

**An Audit of
Independent Sexual Violence Advisors (ISVAs)
in England and Wales**

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1. Executive Summary

This report concerns an audit of Independent Sexual Violence Advisors (ISVAs) in England and Wales. ISVAs play an important role in supporting individuals who experience sexual violence. Originally championed by the Home Office, which continues to fund a number of these posts, the role has developed variably. This audit sought to describe the work of ISVAs using an on-line audit tool. One hundred and forty-six ISVAs of the 251 (58%) who expressed an interest to participate in the audit completed the tool. The audit yielded new information including: a profile of ISVAs and of their clients, as well as a description of the way in which the role is being undertaken, the nature of caseloads and working practices, ISVA training and supervision, and ISVAs' perspectives on the role and its future. The findings have implications for policy and practice; these are framed in ten recommendations. Systematic research is needed, building on this audit, to deepen understanding of the effectiveness of the ISVA in supporting victim/survivors and to examine the role of specialist training in enhancing ISVA practice.

2. Introduction

Purpose of this Audit

- 2.1. There is currently a dearth of knowledge about the Independent Sexual Violence Advisor (ISVA) workforce and how the role is being implemented in England and Wales. When LimeCulture CIC launched their ISVA Development Programme in 2011 it became apparent, following receipt of applications for their course, that there were many more ISVAs working in the role than were believed to be in post.
- 2.2. In order to increase understanding of the ISVA workforce and the support available to victims of sexual violence, LimeCulture CIC, in collaboration with King's College London, developed an audit to assess the role of Independent Sexual Violence Advisors (ISVAs) across England and Wales.
- 2.3. This work aims to increase the understanding of how the ISVA role is being implemented across England and Wales, including examining the scope and range of the role, as well as developing a profile of ISVA clients and of ISVAs themselves.
- 2.4. This report contains the findings from an audit that was conducted during a four-week long period between August and September 2014.

Background and Policy Context

- 2.5. Independent Sexual Violence Advisors, or ISVAs, play an important role in supporting victims of sexual violence. They are victim-focused advocates who work with people who have experienced rape and sexual assault to help them to access the services they need.
- 2.6. There is no nationally agreed definition of an ISVA, nor is there a nationally accepted or recognised job description for the ISVA role. However, in 2010 the Home Office described the ISVAs role as follows¹:

¹ The Home Office used this definition in guidance issued to organisations (voluntary and community sector, SARC) applying for the ISVA fund available over the period 2010-2015.

'The support provided by an ISVA will vary from case to case, depending upon the requirements of the victim and their particular circumstances. However, the core role of an ISVA includes making sure that victims of sexual abuse have the best possible practical advice on what counselling and other services are available to them, on the process involved in reporting a crime to the police, and on taking their case through the criminal justice process, should they choose to do so' (also cited in (1); p. 55).

- 2.7. Unfortunately, there has been no consistently used definition of the ISVA role, with the Home Office and other government departments using differing terms to describe the role in various policy documents and press releases.
- 2.8. The Home Office originally championed the role of the ISVA in 2005/6, following the success of the role of the Independent Domestic Violence Advisor (IDVA). The Home Office was keen to adapt this role to meet the needs of victims of sexual violence and over the following few years, the Home Office provided funding² to specialist sexual violence organisations and Sexual Assault Referral Centres (SARCs) to increase the workforce of ISVAs across England and Wales.
- 2.9. In 2009, the Department of Health, Home Office and Association of Chief Police Officers (ACPO) issued guidance for providers and commissioners to support them in developing Sexual Assault Referral Centres (SARCs) ⁽²⁾. This guidance outlined 10 'minimum elements' of SARC service that local areas should work toward achieving in order to reduce the postcode lottery for victims. Element 7 states that all SARCs should provide *'Access to support, advocacy and follow-up provided through an independent sexual violence advisor (ISVA) service, including support throughout the criminal justice process, should the victim choose that route'*. The guidance also states that

² In 2011/12 following the publication of 'A Call to End Violence Against Women and Girls', the Home Office made a commitment to match-fund 87 ISVAs until 2015. The Home Office has also made funding available for a number of years for ISVAs to attend accredited training.

'ISVAs are trained and have access to continued professional development'
(p.28).

- 2.10. Since its introduction the role of the ISVA has broadly been considered a success. In 2010, when Baroness Stern conducted her independent review 'How Rape Complaints are Handled'⁽³⁾ she ran a series of focus groups and visited organisations throughout the country during which she found considerable support for the work of ISVAs. Baroness Stern stated;

'ISVAs support victims through the process, whether or not the case goes to trial (and indeed their support is particularly welcomed in dealing with the reactions when it is decided that the case is not going to trial), and afterwards. They do an impressive, important and very difficult job. The value of their support should not be underestimated.'⁽⁴⁾

An Increasing Workforce

- 2.11. Since 2005/6 there has been an increase in the number of ISVAs working across England and Wales, with ISVA roles created in a range of organisations including the voluntary and community sector, NHS, Local Authorities and the police. However, a comprehensive register of ISVAs has never been developed and this has meant that it has not been possible to keep track of the number of ISVA posts being created across the country. In the main, this is due to the fact that ISVA posts have been created without Home Office funding, meaning there is no obligation for employing organisations to provide monitoring information to the Home Office - or indeed any other central body - about the ISVAs they employ.
- 2.12. Additionally, there has not been any centrally coordinated regulation of ISVAs, or any restrictions placed on those who call themselves ISVAs. This has meant that organisations can recruit to an 'ISVA' post without having to register that position or ensure that the ISVA meets any professional standards.

- 2.13. This lack of coordination has probably resulted in limited knowledge about the development of the ISVA workforce beyond the 87 ISVAs that have been part-funded by the Home Office between 2011/12 and 2014/15.
- 2.14. Following the publication of their VAWG Strategy ‘A Call to End Violence Against Women’⁽⁵⁾ the Government included ISVAs in their subsequent VAWG Action Plans. For example, in the Action Plan published in 2013⁽⁶⁾ (action number 38) and 2014⁽⁷⁾ (action number 66) it states that the Home Office (lead department) will ‘*Support the ISVA Network in increasing effectiveness and building capacity to support victims of sexual assault, including: establishing and maintaining a central register of ISVAs; raising the profile of the role amongst statutory agencies; leading quarterly regional focus groups*’.
- 2.15. While the Home Office has delivered its commitment to provide match-funding to 87 ISVAs across England and Wales, it has made limited progress towards delivering the actions³ to support the ISVA Network in building effectiveness and capacity. Although a number of attempts have been made to collect information about individual ISVAs, a central register of ISVAs is yet to be properly developed. Further, there is limited evidence of work undertaken by the Home Office to raise the profile of ISVAs amongst statutory agencies. As far as the authors are aware, the Home Office has held only three focus groups with ISVAs since the publication of the Action Plans (two in 2012 conducted by the LimeCulture CIC with the Home Office, and one conducted by the Home Office in 2014).

Existing Knowledge

- 2.16. There has been limited research into the role of the ISVA, with the exception of a process evaluation, commissioned by the Home Office, conducted by Robinson in 2009⁽⁸⁾. To the authors’ knowledge there has been no published research since 2009, although Professor Marianne Hester’s team at the University of Bristol are currently undertaking research on the impact of ISVAs in the North East of England (Sarah Jane Walker, personal communication,

³ Action 23 in Action Plan 2013, and Action 44 in Action Plan 2014.

31/10/2014⁽⁹⁾). This research has been funded by Northern Rock Foundation and is due for publication in March 2015.

- 2.17. In light of the lack of knowledge and understanding of how the ISVA role has developed in England and Wales, LimeCulture CIC decided to conduct an audit of ISVAs in order to: assess how many ISVAs are currently in the role; ascertain how the role differs between ISVAs, establish a profile of ISVAs and their clients.
- 2.18. LimeCulture CIC is a specialist sexual violence organisation with the aim of improving the competence and confidence of frontline professionals (and their agencies) responding to victims of sexual violence. Since 2011, LimeCulture CIC has successfully supported over 1,000 frontline practitioners (both statutory and voluntary and community sector), enabling them to be better equipped to respond to people (adults, young people and children, both male and female) who have experienced sexual violence through bespoke, comprehensive and supporting competence-based training courses and development programmes.
- 2.19. LimeCulture CIC has an Independent Advisory Board, chaired by Baroness Gould of Potternewton. The purpose of the Advisory Board is to provide strategic direction for the development of the organisation by providing high-level strategic guidance and advice and acting as a thoughtful sounding board to LimeCulture CIC. The Advisory Board is made up of a range of highly skilled individuals from different professional backgrounds, bringing a wealth of knowledge and experience to support LimeCulture CIC as it develops as a leading sexual violence organisation.

