LIME CULTURE

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Understanding ISVA service delivery, capacity and resilience

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Acknowledgements

LimeCulture would like to extend our sincere thanks to all the ISVA services who contributed to this important project.

Their openness, insight and willingness to share both strengths and challenges have been invaluable in developing a detailed understanding of how ISVA services operate in practice. The time given and the care and professionalism demonstrated throughout their engagement, often alongside significant service pressures, is greatly appreciated.

We recognise the complexity of the work ISVA services undertake and the critical role they play in supporting victims/survivors of sexual violence. The support they provide is unique, spanning the criminal justice process and extending beyond it to help individuals navigate their path to recovery, and is highly valued by those they serve.

LimeCulture would like to thank all the ISVA services across England and Wales, for their continued dedication to delivering safe, high-quality and survivor-centred support.

This report is strengthened by their contributions and reflects the depth of experience, commitment and expertise across ISVA services.

Contents

Executive summary

This report examines how Independent Sexual Violence Adviser (ISVA) services operate in practice across England and Wales. The findings demonstrate that ISVA services function as integrated operational systems, where delivery of the support pathway (referral, triage, allocation, support and closure) is underpinned by a wider service-level operational systems that includes access and demand management, coordination and oversight infrastructure, and workforce resilience structures.

Across ISVA services, rising demand, increasing case complexity and prolonged criminal justice timelines are placing significant pressure on both access to support and workforce sustainability.

'Referral' processes are highly variable, with inconsistent information at the point of entry delaying early risk identification and affecting timely access to support. Multi-agency engagement plays a critical role in shaping both referral volume and quality.

'Triage' was identified as a key control point, requiring specialist training and knowledge to assess risk, unmet need and suitability for ISVA support. Where triage is fragmented or undertaken across multiple stages, delays and inconsistencies in risk identification can occur.

'Allocation' represents a further critical decision point, balancing risk, need, practitioner capacity and specialist expertise. However, services consistently highlighted that caseload numbers alone do not reflect workload, with case complexity and duration, often extending over months or years, significantly shaping capacity.

The duration of 'active support' and ending of support are increasingly influenced by external system factors. Planned 'closure' rates vary widely (approximately 26.9% to 76%), with many cases ending due to disengagement or changing circumstances rather than a structured closure. The impact of extended case duration reduces turnover within caseloads and limits capacity for new referrals to enter the service.

Workforce pressures, including burnout, sickness absence and retention challenges, were consistently described as system-driven, reflecting a mismatch between demand, complexity and available capacity.

Overall, the findings highlight that effective ISVA service delivery depends not only on frontline practice, but on the strength of wider service-level infrastructure that manage and coordinate demand into and across the support pathway and enable the workforce to respond responsively and sustainably to increasing demand and complexity.

These findings highlight the need for a shift in how ISVA services are understood, commissioned and supported. ISVA services should be recognised as integrated operational systems, where the effectiveness of the support pathway is dependent on the strength of wider service infrastructure, including access and demand management, coordination and oversight, and workforce resilience. Commissioning approaches should therefore move beyond a focus on individual roles or activity levels, towards whole-service models that are designed and resourced to manage demand, complexity and risk across the entire pathway. To support greater national consistency while maintaining flexibility for local need, there is also a clear case for the development of a national template ISVA service specification. This would provide a shared framework for commissioning, delivery and evaluation, strengthening quality, clarity of role, and sustainability across ISVA provision.

Methodology

This study used a mixed-methods service analysis, combining qualitative and quantitative data to examine how ISVA services operate to deliver effective support.

The aim of this study was to understand how ISVA services organise delivery of the statutory role in practice, and how system structures influence:

- victim/survivor access and experience
- workforce sustainability and resilience
- consistency of service delivery across the support pathway.

The study focused on service models and system functioning, rather than individual case outcomes.

The methodology was designed to move beyond individual practitioner activity and instead understand 'ISVA services' as operational systems, with a particular focus on how services manage:

- referral, triage and allocation
- risk, unmet need and protective factors
- caseload complexity and workforce capacity
- waiting lists and interim support
- organisational structures supporting delivery.

Data sources

The study combined three complementary data sources:

- semi-structured deep-dive service discussions
- service-level operational and workforce data
- documentary analysis of alignment with the ISVA Statutory Guidance (2025).

Semi-structured **deep-dive discussions** were conducted with the following ISVA services that participated in this study:

- We Are Survivors, Greater Manchester, Cohort: Male, Adult Age 18+
- SafeLink , Avon & Somerset , Cohort: Children and Adults , All Ages
- Rape and Sexual Abuse Counselling Centre (Darlington & County Durham), County Durham, Cohort: Ages 13+
- New Pathways, Multiple regions across Wales, Cohort: Adults, Children and Young People
- Imara, Nottinghamshire Cohort : Children and Young people (0–18)
- Victim Support 'Castle Project', Lincolnshire, Children and Young People (0-18)
- Nottingham Sexual Violence Support Service (NSVSS), Nottingham, Adults 18+

These discussions were designed as service-level operational conversations, enabling participants to describe how their services function in practice. And explored the following themes:

- referral pathways and access routes
- triage processes and prioritisation
- allocation and caseload management

- use of waiting lists and interim support
- workforce models, supervision and wellbeing
- adaptations introduced to manage demand and complexity

Service-level operational and workforce data were collected from participating ISVA services to provide a quantitative lens on how provision is structured and delivered in practice. These datasets typically included information on referral volumes, sources of referral, and patterns of demand over time, alongside operational metrics such as waiting list size, time to allocation, and caseload levels. Workforce data captured staffing structures, including the number of ISVAs, role specialisms, supervision arrangements, and indicators of workforce capacity such as vacancy rates and staff turnover. Where available, data on case complexity and service user characteristics were also considered to contextualise demand. This strand of analysis enabled comparison between reported practice in discussions and measurable service activity, supporting a more comprehensive understanding of how services manage demand, allocate resources, and sustain delivery within existing workforce constraints.

The analysis was anchored to the **Statutory Guidance for ISVAs (2025)** issued under the Victims and Prisoners Act 2024. The Statutory Guidance was used to define:

- the functions of the role of an ISVA
- expectations for multi-agency working
- requirements for training, supervision and workforce support

Findings from service discussions and datasets were mapped against these expectations to assess how ISVA services operationalise the role of an ISVA

Analytical approach

A reflexive thematic analysis approach was used to analyse qualitative data, supported by integration with quantitative service data.

Recurring operational themes were identified, including:

- triage and referral management
- assessment and support planning including risk, unmet need and protective factors
- case complexity and duration of support
- delivery of emotional support
- workforce pressures and
- supervision arrangements

Codes were grouped into broader themes relating to:

- stages within the support pathway e.g, referral, triage, allocation, support, closure
- workforce experience and sustainability
- service-level responses to demand
- service adaptations to manage complexity

This thematic grouping enabled the project team to interpret the data and draw comparisons, including:

- comparison of themes across ISVA services
- identification of shared pressures
- variation in ISVA service models
- analysis of how operational structures influence delivery

A cross-service comparative approach was used to examine:

- shared structural pressures across ISVA services
- variation in service-level responses to demand
- different models of triage, allocation and workforce support

The analysis did not seek to define a single "best practice" model, but instead to understand the range of operational approaches currently used and the conditions under which they function.

The methodology explicitly integrated:

- qualitative ISVA narratives (how services operate)
- quantitative capacity data (what services manage)
- statutory expectations (what services are required to deliver).

Through this synthesis the findings were explored through understanding ISVA service support pathways and operational support systems.

Limitations

Several limitations were identified within the study design and data available. These are important to consider when interpreting the findings.

Variation in service data

Differences in case management systems, data definitions and local recording practices limited the ability to directly compare data across ISVA services. Variability in how key metrics, such as caseload, complexity and outcomes, are defined and recorded means that quantitative findings are indicative rather than standardised across the sample.

Sample size and timeframe

The study was conducted within a defined timeframe and involved a limited number of ISVA services. While the services selected provided a valuable cross-section of delivery models, geographies and cohorts, the sample is not intended to be statistically representative of all ISVA service provision across England and Wales.

Self-reported data

Operational and workforce data provided by ISVA services reflects local recording practices and, in some cases, estimated figures. As such, there may be inconsistencies or limitations in accuracy, particularly where data systems do not routinely capture complexity or longitudinal change.

These limitations were mitigated through a triangulated approach, combining qualitative insights from deep-dive service discussions, operational datasets and alignment to statutory guidance and ISVA practice including the Safety and Support (SaS) framework[1] used by ISVA services to assess risk and needs and plan support. This approach is further strengthened by LimeCulture's extensive experience working with ISVA services nationally through quality assurance, service development and system-level reviews. This expertise

[1] LimeCulture originally developed the Safety and Support (SaS) Assessment as a bespoke risk and needs assessment and support planning tool for ISVAs with funding from the Home Office in 2016/17. It is widely used by ISVA services across England and Wales. The SaS Framework (incorporating the Assessment & Plan) is currently being refreshed updated version is expected to be available for use by ISVA services in Summer 2026.

enables findings to be interpreted within a broader sector context, providing additional confidence that the themes identified reflect wider patterns in ISVA service delivery beyond the immediate sample.

Ethical considerations

To support open and honest discussion:

- findings are reported at thematic level
- individual ISVA services are not linked to specific challenges
- examples of practice are included where appropriate.

This approach enabled participants to discuss workforce pressures and system constraints openly.

Evolution of ISVA services

Independent Sexual Violence Adviser (ISVA) services have become a central component of the support framework for victims and survivors of sexual violence in England and Wales, evolving considerably over the past two decades in response to shifting policy priorities, increased awareness of victim needs, and a growing emphasis on trauma-informed and victim-centred approaches within the criminal justice system.

Originally championed by the Home Office in 2006, ISVA posts were introduced to provide practical and emotional support to victims, act as a consistent point of contact throughout the criminal justice process and improve engagement with police and prosecution services. For the first decade, ISVA provision was service driven and fragmented, leading to variation in service delivery, but early evidence demonstrated that ISVAs could enhance victim confidence and support case progression.

Over time, the network of ISVA services expanded and became more formalised, supported by increased government investment and recognition of their value. The role became more clearly defined with the introduction of accredited training and professional standards, alongside the development of specialist positions to support different groups, including children and young people, male victims, and those with complex or multiple needs. This marked a transition from relatively ad hoc provision to a more established and professionalised workforce, with stronger links to criminal justice agencies such as the police and prosecution services, as well as to health and third sector organisations.

ISVA services are now well recognised for their key role within the wider criminal justice system, acting as a bridge between victim/survivors and statutory agencies. They facilitate communication, support victims through investigative and court processes, and advocate for their needs within multi-agency contexts. Their involvement is increasingly recognised within national and local strategies, including commissioning arrangements led by Police and Crime Commissioners and central government. As a result, ISVAs are widely regarded as essential to improving both victim engagement and the overall functioning of the justice process in sexual offence cases.

Demand for ISVA services has grown significantly in recent years, driven by increased reporting of sexual offences, greater public awareness of their support, and broad eligibility criteria that include non-recent and non-reported cases. While this reflects positive progress in terms of victims seeking support, it has also created substantial pressure on ISVA services, with many service providers experiencing high caseloads, workforce strain, and challenges in maintaining timely and consistent access.

Alongside this, ISVA provision has become more diverse and specialised, with services tailored to meet the needs of different communities, including minoritised groups, LGBTQ+ individuals, and those with disabilities, reflecting a more nuanced understanding of barriers to access and the importance of culturally competent support.

The commissioning and funding landscape has also evolved, with a move towards funding local ISVA services, rather than individual ISVA posts within other services. This typically involves a combination of central government funding, local commissioning by Police and Crime Commissioners, and contributions from health and local authority partners in some areas. Although investment has increased, concerns remain regarding the sustainability and

consistency of funding, particularly where short-term cycles limit strategic planning and contribute to disparities in provision.

Despite these challenges, there is strong and consistent evidence that ISVA services have a positive impact, improving victim satisfaction, supporting sustained engagement with the criminal justice process, and enabling victims to make more informed decisions about their cases, although measuring long-term outcomes, particularly in relation to justice system results, remains complex.

Looking ahead, key challenges include addressing workforce capacity and wellbeing, ensuring equitable access across different regions and communities, strengthening data collection and evaluation, and embedding ISVA services more fully within wider system reform. With Police and Crime Commissioners set to be abolished in May 2028, the commissioning landscape for ISVA services is uncertain. However, these changes also represent opportunities to further develop ISVA services that are responsive and sustainable, improving national consistency while retaining flexibility for local needs.

Overall, the evolution of ISVA services reflects a broader transformation in the response to sexual violence, moving from fragmented and reactive provision towards a more integrated, professional, and victim-focused service model, with ISVA services playing a critical role in supporting victims/survivors and contributing to a more effective and responsive justice system.

Key findings

The key findings identified as part of this study are structured across four interconnected components that describe the conditions required to deliver ISVA services that are safe, effective and responsive to victim/survivor need. The four components are:

- the ISVA service support pathway
- access and demand management systems
- coordination and oversight infrastructure
- workforce resilience structures

While the ISVA service support pathway describes how victim/survivors move through the stages of 'referral', 'triage', 'allocation', 'interim support' and 'active support' to 'closure' of support, these stages do not operate in isolation. Their effectiveness depends on operational systems that coordinate activity, manage demand and flow into and across the service, and supports the workforce delivering who deliver the support.

Sustainability

Across ISVA services, sustainability was described as variable and often conditional, shaped by local demand, referral patterns and funding contexts. While some ISVA services consider their services to be broadly sustainable, this was frequently caveated, that sustainability is dependent on external factors, such as ongoing funding, manageable referral volumes and the ability to retain workforce capacity.

"We're sustaining the service, but it's a constant balancing act rather than something that feels secure."

While services demonstrate adaptability and a strong commitment to meeting victim/survivor needs, this is often achieved through professional judgement, flexibility and informal workarounds, rather than being consistently supported by stable funding, aligned workforce capacity or a fully developed infrastructure. Although ISVA services are functioning, they are under sustained pressure.

For some ISVA services, increasing demand, shifts in referral types and wider external pressures were described as gradually stretching capacity over time. While other ISVA services reported more immediate challenges, particularly where referral volumes have increased without corresponding growth in workforce or service-level infrastructure. Overall, sustainability is not experienced as a fixed state, but as something that is actively and continually managed within constrained resources.

Operational systems

Operational systems are the mechanisms through which the ISVA service support pathway functions in practice. They shape both how victims/survivors experience and move through the ISVA service and how the service itself is able to deliver the pathway of support.

"It's the operational systems behind the scenes that determine whether the support pathway actually works."

ISVA services sit at the intersection of two core responsibilities: enabling timely, safe and equitable access to support for victim/survivors, and sustaining a skilled and resilient workforce operating within complex and high-demand environments. The way ISVA services organise triage, allocation, supervision, coordination and data directly influence caseload distribution, workload intensity, workforce wellbeing and the ability to maintain consistent, high-quality trauma-informed support over time.

The evidence demonstrates that pressures within ISVA services, rising demand, increasing case complexity and prolonged criminal justice timelines, cannot be addressed through frontline ISVA capacity alone. Instead, they are reliant on the strength and maturity of the operational systems that support delivery across the support pathway. Where these operational systems are well developed, services are better able to maintain flow through the support pathway, prioritise need, respond to changing demand and protect workforce capacity. Where they are less developed, pressure is more likely to transfer to individual practitioners, reducing time available for active support and increasing risks to both service quality and workforce wellbeing.

"When the operational systems aren't strong enough, the pressure lands on the ISVAs."

Implications for practice

This study highlights that ISVA service delivery cannot be understood or strengthened by focusing on individual ISVA roles or discrete stages of the support pathway in isolation. While the ISVA service 'support pathway' provides a structured progression from referral through to case closure, its effectiveness is fundamentally shaped by the operational systems that sit behind and connect these stages. These systems coordinate demand, manage flow, support decision-making, and sustain the workforce responsible for delivery.

