ROCKET SCIENCE

Evaluation of the Safe Spaces project

Final report

October 2022

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Executive Summary

Safe Spaces is an independent advocacy and support service for adult victims and survivors of church-related abuse in the Catholic Church of England and Wales, the Church of England, and the Church in Wales. Delivered by trained Independent Sexual Violence Advisers (ISVA) the service has been piloted between September 2020 and September 2022 and delivered by Victim Support during this time. In June 2021 Rocket Science, an independent research and evaluation company, was commissioned to provide an evaluation of the pilot. This has included two interim reports identifying good practice and developments in relation to process and impact. This is the final evaluation report of the pilot.

Key findings from the evaluation include:

- Uptake of the service and a consistent caseload size over the last 12 months indicates that Safe Spaces is providing a required service and that it is a viable offer which should be continued after the pilot phase
- Resourcing for the pilot has been adequate and Safe Spaces Advocate (SSA) caseload sizes are realistic for the nature of the work. However there are opportunities to better promote the service and advocates are reporting an increase in the complexity of cases received which should be considered in plans for future resourcing models
- Whilst the website is used to learn more about the service prior to entry there are opportunities for its development to complement the advocacy and support provided as well as ensuring that the remit of the Safe Spaces service is clear
- Victim/Survivor satisfaction with the service is generally high, as indicated by both internal feedback to Victim Support and independent feedback obtained by Rocket Science, although feedback to Rocket Science appears to be more polarised with four respondents to our survey scoring just 1 or 2 out of 10. Overall those accessing the service describe a trauma-informed and responsive service which provides a range of both emotional and practical support
- The small grants programme delivered by Safe Spaces has filled gaps, particularly in relation to counselling and peer support, which the pilot has not been commissioned to provide. These gaps in service have been identified as being desirable for the victims and survivors who the evaluation team have spoken to and are supported by the evidence base for services of this nature.

The report details learning from the pilot and makes a number of recommendations for consideration for future development of the service and to ensure current good practice is retained. These are:

- Improved promotion of Safe Spaces, particularly in services where those impacted by abuse who are no longer a member of the Church may access. Emphasising the services independence and ensuring that there is clarity on the services remit will also be beneficial.
- There are opportunities to improve the use of online resources and the website to supplement the advocacy provided.
- Commissioners should consider how to continue to support local initiatives such as peer support and psychotherapeutic interventions that Safe Spaces cannot provide on a national basis. Whilst the current grants programme was successful in this, the feasibility of service providers managing small grants in the future should be considered and alternative funding mechanisms could be considered.
- There are opportunities to develop the performance monitoring framework to enable capture of outcomes and impacts, as well as outputs, from the service. Including metrics on length and intensity of support provided by the service and how people are engaging with the service will also be useful in future resource planning. Standardisation of collecting demographic information should also be implemented.
- Maintaining different mechanisms for victim/survivor involvement which enable people to engage to a level they are able and want to. The Steering Group developed by the provider and comprising of victims and survivors with lived experience, and the groups use in elements of service development and staff training is good practice. This is also seen in the development of online feedback mechanisms for those who have accessed the service.
- The adaptability of the service over the pilot period is a strength of the service and commissioners should consider how to maintain this within a revised KPI structure and service contract.
- Providing different opportunities for victims and survivors to feedback on the service and influence its development should be maintained. Whilst the Steering Group is a valuable resource and comprises a strong mix of experiential and professional expertise there is a need to ensure clarity on the role and remit of the group. Maintaining 'lighter touch' feedback loops through brief electronic feedback surveys is also important to enable choice in how victims and survivors can contribute.

1 Introduction

The Safe Spaces service is an independent advocacy and support service for victims and survivors of church-related abuse in the Catholic Church of England and Wales, the Church of England, and the Church in Wales. The service is targeted to adults aged 18+ and takes an ecumenical approach to meeting the support needs of Victims and survivors. Safe Spaces, delivered by Victim Support, has been piloted for a two-year period from September 2020 to September 2022. This report details the independent evaluation of the Safe Spaces pilot over this period.

1.1 The development of Safe Spaces

A strategic objective of the Catholic Bishops of England and Wales is the provision of a consistent, unified, and personalised pastoral response to the needs of victims and survivors of abuse. A proposal for such a service by the National Catholic Safeguarding Commission (NCSC) was supported in 2016. After this initial development, the NCSC learned that the Church of England was in the process of developing a similar service.

Following the apology to survivors made at the General Synod in 2013, and discussions between the Bishop of Durham and the organisation 'Minister and Clergy Sexual Abuse Survivors' (MACSAS), early development of the Safe Spaces England and Wales service began. Grant funding was secured from the Allchurches Trust (now known as Benefact Trust) in 2015 to develop the service.

Recognising the similarity in issues and commitment of both churches to setting up a national support service for victims and survivors, the Catholic Church in England and Wales and the Church of England committed to collaborative work and became ecumenical partners in 2018.

Victims and survivors advocated for a service, funded by the church, but delivered independently, and the Catholic Church in England and Wales and the Church of England worked with victims and survivors to design a service to meet that need. Victims and survivors were integral to the development of the service specification for Safe Spaces, participating in working groups and workshops and then in the procurement process that resulted in the appointment of Victim Support as the service provider. It is important that the contributions made by victims and survivors to the development of the service is recognised.

Additionally the charitable company 'Safe Spaces England and Wales' (SSEW) was formed by the Archbishops' Council (Church of England) and the Catholic Church in England and Wales to ensure arms-length oversight and decision-making in connection with the service. SSEW contracted with Victim Support to deliver the two year pilot of the Safe Spaces service, and has also commissioned this independent evaluation.

SSEW is chaired by an Independent Chair (subject to recruitment) with 4 other directors (two from each of the Churches). SSEW Directors provide strategic direction and oversight. They are legally responsible for the activities of SSEW, and hold decision making responsibility for the company.

The SSEW Directors are supported by the Safe Spaces Advisory Committee (SSAC). The SSAC is a group that brings together key stakeholder representatives from the Church of England and the Catholic Church in England and Wales to provide operational advice in connection with the day to day activities of SSEW, which the directors may factor into their decision making. The SSAC consists of:

Survivor representatives from each of the Churches
Safeguarding professionals
Legal advisors
Financial advisors
Communications advisors

More information about SSEW may be found here

2 Description of the project

2.1 Aims and objectives of the project

The Safe Spaces pilot project provides free and independent support, advocacy and guidance for Victims and Survivors of church-related abuse in the Catholic Church of England and Wales, the Church of England, and the Church in Wales. The service provides a single point of access to a range of services facilitated by Safe Spaces Advocates (SSA). SSAs are trained Independent Sexual Violence Advisers (ISVAs) who deliver a range of services to victims and survivors. As a whole, the pilot provides a range of services and functions, including:

- Practical and emotional support from Safe Spaces Advocates (SSA). This included immediate support focussing on reassurance and empowerment, or ongoing integrated advocacy support as part of the SSA caseload. SSAs manage referrals to other services as part of this support
- A website with information, online resources and advice for victims and survivors, families, and professionals
- A small grants scheme for community groups that provide support and peer support to victims and survivors of church-related abuse.

Referrals can arise from a range of sources both within and outside institutional churches as well as self-referral through the website and/or helpline.

The service is supported by a Steering Group established by Victim Support as part of the service and chaired by the Project Manager and comprising of people with both experiential and professional expertise of church-based abuse and services for victims and survivors. The role of the group is to provide advice and guidance in relation to service development, although the development of a clear terms of reference would be beneficial to ensure clarity on the groups remit. Over the duration of the pilot it has done so in a number of ways including providing panel members for grant assessment, support in the development of communications and marketing material and providing additional training to SSAs in relation to faith based abuse and moral injury.

2.2 Service delivery model

The Safe Spaces helpline operates six days per week whilst the advocacy service is available five days a week. In addition victims and survivors can self-refer through the website and/or use the live web-based chat.

Table 1: Team staffing structure comparison

Current staffing structure (all FTE)	Staffing structure at pilot start (all FTE)
1x Project Manager	1 x Project Manager
1 x Senior advocate case manager	3 x Advocates
2 x Advocates	0.5 Administration
0.5 Triage	
0.5 Administration	

As can be seen in Table 1 there has been variation in the staffing structure over the duration of the pilot. The introduction of a senior case manager has provided progression, continuity and additional support in staff training and induction. The triage role has been introduced outside of the contract funded by Victim Support to ensure timely access to the service and increase advocacy capacity.

2.2.1 Advocacy

Whilst advocacy within the Safe Spaces pilot has taken a person-centred approach this, broadly, consists of two main elements:

- **The support and representation of Victims and survivors through on-going active investigations or safeguarding processes.** This includes ensuring victims and survivors are kept up to date with progress, liaison with and representation of Victims and survivors with the Church and other organisations including police and local authorities, organising in-person ISVA support from a community-based organisation where this is required. In some instances this has also included enabling access to the interim financial support scheme available from the Church to meet immediate needs at a point of crisis for the individual
- **Pastoral advocacy** has been described by the service as the process of supporting Victims and survivors to seek redress, non-legal compensation, acknowledgement, and apologies for the abuse they have suffered from the relevant organisations.

2.2.2 Emotional Support

In addition to advocacy the provision of emotional support to support the Victim's/Survivor's wellbeing is a key feature of the service provided. This includes **immediate emotional support** for those presenting in crisis or for those accessing the service for the first time. **On-going emotional support** is consistently available for those who continue to access the service over a period of time.

SSAs are trained to take an integrative approach to supporting victims and survivors' emotional wellbeing combining trauma-informed practice, which seeks to normalise victims and survivors' responses to trauma, with practical techniques to manage distress. The foundation of this is an established trauma-informed framework, the SENSE model[1]. This was developed following the Manchester bombing in 2017 and provides a trauma-informed framework for practice. The five key elements of SENSE are: Stabilise, Educate, Normalise, Social Support and Engagement.
In addition specific tools are utilised varying from **grounding and self-soothing techniques, personal safety planning** to **suicide prevention planning** and active follow-up as part of that plan. Emotional support is provided on both an ad-hoc, as required basis, but also in a planned fashion, for example in the form of de-briefs following meetings, providing evidence etc.

2.2.3 Information provision/signposting/onward referral

Information provision is predominately psycho-educational material that seeks to both normalise the person's response to trauma and provide information on its management, for example providing information about Generalised Anxiety Disorder, flashbacks, and post-traumatic stress disorder. In addition signposting and onward referral to other sources of support or legal advice is frequently undertaken by SSAs and there is a range of information about other relevant services on the Safe Spaces website. In addition victims and survivors who are accessing the service are also able to register for the Victim Support run 'My Support Space' website which provides a range of tools and information to support victims of crime.

