

# A guide for services applying for Women's Aid National Quality Mark



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## Introduction

The Women's Aid National Quality Standards form a set of accredited criteria through which dedicated specialist services addressing domestic violence perpetrated against women and children can evidence their quality. Embodying principles of participation, transparent governance, and needs-led service delivery, they set out the nature and standard of service provision necessary to enable women and children survivors of domestic violence to cope with and recover from their experiences of abuse.

This manual has been designed to help your service through the Women's Aid National Quality Standards accreditation process by:

- Outlining the principles behind the Women's Aid Standards;
- Informing you about the assessment process including the composition of the Panel, possible outcomes of the Panel meetings and next steps;
- Explaining each of the seven standards in more detail and providing you with detailed information about what evidence is required

If have any queries regarding your application, please do not hesitate to contact us at [nqs@womensaid.org.uk](mailto:nqs@womensaid.org.uk).

## Assessment Fees

In order to make the National Quality Standards assessments affordable to all members, the fees are based on organisational annual income, and are as follows:

| <b>Band</b>  | <b>Fee</b>   |
|--|--------------|
| Band A Annual income up to £100,000                        | <b>£450</b>  |
| Band B Annual income between £100,000 and £400,000         | <b>£900</b>  |
| Band C Annual income between £400,000 and £800,000         | <b>£1800</b> |
| Band D Annual income between £800,000 and £1.2 million     | <b>£2700</b> |
| Band E Annual income between £1.2 million and £2.2 million | <b>£3600</b> |
| Band F Annual income above £2.2 million                    | <b>£4500</b> |

The fees cover the time taken to review written evidence, provide guidance and support and to write a final quality assessment report and present it to a Quality Assessment Panel for a final decision.

In instances where an assessor needs to carry out multiple visits (for example, if an applicant runs a number of services in different locations), additional fees may be incurred.

## Support available

Support is available from our Quality Assurance Officers via regular surgery sessions. Members are required to book an onboarding session at the start of the process, and up to three individual coaching sessions are available throughout the process. The Quality Assurance Officers can also help with model policies and procedures. For more information about this support, please email [nqs@womensaid.org.uk](mailto:nqs@womensaid.org.uk).

## Confidentiality and data protection

Applicants are required to read and sign a confidentiality commitment document at the start of the process. This acknowledges that the information you are sharing with

Women's Aid is highly confidential and will be dealt with sensitively and in line with data protection legislation.

This document also contains a description of how Women's Aid will store your information, how it will be shared with assessors and panellists, and when it will be deleted, so please read it carefully for your peace of mind.

## Quality review

Once awarded, your Quality Mark will be valid for three years.

At the end of those three years, your organisation will need to undergo a full re-assessment of the National Quality Standards. The Quality Review will follow the same structure as when you first applied for the Standards.

Please also note that the Standards are updated regularly to keep them in line with the [VAWG Sector Shared Core Standards](#) and to reflect learning and developments in the sector, so please read the evidence guidance carefully.

## The assessment

The assessment process consists of a documentary review of evidence submitted against each standard, a visit to the service by an assessor, and a final decision made by the Quality Assessment Panel.

## Application timeline

1. Submit application form and confidentiality form
2. Receive SharePoint link with folders for submitting evidence and evidence tracker
3. Receive invoice and make payment
4. Onboarding session with Quality Assurance Officer

5. Gather required evidence, redact case notes
6. Upload evidence to Dropbox
7. Assessor visits service, interviews staff and service users
8. Assessor reports on assessment of evidence, and site visit to the Quality Assessment Panel
9. Panel reviews evidence provided, discusses report and decides on outcome and recommendations
10. Decision letter sent to you outlining three possible outcomes:
  - a. The Quality Mark is awarded unconditionally
  - b. The Quality Mark is awarded provisionally with a requirement to meet recommendations
  - c. Your application is deferred until changes have been made or further information is provided
11. If the Quality Mark is awarded provisionally, the service submits evidence to demonstrate recommendations have been met. Evidence of meeting recommendations is reviewed internally by the Quality Assurance Officer and approved by the Chair of the Quality Assessment Panel within one month of being submitted.

## 1. Application form

The application form asks for background information and contact details. This is so that the panel assessing the application knows about the history of the organisation and the type of service and provision you deliver. Please make the most of this section so that the panel has a full understanding of what your service offers. You are required to provide the name and contact details of two referees.

## 2. Evidence gathering

We recommend services discuss the National Quality Standards with the Board of Trustees and within a staff meeting, before gathering your evidence so that the

whole organisation understands the process and that all avenues of possible evidence sources are explored.

Once we have received your application form and signed confidentiality commitment, you will receive a link to your SharePoint folder. The colleague named as the main contact for the NQS work in the application form will be given access to the SharePoint folder. If any other colleagues require access, please email [nqs@womensaid.org.uk](mailto:nqs@womensaid.org.uk).

Within the SharePoint, there are seven folders, one for each Standard, and each of these folders is divided into sub-folders which correspond to the Standard numbers as set out in the evidence tracker. In the SharePoint there is also a copy of the evidence tracker - please fill this in as you submit evidence. Your assessor will use the tracker to see which evidence has been submitted for each Standard. There is also a Word document where you can note down any additional information for the assessor.

Please ensure that any identifying information is anonymised within documents related to service users.

### 3. Documentary review

Once all of the evidence is gathered, it is reviewed by your allocated assessor in line with the evidence tracker. Once you have submitted your evidence for each standard and your service is ready to be assessed, your assessor may contact you to discuss and advise on the evidence submitted.

At this stage, your assessor can let you know if any of your evidence is out of date, or if further evidence is required.

### 4. Assessment visit

Once you have submitted your evidence, a provisional date will be fixed for your organisation to be visited by a Women's Aid assessor

During this visit the assessor will ask to see a range of sites where you support survivors. The number of sites to be visited will depend on the size of your organisation and the types of your provision.