3. Method

- 3.1. The audit involved administration of an on-line audit tool, developed by LimeCulture CIC and King's College London. The tool was piloted with three ISVAs who volunteered to provide feedback on the content and the on-line format.
- 3.2. The final version of the tool comprised both quantitative (closed questions, including Likert scales) and qualitative (open questions) items.
- 3.3. LimeCulture CIC circulated an email to their contact directory, requesting ISVAs who would like to take part in the audit to contact them and provide their email addresses so that they could be sent the audit tool. This created a snowball effect, with the LimeCulture CIC email being circulated widely and creating interest amongst ISVAs who had not previously been known to LimeCulture CIC.
- 3.4. A total of 251 ISVAs requested to take part in the audit. They were then sent an email formally inviting them to complete the on-line tool. The audit occurred over a four-week period (between Wednesday 20 August and Wednesday 17 September). Two reminders were sent, at regular intervals, to those who had not yet completed the tool.
- 3.5. The audit was completed by 146 of the 251 (58% response rate) ISVAs who initially requested to take part. The data were analysed using descriptive statistics. Qualitative data was used to elucidate further the quantitative data as appropriate.

4. Findings

The findings of the audit are reported below. It should be noted that for some questions, ISVAs were invited to tick all relevant aspects (e.g. what age groups do your clients belong to?). Therefore, in describing particular aspects of the ISVA role the totals associated with that question will not sum to 100 (e.g. ISVAs invariably work across a range of age groups as seen in paragraph 4.2.2 and Figure 5).

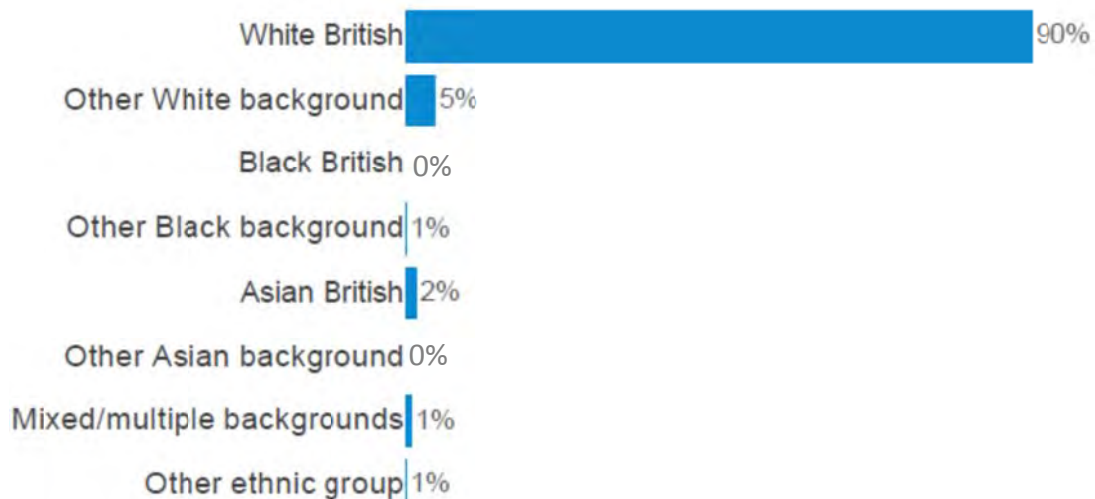
4.1. A Profile of ISVAs

4.1.1. Demographic data were collected in order to develop a profile of ISVAs.

4.1.2. Almost all ISVAs were female (97%).

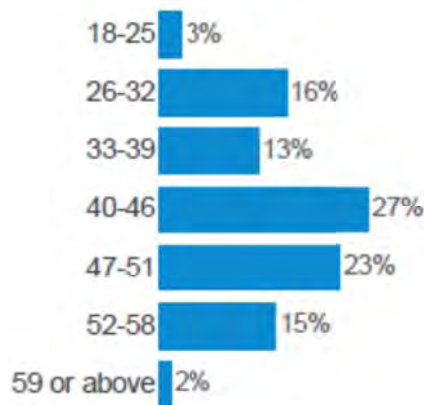
4.1.3. The majority were White British in ethnic origin (90%); the remaining 10% of the sample were Other White background (5%), Black (1%), Asian British (2%), and Mixed/multiple background or Other ethnic group (2%); refer Figure 1).

Figure 1: Ethnic Origin



4.1.4. Half of the ISVAs were aged between 40 and 51 years (40-46, 27%; 47-51, 23%), with the remainder showing a wide age profile: 26-32 years (16%), 52-58 years (15%), 33-39% (13%), 18-25 years (3%), and ≥ 59 years (2%); refer Figure 2).

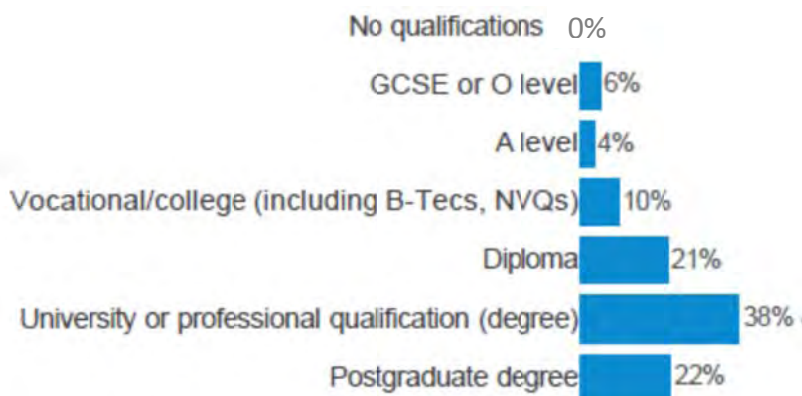
Figure 2: Age



4.1.5. For the vast majority of ISVAs (98%) English was their first language. A small number of ISVAs spoke a second language fluently including Punjabi, Gujarati, Hindi, Urdu, Polish, France, Spanish, Shona, Zulu, Venda and Ndebele (the latter four all by one individual).

4.1.6. In terms of the highest educational qualification obtained, the majority of ISVAs had completed a University or professional qualification (38%); 22% had obtained a postgraduate degree, 21% a diploma, 10% a vocational/college level qualification, 4% A level and 6% GCSE qualifications (refer Figure 3).

Figure 3: Highest Educational Qualification



4.1.7. Participating ISVAs were geographically widespread. Twenty five percent of respondents were located in the South of England (South West 10%; South East 15%), 23% in the North (North West 11%; North East 12%); 24% in the Midlands (West Midlands 14%; East Midlands 10%), 8% in East Anglia, 8% in Yorkshire & Humberside, 8% in Wales, 6% in Greater London, and 1% in Scotland⁴ (refer Figure 4).