2.2.4 Other elements of the service

In addition to advocacy other key elements of the service specification included:
- Management of a small grants programme, the details of which are outlined in

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[1] Making SENSE of Trauma - Nicola Lester

- Ensuring Victim/Survivor engagement and opportunity for feedback on the service and that there is support for people to do this. Through the pilot this was developed by the service in to a Steering Group as well as introducing feedback mechanisms for those who had accessed the service through the use of feedback surveys
- The development of the website as a point of access to and information about the service
- Marketing and communication planning to promote the service and referral pathways.

3 Evaluation

3.1 Aims and objectives of the evaluation

In June 2021, Rocket Science was appointed as the independent evaluator for the Safe Spaces pilot project. The objective of the evaluation is to support decision making about the future of the Safe Spaces service at the end of the pilot phase. The purpose of this evaluation is to support Safe Spaces England and Wales (SSEW) to understand:

- The extent of service uptake
- What aspects of the service work well and what, if anything, is less useful or helpful to victims and survivors?
- The benefits of the service to victims and survivors
- Whether the resource levels match demand.

The evaluation aims to determine whether there is evidence to support an extension of the pilot service either in full or in part, or to suggest that an alternative service type might be more beneficial to victims and survivors of church-related abuse. There are four key areas of the pilot service within the scope of this evaluation: the advocacy service, small grants scheme, website/online resources, and survivor engagement.

An evaluation framework was developed and agreed by all stakeholders involved in the evaluation. It is comprised of 35 research questions across the three themes and four evaluation areas and details the research methods and the data used to answer each of these questions. The full framework can be found in Appendix 1.

3.2 Methodology

The evaluation has used a mixed methodological approach combining anonymised performance data with qualitative insights from victims and survivors who have accessed Safe Spaces, the service delivery team, and Steering Group members. An overview of the methodology is provided in Table 2 whilst Table 2 provides a summary of the sample sizes for each of the stakeholders involved in the evaluation.

Sources of information	
Analysis of performance data	Existing monitoring and performance data collected by Victim Support was analysed, including data on Safe Spaces KPIs and data from the Safe Spaces service user feedback surveys (n=25). A full list of documents reviewed is available in Appendix 2.
Victim and survivor engagement	This engagement included an online survey, one-to-one interviews with victims and survivors accessing the Safe Spaces service and one-to-one interviews with members of the Safe Spaces Steering Group. In total across phases 1 to 3 of the evaluation, 20 responses were received to the online survey to inform this final report. 14 in-depth interviews were completed. These included victims and survivors who had accessed Safe Spaces and Steering Group members. A detailed outline of survey questions and discussion guides for the interviews is provided in Appendix 1. In addition, a Steering Group meeting was attended, and a focus group was held with victims and survivors who had previously been interviewed to explore views on the Safe Spaces website in further detail.

The Victim/Survivor interviews and Steering Group discussion guides were written using trauma-informed principles to reduce risk of re-traumatisation during fieldwork. victims and survivors were afforded choice in interview format (telephone or video call), gender of interviewer and time of interview. They were also offered the interview discussion guide ahead of time. One respondent chose to respond to interview questions in written form. |
| Staff engagement | We conducted one-to-one interviews with the Safe Spaces project manager and the SSA delivery team for the baseline report, and a follow up detailed focus group with the SSA for this interim report. A discussion guide for SSAs and Steering Group members is provided in Appendix 1. |
| Literature review | A literature review was conducted to identify good practice in support services for victims and survivors of abuse. This is included at Chapter 6. |

Information Source	Sample Size
Rocket Science Victim/Survivor satisfaction survey	20
Victim/Survivor interviews	14
Victim/Survivor website consultation	2*
Steering group interviews	3
SSA interviews	4
SSA focus groups	3
(*) 2 Victims and survivors who were interviewed then took part in a follow up discussion about the Safe Spaces website.	

3.3 Research limitations

Response rates to both the survey and interview have remained relatively low. This may be as a result of the sensitive subject matter involved, and that those who access Safe Spaces may find it challenging to speak with someone they do not know about their experience of the service. Cognisant of this, we have worked to ensure all research materials used were designed based on trauma-informed principles and that victims and survivors took part in surveys and interviews on an entirely voluntary basis with fully informed consent.

The evaluation team were not able to access the raw, anonymised performance data from the Victim Support system. This was due to Victim Support being the data controllers whilst the evaluation was commissioned by Safe Spaces England and Wales (SSEW). To avoid this for any future independent evaluation consideration could be given to SSEW being future data controllers or making arrangements for sharing of raw anonymised data by the service provider at the point of contracting. Performance metrics detailed in this report have been provided by Victim Support from quarterly contract management reports provided to SSEW. As such, we are unable to verify the data and have not been able to undertake our own analysis to further explore metrics not currently reported, such as length and intensity of support provided by the service. This represents a further limitation to the evaluation.

4 Findings

This section reviews Safe Spaces quarterly performance data from the first year of service, starting October 2020, through to the end of September 2022, and includes:

- A summary of service engagement and communication milestones as part of the development of the service
- Service delivery statistics
- Website analytics
- Consultations with victims and survivors.

Data has been taken from quarterly performance reports provided by Victim Support and prepared as a part of the standard monitoring and management of the contract.

4.1 Accessibility and engagement

The service has met or exceeded the Key Performance Indicators (KPI) set in relation to service access and availability with 98% (target 90%) of contacts within 48 hours (Mon-Fri) and within 72 hours out of normal working hours.

Since the pilot started in 2020 a total of 323 people have been referred to the service during the pilot[2]. Of these just 31 (9.6%) cases were declined due to the cases not fitting the Safe Spaces criteria[3].

The majority of referrals received are **self-referrals** (296, 92%). Other sources of referral include from the Church, Victim Support, and other agencies (see Figure 1). 255 cases have been closed in the reporting period.

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[2] 29th September 2020 – 30th September 2022

[3] Safe Spaces is available to those over 18 who are victims and survivors of church related abuse of any form in England and Wales
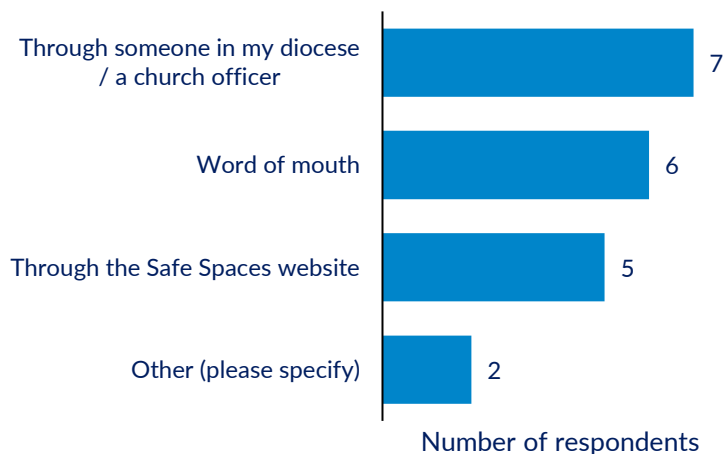
Referral source

Other , 27, 8%

Self referral,
296, 92%
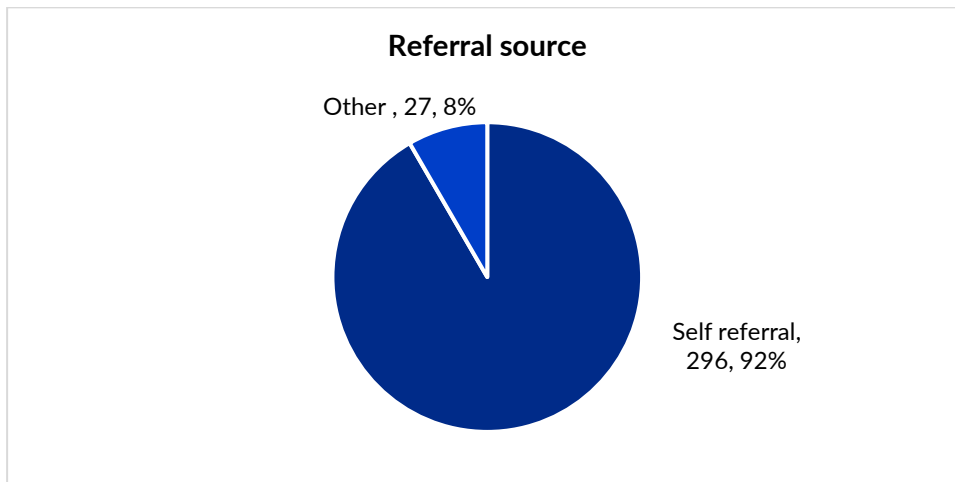
As part of the evaluation, Rocket Science have been surveying victims and survivors who have accessed the service. In response to the question of how they had heard of the service, the most common response was hearing about it through their diocese/church (see Figure 2).

Figure 2: Ways Victims and survivors heard about Safe Spaces. Source: Rocket Science Survey

Through someone in my diocese / a church officer — 7

Word of mouth — 6

Through the Safe Spaces website — 5

Other (please specify) — 2

Number of respondents

Over the reporting period there has been 7940 reported contacts made by victims and survivors to the service. Most of the contact with the service was over email (5880, 74%), followed by phone calls (1373, 17%) and SMS (557, 7%). Live chat, video call, and letter were the least common methods of contact. It should be noted however that these are total numbers of exchanges and therefore figures for email contacts is skewed given the higher number of exchanges required in an email conversation compared with that of a phone call. Future monitoring arrangements should consider how to capture how victim/survivors individually contact the service as well as duration and frequency of support. Whilst offering a range of options to support accessibility given the very low

numbers of live chat (96, 1%) and video calls (34, 0.4%) it would be recommended to review whether there are cost implications of these services and the cost-effectiveness of this.

As can be seen in Figure 3, below, there is a relatively consistent number of victims and survivors actively engaging with the service each quarter, with an average of 78 active cases per quarter. Following the initial 84 cases opened in late 2020, the number of new cases opened in each quarter has fluctuated between 44 and 25.

