor.
- Where forensic nurse examiners are employed, a suitably trained and experienced forensic physician should provide an opinion and interpretation of injuries
- A choice of gender of examiner where ever possible.
- Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant.
- Immediate access (within 72 hours) to emergency contraception and Post Exposure Prophylaxis (where indicated) either on site or via clear pathway to sexual health services.
- Integral follow on services to include psycho-social support, counselling, access to sexual health screening and treatment and support through the criminal justice process (ISVA role)
- Evidence of operational and management policies and procedures
- Infrastructure to support on going victim care, decontamination of examination facility, adequate levels of appropriately trained staff, staff support, training and development and quality assurance.
- Provision of joint agency training in relation to the role of SARC and services provided.

Criteria for allocation of funding for SARCs: guidance notes

The numbers below equate to the relevant sections in the application form.

Section A: Background information

Applications will not be assessed on the information included in Section A

1. Location of SARC

Please tell us where the SARC will be located, including the nature of the site (e.g. residential, hospital) and why you think this is an appropriate location. If the service is to be provided in more than one location, please list all relevant locations. If a specific site has not yet been identified, please provide details of the proposed site(s).

2. Catchment area

Please indicate the area that the SARC will cover, making sure that you mention any differences in the catchment area for police and self-referrals. The size of the catchment area may vary depending on the local circumstances, however, evidence from existing SARCs indicates that victims and police are prepared to travel between 1 ½ and 2 hours in order to access the enhanced services offered by a SARC.

3. Local demographics

Please include information about the demography of the catchment area of the SARC. We are particularly interested to know about any student population, the black and minority ethnic (BME) population of the area, as well as whether there are significant lesbian, gay, bisexual and transgender (LGBT) communities.

Section B: Provision of Services

1. Evidence of need/un-met need

Priority for funding will be given to those areas where there is a clear need for a SARC because of the high rate or number of serious sexual offences in the area.

a. Prevalence:

It is advised that you provide the following police data:

- numbers of recorded rapes/serious sexual offences
- detection and conviction rates

Please note that according to the British Crime Survey, **only 15% of rapes come to the attention of the police**, therefore police data alone will not provide a full picture of prevalence. We therefore suggest that you provide information gathered from **voluntary sector organisations** operating in your area, which provide support for victims of sexual crimes. For example, if there is a local rape helpline in your area, please indicate how many calls they receive per month/year. Similarly, you may wish to seek information from **local health services**, such as GPs or sexual health clinics, regarding estimates of the numbers of clients they treat who present themselves to the service as victims of rape or serious sexual assault.

b. Current service provision:

Please indicate what service is currently provided in your area for victims of rape and serious sexual assault.

- What is the current police response to victims of sexual violence?
- Are there any voluntary sector support services operating in your area? If so, what services do they provide?
- Are there any specific healthcare provisions for victims of sexual violence?

c. Main gaps in current service:

Please describe what the key gaps are in the current service provided to victims of sexual violence in your area. Please explain how the SARC will enable you to address these gaps.

2. SARC model

The recommended model for a SARC, which has been positively evaluated, is a **dedicated, forensically secure facility integrated with hospital services - a “one-stop location”**.

- Please state whether this is the model you are aiming to develop.
- If not, please describe the model you are proposing and explain why you think this is more appropriate for your area.

3. Specific service provision

The table for question 3 outlines the recommended [national minimum standards for SARCs](#) which were developed in consultation with the National SARC Steering Group.

Please indicate whether each service will be provided by the SARC by ticking Yes or No in the appropriate column. If you answer 'Yes', please indicate how the SARC will provide this service. If you answer 'No', please outline why the SARC will not be providing the service, and describe any alternative arrangements. It may be that you are unable to provide a particular service in the early stages of operation, so please indicate if this is the case and if you intend to develop this service in the future.

For each service, please indicate whether there will be any difference in the provision of the service for police and self referrals. If there is a difference, please explain what this will be and how it will be addressed.

Please see below for notes on specific services:

Service	Notes
24 hour access to forensic medical examination and crisis support	This is an essential element for operation of a SARC.
Choice of gender of doctor/forensic medical examiner	
Appropriately qualified and trained examiners (either doctors or forensic nurse examiners) supervised by a forensically qualified and experienced forensic physician/doctor	.
Where forensic nurse examiners are employed, having a suitably trained and experienced forensic physician provide an opinion and interpretation of injuries	This is to ensure not only the highest standard of forensic examination but also in interpretation of injuries for criminal justice purposes
Appropriately trained crisis workers to support the victim and significant others where relevant	Please see the 'Getting Started' guide for core competencies of Crisis Workers
Immediate access (within 72 hours) to emergency contraception and drugs to prevent sexually transmitted infections including HIV either on-site or via clear pathway to sexual health services	
Access to follow on psycho-social support and counselling services	
Access to follow on sexual health screening and treatment	
Access to support through the criminal justice system	

Infrastructure to support decontamination of examination facility	For example, what cleaning procedures will be in place?
Infrastructure to support adequate levels of appropriately trained staff	
Infrastructure for staff support, training and development	
Evidence of quality assurance measures	
Provision of joint agency training in relation to the role of SARC and the services provided	
Evidence of operational and management policies and procedures	
Compliance with SARC data collection	
Any other services	Please include any other service you intend to provide in addition to the basic recommended elements of service

4. Service users – accessibility and outreach

A number of existing SARCs see children whilst other areas have alternative arrangements for dealing with paediatric cases. There is no requirement for the purposes of this funding for a SARC to see children. However, if you do intend to do so, you need to complete Section E of this form which asks you to demonstrate how you intend to cater for child cases.

