

# Safety and Support Framework

A resource guide for ISVA services



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# Introduction and purpose

The Safety and Support (SaS) Framework provides a structured, trauma-informed framework for assessment and support planning within Independent Sexual Violence Adviser (ISVA) services working with adults, children and young people affected by sexual violence and abuse.

The SaS Framework supports professionals working within an ISVA service to identify and understand:

- Risk;
- Unmet need;
- Protective factors;
- Actions required to improve safety, wellbeing and support.

The SaS Framework is designed to support assessment, planning and review across the ISVA service support pathway, from referral and triage through to safe and planned closure. It provides a consistent structure for collaborative conversations, purposeful support planning, safeguarding, advocacy and coordinated multi-agency working.

This resource guide includes:

- **Part A The core SaS Framework and practice model;**
- **Part B How to apply the SaS Framework with adults;**
- **Part C How to apply the SaS Framework with children and young people.**

The SaS Framework supports consistency in practice while enabling flexible and developmentally responsive application depending on the individual's age, context, communication needs and lived experience.

The SaS Framework is intended for:

- ISVAs and Children and Young People ISVAs;
- Practitioners in the ISVA service who carry out risk and needs assessments;
- Service managers and supervisors;
- Commissioners and stakeholders seeking to understand ISVA service assessment and support planning practices.

# Background to the Safety and Support (SaS) Framework

Victims and survivors of sexual violence often experience multiple and intersecting needs across areas including safeguarding, criminal justice, health, housing, mental health, education, finances and family relationships. ISVA services therefore require structured approaches that support consistent, coordinated and person-centred assessment and support planning across the wider service pathway.

The original Safety and Support (SaS) Assessment was developed by LimeCulture in 2016 to address inconsistency in assessment and support planning practice across ISVA services. Without structured approaches, risk and needs assessments conducted by ISVAs at that time were commonly informal, highly variable and disconnected from planning and review, making it difficult to evidence decision-making, prioritise support, identify safeguarding concerns and coordinate responses across systems and agencies.

Following its launch in 2016/17, the SaS Assessment was widely adopted by ISVA services across England and Wales and provided a much-needed consistency of approach across the sector. However, the SaS Assessment was not originally developed for use with children and young people and the tool was adapted in different ways locally. This has resulted in inconsistent application and limited its effectiveness. In many services, ISVA services were not using the SaS to its full potential as a structured framework for assessment, support planning and review.

In 2025-26, funding was made available by the Ministry of Justice for LimeCulture to refresh the SaS Assessment and develop a Safety and Support (SaS) Framework to provide a consistent, domain-based structure supporting:

- Collaborative and trauma-informed assessment;
- Proportionate support planning and review;
- Defensible decision-making;
- Safeguarding and escalation;
- Coordinated multi-agency working;
- Continuity across the ISVA service support pathway.

Crucially, the SaS Framework is not intended to replace statutory, safeguarding, clinical or specialist assessment processes. Instead, it provides an ISVA service-specific framework to support professional judgement, safety planning and review throughout the ISVA service support pathway for children, young people and adults.

The redevelopment of the SaS Framework was informed by consultation and collaboration with ISVAs and ISVA service managers, alongside service feedback, policy developments and real-world ISVA practice. Development of the SaS Framework for Children and Young People also included review of child-centred assessment and planning approaches used across safeguarding, mental health, youth justice and education settings, ensuring the SaS Framework reflects relational, trauma-informed and developmentally responsive practice.

The SaS Framework now provides a structured, relational and trauma-informed approach to assessment, planning and review across all ages within the ISVA service support pathway.

LimeCulture is extremely grateful to the following ISVA services for their invaluable input and contribution to the redevelopment of the SaS Framework:

- SafeLink
- New Pathways
- Imara
- We Are Survivors
- RSACC County Durham and Darlington
- Victim Support / Castle Service
- Nottingham Sexual Violence Support Services

## Part A

# The core SaS Framework and practice model



# SaS Framework practice model

The Safety and Support (SaS) Framework is a structured, trauma-informed assessment and support planning framework intended for use by ISVA services working with victims and survivors of sexual violence and abuse.

The SaS Framework supports professionals within ISVA services to understand risk, unmet need and protective factors across all areas of a person's life, and to translate this understanding into purposeful action, advocacy, safeguarding and support planning.

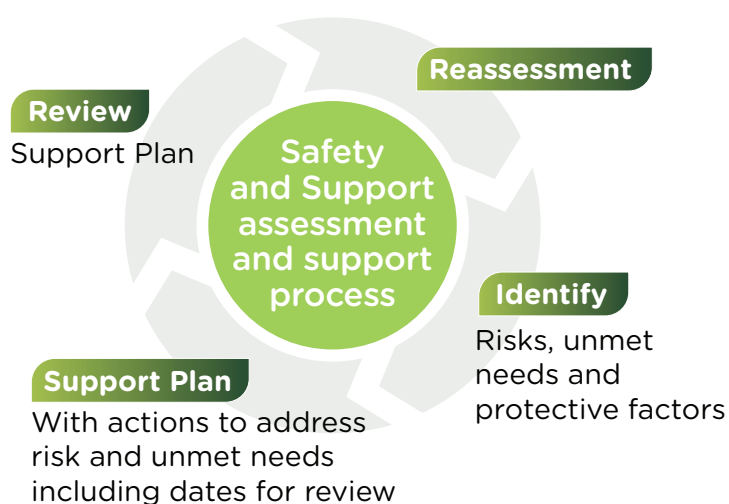
The SaS Framework is designed as a collaborative process to be completed with the client, child or young person, rather than an assessment that is done to or about them. The SaS Framework should support wellbeing conversations that develop over time, recognising that levels of trust, disclosure, understanding and engagement may fluctuate throughout support.

The SaS Framework is domain-based and supports a whole-person, whole-context understanding of safety and wellbeing. It recognises that experiences of sexual violence are often connected to wider factors including relationships, housing, health, safeguarding, criminal justice processes, finances, immigration status, education and emotional wellbeing.

The SaS Assessment should not be considered as a checklist or one-off assessment completed at a single point in time. The SaS Assessment is dynamic and ongoing, recognising that risks, unmet needs and protective factors may increase, reduce or change throughout the support pathway. The SaS Assessment should therefore be reviewed and updated as circumstances change.

The SaS Framework supports practitioners to:

- Identify and understand risks, unmet needs and protective factors;
- Recognise strengths, coping strategies and sources of support;
- Understand how different areas of a person's life interact to affect safety and wellbeing;
- Make proportionate and defensible decisions about support, safeguarding and escalation;
- Translate assessment into coordinated action and support planning;
- Review support over time as needs and circumstances change.



The SaS Framework is structured around three connected and ongoing stages:

## 1. Assessment

The SaS Assessment supports practitioners and clients to build a shared understanding of safety, wellbeing, risk, unmet need and protective factors across the domains.

Assessment should be proportionate, purposeful and focused on information that informs support, advocacy, safeguarding and action. It should remain flexible and responsive to communication needs, developmental stage, trauma responses and individual context.

## 2. Safety and Support Planning

The SaS Plan translates assessment into clear, coordinated and purposeful action. Planning should identify:

- What needs to change to improve safety or wellbeing;
- What actions will be taken;
- Who is responsible for those actions;
- When actions will be reviewed.

Actions may include advocacy, safety planning, emotional support, safeguarding, practical support, referrals or coordination with other services.

Planning should be collaborative, proportionate and focused on strengthening safety, reducing harm and increasing protective factors over time.

## 3. Review

Review is a continuous part of the SaS Framework and ensures that support remains responsive and effective. Review supports practitioners to:

- Identify changes in risk, unmet need or protective factors;
- Review the effectiveness of actions taken;
- Adapt support and planning where circumstances change;
- Consider whether escalation, increased support or step-down is required;
- Support safe and planned endings.

Review may take place at planned intervals or in response to significant events or changes in circumstances.

## A dynamic and integrated model

The SaS Framework should therefore be considered as a dynamic, collaborative and proportionate practice model used throughout the ISVA service support pathway. The SaS Framework supports practitioners to understand risk, unmet need and protective factors, translate assessment into purposeful action, and review support over time as circumstances change.

Used in this way, the SaS Framework supports trauma-informed, defensible and person-centred practice, while ensuring that support remains responsive, coordinated and focused on safety, wellbeing and recovery.

## Core practice principles

The SaS Framework is underpinned by a set of core practice principles that guide how assessment and support planning should be delivered across ISVA services.

These principles ensure that practice is trauma-informed, person-centred, consistent, and defensible, while remaining responsive to individual context, development, and need.

Part B and Part C of this Practice Guide provide further guidance on applying these principles with adults and children and young people.

### 1. Trauma-informed and rights-based practice

The SaS Framework should be used in ways that prioritise safety, dignity, choice and empowerment. Practice should be collaborative and responsive, supporting informed participation and reducing the risk of re-traumatisation. The voice of the victim/survivor or child or young person should remain central throughout.

### 2. Intersectional and inclusive practice

The SaS Framework should recognise that experiences of harm, safety, risk and access to support are shaped by identity, relationships, lived experience and wider structural inequality. Practice should consider how factors such as culture, disability, neurodivergence, sexuality, immigration status, faith, gender and wider social context may influence both vulnerability and responses from services. Assessment and support should therefore remain equitable, accessible, inclusive and person-centred, with practitioners actively considering barriers to engagement, participation and safety throughout the support pathway.

### 3. Relational and developmentally responsive engagement

The SaS Framework should underpin a supportive conversation, and not be considered as a checklist or one-off assessment. It should be introduced and used at a pace that feels safe and manageable, recognising that levels of trust, disclosure, understanding and engagement develop over time. Engagement should reflect age, development, trauma responses and communication needs, supporting meaningful participation in ways that work for the individual.

### 4. Proportionate, purposeful and dynamic assessment

The SaS Framework is a live assessment and planning framework used to identify risks, unmet needs, strengths and protective factors, and translate these into support and safety planning. Assessment should be purposeful and proportionate, focused on what informs advocacy, safeguarding and action, and reviewed as circumstances change.

### 5. Action-focused across the ISVA service support pathway

The SaS Framework should be used across the whole ISVA service support pathway, from referral and triage through allocation, active support, interim support and closure, supporting continuity, shared understanding and responsive support. Assessment should lead to action, inform advocacy and safeguarding responses, support coordinated working across systems and contribute to safe, planned closure.

## 6. Transparent, collaborative and defensible recording

Recording within SaS Framework should be clear, factual, proportionate and undertaken openly with the client wherever possible. Information gathering, confidentiality and information sharing should be explained transparently to support informed participation. Recording should support defensible practice while avoiding unnecessary detail or duplication.

## 7. Safeguarding and contextual practice

Use of the SaS Framework should support effective safeguarding through understanding the person within their wider relationships, environments and systems. Risk should be understood in context, alongside strengths and protective factors, with proportionate responses and escalation where required.

## 8. Professional judgement, boundaries and escalation

The SaS Framework should support thoughtful, defensible decision-making and clear professional boundaries. Practitioners should recognise where needs can be addressed within the ISVA service, where coordination with other services is needed, and where escalation is required because needs or risks sit beyond the scope of the ISVA service.

## 9. Competence, supervision and reflective practice

Practitioners using the SaS Framework should be appropriately trained, competent and supported. Effective use of the SaS Framework depends on training, supervision, ongoing professional development and access to specialist guidance. Supervision should support ethical decision-making, risk management, emotional impact, professional boundaries and consistency in applying the SaS Framework safely and effectively.

## Safety and Support Assessment (SaS) Process

The SaS Framework uses a domain-based structure to support understanding of risk, unmet need and protective factors across the person's wider context and circumstances.

The domains provide a structured but flexible framework for collaborative assessment and support planning conversations. They support practitioners and clients to explore:

- Current safety concerns (risks) and support needs;
- Strengths, coping strategies and protective factors;
- Actions required to improve safety and wellbeing;
- How needs and risks may change over time.

The domains should not be used as a checklist or rigid sequence. Assessment should remain proportionate, relational and responsive to the individual's circumstances, communication needs and readiness to engage.

The domains are interconnected and should be considered holistically. Information identified within one domain may affect another and contribute to a broader understanding of safety, wellbeing and support needs.

The domains support assessment to lead directly into purposeful planning, review and action through the Safety and Support Plan.

## Intersectionality

Within the SaS Framework, intersectionality refers to the way identity, inequality and lived experience interact to shape an individual's experiences of harm, safety, risk, access to support and engagement with systems and services.

Consistent with the Core Practice Principles, intersectionality should be understood as a cross-cutting consideration across all domains of the framework. Factors such as race, culture, disability, neurodivergence, sexuality, gender, faith, immigration status and socioeconomic context may influence how needs and risks are experienced, understood and responded to.

Practitioners should consider how identity, relationships, inequality and wider structural factors may affect both vulnerability and responses from services, ensuring assessment, planning and support remain equitable, inclusive, accessible and person-centred throughout the support pathway.

### Domain 1 Personal and individual requirements

This domain considers what a client needs to understand and access to remain meaningfully engaged with support from the ISVA service. Engagement is not assumed and may be shaped by trauma responses, communication needs, disability, neurodivergence, cultural identity, health, or practical barriers. The focus is on identifying and implementing reasonable adjustments that enable equitable participation. Unmet engagement needs may increase vulnerability, reduce safeguarding effectiveness, and undermine justice outcomes. Strengthening accessibility, trust, and consistent contact supports safety, autonomy, and sustained engagement.

### Domain 2 Harm from others

This domain assesses current or potential harm from perpetrators or others, including ongoing abuse, intimidation, coercive control, stalking, exploitation, and technology-facilitated harm. Risk may persist or escalate following disclosure, separation, or engagement with the justice system. It recognises harm as direct, indirect, patterned, or network-based. The domain supports identification of escalation indicators, safety planning, and safeguarding responses. Protective factors such as legal measures, reduced contact, and professional oversight strengthen safety and autonomy.

### Domain 3 Physical health and medical needs

This domain focuses on immediate and longer-term physical and sexual health needs arising from sexual violence. It includes injuries, forensic care, sexual health, pregnancy-related needs, and trauma-linked physical impacts. Barriers to healthcare access including fear, shame, control, or misinformation are recognised as safety concerns. The ISVA role centres on ensuring clients are informed, supported, and able to access appropriate care. Addressing unmet health needs reduces vulnerability and supports engagement across safeguarding and justice processes.

## Domain 4 Mental health and psychological wellbeing

This domain considers emotional distress, trauma responses, and mental health risk, including self-harm and suicide. Psychological impact may fluctuate across justice processes, anniversaries, or life stressors. It recognises interaction with pre-existing mental health needs and social isolation. ISVAs identify risk indicators, strengthen coping strategies, and support access to specialist services. Protective factors such as supportive relationships, crisis planning, and therapeutic engagement promote safety, stability, and sustained recovery.

## Domain 5 Drug and alcohol use

This domain explores substance use where it affects safety, wellbeing, or engagement. Use may function as a coping response to trauma and exists along a continuum from situational to dependent use. Risks include impaired judgement, exploitation vulnerability, relapse, and interaction with mental health or safeguarding concerns. The focus is non-judgemental, trauma-informed support, including harm reduction and service referral. Recognising triggers, patterns, and protective coping alternatives strengthens safety and recovery planning.

## Domain 6 Safeguarding

This domain assesses risks to children, young people, and adults at risk of abuse or neglect as defined within safeguarding responsibilities under the Care Act 2014, including direct harm, exposure to abuse, exploitation, and risks linked to perpetrators' access. Safeguarding may involve unborn children and cumulative concerns across domains. The ISVA role includes recognising risk early, sharing information appropriately, and supporting multi-agency protection. This may include risk posed by the client.

## Domain 7 Criminal justice and family court proceedings

This domain considers needs, risks, and wellbeing across criminal and family justice engagement. It spans reporting decisions, investigations, court processes, compensation, and post-trial outcomes, alongside Family Court proceedings such as child arrangements and protective orders. Justice engagement is non-linear and emotionally demanding. ISVAs provide independent advocacy, information, and preparation support. Risks include re-traumatisation, disengagement, and safety concerns linked to perpetrator proximity. Protective factors include special measures, legal protections, and coordinated professional support.

## Domain 8 Employment and education

This domain explores the impact of sexual violence on work, study, and training. Trauma may disrupt attendance, concentration, confidence, and progression, while fear of disclosure or institutional response may increase stress. Employment and education can be protective through routine and purpose but may also heighten risk if unsafe. ISVAs support adjustments, advocacy, and informed disclosure decisions. Stabilising participation reduces financial risk, isolation, and longer-term recovery impacts.

## Domain 9 Finances

This domain considers financial hardship, instability, or control affecting safety and recovery. Sexual violence may lead to income loss, increased costs, debt, or financial dependence, including economic abuse. Financial insecurity may increase vulnerability, housing risk, and barriers to justice or healthcare engagement. ISVAs identify pressures, provide information, and facilitate access to entitlements and advice. Strengthening financial stability supports autonomy, safety planning, and long-term recovery.

## Domain 10 Accommodation and housing

This domain assesses whether accommodation is safe, stable, and suitable. Housing insecurity, perpetrator proximity, or unsafe living conditions can heighten vulnerability and disrupt recovery. Sexual violence may necessitate relocation or emergency housing. The domain identifies risks linked to homelessness, safeguarding, and privacy, alongside protective factors such as secure housing, refuge access, and supportive households. Safe accommodation underpins engagement, wellbeing, and safety planning.

## Domain 11 Immigration and residence

This domain considers how immigration status or residence insecurity affects safety and access to support. Fear of detention, deportation, or disbelief may silence disclosure and increase vulnerability. Perpetrators may exploit immigration dependency through coercion or threats. Risks include destitution, No Recourse to Public Funds (NRPF) barriers, and limited access to services. ISVAs support access to specialist advice, clarify rights, and address safeguarding implications. Stabilising immigration-related insecurity strengthens safety and engagement.

## Domain 12 Risk to ISVA or other professionals

This domain recognises risks to practitioners arising from perpetrators, environments, or contact arrangements. Threats, harassment, unsafe meeting locations, and boundary challenges may affect staff safety and service continuity. Managing professional risk supports ethical, sustainable support delivery. Protective measures include lone-working protocols, supervision, escalation pathways, and adjusted contact arrangements. Ensuring practitioner safety enables consistent, effective client care.

## Domain 13 Professional insights

This domain captures patterns, contextual factors, or concerns not fully reflected elsewhere. It supports holistic understanding where risk is subtle, cumulative, or evolving. Themes may emerge through repeated contact, behavioural indicators, or cross-domain synthesis. The focus is on recording context, strengths, and developing insight transparently. Recognising emerging patterns strengthens defensible decision-making, safeguarding awareness, and responsive support planning.