The findings demonstrate that sustainability and service quality are closely interdependent and are both contingent on the strength of these underpinning systems. Sustainability is not a fixed or guaranteed state; rather, it is actively produced through the ongoing alignment of demand, workforce capacity, and operational infrastructure. Where this alignment is weak or inconsistent, services rely on practitioner flexibility, informal adaptations, and professional judgement to maintain delivery—often at the cost of workforce wellbeing and consistency of support.

Conversely, where operational systems are underdeveloped or under-resourced, pressures accumulate at the frontline. This limits the time available for direct support, increases workload intensity, and creates risks to both service quality and workforce retention.

The evidence also makes clear that rising demand, changing referral patterns, and wider system pressures cannot be addressed solely through increasing ISVA practitioner numbers. Without parallel investment in the operational infrastructure that supports access, triage, allocation, supervision, and coordination, additional capacity is unlikely to translate into improved outcomes or sustainable delivery.

In practice, this requires a shift in how ISVA services are understood, designed, and resourced. ISVA services should be approached as integrated operational systems in which pathway stages, workforce capacity, and infrastructure are planned and developed together. Strengthening these systems is essential not only for improving survivor experiences and outcomes, but also for ensuring that services remain sustainable, resilient, and able to respond to future demand.

Recommendations

Recognition of ISVA services as integrated operational systems

Government and commissioners should recognise ISVA services as integrated operational systems rather than standalone roles. ISVA services should be commissioned, designed, and resourced to support the full-service model, including all elements of the support pathway, alongside the operational infrastructure required for access and demand management, coordination and oversight, and workforce resilience. This approach will enable more sustainable, responsive, and effective ISVA services (1.1)

National template ISVA service specification

The Ministry of Justice should commission the development of a national template ISVA service specification. This template will guide and support local commissioners in designing, funding, and evaluating ISVA services consistently while maintaining flexibility to meet local needs, improving national consistency and quality of provision. (1.2)

Embedding the Safety and Support (SaS) framework across all stages of the support pathway

ISVA service providers should embed the Safety and Support (SaS) Framework consistently across all stages of the support pathway, from referral to case closure. This will enable ongoing identification, review, and response to risk, unmet need, and protective factors, ensuring victim/survivor-centred, dynamic support that responds to changing circumstances over time. See Annex A (2.2)

ISVA service support pathway

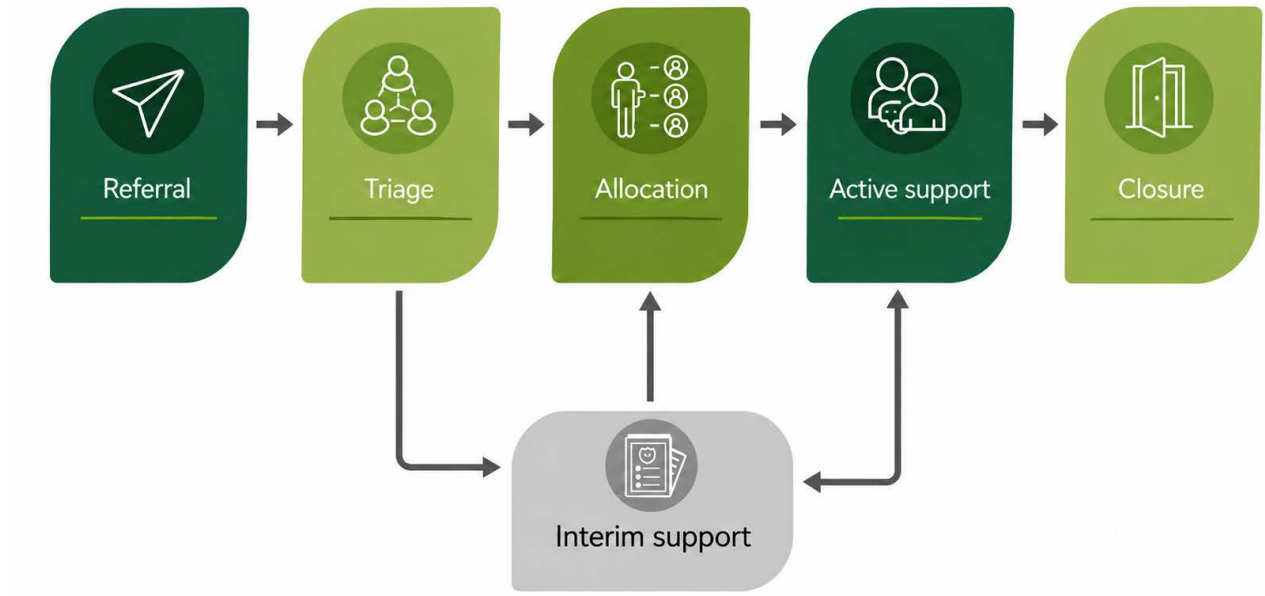
Although participating ISVA services use varied terminology to describe the functions of support delivered at different stages of the client journey, there is clear evidence of a consistent underlying 'support pathway', enabled by a wider operational system.

It has therefore been possible to define a common ISVA service support pathway, illustrating the journey of victim/survivors as they progress through different 'stages' of support provided by an ISVA service.

The wider operational systems that support the delivery of the service support pathway enable how the support at each stage is structured and delivered in a safe, effective, and sustainable manner.

This report examines each stage of the support pathway in turn, identifying key themes, challenges, implications for practice and recommendations.

ISVA service support pathway



Referral

Across the ISVA services examined, victim/survivors access the ISVA service through a wide range of referral routes, which include via police, SARCs, health services, specialist organisations and self-referral. This reflects the multi-agency nature of ISVA services and the importance of maintaining multiple, accessible entry points into support.

Varying referrals types

However, there is significant variability in referral processes, sources and the quality of information provided at the point of referral. Referral source data demonstrates substantial variation (police 4–47%, self-referral 11–80%, other agencies 16–60%), reflecting differences in local system design, commissioning arrangements and levels of multi-agency engagement.

Where referral pathways are broad, actively maintained and supported through strong partnership working, access is more equitable. In contrast, reliance on a limited number of referral routes can restrict access, particularly for victim/survivors who do not engage with the criminal justice system.

"If referrals are mainly coming through police, you're only seeing a small part of the picture."

Referral pathways are therefore shaped not only by service design, but by the strength of relationships, service visibility and ongoing engagement activity by ISVA services. Where pathways are narrower or less developed, there is reduced visibility of unmet need and a greater risk that victim/survivors remain outside of support, reinforcing the importance of maintaining diverse and actively managed referral routes.

Quality and consistency of referral information

A consistent finding across ISVA services is that referral information is often incomplete or inconsistent. Key gaps commonly reported include:

- accurate client contact details and safe communication preferences
- key risk and safeguarding concerns
- relevant information on criminal justice status

"We often have to go back and ask for basic information before we can even start assessing risk."

These gaps mean that ISVA services are required to make additional follow-up contact before any meaningful risk identification can take place, delaying initial assessment and slowing triage processes. This limits the ability to prioritise high-risk cases at the earliest stage and reduces the effectiveness of early decision-making.

Gaps in communication details are particularly significant, as they can create risks to victim/survivor safety, delay engagement, or result in unsuccessful contact attempts where safe methods of communication are not clearly understood.

Overall, inconsistent referral information increases administrative workload, slows access to support and introduces avoidable risk where urgent needs are not identified early. This highlights the importance of structured and consistent data capture at referral to support safe, timely and effective triage and prioritisation.

Multi-agency relationships

The strength of multi-agency relationships directly shapes both the volume and quality of referrals to ISVA services. Where engagement is well developed, referrals are more likely to be timely, appropriate and include relevant contextual and risk information, enabling earlier engagement with victim/survivors.

> **"Where partners understand what information we need, referrals are much more useful and we can respond much quicker."**

Where engagement is less consistent, services report under-referral from some partners, over-reliance on specific routes (such as police or SARCs), and reduced visibility of unmet need across the wider system.

Maintaining multiple referral routes, including self-referral, remains critical to ensuring equitable access, particularly for victim/survivors who do not engage with the criminal justice system. Outreach and awareness activity plays a key role in supporting referrals, with increased visibility of ISVA services associated with increased referral volumes.

> **"When we do outreach, referrals go up. It shows the need was already there."**

These findings demonstrate that referral pathways are not static processes but are actively shaped by system relationships, awareness and engagement. Without sustained multi-agency collaboration and visibility, demand remains partially hidden and referral quality is inconsistent.

Referral and risk management

Referral management should be understood as a coordinated operational function rather than a purely administrative process. Effective early risk identification depends on referral information being sufficiently complete, structured and accessible at this stage.

Where referral coordination is not clearly defined or sufficiently resourced, there is an increased likelihood of delays, inconsistent understanding of risk and need, and slower access to appropriate support. This places additional pressure on triage processes and reduces the ability of services to respond proportionately to risk.

Recognising referral management as part of access and demand management systems is therefore critical. Where this function is underdeveloped, inefficiencies and risks at the front of the pathway can have a cascading impact across triage, allocation and active support.

Referrals to organisations providing multiple services

Many participating ISVA services are delivered within organisations that provide multiple forms of support, such as therapy services. Referrals are frequently made to the organisation rather than directly to the ISVA service, creating additional operational complexity.

This increases the administrative workload required to triage and direct referrals appropriately, often requiring additional internal processes to ensure that victim/survivors are routed to the correct service. In response, some organisations have introduced 'Navigator'-type roles to coordinate referrals and guide individuals to appropriate support.

While these approaches can improve internal efficiency, they also highlight the importance of clear referral pathways into ISVA services specifically. Without this clarity, there is a risk of risk of delays, duplication and reduced transparency in how victim/survivors access support.

Referral as a critical control point

Referral processes represent a critical point of both risk and opportunity within the ISVA service support pathway. Referral information directly influences timeliness of access, early risk identification, prioritisation and overall service flow.

Where referral systems are multi-agency, accessible and supported by structured information and standardised processes, ISVA services are better able to identify risk early, prioritise effectively and allocate resources appropriately. This supports stronger engagement and more responsive service delivery.

Where referral processes are inconsistent or underdeveloped, services experience:

- delays in triage and allocation
- increased administrative burden
- reduced visibility of system-wide demand
- risks to victim/survivor safety where needs are not identified early

> **"If the referral stage isn't working, everything else is impacted."**

Implications for practice

The findings highlight the importance of strengthening referral processes as a critical stage of safe and effective ISVA service delivery. In particular, this includes:

- strengthening referral standards to enable timely and accurate identification of risk, unmet need and safeguarding concerns at the earliest stage
- embedding multi-agency engagement within referral pathways, including ongoing outreach and awareness activity to improve both referral volume and quality
- improving data consistency at the point of referral, ensuring that key information required for triage, prioritisation and safe contact is captured in a structured and reliable way

Collectively, these measures support earlier risk identification, reduce delays in triage, and improve the overall flow and responsiveness of the support pathway.

Recommendations

Implementation of a national minimum dataset for ISVA services

The Ministry of Justice should support the development and implementation of a national minimum dataset (MDS) for ISVA services, aligned to the Safety and Support (SaS) framework. This dataset should capture key indicators of risk, unmet need, protective factors, and support intensity. Standardised data collection will improve visibility of demand, complexity, and outcomes, supporting evidence-informed service planning, commissioning, and quality assurance across the support pathway. (2.1)

Commission the development and implementation of a standardised referral form

The Ministry of Justice should commission the development and implementation of a standardised ISVA service referral form. This will ensure consistent, high-quality information is captured at referral, supporting effective triage, risk identification, and informed allocation. (3.1)

Triage

‘Triage’ is a key stage of the ISVA service support pathways that typically represents the first point of contact with the victim/survivor following referral and shapes early engagement, risk identification and access to support.

The study found that across participating ISVA services, triage is commonly aligned to commissioning expectations, with many of the ISVA services operating a Key Performance Indicator (KPI) to make initial contact, usually within 48 hours of referral. This reflects the importance of timely engagement in establishing safety, trust and early understanding of risk and need.

“That first contact is crucial, if we don’t get that right, we can lose people before support even begins.”

As referral volumes increase and victims/survivors present with more complex and intersecting needs, triage plays a key role in determining:

- the suitability of ISVA service support, including any specialist requirements
- the urgency of response based on risk and unmet need
- the need for immediate safeguarding or escalation
- how cases are prioritised and allocated across the service’s workforce of ISVAs.

Service data illustrates the scale of this function. Annual referral volumes amongst participating ISVA services ranged from approximately 193 to over 1,800, with monthly referrals ranging from around 16 to more than 150. Significantly, between 7% and 40% of referrals were resolved at triage stage through advice, information or signposting, rather than progressing to ‘allocation’.

This demonstrates that triage is, and should be recognised as, a substantial stage of the ISVA service support pathway, and not simply a gateway to allocation.

“A significant proportion of our work happens before allocation, we’re already assessing, advising and managing risk at the triage stage.”

Purpose of triage: risk, needs and allocation

Triage enables early identification of the individual victim/survivors:

- choice and preference, e.g., individual does not want support from the ISVA service once role boundaries have been explained,
- risk and safeguarding concerns
- unmet needs beyond the scope of ISVA support
- criminal justice engagement and stage
- wellbeing and practical support needs.

An effective triage stage requires a structured and consistent approach to assessing the individual victim/survivor's risk and need, which is often aligned to the Safety and Support (SaS) Framework[1] to support:

- prioritisation of high-risk cases for urgent allocation
- early identification of complex or unmet need
- timely initiation of referrals and escalation pathways
- appropriate matching of cases to practitioner expertise.

> **"Triage is where you make sense of the referral and decide what needs to happen next, it's not just about allocating the case to an ISVA, it's about understanding risk and support required."**

Thresholds and exclusion criteria

The study found that across ISVA services, formal exclusion thresholds are rarely applied. ISVA services operate flexible, case-by-case decision-making to maximise access to support victims/survivors of all forms of sexual violence, regardless of reporting status or when the offence occurred. This reflects the important principle that access to ISVA service support should not be contingent on engagement with the criminal justice system.

However, participating ISVA services do operate some exclusion criteria, often based on geography, for example if the offence did not occur within their commissioned area then support would not be available, or where individuals have perpetrated sexual offences themselves. Even in such cases, decisions are usually considered on a case-by-case basis during the triage stage.

Readiness and appropriateness of support

Triage increasingly involves assessing complexity and risk to determine how support can be delivered safely and effectively to the individual victim/survivor. This includes considering at the triage stage whether an individual can engage with ISVA support in isolation, or whether coordinated multi-agency involvement is required alongside or prior to allocation to an ISVA for active support to commence.

This is most evident in cases involving significant mental health needs, safeguarding concerns or wider instability, where the triage stage is used to assess whether support from the ISVA service alone is sufficient without parallel intervention.

> **"It's not about saying no, it's about making sure the right support is in place so ISVA support can actually work."**

Some ISVA services describe introducing structured discussions at the triage stage, sometimes involving specialist input, to determine whether support should be sequenced, adapted or delivered alongside other services. This reflects a shift from eligibility-based thresholds to a more nuanced consideration of readiness, safety and appropriateness.

[1] LimeCulture originally developed the Safety and Support (SaS) Assessment as a bespoke risk and needs assessment tool for ISVAs with funding from the Home Office in 2016/17. It is widely used by ISVA services across England and Wales. The SaS Framework (incorporating the Assessment & Plan) is currently being refreshed with funding from the Ministry of Justice. The updated version is expected to be available for use by ISVA services in Summer 2026.

While access remains inclusive, this approach to the triage stage highlights the importance of coordinated responses to ensure individuals with complex needs are supported rather than excluded.