Where you provide accommodation as a minimum visits will include:

- ◆ Accommodation security measures (including dispersed units)
- ◆ A general needs bedroom and a disability adapted bedroom
- ◆ Communal spaces
- ◆ Spaces for adult support – 121/group/drop-in
- ◆ Spaces for children and young people

During this visit the assessor will interview staff, service users and trustees and ask any questions they have about your evidence. Please provide your allocated assessor with a full staff list and organisational chart which they will use to pick staff to interview. Your staff list should include staff roles and length in service. Arrangements for time slots for the interviews will be made prior to the site visit. Interviews with the following key staff will take place:

- ◆ The CEO or most senior manager
- ◆ The Chair of the Board, and other trustee(s) if available
- ◆ Three staff frontline staff in different roles
- ◆ At least two service users, or a small focus group of service users
- ◆ A volunteer if volunteers are a significant part of your service delivery

Please ensure there is a space in which these confidential interviews can take place. The assessor will then write a report based on both the documentary evidence provided and their visit to your service.



## 5. Quality Assessment Panel

At the Quality Assessment Panel, the assessor will present their report. The panel members will then discuss the assessor's report, the evidence you have provided and the written records of the assessor's visit to your service.

The panel will agree whether to award the Quality Mark to your organisation based on whether each standard has been met in light of all of the evidence provided. The panel members may also make recommendations to your service.

There are three possible outcomes from the Quality Assessment Panel:

- i. Quality Mark is awarded unconditionally: This is where a service receives no recommendations to bring it fully in line with the National Quality Standards and completes the assessment process. A quality review of your service is required three years from the date on your decision letter.
- ii. Conditional Pass: This is where a service is awarded the quality mark but is subject to recommendations made by the panel being met within six months of your decision letter.
- iii. Deferred: if a service has not met the National Quality Standards their application is deferred until changes have been made or further information is provided, as advised by the Quality Assessment Panel.

## 6. Decision

Following the Quality Assessment Panel meeting, the panel decision letter is sent to the organisation, along with a National Quality Standards certificate and logo if the Quality Mark has been awarded. If recommendations are made, they will be outlined in the decision letter.

## 7. Recommendations

Recommendations are made with an award when an organisation has demonstrated that they go most of the way towards meeting a standard, but a specific action, or actions, need to be completed for the standard to be fully met.

Either

- i. more evidence needs to be provided, or
- ii. additional measures need to be put in place

One of the team will be in contact to arrange a recommendations meeting around two weeks after you receive your decision letter to provide you with an opportunity to ask questions and discuss the types of recommendations evidence you might wish to submit.

Organisations will be asked to submit their recommendation evidence to their original SharePoint folder. You will be provided with a bespoke tracker to list and explain your evidence. A reminder will be sent three months prior to the recommendations evidence deadline.

The evidence will be reviewed, and you should receive a reply within one month outlining whether or not the evidence is sufficient for your organisation to have passed the National Quality Standards unconditionally.

If the evidence is sufficient, you will receive a final decision letter.

## 8. Renewal

Services are required to renew their Quality Mark every three years. The Quality Review process will follow the same procedure as the initial assessment.

## Breach of the standards

In accordance with the National Quality Standards Complaints Policy, if it is alleged at any time that a service has breached any of the standards, an independent investigation will be undertaken. The matter will be referred back to the Quality Assessment Panel to decide whether the quality mark should be withdrawn, or whether an improvement plan should be put in place.

A decision will also be taken as to whether the breach of the Quality Standards constitutes a breach of terms of membership. If the organisation is deemed to have breached its terms of membership, its Women's Aid membership may also be withdrawn, or an improvement plan may be put in place.

If an organisation re-applies for the Quality Standards after a previous withdrawal of the Quality Mark following a complaint, a full assessment will be undertaken, and in addition the panel will require:

- a) a written explanation and evidence of the learning from the complaint
- b) an interview with the Chair of the Board during the assessment visit to discuss the complaint.

## Evidence guidance

This section of the manual outlines the indicators that the assessor will be looking for in order to decide if your service meets the standard.

This information will also be available on your 'Evidence Tracking' document, which you will need to fill in as you submit evidence to the SharePoint folder.

The indicators set out the practice that should be present within the service to meet the relevant standard. The evidence sets out suggested documentation, such as policies, manuals, case studies or records, which could be used to evidence this practice. The mandatory evidence sources are marked in bold.

## Evidence FAQs

1. How many pieces of evidence do we need to submit for each standard

Women's Aid recognise specialist services differ in capacity and resources. We would recommend providing your best three-five pieces of evidence per standard. If this or its equivalent has not been provided a Women's Aid Quality Assurance Officer will discuss this with you following our initial review of your evidence and may request further documentation to demonstrate your organisation meets the standards.

2. Can we submit alternative evidence to those listed in the manual?

Women's Aid recognise specialist services are all different. Some forms of evidence are seen as crucial for practice to meet the standard required. You may however have similar documents which have different names. Please submit the evidence that best helps you evidence how your organisation meets the standards. This could include evidence in alternative

formats such as pictures, videos, and records of team meetings.

3. Do we need to or can we submit evidence twice if it covers multiple standards?

Where a policy or document evidence multiple standards you do not need to submit this twice. Please submit once and explain in your "Evidence tracking document" what it is and where it can be found against each standard it evidences.

You should however submit different examples evidencing direct support with service users, such as case studies, for different standards. Please ensure the case studies you submit are for different service users for whom you have submitted direct paperwork for the same standard.

4. Our evidence is out of date because we have not had a case covering that theme recently – is that ok?

Women's Aid recognise services may not always be able to provide evidence of all case types within the specified six-month time period. Where this is the case, please submit evidence for your most recent case and explain this in your 'Evidence Tracking' document. Your assessor will look to establish that staff have current training and are able to demonstrate a good understanding of best practice when working with similar cases.

## Standard 1: Safety, security, and dignity

Women and children's rights to life, liberty and dignity are upheld.