Figure 3: Monthly cases recorded by Safe Spaces. Source: Safe Spaces quarterly KPI reports
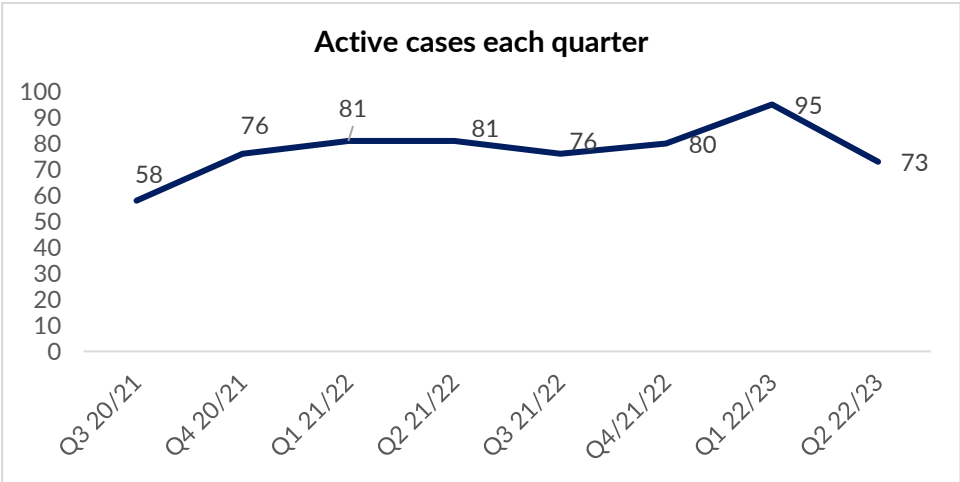
As illustrated in Figure 4, the number of cases closed from the service have been similar to the number of new cases since Q1 of 2021/22 hence maintaining a relatively static caseload size averaging around 25 per SSA, (including the senior case manager). This is with the exception of the final quarter where, as may be expected the number of cases closed has increased whilst the number of new cases opened has decreased.

Figure 4: Monthly cases recorded by Safe Spaces. Source: Safe Spaces quarterly KPI reports
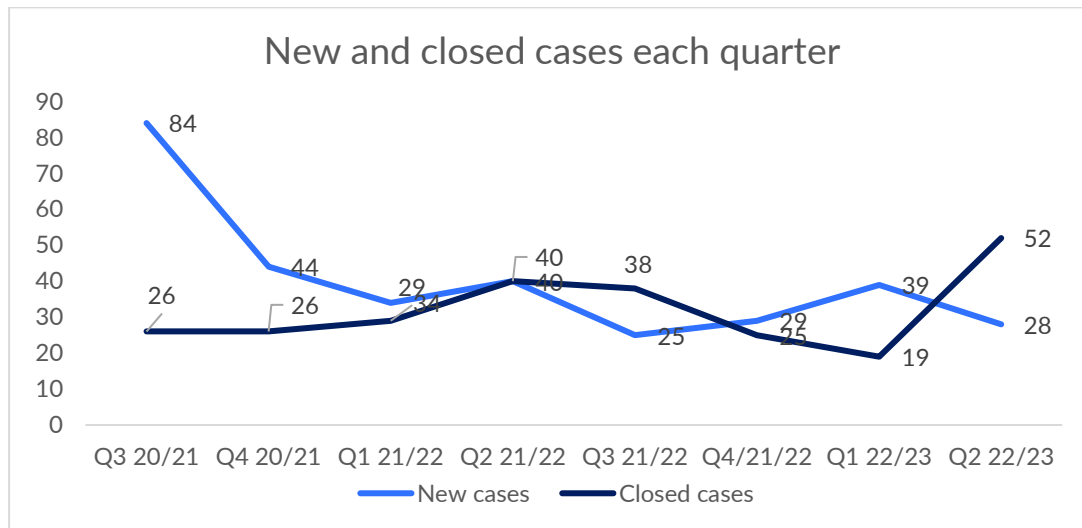
As can be seen in Figure 5, below, there has been a gradual decrease in the number of support events since of peak of 530 in Q1 of 2021/22 with a total of **189 episodes of support being delivered in the last quarter of the pilot**. Based on active caseload sizes this is a reduction from 6.5 sessions per person in Q1 21/22 to 2.5 sessions per person in Q2 22/23. There could be a number of reasons for this reduction including fewer victims and survivors requiring more intensive support or more efficient handling of cases by advocates, however **data relating to average length of support and number of sessions is not available** and so no conclusions can be drawn. From the data available however it would appear that current resourcing within the service is adequate for the current demand with capacity for some increase in case load size.

Figure 5: Episodes of support each quarter in the first year of delivery. Source: Safe Spaces quarterly KPI reports
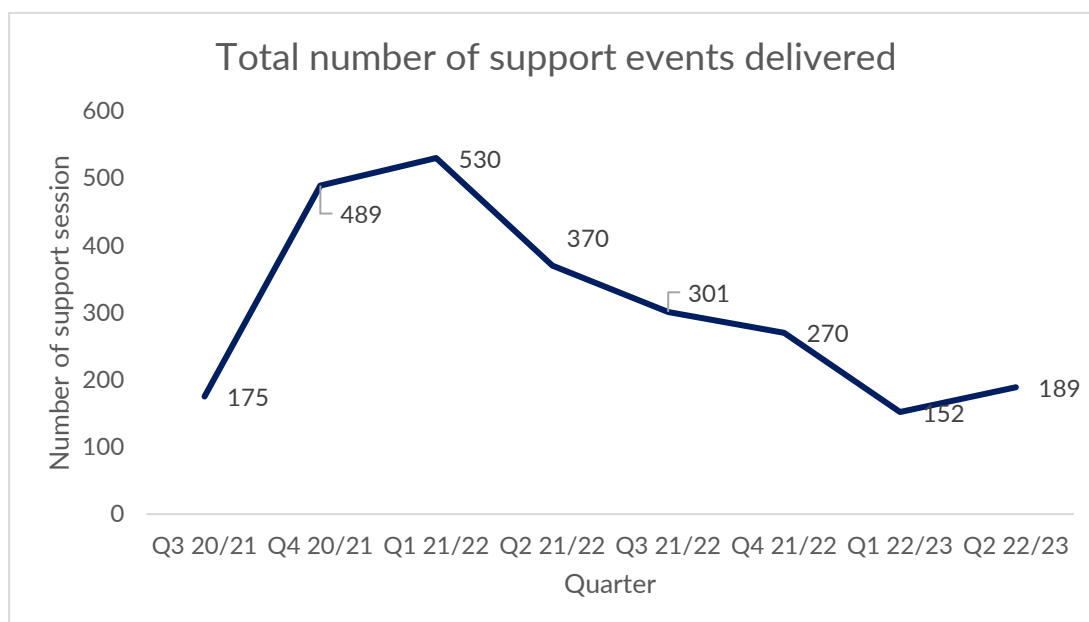
4.1.1 Demographic characteristics of victims and survivors

Demographic information is routinely collected by the service at the point of entry. Those wishing to access the service are required to provide information in relation to the denomination where the abuse occurred to determine eligibility for the service. All other demographic information is obtained by consent and in-line with best practice victims and survivors can choose not to disclose information such as gender, age, or current faith.

During the first six months of the pilot demographic information in relation to those accessing the service was not routinely recorded resulting in gaps in information for the first 128 referrals to the service. This was particularly the case in relation to recording the denomination where the abuse took place, due to the client record system not being able to record this information. Whilst this issue has since been rectified and all demographic information is now routinely recorded as can be seen in below there remains substantial numbers of service users where key demographic information has not been disclosed or was not recorded. As can be seen in Figures 6 and 7 where age is known, the most common age range is 45-54 (8%) and where the individual's gender is known there are slightly higher numbers of females accessing the service than males.

Figure 6: Age range of those accessing the service. Source: Safe Spaces KPI report (KPI 30)

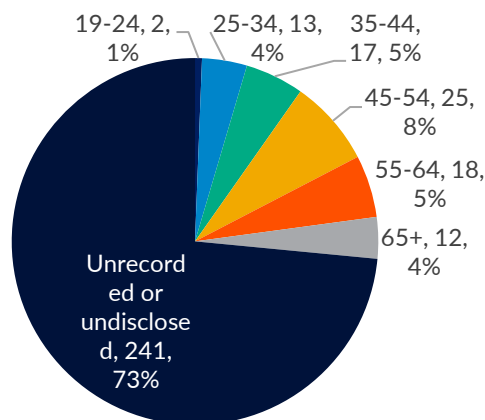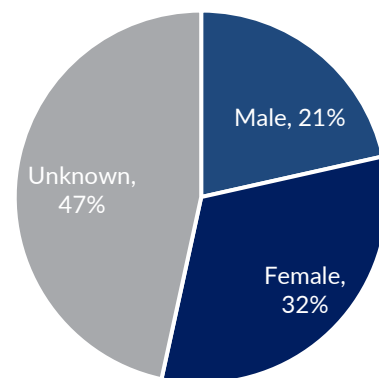19-24, 2, 1% 25-34, 13, 4% 35-44, 17, 5%
45-54, 25, 8%
55-64, 18, 5%
65+, 12, 4%
Unrecorded or undisclosed, 241, 73%

Figure 7: Gender of Victims and survivors accessing the service. Source: Safe Spaces KPI report (KPI 30)

Male, 21%
Unknown, 47%
Female, 32%

As can be seen in Figure 8 (right), the self-reported denomination of 57% of victims and survivors is unrecorded, or undisclosed **at the time of accessing** Safe Spaces. It is likely that a range of denominations are included as people have moved to another church in their area.
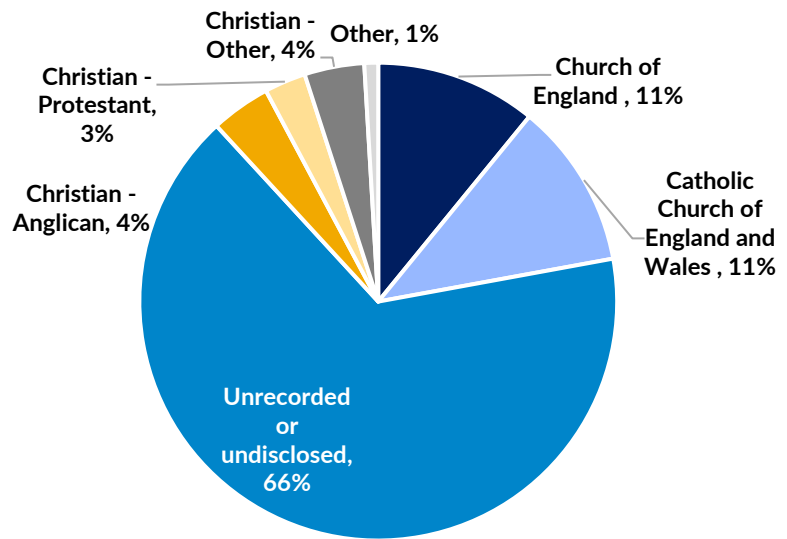
Figure 8: Self-reported faith of those accessing Safe Spaces. Source: Safe Spaces quarterly KPI reports (KPI 30)

Figure 9, below illustrates, where captured, the largest proportion (46%) of people who accessing the service report that **the abuse occurred** within the Church of England with 21% of people identifying their abuse as occurring in the Catholic Church. There has been just two people disclosing that their abuse occurred with the Church of Wales.