Figure 4: Geographical Representation of ISVA Service



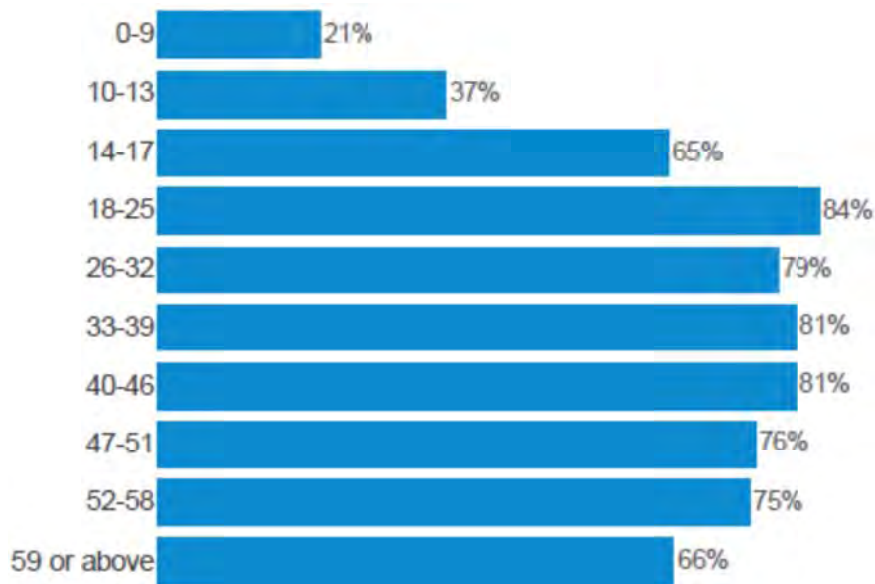
⁴ The authors were not aware of any ISVA services operating in Northern Ireland or Scotland at the time of developing the audit. The participation of a single ISVA who reported working in Scotland suggests that there may be an ISVA service in operation in Scotland.

4.2. A Profile of ISVA Client :

4.2.1. The majority of ISVAs reported that their clients were mostly female; 14% reported working exclusively with women and girls. Just 3% of ISVAs noted that their clients were mostly men (2%) or exclusively men (1%).

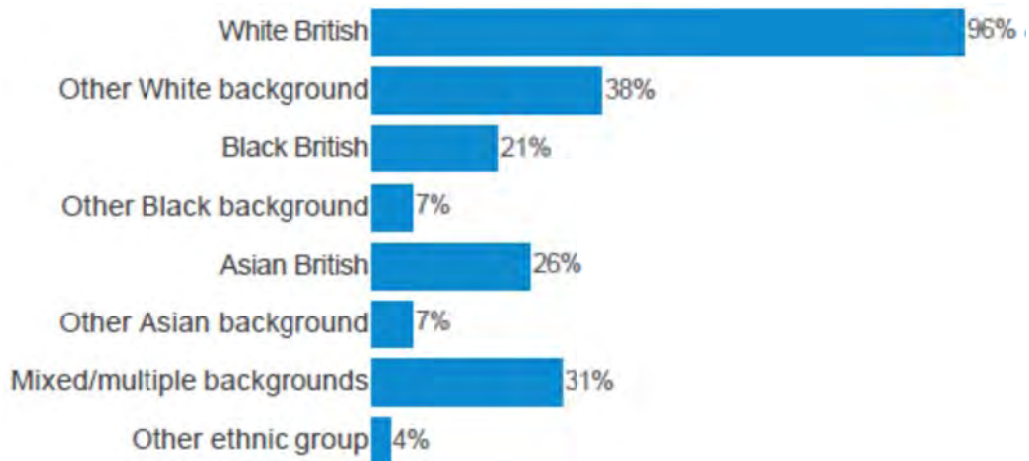
4.2.2. In terms of age (refer Figure 5), adult clients ranged considerably from 18 to 59 years and over. ISVAs saw fewer children than adults: across participants 65% reported seeing children between 14-17 years; 37% between 10-13 years and 21% below 10 years of age.

Figure 5: Client Age



4.2.3. The majority of ISVA clients are White British in ethnic origin (96%). However, ISVAs also reported seeing clients from a range of ethnic backgrounds including Other White (38%), Mixed/multiple background or Other ethnic group (35%), Asian (33%), and Black (28%; refer Figure 6).

Figure 6: Client Ethnic Origin



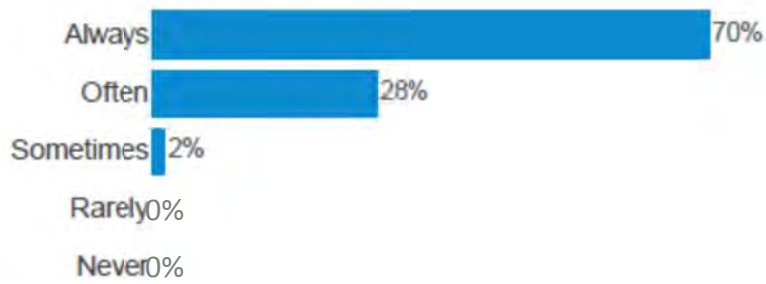
4.2.4. Thirty-eight percent of ISVAs reported seeing clients who identified themselves as sex workers. Further, when asked to estimate the proportion of their case load that involved sex workers, 23% of ISVAs reported no cases but the majority (65%) estimated around 10% of their clients to be sex workers. Three ISVAs (6%) worked exclusively with sex workers.

4.2.5. The location of the sexual assault or rape of most ISVA clients was committed in private settings (74%), and the incident usually involved a single perpetrator (97%), most commonly a partner/ex-partner (60%), family member (52%), or an acquaintance (10%). Some ISVAs also noted that perpetrators were ‘punters’ or the clients of the sex workers involved. The majority of ISVAs (75%) reported that rape by a stranger was the least common type of sexual offence in their caseload.

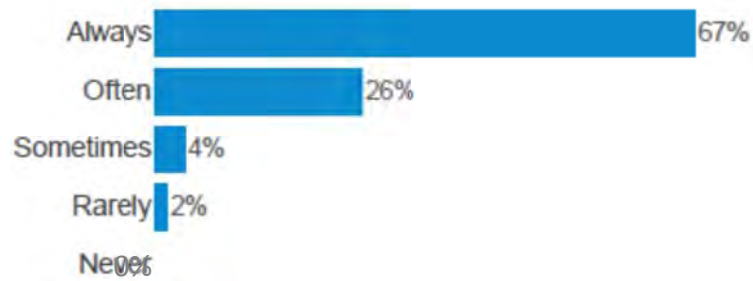
4.2.6. ISVAs were asked to indicate which of the services they offered were most accessed by clients on a scale of 1-5 (refer Figures 7a to 7j for detail). Overall, services reported as ‘always accessed’ were emotional support (by 70% of ISVAs), raising awareness of the Criminal Justice System (CJS) and process (67%), raising awareness of legal rights (18%) and court visits (32%).

Figures 7: ISVA Services Accessed

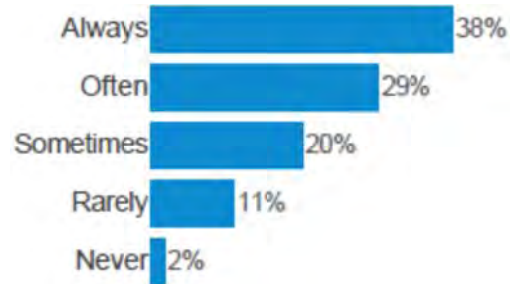
7a. Emotional support



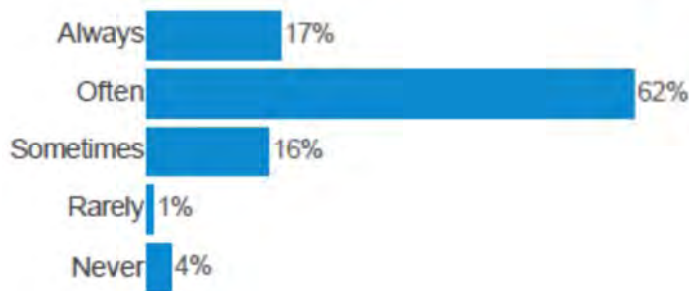
7b. Raising awareness of the Criminal Justice System and processes