Please note the indicators column sets out the practice that should be present within your service to meet each standard. The evidence sources column provides examples of the documentation, such as policies, manuals, support plans, case studies or other records of support, which could be used to evidence this practice. The evidence sources marked in bold are considered mandatory, whilst those not marked in bold can be provided to strengthen your application and provide additional information.

| Standard 1: Evidence Guidance   |   |  |
|---|---|--|
| Standard  | Indicators  | Evidence sources (mandatory evidence marked in bold)   |
| 1.1 Women contacting the service for help are assessed for and offered services on the basis of their individual need for safety and support.   | Openness to all survivors and decision-making processes for women with no recourse, women dependent on substances, users of mental health services and other women with complex needs.                                | <b>Referral documentation acknowledging the diversity of victims and perpetrators</b> , (e.g. lesbian relationships, honour- based violence, teenage relationships).<br><b>Copies of needs and risk assessments.</b><br><b>Case Management policy.</b>                             |
| 1.2 Women can access crisis support at any point they need to and receive an appropriate response, including access to temporary crisis accommodation while a refuge place is found.                        | Provision of, or link to, a 24 hour DV helpline and recent prompt referrals.  | Referral data from last 6 months.<br>24-hour service provision policy; <b>out of hours support policy</b> ; case management policy.  |
| 1.3 Women who are misusing substances or who have mental health needs are assessed for and offered a service on the same basis as other women and every effort is made to accommodate their needs.          | Responding to women involved in substance misuse and women with mental health needs through working in partnership with specialist providers and mental health services to meet their needs.                          | Referral forms; <b>needs and risk assessments; referrals to specialist services.</b><br><br><b>Safeguarding Adults Policy.</b>   |
| 1.4 No woman who has a need for support is refused a service because English is not her first language, because of her immigration or asylum-seeking status or because she has no recourse to public funds. | Responding to BME survivors with language needs or insecure immigration status through working in partnership with local and national BME specialist providers, interpreting services and others to meet their needs. | <b>Use of interpreting services</b> ; referral data to BME specialist services; <b>case notes supporting women to access help with the DDV concession.</b><br><br><b>Evidence of working in partnership with BME specialist services.</b><br><b>Equality and Diversity Policy.</b> |

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| 1.5 The organisation provides, values and protects women-only spaces for women.  | Provision and protection of safe women-only residential accommodation and community spaces for women survivors.   | <b>Policy naming women only premises and spaces and outlining procedures for accompanying male visitors &amp; contractors.</b>   |
| 1.6 Provision for male survivors is delivered in locations separate from services for women survivors.   | Separate locations for male survivors, where services are provided for them.  | <b>Policy ensuring separation of service delivery to male and female victims.</b>  |
| 1.7 Services for men use the Respect assessment toolkit for work with male victims of domestic violence and are skilled in assessing who does what to whom and referring clients to appropriate services through established referral pathways | Safe working practices designed to assess and meet the specific needs of male victims, and to identify perpetrators, following nationally recognised standards for work with male victims | <b>Specific policy and procedures for working with male victims</b> , including management of risk, safety of staff & guidance on dealing with perpetrators trying to access services for male victims.<br><br><b>Risk assessments and support plans demonstrating identification of perpetrators and safeguarding of victims using Respect assessment toolkit for work with male victims</b><br><br><b>Records of staff training in use of Respect toolkit and work with male victims</b> |
| 1.8 The organisation protects the security of women through use of confidential addresses and rigorous security measures.  | Measures to raise service users' security awareness and protect them from any contact made by their perpetrators, whether in refuge, in the community, online, or through other people.   | <b>Service user handbook/ house rules referring to premises security and protecting confidential addresses; service user guidance on online security including mobile devices; access to sanctuary schemes.</b><br><br>Health & Safety Policy; Data Protection Policy.   |
| 1.9 The organisation supports women to keep themselves and each other safe, and minimise the emotional pressure and control they are subjected to from their perpetrators.   | Individual and group work with service users to address their physical and psychological security.  | <b>Case notes; support plans;</b> group work session plans that cover physical and emotional safety.<br><br><b>Provision of group work programmes</b> , such as The Recovery Toolkit or The Power to Change.   |
| 1.10 Women are supported to report to the police and participate in the criminal justice system if they choose to.   | Provision of access to qualified advice and legal support with criminal, civil and family law matters, including child contact, divorce, and immigration applications.                    | <b>Case notes; support plans.</b><br>Partnership agreements between specialist services and legal services, including the police, SDVC's law firms etc.; <b>support to access injunctions.</b>   |

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| <p>1.11 All women survivors are provided with a female practitioner as their main, or key, support worker.</p>  | <p>All women survivors given a female key worker and female staff within the service to deal with all aspects of their practical safety and emotional wellbeing; best efforts made to secure female practitioners for women when referred to external services</p> | <p><b>Policy document showing organisational commitment to all female workforce in services for women survivors; organisational chart indicating gender of staff; statement in service user welcome pack, referral leaflets, information on website; requests for female interpreters, counsellors, housing officers, etc. when referring externally.</b></p>   |
| <p>1.12 Group work with perpetrators is accountable to victims, is Respect accredited or working towards Respect accreditation, and includes partner safety work as integral to any intervention with perpetrators.</p> | <p>Respect accreditation is in place or in process for any perpetrator programme linked to the organisation; women's safety work is in place for any partners or ex-partners.</p>  | <p><b>Respect accreditation certificate or evidence of accreditation in progress; group work contracts and information sharing agreements safeguarding women and children and following Respect guidelines; record of staff training from Respect on delivering perpetrator programmes and women's safety work: evidence of effective safeguarding responses to information shared by perpetrator &amp; referral to agency supporting female survivor, police, etc.</b></p> |

## Standard 2: Rights and access

Equal access to their rights and entitlements is ensured for all and barriers to equality are addressed.

| Standard 2: Evidence Guidance  |   |  |
|--|---|--|
| Standard   | Indicators  | Evidence sources (mandatory evidence marked in bold)   |
| 2.1 Women are believed and listened to with respect and sensitivity.   | Service users reporting feeling heard and respected; staff demonstrating empathy and non-judgmental practice in supervision and case notes.   | <b>Service user feedback</b> ; exit questionnaires; <b>minutes from a service user meeting</b> ; <b>case notes</b> , supervision notes.<br><br>Strategic business plan; service outcomes framework.  |
| 2.2 Women are informed of their legal and human rights and the services they are entitled to receive.  | Information being provided to all service users on their rights and entitlements in the service in a form they can access, and measures in place to address barriers to access for service users with additional language and communication needs | Website; <b>service user information/contract</b> ; <b>service user handbook</b> ; <b>service user charter</b> ; information in alternative formats; equality & diversity policy; disability discrimination policy; equal opportunities <b>action plan detailing how service users with language, literacy or communication needs will be helped to access service user information.</b> |
| 2.3 Women's needs are assessed in order to identify and address barriers to their safety and independence.   | Needs assessments demonstrating non-judgmental approaches, understanding of women's resilience, and coping strategies, and identification of the barriers for particular individuals due to the forms of discrimination they face in society      | <b>Needs assessments</b> , case notes and <b>support plans</b> ; annual demographic/profile data.  |
| 2.4 Service interventions and practice are respectful of women's rights to confidentiality and women are informed of situations where that confidentiality may be limited.                                   | Secure storage of records and information-sharing protocols operating in the interests of the survivor and her children rather than the interests or convenience of agencies.   | <b>Confidentiality, information sharing and data protection policies</b> ; <b>confidentiality agreement.</b>   |
| 2.5 Women have sufficient time to make informed decisions and no action is taken on their behalf without their prior knowledge, unless there is an overriding need to safeguard a child or vulnerable adult. | Informed consent being obtained before action is taken on behalf of a service user.   | <b>Case notes</b> ; service user agreement; case study.<br><br>Vulnerable <b>Adult Safeguarding Policy</b> , Children Safeguarding<br><b>Confidentiality, and Information Sharing Policy.</b>  |