Figure 9: Disclosed denomination where the abuse occurred. Source: Safe Spaces quarterly report (KPI24)
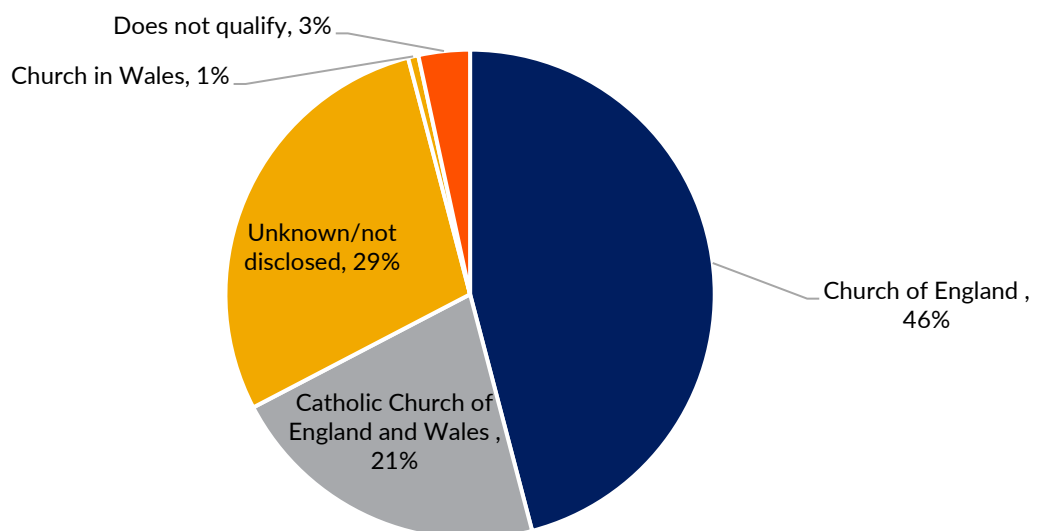
There are opportunities to review the KPI's collected to ensure consistent collection of data field (such as denomination) across data sets.

4.1.2 Website usage

Website data has been provided by Victim Support using the Jet Pack site management application.

In total there have been **13,873 visits to the Safe Spaces website**[4] since launch until the end of September 2022, with an average of 578 visits per month (range 138-1,011) and 19 visits per day (range 13-34).   We have been able to obtain information relating to the point of referral to the website for 6,494 of these visits. Referrals to the website before quarter 2 2021 were not available due to the software being used at that time. Tracking unique website visits will be possible through using other website monitoring software such as Google Analytics which will track unique visitors through the use of browser cookies and may provide useful information in relation to the average number of visits before contact is made with the service. Given the nature of the service it may be anticipated that visitors will reject the use of third party cookies, use protected browsers or add-ons to prevent tracking however and therefore figures will likely be indicative rather than conclusive.

As can be seen in table 4 below, the majority (48%) of visits were via search engines, followed by http://www.churchofengland.org.

There has been a substantial **increase in the diversity of referral sources** over the duration of the pilot and particularly in relation to links from blog posts, church-related news sites and other wellbeing sites (although individually these are still low numbers) with 47% of all site visits coming via a church website. Victims and survivors we spoke to had all initially accessed the website to get contact details in order to make initial contact with Safe Spaces. Most thought the website was relatively easy to navigate. Most had not used the website for other purposes. A full breakdown of where website visitors arrived from is contained in Table 4 below. As can be seen there are high numbers of referrals from the Catholic Diocese of Westminster, without access to these websites statistics it is hard to determine why this might be however a brief review of other archdiocese websites for Cardiff (Catholic), Birmingham (Church of England), and Liverpool (Church of England) indicate the Westminster has a more accessible search function and has produced specific articles about the service. The service also reports a very positive relationship with the Diocese of Westminster.

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[4] This is calculated from the total number of visits to the site homepage. As such this is likely to include duplication as people navigate through the website using the homepage. The number of unique visitors is not available.

Table 4: Sources of referral to the Safe Spaces website Source: Victim Support Jet Pack data

Referring site	Number of visits	% of total visits
Search Engine	3,314	51.0%
ChurchofEngland.org	1128	21.4%
Diocese of Westminster[5] (rcdow.org.uk)	683	10.5%
Other Church of England websites	598	11.4%
Other	304	7.90%
Catholic Church websites	128	2.4%
Facebook	90	1.7%
Victim Support	93	1.8%
Twitter	68	1.3%
Churchinwales.org.uk	27	0.5%
Catholic Safeguarding Standards Agency UK	21	0.4%

Table 5, below, details the number of webpage impressions for the Safe Spaces sites until March 2022[6]. As would be anticipated, the home page is the most popular page[7] accounting for 61.1% of all impressions.   It is worth noting that the most popular pages related to 'how we can help' (1,217 visits) and 'grant funding' (1,200 visits, 8.7%).

Table 5: Safe Spaces webpage impressions

Internal webpage visits	Number of visits	% of total visits
Home	10,331	61.1%
How we can help?	1,217	7.2%
Grant Funding	1,200	7.1%
About the Safe Spaces project	1,086	6.4%
My Support Space	880	5.2%
Who we can help	755	4.5%
Contact the Safe Spaces team	707	4.2%
About Victim Support	397	2.3%
SSEW	303	1.8%

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[5] The Diocese of Westminster is a Catholic Diocese
[6] We have not been able to access data in relation to webpage visits between April and September 2022
[7] It should be noted that each site visit may involve multiple page visits (e.g. returning to the home page several times in one session) and therefore webpage viewings will not match the site visits described in Table 4.

Home page / Archives	26	0.2%
	16,902	100.0%

Data for onward referrals from the website is available to 31st March 2022 and consists of 10,331 website visits or 74% of the total). Of these 10,331 visits, 1,566 (10%) went on to access another website related to the support or safeguarding of victims and survivors, 171 of these were to organisations external to Safe Spaces.

480 (30.7%) visits resulted in visiting the live chat page, although just 1% of contact is via this function and 413 (26.3%) of visitors accessed the web referral form indicating that the website is used as a means to access the service. It is worth noting that **despite 880 visits to the My Support Space page on the Safe Spaces site only 3.6% of visitors (32) went on to access the My Support Space site**. Information relating to the number of people then creating an account is not available from Victim Support.

Victims and survivors who engaged with the evaluation were asked a series of questions in relation to the website. Whilst 15 (88%) of the respondents had accessed the website, over half of these had accessed it just once. Just three people (17%) reported using the website on a monthly basis. As can be seen in Figure 10 those who responded to the survey would mostly recommend the website to others, and think the website is safe for them to use.

Figure 10: Victim/Survivor experience of the Safe Spaces website. Source: Rocket Science Survey
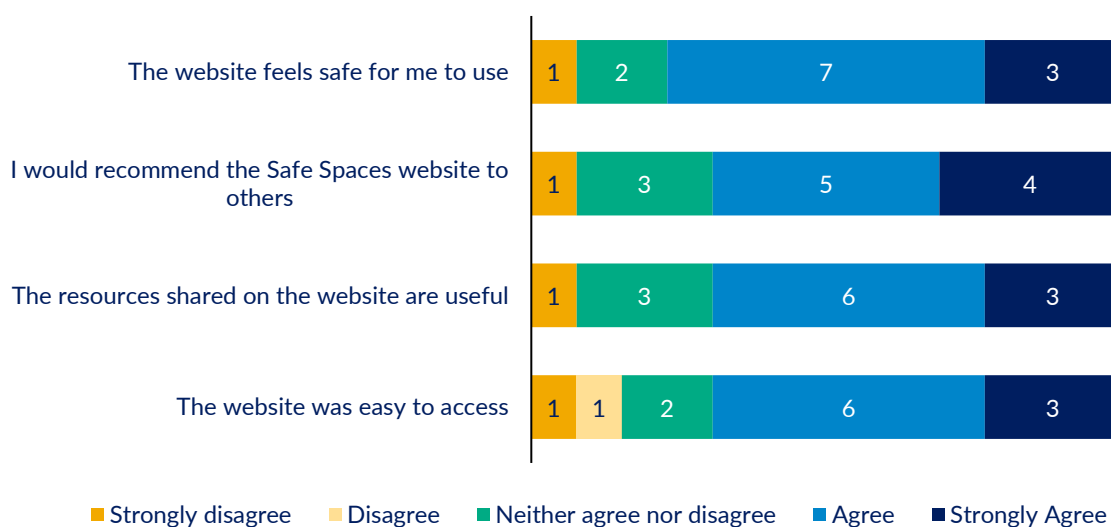
That the website could be better promoted and utilised was also echoed by the Steering Group members we spoke to.

Victims and survivors who were interviewed were asked specific questions about the Safe Spaces website, their experience of this, its strengths, and areas for development. Two of those who were interviewed also took part in a follow-up focus group discussion to explore views on the website in further detail.

Victims and survivors we spoke to had all initially accessed the website to get contact details in order to make initial contact with Safe Spaces. Most thought the website was relatively easy to navigate. Most had not used the website for other purposes. They also thought that the website was "much improved" from the original version of the site. They liked that the phone number for getting in touch with Safe Spaces was front and centre on the landing page of the website.

"I use it to remind myself of opening times, to find the phone number... I have used it to refer other people to what the service does, the live chat is really helpful for people who don't want to go on the phone. The section on additional resources / other places to report to is growing so it's becoming increasingly helpful."