## Domain 14 Ending support

This domain focuses on planned, safe, and transparent closure of ISVA support. Ending support is treated as a transition requiring preparation, review of risk, and forward planning. It considers readiness for closure, ongoing needs, and continuity of support through signposting or handover. Protective factors include safety planning, stable networks, and confidence in managing risk. Collaboratively planned and paced endings reduce vulnerability and reinforce progress achieved.

# Understanding risk, needs and protective factors

The SaS Framework supports assessment through consideration of:

- Risk;
- Needs;
- Protective factors.

These elements are considered together across all domains to support proportionate assessment, prioritisation and planning.

## Understanding risk

Within the SaS Framework, risk refers to anything that may increase vulnerability, instability or the likelihood of harm. This may include:

- Harm from perpetrators or others;
- Emotional or psychological distress;
- Safeguarding concerns;
- Instability linked to housing, finances, health or immigration;
- Exploitation, coercion or technology-facilitated harm;
- Barriers to engagement, communication or access to support.

Risk should always be understood in context and may change over time as circumstances, environments and support arrangements change.

## Understanding unmet needs

Unmet need refers to support, protection or resources that are absent, inaccessible or insufficient to maintain safety and wellbeing. This may include unmet needs relating to:

- Healthcare;
- Emotional support;
- Housing or finances;
- Safeguarding;
- Advocacy or system navigation;
- Supportive relationships or professional involvement.

Identifying unmet needs helps practitioners understand where action, coordination or escalation may be required.

## Understanding protective factors

Protective factors are strengths, resources, relationships or interventions that help reduce risk, increase safety or support stability and recovery. Protective factors may include:

- Coping strategies and help-seeking behaviour;
- Supportive relationships;
- Engagement with services;
- Stable accommodation, education or routines;

- Safeguarding or legal protections;
- Access to advocacy and coordinated support.

Protective factors should be considered in terms of how reliable, sustainable and effective they are in reducing or managing risk.

## Understanding interaction and context

Risks, unmet needs and protective factors interact across domains and should not be considered in isolation. Assessment should therefore consider:

- How unmet needs may increase vulnerability;
- How protective factors reduce or contain risk;
- Whether protective factors are fragile, inconsistent or absent;
- How changes in one area may affect another.

Consistent with the Core Practice Principles, assessment should remain contextual, relational and developmentally responsive.

For children and young people, this includes consideration of safeguarding systems, dependency on adults, peer and online contexts, and developmental needs.

For adults, this includes autonomy, choice, system navigation and the impact of trauma on engagement and decision-making.

# Scoring

Scoring within the SaS Assessment provides a structured way to understand the level of support required within each domain. Scoring supports prioritisation, proportionality, and ongoing review whilst recognising that a client needs and risks may change over time.

Crucially, scores do not reflect the client themselves, but the level of response needed based in their current situation. Scoring brings together an assessment of identified risks or unmet needs, the presence and strength of coping strategies and protective factors, and the level of action required to maintain or improve safety.

This approach to scoring ensures that risk is always understood in context, recognising that similar concerns may require different responses depending on the support and protection already in place.

Through this process, scoring supports practitioners determine whether needs can be:

- Managed by the client with information or reassurance;
- Supported by the ISVA service;
- Require escalation to safeguarding or specialist services.

Each score is supported by clear narrative within the domain, ensuring shared understanding of risk, protection, and required action.

Score	Meaning	Summary	What this tells us
<b>0</b>	No current actions	Protection strong; monitoring only.	No significant unmet needs or risks identified within this domain. Protective factors are strong, stable, and sustainable. Monitoring only may be required.
<b>1</b>	Client action ongoing	Client-managed with minimal input.	Some emerging unmet needs or low-level risks are present, but the client has effective coping strategies, resources, and protective factors in place. Ongoing ISVA input is not required beyond information, advice, and validation.
<b>2</b>	ISVA Actions	Active support from ISVA required.	Clear unmet needs and/or risks are identified which fall within the ISVA role. Protective factors exist but may be fragile, inconsistent, or insufficient without support. Active ISVA involvement is required to reduce risk, address unmet needs, and strengthen safety and stability.
<b>3</b>	External / Escalation Actions	Escalation/ support beyond ISVA role required	High, complex, or escalating risk of serious harm and/or critical unmet needs are present. Protective factors are absent, overwhelmed, or ineffective. The client requires services in addition to the ISVA service support pathway. Safeguarding action, multi-agency intervention, and/or specialist services are required to manage risk and ensure safety.

# Safety and Support (SaS) Planning

SaS Planning translates assessment into clear, coordinated and purposeful action. The SaS Plan is developed directly from the SaS Assessment, ensuring a clear link between identified risk, unmet need, protective factors and the actions required to improve safety and wellbeing.

The SaS Plan should:

- Support proportionate and action-focused intervention;
- Clarify actions, responsibilities and review points;
- Support coordination and multi-agency working;
- Remain responsive to changing circumstances over time.

The plan should mirror the SaS domains and, where action is required, clearly identify:

- What needs to change;
- What actions will be taken;
- Who is responsible;
- When actions will be reviewed.

Only domains requiring active intervention need to form part of the SaS Plan, although other domains may continue to be monitored and reviewed.

Planning should be collaborative and developed with the client wherever possible, supporting informed choice, transparency and meaningful participation. Actions may include:

- Safety planning;
- Advocacy and system navigation;
- Practical or emotional support;
- Coordination with other services;
- Safeguarding or escalation where required.

Actions should remain proportionate, realistic and focused on improving safety, stability and recovery. The SaS Plan is a live document and should be reviewed regularly to reflect changes in risk, unmet needs, protective factors and support requirements. This includes consideration of escalation, step-down support and planning for safe and supported closure.

## Key practice point

Safety and Support planning ensures assessment leads to purposeful action. The SaS Plan provides a structured and reviewable approach to recording actions to improve safety, wellbeing and support across the ISVA service support pathway.

## Recording information

Consistent with the Core Practice Principles, recording within the SaS Framework should be collaborative, factual, proportionate and focused on information relevant to safety, risk, support and agreed actions.

The SaS Framework is not intended to function as a narrative case record, and unnecessary detail, repetition or speculation should be avoided.

Recording should reflect shared understanding developed through discussion between the practitioner and client, or where appropriate their parent/carer(s).

Records should:

- Support assessment, planning and review;
- Clearly identify agreed actions and safeguarding concerns;
- Remain suitable for external scrutiny;
- Support transparent and defensible decision-making.

Wherever possible, the client's own wishes should be reflected within the record.

Practitioners should be transparent about what is being recorded, why information is needed, and how information may be shared, unless doing so would increase risk.

## Information about third parties

Information about third parties should only be included where relevant to safety, safeguarding, support planning or risk management. Recording should distinguish between:

- What has been shared directly by the client or child/young person;
- What has been observed;
- What has been provided by others.

Records should avoid speculation, subjective opinion or investigative questioning outside the scope of the ISVA role.

## Source of information and disclosure

Clear recording of information sources supports transparency, defensible practice and procedural fairness, particularly where records may later be accessed through safeguarding, disclosure or Subject Access Request processes.

All recording should remain:

- Factual and proportionate;
- Relevant to support and safety;
- Appropriate for safeguarding and criminal justice contexts;
- Suitable to be read by the client, child or young person themselves.

# Using SaS across the ISVA service support pathway

The SaS Framework should be used throughout the client's journey through the ISVA service support pathway to support continuity, consistency and responsive support from referral through to safe closure.

## Referral and initial contact

At referral and initial contact, the SaS Framework supports proportionate understanding of immediate risk, safeguarding concerns and priority support needs. Early assessment can support:

- Identification of urgent safeguarding or escalation needs;
- Initial understanding of complexity and vulnerability;
- Prioritisation of response;
- Early engagement and expectation setting.

## Triage

Within the triage stage, the SaS Framework supports structured and defensible decision-making about:

- Suitability for support from the ISVA service;
- Urgency and prioritisation;
- Safeguarding concerns;
- Allocation and interim support requirements.

## Interim support (pre-allocation)

Where there are delays before the client can be allocated to an ISVA for active support, the SaS Framework supports structured interim support through:

- Maintaining engagement;
- Monitoring changes in risk or need;
- Providing initial advice and safety planning;
- Identifying escalation where required.

## Allocation

The SaS- Framework supports the allocation of the client to an ISVA for active support by helping services consider:

- Level of risk and unmet need;
- Practitioner capacity and specialism;
- Case complexity alongside caseload volume.

## Active support

Once the client has been allocated to an ISVA for active support, the SaS Framework supports ongoing assessment, planning and review. ISVAs should:

- Maintain understanding of the client's circumstances across domains;
- Identify changes in risk, need and protective factors;
- Review and update the SaS Plan accordingly;
- Coordinate support across systems;
- Support engagement, autonomy and safety.

For children and young people, this should remain relational, developmentally responsive and safeguarding-informed.

## Interim support (post active support)

The SaS Framework may also support the ISVA services to utilise 'step-down' approaches following active support from an ISVA during periods of reduced contact or criminal justice delay through:

Light-touch monitoring;

- Ongoing safety planning;
- Identification of re-escalation;
- Enabling re-engagement where required.

## Closure

At closure, the SaS Framework supports safe and planned endings through:

- Review of remaining risks and unmet needs;
- Identification of ongoing support and protective factors;
- Ensuring the client understands how to re-access support;
- Reflecting on progress and outcomes.

### Key practice point

Across the ISVA service support pathway, the SaS Framework provides a consistent structure linking assessment, planning, review and action. Support should remain collaborative, proportionate and responsive to changing circumstances over time.

# Multi-agency working and escalation

The support from the ISVA service often involves coordination across multiple systems, including safeguarding, criminal justice, health, housing and education. The SaS Framework supports practitioners to communicate risk, unmet need and protective factors clearly and proportionately when working with other agencies or services.

The SaS Framework is not intended to replace specialist or statutory assessments, but can be used to support coordinated support and defensible decision-making.

Escalation should be considered where:

- Risks are high, complex or increasing;
- Unmet needs cannot be addressed within the ISVA service;
- Protective factors are insufficient or breaking down;
- Safeguarding thresholds are met or likely to be met.

Consistent with the SaS Scoring Framework:

- Score 2 may involve ISVAs working to coordinate support across services;
- Score 3 indicates the need for escalation, safeguarding or specialist intervention.

Information sharing should remain proportionate, relevant and consistent with safeguarding and legal responsibilities. Full SaS Assessments would not usually be shared; instead, relevant information may be shared according to the purpose of the referral or multi-agency engagement.

For adults, multi-agency working may focus more heavily on advocacy, navigation and ensuring informed choice. For children and young people, coordination will often form part of wider safeguarding systems and professional oversight.

## Key practice point

The SaS Framework supports coordinated, proportionate and defensible multi-agency working by helping practitioners identify when needs can be managed within the ISVA service, when coordination is required, and when escalation or specialist intervention is necessary.

# Using the SaS Framework for service management

The SaS Framework supports both direct practice and effective ISVA service management. By providing a consistent approach to assessing risk, unmet need, and protective factors, the SaS Framework helps services understand demand, manage capacity, and maintain safe, proportionate delivery.

## Supporting oversight and decision-making

The SaS Framework provides a shared framework for case oversight and operational decision-making. It helps managers understand levels of risk and complexity across the ISVA service, identify cases requiring escalation or additional support, and maintain clear visibility of demand. This supports transparent and defensible decision-making at both case and service level.

## Caseload and complexity management

The SaS Framework supports a shift from volume-based to complexity-informed caseload management. Using the SaS domains and scoring, services can identify high-intensity cases, balance workloads across the workforce, and ensure allocation reflects risk, need, and practitioner capacity. This supports safer workloads and more sustainable delivery.

## Allocation and flow management

The SaS Framework supports allocation and flow management across the ISVA service support pathway. It enables prioritisation based on risk and unmet need, structured decision-making at triage and allocation stages, active management of waiting lists and interim support, and identification of cases that can be 'stepped-down' from active support to interim support.

## Use of scoring for service insight

The scoring that accompanies the SaS Framework provides a consistent basis for understanding demand and response levels. Scoring supports visibility of cases requiring monitoring, ISVA intervention, or escalation, identification of complexity trends, and clearer articulation of service demand to commissioners and stakeholders.

## Supporting supervision and workforce resilience

The SaS Framework provides a structured basis for management supervision and reflective practice. It supports discussion of risk and complexity, shared understanding of decisions, identification of practitioner support needs, and monitoring of workload intensity, contributing to workforce wellbeing and resilience.

## Data, reporting and system visibility

The structured nature of the SaS Framework supports improved data quality and reporting. It enables services to capture consistent information, evidence complexity and demand, identify gaps in provision, and support evaluation, improvement, and commissioning discussions.

## Maintaining consistency and quality

Embedding the SaS Framework across the ISVA service helps ensure assessments and planning are applied consistently, decisions remain transparent and defensible, and clients receive equitable support regardless of how they access the service.

### Key practice point

Using the SaS Framework for service management ensures that individual case information contributes to a wider understanding of demand, complexity, and service delivery. It enables ISVA services to manage resources effectively, maintain safe and proportionate practice, and demonstrate the impact of support across the system.

# Using the SaS to end support safely

Ending support should be approached as a planned and supported transition rather than an administrative closure. Decisions about closure should be informed by review of remaining risks, unmet needs, protective factors and ongoing support arrangements. This process is supported by the early inclusion in assessment and support planning of Domain 14 – Ending Support.

Support may end for a range of reasons, including reduced risk, completion of criminal justice processes, transition to other services including those which are age relevant, or the individual feeling ready to move forward without the involvement of the ISVA service. Planning for closure should remain collaborative, transparent and proportionate, ensuring continuity of safety and support.

## Preparing for ending support

As support moves towards closure, practitioners should review:

- Remaining risks and unmet needs;
- Current protective factors and coping strategies;
- Ongoing support networks and services;
- Any continuing safeguarding, advocacy or multi-agency arrangements;
- How the individual can re-access support if circumstances change.

Where other professionals or services remain involved, closure should be coordinated to support continuity and safety.

## Strengthening confidence and safety

Ending support should also recognise progress, resilience and strengthened protective factors. This may include reinforcing:

- Coping strategies and help-seeking;
- Confidence in decision-making and boundaries;
- Awareness of ongoing support options;
- Understanding of safe relationships and environments.

### Key practice point

Safe and planned endings ensure that closure is informed by assessment, review and identification of ongoing support needs. The aim is to support continued safety, stability and confidence beyond the involvement of the ISVA service.

## Part B

# How to apply the SaS Framework with adults



# Adult practice principles

The core practice principles set out in Part A apply across all client groups and underpin use of the SaS Framework with adults. When applied in work with adults, these principles should be understood through a trauma-informed, person-centred and rights-based lens, recognising that safety, wellbeing and recovery are shaped by lived experience, relationships, identity and wider systems.

Together, these principles support the SaS Framework with adults to be used as intended: as a collaborative, relational and dynamic framework for understanding risk, unmet need and protective factors, and translating this into purposeful support, advocacy and safety planning.

## 1. Trauma-informed and rights-based practice

Practice with adults should prioritise safety, dignity, choice and empowerment, recognising the specific and often long-term impact of sexual violence and abuse on safety, wellbeing, trust, and engagement.

Support should be collaborative, responsive and centred on the client's voice, recognising that trauma may affect memory, communication, decision-making, and readiness to engage. Practice should support informed choice, autonomy and control, including where individuals choose not to pursue criminal justice or safeguarding actions.

### **Example:**

An adult client chooses not to report to the police. The ISVA respects this decision, provides information about options, and focuses on safety planning and emotional support rather than pressuring the client to engage with the criminal justice process.

## 2. Intersectional and inclusive practice

Practice should recognise that experiences of sexual violence, access to support, and outcomes within systems such as criminal justice, health and housing are shaped by identity, inequality and structural barriers.

Support should be responsive to culture, disability, neurodivergence, sexuality, gender, faith, immigration status and wider social context, including where individuals may experience discrimination, mistrust of services, or barriers to disclosure and engagement. Practice should actively work to ensure responses are equitable, accessible and inclusive.

### **Example:**

A client with insecure immigration status is reluctant to seek help due to fear of deportation. The ISVA provides specialist information, links to immigration advice, and adapts communication to build trust while recognising the additional risks created by immigration-related vulnerability.

### 3. Relational and responsive engagement

The SaS Framework with adults should be used as a supportive and ongoing conversation, recognising that disclosure, trust and engagement following sexual violence are often non-linear and may take time to develop.

Engagement should proceed at a pace that feels safe and manageable, recognising the impact of trauma on avoidance, ambivalence, withdrawal or crisis responses. Practice should prioritise building trust, consistency and psychological safety, supporting meaningful participation to enable support.

**Example:**

A client frequently cancels appointments. The ISVA maintains consistent contact at agreed points and offers the opportunity to discuss other ways to engage e.g. email or text if that would help.

### 4. Proportionate, purposeful and dynamic assessment

Assessment should be collaborative and proportionate, focused on understanding risk, unmet need and protective factors within the context of sexual violence and its wider impacts across the client's life.

The SaS Framework should be used as a dynamic, ongoing process, recognising that risk may fluctuate at key points such as disclosure, reporting, court processes, or changes in contact with the perpetrator. Assessment should directly inform advocacy, safeguarding and support planning.

**Example:**

A client's risk increases following the perpetrator's release on bail. The ISVA updates the SaS assessment, revisits safety planning, and supports the client to understand protective measures and reporting options.

### 5. Action-focused support across the ISVA service pathway

The SaS Framework with adults should support continuity across the ISVA service pathway, recognising that victims and survivors of sexual violence often navigate multiple systems simultaneously, including criminal justice, health, housing and welfare.

Support should translate assessment into clear, purposeful action, including advocacy, safety planning and coordination with other services. It should remain responsive to changing needs, delays in justice processes, and long-term impacts of trauma, contributing to safe and planned endings.

**Example:**

A client is awaiting trial and experiencing housing instability. The ISVA coordinates with housing services, supports access to benefits, and maintains regular contact during the court delay to ensure risks are managed and engagement is sustained.

## 6. Transparent, collaborative and defensible recording

Recording should be clear, factual and proportionate, undertaken transparently and collaboratively wherever possible. Records should reflect the client's wishes, remain focused on information relevant to safety, support and agreed actions, and support informed participation and defensible practice.

Recording should reflect a shared understanding developed with the client and remain purposeful, avoiding unnecessary detail or information that does not inform support, safeguarding or action.

Practitioners should be transparent about what is being recorded and why, ensuring clients understand how information may be used or shared. Recording should remain appropriate for external scrutiny, supporting continuity of support, multi-agency working and clear, defensible decision-making.