External and organisational-level triage models

In some areas, triage is undertaken by partner agencies, such as police victim hubs, SARCs or wider victim services who ensure that cases are then passed on to the ISVA service.

In organisations that provide multiple services alongside the ISVA service, such as a therapy service, triage may occur at an organisational-level to ensure that victim/survivors are routed to the correct service. However, this is then often followed by a secondary review within the ISVA service.

While these different triage models can support coordination, they can also introduce:

- delays where multiple triage stages are involved
- duplication of assessment activity
- inconsistent identification of risk and need
- reduced clarity over roles and decision-making.

This study, however, did not examine the feasibility or impact of external or organisation-level triage, focusing instead on triage within ISVA services. However, it is clear that the effectiveness of these models will depend on the knowledge and capability of those undertaking triage. Where understanding of risk and need or the ISVA role is limited, there is a risk that referrals are not appropriate, risk is not fully identified, and ISVA services have reduced visibility of unmet need.

Triage as a specialist function

It is clear that effective triage requires specialist expertise and should not be treated as an administrative function.

Effective triage requires practitioners to:

- understand the dynamics and impacts of sexual violence
- apply trauma-informed communication
- identify safeguarding risks and unmet needs
- recognise complex trauma presentations
- assess the scope and boundaries of the ISVA role
- initiate appropriate referral and escalation pathways.

> **“You need experience to triage properly, it’s about judgement, not just process.”**

Where triage is undertaken without this expertise, there is a risk that the risk and needs of the victim/survivor is underestimated, inappropriate support pathways are followed and safeguarding concerns are not identified early.

Workforce pressure and impact

The scale and complexity of activity at the triage stage creates an ongoing pressure within ISVA services. In many of the ISVA services participating, triage is undertaken by ISVAs alongside their delivery of active support, contributing to increased workload and reducing their capacity to provide active support.

Triage also frequently identifies needs that extend beyond the support available from the ISVA services, requiring early escalation and coordination with and referral to other appropriate services.

As a result, the triage stage must be recognised as a key control point within the ISVA service that directly influences:

- victims/survivor safety and risk identification
- timeliness of allocation decisions
- workforce capacity and sustainability.

Where triage is structured, resourced and specialist-led, ISVA services are better able to identify risk early, prioritise effectively and support appropriate allocation to an ISVA for active support.

Where triage is inconsistent or fragmented, ISVA services experience delays, increased pressure and reduced visibility of unmet need.

Case study **Distributed triage model**

ISVA service D introduced a distributed triage model, where each ISVA undertook triage alongside their caseloads of active support, with managers responsible for final allocation decisions. This aimed to embed specialist knowledge at the front of the support pathway and share responsibility across the team.

Although this model supported high-quality initial contact, with ISVAs able to identify risk, need and safeguarding concerns early, and build rapport with victim/survivors, several challenges emerged.

Allocation bottlenecks developed due to reliance on manager approval, delaying movement through the support pathway. ISVAs also found it difficult to maintain boundaries; often beginning emotional support during triage, leading to 'holding' cases before allocation. This increased workload for the ISVAs and blurred the distinct stage of triage and active support. It created additional pressure and duplication, with reassessment sometimes required after allocation. Variability in triage approaches between the individual ISVAs also affected consistency across the ISVA service.

The ISVA service identified that while the model improved engagement with the victim/survivor, it reduced efficiency and increased capacity and strain on the ISVAs. This reflects wider findings that triage is a specialist, resource-intensive function, and where it is fragmented or embedded within ISVA roles, delays and pressure increase.

Implications for practice

The findings highlight the importance of strengthening triage as a specialist, risk and needs-led stage within the ISVA service support pathway. In particular, this stage includes:

- supporting early identification of risk, unmet need and protective factors
- strengthening early decision-making to ensure allocation is informed by complexity, risk, need and survivor preference, rather than capacity alone
- establishing clearly defined and resourced coordination functions to support referral management, triage and interim support delivery

Collectively, these measures support more accurate prioritisation, reduce delays and duplication across the support pathway, and improve the consistency and safety of decision-making at the front of the service.

Recommendations

Strengthen allocation processes

ISVA service providers should strengthen allocation processes to systematically consider case complexity, risk, need, and victim/survivor preference, supported by management oversight and decision-making guidance. This moves beyond reliance on caseload volume as the primary determinant of allocation and promotes equitable and safe distribution of support. (2.3)

Support the introduction of a Support Coordinator role to enhance Referral/Triage/Interim Support

The Ministry of Justice should support the introduction of trained Support Coordinators to enhance referrals, triage and provision of structured interim support with clear escalation processes and management oversight. Support Coordinators should be underpinned by training and standards to ensure fair and consistent decision-making, improved service flow and enhanced visibility of demand and risk. (See outline role description in Annex B) (3.2)

Interim support

The study showed that across participating ISVA services the waiting times between referral to the ISVA service and the victim/survivor being able to move to the stage of receiving 'active support' from an ISVA is extremely varied.

Use of waiting lists prior to allocation

Across the participating ISVA services, waiting lists have become a routine feature of ISVA service provision. While a small number of the ISVA services reported having no formal waiting time; other ISVA services reported operating wasting lists of between 3 weeks, 13 weeks and nearly 8 months between the referral to active support being provided by an ISVA. This reflects the gap between rising referral volumes and the available capacity of the ISVA workforce.

Given the risk and needs characteristics of their client group, the participating ISVA services emphasised that when waiting lists are being utilised, the ISVA service must continue to engage victims/survivors, and not use a waiting lists to simply defer or delay contact.

Maintaining connection during any waiting period is essential to ensure that victim/survivors do not feel abandoned by the ISVA service and ensure they are able to receive active support as quickly as possible.

Decisions as to whether to operate a waiting period before allocating an ISVA are often dynamic and must be continuously reviewed, with the need to balance:

- risks and needs
- capacity and caseload intensity of ISVAs
- availability of specialist expertise.

Models of interim support

Across participating ISVA services, what occurs for the victim/survivor between being referred to an ISVA service and active support being provided by an ISVA varies depending on capacity, demand and ISVA service model.

In some ISVA services, allocation to an ISVA for active support occurs prior to any interim support; while in others, interim support becomes a significant stage of the support pathway, particularly where waiting times are long for allocation to an ISVA for active support.

To mitigate the impact of delays, and in recognition of the risks of deferring support to their client group, the participating ISVA services have developed a range of 'interim support' approaches for victims/survivors awaiting allocation to an ISVA for active support. Interim support is typically 'light-touch', non-intensive forms of engagement, designed to maintain connection without replicating active support from an ISVA.

Common approaches to the provision of interim support include:

- periodic check-ins to monitor wellbeing, risk and needs, and engagement
- provision of information or option meetings about criminal justice processes
- signposting and referral to other services (e.g. mental health, counselling, specialist support)
- initial safety and stabilisation advice.

In most of the participating ISVA services, these approaches are described as informal or evolving, rather than a structured or standardised parts of the support pathway. However, the findings from this study show that interim support plays a critical role in:

- maintaining victim/survivor engagement during waiting periods
- identifying escalating risk or unmet need
- initiating escalation where external services are not responding
- preventing disengagement from the support pathway

It is important to note, however, that the provision of structured interim support creates additional demand on ISVA services, as it requires staff capacity despite reducing the urgency for allocation to an ISVA for active support.

Case study **Managing waiting lists**

ISVA service A experienced sustained increases in referrals alongside longer case durations linked to criminal justice delays and rising complexity. Despite pressure from the commissioner to have a 'no wait' service, this resulted in the introduction of a waiting list (pending allocation).

To balance risk and access, the ISVA service developed a light-touch interim support approach for those clients placed on the waiting list. The provision of Interim support included scheduled check-ins, assessment and safety planning and signposting to other services as required. This aimed being to maintain engagement and monitor risk while victim/survivors awaited allocation to an ISVAS for active support.

The ISVA services found that this approach created a core tension. While interim support improved safety and reduced disengagement, it was not formally recognised or funded within their commissioning arrangements and funding was not provided for this stage of support. The ISVAs were not only providing active support to allocated cases but also interim support to those on the waiting lists, awaiting allocation, essentially increasing demand on ISVAs without increasing the capacity to deliver this stage of support.

Implications for practice

The findings highlight the importance of recognising interim support as a core and structured stage of the ISVA service support pathway, rather than an informal or discretionary activity. In particular, this includes:

- establishing clear frameworks for interim support to ensure consistent contact, monitoring of risk and unmet need, and defined review points while awaiting allocation
- ensuring interim support is underpinned by ongoing assessment of risk, unmet need and protective factors, enabling timely escalation where circumstances change
- aligning interim support delivery with service capacity and commissioning expectations, recognising this stage as an active component of service demand rather than a temporary holding position

Collectively, these measures support continuity of engagement, reduce the risk of disengagement, and enable safer, more responsive management of waiting periods within the support pathway.

Recommendations

Introduce structured interim support

ISVA services should introduce structured interim support to victim/survivors awaiting allocation or following active support. The structure should define review points, ongoing contact expectations, and rapid escalation mechanisms where risk or need changes, ensuring continuity, safety, and responsiveness throughout the ISVA service support pathway. (2.4)

Support the introduction of a Support Coordinator role to enhance Referral/Triage/Interim Support

The Ministry of Justice should support the introduction of trained Support Coordinators to enhance referrals, triage and provision of structured interim support with clear escalation processes and management oversight. Support Coordinators should be underpinned by training and standards to ensure fair and consistent decision-making, improved service flow and enhanced visibility of demand and risk. (3.2) (See outline role description in Annex B)

Allocation

'Allocation' represents a critical control stage within the ISVA service support pathway, as it determines how victims/survivors are matched to ISVAs for active support, how their risk is managed and how workforce capacity is sustained.

Across ISVAs services, allocation must be guided by assessment of risk and need at the triage stage, updated information gathered during interim support (where applicable), current caseload capacity and the availability of specialist expertise within teams of ISVAs.

"Allocation is where all the pressures come together, risk, demand and capacity."

Timing of allocation within the Support Pathway

The timing of allocation varies depending on the demand and capacity of the ISVA service. In ISVA services with:

- low-demand and high-capacity levels – cases are allocated shortly after referral and triage, often within days
- moderate demand and capacity levels – allocation often follows a short period of interim support
- high-demand and low-capacity levels – allocation may be delayed, with victims/survivors remain 'pending allocation' for extended periods .

This variation reflects the interaction between referral volume, case duration and workforce capacity, and reinforces that allocation operates as an important stage of the ISVA service support pathways.

"When demand is high, allocation becomes about managing flow as much as matching need."

Key factors influencing allocation

Allocation decisions often involve balancing multiple factors to ensure safe practice and equitable distribution of work amongst the team of ISVAs within the ISVA service.

Risk, need and complexity

Allocation is primarily informed by assessment of:

- safeguarding risk and immediate safety concerns
- level of unmet need and vulnerability
- complexity of presenting issues
- extent of multi-agency involvement

Higher-risk and more complex cases are usually prioritised for earlier allocation and, where possible, matched to ISVAs with appropriate expertise.

> **"The higher the risk and complexity, the quicker we try to allocate, and to the right ISVA."**

Practitioner capacity and caseload intensity

Allocation must also take account of workforce capacity, including:

- number of active cases per ISVA
- intensity and complexity of existing cases
- stage of cases within the criminal justice process.

Generally, the allocation to an ISVA for active support is shaped by complexity, intensity and duration rather than an individual ISVA's caseload size alone, particularly where cases are prolonged or involve significant coordination.

Specialist knowledge and expertise

Where possible, ISVA services seek to match cases based on individual ISVA's expertise or specialism, such as:

- children and young people
- complex mental health and trauma presentations
- safeguarding and multi-agency risk
- specific communities or protected characteristics
- emerging forms of abuse (e.g. technology-assisted abuse, group-based exploitation)

Specialist matching is prioritised for higher-risk or more complex cases, and where cultural, contextual or multi-agency expertise is required.

> **"You want the right match, especially for complex cases, but that isn't always possible."**

Geographical and partnership considerations

In ISVA services covering larger or rural areas, allocation may also be influenced by:

- geographical proximity to victims/survivors
- existing relationships with local agencies

This supports multi-agency working and accessibility of ISVA support for victims/survivors.

Management oversight and decision-making

Findings from the participating ISVA services show that the allocation stage must be overseen by managers or senior practitioners who:

- review referrals and triage assessments
- monitor caseload distribution and workforce capacity
- identify high-risk or complex cases for prioritisation
- support complex allocation decisions.

Oversight from managers enables services to balance workload, respond dynamically to demand and maintain visibility of risk.

Implications for practice

The findings highlight the importance of strengthening the stage of allocation as a core control point within the ISVA service support pathway, where decisions directly shape both victim/survivor outcomes and workforce sustainability. This includes:

- ensuring allocation decisions are consistently informed by assessment of risk, unmet need, complexity and survivor preference, rather than relying primarily on caseload volume or availability
- strengthening management oversight and decision-making structures to support equitable distribution of cases, maintain visibility of risk and respond dynamically to changing demand
- improving the integration between triage, interim support and allocation, ensuring decisions are based on the most up-to-date understanding of risk, need and complexity

Collectively, these measures support more equitable and defensible allocation decisions, improve matching of cases to practitioner expertise, and enable safer management of caseload intensity across ISVA services.

Recommendations

Strengthen allocation processes

ISVA service providers should strengthen allocation processes to systematically consider case complexity, risk, need, and victim/survivor preference, supported by management oversight and decision-making guidance. This moves beyond reliance on caseload volume as the primary determinant of allocation and promotes equitable and safe distribution of support. (2.3)

Active support

Active support within the ISVA services support pathway begins immediately following allocation and should be characterised by a continuous, risk and needs–led approach that is both relational and survivor-centred.

Across the delivery of active support, ISVA practice is defined by its responsiveness to changing risk, unmet need and victim/survivor preference and choice. Assessment of the victim/survivor's individual risk and need continues throughout, informing dynamic support planning.

ISVAs provide a consistent and trusted point of contact, often within complex and fragmented systems, supporting victim/survivors to navigate criminal justice processes, access services and maintain safety and stability.

Active support encompasses emotional support within clear role boundaries, practical support and system navigation, alongside crisis response and ongoing risk management. The intensity and nature of active support generally fluctuate over time, shaped by case progression, complexity and external system pressures.

Throughout this stage, ISVAs play a critical role in bridging gaps in provision, advocating for appropriate responses and maintaining oversight of whether the individual risk and needs of the victim/survivor are being effectively addressed.

Active support provided by an ISVA is not linear and cannot be time-limited, instead it must be adaptive, ongoing and situated within a wider multi-agency context. Effective active support relies not only on appropriate role-focused training and skill, but also on strong supervision, clear escalation pathways and system-level capacity to respond to identified need.

First session

The participating ISVA services consistently described their first session within the active support stage as a critical point of engagement, where the foundations of the relationship between the ISVA and the victim/survivor are established and support plans can begin to be put in place based on the identification of risk and need.

> **"That first session sets the tone for everything, if trust isn't there, it's much harder to engage."**

Building trust, safety and rapport

The first session prioritises building trust, safety and rapport, often through face-to-face engagement where possible. This first session is central to establishing psychological safety, enabling disclosure of risk and need, and supporting the victim/survivors ongoing engagement with the ISVA service.

> **"It's about creating a space where someone feels safe enough to start talking."**

Clarifying the ISVA role, boundaries and expectations

The first session is also a key point for establishing clarity around the ISVA's role and how active support will be delivered. This includes the nature, scope and limits of active support, the distinction between emotional support and therapeutic intervention, how contact will be maintained and adapted over time and how support will end.

The initial meeting also involves identifying the victim/survivor's preferences for ongoing contact. This includes understanding preferred methods of communication such as phone, text, email or face-to-face, as well as identifying safe times and conditions for contact, particularly where there are risks related to perpetrator access or shared environments.