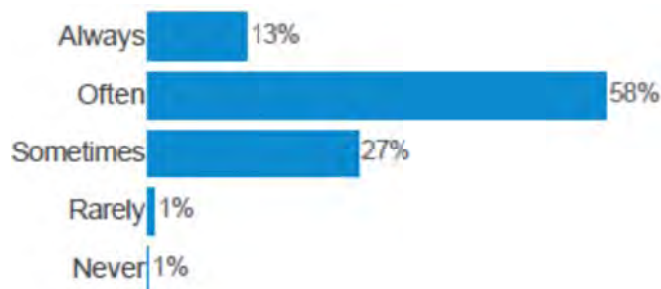
7c. Raising awareness of legal rights



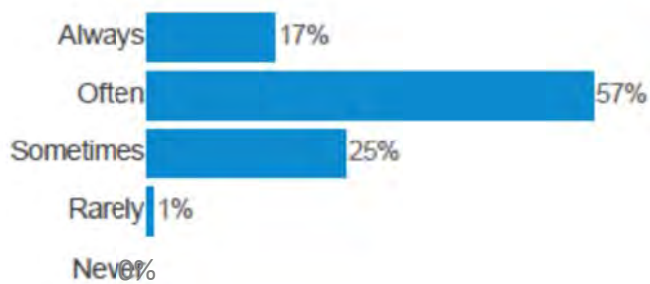
7d. Counselling⁵



7e. Referrals to other services

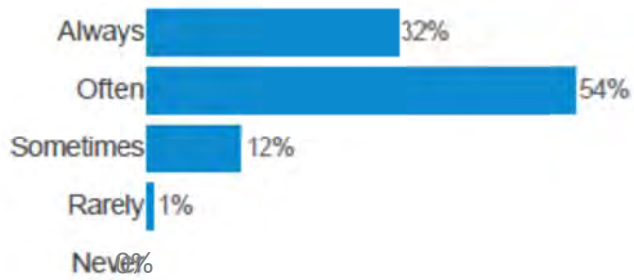


7f. Signposting to other services

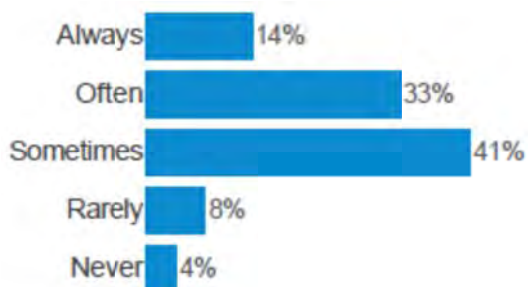


⁵ ISVAs were making reference here to counselling services available on the same site as their own service, rather than counselling offered by themselves. This was seen as optimal. ISVAs who had to refer clients to counselling services located elsewhere expressed a preference for clients to be able to access both ISVA and counselling services at a single location.

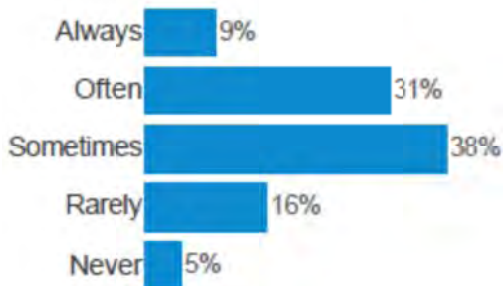
7g. Court visits



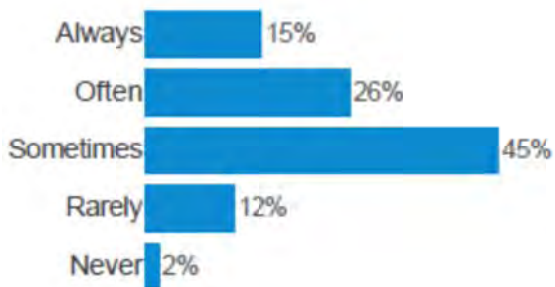
7h. Coordination of services



7i. Making applications on behalf of the clients



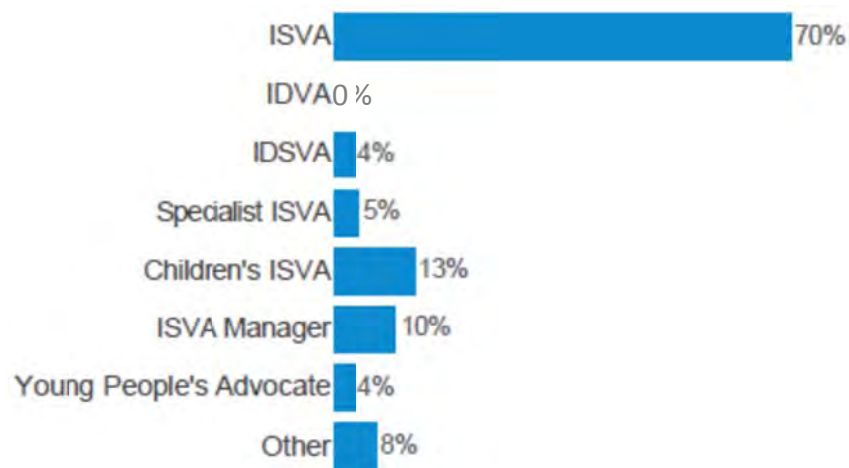
7j. Attending appointments with clients



4.3. The ISVA Role

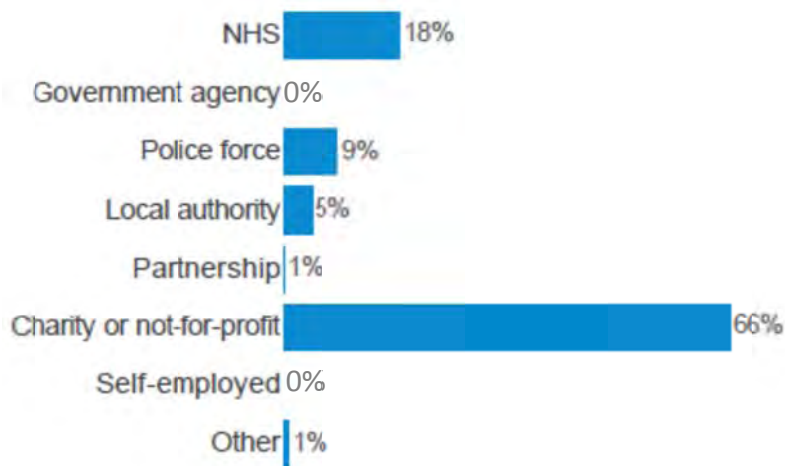
4.3.1. Participants worked in a variety of ISVA-related roles: 70% were currently working as an ISVA, 13% as a Children's ISVA, 10% as an ISVA Manager, 5% as a Specialist ISVA, 4% as an IDSVA, and 4% as a Young People's Advocate. A further 8% reported currently working in a range of other roles (e.g. Domestic Violence Strategic Coordinator; Young People's Violence Advocate Coordinator; Independent Stalking Advocacy Caseworker; refer Figure 8).

Figure 8: Current Role



4.3.2. The majority of ISVAs were currently being employed full-time (70%) with the remainder part-time (30%). Nearly half (49%) were on a permanent contract; 38% were on a fixed-term contract, and 13% on a temporary contract. Most ISVAs were employed by a charity or a not-for-profit organisation (66%), followed by the NHS (18%), police (9%), local authority (5%), or a partnership (1%; i.e. a collaboration where ISVAs are hosted by a service, but funded by a different statutory partner; refer Figure 9).

Figure 9: Employing Agency



4.3.3. While there is significant overlap, the service within which an ISVA works might be slightly different to the organisation employing them (e.g. NHS employee working in a SARF). While the figures for 'which service an ISVA worked in' mirror the use of the employing organisation 4.3.2, just over a quarter worked of ISVAs in a SARF (26%).

4.3.4. The Home Office part-funded almost half (48%) of the participating ISVAs' roles; 17% were funded by the ISVA's employer and 30% by a variety of other funders (e.g. Big Lottery, Police and Crime Commissioner, Ministry of Justice, Comic Relief, Children in Need, and pooled funds from a variety of sources). A small minority were unaware of who funded their post (5%).

4.3.5. A large number of participants reported working alone (43%), while 57% worked as part of a team. Teams included on average three other ISVAs as well as a range of other professionals in related roles (e.g. crisis workers, counsellors, administrators).