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| <p>2.6 The organisation monitors service user profiles in order to identify and address underrepresentation of groups with protected characteristics under the Equality Act 2010.</p>                       | <p>Use of equality monitoring forms for service users to record self-definitions of gender identity, race, sexual orientation, ability, and other protected characteristics under the Equality Act 2010; review of the implications of underrepresentation in any category; strategies to address under-representation.</p>   | <p><b>Anonymous service user equality monitoring form</b> including protected characteristics and a 'prefer not to say' option; <b>data report; minutes of board discussion of data report.</b></p>   |
| <p>2.7 The organisation monitors management and staff profiles to ensure they are reflective of the diversity of service users in terms of their protected characteristics under the Equality Act 2010.</p> | <p>Use of equality monitoring forms for trustees, staff and service users to record self-definitions of gender identity, race, sexual orientation, ability and other protected characteristics under the Equality Act 2010; review of the implications of under-representation in any category in relation to service user data; strategies to address under-representation.</p>                            | <p><b>Anonymous trustee and staff equality monitoring forms</b> including protected characteristics under the Equality Act 2010 and a 'prefer not to say' option; <b>data report; minutes from board discussion of data report.</b></p> <p>Equality and Diversity policy; Recruitment and Selection Policy.</p> |
| <p>2.8 The particular and individual needs of Black and Minority Ethnic (BME) survivors are addressed.</p>  | <p>Internal measures to address service users' experiences of racism, and partnerships and referral pathways to survivor-led services for BME women to reduce survivors' isolation and address barriers to their attaining safety and independence.</p>   | <p>Case notes; support plans; referral data; <b>case study of working with a BME service user.</b></p> <p><b>Evidence of partnership working and signposting to specialist local or national BME services;</b> use of interpreting service.</p>   |
| <p>2.9 The organisation removes or reduces barriers to physical access, support and communication for disabled women and employs a social rather than a medical model of disability.</p>                    | <p>Policy and practice that takes the view that disabled people are disempowered by society rather than their impairment and is proactive in reducing barriers for women with physical and learning difficulties.</p>   | <p>Policy relating to disability; referral data; <b>evidence of signposting to a specialist local or national disabled women's DV service;</b> <b>case study of working with a service user who has a disability.</b></p>   |
| <p>2.10 The organisation ensures that it is accessible to lesbian, bisexual and trans survivors</p>   | <p>LBT women and their children are supported to access services. Their identity, gender expression and sexuality are respected, and they have their needs met. Where a service uses the Equality Act to limit access to services for trans survivors it does so legally, fairly and proportionately, recognising their strong duty of care to survivors and signposting to other appropriate agencies.</p> | <p><b>Fair Access / Fair Exit Policy for Survivors,</b> EDI Policy, publicity, <b>case notes and support plan,</b> robust and clear <b>evidence of signposting,</b> organisational information on appropriate services is available, values and ethos</p>   |

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|---|---|--|
| <p>2.11 The organisation refers to, and engages with, sexual violence, Black and Minority Ethnic (BME), Lesbian, Bisexual and Transgender (LBT), disabled, young women's and other dedicated specialist services to ensure that survivors with those identities or experiences can access a specialist or identity-based service delivered from a gendered perspective if they choose to.</p> | <p>Good working relationships with independent sexual violence and young women's services, and with BME, LBT and disabled women's organisations that are led by women with those identities, or links with relevant national organisations. Referral pathways to specialist services for survivors from these groups.</p> | <p><b>Evidence of referring to sexual violence, Black and Minority Ethnic (BME), Lesbian, Bisexual and Transgender (LBT), disabled, young women's and other dedicated specialist services.</b></p> <p>Evidence of partnership working with these services.</p>   |
| <p>2.12 The organisation responds positively to service users' needs around their faith and spirituality.</p>   | <p>The needs of current and potential service users in relation to their different faiths and expressions of spirituality are acknowledged and addressed by the organisation in a way that is inclusive of all faiths and none.</p>   | <p>Inclusion of faith and spirituality in <b>Equality &amp; Diversity Policy</b> and as a category on equalities monitoring forms, <b>needs assessments and support plans.</b></p> <p><b>Resources</b> made available e.g. prayer space; prayer mats; separate cooking utensils for religious dietary requirements; reference to these in the service user welcome pack.</p> <p>Inclusive images in communal spaces; activities for women and children around faith and spirituality e.g. Eid, Diwali, Yom Kippur.</p> |

## Standard 3: Physical and emotional health

Women and children's rights to the highest attainable standards of physical, sexual, reproductive and mental health are upheld, promoting long-term recovery and wellbeing.