ISVAs also explore preferences around frequency and intensity of contact, recognising that these may change over time, alongside any accessibility needs, language requirements or adjustments needed to support engagement.

These preferences are reviewed throughout support as part of a risk and needs–led approach, ensuring that contact remains safe, appropriate and responsive to changing circumstances.

"It's about understanding what feels safe and manageable for them, not just what works for the ISVA service."

Clear communication at the first meeting helps to manage expectations, particularly where support intensity may vary or where access to external services is limited. It also supports safe and sustainable practice by maintaining appropriate role boundaries.

"Being clear about what we can and can't do early on avoids confusion later."

Embedding risk assessment

Assessment of risk and need is the key function that underpins the support provided by an ISVA service. Participating ISVA services described how they assess risk and needs by integrating it into conversation, rather than delivering as assessment as a standalone or rigid process.

ISVAs gather information across a range of different areas, using the SaS framework including safeguarding risks and ongoing safety concerns, unmet needs such as emotional wellbeing and practical support, protective factors and existing support networks, engagement with criminal justice and other systems, and any current multi-agency involvement or gaps in provision.

Early identification of risk and unmet need enables timely escalation, referral and coordination where support extends beyond the ISVA service.

Crucially, active support must reflect a risk and needs–led approach that is collaborative, and responsive, with assessment functioning as a live and dynamic process that underpins and informs both immediate action and ongoing support planning.

"You're assessing risk and need all the time, but it shouldn't feel like an assessment to the person."

Support planning

The first session initiates the creation of a dynamic support plan which is informed by the assessment of risk, unmet need and protective factors. This may include immediate safety planning, support relating to criminal justice processes, referrals to other services such as mental health, safeguarding or housing, and identification of multi-agency coordination needs.

Establishing continuity and ongoing support

The first session establishes the ISVA as a consistent and trusted point of contact. Participating ISVA services highlighted that continuity from the ISVA is particularly important where victim/survivors experience fragmented engagement across systems or where processes such as the criminal justice process are prolonged.

> **"For many clients, we're the only consistent person throughout the process."**

Managing complexity at the outset

The first session of active support can often reveal significant levels of complexity, including unmet mental health needs, safeguarding concerns, gaps in wider service provision and uncertainty linked to criminal justice timelines.

As a result, ISVAs frequently begin managing risk and unmet need, initiating referrals and navigating system constraints from the outset of the stage of active support. This reinforces the importance of early identification of risk and unmet need, clear escalation pathways, access to supervision and management oversight, and availability of specialist advice where required.

Ongoing risk and needs–led support

Active support is underpinned by ongoing assessment of risk, unmet need and protective factors, rather than a single, point-in-time assessment. Through regular assessment, ISVAs monitor changes in risk, identify unmet needs, recognise protective factors and determine when escalation or referral to other services is required.

Where risks or needs fall outside the support that an ISVA can provide, ISVAs initiate referrals, advocate for appropriate responses and escalate where support is not being provided, often working within systems where thresholds are inconsistently applied. This reflects the need to provide active support that is responsive to the ongoing assessment of risk and needs and informs support plans throughout the entire stage of the active support.

> **"We're constantly reviewing what's changed for the client, risk, needs, what support is actually in place and what else is needed."**

Practical support and reducing barriers to safety

ISVAs provide practical support to address factors affecting safety, stability and engagement, including housing, finances, safeguarding and access to services. This includes liaising with health, housing or social care services, supporting attendance at key appointments and preparing victims/survivors for police or court processes. This work is closely linked to risk reduction, helping to remove barriers that may affect safety or engagement.

System navigation and multi-agency coordination

ISVAs play a central role in navigating and coordinating support across multiple systems, including criminal justice, health, safeguarding and community services. This includes explaining processes, facilitating communication, advocating where there are delays or services are unresponsive, and ensuring victim/survivors understand their rights and options.

Where needs are not being met, ISVAs escalate concerns through multi-agency pathways and maintain oversight of whether risks and needs are being addressed. The coordination of practical support is particularly important in complex cases where responsibility for risk management may be unclear or fragmented.

"A lot of our role at this stage is helping people navigate systems that don't always work well together."

Emotional support (within role boundaries)

Emotional support is a central component of ISVA practice, delivered within an advocacy framework rather than as therapy, enabling victims/survivors to remain informed, stabilised and engaged through complex and often distressing processes.

The provision of emotional support includes trauma-informed communication, validation, stabilisation and grounding techniques, clear information and preparation for key stages such as reporting, investigation and court processes, alongside strengths-based approaches that recognise resilience and coping strategies.

"A lot of what we do is helping people stay steady through really difficult points."

Access to therapeutic and mental health support varies significantly across areas. In some ISVAs services, relatively timely access is available through internal or prioritised pathways, while in others waiting times extend from several months to over a year, with some ISVA services reporting delays of 12–18 months to access therapeutic or mental health support services.

Where timely access is not available, ISVAs frequently provide ongoing stabilising support while the victim/survivor awaits access to mental health or therapy services. This creates an ongoing tension for the ISVA role. While professional boundaries are generally well understood, they can become more difficult to maintain where victims/survivors present with complex or overlapping needs or where therapy or mental health services are unable to respond.

"We're not mental health specialists, but when there's nothing else available, we're often left holding a lot."

Maintaining clarity of role boundaries requires clear communication with the victim/survivor, alongside access to supervision and management oversight to support safe and sustainable practice.

Some ISVA services have attempted to introduce additional roles, such as Emotional Support Workers, with the intention of delivering structured psychoeducational

interventions separately and reducing the emotional support demands placed on the ISVAs. In practice, however, these roles have often led to a fragmentation of the support offer rather than a meaningful redistribution of workload. Victim/survivors frequently experience the relationship with their ISVA as being central to trust, continuity and advocacy; separating emotional support into a parallel role can disrupt this relationship, create duplication in engagement, and require victim/survivors to build rapport with multiple practitioners.

Operationally, separate or parallel roles for the provision of emotional support can also introduce additional coordination requirements, increasing administrative burden and complicate case management without actually significantly reducing the caseload intensity for the ISVA. As rather than releasing capacity, ISVAs may remain involved to maintain continuity, manage risk, and coordinate across roles, meaning overall workload is not substantially reduced. In some examples, the introduction of separate or parallel emotional support roles has also blurred boundaries around responsibility, particularly where risk, safeguarding, or criminal justice engagement intersect with emotional wellbeing.

As a result, these approaches appear to dilute the clarity of the ISVA role and the coherence of the service model, without demonstrable gains in capacity or outcomes.

Crisis management

Responding to crisis is a regular feature of active support, reflecting the complex and often acute needs of victim/survivors navigating trauma, risk and wider life circumstances.

Crisis points may arise at key stages, such as reporting, investigation, case decisions or court proceedings, as well as in response to broader issues such as mental health deterioration, safeguarding concerns or housing instability. Responding to crisis requires ISVAs to balance immediate emotional support, risk assessment and safeguarding action while managing existing caseloads, often requiring rapid shifts in focus and coordination with other services.

> **“Crisis can come at any point, you have to be able to respond quickly and safely.”**

For ISVA service managers, the occurrence of crisis presentations highlights the importance of robust oversight, supervision and workforce support. In practice, this includes monitoring caseload complexity, supporting decision-making around prioritisation and escalation, and managing the cumulative emotional impact on staff. Crisis is not an exception within ISVA services but a core feature of delivery, requiring structured support for the ISVA managing the case, with strong clinical and managerial oversight.

Criminal Justice engagement and advocacy

Engagement with the criminal justice system forms a key component of active support, although the nature and intensity of this work varies depending on victim/survivor choice and the progression of the case in the criminal justice process.

ISVAs support victim/survivors to understand, navigate and engage with the investigation and court processes, while maintaining a focus on safety, autonomy and informed decision-making. This includes supporting victim/survivors to consider reporting options, preparing them for key stages such as police statements and video recorded interviews and court processes, and providing clear, accessible information about options, outcomes and timelines.

ISVAs often provide continuity across prolonged or delayed timelines, where investigations and court processes extend over months or years. During periods of limited communication from criminal justice agencies, ISVAs frequently remain the primary consistent point of contact, providing reassurance, updates where available and ongoing practical and emotional support.

ISVAs also liaise with police, Witness Care Units, CPS and other agencies to facilitate communication, advocate for updates and address barriers to engagement.

"We're often the only consistent person while everything else is changing or delayed."

Crucially, however, access to ISVA service support is not contingent on criminal justice engagement and should continue to be available regardless of reporting decisions or case outcomes.

Case study

Introduction of support worker roles

ISVA Service B introduced Support Worker roles to increase capacity and enable ISVAs to focus on providing active support to victim/survivors involved in the criminal justice system (CJS). Support Workers provided emotional support, stabilisation, and practical guidance to victim/survivors who were not engaging with the CJS.

The introduction of Support Workers aimed to use resources more efficiently by matching support provision to levels of need. However, in practice, Support Workers were often allocated to cases assessed as less complex, while ISVAs were prioritised for higher-risk cases or those involving CJS engagement.

This approach created challenges regarding equitable access to ISVA support and appeared inconsistent with national guidance. ISVAs reported that the approach introduced a "two-tier system", in which some clients received a different level or type of support based primarily on case type, without sufficient recognition that risk and support needs can change over time.

The service also reported challenges relating to role boundaries. Support Workers sometimes encountered cases involving needs that required ISVA-level input, resulting in escalation, duplication of support, or uncertainty regarding responsibilities.

Support at court

A specific area of pressure identified by participating ISVA services relates to the support of an ISVA during court proceedings. While support at court is a key component of the ISVA role, supporting victims/survivors at court can present operational and capacity challenges for the ISVA service.

Participating ISVA services described significant disruption caused by the unpredictability of court scheduling. Cases are frequently (even routinely) cancelled at short notice, requiring ISVAs to rearrange planned work, including other client appointments. This has a dual impact: it can increase distress and uncertainty for victim/survivors, and it reduces service capacity by creating unplanned gaps or duplication of the ISVA's time.

> **"You can clear your diary for court, and then it's pulled at the last minute, it affects the client, but it also impacts everyone else you're supporting."**

The removal of caps on court listings was generally viewed by ISVA services as a positive development in addressing delays. However, ISVA services noted that this can result in multiple cases being listed in close succession, creating intensified demand, where ISVAs are required to support several victim/survivors at court within short timeframes, placing additional pressure on workload and their availability.

In addition, cases are increasingly being heard in courts outside of local areas, requiring ISVAs to travel to out of area courts. Travel time and associated costs are not routinely funded within ISVA service contracts, creating further challenges for both capacity and financial sustainability. Furthermore, time spent travelling reduces the availability of the ISVA for other clients, while costs that are not reimbursed place additional financial strain on already limited resources.

> **"We're travelling further and more often, but that time and cost isn't always recognised, it also takes us away from other clients."**

Taken together, these factors highlight that court-based support is both emotionally intensive and also operationally complex. It requires ISVA services to manage fluctuating and unpredictable demand, while maintaining continuity of support for victim/survivors and balancing wider caseload responsibilities.

Case study **ISVA support at court**

ISVA service C identified increasing challenges in supporting victim/survivors at court. For many victim/survivors, the ISVA represents a trusted and consistent relationship, often built over months or years, making continuity of support at court highly significant for emotional safety and engagement.

However, this creates significant operational pressures for the ISVA service. Court hearings are often unpredictable, with last-minute changes, delays and cancellations. ISVAs may need to clear diaries at short notice, impacting support for other clients and reducing the overall capacity of the ISVA service. Travel to out-of-area courts further compounds this pressure.

There is also overlap with existing provision, particularly court-based witness service, which is designed to support witnesses during court hearings. While the Witness Service play an important role, they do not provide the same continuity or specialist advocacy as the ISVA, who is already well known and trusted by the victims/survivor. The overlap of support provision creates duplication but also uncertainty about roles and expectations.

The ISVA service considered introducing a dedicated court-based ISVA role to help them to manage this demand. However, this has not been progressed due to the recognition of the importance of continuity of support from a known and trusted ISVA, the risk of fragmenting support, and the overlap with the court -based Witness Services.

The ISVA service found that balancing continuity of support with capacity and system efficiency remains challenging.

Family Courts

Participating ISVA services shared that they are increasingly providing emotional and practical support to victim/survivors involved in the Family Court of England and Wales, where ISVAs may need to explain processes such as child arrangements and protective orders, help victim/survivors to communicate with legal professionals, and advocate for safety measures (e.g. separate waiting areas or screens).

ISVAs may also liaise with services like Children and Family Court Advisory and Support Service (CAFCASS) and support safety planning. However, ISVAs do not give legal advice, complete court documents, or represent victim/survivors in court, their role remains independent and supportive.

Variability in intensity and case complexity

A key feature of active support is that it varies in intensity over time, increasing during key points, such as investigations or court proceedings and reducing during periods of relative stability. This will mean that the frequency of contact between the ISVA and the client will fluctuate during this stage.

However, of concern is that ISVA services reported that gaps between contact with the victim/survivors during active support are increasing due to demand and capacity pressures, or with some working towards contact every 4–6 weeks as a standard for contact within active support, rather than frequency of contact being based on assessment of risk and driven by the associated support plan.

While implementation of a standard for contact supports capacity management, it can create challenges in maintaining engagement and responding to changing risk and need.

“We’d want to be in more regular contact, but with current demand, that isn’t always possible.”

Hybrid models of delivery and accessibility

Participating ISVA services reported that active support is delivered by ISVAs through a combination of face-to-face, telephone and digital contact, enabling flexibility and accessibility for victim/survivors while supporting efficient use of the ISVA’s time and continued engagement across wider geographical areas.

ISVAs bridging wider system gaps

A consistent finding is that ISVAs often act as a stabilising presence within wider systems where access to support is limited. Long waiting times for mental health and therapeutic services, delays within the criminal justice system and gaps in specialist provision mean victim/survivors frequently remain engaged with ISVA services for extended periods while awaiting other support. In some ISVA services, a significant proportion of clients rely solely on ISVA support despite awaiting access to other services. This reflects wider system pressures rather than a formal expansion of the ISVA role.

“We’re often holding people while they wait for other services that aren’t available yet.”

Implications for practice

The findings highlight the importance of maintaining clarity of the ISVA role within the delivery of emotional support, ensuring that active support remains safe, consistent and within appropriate professional boundaries. In particular, this includes:

- reinforcing the distinction between emotional support delivered within an advocacy framework and therapeutic or clinical intervention, ensuring role clarity for both practitioners and victim/survivors
- supporting ISVAs to deliver stabilisation-focused emotional support confidently and safely, particularly where access to external therapeutic provision is limited or delayed
- avoiding the introduction of parallel roles that fragment the support offer, ensuring continuity of relationship and reducing duplication in engagement and coordination

Collectively, these measures support clearer role boundaries, maintain continuity of support for victim/survivors, and enable ISVAs to deliver effective emotional support within a sustainable and well-defined scope of practice.

Recommendations

Develop guidance and training for the delivery of emotional support

The Ministry of Justice should commission the development of guidance and targeted training on the delivery of safe emotional support. This will reinforce clear distinctions between ISVA and therapeutic roles while equipping staff with practical techniques to stabilise and support victim/survivors (2.5)

Interim support

Participating ISVA services highlighted that the support needs of victim/survivors can fluctuate significantly over time. Periods of lower contact can shift rapidly to high-intensity engagement at key points such as charging decisions, court preparation, trial attendance and communication of outcomes. This creates a pattern of variable and unpredictable demand, requiring flexible and responsive models of delivery.

"Someone might not need very much support for months and then suddenly the level of contact increases very quickly."

The criminal justice processes introduce extended periods of uncertainty and inactivity that shape both the intensity and delivery of support. ISVA services described prolonged investigations, delays in charging decisions, postponed hearings and extended waiting periods before trial. During these periods, ISVAs often remain the primary consistent point of contact, even where there are limited developments in the case itself. However, where risk and needs are assessed as stable, the frequency of contact between the ISVA and the client may reduce.