### Example:

The ISVA records that the client reports ongoing contact from the perpetrator and is experiencing anxiety, outlining agreed safety actions and support needs. The record reflects the client's concerns and priorities, without including unnecessary detail, and the ISVA explains how the information may be used or shared.

## 7. Safeguarding and contextual practice

Use of the SaS Framework with adults should support understanding of safety within the client's wider relational, environmental and systemic context, including risks linked to perpetrators, ongoing abuse, and structural vulnerability.

Practice should balance respect for autonomy with safeguarding responsibilities, recognising that adults may make decisions that do not remove risk. Safeguarding responses should be proportionate, transparent and coordinated, including where multi-agency working is required.

### Example:

A client remains in contact with the perpetrator due to financial dependence. The ISVA explores risks, strengthens safety planning, and considers safeguarding options while respecting the client's decision and maintaining engagement.

## 8. Professional judgement, boundaries and escalation

Use of the SaS Framework should support clear decision-making about when needs can be addressed within the ISVA role and when coordination or escalation is required due to complexity, risk, or unmet need. This includes recognising the boundaries of the ISVA role within a system where clients may have multiple/intersecting needs, and ensuring appropriate referral, advocacy and multi-agency engagement while maintaining independence and client focus.

### Example:

A client presents with suicidal ideation. The ISVA recognises this is beyond their role, supports immediate referral to crisis mental health services, and continues to provide advocacy and support alongside other professionals.

## 9. Competence, supervision and reflective practice

Practitioners using the SaS Framework with adults should be appropriately trained and supported to respond to the complex and often cumulative impacts of sexual violence, including risk, trauma and multi-system involvement.

Effective use of the SaS Framework depends on management supervision, ongoing professional development and support, enabling practitioners to manage complexity, risk, ethical decision-making and the emotional impact of the work, while maintaining safe and consistent practice.

**Example:**

An ISVA supporting multiple high-risk cases uses supervision to reflect on decision-making, manage emotional impact, and review risk, ensuring safe and consistent support across their caseload.

# SaS domain summaries for adults

This section provides detailed guidance for applying each SaS domain in practice with adults, setting out the key areas practitioners may explore to understand risk, unmet need and protective factors within the client's wider circumstances. Each domain includes its purpose and focus, suggested practice prompts to support collaborative conversations, and examples of information that may need to be considered or recorded.

The domain summaries are intended to support use of the SaS Framework with adults as a structured but flexible framework, helping practitioners explore what is happening in the client's life, why it matters for safety and wellbeing, and what actions may be needed in response. This includes identifying risks and unmet needs, recognising strengths and protective factors, and supporting professional judgement about advocacy, safeguarding, adjustments, coordination or escalation where required.

Throughout the domains, consideration is given to intersectionality and how identity, lived experience and wider structural factors may shape risk, engagement and access to support.

The domains should be understood as interconnected, with issues identified in one area often influencing others and needing to be considered holistically.

Taken together, the domain summaries support assessment, protection and safety and support planning to be grounded in a full understanding of the client's individual context and lived experience, while maintaining a person-centred, proportionate and action-focused approach.

# 1 Personal and individual requirements

## Focus

Anything the client needs to access, understand, and remain meaningfully engaged in ISVA support.

## Purpose and scope

This domain considers barriers and adjustments affecting engagement with ISVA support. Following sexual violence, trauma, communication needs, identity, disability, health, culture, or practical circumstances may affect attendance, understanding, participation, trust, or sustained contact. Some clients may find it difficult to process information, maintain appointments, communicate needs, or feel safe engaging with professionals. The focus is on identifying what support, flexibility, or adjustments are needed to enable safe, equitable, and meaningful engagement throughout the support pathway.

## What this domain covers

Communication and accessibility needs; trauma responses affecting engagement; disability, neurodivergence, or health needs; cultural, faith, gender, sexuality, or identity-related considerations; practical barriers such as transport, housing, work, caring responsibilities, or digital access; contact preferences; and involvement of trusted supporters where appropriate.

## Risks / unmet needs

Disengagement, inconsistent contact, misunderstanding of information or processes, missed appointments, reduced participation in safeguarding or support planning, emotional overwhelm, mistrust of professionals, and increased vulnerability linked to unmet accessibility or engagement needs. Difficulties engaging should be understood in the context of trauma, distress, safety, or practical barriers rather than lack of motivation.

## Protective factors

Clear communication preferences, effective adjustments, trusted support networks, consistent routines, safe and flexible ways of engaging, coping strategies, strengths and interests supporting communication, and previous positive experiences of support. Feeling listened to, respected, and involved in decision-making can strengthen engagement and safety.

## ISVA practice expectations

ISVAs should explore engagement needs collaboratively, agree reasonable adjustments, adapt communication and pacing, and review needs over time. Practice should remain flexible and responsive to changing circumstances. Reduced engagement should be understood as a potential indicator of distress, risk, trauma responses, or unmet need rather than non-compliance.

# 1 Personal and individual requirements

## Practice prompts

“What helps you stay engaged with support?”

“Are there ways we can adapt communication or appointments?”

“Are there any barriers affecting contact or support?”

“What support or adjustments work best for you?”

“What helps you feel comfortable or safe when talking about difficult things?”

## Recording

Contact and accessibility preferences; relevant identity, cultural, disability, neurodivergence, or health considerations; practical barriers affecting engagement; agreed adjustments; trusted supporters involved; indicators of disengagement or distress; and strengths, routines, or resources supporting participation and ongoing engagement.

# 2 Harm from others

## Focus

Current or potential risk of harm from perpetrators or others.

## Purpose and scope

This domain considers risks linked to ongoing, historical, or escalating harm from perpetrators or others. Harm may include direct abuse, coercion, intimidation, stalking, exploitation, or technology-facilitated abuse, and may continue or escalate following disclosure, reporting, separation, or safeguarding intervention. Risks may affect safety, autonomy, emotional wellbeing, and day-to-day functioning. The focus is on identifying patterns, escalation, perpetrator access, and the wider impact of harm on the client's safety and recovery.

## What this domain covers

Sexual violence, domestic abuse, stalking, harassment, coercive control, online abuse, exploitation, retaliation following disclosure, risks linked to perpetrator access or proximity, and harm involving connected individuals, peer groups, or wider networks. This may include direct and indirect contact, technology-facilitated abuse, intimidation through others, and risks linked to criminal justice or safeguarding processes.

## Risks / unmet needs

Ongoing contact, escalation, threats, stalking, coercive control, online harm, retaliation, repeat victimisation, and high-risk indicators such as strangulation or suffocation. Risks may increase during periods of change or intervention, including reporting to police, safeguarding action, bail, separation, court proceedings, or housing changes. Avoidance, minimisation, confusion, or disengagement may also indicate ongoing risk or fear.

## Protective factors

Reduced perpetrator access, safety planning, trusted support networks, safeguarding or legal protections, engagement with specialist services, increased awareness of escalation indicators, safe accommodation, and coordinated multi-agency support. Feeling informed, believed, and supported can strengthen safety and reduce vulnerability.

## ISVA practice expectations

ISVAs should identify and record specific harms, patterns, and escalation; consider both online and offline forms of harm; recognise that risk may persist or increase over time, including following disclosure or reporting; treat avoidance, minimisation, or disengagement as potential indicators of risk; review safety planning when circumstances change; consider safeguarding or escalation where risks exceed the ISVA role; and work collaboratively to strengthen safety, autonomy, and control.

## 2 Harm from others

### Practice prompts

“Is the person still affecting your safety or wellbeing?”

“Have there been changes in contact, threats, or behaviour?”

“Are there times when risk feels higher?”

“What currently helps you feel safer?”

“Are there people or places that make you feel unsafe?”

### Recording

Relationship to perpetrator(s); known patterns or history of abuse; type, frequency, and escalation of harm; current or recent contact and methods of access; high-risk indicators; safety strategies and protective measures in place; specialist or safeguarding involvement; key changes affecting safety; and dates and outcomes of risk reviews or escalation decisions.

# 3 Physical health and medical needs

## Focus

Immediate and ongoing physical, sexual, and reproductive health needs.

## Purpose and scope

This domain considers the impact of sexual violence on physical, sexual, and medical wellbeing, including immediate, delayed, or ongoing health needs. Health concerns may affect safety, emotional wellbeing, daily functioning, and engagement with support, safeguarding, or criminal justice processes. Some needs may not be immediately visible or disclosed, particularly where trauma, shame, fear, or confusion are present. The focus is on identifying health needs, supporting access to appropriate care, and ensuring health concerns are not overlooked within wider safety and support planning.

## What this domain covers

Injuries, pain, or physical symptoms; emergency or forensic medical needs; sexual and reproductive health; pregnancy-related concerns; medication and treatment; ongoing health impacts linked to trauma; and barriers to accessing healthcare or support. This may include access to SARCs, GPs, sexual health services, hospitals, mental health support, or specialist care.

## Risks / unmet needs

Untreated injuries, delayed healthcare, risks linked to strangulation or suffocation, avoidance of healthcare, lack of understanding of health or forensic options, missed appointments, and unmet health needs affecting safety, wellbeing, or engagement. Risks may increase where clients feel frightened, ashamed, unsupported, or unable to access services safely.

## Protective factors

Engagement with healthcare or SARC services, trusted health professionals, treatment or follow-up care, understanding of available health options, effective symptom management, practical and emotional support to attend appointments, and clear information about care and treatment.

## ISVA practice expectations

ISVAs should prioritise physical welfare alongside emotional and practical support; provide clear, accurate, and non-directive information about health options; avoid assumptions about timeframes or suitability of forensic examination; support access to healthcare with the client's consent; liaise with health services where appropriate and agreed; recognise reluctance or avoidance of healthcare as a potential unmet need rather than absence of risk; and review health needs whenever circumstances change, including escalation of harm, pregnancy, worsening symptoms, or progression through criminal justice processes.

# 3 Physical health and medical needs

## Practice prompts

“Are there any health concerns still affecting you?”

“Have you been able to access medical or sexual health support?”

“Is anything making it harder to attend appointments or get care?”

“Would it help to talk through the options available?”

## Recording

Injuries, symptoms, or urgent medical concerns; SARC or forensic discussions; sexual or reproductive health needs; treatment, medication, referrals, or appointments; barriers to accessing healthcare; support provided and professionals involved; and changes in health needs or treatment over time.

# 4 Mental health and psychological wellbeing

## Focus

Emotional wellbeing, psychological distress, and risk of self-harm or suicide.

## Purpose and scope

This domain considers the emotional and psychological impact of sexual violence, including trauma responses, mental health difficulties, self-harm, and suicide risk. Distress may fluctuate over time and affect safety, daily functioning, relationships, and engagement with support. Emotional responses may include anxiety, fear, shame, anger, numbness, overwhelm, or difficulties coping. The focus is on understanding how emotional wellbeing affects risk, support needs, stability, and access to safety and support. ISVAs are not expected to diagnose mental health conditions, but to recognise needs, risks, and appropriate support pathways.

## What this domain covers

Emotional distress, trauma responses, mental health difficulties, self-harm, suicidal ideation, impact on daily functioning, emotional regulation, engagement with mental health or therapeutic support, coping strategies, and barriers to accessing support. This may include the impact of distress on relationships, work, education, sleep, concentration, or ability to engage with daily life.

## Risks / unmet needs

Escalating distress, self-harm, suicidal thoughts or behaviours, emotional overwhelm, reduced functioning, avoidance of support, isolation, and increased vulnerability during periods of uncertainty, escalation, investigation, court processes, or transition. Distress may fluctuate and should be reviewed dynamically rather than treated as static. Increased distress should be understood as a response to trauma and circumstances, not as failure or lack of resilience.

## Protective factors

Coping strategies, supportive relationships, engagement with mental health, therapeutic, or peer support services, crisis or wellbeing plans, help-seeking behaviour, routines supporting stability, and opportunities for emotional expression and regulation. Feeling believed, supported, and emotionally safe can strengthen resilience and recovery.

## ISVA practice expectations

ISVAs should explore emotional wellbeing sensitively using clear and non-judgmental language; recognise that trauma responses vary over time; escalate concerns about self-harm or suicide in line with safeguarding procedures; assess changes in distress rather than relying on a single snapshot; recognise that increased distress does not indicate failure or lack of resilience; agree and document escalation or crisis responses where appropriate; facilitate access to mental health or therapeutic support with the client's consent; and review emotional wellbeing whenever circumstances change.

# 4 Mental health and psychological wellbeing

## Practice prompts

“How have things been emotionally recently?”

“What helps when things feel overwhelming?”

“Are there times when things feel harder to manage?”

“Would additional emotional or mental health support help right now?”

“Who helps you when things feel difficult?”

## Recording

Mental health history or current concerns; emotional wellbeing and daily functioning; trauma responses; self-harm or suicide risk; presenting emotions; coping strategies and support networks; crisis plans or services involved; and changes in distress, safety, or wellbeing over time.

# 5 Drug and alcohol use

## Focus

Substance use impacting safety, engagement, or wellbeing.

## Purpose and scope

This domain considers how alcohol or drug use may affect safety, emotional wellbeing, daily functioning, or engagement with support. Substance use may function as a coping response to trauma, distress, sleep difficulties, emotional overwhelm, or unsafe environments, and exists on a continuum from situational use to dependency. The focus is on understanding how substance use interacts with risk, vulnerability, recovery, and wider support needs rather than approaching it through judgement or enforcement.

## What this domain covers

Alcohol or drug use; medication misuse; changes in use following sexual violence, disclosure, or criminal justice involvement; dependency or relapse concerns; impact on safety, decision-making, relationships, or engagement; coping patterns; and access to specialist substance misuse or recovery support. This may also include links between substance use and exploitation, safeguarding, emotional wellbeing, or harm from others.

## Risks / unmet needs

Increased vulnerability, impaired judgement, escalation in use, reliance on substances to cope, interaction with mental health or safeguarding concerns, reduced engagement with support, unsafe environments, and physical health risks linked to use or withdrawal. Risks may increase during periods of instability, distress, transition, or escalating trauma responses.

## Protective factors

Awareness of substance-related risks, harm-reduction strategies, supportive networks, alternative coping strategies, motivation to reduce use, engagement with specialist services or recovery support, and safe routines or environments supporting stability.

## ISVA practice expectations

ISVAs should explore substance use in a non-judgemental, trauma-informed way; recognise substance use as a possible coping response rather than a failure; consider interactions with other domains such as mental health, safeguarding, or harm from others; support harm-reduction approaches where appropriate; provide information about specialist services and referral options; facilitate access to support with the client's consent; recognise relapse or increased use as a signal for review rather than disengagement; and review substance-related risks whenever circumstances change.

# 5 Drug and alcohol use

## Practice prompts

“Have you noticed changes in your alcohol or drug use?”

“Are there times when using makes things feel less safe?”

“What helps you cope when things feel difficult?”

“Would support around this be helpful?”

## Recording

Substance use patterns; impact on safety, wellbeing, or engagement; links to coping, trauma, or triggers; specialist services or support involved; harm-reduction approaches discussed; and changes in use, dependency concerns, or relapse risk over time.

# 6 Safeguarding

## Focus

Risks to children, young people, or adults at risk.

## Purpose and scope

This domain considers safeguarding concerns affecting the client, children, young people, adults at risk, or unborn children connected to them. Risks may arise through abuse, coercive control, exploitation, harmful sexual behaviour, mental health distress, substance use, unsafe caregiving, or instability within relationships or living arrangements. Safeguarding concerns may be current, emerging, direct, or indirect, and can escalate during periods of crisis, disclosure, separation, or intervention. The focus is on identifying risk early, strengthening protective factors, and ensuring appropriate safeguarding and multi-agency responses.

## What this domain covers

Safeguarding risks to children or adults at risk; exposure to abuse, neglect, exploitation, or coercion; perpetrator access; harmful sexual behaviour concerns; online harm; pregnancy-related safeguarding; parenting or caregiving concerns; current or previous social care involvement; and safeguarding plans, legal orders, or professional oversight.

## Risks / unmet needs

Direct or indirect harm, lack of protective supervision, escalating abuse, exploitation, online harm, safeguarding risks linked to instability or distress, and cumulative concerns increasing vulnerability. Risks may also increase where there are barriers to disclosure, reduced professional oversight, or changing family, relationship, or living circumstances.

## Protective factors

Protective carers, trusted adults, or professionals; stable routines and living arrangements; safeguarding plans; engagement with services; clear safety planning; multi-agency involvement; and positive relationships supporting safety, oversight, and stability.

## ISVA practice expectations

ISVAs should clearly explain safeguarding duties and information-sharing obligations to the client; explore safeguarding concerns sensitively and proportionately; distinguish between risk, concern, and protective capacity; act promptly where there is a risk of serious harm; avoid delaying safeguarding action due to incomplete assessment; record safeguarding concerns, actions taken, and rationale clearly; support the client through safeguarding processes where appropriate; work collaboratively with multi-agency partners; and review safeguarding risk whenever circumstances change.

# 6 Safeguarding

## Practice prompts

“Are there any children or adults you’re worried about?”

“Does the person who harmed you have access to children or adults at risk?”

“Are any safeguarding or support services already involved?”

“What currently helps keep people safe?”

## Recording

Presence of children or adults at risk; safeguarding concerns, escalation indicators, and protective factors; pregnancy-related risks where relevant; social care or professional involvement; safeguarding referrals, actions, and information-sharing decisions; and changes in safeguarding risk or oversight over time.

# 7 Criminal justice and family court proceedings

## Focus

Support needs and risks across criminal justice and family court proceedings.

## Purpose and scope

This domain considers the client's safety, wellbeing, and support needs in relation to criminal justice and, where relevant, family court proceedings. Engagement may include reporting, investigation, court hearings, protective orders, child arrangements, compensation processes, or post-trial outcomes. Justice processes may be lengthy, uncertain, emotionally demanding, and may affect safety, wellbeing, daily functioning, and engagement with support. The focus is on supporting informed choice, participation, advocacy, emotional safety, and practical preparation throughout criminal and family justice processes.

## What this domain covers

Reporting decisions, police and CPS engagement, court preparation, Achieving Best Evidence (ABE) processes where relevant, special measures, family court proceedings, protective orders, child contact arrangements, post-trial outcomes, CICA applications, and safety or wellbeing needs linked to justice engagement. This may include emotional impact linked to delays, outcomes, perpetrator contact, or participation in legal processes.

## Risks / unmet needs

Distress, disengagement, re-traumatisation, confusion about processes, increased risk following reporting or court decisions, safety concerns linked to perpetrator contact, and emotional impact of delays or outcomes across criminal or family proceedings. Risks may increase during key stages such as reporting, interviews, hearings, sentencing, contact decisions, or case closure.