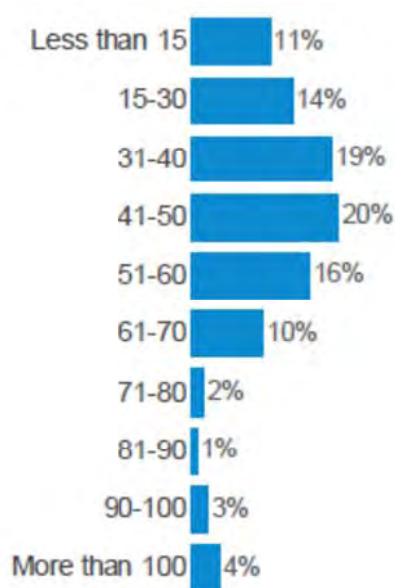
4.4. ISVA Caseloads and Working Practices

4.4.1. One hundred and thirty-eight of the 146 participating ISVAs (95%) were currently carrying (37%) or had previously (8%) carried a caseload as an ISVA. Surprisingly, given the audit sampling method, eight ISVAs (5%) reported never having carried a caseload; while it was not possible to

determine, it is likely that these individuals were ISVA managers. The following section analysis is restricted to ISVAs with a current or previous caseload.

4.4.2. The average size of ISVA caseloads varied from fewer than 15 cases (11%) to more than 100 (4%), although most commonly this is between 41 to 50 cases (20%), followed by 31 to 40 cases (19%), and 51 to 60 cases (16%). (refer Figure 10).

Figure 10: Average Caseload

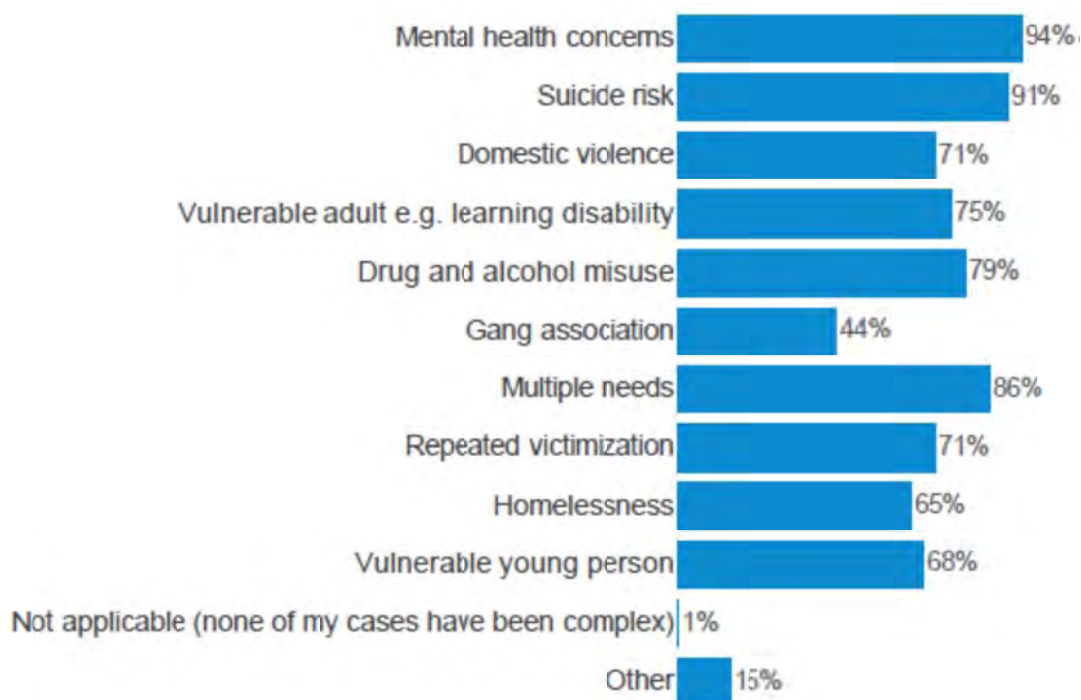


4.4.3. ISVAs received referrals from a wide range of organisations. The organisations from which ISVAs reported most frequently getting referrals were the police (96% of ISVAs reported referrals from this source) and SARC (91%). Ninety percent of ISVAs received self-referrals. ISVAs also reported referrals from a charity/not-for-profit organisation (75%), specialist domestic abuse services (70%), social services (57%), sexual health clinics (63%), GP (61%), drug and alcohol services (58%), hospital (45%), housing (41%), and other organisations (26%; e.g. youth offending team, probation, schools).

4.4.4. ISVAs described the majority of their cases as currently active (84%). In terms of the complexity of these cases, 8% of ISVAs reported that all of their cases were complex, 41% that they were mostly complex, and 45% that

approximately half of their cases were complex in nature. ISVAs viewed complexity as involving the presence of a variety of factors (refer Figure 11): mental health concerns (94%); suicide risk (91%); multiple needs (86%); drug and alcohol misuse (79%); vulnerable adult, e.g. presence of learning disability (75%); domestic violence and repeated victimisation (both 71%); vulnerable young person (68%); homelessness 65%; gang association (44%).

Figure 11: Caseload Complexity



4.4.5. ISVAs reported that they interacted with clients on first contact predominantly by telephone (78%). Thereafter face-to-face contact was preferred and used predominantly for the initial assessment of the client and his/her needs (79%), interactions prior to criminal proceeding (89%), and at point of exit (81%).

4.4.6. On-going support was provided through face-to-face meetings (51%) and via the telephone (46%). While some ISVAs commented that younger clients prefer to make use of texting, they preferred not to make use of social media for working with clients.

4.4.7. The majority of ISVAs conducted a risk assessment using formal tools (81%), most frequently the CAADA DASH Risk Identification Check-list⁽⁹⁾ and an in-

house risk assessment process. The vast majority of ISVAs (98%) reported feeling confident in assessing risk. Two ISVAs reported not conducting risk assessments.

4.4.8. The participants indicated that risk assessment was employed to identify the presence of the following risks: suicide, self-harm and safeguarding (91%); domestic violence (89%); mental health issues (88%); drug and alcohol issues (83%); sexual exploitation (78%); risk of perpetrator contact (77%); stalking (70%); honour-based or similar violence (68%); trafficking (62%); and gang involvement (51%).

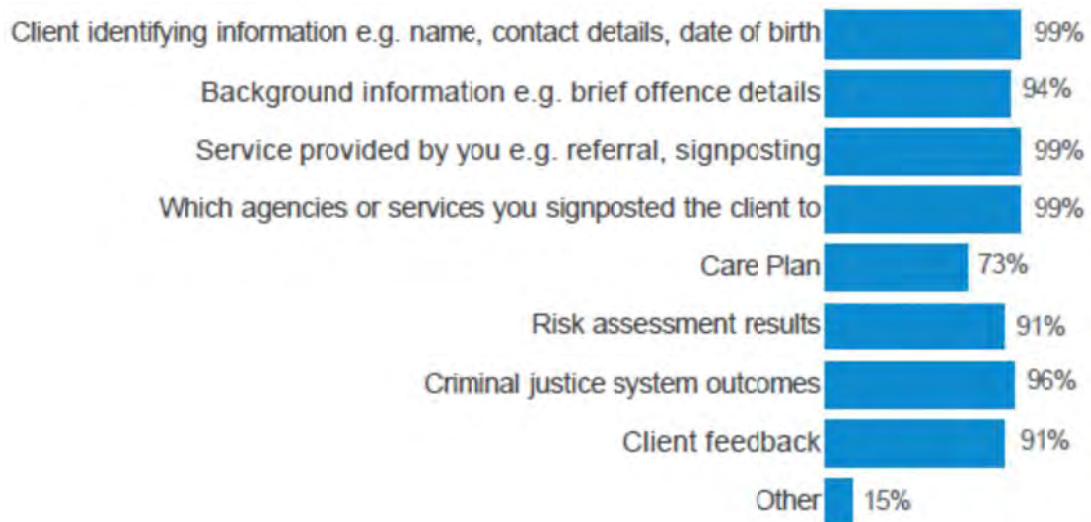
4.4.9. ISVAs described making their clients aware of the full range of services available to them. All ISVAs reported making the client aware of the ISVAs role in providing emotional support (100%) and court visits (100%) and almost all informed clients of their ability to signpost to other services (98%) and raise understanding of the CJS and associated processes (98%). The other elements of the ISVA service were described to clients in over 75% of cases for all ISVAs.

4.4.10. ISVAs reported most commonly signposting their clients to housing (91%), counselling services (91%), sexual health services (89%), alcohol and drug services (88%), mental health services (87%), police (85%), welfare and benefit services (85%), other voluntary sector services (83%), GP services (83%), social care (75%), self-help groups (73%), and witness care (71%).