Changing case intensity and complexity

The frequency of active support can move between different levels of intensity over time, reflecting changes in risk, unmet need, safeguarding concerns, criminal justice progression and the availability of external support. Some victims/survivors require sustained high levels of engagement, while others involve periodic contact across extended timelines. ISVA services managers emphasised that workload cannot be understood through caseload size alone, as intensity and complexity vary significantly within and across cases. This reinforces the need for ongoing review and adjustment of support based on a risk and needs–led approach.

"Even when contact is less frequent, people know they're still being supported by us and can access more regular support if things change for them."

Interim support as a managed adjustment to active support

In response to fluctuating demand, participating ISVA services described the use of 'interim support' as a planned and managed adjustment to active support through a reduction in the intensity of engagement

This adjustment typically occurs during periods where there are no immediate developments in the criminal justice process, risk is assessed as stable and support needs can be safely maintained at a lower level of contact.

Crucially, interim support as an adjustment to active support does not represent case closure. Cases remain open and under active oversight from the ISVA service, with the level

of engagement reduced rather than withdrawn. This approach enables ISVA services to manage capacity while maintaining continuity of support.

In some ISVA services, the interim support is delivered by the allocated ISVA. However, in other ISVA services, it is delivered by coordination or support roles within the ISVA service to increase capacity for the ISVA (to support others) during this period of low intensity support.

"It's not stepping away from the case, it's stepping the level of support up and down depending on what's needed at that point in time."

Risk monitoring and escalation

It is an important principle that interim support as an adjustment to active support is underpinned by ongoing monitoring of risk, unmet need and protective factors.

Prior to moving into a reduced-contact phase, ISVA services typically review current risk, the stability of needs and the appropriateness of reduced engagement. During interim support, light-touch oversight is maintained through agreed check-ins, monitoring of key case milestones and defined review points.

Crucially, there should always be a clear and immediate route to allow the victim/survivor to be stepped up to receive active support. Where contact or review identifies increasing risk, deterioration in wellbeing, emerging unmet need or changes in case progression, cases are escalated back to higher-intensity active support from an ISVA. This ensures that no victim/survivor remains in reduced-contact support where risk is increasing.

"If anything changes, we step straight back in to provide active support, it's not a fixed level of support."

Management oversight

Management oversight is critical to ensuring that interim support is applied safely and consistently to cases that have been adjusted from active support. This includes reviewing decisions to reduce frequency of contact, monitoring risk and complexity, and maintaining visibility of cases held at lower intensity.

Interim support enables services to rebalance caseload intensity, prioritise capacity for higher-risk cases and maintain oversight across long and complex timelines. However, without structured processes, there is a risk of reduced visibility of demand, inconsistent escalation and gaps in risk identification.

Implications for practice

Interim support as an adjustment to active support plays a key role in maintaining continuity of the client relationship and ensuring that victim/survivors remain connected to support during prolonged periods of inactivity within wider systems, such as the criminal justice process. By keeping cases open and maintaining clear escalation routes, ISVA services can ensure that victim/survivors can re-enter active support quickly when needed.

These findings highlight that interim support within active cases should be recognised as a structured and safety-critical component of the ISVA service support pathway. It enables the delivery of flexible, responsive support while ensuring that changes in risk and need are identified early and responded to appropriately, supported by clear processes, defined roles and ongoing management oversight.

Recommendations

Introduce structured interim support

ISVA services should introduce structured interim support to victim/survivors awaiting allocation or following active support. The structure should define review points, ongoing contact expectations, and rapid escalation mechanisms where risk or need changes, ensuring continuity, safety, and responsiveness throughout the ISVA service support pathway. (2.4)

Support the introduction of a Support Coordinator role to enhance Referral/Triage/Interim Support

The Ministry of Justice should support the introduction of trained Support Coordinators to enhance referrals, triage and provision of structured interim support with clear escalation processes and management oversight. Support Coordinators should be underpinned by training and standards to ensure fair and consistent decision-making, improved service flow and enhanced visibility of demand and risk. (See outline role description in Annex B) (3.2)

Closure

Across participating ISVA services, the ending of support is not a uniform or predictable point in the support pathway, but is shaped by victim/survivor circumstances, case progression and wider system factors.

ISVA service data indicates significant variation in planned closure rates, ranging from approximately 27% to 76%, although the majority of ISVA services reporting mid-range levels between around 41% and 59%, and some unable to provide consistent data. This variation reflects differences in service models, local systems and population needs, but also highlights inconsistency in how and when support is brought to a planned conclusion.

Lower rates of planned closure were often associated with cases ending due to changes in life circumstances rather than a structured transition. ISVA services described endings linked to loss of contact, relocation, imprisonment, deteriorating or fluctuating mental health, and disengagement related to trauma or system pressures. These patterns suggest that, in many cases, support ends not because the needs of the victim/survivor have been fully addressed, but because engagement has been disrupted.

"Sometimes cases don't end because the work is done, they end because we've lost contact or something has changed for the victim."

Higher rates of planned closure suggest greater stability in engagement and more consistent approaches to ending support. However, ISVA services emphasised that closure is influenced not only by practice, but by external factors such as case duration, system delays and the availability of onward support. Prolonged engagement, often driven by criminal justice timelines or unmet need, can make planned closure more difficult to achieve as cases remain open over extended periods and circumstances change.

Impact of CJS on duration of support

The duration of ISVA support is consistently lengthy across all criminal justice outcomes, due to lengthy investigations and charging decision but obviously increases as cases progress through the criminal justice system. Even where there is no criminal justice involvement, support typically ranges from approximately 3 to 28 weeks. For cases reaching court, average durations commonly range from around 70 to over 110 weeks, with some ISVA services reporting averages of up to three years. For cases ending earlier in the process, such as No Further Action (NFA) outcomes, support still typically extends from approximately 25 to over 60 weeks. It is important to recognise that these figures are likely to underestimate current durations, as they reflect cohorts of cases that often began several years ago. Since then, investigation and court timelines have increased, meaning that contemporary cases are likely to involve even longer periods of support.

"Cases are staying open much longer now, what used to be months is now often years of support."

Across ISVA services, endings are often associated with key criminal justice milestones, such as trial outcomes, No Further Action (NFA) decisions or the completion of key advocacy activities. These points can act as natural transition markers within the support pathway. However, closure is not determined solely by the criminal justice process, but by an assessment of ongoing risk, unmet need and support arrangements. ISVA services described indicative timeframes following key outcomes, often around 4 to 8 weeks, to allow for emotional processing, final advocacy actions and coordination of onward support. These timeframes are applied flexibly, with cases remaining open where needs persist.

Risk and needs-led approach to closure

Closure decisions are typically informed by review of risk, unmet need and protective factors. This includes assessing whether risks are reduced or appropriately managed, whether unmet needs have been addressed or transferred to other services, and whether protective factors such as support networks are in place. Where needs remain beyond the ISVA role, practitioners initiate or confirm referrals, support multi-agency handover and escalate where appropriate services are not in place. Closure is therefore understood as part of a planned transition within a wider support system rather than an isolated endpoint.

“We don’t just close a case, we make sure the right support is in place beyond us.”

Setting out closure expectations

ISVA services emphasised the importance of introducing the concept of endings early in the support relationship, including during initial engagement and early support planning. This helps set expectations about the scope and purpose of the support from the ISVA service, reinforces that support is stage-based rather than indefinite, and enables earlier identification of longer-term needs.

Endings can be emotionally complex, particularly where relationships have developed over long periods or where the ISVA service has been the primary or only consistent source of support. Practitioners described the challenge of balancing victim/survivor needs with maintaining professional boundaries, particularly where emotional support needs remain high and external services are limited.

“It can be difficult to close when you know someone still needs support, but that support sits outside our role.”

Supervision and management oversight

Supervision and management oversight are therefore critical in supporting practitioners to assess readiness for closure, maintain appropriate boundaries and ensure decisions are based on risk, need and role scope rather than relational factors alone.

Extended case duration and system delays create ongoing tension between maintaining continuity of support and ensuring capacity to respond to new referrals. ISVA services described using structured case reviews, supervision and caseload oversight processes to assess whether cases should remain in active support, move into interim support or progress toward closure.

Effective closure

Effective closure is characterised by planned, supported transitions. This includes clear communication with the victim/survivor, confirmation of how to re-access the ISVA services and coordination with other agencies where appropriate. Victim/survivors are supported to understand that the relationship with their ISVA is ending, identify where future support will come from and retain confidence that support remains accessible if circumstances change.

> **"Ending well is as important as starting well, it's about making sure people feel supported beyond the service."**

Overall, the findings show that how and when support ends is influenced not only by service practice, but by wider system pressures and the circumstances of victim/survivors. This highlights the importance of strong supervision and clinical oversight to help practitioners manage endings appropriately and maintain professional boundaries. It also reinforces the need for structured case review processes to actively oversee and manage long-duration and high-complexity cases.

These findings demonstrate that case closure should be understood as a structured and safety-critical stage of the ISVA service support pathway, rather than simply the administrative ending of support. Consistent closure processes are necessary to ensure that risks, unmet needs and protective factors are reviewed appropriately, that victim/survivors experience planned and supported endings where possible, and that services maintain oversight of ongoing risk and unmet need. Strengthening closure processes also supports clearer service flow, more accurate visibility of demand and safer management of workforce capacity over time.

Implications for practice

The findings highlight the importance of strengthening case closure as a structured and actively managed stage of the ISVA service support pathway. This includes:

- implementing consistent, Safety and Support (SaS) framework approaches to closure, ensuring decisions are based on assessment of risk, unmet need and protective factors rather than external pressures or loss of contact
- strengthening management oversight and case review processes to support timely, appropriate and defensible closure decisions, particularly for long-duration or complex cases
- ensuring closure is planned and communicated, with clear pathways for re-engagement where risk increases or circumstances change

Collectively, these measures support safer and more consistent endings, improve continuity of support beyond the ISVA service, and enable more effective management of caseload flow and service capacity.

Recommendations

Strengthen case closure processes

ISVA service providers should implement structured case closure processes, including a final review of risk, unmet need, and protective factors, with management oversight to confirm a safe and appropriate ending. (2.6)

Access and demand management systems

Access and demand management form a critical part of the operational systems that enable ISVA services to coordinate the 'support pathway' stages described previously, referral, triage, allocation, interim support and active support, while maintaining oversight of demand, risk and capacity. Managers consistently described access and demand management as a core operational responsibility rather than an administrative function.

ISVA service managers also highlighted the importance of ongoing communication with commissioners in relation to demand, capacity and emerging pressures. ISVA services described the need to provide clear and consistent information on referral volumes, waiting times, case complexity and unmet need in order to support commissioning decisions and wider understanding of the provision of the ISVA service support pathway. Where this communication is well established, it can support more responsive planning and alignment between service delivery and commissioning expectations. Where it is less developed, there is a risk that pressures within services are not fully visible or understood.

Referral pathway management

ISVA Services operate within complex referral environments involving multiple entry routes, including police, SARCs, health services, specialist organisations and self-referral, as outlined in the referral section. Referral patterns vary substantially depending on local commissioning arrangements, partnership structures and service visibility. This requires systems capable of managing referral flow across multiple sources while maintaining visibility of urgency, risk and suitability.

Triage systems

Across ISVA services, the triage function was widely viewed as a critical mechanism for supporting service resilience, particularly in managing risk and need, prioritisation and allocation. As set out in earlier sections, triage operates as a specialist, risk and needs–led function at the front of the support pathway. Where triage functions are well established, they strengthen the ISVA service's ability to respond to demand in a structured and consistent way. However, the function of triage was not uniform across all participating ISVA services. Some reported that their triage models require further development or refinement, while others do not currently operate a formal triage function, limiting their ability to manage demand systematically.

"Where triage is strong, the whole system works better, where it isn't, pressure builds very quickly."

Triage sits at the centre of this layer. As described earlier, it is a specialist function used to determine suitability, identify safeguarding concerns, assess urgency and inform prioritisation for allocation. Models vary across ISVA services, including internal, external and hybrid approaches, but effective triage consistently relies on knowledge of sexual violence, trauma-informed practice and safeguarding. Where these elements are not in place, ISVA services reported reduced ability to identify risk early and prioritise effectively.

Alongside triage, services described the routine use of waiting lists or pending allocation systems where demand exceeds capacity. As explored in earlier sections, these systems require active management rather than passive holding. ISVA services described structured approaches to monitoring waiting lists, reviewing case status and maintaining visibility of risk while survivors await allocation. In some areas, waiting periods have increased significantly, with allocation timelines extending beyond 90 days.

"Waiting lists aren't static, you have to keep reviewing and reprioritising based on risk and need."

Managers emphasised that managing demand requires ongoing oversight of referral pipelines, identification of higher-risk or higher-complexity cases, and adaptation of service processes in response to changing demand. This includes strengthening triage, monitoring backlogs, prioritising cases, implementing interim support, and using step-down or pause mechanisms within active caseloads, as described in earlier sections.

These stages of the support pathway are closely linked to case complexity and criminal justice timelines, not referral volume alone. As reflected in the active support and interim support sections, long case duration, increasing complexity and delays in the criminal justice system reduce case turnover and create sustained pressure on the support pathway. ISVA services therefore frequently adjust allocation practices, hold cases in the interim support stage for longer periods, or reduce the pace of new allocations in response to capacity constraints.

"It's not just about how many referrals we get, it's how long cases stay open and how complex they are."

Understanding complexity and caseload

Consistent with earlier findings, case complexity was identified as a primary driver of workload and workforce pressure. However, there is no consistent or standardised approach to defining or measuring complexity across ISVA services. Some services estimated high levels of complexity within their caseloads, while others reported more mixed profiles, and in several cases, complexity was not formally recorded.

Across ISVA services, the Safety and Support (SaS) Framework is used to inform understanding of risk, unmet need and protective factors, and in some cases is being applied to support assessments of complexity. This provides a structured way of identifying the range and interaction of needs within a case, including safeguarding risk, emotional wellbeing, practical needs and multi-agency involvement. However, the use of SaS Framework to assess and monitor complexity is not yet applied consistently across ISVA services. In many areas, while the SaS Framework informs individual casework and triage, it is not systematically aggregated or used to inform caseload profiling, workforce planning or service-level analysis.

"We use the SaS Framework to understand the individual client, but not always to understand our overall caseload."

Complexity is widely understood as dynamic, changing over time in response to safeguarding risks, mental health needs, criminal justice progression and the availability of wider support. Despite this, services often rely on professional judgement, supervision and case discussion rather than structured data to understand and manage complexity.

This creates a disconnect between the recognised importance of complexity and the systems available to monitor it. While the SaS Framework enables consistent and structured approaches, its application at a service level remains variable. As a result, complexity continues to be a key driver of workload intensity but is inconsistently captured and applied in workforce planning and allocation.

Understanding caseload beyond volume

Service data indicates that caseloads typically range from approximately 27 to 51 cases per ISVA, with some indicative caps around 50. However, as reflected across previous sections, these figures do not capture workload in isolation. The composition of caseloads, particularly the proportion of high-complexity cases, has a significant impact on practitioner capacity.

High-complexity cases, often involving safeguarding concerns, complex trauma, prolonged criminal justice engagement and multi-agency coordination, require sustained time and input. As a result, similar caseload numbers can represent very different levels of demand.

> **"Two ISVAs can have the same number of cases, but the level of work involved can be completely different."**

Managers also highlighted important distinctions in caseload expectations for children and young people (CYP) services. CYP caseloads are typically lower, reflecting the additional demands associated with this work. This includes more frequent and flexible contact, the need to engage and coordinate with parents and carers, and increased multi-agency involvement, particularly with safeguarding, education and health services.