| Standard 3: Evidence guidance  |  |  |
|--|--|--|
| Standard   | Indicators   | Evidence sources (mandatory evidence marked in bold)   |
| 3.1 The organisation ensures that women have access to medical care and health services appropriate to their needs.  | Needs assessment and support planning addressing women's physical, mental, sexual and reproductive health needs and referral pathways to local health services.  | <b>Needs assessments; support plans;</b> case notes.<br><br>Evidence of <b>referrals to health services.</b>   |
| 3.2 The organisation ensures that women have access to sexual health and pregnancy advice services and are supported to explore their options in pregnancy, including their right to choose a termination.   | Good working relationships with sexual health services and access to advice on exploring options in pregnancy, including abortion advice.  | Case notes; <b>support plans; referral documentation.</b><br><br><b>Evidence of partnership work</b> such as partnership agreements.   |
| 3.3 Women are enabled to disclose sexual violence, sexual exploitation and childhood sexual abuse and, where available, are offered specialist support with these issues from organisations accredited under the Rape Crisis England and Wales National Service Standards. | Acknowledgement and understanding across the organisation that there is a high incidence of sexual violence and abuse in histories of domestic violence and that sexual violence is a significant presenting issue.<br><br>Internal measures to support disclosures of sexual violence, sexual exploitation and childhood sexual abuse and provision of access, where possible, to therapeutic work delivered from a feminist perspective by a local Rape Crisis service or similar dedicated women's sexual violence organisation, if no Rape Crisis service available. | Policy statement recognising high incidence of sexual abuse and assault amongst women in general and women in abusive relationships in particular.<br><br>Reference to sexual violence, sexual exploitation, and sexual abuse in needs assessments & support plans.<br><br><b>Evidence of support provided with sexual violence &amp; abuse in case notes &amp; referrals to appropriate specialist services.</b><br><br><b>Records of staff training in supporting disclosures of sexual violence and responding appropriately.</b><br><br><b>Evidence of partnership work with Rape Crisis or other sexual violence services;</b> service level agreement with therapeutic service provider. |
| 3.4 Women have access to specialist support and mental health services to address coping strategies including substance misuse and other mental health issues.   | Referral pathways to and partnership work with substance misuse agencies and mental health services to maintain survivors in refuge and in their own homes.  | Referral documentation; <b>case notes; support plans;</b> needs assessments.<br><br>Staff training records.<br><br><b>Evidence of partnership work such as partnership agreements or Memorandum of understandings.</b>   |

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| <p>3.5 Women have access to individual counselling or group work to recognise their strengths and resources, and increase their capacity to identify the exercise of coercive control.</p> | <p>Access provided to individual counselling or group work that addresses gender inequality and offers tools for identifying the exercise of coercive control and developing confidence and assertiveness in relationships.</p> | <p><b>Session plans of groups work</b> provided in-house or by external therapeutic services; participant evaluation forms; <b>case notes</b>; support plans; <b>counselling referrals</b>.</p> |
|--|---|---|

## Standard 4: Stability, resilience, and autonomy

Survivors are supported to achieve long-term stability, independence, and freedom from abuse.

| Standard 4: Evidence guidance  |  |  |
|--|--|--|
| Standard   | Indicators   | Evidence sources (mandatory evidence marked in bold)   |
| 4.1 Women's needs are assessed on entry to the service, including their physical safety; health needs; children's needs; need for legal and immigration advice; and social and economic welfare. | Holistic needs assessments, including assessment of safety and risk, being carried out within two working days of arrival in the service.  | <b>Needs and risk assessments from the last 6 months.</b><br><br><b>Support Planning Policy/ Case Management policy.</b>   |
| 4.2 The organisation supports women to articulate their needs, access their rights and entitlements and take charge of decision-making about their own lives.                                    | Survivor-led needs assessment and support planning processes with planned support sessions at least weekly for the first month and then regularly by agreement to provide support and review progress. | <b>Case notes and support plans</b> covering at least two months within the last 6 months.   |
| 4.3 Women are encouraged to identify goals for the future and access or maintain education, training, and employment to maximise their financial independence.                                   | Attention to service users' needs in relation to education, training, and employment, particularly in leaving and resettlement processes.  | <b>Support plans;</b> case notes, session plans of ETE/life skills work provided in house or by external services.<br><br><b>Evidence of partnership work with Education, training and employment providers/women's centres.</b> |
| 4.4 Women are supported to participate in community life and to develop strong support networks.   | Service user involvement in group processes and support provided to rebuild safe networks in the community.  | Minutes of partially or fully service user-directed meetings; case notes;<br><b>outreach and resettlement support plans.</b><br><br>Annual report.   |
| 4.5 Women are supported to achieve financial stability and independence.   | Provision of access to specialist financial and debt advice services and support with money management skills.   | <b>Needs assessments; support plans;</b> case notes; records of sessions on financial management.<br><b>Evidence of partnership work with specialist debt/women's centres.</b>   |
| 4.6 Women are supported to access stable accommodation and resourced to sustain independent tenancies.   | Provision of access to housing and homelessness advice and support.  | <b>Support plans; case notes; referrals.</b><br>Refuges: license agreements, <b>move on policy;</b> partnership agreement or <b>protocol with local homelessness team.</b>   |

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| <p>4.7 Women have access to resettlement and follow-up services with exit strategies tailored to individual need, sufficient to sustain their move to independence without promoting dependence.</p> | <p>Provision of ongoing resettlement support to maximise service users' chances of sustaining their new tenancies and their move to independence.</p> | <p><b>Resettlement and follow-up support plans;</b> case notes; risk assessments of withdrawal of support.</p> |
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## Standard 5: Children and young people

The rights of children and young people to safety, education and family life are upheld.

| Standard 5: Evidence Guidance   |  |  |
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| Standard  | Indicators   | Evidence sources (mandatory evidence marked in bold)   |
| 5.1 The organisation has effective policies and procedures for safeguarding children.   | Staff training in child protection and information for service users on the approach taken by the organisation to safeguarding children.   | <b>Child Safeguarding Policy; Staff training records; service user information;</b> case notes or <b>documentation on a safeguarding referral.</b>   |
| 5.2 The physical, mental, and sexual health needs of children and young people are addressed through individual needs assessment and support planning processes appropriate to their ages.                  | Assessments and support plans for service users with children addressing the safety and wellbeing of children and demonstrating appropriate action to protect children when necessary. | Individual child(ren)'s <b>needs assessments &amp; support plan(s)</b> from within the last 6 months.<br><br>Needs assessments, case notes & support plan for a woman with child(ren).<br><br><b>Referrals to CAMHS or similar therapeutic services</b> for children and young people.   |
| 5.3 The organisation provides age-appropriate information for children and young people and supports the authentic voice of children and young people through participation, involvement, and consultation. | Children and young people of all ages are consulted regularly about things that affect them, such as their services, activities and play and study spaces.                             | <b>Policy statement on involvement of children and young people paralleling adult service user involvement policy</b><br><br><b>Information on the service in formats that children of different ages can understand.</b><br><br><b>Notes or drawings from consultation sessions</b> with children and young people: evidence of changes influenced by children and young people.            |
| 5.4 Pregnant women are enabled to make their own pregnancy and childbirth choices and are supported to prepare for caring for their babies.   | Pregnant women are supported to access impartial pregnancy advice, including advice on termination, and appropriate antenatal and post-natal health services.                          | Policy statement about service for pregnant women acknowledging high rate of domestic violence during pregnancy.<br><br><b>Effective working relationships with local health centres, ante-natal clinics, midwives, and social services,</b> if appropriate.<br><br>Checklist for planning arrangements for birth including birth partner, care of existing children, baby equipment needed. |