4.4.11. The majority of ISVAs (95%) recorded and stored clients' information using a bespoke computerised data collection system (65%), paper-based (57%) or electronic forms such as Excel or Word templates (45%).

4.4.12. Almost all ISVAs (99%) collected clients' demographic information and recorded the nature of the service they provided to clients. The majority also maintained records pertaining to background information (e.g. brief offence details; 94%), risk assessment results (91%), CJS outcome (96%), client feedback (91%), and client care plans (73%; refer Figure 12).

Figure 12: Nature of Collected Client Data



4.4.13. Clients' information was reported as being collected on every contact (76%), on initial contact (56%), and post support (20%; refer Figure 13), in order to provide information to commissioners/funders (96%) and to monitor service improvement (83%), but also to monitor ISVAs' own performance (79%), client progress (78%) and to create a tailored support package for clients (65%; refer Figure 14).

Figure 13: Data Collection Points

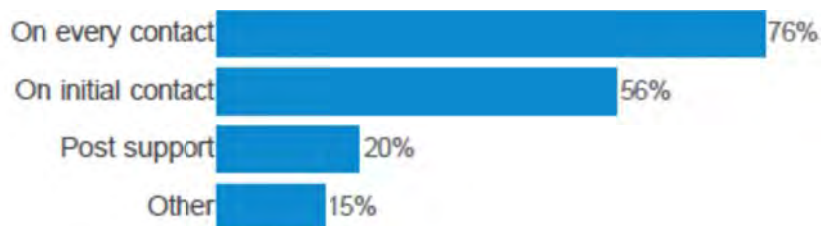
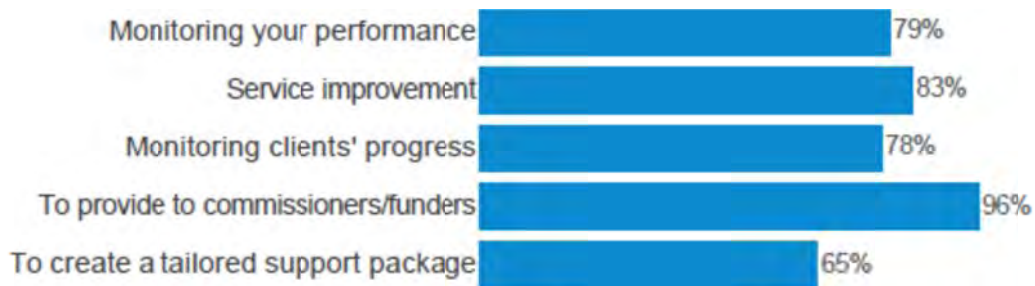


Figure 14: Purpose of Data

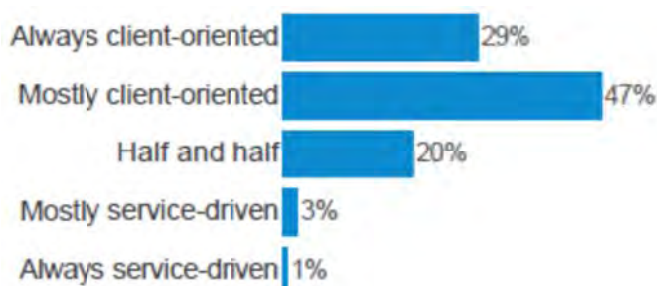


4.4.14. The nature of ISVA client contact usually involved a joint decision, made by the ISVA and the client (38%) or was determined by the client alone (36%). In a minority of cases (13%), the ISVA would decide the nature of the service provided to a client (refer Figure 15). Nevertheless, the service offered was mostly or always client-oriented (76%), rather than service-driven (4%). (refer Figure 16).

Figure 15: Determining the Nature of the ISVA Service



Figure 16: Orientation of ISVA Service



4.4.15. The duration of ISVAs' work with clients differed depending on whether the case involved the CJS or not. For cases progressing through the CJS, ISVAs reported working with clients for periods between 6 and 36 months, with an

average of 12-18 months. For cases not involving the CJS, engagement with the clients ranged between 4 weeks and 24 months, with an average of 6 months.

4.4.16. The majority of ISVAs reported terminating their engagement with clients following a joint decision or mutual agreement with the client (73%), when they believed the client's needs had been met (51%), or after the court case (where relevant, 41%). A small number of ISVAs noted that their work with clients was defined by certain parameters (e.g. support is terminated eight sessions after court case; client has not responded to up to three attempts to make contact).

4.4.17. The majority of ISVAs (80%) followed a specific procedure when terminating with their clients. This usually involved a review of what had been achieved to date, an evaluation of the service provided by the ISVA, an exit strategy/plan, and closure of the case-file. A proportion of ISVAs (25%) continued to have contact with clients beyond the point of termination since some services offer open-ended support and certain ISVAs choose to follow up on clients as specified in their exit procedure. ISVAs noted that occasionally clients re-referred themselves to the same or a different service offered in the same organisation.

4.4.18. Aside from working with clients, 85% of ISVAs reported being involved more generally in raising awareness of their role. ISVAs perceived awareness to vary across a range of organisations: partner organisations were described predominantly as fairly aware (57%) with equal proportions of ISVAs also describing them as fully or only a little aware (both 21%). Both national and local government were described mainly as fairly (45% and 37% respectively) or a little aware (39% and 43% respectively), as was the CJS (48% fairly aware, 44% a little aware). The public by contrast was seen as not at all aware (45%) or only a little aware (45%) of the ISVA role.

4.4.19. Despite this reported variability in awareness, the majority of ISVAs described their service as very well received (45%) or fairly well (47%) received by other agencies and organisations.

4.5. ISVA Training and Supervision

4.5.1. Just over three quarters of ISVAs reported having undertaken specialist, accredited training (78%) relating to their role (refer to Appendix 1 for a synopsis of currently available ISVA training); the remaining 22% had not undertaken any training. The training programmes accessed by ISVAs are shown in Figure 17 and reflect a range of organisations.

4.5.2. Almost a fifth of ISVAs were attending an ISVA-related training programme at the time of the survey (19%). As with previous training, a variety of programmes were being accessed (refer Figure 18) although the majority were enrolled on a LimeCulture CIC course. It is probable that this reflects the way in which the sample was derived; that is, through LimeCulture CIC itself.