> **"Working with children and young people is more intensive, you're not just supporting the young person, you're working around their whole network."**

Managers therefore emphasised the need to move beyond numerical caseload limits towards approaches that consider both volume and complexity when assessing workload and capacity.

Flow and demand

Access and demand management therefore require continuous oversight of both service flow and workforce sustainability. Managers described regularly reviewing referral volumes, waiting lists, caseloads and complexity in order to make operational decisions about allocation, prioritisation and service adaptation. In practice, they have to balance two competing pressures: maintaining timely access to support and protecting workforce capacity and wellbeing.

A further implication is that access and demand management cannot be separated from wider organisational infrastructure. Administrative support, case management systems, service coordination roles, managers and senior practitioners all contribute to this function. Where these functions are limited, ISVAs themselves often absorb coordination and administrative tasks, reducing capacity for active support.

Implications for practice

Taken together, the findings indicate that access and demand management functions are a core operational requirement within an ISVA service. They enable services to maintain multiple access routes, coordinate support pathway stages, monitor demand and flow, respond to fluctuations in complexity and prioritise risk and need within constrained capacity. This reinforces that timely access to ISVA support depends not only on practitioner availability, but on the strength and consistency of the management of access and demand across the service support pathway.

Recommendations

The findings demonstrate that effective access and demand management requires structured, consistent systems to support referral quality, triage, and ongoing coordination of demand into and across the support pathway. Strengthening these system-level functions will improve service flow, enable earlier identification of risk and need, and reduce pressure on frontline ISVAs.

Commission the development and implementation of a standardised referral form

The Ministry of Justice should commission the development and implementation of a standardised ISVA service referral form. This will ensure consistent, high-quality information is captured at referral, supporting effective triage, risk identification, and informed allocation. (3.2)

Support the introduction of a Support Coordinator role to enhance Referral/Triage/Interim Support

The Ministry of Justice should support the introduction of trained Support Coordinators to enhance referrals, triage and provision of structured interim support with clear escalation processes and management oversight. Support Coordinators should be underpinned by training and standards to ensure fair and consistent decision-making, improved service flow and enhanced visibility of demand and risk. (3.2) (See outline role description in Annex B)

Coordination and oversight infrastructure

The delivery of effective ISVA services relies on robust coordination and oversight infrastructure that supports frontline practitioners, ensures continuity of support for victim/survivors, and maintains oversight across the support pathways . This infrastructure encompasses administrative support and coordination, management oversight of allocation and caseloads, multi-agency engagement, and integrated data and reporting systems. Together, these elements create the operational foundation that allows services to respond safely, efficiently, and consistently to the needs of those accessing support.

This section explores how these interdependent components, administrative support and coordination functions, management oversight, multi-agency coordination, and data systems, combine to form a resilient infrastructure for the ISVA service to operate within, highlighting both current strengths and areas for improvement that shape the effectiveness and sustainability of ISVA service delivery.

Administrative support and coordination functions

Administrative support and coordination functions form a core component of the organisational infrastructure underpinning ISVA service delivery. These functions are central to enabling ISVA services to operate safely, and support the consistent movement of cases through the support pathway.

As highlighted in earlier sections on access, triage and waiting list management, ISVA services operate within complex and variable referral environments. Administrative and coordination functions provide the infrastructure that enables these processes to function effectively in practice, ensuring that information is organised, cases are visible and service flow is maintained.

“Without the coordination behind the scenes, the support pathway just doesn’t work in the way it should.”

Across ISVA services, administrative and coordination roles support activity across multiple stages of the support pathway, including referral handling, preparation for triage, waiting list oversight, allocation coordination and ongoing case tracking. This includes managing referral information, maintaining case management systems, monitoring case progression and supporting communication with victim/survivors and partner agencies.

This work provides the operational foundation for effective support pathway management. In high-demand contexts, where referrals may be incomplete or inconsistent, coordination functions ensure that information is clarified and organised prior to triage, supporting earlier identification of risk and more informed decision-making.

“A lot of the work is about getting the right information in place so decisions can be made safely.”

Where administrative and coordination functions are well established, ISVA services are better able to maintain oversight of referral pipelines and waiting lists, reduce delays linked to incomplete information, support timely triage and allocation, and ensure continuity of communication with victim/survivors. These roles also protect ISVA capacity by reducing the need for practitioners to undertake administrative and coordination tasks alongside their core role.

Conversely, where administrative and coordination capacity is limited, these responsibilities are often absorbed into frontline roles. ISVA services described this as reducing time available for active support and increasing workload pressure, particularly in contexts of high demand and complexity.

"If that support isn't there, ISVAs end up doing everything, and that has an impact on the time they can spend with clients."

Introduction of coordinator roles is evolving in response to increasing demand on ISVA services. In some ISVA services, these roles extend beyond traditional administrative activity to include more active coordination of service flow, such as preparing referrals for triage, monitoring waiting list status, identifying cases requiring attention and supporting the organisation of allocation processes. This strengthens visibility of demand across the ISVA service and enables the development of more sustainable and responsive decision-making.

Coordination roles also play a key role in maintaining oversight of waiting lists and interim support arrangements. As services increasingly operate with pending allocation and variable-intensity support models, these coordination roles ensure that cases remain visible, contact is maintained and key review points are tracked.

However, it is critical to recognise that coordination roles, where responsibility of triage, allocation tasks and the provision of interim support that involve risk and needs assessment also require specialist training to ensure that complexity or safeguarding concerns are identified and prioritised at the earliest stage.

"It's about making sure no one gets lost in the system, even when they're waiting."

A further area of impact is data quality and operational visibility. Coordination roles are often responsible for maintaining case management systems and ensuring that service data is accurate and up to date. This data underpins both day-to-day service management and external reporting. Managers rely on these systems to monitor referral volumes, caseloads, waiting times and service flow, and to identify emerging pressures.

However, consistent with earlier findings on data and system visibility, existing case management systems do not always support detailed insight into case complexity or changes in need over time. In some ISVA services, data systems are primarily designed for activity reporting rather than reflective practice or case review, meaning that a significant proportion of operational understanding remains reliant on practitioner knowledge and supervision.

This also affects communication with commissioners. While headline metrics can usually be reported, more detailed insights into complexity, intensity of support and system pressures are harder to evidence without additional manual analysis.

Overall, the findings demonstrate that administrative support and coordination functions are integral to the effective operation of ISVA services. They enable services to manage referrals, coordinate key stages of the support pathway, maintain visibility of demand and case progression, support communication across systems and protect frontline capacity of ISVAs for the provision of active support.

"These roles keep everything moving, they're what holds the service together."

Management oversight

Understanding system pressures and case duration

ISVA services described the need to actively manage case duration through case review, interim support and closure planning processes. In practice, decisions about case progression are influenced by victim/survivor need, workforce capacity and the availability of wider support systems.

Management oversight requires visibility of factors which extend case duration, including rising complexity , lack of onward support and prolonged criminal justice timelines.

"Cases don't always end because the work is done, they often stay open because there's nowhere else for people to go."

Allocation, caseload and complexity

Management oversight of allocation, caseload and complexity forms a central component of ISVA service delivery. As set out in earlier sections on allocation, active support and interim support, the distribution and ongoing management of cases is not a discrete stage but a continuous function that underpins safe practice, service flow and workforce sustainability. While ISVAs deliver active support, the effectiveness of that stage of support is shaped by how services organise, review and balance caseloads across the workforce over time.

Importantly, allocation in this context does not refer to the routine movement of victim/survivors between practitioners. Continuity of relationship is a core principle of ISVA support, and services consistently aim to maintain this wherever possible. Instead, allocation refers to how new cases are distributed, how overall caseloads are balanced across the team, and how services maintain oversight of workload, risk and complexity at a service level.

"It's not about moving clients around, it's about making sure workloads are balanced and safe."

Across services, allocation was consistently described as an active and ongoing management function. Decisions are informed by a combination of risk and needs assessment, case complexity, stage within the criminal justice process, practitioner capacity and the availability of specialist expertise, as outlined in the allocation section.

Managers emphasised that allocation requires continuous adjustment at a system level. This includes reviewing how new referrals are distributed, identifying pressures within individual caseloads, and responding to changes in demand and complexity across the ISVA service.

In practice, allocation is supported through regular case reviews, supervision discussions and allocation meetings, enabling managers to maintain oversight and ensure that workload is distributed safely and appropriately.

Monitoring caseload and complexity

ISVA service Managers use a combination of formal and informal mechanisms to maintain oversight of caseloads and complexity. These include supervision, case review discussions, allocation meetings and monitoring of referral and waiting list data, as described in earlier sections.

Through these processes, Managers maintain visibility of caseload distribution, risk and need, case progression and areas where additional support or redistribution may be required. However, consistent with findings on data systems, ISVA services reported that existing case management systems do not fully support tracking complexity over time. As a result, understanding of workload intensity often relies on Manager insight and reflective discussion rather than system-generated data.

"A lot of what we know about complexity comes through supervision, not the case management system."

Role of supervision in oversight and decision-making

Supervision structures are integral to allocation and caseload management. Management supervision supports oversight of caseload size, complexity and progression, while clinical or reflective supervision supports practitioners in managing the emotional demands of their work.

Case discussions within supervision and team settings enable services to identify escalating risk, review caseload balance, consider where additional support is needed and maintain consistency in decision-making. These processes ensure that oversight is informed by both operational data and professional judgement.

Overall implications for management oversight

The findings demonstrate that allocation, caseload and complexity management are not discrete activities, but part of an integrated system of management oversight that underpins safe and effective ISVA delivery. Effective management oversight requires dynamic allocation processes, ongoing review of caseload composition, structured supervision and reliable operational data.

Taken together, this reinforces the wider finding that the sustainability of ISVA services depends not only on workforce numbers, but on the strength of the management to coordinate, monitor and support how work is distributed across the ISVA service over time. As such, role-focused training for managers of ISVA services is critical to support their ability to provide effective oversight.

Multi-agency partnerships

Partnership engagement and multi-agency coordination form a core component of ISVA service delivery. As reflected in earlier sections on active support and system navigation, ISVA services operate within complex systems rather than as standalone providers. The effectiveness of support is therefore closely linked to how well services are connected into criminal justice, health, safeguarding and wider support systems.

"You can't deliver ISVA support in isolation, it only works if the wider system is working with you."

Coordination across complex systems

Across ISVA services, practitioners described working within highly interconnected environments, where victim/survivors may be engaged with multiple agencies at the same time, including police, SARCs, health and mental health services, social care, safeguarding teams and specialist voluntary sector organisations.

ISVAs play a key role in supporting victim/survivors to navigate these agencies, ensuring they understand processes, options and what to expect, as outlined in earlier sections. However, effective coordination depends on clear referral pathways, shared understanding of roles and consistent communication between agencies.

Where agencies are well aligned, victim/survivors experience more joined-up and coherent support. Where coordination is less effective, ISVA services described duplication, gaps in provision and inconsistent information.

"When agencies are working together well, it makes a huge difference, when they're not, the ISVA ends up holding everything."

Safeguarding within multi-agency practice

Safeguarding is a central component of multi-agency coordination. ISVA services frequently support victim/survivors where there are ongoing risks from perpetrators, concerns relating to children or vulnerable adults, or complex family and social circumstances.

Within this context, ISVA services contribute to safeguarding processes through identifying and escalating risk, sharing information in line with protocols, participating in multi-agency discussions and supporting victim/survivors to understand safeguarding decisions. As highlighted in earlier sections, this work is underpinned by ongoing assessment of risk and need, through the SaS framework rather than one-off decision-making.

A consistent challenge identified across ISVA services is the variation in safeguarding thresholds between agencies. Some victim/survivors may not meet statutory safeguarding or support (mental health) thresholds despite experiencing significant risk or harm. In these situations, the ISVA service often remain the primary source of support, while continuing to advocate within multi-agency systems.

"There are cases where the risk is clear, but it doesn't meet thresholds, so we're still holding that alongside everything else."

Role of managers in partnership coordination

While ISVAs maintain day-to-day operational contact with partner agencies, their managers play a key role in maintaining and strengthening wider system relationships. This includes establishing referral pathways, clarifying roles and boundaries, resolving operational challenges and ensuring consistent understanding of the ISVA service across agencies.

Managers also act as escalation points where issues arise, such as delays in communication, barriers to accessing services or lack of clarity in responsibilities. This function supports more effective integration of ISVA services within local systems.

Strategic multi-agency engagement

In many areas, service managers contribute to strategic partnership forums, including VAWG boards, criminal justice groups, scrutiny panels and safeguarding partnerships. These forums provide opportunities to raise systemic issues identified through frontline delivery, including delays in investigations, gaps in provision and challenges in access to services.

This strategic engagement supports system-level learning and enables ISVA services to influence wider practice and policy beyond individual cases.

"We're not just working with the system, we're feeding back into it to try and improve it."

Overall implications for service delivery

The findings reinforce that multi-agency coordination is integral to the delivery of ISVA services. Effective partnership working enables more coordinated responses to risk and need, improves access to wider services and supports continuity for survivors across complex systems.

At the same time, where partnership arrangements are less aligned, pressure is more likely to sit with ISVA, increasing workload and requiring practitioners to bridge gaps in provision.

"A lot of the role is about holding things together when the system doesn't quite join up."

Taken together, this highlights that ISVA services operate within a wider ecosystem of support, and that the quality and effectiveness of their support is closely linked to the strength, clarity and consistency of the partnerships and safeguarding systems within which services are embedded.

Data, reporting and system visibility

Data, reporting and system visibility are critical components of the organisational infrastructure underpinning ISVA services. As reflected in earlier sections on access and demand management, allocation and case oversight, and administrative coordination, data plays a central role in enabling services to understand demand, monitor capacity and support effective decision-making across the pathway.

Across services, a consistent theme was the fragmentation of data systems. In most cases, there is a separation between case management systems used to record client engagement and practice activity, and reporting systems used to generate performance data for managers and commissioners. While both functions are essential, the lack of integration between them limits the ability to connect practice-level information with service-level insight.

"We hold a lot of detail in case notes, but it doesn't always translate into something we can see across the whole service."

Role of data in service oversight

Data systems are used to capture and report on core aspects of service delivery, including referral volumes and sources, waiting lists and time to allocation, caseload distribution, case duration and progression through the criminal justice system, and service outputs and outcomes.

At the same time, case management systems hold detailed information about risk, safeguarding, survivor needs, support activity and multi-agency involvement. However, as highlighted in earlier sections on complexity and case management, this information is often recorded in narrative formats and is not always structured in a way that can be easily extracted or analysed.

This creates a gap between what is known at practitioner level and what is visible at service level.

Data as a tool for operational decision-making

Managers rely on data to support day-to-day operational decisions, including monitoring referral pipelines, managing waiting lists, reviewing caseload distribution and identifying when demand exceeds capacity. These functions directly support the processes described in earlier sections on triage, allocation and interim support.

However, where systems are fragmented, ISVA services often rely on a combination of quantitative reporting data and qualitative practitioner knowledge. Quantitative data provides visibility of volume and throughput, while understanding of complexity, risk and intensity is drawn from supervision and case discussion.

This limits the ability of services to fully align workforce capacity with demand, particularly where complexity and intensity are key drivers of workload.

"The numbers tell you part of the story, but you need practitioner insight to understand what's really going on."

Limitations of current data systems

The separation between case management and reporting systems contributes to a number of common challenges. ISVA Services described difficulty extracting structured insight from narrative case notes, limited ability to capture and analyse complexity within reporting systems, and a lack of longitudinal tracking of risk, need and engagement over time.

Duplication of data entry and the need to reconcile multiple datasets also create additional administrative burden. As a result, key aspects of ISVA service delivery, such as changes in risk, escalation of need or variation in support intensity, are not consistently visible in reporting outputs.