Those we spoke to thought the website was "text-heavy" with long and complex sentences and that this compromised the accessibility of the website. One person also noted that the text did not appear optimised for those who are neurodiverse and used a number of terms which may not be well understood by a non-professional audience, such as "coercive control" and "financial control". Victims and survivors emphasised the importance of ensuring accessibility for those who are accessing the Safe Spaces website for the first time, as they may be experiencing significant emotional / mental distress. People spoke about the welcoming environment created by Safe Spaces Advocates when they were first contacted, and wanted this to be represented on the website:

"Safe Spaces staff are magnificent at explaining what they can do in simple terms and understanding where they are coming from. The first contact is so important. [It is] so good over the phone and it would be great for the website to reflect that experience."

Victims and survivors we spoke to had a number of suggestions for creating a more streamlined and accessible website, including:

- Use of images rather than text

- Providing links to descriptions of complex key terms, and using simpler alternatives where possible
- Reducing the amount of text on the website and the length of sentences
- Making text as simple and clear as possible
- Use of more neutral colours such as green and blue.

People also had suggestions of potential additions to the website including:

- Include a clearer statement about what the service does
- Including victims and survivors' stories on the website to give a better sense of what support is available
- Ensuring the Victim/Survivor is always prioritised on the website – some felt the site prioritised the professional over those who are looking to use the service
- Changing the name of the 'funding tab' to demonstrate that this is grant funding available to victims and survivors, rather than information about how Safe Spaces is funded:

  "Safe Spaces grants is a real opportunity – this should be more front and centre. "

- Adding welcome statements to demonstrate that Safe Spaces respects people whoever they are, and that people from under-represented groups are welcome to get in touch with the service
- Links to other services e.g. counselling services by geography
- Include dedicated resources that specifically deal with church abuse on the website.

4.1.3 Victim/Survivor perspectives on accessibility and engagement

The victims and survivors we spoke to generally felt that the Safe Spaces service responded quickly and empathetically when they first made contact. They thought the service was inclusive and that there was a strong commitment to ensuring Victim/Survivor feedback shaped the service they received. Survey results (Figure 11) show that most respondents found the service easy to access, felt listened to, and were able to choose how to they would receive support.
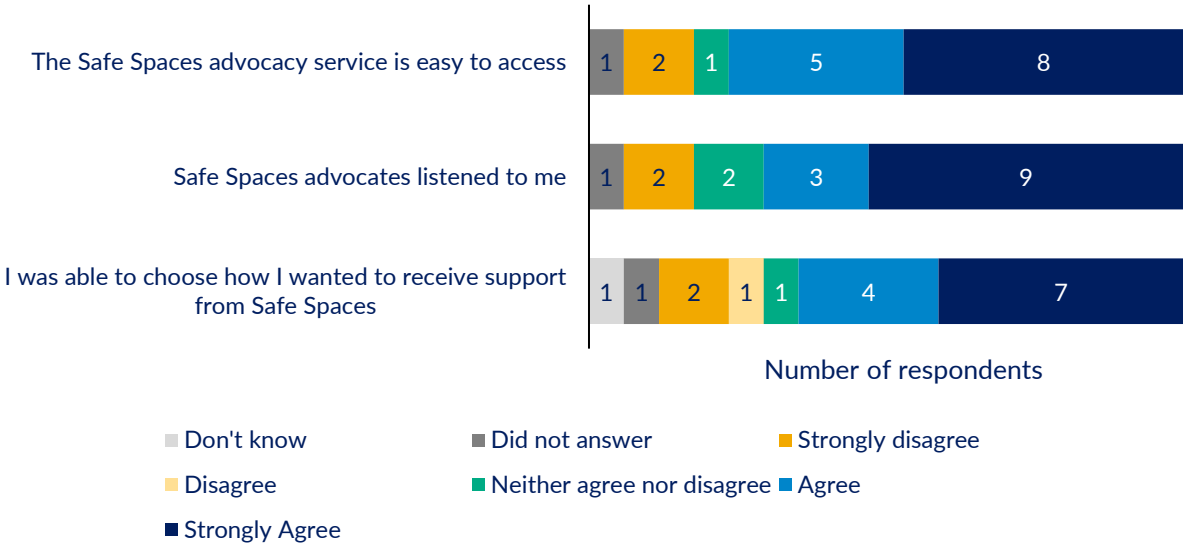
Victims and survivors thought Safe Spaces was quick to respond following their self-referral, with an empathetic approach when they first made contact. Many Victims and survivors talked about the compassionate response of advocates when they first contacted the service. They felt advocates demonstrated that they were not judging them and acknowledged that it was wrong that they had experienced abuse.

"The initial experience was amazing. I felt on a level playing field with the service. There was a mutual language – and an understanding of the context I was in. I spoke to [Advocate] for over an hour. She was excellent."

Some Victims and survivors noted that it was initially difficult to find out about the service, and that the service wasn't obviously available. Victims and survivors made suggestions for improving knowledge of, and therefore access, to Safe Spaces, including having information about Safe Spaces on every parish church website and the service having a presence at Christian festivals.

Victims and survivors benefit from being able to communicate in a range of ways with Safe Spaces and being given this choice. Having a range of communication methods improved the accessibility of the service. Victims/ survivors noted that the range of communication methods meant it was possible to remain anonymous when communicating with Safe Spaces if individuals chose to do so.

"It offers a variety of ways of contacting, which is very sensitive to survivors… the option to not be on camera, that text service allows you to communicate but not have to present and to be identified as well… you could put an avatar name and maintain anonymity which is very important in this context."

Of the survey respondents who used more than one communication type, **phone call was most commonly selected as the most useful communication type**, due to its ease of use, personal approach, and privacy in comparison with email. Those who found email most useful had a range of reasons for this, including being partially hearing and reducing social anxiety:

"Safe Spaces needs to be aware that survivors have many challenges and hearing loss, speech impediment, and social anxiety may be all very valid reasons why they may prefer email over phone."

Victims and survivors generally feel that Safe Spaces are inclusive and that the service listens to the views of Victims and survivors. They have suggestions about improving feedback mechanisms to improve response rates. Generally, Victims and survivors thought that there was a strong commitment to ensuring Victim/Survivor voices shape the service that they receive.

"I feel I definitely co-produced my service with the Advocate I was working with."

However, some felt that that Safe Spaces may not currently have the resources in place to be able to do this effectively. One Victim/Survivor said that they feel able to give regular feedback about smaller issues, and that this is something they do regularly. However, they said they would not want to provide feedback directly to Safe Spaces about how the service should change structurally as they thought Safe Spaces would be unable to make these changes, as this power lies with SSEW (the commissioning organisation). They stated the importance of feeling that feedback would be heard and would be able to lead to positive change.

Victims and survivors noted that gaining feedback might be especially difficult for the cohort using the Safe Spaces service. Victims and survivors suggested ways to improve feedback mechanisms building on the current system of sharing a questionnaire when a case closes. These included:

- Offering choice in feedback mechanism e.g. via online chat, speaking directly to someone over the phone or the feedback form
- If the feedback form continues to be used, this could be online and in a more interactive format (note this online feedback form has now been implemented by Victim Support).

Overall, victims and survivors mostly feel able to provide feedback about the service, and that this will be acted upon, but it was difficult to give feedback related to the church.

4.2 Victim and Survivor satisfaction

In total 202 feedback forms have been sent to victims and survivors who had accessed the service by Victim Support. It is not possible to calculate the total percentage of people who had cases closed who received an opportunity to feedback due to likely duplication in the move to an online survey in November 2021. This was sent to all cases closed since June that year. As such there may be duplication in surveys sent to people from the previous quarter. As can be seen below 16% of surveys were responded to. Whilst it is difficult to get exact benchmarks for comparison a client satisfaction survey is likely to generate a 10%-30% response rate.

Table 6: Service user survey response rate. Source: Victim Support

Period	Surveys sent	Surveys returned	Response rate
Q3 20/21	20	4	20%
Q4 20/21	16	2	13%
Q1 21/22	17	5	29%
Q2 21/22	19	1	5%
Q3 21/22	51[8]	9	18%
Q4/21/22	23	4	17%
Q1 22/23	28	4	14%
Q2 22/23	28	2	7%
Overall	202	32	16%

Results from these indicate that 83.8% of victims and survivors who returned surveys were satisfied with the service they received and 83% would recommend the service to others.

In addition to the survey sent out by Safe Spaces victims and survivors who had used the Safe Spaces service were given the opportunity to complete an online survey, created by Rocket Science,

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[8] .
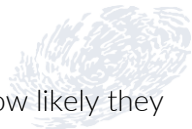
to share their views on the service. Respondents were asked to rate on a 1-10 scale how likely they would be to recommend Safe Spaces to someone in a similar situation. **The average score was 6.8.** Results to this question were quite polarised, with more than half giving a rating of 9 or 10, and four responders giving a rating of one or two.

Figure 12: Likelihood of survey responders recommending Safe Spaces to someone else in a similar situation, 1-10 (n=17). Source: Rocket Science Survey
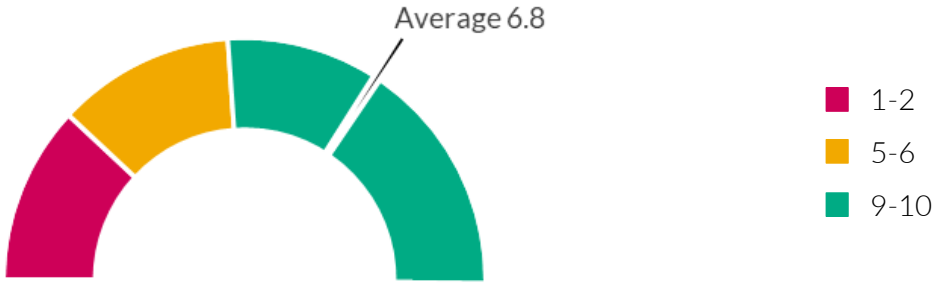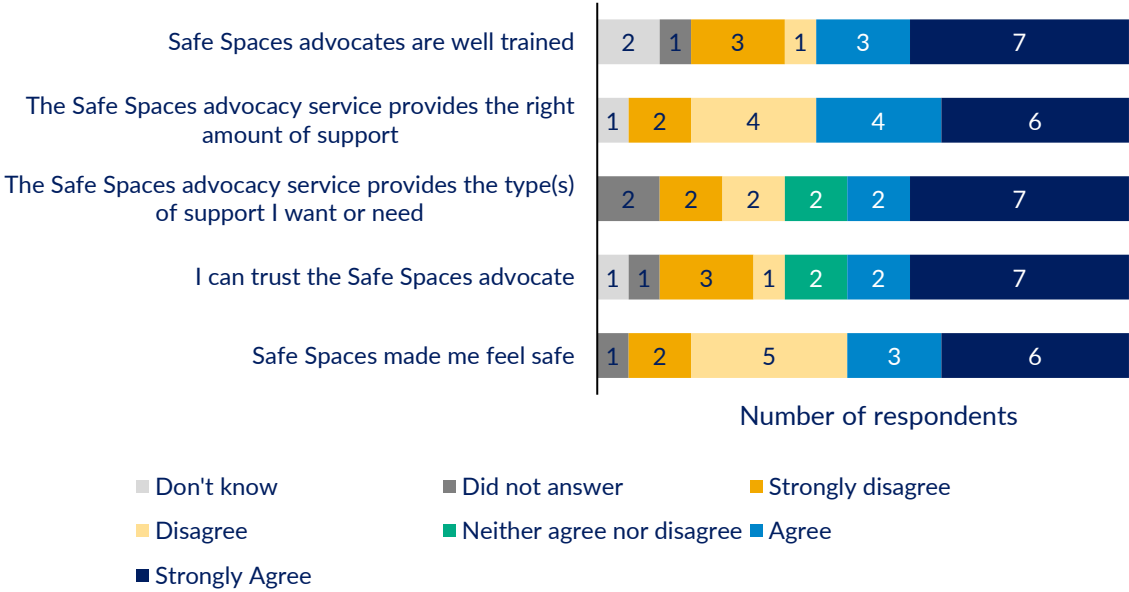
Average 6.8