Figure 17: Previously Accessed Training Programmes

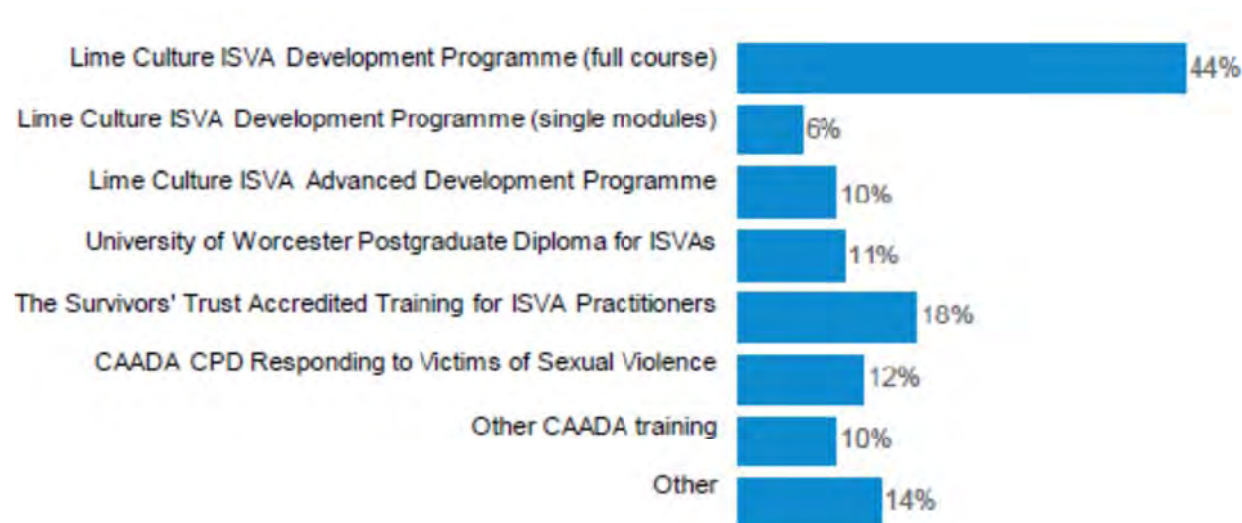
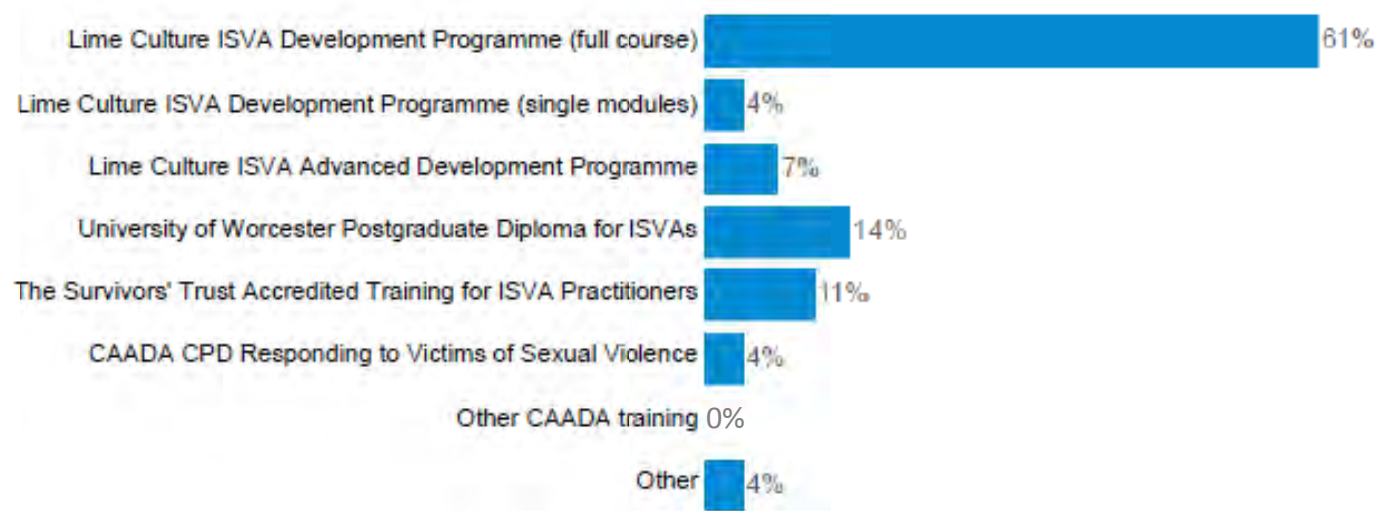


Figure 18: Current Training Programmes



- 4.5.3. ISVA training was funded predominantly by the service in which the ISVA was employed (51%) or the Home Office (44%). A small number of ISVAs (5%) reported being funded by other sources. Only one ISVA was self-funded.
- 4.5.4. ISVAs provided a range of reasons for attending training. These included: being interested in learning more (36%), training being a requirement of their organisation (32%), and training being recommended by funders (8%). The remainder cited other reasons or had not attended any training.
- 4.5.5. The vast majority of ISVAs agreed with two statements: that all ISVAs should attend on-going Continuing Professional Development (CPD) training (94%; 84% strongly agree, 10% slightly agree) and that all ISVAs should receive further training in addition to specialist ISVA training (90%; 77% strongly agree, 13% slightly agree).
- 4.5.6. For those ISVAs currently carrying a caseload, the nature of their supervision was explored. Management supervision (i.e. supervision around managing practice) was available for 91% of ISVAs, and this was often accompanied by individual clinical supervision (81%).
- 4.5.7. The frequency of both types of supervision was monthly for just over half of the participants (57% management supervision; 55% individual clinical supervision). Over half of the participants (57%) also received peer supervision, accessed on ad hoc basis for the majority (40%).
- 4.5.8. ISVAs described being either fully confident (58%) or fairly confident (42%), and fully competent (70%) or fairly competent (30%), in their ability to undertake the role. Some ISVAs noted that personal practice can always improve. Knowledge, skills, experience, training and excellent support were cited as reasons for confidence. Complex cases were most frequently given as the reason for lacking confidence.

4.6. ISVA Perspectives

- 4.6.1. Participants almost unanimously agreed that it is very (78%) or fairly (21%) important for ISVAs to work within defined professional standards (99%), and that it is very (66%) or fairly (25%) important for ISVAs to be regulated by a 'professional body' (91%). ISVAs noted that professionalisation of their workforce would enable others (inside and outside the CJS) to see the service as professional; create service standards to protect the worker and client; increase recognition and respect for the role; increase quality, promote best practice and ensure consistency of service to survivors irrespective of location; and create an accountable service. A very small minority were concerned that professionalisation would detract from the service being victim-led.
- 4.6.2. In terms of the nature of the current service offered by ISVAs, a quarter of participants (25%) expressed the view that there are currently gaps in service provision. These gaps included: a service not offering a particular aspect of provision because of time constraints (e.g. attending court/verdict/sentencing with the survivor, home visits); lack of time to undertake outreach work (e.g. to under-represented groups); and various parts of the country seen as under-served, particularly those that are more remote or where large areas served by a small number of ISVAs (32% of ISVAs reported gaps of this nature in their local area). A number of ISVAs would have liked their service to offer counselling on the same site as the ISVA was located rather than referring clients elsewhere. Just over a third of ISVAs (36%) reported being aware of potential clients who were not eligible to receive their services. These included younger children (under 14/13 years of age), historic cases, men, those with convictions for sexual offences, and individuals with severe mental health needs.

5. Conclusions

This report documents findings from an audit of 146 ISVAs conducted between 20 August and 17 September 2014. Given the paucity of work on ISVAs, this audit provides a useful description of the ISVA role. It has implications for both policy and practice.

Nevertheless, the findings need to be interpreted with some caution as the audit suffered a number of limitations. In an attempt to identify how many ISVAs are currently working in England and Wales a snow-balling technique was used; however, it is likely that not all ISVAs were aware of the survey. Further, a 58% response rate was achieved (146 of the 251 ISVAs who requested to participate completed the audit tool). While this is an acceptable response rate for an on-line audit, this sample may not be representative of the ISVA population.

This work provides a useful snapshot of current ISVA practice but more work, including systematic research, is required to fully understand the role of the ISVA and the benefits thereof for survivors of sexual violence.

6. Recommendations

The audit of ISVAs has identified a wealth of information regarding the ISVA workforce that was previously unknown, despite suffering a number of limitations. The findings have implications for policy and practice. The following recommendations are made:

Recommendation 1: Increase the number of ISVAs

There is a need to increase the number of ISVAs working across England and Wales. Although the average size of ISVA caseloads was between 30-60 survivors, it is of concern that a fifth (20%) of ISVAs reported average 'live' case loads of over 60 clients particularly in light of complexity of many ISVA cases.

While it is not possible from the information collected in the audit to know the nature of support provided by the ISVAs with caseloads of over 60 clients, or indeed the complexity of these cases, a common sense approach would suggest that where the ISVAs' caseload averages over 60, such a volume could, at best, contribute to burnout of the ISVAs and at worst, be dangerous to victims and ISVAs if cases are not managed effectively.

Furthermore, a quarter (25%) of ISVAs participating in the audit expressed the view that there are currently gaps in ISVA service provision and more than a third (36%) indicated being aware of client groups who are not deemed eligible to receive their service.

Recommendation 2: Increase the geographical spread of ISVAs across England and Wales

While some ISVAs reported providing a service across very large geographical areas, nearly a third (32%) identified that there are geographical regions across England and Wales where there is a gap in ISVA service provision. These gaps mean that there is currently a postcode lottery for victims of sexual violence accessing ISVA support. In light of the increasing

number of reports of sexual offences, it is important that all victims have access to ISVA support should they wish to do so.

ISVA workforce planning at local and national level should be improved and the planning and funding of the ISVA workforce should be given a higher priority with a balance of investment in the current and future workforce.