These challenges reflect earlier findings on the use of SaS Framework and complexity, where structured approaches to understanding need are not yet consistently translated into system-level data.

Implications for supervision and case review

Fragmented data systems also affect supervision and case oversight. As highlighted in previous sections, supervision plays a central role in understanding caseload complexity and managing risk. However, where data systems do not align with practice recording, supervisors often rely heavily on practitioner knowledge rather than structured data.

This can make it more difficult to identify patterns across caseloads, compare workload intensity or consistently apply learning at a service level.

"You often only see the full picture when you talk it through, not when you look at the data."

Reporting and communication with commissioners

ISVA services are generally able to produce headline reporting data for commissioners. However, linking this data to complexity, changes in risk and need, or intensity and duration of support often requires manual interpretation of case records, which is often extremely time consuming.

This limits the ability to evidence the full scope of ISVA service delivery and to communicate system pressures effectively, particularly where complexity and unmet need are not captured within standard reporting frameworks.

Developing support pathway visibility

Managers emphasised the need for more integrated data systems that provide greater visibility across the ISVA service support pathway. This includes the ability to connect case-level information with service-level reporting, track how cases move through the pathway, monitor changes in risk, need and engagement over time, and identify trends in demand and complexity.

Improved integration would support a shift from fragmented reporting towards a more coherent understanding of ISVA service delivery, enabling better alignment between demand, capacity and workforce planning.

> **"What we need is a system that shows how everything connects, from referral through to closure."**

Overall implications for service delivery

The findings indicate that data systems are not simply a reporting requirement, but a core operational tool. Effective systems support triage, allocation, case review, supervision and strategic planning, and are central to maintaining visibility of demand and risk across the ISVA service.

Where systems are well integrated, services are better able to monitor pressure points, respond to changing demand and support consistent decision-making. Where they are fragmented, reliance on manual processes and practitioner insight increases, reducing efficiency and limiting system-wide visibility.

Taken together, this reinforces that the effectiveness and sustainability of ISVA services depend not only on frontline delivery, but on the strength of the data systems that enable them to understand, manage and respond to demand across the ISVA service support pathway.

> **"Good data systems don't just report activity, they help you run the service safely."**

Implications for system infrastructure

The findings highlight the importance of strengthening coordination and oversight infrastructure as a core component of effective ISVA service delivery. In particular, this includes:

- developing integrated systems that combine case management and reporting functions, enabling real-time visibility of risk, unmet need, complexity and service demand
- improving the consistency and use of data to support operational decision-making, workforce planning and strategic oversight
- establishing clear and formalised multi-agency escalation frameworks to ensure timely, coordinated responses where victim/survivor needs are unmet

Collectively, these measures support stronger operational oversight, improve accountability across systems, and enable more responsive and evidence-informed service delivery.

Recommendations

Develop Integrated case management and reporting systems

Services should develop integrated systems combining practice recording with reporting functions. This will enable real-time tracking of risk, need, complexity, and victim/survivor engagement, improving operational efficiency, strategic oversight, and evidence-informed resource allocation. Data systems should capture complexity and change over time, reducing reliance on manual interpretation, strengthening analytical capacity, and supporting evidence-based operational and strategic decision-making. (4.1)

Establish Multi-agency escalation and accountability

ISVA services should establish formal protocols for multi-agency escalation where victim/survivor needs are unmet. This will ensure shared accountability, reduce the burden on ISVAs to manage unmanaged risk, and support timely, coordinated responses to emerging or complex needs. (4.2)

Workforce resilence structures

Across ISVA services, burnout, sickness absence, and retention challenges were consistently described as system-driven, arising from sustained high demand, increasing case complexity, emotional labour, and wider systemic pressures. While workforce indicators varied between services, there was a shared concern regarding long-term sustainability, with pressures accumulating over time rather than arising from isolated incidents. ISVA work involves sustained engagement with victims and survivors experiencing trauma, often over prolonged and uncertain criminal justice timelines. ISVAs support individuals through periods of significant emotional intensity while managing complex caseloads, navigating multi-agency systems, and responding to changing levels of risk and need. In this context, workforce pressure is shaped by the interaction of rising demand, case complexity, extended case duration, and the emotional demands of the role.

Service data reflects these pressures, with average caseloads ranging from approximately 27 to 51 cases per ISVA, a significant proportion of which involve high-complexity cases. While sickness absence and turnover levels varied across services, concerns regarding burnout and workforce sustainability were consistently reported. As one manager observed,

“It’s not one thing that causes pressure, it’s the cumulative effect over time.”

Burnout was identified as an inherent risk within the ISVA role, linked to sustained exposure to trauma and complex needs. This risk is reinforced when ISVAs support cases that extend over long criminal justice timelines or involve unmet needs due to gaps in other services. The emotional impact of the role is cumulative, building over time rather than being associated with individual cases.

Sickness absence was described as variable but consistently connected to workload intensity and emotional impact. Absence typically reflected cumulative strain rather than short-term factors. Services highlighted the importance of structured return-to-work processes, alongside the need to balance recovery with ongoing service demand. However, absence places additional pressure on remaining staff, increasing caseloads and reinforcing existing workforce strain. As one manager noted,

“When someone is off, that pressure doesn’t disappear, it’s absorbed by the rest of the team”

Retention challenges were reported across ISVA services, with turnover generally described as moderate but with ongoing risk. Workforce stability is influenced by sustained workload intensity, emotional demands, limited team capacity, and wider system pressures. Limited opportunities for career progression and role development also contribute to retention challenges, alongside the cumulative effect of working in high-demand environments over extended periods. As one service highlighted,

“People are committed to the role, but the intensity over time makes it hard to sustain.”

Structural challenges in maintaining workforce capacity were also noted. ISVA training and development typically takes several months, meaning new staff cannot immediately carry full caseloads independently. During this period, existing staff absorb additional pressure while new team members build experience and confidence. There is no wider workforce pool to cover sickness, leave, or vacancies, so capacity gaps are often absorbed by existing teams, increasing workload intensity and reducing flexibility in responding to fluctuations in demand. One practitioner reflected,

> **"You can't quickly replace capacity, there's no pool to draw from, and it takes time for new staff to get up to speed."**

These findings indicate that workforce wellbeing cannot be understood in isolation from the wider system. Demand, case complexity, extended case durations, and gaps in external provision all contribute to workload intensity and emotional impact. Workforce sustainability therefore depends not only on individual resilience, but also on the strength of the ISVA service, effective workload management, access to supervision, and investment in developing and maintaining a skilled workforce.

Supervision, workforce support, and resilience structures were consistently identified as critical to safe and effective ISVA service delivery. Services emphasised that sustaining a skilled workforce relies not only on individual capability but on organisational structures that support staff working in complex, high-pressure environments. Mechanisms to support workforce resilience included structured clinical and reflective supervision, management oversight, case review processes, peer support, ongoing monitoring of caseload size and complexity, and wellbeing initiatives. In some cases, additional coordination roles were introduced to support interim provision. Together, these approaches were described as essential in maintaining safe practice and mitigating pressure, although services acknowledged that they operate within the constraints of wider system demand.

Supervision

Across all ISVA services, supervision was described as a central mechanism supporting both workforce wellbeing and safe case management. Most services reported operating a combination of management supervision, clinical or reflective supervision, case review discussions and informal peer support. These elements were described as serving distinct but complementary functions within a structured approach to workforce support.

Clinical supervision

ISVA services consistently emphasised the importance of clinical supervision as a dedicated space for ISVAs to reflect on practice within the context of the provision of trauma-informed support. This includes supporting understanding of trauma impact, managing complex presentations, navigating ethical and safeguarding considerations and maintaining clear boundaries between emotional support and therapeutic roles.

A strong and consistent message from ISVA services was that clinical supervision must reflect the complexity of ISVA work and explicitly support boundary management. This was particularly important in contexts where ISVAs are working with high levels of emotional need alongside limited access to external therapeutic services.

ISVA services also highlighted that clinical supervision is most effective where it is delivered by suitably experienced external professionals who understand their role. External provision was seen as important in ensuring independence, specialist expertise and a protected reflective space that is distinct from operational management.

Clinical supervision was most commonly delivered monthly or approximately every six weeks, with flexibility for additional sessions in response to complex or high-risk cases.

"It needs to be someone external who understands the ISVA role, otherwise it becomes too operational and loses that reflective space."

Management supervision

ISVA services described management supervision as complementing clinical supervision by focusing on operational oversight. This typically includes reviewing caseload size and complexity, monitoring safeguarding risks, tracking case progression and assessing workload pressures.

Managers reported using these sessions to maintain visibility of demand and capacity, support allocation decisions and identify where adjustments to workload or support may be required. This aligns with earlier findings on the need for ongoing oversight of case intensity and workforce capacity.

ISVA services consistently highlighted that supervision must be structured, regular and role-specific, reflecting the complexity and boundaries of ISVA work. Both clinical and management supervision are required, alongside embedded case review processes and active monitoring of workload and wellbeing.

There was particular emphasis on the importance of appropriately skilled external clinical supervision to support boundary management and trauma-informed practice.

Case review and oversight

In addition to formal supervision, many services described the use of structured case review discussions within team meetings or forums to be extremely helpful. These were seen as important for reviewing high-risk or complex cases, sharing knowledge across teams and supporting consistent decision-making.

Peer support and Professional networks

Across the ISVA services examined, peer support was consistently described as an important component of workforce resilience, complementing formal supervision structures. Practitioners highlighted the value of informal spaces to share professional experiences, reflect on practice and problem-solve collectively, particularly in the context of complex and high-risk work.

Several ISVA services reported engagement in regional peer networks, often aligned to criminal justice systems e.g coordinated by regional CPS teams or , which support stronger multi-agency coordination and a more consistent understanding of local processes. These networks are seen to enhance the quality and consistency of support, particularly in navigating court processes and inter-agency working.

However, access to peer support is not consistent across all ISVA services. While some practitioners benefited from well-established regional and specialist networks, others relied more heavily on internal team support, which although helpful, does not provide an external perspective.

Overall, where peer support is embedded, it contributes positively to practitioner wellbeing, confidence and retention, particularly within the context of increasing demand, complexity and prolonged criminal justice timelines.

In addition, professional networks facilitated by LimeCulture were identified as valuable in enabling cross-service learning, sharing emerging practice and strengthening consistency in SaS Framework approaches. These professional networks were cited as highly valuable to provide opportunities to test practice, build confidence and develop collective responses to common challenges.

"This project has been incredibly valuable in creating space for managers to share how services actually operate in practice. Hearing how others approach triage, allocation and managing demand has helped me to reflect on our own processes, strengthen consistency and identify practical improvements we can take forward."

Training and professional development

Across ISVA services, training, continuing professional development (CPD) and professional development were identified as core components of safe and effective ISVA service delivery. As reflected in earlier sections on complexity, risk and workforce sustainability, services emphasised that maintaining high-quality, survivor-centred practice requires structured and ongoing investment in workforce capability.

Although ISVAs are typically supported to complete accredited ISVA training, in line with the Ministry of Justice Statutory Guidance, which provides the foundation for safe practice, ISVA services consistently highlighted that this alone is not sufficient to sustain practice over time. Workforce development must therefore be continuous, embedded and responsive to increasing case complexity, evolving forms of sexual violence and wider system pressures.

"The accredited training gives you the foundation, but the role quickly becomes more complex than that – so you need to have access to on-going training relevant to the role of an ISVA."

Access to continuous professional development CPD beyond core training

A consistent finding across ISVA services was that while access to accredited training is generally in place, access to wider continuous professional development (CPD) opportunities is often more limited. In many cases, ISVA services rely on free, locally available training, which can vary in quality, relevance and availability.

This creates variability in opportunities for skill development and can limit the ability of ISVA services to build specialist knowledge or respond to emerging areas of practice.

"We can usually access the core ISVA training, but beyond that it's often whatever free courses are available locally."

Drawing on themes identified across earlier sections, ISVA services highlighted additional priority areas for CPD, including:

- responding to increasing case complexity and multiple unmet needs
- supporting children and young people, including multi-agency working with families and carers
- mental health awareness and crisis response
- neurodivergence and disability

- technology-assisted sexual violence and group-based abuse
- managing boundaries where ISVAs are bridging gaps in wider provision
- working within prolonged and complex criminal justice processes
- delivering role-appropriate emotional support, including how to provide stabilising, trauma-informed emotional support while maintaining clear boundaries between advocacy and therapeutic intervention

"We desperately need training around how to provide emotional support without overstepping into therapy."

Access, capacity and training pressures

ISVA Services also highlighted that access to training is frequently constrained by operational demand. In practice, training is often deprioritised or cancelled where immediate service pressures arise, particularly in response to high referral volumes or court commitments.

Court attendance was identified as a key pressure point, where short-notice listings, cancellations and rescheduling can require ISVAs to withdraw from planned training in order to maintain victim/survivor support.

This creates a cycle in which workforce development is recognised as essential but becomes difficult to sustain in high-demand environments, limiting opportunities for skill development over time.

"Training is often the first thing to go when demand increases, especially if court comes up."

Extending training beyond frontline ISVAs

ISVA services also highlighted that training needs extend beyond frontline practitioners. As outlined in earlier sections on triage, allocation and case management, operational roles involve decision-making that directly affects risk, access and workload distribution.

This means that staff involved in triage, allocation and management oversight require appropriate training to understand risk, complexity and the ISVA role. Without this, there is a risk that decisions do not fully reflect the needs of victim/survivors or the pressures on the workforce.

Developing specialist knowledge and roles

Across ISVA services, there was a growing emphasis on the need for specialist knowledge to reflect the diversity and complexity of cases. Services highlighted the importance of developing this expertise in a structured way, rather than relying on individual experience or informal learning.

"You build knowledge over time, but without structured development it can be quite uneven."

Embedding CPD within service delivery

Effective CPD was described as needing to be integrated into the day-to-day functioning of ISVA services, rather than delivered as occasional or additional activity. This includes linking CPD to supervision and case review, identifying training needs based on referral patterns and case complexity, and ensuring opportunities for reflective learning.

However, ISVA services consistently noted that accessing training can be challenging in the context of sustained demand, particularly where there is limited protected time within workloads.

Supervision and training alignment

Training and supervision were described as closely interconnected. ISVA services emphasised the distinct but complementary roles of:

- Clinical supervisors, who provide reflective, trauma-informed supervision focused on emotional impact, complexity and maintaining boundaries between advocacy and therapeutic roles
- Management supervisors, who provide operational oversight, including caseload management, safeguarding, allocation and workload pressures

Both functions require appropriately trained and experienced supervisors. In particular, ISVA services emphasised that clinical supervision should be delivered by suitably experienced external professionals with a clear understanding of sexual violence and the ISVA role, in order to provide independent, specialist and boundary-focused support.

Supervision supports the application of training within practice, reinforces learning and helps identify gaps in knowledge or confidence.

"You need both, clinical to process the work, and management to manage it safely – but both need to be trained properly to make this work for ISVA services."

The findings indicate that training and workforce development must be continuous, structured and embedded across all levels of service delivery. This includes extending beyond frontline roles, supporting the development of specialist knowledge and ensuring alignment with supervision and case review processes.

While accredited training requirements are generally met, limited access to wider CPD, and the impact of demand pressures on training participation, remain significant constraints.

"There's a real need for more structured and protected CPD, it can't just depend on what happens to be available."