■ 1-2
■ 5-6
■ 9-10

Overall, results from the survey related to service satisfaction are mixed (Figure 13). Results demonstrate that **respondents mostly felt advocates were well trained, and that the right amount and type of support was provided.** However, 4 respondents felt they could not trust their Safe Spaces Advocate, and 7 of 16 respondents disagreed with the statement "Safe Spaces made me feel safe". It should be borne in mind that this survey represents a small sample of the victims and survivors supported by Safe Spaces.

Figure 13: Victim/Survivor satisfaction with the Safe Spaces service (n=17). Source: Rocket Science survey

Statement	Don't know	Did not answer	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Safe Spaces advocates are well trained	2	1		3	1	3	7
The Safe Spaces advocacy service provides the right amount of support	1			2	4	4	6
The Safe Spaces advocacy service provides the type(s) of support I want or need		2	2	2	2	2	7
I can trust the Safe Spaces advocate	1	1		3	1	2	7
Safe Spaces made me feel safe	1			2	5	3	6

Number of respondents

■ Don't know   ■ Did not answer   ■ Strongly disagree
■ Disagree   ■ Neither agree nor disagree ■ Agree
■ Strongly Agree

Overall, victims and survivors we spoke to about their experience with the Safe Spaces service and their level of satisfaction with this reported a positive and supportive experience. Advocates were considered highly empathetic, empowering and trauma-informed. Victims and survivors valued having continuity of support from the service and felt in control of the support they received.

Victims / survivors mostly report positive experiences with their advocates and feel well supported by them. Victims and survivors felt listened to by their Advocate and highlighted this as one of the most important elements of the advocates' approach.

"I said – it's so lovely to have someone walking with me on this – and [Advocate] said I'll go a few steps further with you. That encapsulates the service. They are working to a high standard – I really hope it carries on."

Qualities mentioned by victims and survivors that advocates have include:

- Being empathetic listeners
- Ability to reassure
- Empowering and motivating others
- Being engaging
- Kindness
- Being trauma-informed.

"They have a good understanding of what it means to be survivor sensitive. They created safety for me, they are trauma-informed, I feel they are on my side, they have been empathetic, good listeners, and validated my experience… they checked out what safe communication looks like for me."

"It's exactly the support that is needed. Working through something honestly and objectively. Non-judgemental listening."

Many of the victims and survivors said they were already getting professional mental health support outside of Safe Spaces. Some noted positive differences between the type of emotional support Safe Spaces Advocates provide and more formal support:

"I need, and I now have a psychiatrist, and a psychotherapist, and a mental health nurse. Safe Spaces turned out to be a different, and friendlier version, it' a nice conversation, it's a softer gentler version of help – it's not prescriptive… That's their unique selling point – that it is more informal."

Some victims and survivors noted that the working with the Churches and understanding the service landscape was a learning process for advocates. Victims and survivors acknowledged that the Churches are complex institutions to work with, and that it was therefore understandable that this was a learning curve for some advocates. Some Victims and survivors suggested additional training for advocates on understanding church structures and on religious terminology and thought they should be more up to date on survivor related / church issues.

This feedback was more common among those interviewed in earlier evaluation phases, and from Victims/ Survivors who are members of the clergy. Since the inception of the Safe Spaces service, advocates have received training around church-related processes, in addition to initial training from the Churches. Specific additional training may be required for advocates supporting people who have had experience of being members of the clergy. However, some Victims and survivors saw Safe Spaces Advocates as subject matter experts:

"I had spoken to the GP, safeguarding and [member of clergy] but only when I spoke to [Advocate] did it feel like I was talking to someone who was a subject matter expert."

Most victims and survivors think they have received an appropriate level of support from advocates, and that the service was responsive. Victims and survivors said that they felt the level of support increased and decreased over time in line with their needs.

"They were clear about their availability and being very responsive. I can trust that when I get in touch, they will get back to me."

Some victims and survivors interviewed at phase 2 said that at times, Safe Spaces had been unresponsive, and this led to the sense that Advocate caseloads were increasing. Victims and survivors said that Safe Spaces gave professional and genuine apologies when this happened which helped to improve trust with the service:

"I was really impressed by their professionalism, taking responsibility for the error, apologising."

Victims and survivors appreciated having continuity of support from one Advocate, and not having to re-explain their situation with multiple people. Most of those interviewed had received continuous support from the same Advocate, and this differentiated Safe Spaces from other services. Where people had been supported by multiple members of the team, they thought that information sharing within the team was strong and meant they did not have to repeat themselves with multiple members of staff:

"When I called they would say who would you like to talk to. They obviously work as a team. They shared information so I didn't have to repeat my story. As much as they were supporting me, they must have also been supporting each other"

Victims and survivors feel they have been in control of their support, and able to make decisions and choices about the support. They felt that advocates had listened to them effectively to ensure their views were considered. They knew that they could stop receiving support at any point if they chose to do so. Many victims and survivors reflected that advocates continuously request feedback from them, as putting the Victim/Survivor at the centre of their own decision making about the support they want to receive:

"All the way along… it was 'what do you need what would be helpful' – so that's getting ongoing feedback."

4.2.1 Areas for development identified by victims and survivors

Some of the victims and survivors interviewed sought counselling or other therapeutic support, and this was their reason for contacting Safe Spaces. Some suggest that Safe Spaces should provide counselling to victims and survivors, others think advocates should continue to signpost to counsellors. Specifically, trauma-informed counselling services, those which use EMDR[9] approaches and those which specialise in spiritual abuse and sexual abuse within the church were mentioned by victims and survivors.

"I think the church should fund Safe Spaces to provide counselling as well as advocacy. Especially for people like me where the counselling route is not straightforward… some people don't want to go near the church again but should still be able to access the counselling."

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[9] Eye Movement Desensitisation and Reprocessing is a therapy used to help become recover from distressing events which have caused symptoms of post-traumatic stress.

Some victims and survivors noted that there is high demand for suitably qualified therapists who understand church-related abuse and the spiritual, emotional, and psychological elements of this. They said that while it would be "amazing" for this to be offered as part of Safe Spaces, this may not be feasible in terms of accessibility as Safe Spaces is a nationwide remote service, and many victims and survivors would want to access face-to-face therapeutic support.

Many survivors want an independent way for therapy to be commissioned and arranged:

"Safe Spaces have been really helpful signposting to therapy service – I think it would be good if they could be the middle organisation that enabled the service to be commissioned without the diocese knowing that."

Victims and survivors understand that as the service is national, it is not typically possible to meet with their Advocate face-to-face. However, some note that in specific situations, such as an anxiety-inducing or potentially retraumatising meeting with someone within the church as part of their case, it would be particularly beneficial to have an Advocate present to support. Some felt that to be truly considered an advocacy organisation, Safe Spaces needs to be able to provide face-to-face advocacy, and one person suggested having a representative of Safe Spaces in different geographic areas, potentially linked to peer groups.

While most victims and survivors were very pleased with the type and quality of support from Safe Spaces, some were left feeling unclear about how Safe Spaces could support them and what the service offered. Some people felt they had a clear explanation of the service when they first contacted Safe Spaces, while others felt there were unanswered questions following the initial contact:

"When I first had contact with [Advocate] they spent a long time telling me they weren't counsellors – and therefore I didn't really understand what they were… It struck me later that it would have been helpful right at the beginning saying, 'Safe Spaces can do A, B, C'".

Some expressed that they were unsure whether the service was focussed on emotional support, therapy, or advocacy:

"I have been a little confused about what it is trying to be, and what I can ask for. Both the advocates have tried to be everything I have asked them to be – they have been amazing. But I think there needs to be a bit more clarity about what is being offered."

"Safe Spaces is, as far as I can see, more of a signposting organisation, because they can't do advocacy [in person] an Advocate would have been someone who would be coming with you."

Others explained that they felt Safe Spaces could have clearer boundaries about what the service can and can't do, and to be clearer on who they will contact to refer people where what the Victim/Survivor needs is beyond the scope of Safe Spaces:

"Safe Spaces need to not be afraid to say what they can't do and who they are going to contact for a referral."

When asked how they would define the Safe Spaces service, one Victim/Survivor said:

"If you are having a hard time with the church and you need someone to talk to, these are the people to talk to, treat you with respect and be on your side. It is for someone to talk to – it is not counselling... It's slightly different from advocacy, and from counselling, but it is something that is needed."

Some Victims / Survivors said that having to engage with organisations where abuse took place can be retraumatising, and that it should be the role of Safe Spaces to manage the relationship with that organisation to prevent re-traumatisation.

Most victims and survivors reported that their Advocate had fulfilled this role effectively. When advocates are sharing documentation from organisations outside of Safe Spaces with victims and survivors, the content of these documents should be reviewed by advocates to ensure that victims and survivors are made aware of any potentially triggering content, or content which calls into question the validity of a Victim/Survivor's experience.