Most SARCs without a specific children’s service have a lower age limit for those attending the SARC. This is usually either 14 or 16. Please indicate if there will be a lower age limit in the ‘Minimum age’ box in this section, and whether a client under this age will be seen in exceptional circumstances.

It is important that a SARC provides a service to all adults who are raped or seriously sexually assaulted in the catchment area, regardless of age, gender, race, religion or disability. There are some groups and individuals that are either ‘hard-to-reach’ or particularly vulnerable to sexual violence, or both:

- Black and Minority Ethnic (BME) communities
- People with a physical disability
- People with a learning disability
- Lesbian, Gay, Bisexual, and Transgender (LGBT)
- Men
- People working in prostitution
- Young people (ages 14-18)
- Elderly people

Please indicate in the table how you intend to make the SARC accessible to these client groups, and explain whether you intend to undertake outreach work with any of

these groups to raise awareness about the SARC. If you do not intend to do specific awareness raising or outreach work with one/some of these groups, please explain why. If there is another group or community that you intend to work with not included in the table, please include this under 'Other'.

5. Staffing and operational structure

a. Management structure and clinical governance

Please describe the management arrangements for the SARC, for example, who will sit on the Management Board, and whether there will be a steering group maintaining an overview of the SARC and acting in an advisory capacity. Such a group might include representatives from the Local Partnership (CDRP), Domestic Violence Forum, Safeguarding Children's Board, local voluntary organisations, as well as the partner agencies themselves.

b. Day-to-day staffing

Please provide details of the staff you intend to employ at the SARC, including how they will contribute to the objectives of the SARC.

The staff employed by SARCs on a day-to-day basis varies according to local circumstances and available resources. Some of the more established SARCs have a full range of staff, including medical practitioners, centre managers, administrative staff, support workers, crisis workers, counsellors and case trackers. It is recognised that such a range may not be possible for new SARCs but the level and type of staffing should be appropriate to deliver the services you intend to provide. If some of the services will be delivered by outside organisations please provide details. Information about the staffing arrangements for existing SARCs can be found in the 'Getting Started' guide.

c. Training, support and development of staff

Please indicate if any training needs have been identified which need to be met before the SARC can start operating. Please provide details about how you intend to address this need and the on-going training, development and support needs of SARC staff.

Section C: Involvement of partners and SARC costs

1. Involvement of partner agencies

Close partnership working between the key agencies – CDRPs (Crime and Disorder Reduction Partnerships), the police, PCTs, and voluntary sector organisations - is crucial for the operation of a SARC. CDRPs/CSP (Community Safety Partnerships) co-ordinate local work to address crime and disorder and they include police, health and Local Authorities. CDRPs can play a key role in oversight and securing resources for a SARC and it is important that they endorse your application. There may be more than one CDRP covering your catchment area of SARC. Therefore it may be best to get support from the CDRP where your SARC will be based. Please indicate in the table provided what role(s) these four partners will be undertaking:

- **Resource:** Will the agency be providing funding? On what basis? Will they be providing resources in kind, e.g. through accommodation/staff/equipment?
- **Delivery:** Will the agency be involved in the delivery of the SARC service, e.g. providing forensic medical examiners, counsellors, administrative staff, sexual health treatment.
- **Oversight:** Will the agency be involved in the management board and/or steering group?
- **Referral partner:** Will clients from the SARC be referred to this agency, for sexual health aftercare, counselling, or advocacy services? Will this agency refer clients to the SARC?
- **Other:** Will the agency be involved with the SARC in some other way, e.g. supporting and championing the service

For each partner agency, please include details of the nature and extent of their involvement with the SARC.

Voluntary sector organisations

The role of voluntary organisations in SARCs varies, but is always an important one. At the very least, there should be referral routes between SARCs and local specialist sexual violence services for use in cases where clients have a preference for counselling away from the centre (for e.g. women only service) or need ongoing counselling; and where it is appropriate for users of these services to be referred on to a SARC.

Applicants should provide details of links with the voluntary sector and how these will be used to ensure that victims have ready access to long-term counselling and support. The day to day running of a SARC, or provision of initial counselling within a SARC is sometimes contracted out to voluntary organisations. If you intend to involve the voluntary sector in this way, applicants should provide details of arrangements made with the relevant organisation. Specialist sexual violence services will also have considerable expertise in providing for the client group, and it may be beneficial for them to sit on steering groups etc.