Overall, services emphasised that workforce capability is not static, but must be actively developed and sustained. This reinforces the wider finding that the effectiveness and sustainability of ISVA services depend not only on individual practitioner skill, but on the systems and investment in workforce development that support practice

Supervision and workforce support structures are essential to sustaining ISVA services. They enable services to maintain a resilient workforce capable of delivering high-quality, survivor-centred support, reinforcing the wider finding that service sustainability depends on the strength of the systems that support, supervise and sustain ISVAs over time

Implications for practice

The findings highlight that workforce resilience cannot be strengthened through practitioner capacity alone, but requires structured organisational systems that support safe, sustainable and reflective practice. In particular, this includes:

- strengthening access to high-quality clinical supervision and reflective practice appropriate to the complexity of ISVA work
- supporting ISVA managers to oversee caseload complexity, allocation, supervision and workforce wellbeing consistently
- ensuring workforce development includes ongoing role-specific CPD and opportunities for peer learning and specialist practice development
- recognising supervision, reflective practice and peer support as essential operational functions rather than discretionary activities

Collectively, these measures support workforce sustainability, improve consistency of practice, reduce burnout and strengthen the quality and safety of support provided across the ISVA service pathway.

Recommendations

Develop clinical supervision standards, training and quality assurance

The Ministry of Justice should commission the development of standards, training and quality assurance for clinical supervision. This will ensure clinical supervision reflects the specialist demands of ISVA practice, is delivered by experienced professionals, and supports safe, reflective, and effective practice across services. (5.1)

Support the development of structured training for ISVA Service Managers

The Ministry of Justice should support the development of structured training for ISVA service managers and senior leads, focusing on oversight of the ISVA service support pathway, management supervision, caseload and complexity review, allocation decisions, and case closure. (5.2)

Protect dedicated time for supervision and reflective practice

ISVA services should protect dedicated time for supervision and reflective practice for all client-facing staff. Recognising these activities as essential for safe, sustainable, and high-quality practice will mitigate burnout and enhance practitioner resilience. (5.3)

Support the facilitation of peer support networks

The Ministry of Justice should support the facilitation of structured peer support networks across ISVA services. These networks will enable sharing of expertise across ISVA services, reflective learning, and reduce professional isolation. (5.4)

Ensure access to role specific continuing professional development (CPD)

ISVA services should ensure access to ongoing, role-specific CPD in addition to core accredited training. Structured CPD will strengthen professional competence and support workforce development. (5.5)

Conclusion and recommendations

ISVA services must operate as integrated operational systems, with functions across access, triage, infrastructure, workforce and multi-agency coordination. These functions not only enable effective victim/survivor support, but also sustain workforce resilience, ensuring sufficient capacity for service flow, risk management, data visibility and overall system effectiveness.

As reflected throughout previous sections, effective ISVA service delivery is shaped not only by frontline ISVAs, but by the operational systems that support, coordinate and sustain that work in practice.

Operational systems must provide a whole-service view of ISVA provision, integrating the support pathway with the operational, management and workforce structures required to deliver services safely, consistently and sustainably. It reflects the interdependent nature of each stage of the support pathway, referral, triage, interim support, allocation, active support and closure, and the systems required to manage flow, risk, need and capacity across these stages.

At its core, ISVA services must embed a Safety and Support (SaS) Framework approach, ensuring that risk, unmet need and protective factors are identified, reviewed and responded to continuously, rather than at a single point in time. This aligns with earlier findings that effective decision-making, prioritisation and support are dependent on ongoing assessment and adaptation.

As highlighted throughout, rising demand, increasing case complexity and prolonged criminal justice timelines require ISVA services to balance access, risk and workforce capacity on an ongoing basis. Therefore, emphasising the importance of coordination and management oversight to sustain safe and effective delivery.

The following recommendations identified as part of this project are structured across the four interconnected components that describe the conditions required to deliver ISVA services that are safe, effective and responsive to victim/survivor need.

- the ISVA service support pathway
- access and demand management systems
- service infrastructure
- workforce resilience structures

The recommendations focus on key areas for development within the ISVA service support pathway, ensuring that access, triage, allocation, active support and closure are consistently safe, effective and responsive to risk and need. Alongside these, the enabling recommendations set out the organisational, workforce and system conditions required to deliver these improvements in practice. This includes strengthening coordination functions, data systems, supervision, training, and approaches to managing demand, complexity and capacity.

Taken together, these recommendations recognise that high-quality ISVA delivery depends not only on individual ISVA roles, but on the strength of the wider system that organise, support and sustain the work of the service.

Recommendations

1 Whole-system commissioning and service design

1.1 Recognition of ISVA services as integrated operational systems

Government and commissioners should recognise ISVA services as integrated operational systems rather than standalone roles. ISVA services should be commissioned, designed, and resourced to support the full-service model, including all elements of the support pathway, alongside the operational infrastructure required for access and demand management, coordination and oversight, and workforce resilience. This approach will enable more sustainable, responsive, and effective ISVA services.

1.2 National template ISVA service specification

The Ministry of Justice should commission the development of a national template ISVA service specification. This template will guide and support local commissioners in designing, funding, and evaluating ISVA services consistently while maintaining flexibility to meet local needs, improving national consistency and quality of provision.

2 ISVA service support pathway

2.1 Implementation of a national minimum dataset for ISVA services

The Ministry of Justice should support the development and implementation of a national minimum dataset (MDS) for ISVA services, aligned to the Safety and Support (SaS) framework. This dataset should capture key indicators of risk, unmet need, protective factors, and support intensity. Standardised data collection will improve visibility of demand, complexity, and outcomes, supporting evidence-informed service planning, commissioning, and quality assurance across the support pathway.

2.2 Embedding the Safety and Support (SaS) framework across all stages of the support pathway

ISVA service providers should embed the SaS framework consistently across all stages of the support pathway, from referral to case closure. This will enable ongoing identification, review, and response to risk, unmet need, and protective factors, ensuring victim/survivor-centred, dynamic support that responds to changing circumstances over time. See Annex A

2.3 Strengthen allocation processes

ISVA service providers should strengthen allocation processes to systematically consider case complexity, risk, need, and victim/survivor preference, supported by management oversight and decision-making guidance. This moves beyond reliance on caseload volume as the primary determinant of allocation and promotes equitable and safe distribution of support.

2.4 Introduce structured interim support

ISVA services should introduce structured interim support to victim/survivors awaiting allocation or following active support. The structure should define review points, ongoing contact expectations, and rapid escalation mechanisms where risk or need changes, ensuring continuity, safety, and responsiveness throughout the ISVA service support pathway.

2.5 Develop guidance and training for the delivery of emotional support

The Ministry of Justice should commission the development of guidance and targeted training on the delivery of safe emotional support. This will reinforce clear distinctions between ISVA and therapeutic roles while equipping staff with practical techniques to stabilise and support survivors.

2.6 Strengthen case closure processes

ISVA service providers should implement structured case closure processes, including a final review of risk, unmet need, and protective factors, with management oversight to confirm a safe and appropriate ending

3 Access and demand management

3.1 Commission the development and implementation of a standardised referral form

The Ministry of Justice should commission the development and implementation of a standardised ISVA service referral form. This will ensure consistent, high-quality information is captured at referral, supporting effective triage, risk identification, and informed allocation.

3.2 Support the introduction of a support coordinator role to enhance referral/triage/interim support

The Ministry of Justice should support the introduction of trained Support Coordinators to enhance referrals, triage and provision of structured interim support with clear escalation processes and management oversight. Support Coordinators should be underpinned by training and standards to ensure fair and consistent decision-making, improved service flow and enhanced visibility of demand and risk. (See outline role description in Annex B)

4 Coordination and oversight infrastructure

4.1 Develop integrated case management and reporting systems

Services should develop integrated systems combining practice recording with reporting functions. This will enable real-time tracking of risk, need, complexity, and victim/survivor engagement, improving operational efficiency, strategic oversight, and evidence-informed resource allocation. Data systems should capture complexity and change over time, reducing reliance on manual interpretation, strengthening analytical capacity, and supporting evidence-based operational and strategic decision-making.

4.2 Establish Multi-agency escalation and accountability

ISVA services should establish formal protocols for multi-agency escalation where victim/survivor needs are unmet. This will ensure shared accountability, reduce the burden on ISVAs to manage unmanaged risk, and support timely, coordinated responses to emerging or complex needs.

5 Workforce resilience structures

5.1 Develop clinical supervision standards, training and quality assurance

The Ministry of Justice should commission the development of standards, training and quality assurance for clinical supervision. This will ensure clinical supervision reflects the specialist demands of ISVA practice, is delivered by experienced professionals, and supports safe, reflective, and effective practice across services.

5.2 Support the development of structured training for ISVA Service Managers

The Ministry of Justice should support the development of structured training for ISVA service managers and senior leads, focusing on oversight of the ISVA service support pathway, management supervision, caseload and complexity review, allocation decisions, and case closure.

5.3 Protect dedicated time for supervision and reflective practice

ISVA services should protect dedicated time for supervision and reflective practice for all client-facing staff. Recognising these activities as essential for safe, sustainable, and high-quality practice will mitigate burnout and enhance practitioner resilience.

5.4 Support the facilitation of Peer support networks

The Ministry of Justice should support the facilitation of structured peer support networks across ISVA services. These networks will enable sharing of expertise across ISVA services, reflective learning, and reduce professional isolation.

5.5 Ensure access to role specific Continuing professional development (CPD)

ISVA services should ensure access to ongoing, role-specific CPD in addition to core accredited training. Structured CPD will strengthen professional competence and support workforce development.

Annex A

Using the SaS framework across the ISVA service support pathway

The section below illustrates how the Safety and Support (SaS) framework can be applied across the ISVA service support pathway, demonstrating how this practice is embedded from referral through to closure, alongside the service management activity that supports delivery. It reflects the principle that the SaS is not a one-off assessment undertaken only during active support, but a dynamic framework that informs practice, operational decision-making and service oversight across the whole pathway.

The pathway stages set out in the table show how risk and needs activity evolves across different points in support, from early identification and prioritisation at referral and triage, through comprehensive assessment and ongoing review during active support, to step-down support and safe closure. This illustrates how assessment and support planning remain continuous and responsive to changing risk, unmet need and protective factors over time.

The table also reflects the integrated service model identified through this study, showing how frontline support activity is connected to wider operational functions, including allocation, complexity-informed caseload management, demand monitoring and workforce oversight. In this way, it demonstrates how the SaS framework can support not only victim/survivor-centred practice, but also the coordination and resilience of the wider ISVA service system

1. Referral / initial contact (self referral)

Key functions

Receive referrals from police, SARCs, health services, safeguarding teams, self-referrals and third-sector organisations. Provide information about the ISVA role and confirm consent where appropriate. Capture essential referral information and presenting needs.

Risk and needs assessment activity

Initial referral review to ensure key information is included and identify immediate safety concerns, safeguarding issues and urgent support needs. Identify indicators of high risk such as ongoing perpetrator contact, threats, coercion, stalking or safeguarding concerns involving children or vulnerable adults.

Service management activity

Referral data contributes to service demand monitoring. Managers review referral volumes and sources to understand pressures on the service and identify emerging trends in demand.

2. Triage

Key functions

Review referrals to determine eligibility, urgency and service suitability. Identify whether the case requires immediate support or can move to interim monitoring or waiting list management. Signpost where referrals fall outside service scope. These functions may be undertaken by an ISVA Service Coordinator or equivalent role, depending on service structure.

Risk and needs assessment activity

Conduct triage-level SaS screening across key domains to identify immediate risks, safeguarding concerns, criminal justice engagement, wellbeing needs and practical support needs.

Service management activity

Triage helps identify priority cases requiring urgent allocation and may highlight cases requiring specialist expertise.

3. Interim support

Key functions

Where demand exceeds capacity, referrals may move into an interim monitoring stage where survivors receive safety information, signposting and periodic contact where appropriate. In some services this may be overseen by an ISVA Service Coordinator responsible for monitoring referrals and prioritising allocation.

Risk and needs assessment activity

Regular SaS review undertaken periodically to ensure risk has not escalated. Escalation of risk or safeguarding concerns should trigger urgent allocation to an ISVA.

Service management activity

Managers review interim cases regularly to identify risk escalation and unmet demand, supporting workforce planning and commissioning discussions.

4. Allocation to ISVA

Key functions

Assign the case to an ISVA based on availability, caseload capacity and practitioner expertise. Arrange initial contact between the practitioner and the survivor. Allocation decisions may be coordinated through a service coordination function.

Risk and needs assessment activity

Allocation informed by triage risk indicators and presenting needs identified through the initial screening, including specialist needs linked to offence type or survivor characteristics.

Service management activity

Allocation decisions consider caseload complexity as well as caseload numbers. Managers may allocate cases to practitioners with specialist expertise depending on offence type or victim/survivor needs.

5. Active ISVA support

Key functions

First meeting between survivor and ISVA to explain the role, establish trust, clarify expectations and begin support planning. Discuss confidentiality and information sharing.

Provide ongoing advocacy and support tailored to survivor needs. This may include navigating the criminal justice process, safety planning, emotional support and referrals to specialist services.

Risk and needs assessment activity

Completion of a full Safety and Support (SaS) assessment to identify risks, unmet needs and protective factors across domains including safety, wellbeing, health, criminal justice processes, housing and support networks.

Regular SaS reviews monitor risk and changes in needs as circumstances evolve.

Service management activity

Initial SaS scores contribute to service-wide complexity monitoring, helping managers understand the distribution of risk and need across the workforce.

Management caseload reviews consider the distribution of SaS scores across practitioners. This helps identify practitioners holding high-complexity cases and supports equitable workload distribution. It may also identify where risk and needs outside the ISVA scope are not being managed by external organisations for discussion with multi-agency partners. This stage may also identify cases suitable for pause or closure.

6. Interim support

Key functions

Support may pause where the current SaS indicates risk and needs do not require active ISVA support. The service maintains an open offer of support, active check ins and clear routes for re-engagement.

Risk and needs assessment activity

SaS review prior to pause to confirm current risks and safety considerations. Agree review points or check-ins including review of SaS domains. If SaS reviews indicate increased risk or needs, the survivor may return to active ISVA support.

Service management activity

Managers monitor paused cases to ensure risk remains managed and that practitioners are not holding unresolved risk or cases that no longer require active ISVA support.

7. Ending support / case closure

Key functions

Planned closure where the survivor no longer requires ISVA support, the criminal justice process concludes, or the survivor disengages. Provide information about re-accessing support if needed.

Risk and needs assessment activity

Final SaS review to assess current safety, document outcomes of actions taken and identify any ongoing support needs or referrals.

Service management activity

Closure data contributes to service monitoring and demand analysis, helping managers understand case duration, complexity trends and workforce pressures.

Annex B

ISVA support coordinator – role summary

The ISVA Support Coordinator supports the effective operation of the ISVA service by managing the early and transitional stages of the service support pathway. The role helps ensure referrals are reviewed promptly, risks are identified early, and victim/survivors receive timely information and support.

Key functions may include:

- Managing referral intake and initial contact, ensuring referrals contain appropriate information and that victim/survivors receive information about the ISVA service.
- Conducting referral triage, including initial Safety and Support (SaS) assessment to identify immediate risks, safeguarding concerns, and priority cases.
- Determining whether referrals require immediate allocation to an ISVA, interim monitoring, or signposting to alternative services.
- Providing interim support and waiting list monitoring, including maintaining periodic contact where appropriate and ensuring victim/survivors receive information and signposting while awaiting allocation.
- Undertaking SaS reviews during interim support to identify any escalation in risk or need that may require earlier allocation to an ISVA.
- Coordinating allocation of cases to ISVA practitioners, taking into account risk levels, presenting needs, practitioner expertise, and caseload capacity.
- Supporting support monitoring stages, where active ISVA support may be paused but victim/survivors retain an open route to re-engage if needs change.
- Maintaining oversight of referrals, waiting lists and allocation priorities to help ensure equitable distribution of workload across the team.
- Contributing to service monitoring and data recording, including tracking referral trends, demand, and caseload pressures.
- Liaising with partner agencies and services to support referral pathways and appropriate signposting where ISVA support is not required.

The ISVA Support Coordinator works closely with ISVA practitioners, service managers and partner organisations to ensure safe service access, effective prioritisation, and continuity of support across the survivor journey.