4.3 Outcomes and impact for victims and survivors

As described previously, Safe Spaces provides a range of support activities from single contacts to on-going advocacy for victims and survivors. 75% of people contacting the service receive more than one episode of support and, as illustrated in Figure 14 below, *ongoing emotional support* is the

most accessed service provided by advocates with 827 episodes delivered, followed by *information provision* with 649 episodes of support being delivered over the reporting period. This has been consistent each quarter since the start of the service. Other types of support received from Safe Spaces in addition to those in Figure 14 were *onward referrals* (51 in total) *financial support and assistance* (25 episodes), and *personal safety* (23 episodes).

Figure 14: The five most commonly delivered types of support in the first year. Source: Safe Spaces quarterly KPI reports
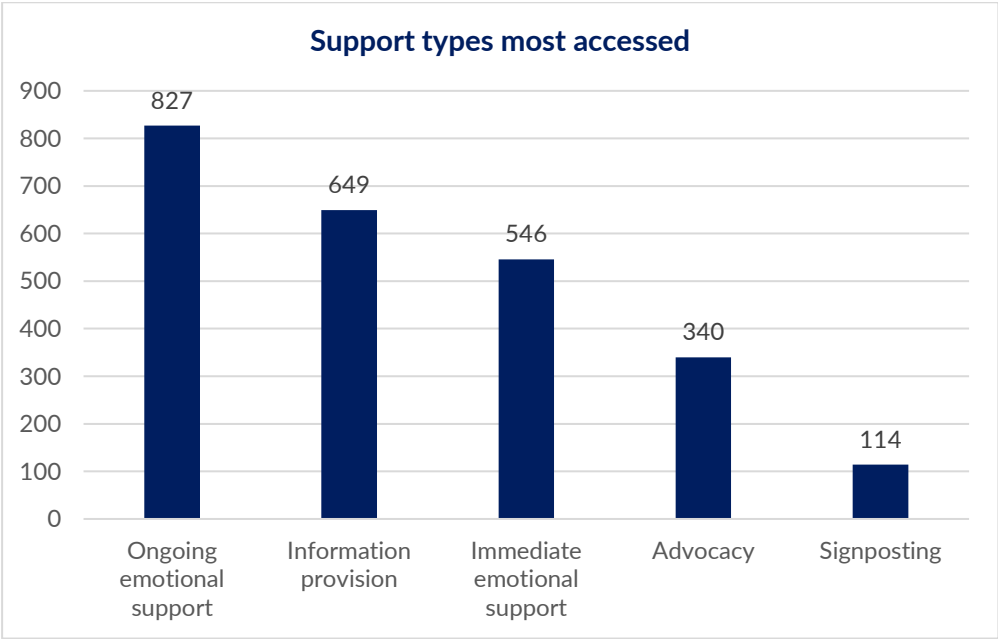
Current reporting requirements and KPI's thoroughly monitor outputs from the service however there are no metrics in relation to outcomes for those who access the service. Recommendations in relation to this are detailed in the final chapter of this report. However qualitative evidence of the service's impact has been gathered through surveying and interviews with victims and survivors who have accessed the service which are detailed below. In addition there is an agreement by SSAs, Steering Group members and victims and survivors that the Safe Spaces is providing a unique service which would not exist otherwise.

"The advocates are brilliant, empathic, and engaging…the 200 or so people the service has supported would not have been supported had it not existed" Steering Group member

Overall, victims and survivors we spoke to and surveyed reported a range of positive outcomes as a result of the support, including feeling more empowered, confident, and resilient, improvements in mental health and broader wellbeing (Figure 15). Many thought that the emotional support provided by advocates had improved their wellbeing. Some victims and survivors said that acknowledgement

of the abuse they had experienced, and that this was not their fault was profoundly important for them. The combination of practical and emotional support helped to ensure positive outcomes for victims and survivors. For others, Safe Spaces had not been able to provide the type of support they felt they wanted and needed, such as face-to-face advocacy, and this limited the potential for positive impact.

Figure 15: Victim/Survivor views on impact of the Safe Spaces service (n=17). Source: Rocket Science survey

Safe Spaces is/was beneficial for my wellbeing	1	3	3	2	8
Safe Spaces empowered me to make my own decisions	2	2	1	4 (Neither agree nor disagree)	2	6

Number of respondents

- Don't know
- Did not answer
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

Survey respondents were asked if they had any overall comments about Safe Spaces. Many of these comments were very positive and related to the impact the service had made on their lives:

"I cannot imagine how I would have coped for the past eight months if it wasn't for Safe Spaces. I would like to thank the team for all they have done and continue to do for me and others like me… It has taken me over 25 years to find a way to ask for help… the team have done everything they could to try and make the process supportive and I have never felt alone. Thank you"

"[My Advocate] was my 'go to' person and she was completely amazing. If she is a reflection of Safe Spaces, then thank you. I went on a very important journey with here and created a 'relationship' where I felt truly heard and acknowledged."

Victims and survivors reported receiving a range of different types of support from Safe Spaces.

This support included:

- Emotional support, including empathetic listening
- Support with decision making
- Liaising with dioceses, police, and other organisations to facilitate meetings

- Advocacy support including working with safeguarding teams
- Sharing information e.g. about how to get compensation, reporting processes
- Mediation.

Emotional support and mental health first aid supported improved wellbeing for Victims and survivors.

Victims and survivors talked about the ongoing emotional and psychological impact of the abuse they had experienced, and the impact of reporting their experience. Many said that having the space to talk and get regular emotional support through Safe Spaces was very valuable:

"Safe Spaces gave me the space to talk… and provided grounding exercises which I still use."
"Safe Spaces have been an integral part of rebuilding my mental health."

"It has helped me to navigate a very difficult journey with a reporting case. I think they helped me to have the emotional resilience to survive that journey. So it's increased my capacity to cope with the reporting process and part of that is dealing with the impact of the original abuse."

Some Victims and survivors said that Safe Spaces had helped them reach a point of resolution, either with the Church, or within themselves, and that this has supported their continued wellbeing:

"They have helped me grow and helped me become who I am… They have given me the ability of transformation."

"I found the whole experience… so amazing, effective, and remedial. I contacted them when [I was] emotionally and financially a mess… 6 months on life has improved so much."

Some said that Safe Spaces had helped improve their sense of self-worth and their confidence:

"I'm sure if I hadn't had the service, I would not be here… I think they have done amazingly. They did save my life, no doubt. They have given me the confidence that I could do whatever I didn't think I could."

Victims and survivors explained the profound impact of being believed, and having their abuse acknowledged as something that wasn't their fault, on their mental wellbeing:

"She just reassured me that it wasn't my fault and I had always felt it was my fault, and I had carried that for years."

"Initially what was so important, was that when I spoke to my Advocate – I was immediately reassured that what I had gone through was abuse – so once I was able to lay this stuff down, my Advocate was able to acknowledge and believe me, and that really helped my mental health."

Many victims and survivors felt empowered by their Advocate to make decisions and change in their lives:

"I felt my Advocate empowering me… [saying] 'I will support you in the strategy that is best for you to resolve this'…Helping me think it through and thinking through the different options… I wasn't told to do anything or bombarded."

Some victims and survivors said that the combination of practical and emotional support is key to the impact that Safe Spaces can make.

"The supportive listening role is something that survivors definitely need. It is a really valuable service."
"I've now been able to get a practical strategy about something that my Advocate was supportive of. I was too scared before to say … this is not right. So, my human rights and work rights are being supported."

Others noted that it was important to them to be able to speak to a very specific service with knowledge of church-related abuse, which was independent of the church:

"I needed to speak to someone who had the very specific understanding of church-related abuse, not like Samaritans or a friend."

Some victims and survivors did get what they set out to gain from Safe Spaces, with some accessing supported meetings with the church to reach a resolution.
Some did not know about the options available to them when they contacted Safe Spaces, and were pleased with what was available:

"I only thought I would make the one call, but when it was explained that there were a range of things that could happen following that call, then I took up some other options – I didn't know that Safe Spaces could call a diocesan officer without mentioning me, for example."

"I thought that the thing I wanted to happen couldn't happen - I wanted counselling but thought I would have to sue the church. And through Safe Spaces I found that the catholic church could provide counselling."

Others said that they were looking for support that was independent of the Church from Safe Spaces, and that this was an important element of their support. Victims and survivors said it was good to have someone supporting them who understood the Churches and their structures, but who was not part of the Church. This was noted as something that was unique about Safe Spaces.

"[Safe Spaces] is not the church, that people can ask the things they wouldn't ask the church. By being independent you are able to empower people more."

Some victims and survivors found that Safe Spaces were not able to provide the service they required, for instance, those who were seeking specific legal advice. Victims and survivors noted that the barriers to achieving the outcomes they sought were mostly due to the Church, rather than Safe Spaces themselves:

"I decided not to go with counselling from the church. Because each diocese has parameters around the types of counselling available. There were then too many barriers... the catholic church made it too difficult for me."

Some victims and survivors were given a false impression of Safe Spaces by the organisation that signposted them, who said that Safe Spaces was a counselling service. They were therefore then disappointed when they discovered that counselling was not available directly from Safe Spaces, but this was rectified, and their expectations were managed by their Advocate.

5 Small grants programme

As described above, a key element of the commissioned service was for Safe Spaces to distribute grants of up to £5,000, to a maximum total value of £45,000, to community groups that provide support to victims and survivors of church-related abuse. **A total of 14 applications were received to the grants programme in the pilot period.**

A total of 6 grants were awarded. These were received over three rounds of grant applications. In total £29,963 was awarded out of the £45,000 available. The grants assessment process involved members of the service steering group to ensure representation of those with lived experience. Successful grant awards, outputs and summary of outcomes are included in Table 7.

Of the eight unsuccessful applications, five were declined as the panel felt the proposal was not focussed upon victims and survivors of church-related abuse. All have been provided detailed feedback and, where appropriate, were invited to re-apply.

Round three of the grant process was launched on the 23rd of November 2021 but no suitable applications were received. Given the duration of the pilot remaining at that point it was agreed that no further funding rounds would be launched.