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| <p>5.5 Mothers of babies and children aged 0 to 3 years old are supported to care for themselves and their children and access resources to meet their own and their children's needs.</p>  | <p>Organisation has effective referral pathways and working relationships with midwives, health visitors and local services for under-5s.</p>  | <p><b>Needs assessments; support plans; case notes</b> showing individual support to mothers of babies and very young children who are struggling.</p> <p><b>Referrals to external agencies; examples of joint working with health visitors, children's centres, local parenting groups.</b></p>  |
| <p>5.6 Children and young people aged 3 to 11 years old are supported to understand their experiences of domestic violence, build their resilience and confidence, and attend nursery or school.</p>  | <p>Dedicated specialist children's work and/or referral to appropriate therapeutic services for children who have experienced trauma.</p> <p>Effective working relationships with local primary schools and nurseries.</p>   | <p>Needs assessments of children; <b>case notes; support plans;</b> &amp; records of children's work to process their experiences of domestic violence.</p> <p><b>Child friendly resources &amp; products of activities</b> incl. drawings, poems etc.</p> <p>Referrals to schools &amp; nurseries and <b>evidence of joint working to help children to integrate into their new school/ nursery.</b></p> <p><b>Referrals to therapeutic services, CAMHS, etc.</b> where appropriate to address the effects of living with domestic violence.</p>   |
| <p>5.7 Young people aged 11 to 18 years old are supported to understand their experiences of domestic violence, build their resilience and confidence, attend school or college, and be fully involved in decisions which affect their lives.</p> | <p>Dedicated specialist children and young people's work and/or referral to appropriate children and young people's therapeutic and wellbeing services.</p> <p>Measures to ensure prompt enrolment of children and young people in schools and colleges and access to social and recreational activities with their peers.</p> | <p><b>Children &amp; young people's case notes, support plans</b> &amp; records of children's work to process their experiences of domestic violence.</p> <p>Library of <b>relevant books &amp; resources</b> for children and young people; evidence of group work with children and young people</p> <p>Referrals to schools &amp; colleges and <b>evidence of joint working to help young people to integrate into their new school/ college.</b></p> <p><b>Referrals to specialist youth services, therapeutic services, CAMHS, etc.,</b> where appropriate, to address the effects of living with domestic violence.</p> |



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| <p>5.8 The organisation addresses the particular support needs of young women survivors of abusive relationships, builds their assertiveness and ensures their access to all rights and benefits.</p> | <p>Organisation acknowledges different needs of young women survivors, takes an inclusive and tailored approach to building their confidence and addressing their needs.</p> <p>Individual and group work with girls and young women that raises awareness of gender inequality and explores issues of consent, assertiveness in relationships and self-esteem.</p> | <p><b>Case notes; support plan</b> evidencing support to young women to access their entitlements</p> <p>Policy and procedures acknowledging particular needs and specifying tailored support provided for young women</p> <p>Group work session plans, participant evaluation forms, for tailored group work with young women on assertiveness, critical thinking skills, independent living, etc.</p> <p><b>Referrals to specialist counselling, therapeutic and support services for young women</b></p> |
| <p>5.9 Support is provided to mothers to develop their parenting resources and maintain and strengthen their relationships with their children.</p>   | <p>Parenting support work that affirms personal strengths and draws on personal and community resources, especially children's centres.</p>   | <p>Referral pathways to Children's Centres, Health Visitors, CAMHS.</p> <p><b>Case notes of support provided on parenting to mothers by children's workers</b></p> <p>Records of parenting programmes, workshops, etc.</p>  |
| <p>5.10 The organisation advocates for appropriate support for the non-abusing parent in order to improve the safety and well-being of children in family court and child protection procedures.</p>  | <p>Support and advocacy provided to service users involved in family court, child contact or child protection proceedings, or whose children have been removed from their care.</p>   | <p><b>Case notes</b> documenting support provided to enable children to remain in their mother's care where possible.</p>   |
| <p>5.11 The organisation ensures staff have the necessary skills and training to enable them to meet the assessed needs of children and young people.</p>   | <p>Employment of qualified children's/ youth workers and commitment to professional development on meeting children and young people's needs for all staff.</p>   | <p>Recruitment records, supervision notes, evidence of clinical supervision and <b>training records</b>.</p> <p>Ofsted registration of service if appropriate.</p>  |

## Standard 6: Leadership and prevention

Survivors' voices lead the development of strategic responses to VAWG.

| Standard 6: Evidence Guidance  |   |  |
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| Standard   | Indicators  | Evidence sources (mandatory evidence marked in bold)   |
| 6.1 The organisation engages with the local Violence Against Women and Girls strategy and supports women survivors to engage individually or through survivor forums.                                      | Provision of support to service user groups, autonomous survivor forums and individual service users who have moved on to independence to engage in strategic consultations and discussion.   | <b>Records of consultations involving service users;</b> case study of survivor who has moved on from the service to advocate for other survivors - this item may be older than 6 months.<br><b>Service user involvement policy;</b> Volunteer policy.   |
| 6.2 The organisation contributes to initiatives to educate children and young people around consent, healthy relationships, gender inequality and violence against women and girls.                        | Participation in partnerships to carry out educational work with young people on healthy relationships, gender inequality and violence against women and girls.                               | Minutes of partnership meetings discussing educational work.<br><b>Delivery of prevention work in schools/youth centres, children's centres.</b>   |
| 6.3 The organisation contributes to training and presentations to raise awareness of violence against women and girls and the needs of women survivors in communities and agencies                         | Participation in initiatives to deliver multi-agency training and awareness-raising on domestic violence as a gendered form of violence.  | <b>Records of inputs delivered;</b> minutes of planning meetings; feedback from participants; reference from stakeholder.  |
| 6.4 The organisation takes a strategic role in advocating with other agencies for improved responses to women survivors and their children.  | Work with other agencies to increase understanding of and responsiveness to survivors' needs and to address unsafe or discriminatory practices.   | <b>Complaint letters; email correspondence</b> with other agencies raising issues affecting service users; case or supervision notes documenting challenges to practice of others.   |
| 6.5 The organisation works with other dedicated Violence Against Women and Girls service providers to provide a collective women's sector voice in defining strategic goals and shaping service provision. | Active participation in local VAWG networks or partnerships with other dedicated specialist providers to advocate for all survivors of domestic violence                                      | <b>VAWG sector reference; minutes of partnership meetings;</b> partnership agreement or protocol for working together with another organisation.   |
| 6.6 Outcomes measures are survivor-identified.   | Organisation establishes survivors' desired outcomes as baseline for support work, or uses a recognised outcomes monitoring, and data collection system based on consultation with survivors. | <b>Policy statement that outcomes framework and monitoring system is led by survivor needs.</b><br><b>Case notes and support plans</b> reflect outcomes identified by survivors being supported by staff and negotiation around additional staff-identified outcomes.<br>Support plans signed by service user. |