You are encouraged to seek support of other local agencies. For example: the Local Police Authority, Local Criminal Justice Boards (LCJBs), Strategic Health Authorities (SHAs), Local Safeguarding Children Boards (LSCBs). They may also contribute funding, or play important roles as referral partners and members of the management board. Please include these agencies in the blank rows in the table, and provide detail as above.

Depending on the circumstances which exist in a particular area, it may be appropriate for a SARC to be used, funded and delivered by more than one police force and by several PCTs. It is certainly likely that the SARC will cover more than one CDRP area. Having a wider catchment area and pooled funding will often increase the viability of a SARC in terms of demand and cost.

2. Costs of the SARC

Please use Table C2.1 in the application form to outline the costs of the SARC in the remainder of 2008-09 and in 2009-10. If you would like to include more rows in the table, please do so.

Please indicate in answer to 2.1 whether you are applying for capital grant funding for 2008/09 or 2009/10.

The Home Office grant is intended to fund capital costs. Please use Table C2.2 in the application form to set out how you intend to use the Home Office grant and when you will use it. As above, please include more rows in the table if you wish. Please indicate the month and year you expect to obtain and pay for the equipment or building works you require. If you are unable to specify the exact month, please indicate whether this will be done by March 31 2009 (for applications for funding for 2008/09) or by March 31 2010 (for applications for funding for 2009/10). Please bear in mind that if you are applying for the 2008/09 Home Office grant, this should be spent, and good/services received, by the end of March 31 2009. Similarly, if you are applying for the 2009/10 Home Office capital grant, this grant should be spent and good/services received by the end of March 31 2010.

Section D: Funding sources and financial commitment

Funding from the Home Office is intended to provide start-up costs for setting up a SARC and is not intended to be available on a recurring basis. Applicants should therefore be able to demonstrate the sustainability of local funding for the SARC. Failure to demonstrate an agreement either confirmed or in principle to cover the majority of the costs will significantly affect the likelihood of your application being successful. It is expected that new SARCs will be funded primarily by the local Police force and PCT(s), although funding can also be sought from other organisations such as Local Police Authorities, Local Authorities and Crime and Disorder Reduction Partnerships. Some SARCs have also set up with the help of charitable donations and lottery funding etc. Details of how existing SARCs are funded can be found in the 'Getting Started' guidance and in the 'National Service Guidelines for Developing Sexual Assault Referral Centres (SARCs).'

1. Funding for remainder of 2008-09

Please use table D1.1 to demonstrate how you intend to meet any set-up or running costs accrued in 2008-09 that are not covered by the Home Office grant. You should describe the intended sources of funding, how much the source will provide and whether this is confirmed.

2. Funding for 2009-10

Please use table D2.1 to demonstrate the level of financial commitment you have for covering the costs of the SARC in 2009-10. In stating which agencies will be the (potential) sources of funding, avoid simply writing 'Health' – please stipulate which PCT/SHA will be the funding partner. If resources are being provided 'in kind', please provide information in the 'Details' column and if possible include an estimation of the appropriate value of these resources in the 'Amount' column.

In the next four columns, you should indicate what stage you are at in terms of gaining commitment for this funding from that particular source:

- Agreed and confirmed (subject to the SARC opening as planned)
- Agreed in principle
- Approached source, awaiting outcome
- Intention to approach

If the funding is agreed and confirmed, agreed in principle, or you are awaiting an outcome having approached the source, it is recommended that you attach written documentation to this application as evidence. Please indicate if this is the case in the 'Details' column. If you intend to approach a funding body or source, but have not yet done so, please explain this in the 'Details' column.

Section E: Children's services (optional)

Whether or not a SARC provides services for children depends on local circumstances and paediatric provision. For this reason, applicants will not be penalised if they intend their service to be accessible to adults only.

However, if you do intend to provide a service to children it is important that the services provided and the environment in which they are delivered is appropriate for children. Section E of the application form asks you to describe how you intend to ensure that this is the case.

You are asked to provide information under the following headings:

1. Child friendly environment

Please explain how you will make the environment suitable for children, e.g through the provision of play equipment, child-friendly furniture and decoration.

2. Paediatrician medical provision

Please explain in detail how you will provide appropriate paediatric care within the SARC, e.g. are local paediatricians prepared to undertake examinations at the SARC? will joint examinations be conducted between forensic practitioners and paediatricians?

3. How will the psycho-social and support needs of children be addressed?

What facilities will be in place to address the psycho-social and support needs of children? Who will be involved in delivering these services?

4. Partnership working

Please provide details of partnership arrangements that will be put in place to ensure seamless delivery of services and relevant oversight of the service, e.g. with social services, paediatric services, Child and Adolescent Mental Health Services, Local Safeguarding Children Boards and police child abuse units.

5. Additional Costs

Are there any additional costs that have not been covered in other sections? If yes what are they and how will you cover these costs?