## Protective factors

Consistent ISVA support, clear and accessible information, special measures, preparation for hearings, supportive professionals, safety planning, coping strategies, and protective court orders or managed contact arrangements. Feeling informed, prepared, and supported can strengthen confidence and participation.

## ISVA practice expectations

ISVAs should provide independent, non-directive information about reporting and justice options; support informed decision-making without pressure; advocate for the client's needs and rights within criminal and family justice systems; support preparation for key stages such as interviews, criminal court, family hearings, or outcomes; recognise and respond to emotional and safety impacts of justice engagement; review risk and wellbeing at key milestones; liaise with criminal justice and family court partners where appropriate and consented; and continue supporting clients regardless of decisions to proceed, pause, or withdraw.

# 7 Criminal justice and family court proceedings

## Practice prompts

“How are you feeling about the process right now?”

“Do you feel clear about your options?”

“What support would help you feel more prepared?”

## Recording

Reporting and investigation status; police, CPS, or court outcomes; special measures requested or granted; family court proceedings or orders; court arrangements and support provided; CICA applications; ongoing safety concerns linked to proceedings; and changes in wellbeing, engagement, or risk throughout justice processes.

# 8 Employment and education

## Focus

Impact of sexual violence on work, study, and training.

## Purpose and scope

This domain considers how sexual violence may affect employment, education, or training, including attendance, performance, confidence, safety, concentration, and engagement. Difficulties within work or study may affect emotional wellbeing, financial stability, routine, identity, and recovery. Some environments may feel supportive and stabilising, while others may increase distress, risk, or fear of disclosure. The focus is on understanding what support, adjustments, advocacy, or safety planning may be needed to maintain wellbeing, participation, and stability.

## What this domain covers

Employment, education, or training status; attendance or performance issues; workplace or educational safeguarding concerns; disclosure decisions; reasonable adjustments; access to welfare, pastoral, occupational health, or student support services; and impacts linked to health, safeguarding, housing, or criminal justice processes. This may include concerns about contact with perpetrators, stigma, disciplinary processes, or disruption caused by court proceedings or trauma responses.

## Risks / unmet needs

Loss of work or study, financial instability, unsafe environments, disciplinary or academic consequences, increased distress, disruption to routine, isolation, reduced confidence, and barriers to engaging with support. Risks may increase during periods of investigation, court proceedings, health deterioration, or changes in living or financial circumstances.

## Protective factors

Supportive employers, tutors, safeguarding leads, or training providers; reasonable adjustments; welfare or occupational support; trusted contacts; stable routines; flexible arrangements; and advocacy or support provided with consent. Feeling safe, understood, and supported within work or study environments can strengthen recovery and stability.

## ISVA practice expectations

ISVAs should explore impacts sensitively and without assumption; recognise that work or study may be both protective and stressful; support informed decisions about disclosure to employers or providers; assist with requests for reasonable adjustments or flexibility with consent; liaise with employers or education providers where appropriate and agreed; recognise disruption as a potential indicator of distress rather than personal failure; review impacts whenever circumstances change; and maintain professional boundaries when engaging with workplace or education systems.

# 8 Employment and education

## Practice prompts

“Has what happened affected work or study?”

“Would adjustments or flexibility help?”

“Are there any safety concerns linked to work, college, or training?”

“What would help you feel more supported in this area?”

## Recording

Employment, education, or training status; attendance, participation, or performance issues; risks or safety concerns; disclosure wishes; adjustments or support in place; advocacy or liaison provided with consent; trusted professionals involved; and changes affecting work, study, or training over time.

# 9 Finances

## Focus

Financial pressures affecting safety or recovery.

## Purpose and scope

This domain considers how financial hardship, instability, dependence, or economic control may affect safety, wellbeing, and recovery following sexual violence. Financial pressures may increase vulnerability, affect housing stability, limit access to support, or create dependence on unsafe individuals. The focus is not on financial assessment or budgeting, but on understanding how financial circumstances interact with safety, autonomy, engagement with support, and wider recovery needs.

## What this domain covers

Income and benefits; loss of income; debt or financial crisis; economic abuse or financial dependence; emergency financial needs; access to welfare, grants, or advice services; NRPF-related financial barriers; and links between finances, housing, safeguarding, immigration, health, or justice processes. This may also include practical barriers such as transport, childcare, communication costs, or inability to meet basic needs.

## Risks / unmet needs

Inability to meet basic needs, housing instability, financial dependence, exploitation, worsening mental health, barriers to engaging with support or justice processes, and increased vulnerability linked to financial abuse, coercion, or crisis. Risks may escalate during separation, reporting, relocation, ill health, or changes in employment or benefits.

## Protective factors

Stable income, access to benefits or emergency financial support, engagement with welfare or advice services, practical support, trusted support networks, financial coping strategies, and reduced dependence on unsafe individuals. Financial stability and access to resources can strengthen safety, autonomy, and engagement with recovery.

## ISVA practice expectations

ISVAs should explore financial circumstances sensitively and without judgement; recognise financial hardship as a safety and recovery issue rather than a personal failing; identify links between financial pressure and other risk domains; provide information about available financial support, benefits, grants, and advice services; facilitate referrals to specialist services with the client's consent; recognise financial avoidance or minimisation as potential indicators of distress or risk; review financial circumstances whenever there are significant changes in employment, housing, health, immigration, or justice processes; and maintain clear professional boundaries when supporting financial issues.

# 9 Finances

## Practice prompts

“Are finances affecting your safety or wellbeing right now?”

“Has what happened affected your income or financial stability?”

“Would financial advice or support feel helpful?”

“What would help things feel more stable financially?”

## Recording

Financial pressures or instability; debt, benefits, or crisis support needs; economic abuse or financial dependence; barriers affecting safety or engagement; referrals or financial advice accessed; protective factors and practical support available; and changes in financial circumstances or risk over time.

# 10 Accommodation and housing

## Focus

Stability, safety, and suitability of accommodation.

## Purpose and scope

This domain considers whether accommodation is safe, stable, and suitable in the context of sexual violence and recovery. Housing instability or unsafe accommodation may increase vulnerability, disrupt engagement with support, and undermine safety or wellbeing. The focus is on understanding risks, needs, and protective factors linked to where and how the client is living, including the impact of housing on recovery, safeguarding, and day-to-day stability.

## What this domain covers

Accommodation type and stability; safety risks linked to perpetrators or others; homelessness or eviction risk; suitability and security of accommodation; temporary, emergency, or refuge accommodation; housing-related safeguarding concerns; NRPF-related housing barriers; household relationships; and access to housing advice, advocacy, or support services. This may also include issues relating to privacy, safety planning, location, or proximity to perpetrators.

## Risks / unmet needs

Unsafe accommodation, perpetrator access, harassment or intimidation, homelessness, unsuitable living conditions, lack of emergency housing, safeguarding concerns, instability affecting recovery, and barriers to engaging with support. Risks may increase during separation, reporting, safeguarding intervention, relocation, or changes in finances, immigration status, or family circumstances.

## Protective factors

Safe and stable accommodation, physical distance from perpetrators, security measures, supportive household members, refuge or temporary accommodation, engagement with housing services, and awareness of housing rights or options. Stable accommodation and supportive living environments can strengthen safety, recovery, and engagement with support.

## ISVA practice expectations

ISVAs should explore accommodation safety and stability sensitively and collaboratively; recognise housing instability as a significant safety risk; avoid assuming accommodation is safe based solely on tenancy status; identify links between housing, safeguarding, finances, immigration, and harm from others; provide information about housing options, rights, and local processes; support referrals to housing or specialist services with consent; review accommodation risks whenever circumstances change; and maintain professional boundaries while advocating appropriately.

# 10 Accommodation and housing

## Practice prompts

“Do you feel safe where you’re living?”

“Are there concerns about someone knowing where you live?”

“Are there any worries about staying in your current accommodation?”

“What would help you feel safer or more stable where you are living?”

## Recording

Accommodation details and stability; safety risks or perpetrator access; homelessness or eviction risks; safeguarding or housing concerns; security measures and protective factors; housing support, advocacy, or referrals; and changes affecting accommodation, stability, or safety over time.

# 11 Immigration and residence

## Focus

Immigration-related risks, barriers, and protections affecting safety and access to support.

## Purpose and scope

This domain considers how immigration status, residence insecurity, or related legal and practical issues may affect safety, wellbeing, access to support, and engagement with safeguarding or justice processes. Immigration-related insecurity may increase vulnerability to abuse, exploitation, homelessness, isolation, or dependence on unsafe individuals. The focus is on understanding how immigration-related factors affect safety, autonomy, and recovery, rather than assessing immigration eligibility or providing legal advice.

## What this domain covers

Immigration status or uncertainty; No Recourse to Public Funds (NRPF); dependency on perpetrators or others for housing, finances, or documentation; threats linked to immigration control; trafficking or exploitation concerns; risk of detention or deportation; family separation or instability; access to legal advice or specialist advocacy; and barriers to support linked to fear, mistrust, language, or uncertainty about rights and entitlements.

## Risks / unmet needs

Fear of reporting, exploitation, dependency, homelessness or destitution, barriers to housing, healthcare, education, or support, isolation, trafficking risks, and safeguarding concerns linked to immigration insecurity. Risks may increase during transitions, enforcement activity, separation, disclosure, or changes in accommodation or support arrangements.

## Protective factors

Access to legal or specialist advocacy support, accurate information about rights and entitlements, community or family support networks, stabilised immigration status, safe accommodation, reduced dependence on unsafe individuals, and engagement with safeguarding or specialist services. These factors can strengthen safety, reduce vulnerability, and support engagement with recovery and support processes.

## ISVA practice expectations

ISVAs should explore immigration-related concerns sensitively and without assumption; avoid requesting unnecessary immigration information; clearly explain confidentiality and information-sharing boundaries; recognise immigration insecurity as a significant safety risk; challenge myths or misinformation where appropriate; support access to specialist legal advice with the client's consent; recognise when immigration concerns intersect with safeguarding duties; work collaboratively with specialist organisations; and review immigration-related risks whenever circumstances change.

# 11 Immigration and residence

## Practice prompts

“Are immigration concerns affecting your safety or support?”

“Has anyone used immigration status to threaten or control you?”

“Are there barriers to housing, healthcare, or support?”

“Would specialist immigration support feel helpful?”

## Recording

Immigration status or uncertainty where relevant; risks linked to dependency, coercion, exploitation, or destitution; NRPF or barriers to services; specialist legal or advocacy support involved; protective factors and support networks; and changes affecting safety, stability, or access to support over time.

# 12 Risk to ISVA or other professionals

## Focus

Safety of practitioners, services, and systems involved in support.

## Purpose and scope

This domain considers risks to ISVAs or other professionals arising from perpetrators, environments, contact methods, or wider case circumstances. Safe and effective support depends on maintaining practitioner safety, professional boundaries, and organisational risk management. The focus is on identifying and responding to contextual risks that may affect staff safety, wellbeing, professional practice, or service delivery, while maintaining respectful and trauma-informed support for clients.

## What this domain covers

Threats, intimidation, or harassment towards staff; unsafe environments or meeting arrangements; lone-working risks; boundary concerns; online or digital risks; risks linked to perpetrators' access to staff information; organisational safety measures; emotional impact on professionals; and escalating or cumulative risks affecting professionals, partner agencies, or service delivery.

## Risks / unmet needs

Threats or harm to staff, unsafe contact arrangements, boundary breaches, exposure to volatile situations, online harassment, emotional impact on professionals, and disruption to service delivery where risks are unmanaged. Risks may increase during safeguarding intervention, criminal justice processes, separation, escalation of abuse, or changes in contact arrangements.

## Protective factors

Lone-working procedures, safe meeting arrangements, supervision and management oversight, clear professional boundaries, organisational escalation processes, effective information-sharing, joint working, and staff safety planning. These measures support safe, ethical, and sustainable service delivery.

## ISVA practice expectations

ISVAs should remain alert to risks to their own safety and that of colleagues; follow organisational lone-working and safety procedures; escalate concerns about professional risk promptly; document risks and mitigation measures clearly; adjust contact arrangements where necessary; maintain professional boundaries consistently; seek supervision or managerial support where risk is identified; recognise that managing professional risk supports safe client care; and ensure staff safety planning does not compromise client dignity or rights.

# 12 Risk to ISVA or other professionals

## Practice prompts

These prompts are primarily for professional reflection and planning.

“Are there any risks to staff safety in this case?”

“Are current meeting or contact arrangements safe?”

“Do risks require escalation or additional safeguards?”

## Recording

Identified professional risks; source, context, or pattern of risk; safety arrangements and mitigation measures; organisational actions or escalation taken; supervision or management involvement; and changes in risk or impact on service delivery over time.

# 13 Professional insights

## Focus

Information, concerns, strengths, or patterns not fully captured elsewhere.

## Purpose and scope

This domain provides space to record emerging patterns, contextual concerns, strengths, or professional observations not fully reflected elsewhere in the assessment. It recognises that risk, need, and protective factors may become clearer over time or when information is considered holistically across domains. The focus is on ensuring important contextual understanding is not lost, particularly where risk is cumulative, subtle, evolving, or difficult to evidence through a single incident or domain alone.

## What this domain covers

Emerging patterns across domains; repeated concerns over time; non-verbal or behavioural indicators of distress; minimisation or normalisation of harm; contextual or environmental factors affecting safety or engagement; inconsistencies or gaps in information; professional curiosity regarding unexplained concerns; and strengths or protective factors not fully captured elsewhere.

## Risks / unmet needs

Escalating or cumulative concerns, fragmented understanding of risk, minimisation of harm, missed safeguarding concerns, reduced professional curiosity, or over-reliance on scoring without contextual understanding. Risks may emerge gradually and require ongoing review, reflection, and multi-agency discussion.

## Protective factors

Consistent engagement, strengthened protective factors, improved stability or coping, management supervision, effective multi-agency communication, professional curiosity, and transparent decision-making. These factors support balanced, defensible, and holistic assessment.

## ISVA practice expectations

ISVAs should record factual and observable information clearly; distinguish between fact, observation, and professional interpretation; avoid speculation, assumption, or unsupported inference; use management supervision to test, refine, and reflect on emerging themes; remain aware of potential bias and cultural context; document rationale for decisions proportionately; and review and update professional insight as circumstances change or new information emerges.

# 13 Professional insights

## Practice prompts

These prompts support reflection and synthesis rather than direct questioning.

“What patterns are emerging across domains?”

“Are there concerns being minimised or overlooked?”

“What has changed over time?”

“What strengths or protective factors are becoming clearer?”

## Recording

Emerging themes or patterns; contextual or environmental factors; observations and sources of information; professional rationale for concerns, actions, or decisions; impact on support planning or safeguarding; and changes in understanding or presentation over time.

# 14 Ending support

## Focus

Planned, safe, and transparent closure of ISVA support.

## Purpose and scope

This domain considers preparation for the ending of ISVA support from the earliest stages of engagement. It focuses on managing closure safely, supporting independence, reviewing ongoing risks, and ensuring clients understand what support remains available after ISVA involvement ends. Endings should be planned, collaborative, and proportionate, recognising that closure may increase vulnerability if not carefully managed and supported.

## What this domain covers

Planned or unplanned endings; readiness for closure; ongoing risks or unmet needs; engagement with other services; confidence in managing safety and wellbeing; emotional impact of endings; transitions to other support; safety or crisis planning; and arrangements for re-accessing support if needed.

## Risks / unmet needs

Loss of advocacy or oversight, unmanaged risks, disengagement from support, emotional distress linked to endings, uncertainty about future support, gaps between services, and barriers to re-accessing support. Risks may increase where closure is abrupt, unplanned, or occurs during periods of instability or ongoing harm.

## Protective factors

Stable support networks, ongoing services, coping strategies, safety or crisis plans, confidence in recognising risk, clear re-access arrangements, and planned, transparent closure processes. These factors support safer transitions and continued recovery following ISVA involvement.

## ISVA practice expectations

ISVAs should introduce conversations about endings from the initial assessment; plan endings collaboratively and transparently with the client; review risks and protective factors across all domains before closure; ensure appropriate signposting and warm handovers where needed; support client confidence in managing post-closure; provide clear information about re-accessing ISVA support; document rationale for closure and actions taken; avoid abrupt endings where risk remains unmanaged; and recognise that closure may trigger emotional responses or renewed vulnerability.

# 14 Ending support

## Practice prompts

“How are you feeling about support ending?”

“What needs to be in place after support finishes?”

“Who could you contact if things become difficult again?”

“What feels different or stronger now compared to earlier?”

## Recording

Closure context and rationale; outstanding risks or ongoing support needs; safety plans, referrals, or handovers; services involved following closure; re-access information provided; and reflections on progress, readiness, and closure outcomes.