## Standard 7: Governance and accountability

The organisation demonstrates women's leadership of services for women and children and is accountable to survivors and communities.

| Standard 7: Evidence Guidance   |  |   |
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| Standard  | Indicator  | Evidence sources (mandatory evidence marked in bold)  |
| 7.1 The organisation promotes a gendered understanding of domestic violence as a cause and consequence of women's inequality in all its publicity and promotional material.   | Violence against women and girls, or domestic violence as a gendered form of violence, being articulated as its primary purpose on the website and in promotional material.  | <b>Constitution/memorandum</b> & articles of association; <b>website</b> ; <b>annual report</b> ; promotional materials.  |
| 7.2(a) It is Women's Aid's aspiration that the organisation is led by women. The chair and vice chair of the board, a majority of trustees and the chief executive are positions held by and guaranteed to women. If part of a larger organisation the service is overseen by a separate committee which is women-led | The organisation is committed to being led 'by women and for women'. Policy and procedures guarantee the chair and vice chair of the board, at least 60% of trustees and the chief executive will be positions held by women.  | <b>Organisational chart showing gender of positions currently held.</b><br><b>Trustee/ Governance policy</b> or document guaranteeing restriction of named positions to women into the future.<br>Formal, clear written delegation of powers to women's committee/ steering group if part of a larger organisation. |
| 7.2(b) The organisation is managed by women. Where possible and appropriate, and to protect safety and quality of service to survivors, senior management positions are held by and guaranteed to women.  | The majority of senior management positions (defined as those reporting directly to the CEO) are held by women. The organisation demonstrates sensitivity to the issue through undertaking an Equality Impact Assessment for each senior management role as it becomes vacant. This should determine whether there is a case for restricting posts to female candidates as a genuine occupational requirement under Schedule 9 (part 1) of the Equality Act 2010. Further guidance on this process is provided in the annex. | <b>Organisational chart identifying gender of positions held currently.</b><br><b>Equality impact assessments</b> where applicable.   |

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| <p>7.3 Dedicated services for BME women survivors are led by BME women; the chair and vice chair of the board, the chief executive, senior managers and a majority of the trustees are BME women. Where the service is part of a larger organisation, the BME-specific project is managed by a separate BME women's board or steering group.</p> | <p>Policy and procedures guaranteeing named positions of responsibility including Chair, Vice Chair, Chief Executive and senior management positions, and a majority of trustees/committee members will be held by women.</p> | <p><b>Organisational chart showing gender and ethnicity of key positions held currently; Trustee/ Governance policy</b> or document guaranteeing restriction of named positions to BME women into the future.</p> <p>Formal, clear written delegation of powers to BME women's committee/ steering group if part of a larger organisation.</p> |
| <p>7.4 Where eligible, dedicated BME VAWG services are accredited against, or working towards, Imkaan Accredited Quality Standards or Imkaan Safe Minimum Practice Standards.</p>  | <p>BME VAWG services receive support and development from national expert body for service provision for BME women survivors.</p>   | <p><b>Imkaan accreditation</b> in place or in process for any eligible service; evidence of engagement with national networks of BME VAWG services.</p>  |
| <p>7.5 The organisation manages its funds entirely for the benefit of service users and employs robust financial and organisational risk management.</p>   | <p>Both restricted and unrestricted funds, including reserves above 6 months' running costs, committed to delivering and improving service to women and children survivors of domestic violence.</p>                          | <p>Strategic plan; <b>audited accounts. Reserves policy.</b></p> <p><b>Evidence of contingency planning</b> in the event that a major source of funding is lost.</p>   |
| <p>7.6 An outcomes-focused approach is taken to service provision and the organisation contributes to national evidence gathering on Violence Against Women and Girls (VAWG).</p>  | <p>Effective recording, monitoring and data collection to evidence outcomes and responding to national calls for anonymised data and evidence.</p>  | <p><b>Outcomes data reports;</b> annual survey returns.</p> <p><b>Staff training on best-case management and case recording practice; induction checklist/ programme.</b></p>  |
| <p>7.7 The organisation forms partnerships with other dedicated Violence Against Women and Girls (VAWG) service providers to protect and improve dedicated provision and unique specialisms, and, wherever possible, enters into noncompetition agreements.</p>  | <p>Effective partnership working with other grassroots women's sector providers to protect specialisms and develop integrated offers of complementary provision to commissioners.</p>   | <p><b>VAWG sector references</b> from each area they deliver in confirming they work supportively; <b>minutes of partnership meetings; partnership agreements;</b> noncompetition agreements; records of joint tenders or funding bids.</p> <p>Multi-agency working policy.</p>  |
| <p>7.8 Trustees understand the dynamics of Violence Against Women and Girls and principles of anti-oppressive practice.</p>  | <p>Training provided to all trustees in understanding VAWG, anti-oppressive practice and their duties to promote equality under the Equality Act 2010.</p>  | <p><b>Trustee recruitment &amp; induction policies &amp; procedure.</b></p> <p>Trustee job description and person specification.</p>   |