Recommendation 3: Raise awareness of the support offered by ISVAs – and how to access ISVA support

The audit shows that although 85% of ISVAs reported being involved in raising awareness of their role, the majority of ISVAs still indicated that key organisations are either only fairly or a little aware of the ISVA role. Furthermore, 90% of ISVAs believed that the general public's level of awareness of their service was poor.

It is therefore recommended that further work be done to raise awareness of the support offered by ISVAs amongst:

- CJS partners (including the police, CPS, courts, judiciary, witness service);
- Non-CJS partners (such as Education, NHS, voluntary and community organisations, local authority services);
- General public.

Although the majority of ISVAs reported receiving referrals from police, SARCs and self-referral, the improved awareness of ISVA services should mean an increase in referrals to ISVA services made by other services, which without increasing the number of ISVAs could increase existing high caseloads.

As there is no complete register or up-to-date directory of ISVAs (or ISVA services), it is not possible to easily identify where ISVAs are located or how to access the services they provide. Although ISVAs have taken an active approach in promoting their services locally in order to raise awareness of

their role in supporting survivors, it is unclear how successful this have been. More needs to be done to raise awareness of the role of ISVAs amongst the public and professionals facilitating referral to the service and potential joint service delivery.

Recommendation 4: Develop practical guidance for ISVAs

The participants almost unanimously (99%) agreed that it is fairly or very important for ISVAs to work within defined professional standards. Currently, there are National Occupational Standards that apply to ISVAs (developed by Skills for Justice). However, it is recommended that practical guidance is developed to support ISVAs to carry out the role effectively and meet the National Occupational Standards

The audit identified that the ISVA role has been implemented variably across England and Wales. In order to ensure that the ISVA service is as effective and safe as possible, further work should be done to support ISVAs in the practical delivery of their role. This is particularly important in relation to ISVAs providing support associated with engagement with the CJS, where strict rules apply which must be understood and followed by ISVAs working in that arena. It is therefore recommended that practical guidance is developed to support the ISVA workforce.

Recommendation 5: Ensure that all ISVAs are trained to a minimum standard and can access Continuing Professional Development

It is of concern that nearly a fifth (19%) of ISVAs reported not having undertaken any ISVA-related training, particularly when ISVAs strongly supported the need to train their workforce.

Employers and Commissioners should ensure that accredited professional ISVA training is provided to all staff employed to undertake the ISVA role. It is further recommended that in order to protect (and improve) the professionalism of the ISVA Workforce, the title of ISVA should not be used by staff until they have successfully completed (and passed) accredited professional ISVA training.

There should be an increased focus on (CPD) and the availability of on-going training for ISVAs. This is particularly important for those who undertake specialist roles or provide specialist support.

Recommendation 6: Develop a training framework for ISVAs to ensure that all training providers are delivering an agreed national curriculum

A range of training providers deliver accredited ISVA training across England and Wales, unlike training for the IDVA workforce. Consequently, ISVA training is not consistent. Consistent minimum training standards are essential to protect the public who access ISVA services as well as ISVAs themselves.

As a minimum, a training framework should be developed to ensure that different training providers deliver an agreed national curriculum for ISVAs that meets the needs of the workforce and the wider sexual violence sector (both statutory and non-statutory).

Recommendation 7: Consider the creation/appointment of a national body to provide professional oversight and quality standards for ISVAs

The audit identified that 91% of ISVAs believe that it is important for ISVAs to be regulated by a professional body. A professional body could be useful to:

- oversee and assure standards of ISVA practice,
- develop and maintain a national register of ISVAs,
- raise the profile of the ISVA workforce, and
- represent the views of the ISVA workforce in discussions with other bodies.

Consideration should be given to how such a professional body might operate and further work undertaken to explore its establishment. Further consultation with key stakeholders would be an important element of this work.

Recommendation 8: Develop a minimum data set for ISVAs

Although the majority of ISVAs collect information pertaining to the services they provide and their clients, this is highly variable. The lack of consistently collected data collection is limiting. The implementation of a routinely collected data-set would support the on-going monitoring and evaluation of:

- Individual ISVA performance
- Service Quality
- Workforce effectiveness

Such data would also facilitate evidence-based decision-making regarding policy and practice.

Importantly, data collected by ISVAs could be used to provide evidence of the benefits of ISVA support or outcomes for individual clients who have accessed ISVA support. The data could be used by individual ISVAs (to case manage their work), ISVA Service Managers (to quality assure the effectiveness of their services) and commissioners and funders (to demonstrate the direct return on the investment made in an ISVA service).

Recommendation 9: Develop a bespoke risk assessment for ISVAs to use with their clients

While the majority of ISVAs conduct a risk assessment with their clients (only 1% said they do not), 17% reported doing so informally. Where ISVAs utilised formal risk assessments as part of their work, the audit requested they identified them. Interestingly, of the formal risk assessments identified by the participants, none are designed to risk assess victims of sexual violence. For example, the primary purpose of CAADA-DASH RIC (the risk assessment most commonly used by participants) is to risk assess victims of Domestic Abuse, Stalking and Harassment.

Anecdotal evidence suggests that at least some ISVAs feel that current risk assessment tools do not properly take into consideration the risks for victims

of sexual violence⁶. Therefore, it is recommended that a bespoke risk assessment tool be developed for victims of sexual violence for use by ISVAs.

Recommendation 10: Ensure ISVA workforce planning is embedded into local commissioning plans

It is recommended that a co-ordinated approach to workforce planning of ISVAs should be taken. As there is currently no single organisation responsible for commissioning ISVAs, ISVAs are commissioned and/or funded by a range of different organisations (including Police and Crime Commissioners, NHS, local authorities and charitable trusts). Thus the geographic spread of ISVAs across England and Wales has not been coordinated, and gaps in ISVA provision in some areas are noted. Furthermore, the number of reported sexual offences has increased as has media coverage. It is essential that survivors have equitable access to support and that ISVAs are able to meet the demand for their services.

Recent changes in the commissioning arrangements for other sexual violence services, such as SARC (now the responsibility of NHS England) and ‘rape support centres’⁷ (now the responsibility of Police and Crime Commissioners) appear to have caused some confusion about who is responsible for commissioning ISVA service provision. In some areas, the commissioning responsibility has been picked up by Police and Crime Commissioners (for example Avon and Somerset) while in other areas ISVA services have been included in SARC service specifications (for example Cheshire). Unfortunately, in some areas, commissioners have not commissioned ISVA services and they exist only where the ISVA services fund themselves through charitable funding grants or donations. The lack of coordination regarding the commissioning of ISVA services provides a significant risk for the ISVA workforce moving forward.

⁶ There have been a range of discussion threads amongst ISVAs about use of risk assessment tools via a social media networking forum (<https://www.facebook.com/groups/isva.network/>)

⁷ A term used by Ministry of Justice for the specialist sexual violence services provided by the voluntary and community sector.

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8. Appendix 1: Current ISVA Training Providers

There are currently four providers of accredited ISVA training in the UK compared to a single provider of IDVA training. In relation to IDVA training, the Home Office fund CAADA to provide IDVA training places and quality assure Multi-Agency Risk Assessment Conferences (MARACs)ⁱ.

The first training available for ISVAs was provided by Co-ordinated Action Against Domestic Abuse (CAADA) and places were funded by the Home Office in 2009/10. CAADA no longer provides ISVA training. However, the organisation does provide a 4-day Continuing Professional Development (CPD) course for IDVAs who wish to practice as ISVAs.

The Survivors' Trust established accredited training for ISVA Practitioners in 2010/11 involving a 5-module (10-day) course held annually. The Survivors' Trust has also provided training specifically focusing on establishing an ISVA service.

LimeCulture CIC established the accredited ISVA Development Programme in 2011; their training involves a 6-module (12-day) course. The course has been held twice yearly since it was establishedⁱⁱ. LimeCulture CIC also provides CPD training for experienced ISVAs, the Advanced Development Programme, which is a 3-day course and a workshop for ISVA Managers.

The University of Worcester, in partnership with West Mercia Rape Crisis developed the Postgraduate Certificate for ISVAs, which is an 18-day course. This course has been held annually since 2012.

ⁱ <https://www.gov.uk/domestic-violence-and-abuse>

ⁱⁱ Except in 2014/15 when it was delivered 3 times in one year.