## Case example

## SaS assessment (Adult)

**Client:** Female. **Age:** 27. **Role:** Adult ISVA.

**Context:** Recent sexual assault by ex-partner; criminal justice process ongoing.

Information summary	Risks / unmet needs	Protective factors	SaS score	Actions
<b>Domain 1: Personal and individual requirements</b>				
Finds phone calls difficult and can disengage when overwhelmed, but stays engaged when contact is predictable and message-based.	Anxiety about phone calls; Struggles to engage when overwhelmed	Strong insight into own needs; Prefers email/WhatsApp; Reliable engagement when contact is predictable	1	Client action ongoing
<b>Domain 2: Harm from others</b>				
Still receiving unwanted contact from ex-partner has taken some steps to block contact and has support from friends	Ex-partner sending unwanted messages; Fear of escalation	Client has blocked contact on some platforms; Two friends aware of the situation; Understands safety options	2	ISVA actions
<b>Domain 3: Physical health and medical needs</b>				
Sleep has been disrupted and follow-up has been delayed, but is linked in with services and willing to attend appointments	Disrupted sleep; Delayed sexual health follow-up	Registered with GP; Attended SARC; Willing to attend follow-up	1	Client action ongoing
<b>Domain 4: Mental health and psychological wellbeing</b>				
Feels anxious and sometimes panics when there are updates about the case, but has some coping strategies and support in place.	Heightened anxiety and panic attacks linked to investigation updates	Uses grounding techniques; Supportive sibling; Good insight into triggers	2	ISVA actions
<b>Domain 6: Safeguarding</b>				
Some emotional vulnerability, but currently safe and has support around them.	No children; Some emotional vulnerability	Safe accommodation; Supportive informal network	1	Client action ongoing

Continues >

Information summary	Risks / unmet needs	Protective factors	SaS score	Actions
<b>Domain 7: Criminal justice and family court proceedings</b>				
Doesn't fully understand what is happening in the investigation which increases anxiety, but is willing to stay engaged and open to support.	Limited understanding of investigation stages; Anxiety about giving evidence	Motivated to engage; Trusts ISVA role; Receptive to information	2	ISVA actions
<b>All other SaS domains</b>				
	No current risks or unmet needs identified	Existing stability and coping in these areas	0	No current actions

## Case example

## SaS plan (Adult)

Actions	SaS score	Who	Timescale	Review
<b>Domain 1: Personal and individual requirements</b>				
<ul style="list-style-type: none"> <li>• Use email/WhatsApp as primary contact method</li> <li>• Agree a predictable contact schedule (weekly check-in unless urgent)</li> </ul>	1	Client	Ongoing	At next review
<b>Domain 2: Harm from others</b>				
<ul style="list-style-type: none"> <li>• Review and update safety plan with a focus on digital safety</li> <li>• Provide information on reporting unwanted contact and non-molestation options</li> <li>• Support the client to identify safe responses if contact escalates</li> </ul>	2	ISVA (with client)	Within 2 weeks	After safety plan update
<b>Domain 3: Physical health and medical needs</b>				
<ul style="list-style-type: none"> <li>• Provide information on sexual health follow-up options</li> <li>• Support the client to book an appointment if requested</li> </ul>	1	Client, with ISVA support if needed	Within 1 month	At next review
<b>Domain 4: Mental health and psychological wellbeing</b>				
<ul style="list-style-type: none"> <li>• Reinforce grounding strategies already used by the client</li> <li>• Identify early warning signs linked to panic attacks</li> <li>• Refer to counselling service (with consent)</li> <li>• Plan additional check-ins around key investigation milestones</li> </ul>	2	ISVA	Referral within 2 weeks	At review or if anxiety increases
<b>Domain 6: Safeguarding</b>				
<ul style="list-style-type: none"> <li>• Monitor wellbeing and safety at regular contact points</li> <li>• Revisit safeguarding needs if circumstances change</li> </ul>	1	ISVA	Ongoing	At each review
<b>Domain 7: Criminal justice and family court proceedings</b>				
<ul style="list-style-type: none"> <li>• Explain investigation stages and likely timelines</li> <li>• Provide information on special measures</li> <li>• Support preparation for VRI or statement updates if required</li> </ul>	2	ISVA	As investigation progresses	Before key criminal justice milestones

## Part C

# How to apply the SaS Framework with children and young people



# Children and young people practice principles

The core practice principles set out in Part A apply across all client groups and underpin use of the SaS Framework with children and young people. When applied in work with children and young people, these principles should be understood through a child-centred, developmental and safeguarding lens, recognising that safety, wellbeing and recovery are shaped by relationships, environments and systems as well as by individual experiences.

Together, these principles support the SaS Framework to be used as intended: as a collaborative, relational and dynamic framework for understanding risk, unmet need and protective factors, and translating this into purposeful support and safeguarding planning.

## 1. Trauma-informed and rights-based practice

Practice with children and young people should prioritise emotional and physical safety, dignity, participation and choice, recognising children and young people's rights and the impact of trauma on safety, wellbeing and engagement.

Support should be child-centred, relational and responsive, recognising that trust, understanding and disclosure often develop gradually over time. Children and young people should be supported to participate meaningfully in decisions affecting them through developmentally appropriate communication, clear explanations and a pace that feels safe and manageable.

Assessment and planning should begin from first contact and help establish the SaS Framework as a gradual and supportive process rather than something to be "completed". Early engagement may include:

- Introducing the ISVA role;
- Explaining confidentiality and its limits;
- Supporting understanding of choice and control;
- Reassuring the child or young person they do not need to talk about everything at once.

Where appropriate and safe, practice should also recognise the important role non-abusing parents, carers and trusted adults may play in supporting safety, communication, recovery and ongoing wellbeing.

## 2. Intersectional and inclusive practice

Practice should recognise that children and young people's experiences of harm, safety and access to support may be shaped by identity, inequality and wider social context.

Support should be inclusive and responsive to developmental needs, culture, disability, neurodivergence, sexuality, gender identity, faith, immigration status and other factors that may shape communication, engagement or access to protection and support.

Practitioners should avoid assumptions about resilience, vulnerability, understanding or capacity based solely on age, identity or presentation. Assessment should remain flexible and responsive to the individual child or young person's communication style, lived experience and wider support network.

### 3. Relational and developmentally responsive engagement

The SaS Framework is designed for use with children and young people under the age of 18. Application of the SaS Framework should always be developmentally responsive and adapted according to age, communication needs, understanding, safeguarding context, and lived experience.

The SaS Framework should be understood as a supportive and relational process rather than a checklist or one-off assessment. Trust, disclosure, and understanding often develop over time, and engagement should proceed at a pace that feels safe and manageable for the child or young person.

Assessment and planning should:

- Begin with what feels most important or manageable for the child or young person;
- Support participation without placing responsibility for safety on the child or young person;
- Build understanding gradually across multiple contacts;
- Move flexibly between domains rather than following a rigid sequence.

Practice should reflect developmental stage and use age-appropriate and creative approaches to communication and participation.

For younger children, practitioners may rely more heavily on observation, behaviour, play, non-verbal communication, caregiver information, and wider professional or safeguarding context. Younger children may have limited understanding of abuse, relationships, consent, risk, or justice processes, and may communicate distress indirectly through behaviour, emotional regulation, sleep, physical symptoms, or attachment responses.

As children move into adolescence, peer relationships, online environments, identity development, social pressures, and increasing independence may become more significant within assessment and support planning. Some children and young people may not recognise that they are experiencing grooming, exploitation, coercion, or abuse, particularly where harm occurs within peer relationships, online contact, or relationships they perceive as consensual or caring.

## Developmental domain structure

The SaS domains remain consistent across adult and CYP guidance, but within CYP practice they may be grouped in more child-centred ways to support engagement, understanding, and developmentally appropriate conversations.

### My voice and understanding

Communication, engagement, understanding of processes, and preparing for transitions:

- Domain 1** Personal and individual requirements
- Domain 7** Criminal justice and family court proceedings
- Domain 14** Ending support

### My safety

Harm, risk, and safeguarding concerns:

- Domain 2** Harm from others
- Domain 6** Safeguarding

### My wellbeing

Physical and emotional wellbeing and coping:

- Domain 3** Physical health and medical needs
- Domain 4** Emotional and psychological wellbeing
- Domain 5** Drugs and alcohol

### My environment

Stability, resources, and wider living context:

- Domain 8** Employment and education
- Domain 9** Finances
- Domain 10** Accommodation and housing
- Domain 11** Immigration and residence

### Professional practice and context

Practitioner reflection and contextual understanding:

- Domain 12** Risk to ISVA or other professionals
- Domain 13** Professional insights

These groupings are intended to support engagement and do not need to be followed in order. Domains may be revisited as trust develops, circumstances change, or new information emerges.

Engagement may also involve working relationally with non-abusing parents, carers, or trusted adults to support communication, understanding, safety, and ongoing engagement, while maintaining the child or young person’s voice and experience as central throughout the process.

## 4. Proportionate, purposeful and dynamic assessment

Assessment should be collaborative, gradual and proportionate, focused on understanding risks, unmet needs, strengths and protective factors in ways that inform support and safeguarding action.

The SaS Framework should support a whole-child and contextual understanding of safety and wellbeing, recognising that experiences of sexual violence are shaped by relationships, peer dynamics, online environments, education, family systems and wider social contexts as well as by individual experiences.

Assessment should remain flexible and responsive, recognising that:

- Not every domain requires the same level of exploration;
- Understanding may develop over multiple contacts;
- Risks and protective factors may change over time;
- Assessment should avoid feeling formal or overwhelming.

The SaS Framework should be understood as a live process rather than a static record, with assessment revisited as circumstances, relationships, developmental needs or risks change.

## 5. Action-focused support across the ISVA service support pathway

The SaS Framework should support continuity across the ISVA service support pathway, from referral and triage through active support, review and closure, ensuring assessment leads to purposeful action.

Information explored through the domains should inform:

- Actions within the ISVA role;
- Coordinated support with other professionals;
- Safeguarding and escalation decisions where required.

Planning should be child-centred and collaborative, developed with the child or young person so their voice, wishes and feelings help shape priorities and actions. Actions should be explained in developmentally appropriate ways, supporting understanding of:

- What will happen;
- Why actions are being taken;
- Who is responsible.

Planning should strengthen safety and protective factors around the child or young person, including supportive relationships, safe routines, professional oversight and stable environments.

Support should also recognise the role parents, carers, trusted adults and wider professional systems may play in maintaining safety, stability and continuity of support.

## 6. Transparent, collaborative and defensible recording

Recording should be clear, factual and proportionate, undertaken transparently and in ways children and young people can understand. Records should:

- Keep the child or young person's voice central;
- Distinguish between observation, professional information and the child's views;
- Reflect developmental and contextual understanding;
- Support informed participation through age-appropriate explanations about confidentiality and information sharing.

Information communicated through behaviour, play, drawings or other forms of expression should be recognised as meaningful and may inform assessment and planning.

Recording should support collaborative and defensible practice while remaining suitable for safeguarding, criminal justice and information-sharing contexts.

## 7. Safeguarding and contextual practice

Use of the SaS Framework should support understanding of safety within the child or young person's wider relational, environmental and systemic context.

Practice should recognise that:

- Harm may occur across home, peer, online, educational and community contexts;
- Safeguarding concerns may be cumulative or interconnected;
- Protective relationships and systems are central to safety planning.

Parents, carers and wider family relationships may act as protective factors, sources of support or, in some circumstances, form part of the safeguarding context requiring assessment and response.

Planning should strengthen the protective systems around the child or young person and support coordinated safeguarding responses where required. Further information below.

## 8. Professional judgement, boundaries and escalation

Use of the SaS Framework should support thoughtful and defensible decision-making about when needs can be addressed within the ISVA role, when coordinated support is required and when safeguarding or escalation is necessary because risks or unmet needs sit beyond the role.

Practice should recognise that children and young people may not always identify, communicate or disclose risk directly, and that concerns may emerge through behaviour, emotional presentation, relationships or wider contextual information. Decision-making should therefore remain relational, contextual and responsive to developmental needs. This includes:

- Balancing participation, voice and choice with safeguarding and protection responsibilities;
- Maintaining professional boundaries while building trust and engagement;
- Recognising when safeguarding action or information sharing cannot be delayed;
- Understanding the role of parents, carers and wider professional systems;
- Supporting coordinated and developmentally responsive multi-agency working.

While the SaS Framework supports a holistic understanding of the child or young person's circumstances, it should not duplicate the role of other professionals or specialist services working with children and young people. Where needs sit beyond the ISVA pathway, the focus should remain on coordination, safeguarding, referral and escalation as appropriate.

## 9. Competence, supervision and reflective practice

Practitioners using the SaS Framework should be appropriately trained to support children and young people, competent and supported to apply the framework safely, ethically and consistently.

Effective use of the SaS Framework depends on:

- Developmental understanding;
- Specialist safeguarding knowledge;
- Trauma-informed and contextual practice;
- Reflective supervision and ongoing professional development.

Supervision should support consideration of:

- Working with Children and Young People;
- Complexity and cumulative risk;
- Emotional impact and professional boundaries;
- Safeguarding and escalation decisions;
- Reflective thinking about bias, context and emerging concerns.

Management supervision and collaborative discussion are essential to ensuring safe, proportionate and consistent practice with children and young people.

# Safeguarding and contextual risk in children and young people

Safeguarding is central to the application of the SaS Framework with children and young people. While risk, unmet need, and protective factors are considered across all domains, safeguarding provides the framework for identifying, responding to, and managing harm, ensuring that appropriate action is taken where required.

For children and young people, safety is not managed in isolation. It is shaped by relationships, environments, and systems, and requires coordinated professional responsibility.

## Understanding safeguarding in the SaS Framework

Safeguarding within the SaS Framework includes:

- Identifying harm or risk of harm to the child or young person;
- Recognising situations where they may be at risk from others or from their environment;
- Identifying where they may pose a risk to others, including harmful sexual behaviour;
- Ensuring that appropriate action is taken through multi-agency processes.

Safeguarding should be considered throughout the SaS Framework, but is most directly captured within:

- Domain 2: Harm from Others;
- Domain 6: Safeguarding.

These domains should be understood in the context of the wider SaS Framework, with information from other domains informing safeguarding decisions.

## Contextual risk

Contextual risk recognises that harm to children and young people may arise outside the family home, including within peer groups, education settings, communities, and online environments. This may include:

- Peer-on-peer abuse or exploitation;
- Harmful sexual behaviour;
- Coercion, grooming, or exploitation;
- Technology-facilitated abuse;
- Risks within social or community environments

Understanding contextual risk requires practitioners to look beyond individual behaviour and consider the wider context in which harm occurs.

Children and young people may not always recognise experiences as abusive, exploitative or coercive, particularly where grooming, peer dynamics, online relationships, affection, gifts or perceived emotional attachment are involved. Some may believe they are in a consensual or caring relationship with the person causing harm.

## The role of relationships and environments

Assessment should consider how relationships and environments contribute to both risk and protection. This includes:

- The role of parents, carers, and family members;
- Peer relationships and group dynamics;
- School, college, or community settings;
- Online environments and digital interaction.

Risk may be increased where environments are unstable, unsafe, or where protective oversight is limited. Equally, strong and consistent relationships may act as key protective factors.

## Safeguarding as a shared responsibility

Responsibility for safeguarding sits with adults, professionals, and systems, not the child or young person. The SaS Framework supports practitioners to:

- Identify when safeguarding concerns are present;
- Understand the level of response required;
- Ensure that concerns are shared appropriately;
- Support coordinated multi-agency responses.

The SaS Scoring Framework reinforces this by ensuring that escalation reflects the level of professional and system response required, rather than the child's ability to manage risk.

## Working alongside safeguarding processes

The SaS Framework does not replace statutory safeguarding processes. It supports them by providing a structured understanding of risk, unmet need, and protective factors within the ISVA service support pathway.

Practitioners should:

- Follow local safeguarding procedures;
- Share information where required to protect safety;
- Contribute to multi-agency discussions and planning;
- Ensure that safeguarding action is clearly recorded.

## Balancing safety, voice, and engagement

Safeguarding action should be taken in a way that remains **child-centred and trauma-informed**. This includes:

- Explaining actions and decisions in an age-appropriate way;
- Supporting the child or young person to understand what is happening;
- Recognising that safeguarding processes may impact trust and engagement;
- Maintaining a focus on the child's voice, wishes, and feelings.

This balance is essential to ensuring that safeguarding supports, rather than undermines, engagement.

### **Key practice point**

Safeguarding and contextual risk are integral to the SaS Framework when working with children and young people.

The SaS Framework supports practitioners to understand risk within the context of relationships, environments and systems, and to ensure that responses are proportionate, coordinated, and led by professional responsibility, while maintain a clear focus on the child's safety and wellbeing.

# Domains in detail for children and young people

This section provides detailed guidance for applying each SaS domain in practice with children and young people, setting out the key areas practitioners may explore to understand risk, unmet need and protective factors within the child or young person's wider circumstances. Each domain includes its purpose and focus, suggested practice prompts to support relational and developmentally appropriate conversations, and examples of information that may need to be considered or recorded.

The domain summaries are intended to support use of the SaS Framework with children and young people as a structured but flexible framework, helping practitioners explore what is happening in the child or young person's life, why it matters for safety and wellbeing, and what actions may be needed in response. This includes identifying risks and unmet needs, recognising strengths and protective factors, and supporting professional judgement about support, safeguarding, adjustments, coordination or escalation where required.

Throughout the domains, consideration is given to development, relationships, contextual safeguarding and intersectionality, recognising how identity, lived experience and wider systems may shape safety, engagement and support needs. The domains should be understood as interconnected, with concerns identified in one area often influencing others and needing to be considered holistically.

The domains are also supported by child-centred groupings and language designed to make assessment feel accessible, relational and meaningful for children and young people, while maintaining consistency in recording, scoring and planning.

Taken together, the domain summaries support assessment, protection and safety and support planning to be grounded in a full understanding of the child or young person's context, relationships and lived experience, while maintaining a child-centred, proportionate and action-focused approach.

# 1 Personal and individual requirements

## Focus

Understanding who the child or young person is, how they communicate, and what helps them feel safe, comfortable, and able to engage in support.

## Purpose and scope

This domain explores whether the child or young person can access, understand, and remain meaningfully engaged in ISVA support. Engagement may be affected by trauma, developmental stage, identity, neurodivergence, cultural context, communication needs, or practical barriers. For younger children, understanding may rely more on behaviour, play, observation, and caregiver information. Children aged 11-15 may need more structured and relational approaches, while older young people (16-17) may require greater autonomy, transparency, and involvement in decisions.

## What this domain covers

Communication preferences; trauma responses affecting engagement; neurodivergence, learning or disability-related needs; cultural or identity considerations; practical barriers; preferences around support; and involvement of trusted adults where appropriate. Younger children may communicate distress indirectly through behaviour, play, sleep or emotional regulation, while older young people may prefer more direct and collaborative approaches.

## Risks / unmet needs

Difficulty communicating needs; anxiety or mistrust of professionals; missed appointments or disengagement; confusion about processes; overwhelm where information is not adapted appropriately; and reduced participation in safeguarding or justice processes. Younger children may present through behaviour or withdrawal, while older young people may disengage where autonomy or control is not respected.

## Protective factors

Clear communication preferences; flexible and developmentally appropriate adjustments; trusted adults; predictable routines; feeling listened to and respected; and strengths or interests supporting expression. For younger children this often includes stable caregiving relationships, while older young people may benefit from increased autonomy and confidence in expressing needs.

## ISVA practice expectations

ISVAs should explore engagement needs using age-appropriate and flexible approaches; adapt communication, pace and format to developmental need; use creative or play-based methods where helpful; support increasing autonomy for older young people; recognise disengagement as a possible indicator of distress or unmet need; and review approaches over time.

# 1 Personal and individual requirements

## Practice Prompts

“What helps you feel comfortable talking or spending time together?”

“Is it easier to talk, draw, write, or explain things another way?”

“What helps you feel safe talking about difficult things?”

“Are there things we should do differently to make this easier?”

## Recording

Communication preferences and adjustments; developmental and identity considerations; neurodivergence, disability or health needs; practical barriers; trusted adults and supportive factors; and changes in engagement or support needs over time.

## 2 Harm from others

### Focus

Understanding whether the child or young person is experiencing, or may be at risk of, harm from perpetrators or others, and what is needed to increase safety.

### Purpose and scope

This domain considers current or ongoing harm from others across family, peer, school, community, and online contexts. Harm may involve grooming, coercion, intimidation, exploitation, or ongoing contact from individuals or groups. Children and young people may not always recognise grooming, exploitation, or abuse, particularly where harm is presented as affection, friendship, care, or a consensual relationship. Younger children may struggle to identify unsafe behaviour without adult support. Those aged 11–15 may be more exposed to peer pressure, online contact, and coercive dynamics, while older young people (16–17) may experience greater independence but still require safeguarding where exploitation, coercion, or serious risk is present.