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| <p>7.9 Staff members are trained at least to the level of the Council of Europe Minimum Standards, and in line with the National Occupational Standards addressing Domestic and Sexual Abuse.</p> | <p>Initial training including understanding of the gendered dynamics of violence, awareness of different forms of violence against women, antidiscrimination and diversity, legal and welfare rights, as per the Council of Europe minimum standard and National Occupational Standards; staff skills, knowledge and competence being regularly maintained and improved.</p> | <p><b>Staff training records;</b> staff training audits or needs analyses – Women’s Aid will provide Council of Europe and NOS guidelines with application form and on managers’ Standards training.</p>   |
| <p>7.10 Staff receive the same pay for similar or equivalent work and pay is aligned to a nationally recognised pay scale.</p>  | <p>Service delivery staff are on the same pay scale for similar or equivalent work and their salaries are benchmarked across the sector</p>  | <p>Staff contracts; HR records; transparent <b>staff pay scales</b> available to all staff; <b>evidence of bench marking across the sector</b></p>   |
| <p>7.11 Measures are in place to ensure safe working practices and to protect the physical safety and mental wellbeing of staff.</p>  | <p>All staff are DBS checked. At least bi-monthly staff supervision, to include attention to welfare, personal and professional development; training on lone working, professional boundaries, secondary trauma.</p>  | <p><b>DBS checks;</b> supervision and appraisal policy; <b>staff supervision and appraisal record covering at least 6 in the last 12 months;</b> volunteer policy; volunteer supervision record; health &amp; safety at work policy; <b>lone working policy;</b> group or external supervision records; referral of staff for counselling.</p> |
| <p>7.12 Measures are in place to protect the safety and mental wellbeing of volunteers, and to ensure that volunteers are supported and developed while volunteering.</p>                         | <p>Volunteers are recruited, trained and supervised within a formal structured volunteer programme.</p>  | <p><b>Volunteer recruitment, induction, training, and support records;</b> volunteer code of conduct; evidence of ongoing training and development.</p>  |
| <p>7.13 Service users are involved in the planning and evaluation of services and there is a mechanism for the board to consult with current service users to inform its decision- making.</p>    | <p>Service user consultations and a formal process for board members to meet service users on a regular basis.</p>   | <p><b>Records of service user consultations; board meeting minutes</b> including board contact with service users.<br/><br/><b>Service user Involvement/Engagement Policy;</b> service user surveys.<br/><br/>Training programme for former service users to join the Board of Trustees</p>  |

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| <p>7.14 Opportunities are provided for autonomous staff organisation and there is a mechanism for the board to consult with staff to inform its decision-making.</p>  | <p>Recognition of entitlement to representation in staff contracts and a formal process for board members to meet staff reps or teams on a regular basis.</p> | <p><b>Staff contracts; minutes of board meetings including feedback from board contact with staff;</b> union organisation.<br/>Annual staff survey.</p>                              |
| <p>7.15 The organisation provides complaints and grievance processes for those who feel they have been discriminated against or mistreated, and informs all service users, staff and volunteers of these processes.</p> | <p>Robust complaints procedures for service users and external stakeholders, and grievance procedures for staff, including a whistleblowing policy.</p>       | <p><b>Complaints procedure; staff grievance procedure; whistleblowing policy; a complaint process from last 12 months,</b> or a verbal complaint minuted in a house meeting.</p>     |
| <p>7.16 The organisation prioritises conserving energy and the natural environment and has a purchasing policy aligned to these values.</p>   | <p>The organisation takes its responsibilities to protect the environment seriously and has practical measures in place.</p>                                  | <p><b>Environmental policy</b> with implementation plan including measures such as bicycle rack, energy purchased from renewable energy sources, labelled indoor recycling bins.</p> |

## Standard 7.2 Annex

Some Women's Aid members and NQS holders make use of exemptions set out in schedule 9 (Part 1) of the Equality Act 2010 to discriminate on the basis of sex in the employment of staff. Where they do so, this is on the grounds that this is an occupational requirement and a proportionate means of achieving a legitimate aim.

### **Occupational requirement**

Women Aid's charitable objects are "to promote the protection of women and children who have suffered from, or are exposed to, domestic abuse, including the preservation and protection of their mental and physical health, the relief of need and the promotion of research and education concerning gender-based violence." Its members and NQS holders support this mission. While Women Aid's members are diverse and support a range of people through their services, the core focus of the federation is women and children, therefore relating directly to the protected characteristic of sex. The main task of many jobs is to support women who are survivors of domestic abuse, and their children. Where members discriminate on grounds of sex in employment, the objective justification for this is that it is necessary to employ a woman to enable them to effectively support women and children, and not doing so would undermine their ability to fulfil this mission.

### **Legitimate aim**

Women Aid's members and NQS holders aim to ensure the health, welfare, and safety of the women they support and employ. It is widely acknowledged by expert service providers that single sex, trauma informed spaces are crucial in providing safe spaces for recovery from abuse and violence for women and their children. Domestic abuse is predominantly a crime committed by men against women, with women experiencing the most severe and dangerous forms of domestic abuse. Women in refuge remain particularly at risk from their former partners. This means that the most effective way of mitigating the risk to women fleeing domestic abuse is to remove access to them by men. A significant number of women escaping male violence are suffering from trauma, and for some the presence of males can trigger a trauma response. Research suggests that most women survivors of domestic abuse express a preference for single sex services.

## Timeframes of evidence

This table explains the age of documents which will be accepted:

| Document Name                          | Timeframe  |
|--|--|
| Referral data                          | No more than 6 months old  |
| Referrals to other agencies            | No more than 6 months old  |
| Needs assessments                      | No more than 6 months old  |
| Risk assessments                       | No more than 6 months old  |
| Support plans                          | No more than 6 months old  |
| Case notes                             | Covering at least 2 months and no more than 6 months old                                     |
| Evidence of group work sessions        | No more than 6 months old  |
| Service user feedback/exit surveys     | No more than 6 months old  |
| Minutes from service user meetings     | No more than 6 months old  |
| Minutes of board meetings              | Covering at least 2 meetings within a 6 month period and no more than 6 months old           |
| Strategic plan                         | Covering one year ahead of date of assessment  |
| Outcomes data                          | Covering a period of 3 months and no more than 6 months old                                  |
| Staff supervision and appraisal record | Covering at least 6 months in the last 12 months   |
| Record of a complaint process          | From the last 12 months  |
| Audited accounts/financial report      | Most recent audited accounts or a financial report no older than the previous financial year |
| All policies                           | No more than 3 years old and updated to include any new legislative guidance                 |

Thank you for taking the time to read the NQS Standards Manual. Please contact [nqs@womensaid.org.uk](mailto:nqs@womensaid.org.uk) if you have any questions about the NQS process. We wish you all the best in your quality journey.