### What this domain covers

Sexual abuse or assault; grooming or manipulation; online and technology-facilitated abuse; peer-on-peer abuse; harmful sexual behaviour; harassment or intimidation; coercive or controlling dynamics; image-based abuse; exploitation involving individuals or groups; and escalation following disclosure or safeguarding intervention. Younger children may communicate risk through behaviour or fearfulness, while older young people may require more direct discussion around coercion, exploitation, stalking, or unsafe relationships.

### Risks / unmet needs

Ongoing perpetrator access; escalating contact or intimidation; grooming or coercion; online exploitation or image-based abuse; peer pressure; fear of retaliation or disbelief; isolation from protective adults; and continued exposure to unsafe environments. Younger children may present through behaviour changes or reliance on unsafe adults, while older young people may face risks linked to increased independence, complex relationships, or community-based harm.

### Protective factors

Protective adults; restricted perpetrator contact; safety planning within home, school, or community settings; supportive professionals; safer peer relationships; safeguarding involvement; online safety awareness; and coordinated multi-agency oversight. For younger children, protection often relies heavily on safe adults and routines. Older young people may also benefit from stronger boundaries, improved risk awareness, and confidence in seeking help.

## 2 Harm from others

### ISVA practice expectations

ISVAs should explore risks sensitively and without assumption; recognise grooming, coercion, exploitation, and online harm; adapt conversations to developmental stage and communication style; support safety planning with children, carers, and professionals; escalate safeguarding concerns where needed; and review risks regularly as circumstances change. Practice with younger children may focus more on safe adults and environments, while work with older young people may require balancing autonomy with safeguarding responsibilities.

### Practice prompts

“Is there anyone making you feel unsafe or uncomfortable?”

“Do you still hear from or see the person who hurt you?”

“Who helps you feel safe?”

### Recording

Nature and context of harm; ongoing risks or perpetrator access; online or peer-related abuse; protective adults and safeguarding involvement; actions taken to increase safety; and changes in risk or protective arrangements over time. Behaviour indicators, peer dynamics, and relationship patterns should also be reflected where relevant.

# 3 Physical health and medical needs

## Focus

Understanding the child or young person's immediate and ongoing physical, sexual, and medical health needs, and whether these have been safely recognised and responded to.

## Purpose and scope

This domain considers the impact of sexual violence on physical health and medical wellbeing, including injuries, sexual health concerns, pregnancy-related needs, trauma-related physical symptoms, and access to healthcare. Health needs may be urgent, hidden, delayed, or ongoing. Younger children may rely on adults to recognise pain or symptoms, while those aged 11-15 may experience embarrassment, fear, or confusion about bodily or sexual health concerns. Older young people (16-17) may have greater independence but still face barriers to understanding options or accessing care safely.

## What this domain covers

Injuries, pain, or physical symptoms; emergency medical needs; access to healthcare or SARC services; sexual or reproductive health concerns; medication or treatment; follow-up care; and barriers to healthcare linked to trauma, communication needs, family dynamics, culture, disability, neurodivergence, or practical access. Younger children may communicate distress through behaviour or physical changes, while older young people may require more direct conversations around sexual health, consent, confidentiality, and independent access to care.

## Risks / unmet needs

Untreated injuries or symptoms; delayed medical attention; hidden internal injuries; unmet sexual or reproductive health needs; avoidance of healthcare because of fear, shame, trauma, or control by others; lack of understanding about options; missed appointments; or treatment needs affecting wellbeing or engagement. Younger children may present through behaviour or distress, while older young people may delay help-seeking or underestimate symptoms.

## Protective factors

Access to trusted health professionals; identified and treated health concerns; supportive adults helping access care; clear and age-appropriate information about health options; safe management of treatment or medication; and emotional or practical support to attend appointments. For younger children this often relies on attentive adults, while older young people may benefit from growing confidence in accessing help independently.

# 3 Physical health and medical needs

## ISVA practice expectations

ISVAs should prioritise physical safety alongside emotional support; recognise signs of pain or unmet health needs; provide age-appropriate information about medical and forensic options; support access to healthcare; recognise barriers linked to trauma, shame, or family dynamics; work with health and safeguarding professionals where appropriate; adapt communication to developmental need; and review health needs regularly. Practice with younger children may involve closer work with caregivers and professionals, while work with older young people should balance autonomy with safeguarding responsibilities.

## Practice prompts

“Is anything hurting or worrying you in your body?”

“Have you been able to see a doctor or nurse?”

“Did anyone explain what help or checks were available?”

“Is anything making it hard to get the help you need?”

## Recording

Injuries, symptoms, or urgent concerns; access to medical or forensic services; sexual or reproductive health needs; appointments, treatment, or medication; barriers to healthcare; role of trusted adults; and changes in health needs or treatment over time. Developmental context, behavioural indicators, and increasing independence should also be reflected where relevant.

# 4 Emotional and psychological wellbeing

## Focus

Understanding the emotional and psychological impact of sexual violence on the child or young person, including distress, trauma responses, and how this affects safety, wellbeing, and engagement with support.

## Purpose and scope

This domain explores how children and young people experience and express emotional distress following sexual violence or abuse. Responses may include anxiety, shame, anger, withdrawal, numbness, emotional overwhelm, or changes in behaviour, and may intensify during disclosure, safeguarding intervention, police involvement, or court processes. Younger children may communicate distress through behaviour, play, sleep, or physical symptoms. Those aged 11-15 may struggle with shame, peer pressures, or emotional regulation, while older young people (16-17) may experience more complex emotional responses, including isolation, identity impacts, self-harm, or risk-taking behaviour. The focus is not diagnosis, but understanding how emotional wellbeing affects safety, daily functioning, and support needs.

## What this domain covers

Emotional responses such as fear, anxiety, sadness, anger, shame, or confusion; trauma responses including nightmares, hypervigilance, or intrusive thoughts; behaviour changes; self-harm or suicidal thoughts; impacts on school, relationships, or daily life; coping strategies; and access to counselling, therapy, or mental health support. Younger children may express emotions through play or routines, while older young people may engage in more reflective discussions about emotional impact, coping, identity, and relationships.

## Risks / unmet needs

Persistent or escalating distress; self-harm or unsafe coping strategies; suicidal thoughts; withdrawal from support or trusted relationships; emotional overwhelm; or increased distress during safeguarding, investigation, or court processes. Younger children may present through behavioural changes or regression, while older young people may express distress more directly or disengage from support. Emotional wellbeing may change quickly and should be reviewed regularly.

## Protective factors

Trusted adults and supportive relationships; healthy coping strategies; engagement with counselling or mental health services; opportunities to express emotions safely; positive routines, interests, or activities; and feeling listened to, believed, and supported. For younger children, protection often comes through stable caregiving and safe routines, while older young people may also draw on insight, emotional literacy, and confidence to seek help.

# 4 Emotional and psychological wellbeing

## ISVA practice expectations

ISVAs should explore emotional wellbeing sensitively using age-appropriate approaches; recognise that distress may be expressed through behaviour rather than words; adapt communication to developmental stage; support safe coping strategies; escalate self-harm or suicide concerns appropriately; work with carers and professionals supporting wellbeing; support access to specialist services where needed; and review emotional wellbeing regularly. Practice with younger children may involve observation and play-based approaches, while work with older young people should support autonomy, reflection, and safe help-seeking alongside safeguarding oversight.

## Practice prompts

“How have things been feeling lately?”

“What helps when feelings get really big or difficult?”

“Who do you talk to when things feel hard?”

“Are there times you feel like hurting yourself or disappearing?”

## Recording

Emotional presentation, behaviour changes, impact on school or relationships, coping strategies, self-harm or suicide concerns, involvement of mental health services, trusted adults, and changes over time. For younger children; observations, behaviour, play, or caregiver input. Age 11-15, recording should capture emotional understanding, peer and school impacts, and emerging coping strategies. For older young people, recording may include more reflective accounts of emotional experience, risk, identity, coping, and engagement with support or services.

# 5 Drugs and alcohol

## Focus

Understanding whether alcohol, drugs, or misuse of medication are affecting the child or young person's safety, wellbeing, coping, or engagement with support.

## Purpose and scope

This domain explores whether substance use is being used to cope with distress, trauma, sleep difficulties, peer pressure, or difficult emotions following sexual violence or abuse. Substance use may range from experimentation to more harmful or dependent patterns and may increase vulnerability to exploitation, unsafe environments, emotional distress, or further harm. Younger children are more likely to be affected by substance use within their environment or caregiving context. Those aged 11–15 may experience peer pressure or early experimentation, while older young people (16–17) may face increased risks linked to independence, coping behaviours, exploitation, or unsafe social contexts. The focus is not judgement, but understanding how substance use relates to safety, vulnerability, and support needs.

## What this domain covers

Use of alcohol, drugs, or medication; substance use linked to coping or trauma; peer pressure or unsafe social environments; links to exploitation or harmful relationships; impact on behaviour, safety, school, or relationships; and involvement with substance use or youth services. For younger children this may involve exposure to substance use within the home or environment, while older young people may require more direct discussion about coping, risk-taking, and patterns of use.

## Risks / unmet needs

Increased vulnerability to exploitation or harm while intoxicated; reliance on substances to cope; escalating patterns of use; reduced engagement with support, school, or trusted adults; unsafe peer groups or environments; and interaction with emotional distress, self-harm, or mental health difficulties. Younger children may be affected by unsafe caregiving or supervision linked to adult substance use, while older young people may face greater risks linked to dependency, exploitation, or unsafe environments. Risks may increase during periods of heightened distress or instability.

## Protective factors

Trusted adults and safe supervision; positive coping strategies; awareness of substance-related risks; supportive peer or family relationships; engagement with specialist services; insight into triggers; and routines, interests, or activities supporting emotional regulation. Younger children often rely on safe caregiving and stable environments, while older young people may also draw on insight, motivation to reduce harm, and safer coping strategies.

# 5 Drugs and alcohol

## ISVA practice expectations

ISVAs should explore substance use sensitively and without judgement; recognise links between trauma, coping, safeguarding, exploitation, and emotional wellbeing; adapt conversations to developmental stage; support safer coping strategies; work with carers and professionals where appropriate; provide information about specialist services; recognise increasing use as a need for review rather than disengagement; and review substance-related risks regularly. Practice with younger children may focus on environmental safety and caregiving, while work with older young people should support honest discussion, harm reduction, and access to support alongside safeguarding oversight.

## Practice prompts

“What helps when feelings feel overwhelming?”

“Do people around you use alcohol or drugs?”

“Have you ever used anything to help you cope or feel calmer?”

“Are there times when substances have made things feel less safe?”

## Recording

Types and patterns of substance use; links to coping, trauma, or peer pressure; impact on safety, wellbeing, school, or relationships; triggers and protective factors; involvement with services; referrals or harm-reduction support; and changes over time. Recording should reflect developmental context. For younger children this may focus on environmental exposure and caregiving concerns. For those aged 11–15, recording should capture peer influence, experimentation, and coping links. For older young people, recording may include more detailed patterns of use, risk, insight, harm reduction, and engagement with services.

# 6 Safeguarding

## Focus

Risks to the safety and wellbeing of the child or young person, including risks to others where harmful sexual behaviour may be present.

## Purpose and scope

This domain considers safeguarding concerns affecting the child or young person, including abuse, exploitation, coercion, harmful sexual behaviour, unsafe relationships, or risks within family, peer, online, or community environments. Safeguarding concerns may also arise where the child or young person is displaying behaviour that could place others at risk, often within the context of their own trauma, abuse, or unmet needs. Younger children are more reliant on adults for protection and supervision. Those aged 11–15 may face increased peer, online, and contextual risks, while older young people (16–17) may experience exploitation, unsafe relationships, or reduced visibility of safeguarding concerns despite ongoing vulnerability. Safeguarding responsibilities are central to ISVA practice and concerns requiring protection should be escalated promptly.

## What this domain covers

Ongoing abuse or exploitation; peer-on-peer abuse; harmful sexual behaviour; coercion or manipulation; domestic abuse within the household; online or contextual safeguarding risks; instability within family or care arrangements; involvement of children's social care or safeguarding services; and barriers to disclosure or engagement. For younger children this may focus more on supervision, caregiving, and home safety, while older young people may require more direct exploration of exploitation, relationships, independence, and transitions into adult systems.

## Risks / unmet needs

Ongoing harm, exploitation, or unsafe caregiving; lack of protective supervision; escalation following disclosure or intervention; online exploitation or harmful sexual content; peer coercion; harmful sexual behaviour; instability in living arrangements; and cumulative safeguarding concerns. Younger children may be particularly vulnerable due to dependency on adults, while older young people may face more complex risks linked to exploitation, perceived consent, or reduced professional oversight. Safeguarding risks may change rapidly and require ongoing review.

## Protective factors

Protective adults and safe caregiving; stable living arrangements; safety planning; engagement with safeguarding or specialist services; involvement of supportive professionals; positive relationships; and safeguarding or child protection plans. Younger children often rely on safe routines and supervision, while older young people may also draw on insight, help-seeking behaviour, and engagement with services alongside continued adult protection.

# 6 Safeguarding

## ISVA practice expectations

ISVAs should explain safeguarding responsibilities clearly and in age-appropriate ways; explore concerns sensitively; adapt communication to developmental stage; recognise links between harmful sexual behaviour and the child's own experiences of trauma or abuse; avoid investigative questioning; escalate safeguarding concerns promptly; record concerns factually; work collaboratively with safeguarding and specialist services; and review risks regularly. Practice with younger children may focus more on immediate safety and caregiver involvement, while work with older young people should balance autonomy with clear safeguarding responsibility and escalation.

## Practice prompts

“Are there people or places that make you feel unsafe?”

“Has anyone pressured you into things you didn't feel comfortable with?”

“Who helps keep you safe?”

“Are there people or services already helping with safety?”

## Recording

Safeguarding concerns, caregiving and living arrangements, contextual or peer risks, involvement of safeguarding or specialist services, actions taken, information shared, protective factors, and changes over time. Recording should reflect developmental context. For younger children this may focus on caregiving and environmental safety. For those aged 11-15, recording should capture peer, online, and contextual risks. For older young people, recording may include more complex safeguarding contexts, exploitation, transitions, and multi-agency involvement.

# 7 Criminal justice and family court proceedings

## Focus

Support needs, risks, and protective factors linked to the child or young person's involvement in criminal justice or family court processes.

## Purpose and scope

This domain considers the emotional, practical, and safeguarding impact of criminal justice and family court proceedings. Children and young people may be involved in police investigations, criminal court, Family Court proceedings, or multiple systems at the same time. Younger children may have limited understanding and rely heavily on adults for explanation and reassurance. Those aged 11–15 may feel overwhelmed by investigations, peer or family pressures, and uncertainty. Older young people (16–17) may seek greater involvement in decisions and understanding of their rights while still requiring safeguarding and emotional support. The focus is not on legal outcomes, but on supporting understanding, participation, safety, and wellbeing throughout justice processes.

## What this domain covers

Reporting decisions; police investigations; ABE interviews; CPS decisions; court preparation and attendance; special measures; outcomes of proceedings; disengagement from justice processes; CICA applications; and Family Court proceedings relating to abuse, contact, or child arrangements. For younger children this may focus on emotional safety and simple explanations, while older young people may require more detailed support around participation, rights, and decision-making.

## Risks / unmet needs

Anxiety, confusion, or distress linked to investigations or court; re-traumatisation during interviews or evidence-giving; fear of not being believed; disengagement from proceedings; delays increasing stress; safety concerns following reporting; and distress linked to contact or family proceedings. Younger children may struggle to understand what is happening, while older young people may experience frustration, loss of control, or disengagement linked to delays or outcomes. Risks may increase at key stages such as disclosure, police interviews, hearings, or court decisions.

## Protective factors

Consistent ISVA support; clear, age-appropriate explanations; trusted adults; preparation for court; special measures; safeguarding oversight; safety planning; and protective court arrangements where needed. Younger children often benefit from predictable preparation and reassurance, while older young people may also draw on greater understanding of rights, participation in decisions, and independent advocacy alongside continued adult support.

# 7 Criminal justice and family court proceedings

## ISVA practice expectations

ISVAs should provide clear, developmentally appropriate information about justice processes; support understanding of rights and options; prepare children and young people for key stages; advocate for emotional and practical needs; recognise the impact of investigations and court processes; work with carers and professionals where appropriate; support children regardless of whether they continue with proceedings; and review wellbeing and risks throughout. Practice with younger children may involve simplified explanations and caregiver support, while work with older young people should balance autonomy with safeguarding and emotional support.

## Practice prompts

“How are you feeling about what is happening with the police or court?”

“Do you feel clear about what might happen next?”

“What would help you feel more prepared or safer?”

“Who helps support you when things feel stressful?”

## Recording

Reporting decisions, investigation or court stages, support and preparation provided, special measures or court arrangements, Family Court involvement, impact on wellbeing and safety, and changes over time. Recording should reflect developmental understanding. For younger children this may focus on emotional responses and support needs. For those aged 11-15, recording should capture understanding, worries, and engagement. For older young people, recording may include views, choices, participation, and safeguarding considerations.

# 8 Employment and education

## Focus

The impact of sexual violence on the child or young person's education, learning, development, and engagement with school, college, training, or employment.

## Purpose and scope

This domain considers how sexual violence may affect attendance, concentration, behaviour, relationships, confidence, and participation in education or training. Education settings can provide structure, support, and safeguarding, but may also become difficult or unsafe following abuse. Younger children may show distress through behaviour changes, separation anxiety, or school refusal. Those aged 11-15 may experience peer pressures, stigma, or difficulties with friendships and attendance. Older young people (16-17) may face additional pressures linked to exams, future plans, employment, or transitions into adulthood. The focus is not academic achievement, but understanding how education affects safety, wellbeing, and recovery, and what support or adjustments may be needed.

## What this domain covers

School, college, training, or apprenticeship placement; attendance and engagement; changes in behaviour or concentration; exclusion or withdrawal; safeguarding concerns within education settings; contact with perpetrators; peer relationships; pastoral or wellbeing support; adjustments or flexibility; and impacts of safeguarding or justice processes on education. For younger children this may focus more on routines and trusted adults, while older young people may require support around independence, future planning, and balancing education with wider pressures.

## Risks / unmet needs

Reduced attendance or disengagement; anxiety or distress within education settings; behavioural difficulties linked to trauma; exclusion or academic penalties; unsafe environments or perpetrator contact; social isolation; loss of routine; and reduced engagement with support because of education pressures. Younger children may present through school refusal or distress, while older young people may face risks linked to dropping out, exam pressure, or disrupted future plans. Risks may increase during investigations, safeguarding interventions, or court proceedings.

## Protective factors

Supportive teachers, tutors, or safeguarding staff; pastoral or wellbeing support; flexible arrangements or adjustments; safe peer relationships; stable routines; and clear communication between professionals. Younger children often benefit from predictable routines and trusted adults, while older young people may also draw on autonomy, future planning support, and flexible educational arrangements.

# 8 Employment and education

## ISVA practice expectations

ISVAs should explore the impact of abuse on education sensitively; adapt communication to developmental stage; recognise education settings may feel both supportive and unsafe; support access to adjustments or safeguarding measures; liaise with schools or colleges where appropriate and consented; recognise educational disruption as a potential indicator of distress; support reintegration where possible; and review educational impacts regularly. Practice with younger children may focus on routines and emotional safety, while work with older young people should support independence, transitions, and future planning alongside safeguarding oversight.

## Practice prompts

- “How have things been going at school or college recently?”
- “Has what happened made school feel different or harder?”
- “Are there places or people at school that feel unsafe?”
- “What would help school or college feel easier right now?”

## Recording

Education or training placement, attendance and engagement, behavioural or wellbeing impacts, safeguarding concerns within education settings, support or adjustments in place, involvement of school or college staff, and changes over time. Recording should reflect developmental context. For younger children this may focus on routines and emotional responses. For those aged 11–15, recording should capture peer and school dynamics. For older young people, recording may include transitions, aspirations, and future planning alongside current risks and support needs.

# 9 Finances

## Focus

Financial stability, access to resources, and the impact of financial pressures on the child or young person's safety, wellbeing, and recovery.

## Purpose and scope

This domain considers whether financial pressures are affecting the child or young person's safety, stability, or ability to access support. While younger children are usually dependent on parents or carers, financial stress within the household can still affect wellbeing, routines, and living conditions. Children aged 11-15 may become increasingly aware of financial pressures within the family, while older young people (16-17) may face more direct challenges linked to education costs, employment, benefits, independence, or financial dependence within relationships. Sexual violence and abuse may increase financial strain through travel costs, disrupted education or employment, healthcare needs, or changes in living arrangements. The focus is on understanding how financial circumstances affect safety, recovery, and access to support.

## What this domain covers

Household financial stability; access to food, clothing, transport, and communication; costs linked to abuse, disclosure, or justice processes; financial dependence or control; barriers to accessing services; family stress linked to finances; awareness of financial support or benefits; and, for older young people, issues linked to income, employment, education costs, or financial independence. For younger children this may focus more on stability and basic needs, while older young people may experience more direct financial responsibility and vulnerability linked to money or exploitation.

## Risks / unmet needs

Financial hardship affecting basic needs; instability in housing or daily living; inability to access services because of transport or cost barriers; financial dependence on unsafe individuals; household conflict linked to money pressures; increased vulnerability to exploitation; disengagement from education or support; and lack of awareness of available support. Younger children may experience these risks indirectly through instability in the home, while older young people may face financial exploitation, debt, insecure income, or pressure to manage independently without adequate support.

## Protective factors

Stable household income or support; access to benefits, grants, or practical assistance; trusted adults helping meet needs; access to transport and communication; awareness of financial support options; and support from professionals or services. Younger children often rely on stable caregiving and consistent provision of needs, while older young people may benefit from supported financial independence, employment, or education funding.

# 9 Finances

## ISVA practice expectations

ISVAs should explore financial pressures sensitively; recognise links between financial instability, safety, and exploitation; provide information about available financial support; support access to relevant services; and review financial circumstances as situations change. Practice with younger children will usually involve working with parents or carers, while work with older young people may include support around independence, financial understanding, and safe decision-making.

## Practice prompts

“Are there any worries at the moment about money or things you need?”

“Is it easy to get to appointments or school?”

“Do money worries ever make things feel more stressful at home?”

“Would it help to look at what support is available together?”

## Recording

Household financial stability, access to basic needs, barriers to accessing support, risks linked to financial dependence or exploitation, financial support or referrals provided, and changes over time. Recording should reflect developmental context. For younger children this may focus on household stability and access to essentials. For those aged 11–15, it may include the impact of family financial stress. For older young people, recording may include financial independence, education or employment costs, and risks linked to exploitation or unsupported independence.

# 10 Accommodation and housing

## Focus

The safety, stability, and suitability of the child or young person's living arrangements.

## Purpose and scope

This domain considers whether the child or young person's accommodation is safe, stable, and supportive of their wellbeing and recovery. Following sexual violence or abuse, home environments may become unsafe, particularly where perpetrators have access to the child or where family relationships are affected. Younger children are highly dependent on caregivers and the safety of the home environment. Children aged 11–15 may experience instability linked to family conflict, placement changes, or safeguarding intervention. Older young people aged 16–17 may face increasing independence, including risks linked to homelessness, sofa surfing, or unsupported accommodation. The focus is on understanding whether accommodation supports safety, stability, and recovery.

## What this domain covers

Current living arrangements; safety within the home; risk from perpetrators or unsafe individuals; housing instability or homelessness; changes in accommodation following abuse or safeguarding intervention; overcrowding or unsuitable conditions; access to stable routines and support; risks linked to community or location; and, for older young people, readiness for independent living or transitions into adult accommodation. For younger children this often centres on caregiving and home safety, while older young people may face greater housing instability and independence-related risks.

## Risks / unmet needs

Unsafe or unstable accommodation; perpetrators having access to the child or young person; family conflict or unsafe caregiving; homelessness or frequent moves; lack of privacy or security; exposure to unsafe individuals or environments; disruption to education or support; and increased vulnerability linked to unsupported independence. Younger children may be vulnerable through unsafe caregiving or instability within the home, while older young people may face exploitation, homelessness, or unsafe independent living situations.

## Protective factors

Safe and stable living arrangements; protective parents, carers, or responsible adults; restricted perpetrator access; stable routines; supportive home or care environments; safeguarding or housing support; and safe pathways to independence for older young people. For younger children, protection is often rooted in consistent caregiving and stable environments. For older young people, this may include supported accommodation, planned transitions, and practical support with independence.

# 10 Accommodation and housing

## ISVA practice expectations

ISVAs should explore living arrangements sensitively; identify whether the child or young person feels safe where they live; recognise housing instability as a safeguarding concern; support access to housing or safeguarding services where needed; advocate for safe accommodation; and review accommodation risks as circumstances change. Practice with younger children will often involve close work with carers and safeguarding professionals, while work with older young people may include support around independence and housing options.

## Practice prompts

“Do you feel safe where you are living at the moment?”

“Are there times at home when things feel worrying or uncomfortable?”

“Has anything changed about where you are living recently?”

“What would help you feel safer where you are living?”

## Recording

Current living arrangements, household members, stability of accommodation, safety concerns within the home or community, perpetrator access or proximity, protective adults, safeguarding or housing involvement, and changes over time. Recording should reflect developmental context. For younger children this may focus on caregiving and environmental safety. For those aged 11-15, it should include stability, family relationships, and feelings of safety. For older young people, recording may include housing transitions, independence, and associated safeguarding risks.

# 11 Immigration and residence

## Focus

The impact of immigration status, residence rights, and related legal or practical issues on the child or young person's safety, stability, and access to support.

## Purpose and scope

This domain considers how immigration status or residence arrangements may affect safety, wellbeing, and access to support. Immigration-related concerns can increase vulnerability following sexual violence or abuse, particularly where there is fear of authorities, dependence on others for legal status or housing, or uncertainty about rights. Younger children are usually dependent on parents or carers to manage immigration matters and may experience instability or fear without fully understanding the situation. Children aged 11-15 may develop increasing awareness and anxiety about status or family circumstances. Older young people aged 16-17 may face more direct risks linked to insecure status, limited access to services, homelessness, or transition into adult systems without adequate support. The focus is on recognising how immigration issues may affect safety and engagement, and ensuring appropriate safeguarding and referral responses.

## What this domain covers

Immigration or residence status where relevant; dependence on others for documentation or legal status; fears linked to immigration enforcement or deportation; NRPF-related barriers; access to healthcare, education, housing, and support services; risks of coercion or exploitation linked to insecure status; family separation or asylum processes; lack of documentation; access to immigration or legal advice; and transition risks for older young people approaching adulthood. For younger children this is often understood through family context, while older young people may face more direct interaction with legal and support systems.

## Risks / unmet needs

Fear of deportation or authorities; dependence on unsafe adults; threats or coercion linked to immigration status; homelessness or destitution linked to NRPF; barriers to accessing services; lack of understanding of rights; family instability or separation; and increased vulnerability to exploitation. Younger children may experience these risks through instability within the family environment, while older young people may face insecure accommodation, exploitation, or unsupported transitions into adulthood.

## Protective factors

Secure immigration status or clear legal pathways; access to specialist immigration or legal advice; supportive carers or trusted adults; safe accommodation; access to education, healthcare, and support services; and advocacy supporting rights and access to help. For younger children, protection is often rooted in stable caregiving and family support. For older young people, this may include legal advice, supported accommodation, and access to services that support independence safely.

# 11 Immigration and residence

## ISVA practice expectations

ISVAs should explore immigration-related concerns sensitively; recognise that fear of authorities may affect engagement; avoid working beyond role boundaries; identify where immigration issues increase vulnerability; provide accessible information where appropriate; refer to specialist legal or immigration services; and review risks as circumstances change. Practice with younger children will often involve working with carers and safeguarding professionals, while work with older young people may include support around transitions, rights, and navigating services independently.

## Practice prompts

“Is there anything about your situation that makes you feel worried or unsure?”

“Do you feel safe asking for help from services or professionals?”

“Do you know who helps with things like paperwork or staying here?”

## Recording

Relevant immigration or residence context, dependence on others for status or documentation, barriers to accessing services, risks linked to coercion or exploitation, involvement of legal or immigration services, housing or financial instability linked to status, and changes over time. Recording should reflect developmental context. For younger children this may sit largely within family circumstances. For those aged 11-15, it should include understanding and emerging awareness of immigration-related issues. For older young people, recording may include legal processes, independence, transitions, and associated risks.

# 12 Risk to ISVA or other professionals

## Focus

Risks to the safety, wellbeing, and professional boundaries of ISVAs or other professionals arising from contact with the child or young person, their environment, or others connected to the case.

## Purpose and scope

This domain considers risks to professionals involved in supporting the child or young person, including risks linked to perpetrators, family members, associates, environments, or contact arrangements. Practitioner safety is essential to maintaining safe, ethical, and consistent support. Risks may include intimidation, harassment, unsafe environments, lone working concerns, or complex relational dynamics, and may arise in face-to-face, community, home, or online contexts. This domain is not about viewing the child or young person as a risk, but about identifying contextual or environmental factors that affect safe service delivery. While age differentiation is less central here, risks may vary depending on the child's age, level of independence, and where contact takes place.

## What this domain covers

Threats, intimidation, or harassment from perpetrators or others; risks linked to family members or associates; unsafe locations for meetings; lone working concerns; boundary challenges or inappropriate communication; online harassment; risks linked to complex family dynamics; and organisational or contextual risks affecting safe practice.

## Risks / unmet needs

Direct or indirect threats to professionals; hostility or attempts to influence professional actions; unsafe environments; lone working without safeguards; escalation linked to safeguarding or justice processes; boundary concerns; online harassment; and lack of clarity about professional roles or expectations. Risks may increase during safeguarding intervention, criminal justice processes, or family conflict.

## Protective factors

Clear lone working and risk management procedures; safe meeting arrangements; management oversight; supervision and case review; strong multi-agency communication; clear professional boundaries; and organisational support for staff wellbeing and safety. These arrangements support safe, sustainable service delivery.

## ISVA practice expectations

ISVAs should recognise and report risks to professional safety; follow lone working and organisational risk procedures; assess environments before contact; maintain clear professional boundaries; adapt contact arrangements where needed; escalate concerns appropriately; and use supervision to reflect on and manage professional risk. Practitioner safety should never be compromised in order to maintain engagement.

# 12 Risk to ISVA or other professionals

## Practice prompts

“Are there any concerns about safety when meeting or contacting this child or family?”

“Are there risks linked to location, environment, or individuals involved?”

“Do current arrangements support safe contact?”

“Is additional support or joint working needed?”

## Recording

Nature and source of professional risk; environmental, relational, or digital safety concerns; lone working considerations; actions taken to reduce risk; adjustments to contact arrangements; management or safeguarding escalation; supervision and multi-agency involvement; and changes in risk over time.

# 13 Professional insights

## Focus

Holistic professional judgement, emerging patterns, and contextual understanding that may not sit fully within other domains but are important to understanding the child or young person's safety, wellbeing, and support needs.

## Purpose and scope

This domain provides space for ISVAs to capture professional insight and reflection across the SaS domains. It recognises that risk, unmet need, and protective factors are often understood through patterns and context rather than single incidents or disclosures. Children and young people may communicate distress indirectly through behaviour, engagement, relationships, or changes over time. For younger children, insight may come from observing play, behaviour, or non-verbal communication. For those aged 11–15, it may emerge through changes in engagement, peer dynamics, or emotional responses. For older young people aged 16–17, insight may involve understanding more complex interactions between independence, relationships, risk, and decision-making. This domain supports transparent, reflective, and defensible professional judgement rather than replacing factual recording or evidence.

## What this domain covers

Emerging patterns of risk, vulnerability, or resilience; inconsistencies or gaps in information; behavioural indicators of distress; contextual influences such as family, peers, or environment; interactions between domains; reflections from supervision or multi-agency work; and strengths or protective factors not fully captured elsewhere. For younger children this may involve interpreting behaviour and relational patterns, while for older young people it may involve more complex contextual and relational understanding.

## Risks / unmet needs

Escalating or cumulative concerns across multiple domains; subtle indicators of coercion, exploitation, or distress; discrepancies between presentation and reported experiences; reduced engagement; and risks being overlooked when domains are considered in isolation. These concerns should inform wider safeguarding and support planning.

## Protective factors

Emerging resilience, positive coping, strengthening relationships, improved engagement, increased confidence or self-advocacy, and effective multi-agency communication. Recognising strengths alongside risks supports balanced and strengths-based assessment.

# 13 Professional insights

## ISVA practice expectations

ISVAs should use professional curiosity to explore patterns and inconsistencies; reflect across domains rather than in isolation; clearly distinguish between fact, observation, and interpretation; use supervision to test and strengthen professional judgement; remain aware of bias; and ensure insights inform safeguarding and support planning. Professional insight should strengthen, not replace, evidence-based and collaborative assessment.

## Practice prompts

“What patterns are emerging across different areas of this child’s life?”

“Is there anything that needs further exploration?”

“How might age, development, identity, or context be shaping what we are seeing?”

“What strengths or protective factors are becoming more visible over time?”

## Recording

Emerging patterns of risk, need, or resilience; professional interpretation and rationale; contextual influences across domains; strengths and progress; supervision or multi-agency reflections; and changes in understanding over time. Recording should reflect developmental context. For younger children this may include interpretation of behaviour and non-verbal communication. For those aged 11-15, it may include patterns in engagement or peer relationships. For older young people, it may include more complex relational, contextual, or independence-related analysis.

# 14 Ending support

## Focus

Planning, preparing for, and managing the safe and supported ending of ISVA involvement, ensuring the child or young person remains safe, supported, and able to access help in the future.

## Purpose and scope

This domain considers how ISVA support ends in a planned, safe, and supportive way. Ending support can be a significant transition, particularly where the ISVA relationship has provided consistency, advocacy, and emotional safety. Younger children may need reassurance that trusted adults and support remain in place. Children aged 11-15 may require gradual preparation and support to understand what ending means and how to seek help again. Older young people aged 16-17 may need more structured transition planning, particularly where they are moving towards adulthood, independence, or adult services. The focus is on ensuring endings are collaborative, transparent, and appropriately paced, with clear planning for ongoing support and re-access if needed.

## What this domain covers

Readiness for support to end; remaining risks or unmet needs; emotional responses to closure; transitions to other services; ongoing safeguarding arrangements; trusted adults and support networks; confidence in seeking help; re-access arrangements; and planned or unplanned endings, including disengagement. For younger children this often centres on reassurance and continuity, while older young people may require more formal transition and independence planning.

## Risks / unmet needs

Ending support before risks or needs are fully addressed; loss of a trusted relationship without replacement support; emotional distress linked to closure; uncertainty about where to seek help; disengagement from services; gaps in safeguarding or support arrangements; and increased vulnerability during transitions such as turning 18 or moving accommodation. Younger children may experience confusion or loss of consistency, while older young people may face gaps in support linked to increasing independence or transition into adult systems.

## Protective factors

Planned and gradual endings; clear communication about closure; trusted adults and ongoing support networks; safety planning and coping strategies; confidence in accessing help; supported transitions to other services; and clear re-access routes. For younger children, protection is strengthened through continuity of trusted adults and routines. For older young people, protective factors may include structured transition planning, independence skills, and ongoing service involvement.

# 14 Ending support

## ISVA practice expectations

ISVAs should begin planning for closure early; explore readiness collaboratively; adapt explanations to developmental stage; review ongoing risks and unmet needs; support identification of trusted adults and support networks; provide clear re-access information; facilitate transitions or referrals where appropriate; and respond sensitively to emotional reactions linked to endings. Practice with younger children should prioritise reassurance and continuity, while work with older young people may focus more on transition planning and independence.

## Practice prompts

“How are you feeling about support coming to an end?”

“Who are the people you can go to if you need help?”

“What helps you feel safe or supported now?”

“Would it help to make a plan for what to do if things feel difficult again?”

“Do you know how to get back in touch if you need support in the future?”

## Recording

Readiness for closure, remaining risks or unmet needs, safeguarding considerations, trusted adults and ongoing support arrangements, referrals or transitions to other services, re-access information provided, and summary of progress and outcomes. Recording should reflect developmental context. For younger children this may focus on reassurance and continuity of support. For those aged 11-15, it should include understanding of closure and support networks. For older young people, it may include transition planning, independence, and future support pathways.

## Case example

# SaS assessment (Young Person)

**Young person:** "A" (pseudonym). **Age:** 14. **Context:** Online sexual abuse, coercion and threats to share images. **Stage:** Initial SaS (with early review)

Information summary	Risks / unmet needs	Protective factors	SaS score	Actions to take
<b>My voice and understanding</b>				
<b>Domain 1: Personal and individual requirements</b>				
Talking can feel difficult and overwhelming at times, but it is easier to communicate when things are slower or written down.	Anxiety when speaking; feeling overwhelmed if things move too quickly; difficulty concentrating	Clear communication preferences; better engagement when things are calm and predictable; support from adults	2	ISVA to use a slower pace and written or visual ways of communicating
<b>Domain 7: Criminal justice and family court proceedings</b>				
Information about police or court processes can feel confusing and stressful, but there is willingness to understand with support.	Not fully understanding what is happening; worry about repeating information. Is still upset she was forced to report	Asking questions; support from parents and ISVA	2	ISVA to give clear explanations and help prepare for meetings or updates. Explain independent role of ISVA
<b>Domain 14: Ending support</b>				
There is some uncertainty about what will happen when support finishes.	Worry about support ending; not knowing where to go for help	Supportive adults and school involvement	1	ISVA to plan ending support gradually and explain future support options
<b>My safety</b>				
<b>Domain 2: Harm from others</b>				
There has been serious online harm, and safety needs to be carefully managed.	Risk from image sharing; threats; concern about contact restarting	Contact has stopped; parental monitoring; police and school involved	3	Escalate: continue working with services to maintain safety and review plans regularly

Continues >

Information summary	Risks / unmet needs	Protective factors	SaS score	Actions to take
<b>Domain 6: Safeguarding</b>				
There are ongoing safety concerns that need support from adults and services.	Possible risk to others; family stress; ongoing vulnerability	Protective parent; safeguarding services involved	3	Escalate: maintain safeguarding support and review safety arrangements
<b>My wellbeing</b>				
<b>Domain 3: Physical health and medical needs</b>				
Stress is affecting sleep and causing physical symptoms.	Poor sleep; headaches; tiredness	Parent support; GP awareness	2	ISVA to support healthy routines and encourage follow-up if needed
<b>Domain 4: Emotional and psychological wellbeing</b>				
Feelings of anxiety, worry and self-blame are present, especially linked to what has happened.	Anxiety; shame; intrusive thoughts; withdrawal	Insight into feelings; support from adults; some coping strategies	2	ISVA to support emotional wellbeing and notice when things are getting harder
<b>My environment</b>				
<b>Domain 8: Employment and education</b>				
School can feel difficult because of worry about others finding out.	Avoiding school; fear of rumours; difficulty concentrating	School aware; trusted staff; parental support	3	ISVA to work with school to support safety and attendance
<b>Domain 9: Finances</b>				
Financial pressures may affect access to some support.	Limited access to paid services	Some support available through school	2	ISVA to help identify and access available support
<b>Domain 10: Accommodation and housing</b>				
There are some worries about safety at home.	Concern about being found or someone being nearby	Secure housing; police awareness	3	ISVA to review safety planning and provide reassurance
<b>Domain 11: Immigration and residence</b>				
There may be worries about engaging with services linked to family situation.	Fear of authorities; uncertainty about rights	Engagement with support; help available	2	ISVA to provide clear information and refer for advice if needed

Continues &gt;

Information summary	Risks / unmet needs	Protective factors	SaS score	Actions to take
<b>Professional insights</b>				
<b>Domain 12 - Risks to ISVA or other professionals</b>				
There is some risk linked to behaviour from the person who caused harm.	Attempts to contact professionals online	Police awareness	Monitor	Monitor: maintain safe working and record any concerns
<b>Domain 13 - Professional insights</b>				
There is a pattern of online behaviour that increases risk at certain times, alongside strong support from adults.	Escalation linked to triggers; ongoing pattern of behaviour	Strong parental protection; school involvement	Professional judgement	Monitor: continue coordinated support and review risk patterns

## Case example

# SaS Plan (Young Person)

**Young person:** "A" (pseudonym). **Age:** 14. **Date plan agreed:** [example].

**Review frequency:** Fortnightly (or sooner if risk changes).

Actions	SaS score	Who	Timescale	Review
<b>My voice and understanding</b>				
<b>Domain 1: Personal and individual requirements</b>				
Use a slower pace during sessions; provide written, visual or alternative communication methods; check understanding regularly; maintain consistency and predictability in support.	2	ISVA, Parents	Throughout support	After 2 sessions
<b>Domain 7: Criminal justice and family court proceedings</b>				
Provide clear explanations of police, safeguarding and court processes; prepare for meetings and updates; reduce repetition of information; reinforce the independent role of the ISVA.	2	ISVA	Before and after key meetings	At each case update
<b>Domain 14: Ending support</b>				
Begin planning for closure early; identify ongoing support networks; provide information about re-accessing support; agree transition arrangements.	1	ISVA	Prior to closure	During final phase of support
<b>My safety</b>				
<b>Domain 2: Harm from others</b>				
Maintain and review safety plans; liaise with police and partner agencies; support evidence preservation; strengthen online safety arrangements; respond to any renewed threats or contact.	3	ISVA, Parents, Police, School	Immediate and ongoing	Every session or sooner if risk changes
<b>Domain 6: Safeguarding</b>				
Continue safeguarding oversight; maintain multi-agency communication; review protection arrangements; escalate concerns where required.	3	ISVA, Social Care, Safeguarding Leads, Parents	Ongoing	Following safeguarding reviews

Continued >>

Actions	SaS score	Who	Timescale	Review
<b>My wellbeing</b>				
<b>Domain 3: Physical health and medical needs</b>				
Support healthy sleep and wellbeing routines; monitor physical symptoms; encourage engagement with health services where appropriate.	2	ISVA, Parents, GP (if required)	Ongoing	During regular check-ins
<b>Domain 4: Emotional and psychological wellbeing</b>				
Provide emotional support; identify triggers and early warning signs; develop emotional wellbeing strategies; consider additional therapeutic support if required.	2	ISVA, Parents	Ongoing	Weekly review
<b>My environment</b>				
<b>Domain 8: Employment and education</b>				
Liase with school regarding wellbeing and safety; identify trusted staff; monitor attendance and engagement; ensure access to appropriate support in school.	3	School, ISVA, Parents	Ongoing	At school review meetings
<b>Domain 9: Finances</b>				
Identify available financial and practical support; explore free or school-based resources; reduce barriers to accessing support.	2	ISVA	As required	If circumstances change
<b>Domain 10: Accommodation and housing</b>				
Review home safety arrangements; update safety planning; provide reassurance and practical advice; liaise with police if concerns escalate.	2	ISVA, Parents, Police	Ongoing	At each SaS review
<b>Domain 11: Immigration and residence</b>				
Provide clear information regarding rights and support services; address concerns about engaging with agencies; refer for specialist advice when appropriate.	2	ISVA, Specialist Advice Services	As required	At review points

Continued &gt;&gt;

Actions	SaS score	Who	Timescale	Review
<b>Professional insights</b>				
<b>Domain 12: Risks to ISVA or other professionals</b>				
Follow lone-working and digital safety procedures; record and share concerns appropriately; review any contact or behaviour affecting professionals.	Monitor	ISVA Service	Ongoing	Continuous monitoring
<b>Domain 13: Professional insights</b>				
Maintain coordinated multi-agency support; review patterns of risk and protective factors; update plans in response to new information.	Professional judgement	ISVA, School, Parents, Partner Agencies	Ongoing	At every SaS review

What this plan means for you

- Adults are doing things to help keep you safe;
- You don't have to deal with this on your own;
- We'll check what's helping and change things if needed;

You can ask questions at any time

# Annexes



## Annex A

# At a Glance - Safety and Support (SaS) assessment and planning

## What is the SaS Framework?

The Safety and Support (SaS) Framework is a structured, trauma-informed approach used by ISVA services to understand risk, unmet need and protective factors, and to translate this understanding into purposeful support, safeguarding, advocacy and action planning. It is designed to be used collaboratively with clients, children and young people throughout their journey with the ISVA service, from referral through to safe and planned closure.

## The three stage SaS process

### 1. Assessment

The SaS Assessment supports a shared understanding of the individual's safety, wellbeing, risks, unmet needs and protective factors across all areas of their life. Assessment is collaborative, proportionate and responsive to the individual's circumstances, communication needs and lived experience. It is not a one-off exercise or checklist but a dynamic process that develops over time as trust, engagement and circumstances change.

Assessment considers:

- **Risks** – factors that increase vulnerability or the likelihood of harm;
- **Unmet needs** – support, protection or resources that are absent or insufficient;
- **Protective factors** – strengths, relationships, coping strategies and interventions that increase safety and stability.

Assessment is completed across fourteen domains, providing a whole-person and whole-context understanding of safety and wellbeing.

### 2. Safety and support planning

The SaS Plan translates assessment into clear, coordinated and purposeful action. Planning focuses on what needs to change, what actions will be taken, who is responsible and when progress will be reviewed. The plan should directly reflect the findings of the assessment and provide a practical roadmap for improving safety, wellbeing and recovery.

Actions may include:

- Safety planning;
- Advocacy and system navigation;
- Emotional and practical support;
- Referrals and signposting;
- Multi-agency coordination;
- Safeguarding or escalation where required.

Only domains requiring active intervention need to be included within the SaS Plan, although all domains may continue to be monitored and reviewed.

### 3. Review

Review is a continuous part of the SaS process and ensures support remains responsive to changing circumstances. Reviews may take place at planned intervals or following significant events, changes in risk, safeguarding concerns or developments within criminal justice or family court proceedings.

Review supports practitioners to:

- Identify changes in risk, unmet need and protective factors;
- Evaluate the effectiveness of actions taken;
- Adapt support and planning where circumstances change;
- Consider escalation, increased support or step-down arrangements;
- Prepare for safe and planned closure.

### Understanding risk, needs and protective factors

SaS scoring reflects the level of response required and are determined by considering risks, unmet needs, protective factors and the actions required to maintain or improve safety.

Score	Meaning	Response required
<b>0</b>	No current actions	Protective factors are strong and stable. Monitoring only required.
<b>1</b>	Client action ongoing	Risks or needs are low-level and managed through existing coping strategies and support.
<b>2</b>	ISVA actions	Active ISVA support is required to address identified risks or unmet needs.
<b>3</b>	External / Escalation actions	Significant risk or unmet need requires safeguarding, specialist services or multi-agency intervention beyond the ISVA role.

### Key principles

The SaS Framework should always be:

- Trauma-informed and rights-based
- Collaborative and person-centred
- Intersectional and inclusive
- Relational and developmentally responsive
- Action-focused
- Transparent and defensible
- Safeguarding-informed
- Based on professional judgement and appropriate escalation
- Supported through supervision and reflective practice

## The SaS practice cycle

### **Assessment → Planning → Action → Review → Reassessment**

The SaS Framework is a live process that supports practitioners to understand risk, unmet need and protective factors, translate this understanding into purposeful action, and continually review support as circumstances change. Through this cyclical approach, assessment remains meaningful, planning remains relevant, and support remains focused on improving safety, wellbeing and recovery.

#### **Key practice point**

Assessment should lead to action. Planning should be collaborative and proportionate. Review should be ongoing. Together, these processes support consistent, defensible and trauma-informed practice across the ISVA service support pathway.

## Annex B

# At a glance - SaS practice prompts for adults

Key areas	Example practice prompts
<b>Domain 1 - Personal and individual requirements</b>	
Access to ISVA support, communication needs, disability, neurodivergence, cultural identity, practical barriers, engagement preferences	What helps you stay engaged with support? How do you prefer information to be shared? Are there adjustments that would make contact easier? Are there times or environments that feel harder to engage in?
<b>Domain 2 - Harm from others</b>	
Perpetrator risk, coercive control, stalking, harassment, exploitation, technology-facilitated abuse, escalation indicators	Is the person who harmed you still affecting your life? Have there been changes in contact or behaviour? Are others connected to them causing concern? When do things feel most unsafe?
<b>Domain 3 - Physical health and medical needs</b>	
Injuries, forensic care, sexual health, pregnancy needs, medication, access to healthcare	Do you have any ongoing health concerns? Have you been able to access medical care? Would support attending appointments help? Is anything stopping you getting treatment?
<b>Domain 4 - Mental health and psychological wellbeing</b>	
Trauma responses, emotional distress, coping, self-harm, suicide risk, therapeutic support	How have you been feeling emotionally? What helps when things feel overwhelming? Have you had thoughts about harming yourself? Who supports you when things feel difficult?
<b>Domain 5 - Drug and alcohol use</b>	
Substance use patterns, coping mechanisms, dependency, safeguarding interaction, harm reduction	Has alcohol or drug use changed since what happened? Does using ever make things feel less safe? Are there triggers that increase use? Would support around this feel helpful?
<b>Domain 6 - Safeguarding</b>	
Risks to children/adults at risk, exposure to harm, social care involvement, protective oversight	Are there children or adults you're worried about? Does the perpetrator have access to them? Are services already involved? What helps keep people safe right now?

Continued &gt;&gt;

Key areas	Example practice prompts
<b>Domain 7 - Criminal justice and family court proceedings</b>	
Reporting decisions, investigations, court processes, special measures, family court, protective orders	How are you feeling about the justice process? Do you feel clear on your options? Are there safety concerns around court or contact? What support would help you feel prepared?
<b>Domain 9 - Finances</b>	
Income loss, debt, financial control, benefits access, economic abuse, financial stability	Are finances causing stress? Has your income changed? Are you dependent on anyone financially? Would financial advice or support help?
<b>Domain 10 - Accommodation and housing</b>	
Housing safety, perpetrator proximity, homelessness risk, refuge access, stability	Do you feel safe where you live? Does the person who harmed you know your address? Are you worried about losing accommodation? What would make home feel safer?
<b>Domain 11 - Immigration and residence</b>	
Immigration insecurity, NRPf, exploitation risk, legal advocacy, access to services	Are there worries about immigration affecting your safety? Has anyone used your status to control you? Would specialist advice help you feel more secure?
<b>Domain 12 - Risk to ISVA / professionals</b>	
Threats, harassment, unsafe environments, boundary risks, lone working, staff safety planning	Are there safety concerns about meetings or contact? Has anyone shown threatening behaviour? Do arrangements need adjusting for safety?
<b>Domain 13 - Professional insights</b>	
Cross-domain patterns, contextual risks, behavioural indicators, cumulative concern, strengths	What patterns are emerging? Is anything not fully explained elsewhere? What strengths are becoming clearer over time?
<b>Domain 14 - Ending support</b>	
Closure planning, transition risk, ongoing support, exit safety planning, re-access	How are you feeling about support ending? What needs to be in place afterwards? Who will you contact if risk increases? What progress feels most important?
<b>Intersectionality (cross-cutting)</b>	
How identity and structural inequality shape risk, access, disclosure, safety, and system response across all domains	Are there parts of your identity affecting how safe you feel? Have services responded differently because of who you are? What would make support feel more accessible or culturally safe?

## Annex C

# At a glance -SaS practice prompts for children and young people

Key areas	Example practice prompts
<b>My voice and understanding</b>	
<b>Domain 1 - About me (Personal and individual requirements)</b>	
Communication needs, developmental stage, neurodivergence, disability, identity, trusted adults, routines, engagement preferences, barriers to access	What helps you feel comfortable talking or getting support? How do you like things explained? Who helps you when things feel difficult?
<b>Domain 7 - Criminal justice and family court proceedings</b>	
Understanding of police/court processes, participation, special measures, family court, contact arrangements, emotional impact of processes	Do you understand what is happening with the police or court? How do you feel about it? What would help you feel more prepared?
<b>Domain 14 - Ending support (moving forward)</b>	
Closure planning, transition, ongoing support, trusted adults, re-access routes, confidence moving forward	How do you feel about support ending? What would help you feel okay about that? Who can you go to if you need help?
<b>My safety</b>	
<b>Domain 2 - Harm from others</b>	
Perpetrator risk, peer harm, exploitation, grooming, coercion, online harm, escalation, contact and proximity	Is the person who hurt you still affecting your life? Are there people who make you feel unsafe? When do things feel most scary?
<b>Domain 6 - Safeguarding</b>	
Risk to the child/young person or others, family safety, social care involvement, contextual safeguarding (peers, school, community), protective oversight	Are there any worries about your safety right now? Who helps keep you safe? Is there anything adults need to know to help?
<b>My wellbeing</b>	
<b>Domain 3 - Physical health and medical needs</b>	
Physical health, injuries, sexual health, access to healthcare, developmental needs, barriers to care	Is your body feeling okay? Have you been able to see a doctor or nurse? Would support help you go to appointments?
<b>Domain 4 - Emotional and psychological wellbeing</b>	
Trauma responses, anxiety, distress, coping strategies, self-harm, suicide risk, therapeutic support	How have you been feeling lately? What helps when things feel overwhelming? Who do you talk to when things feel hard?

Continued &gt;&gt;

Key areas	Example practice prompts
<b>Domain 5 –Drugs and alcohol</b>	
Coping behaviours, substance use (if relevant), risk-taking, emotional regulation, peer influence, harm reduction	What do you do when things feel really difficult? Does anything make things feel less safe? What helps you feel calmer?
<b>My environment</b>	
<b>Domain 8 – Employment and education</b>	
School/college engagement, attendance, safety, relationships with staff/peers, support in education	How is school or college going? Do you feel safe there? Is there someone who helps you there?
<b>Domain 9 – Finances (family context)</b>	
Family financial stability, access to essentials, economic stress, impact on the child/young person	Are there any worries about money at home affecting you? Do you have what you need day to day?
<b>Domain 10 – Accommodation and housing</b>	
Safety at home, stability, living arrangements, homelessness risk, safe spaces	Do you feel safe where you live? Are there places where you feel safer? What would make home feel safer?
<b>Domain 11 – Immigration and residence</b>	
Immigration insecurity (family context), NRPF, fear, exploitation risk, access to services	Are there worries about where you or your family can stay? Has anyone used this to scare or control you?
<b>Professional practice and context</b>	
<b>Domain 12 – Risk to ISVA / professionals</b>	
Risks to staff, unsafe contact arrangements, family/community dynamics, boundary and safety planning	(Practitioner-led) Are there any worries about how or where we meet? Do we need to change anything to stay safe?
<b>Domain 13 – Professional insights</b>	
Patterns across domains, contextual risk, cumulative harm, strengths, emerging concerns, system gaps	(Reflective) What patterns are we noticing? Is there anything not yet said? What strengths are becoming clearer?
<b>Intersectionality</b>	
Identity, culture, inequality, discrimination, barriers to disclosure, access to support, system response	Are there parts of who you are that affect how safe you feel or how people treat you? What would make support feel right for you?

**Annex C**

# Safety and Support (SaS) framework templates

## Template: Safety and Support (SaS) Assessment

Domain:	Information summary	Risks / unmet needs	Protective factors	SaS score	Actions
Date					
Date					
Date					
Date					
Date					
Date					

## Template: Safety and Support (SaS) Plan

SaS domain:	SaS score	Actions	Who	Timescale	Review
Date					
Date					
Date					

## Combined: Safety and Support (SaS) Assessment and Support Plan

SaS domain:	Risks / unmet needs	Protective factors	SaS score	Actions	Completed	Date to review
Date						
Date						
Date						
Date						
Date						
Date						