Organisation awarded	Overview of project funded	Number of direct beneficiaries[10]	Number of indirect beneficiaries (approximate)	Reported outcomes/impacts
Voices of Awareness– a support system placing Victims and Survivors in the driving seat of the media narrative	Act for Change. Survivors of church-related abuse will have a (virtual) center dedicated to supporting themselves to develop ideas. Outputs include: • Media satellite channel • YouTube channel • Instagram space • 3 survivor/arts practitioner groups • Survivor led Ted-X series Anticipated outcomes are reduced isolation and loneliness	No information provided	No information provided	Update provided by grant recipient; *"There have been unfortunate delays and setbacks for the project but they have been able to give us a basic understanding of the progress of the project to date which is detailed below.* *Chapters completed so far are:* *Chapter 1: The curse of God by Pat Mills: Talking about their experience of abuse with the Knights of St Columba and De La Sal Brothers* *Chapter 2: Sorry is the hardest word by Fiona Gardner: Psychotherapist speaking about a priest who disclosed abuse and how horrifically they were treated.* *Chapter 3: Anon victim speaking about their abuse perpetrated by a prolific offender who was clergy.* *Chapter 4: Reimagining Gethsemane by Cliff James: Discussion on what he as a victim did with his compensation after experiencing abuse perpetrated by Peter Ball, Church of England Former Bishop.* *One chapter is being written by someone who is awaiting advice before submitting.*

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[10] Numbers are self-reported by projects and have not been verified by Rocket Science

				Three chapters are to be written and also will require further advice before being published. The projected time for publishing is July 2023."
Diocese of Newcastle – The Church of England's most northernly diocese.	*If I Told You What Would You Do* seeks to develop accessible multimedia resources to engage survivors of church based abuse. Outputs are: • Design and develop accessible multimedia resources and materials to engage survivors of church-based abuse and educate those who need to respond well to them • Three engagement and promotion events (spring 2022): Newcastle Cathedral, Hexham Abbey and in a secular venue/online. • Establish Peer Support Group, co-facilitated by 'If I Told You What Would You Do?' leaders, meeting monthly, sessions alternating in person/online Anticipated outcomes are the improvement in physical, psychological and spiritual wellbeing of those who have experienced trauma and abuse in the church.	1000 + website visits since June 2022	1000+	The multimedia resources have been developed and are in use. Examples can be found in these links: • Angels • Sparrows The project has had national prominence and recognition, including presenting at the national diocesan safeguarding day in May 2022 and the national Good Practice webinar organised by the independent safeguarding board in the Church of England in September 2022. Feedback on the resources has been positive. The project was match funded with the Diocese of Newcastle

Ministry and Clergy Sexual Abuse Survivors (MACSAS) – supports women and men who have been sexually abused, as children or adults, by ministers, clergy, or others under the guise of the Church	Continuation funding for the 'Survivors Reference Group' (SRG)Key activities/outputs are listed as: • Safeguarding policy consultation and development • Survivor engagement and redress • Training development and delivery • Siting on interview panels, • Advocating for Church abuse survivors • Peer support	12	60	The funding has allowed the group to be facilitated and supported over the last 18 months which has kept the group together and allowed those involved to become more engaged with the Church on matters of safeguarding and survivor issues. Specific outcomes include participation of SRG members in: • Development of clergy conduct policies • A redress working group • Developing a survivor engagement strategy • Provision of training
Re-Shapers CIC. Survivors Voices - a survivor-led organisation that harnesses the expertise of people affected by abuse in order to transform society's response to trauma and abuse	Pilot of 3 peer support groups run by survivors of church abuse, with 2 distinct formats to meet the needs of different groups. 'Unshamed' will target Christian survivors of church-based abuse who wish to explore the impact of abuse and resources for healing in a Christian context. The group will also be open to survivors of familial abuse and others dealing with shame, reducing stigma. 'Unbinding' will target survivors of church abuse whether or not they still have a faith/church connection. This will comprise 6 core & 4 optional sessions covering themes and tools e.g. trust,	39	92	14 survivors were trained in the facilitation of peer support groups. Feedback on the residential training was positive in relation to both personal recovery and in preparation for the peer support role. It was particularly highlighted that a substantial proportion of those trained identified as being black/people of colour and that this has created capacity for culturally competent peer support for black victims and survivors. Of the 14 trained 9 have gone on to provide peer support. Peer groups include: • #Healing&Recovery met online for 13 weeks • Talk, Heal, Seal a South London based group for people identify as black, indigenous or people of colour currently has 9 members.

	forgiveness, reporting, support, and advocacy. Anticipated outputs include: • Reach 45 survivors • Train 9-12 survivor facilitators			In addition Re-Shapers were able to secure match funding from the governments suicide prevention funding to increase training and capacity.
Mersey Counselling and Therapy Centre (MCTC) – a charity offering counselling and support across the North West to people regardless of their ability to pay.	Provision of counselling, peer support and spiritual accompaniment for victims and survivors.	5	4	79 of the 120 counselling sessions funded by the grant have been delivered within the reporting period. These have benefitted 5 victims and survivors and there is capacity for a further two beneficiaries from the unused funding.
Men Against Sexual Abuse (MASA) – a Cornwall based charity delivering a therapy group run by men who have been sexually abused.	Provision of support, counselling, and peer support for male victims and survivors as well as creating and raising awareness of sexual abuse and sources of support for victims and survivors to all communities across Cornwall through the Church.	6	24	Outputs include: • Creation of leaflets, flyers and banners to create awareness of what MASA is doing to support the Church and its members • 15 sessions of counselling provided to 6 men • 4 of those accessing counselling • The service has been successful in engaging people within rural communities through the funding.

Victims and survivors were positive about the potential for the grants programme to make an impact through funding peer support groups and described the potential "ripple effect" and empowering nature of the grants programme.

"The grants scheme is one of the best things in this service."

Victims and survivors recommend an enhanced focus on peer support, which could be facilitated through the grants programme. They suggest resourcing and supporting more peer support groups delivered at a local level that are accessible to survivors and note the benefits of being able to access face-to-face support. They suggest creating regional networks of these groups, and ensuring groups are adequately supported:
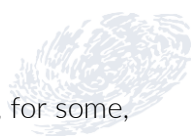
"What I'd be recommending is that [Safe Spaces should be a] vessel that nurtures solidarity between survivors, opening out that service to actual safe spaces for survivors to support each other through peer support... providing survivor centred therapists to hold that space... quite honestly I think that would absolutely revolutionize the service... a space where the service users are listening to each other and noticing their similarities and differences so that collectively, we can decide and say this is what we need – this would be an authentic response."

"There should be survivor-led services that can be supported by national team for supervision. Peer support groups in every area of the country. I think that was part of the original vision – a supportive role to be undertaken by trained volunteer survivors. [There is] potential to use the survivor community to expand the service."

"More local, group, accessible sessions would be great."

5.1 Conclusions from the small grants programme

The nature of the grants provided indicate that the projects it has funded have potentially met gaps in relation to face-to-face peer support and access to services such as counselling that a national service such as Safe Spaces could not provide. The outcomes reported indicate that there has been success in some projects reaching minoritised and rural communities as well as raising awareness of sources of support for victims and survivors and that the impact is not inconsiderable given the size of the grants dispersed. However demand and suitability of applications has not met the anticipated

need and just 66% of the available grants have been distributed. Given the uptake and, for some, limited reach, as well as the resource demands upon the service in administering the fund, commissioners may want to consider the feasibility of service providers managing future small grants and whether this is the most effective and efficient delivery mechanism for providing such support. Alternatives such as direct funding of local organisations, particularly where gaps have been identified could be considered.

6 Lessons learnt

6.1 Literature review of good practice

It is being increasingly recognised that exposure to traumatic events, especially as children, heighten health risks long afterward. Abuse, neglect, discrimination, violence, and other adverse experiences increase a person's lifelong potential for serious health problems and engaging in health-risk behaviours. Much of the available literature discusses the work being done on trauma-informed approaches in mental health care, but there is limited research in other areas.

The lack of evidence in this area is compounded by the fact that many support services for victims are provided by smaller third sector or charity organisations, who often work in partnership with local authorities, health, and justice services to provide support and as a result a clear map of support services is not readily available.

This preliminary review of the literature first summarises the good practice principles and elements for trauma-informed support approaches, particularly for women who have experienced trauma. A significant portion of the literature on trauma-based support focuses specifically on providing trauma-informed support for women. It then reviews research on the types of support services survivors of CSA (child sexual abuse) tend to use, and their experiences of these services. From the research in these areas, the review highlights gaps where Safe Spaces could add value.

6.2.1 What forms of trauma support services are available?

One of the key strands in literature on trauma-informed practice for victims and survivors of abuse is gender-informed and gender-specific service approaches, generally for women.

A Sense of safety: trauma-informed approaches for women by the Centre for Mental Health and Agenda (2019) lays out the evidence base for **good practice approaches and models** for supporting female victims and survivors of abuse in service settings including substance misuse, homelessness, mental health, criminal justice, and domestic and sexual abuse and exploitation.[11] The report also states that there is growing evidence that service responses need to be gender-specific. However, the majority of these approaches are applicable to all trauma-informed services.

Elements of good practice discussed by the report include:

- **Holistic** approaches to service delivery that prioritise victims and survivors being able to **build relationships with staff and through peer support**, creating a sense of safety, choice, and control. A recent (2020) systematic review of peer support groups for survivors of sexual abuse and assault concluded that these have positive psychological and physical impacts on victims and survivors, improving participants interpersonal well-being.[12] However, there has not yet been a robust evidence base collected to evidence this impact[13]

- **Ability to respond to the multiple and complex needs** of victims and survivors, including long-term and mental health issues, addiction issues, which can cause knock-on effects (e.g. addiction issues causing exclusion from mental health services, child custody, maintaining employment)

- **Continuity of care**, important so that victims and survivors do not have to continue telling their story and build relationships with staff

- Long-term or open door / drop-in support, with **women's centres** especially providing a good model of this type of holistic and open-door provision

- **An empowerment-based model**, based on evidence that when people have a say in their care and treatment, and when it is coproduced or co-designed, they are more likely to engage with a service

- **Transparent organisational procedures**, as part of a service culture thoughtfulness and communication that continually learns about and adapts to the individual using their service.

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[11] Agenda and Centre for Mental Health (2019), "A sense of safety: trauma-informed approaches for women". Available at: http://ow.ly/bbhR30q3E2P
[12] Konya et al. (2020), "Peer-led groups for survivors of sexual abuse and assault: a systematic review". Available at: https://www.tandfonline.com/doi/full/10.1080/09638237.2020.1770206
[13] Ibid.

Similar, or integrated in with trauma-informed practice, are approaches including strength or asset-based approaches[14] and Psychologically Informed Environments[15].

6.2.2 What other support networks or services have survivors accessed? Which of these services have/have not been helpful? What are the gaps in these services?

In 2015, University Campus Suffolk, Survivors in Transition, and Survivors Trust's carried out a survey of nearly 400 **adult survivors of child sexual abuse and their experience of support services.**[16] The *Focus on Survivors* survey is one of the largest surveys undertaken of this population in the UK. The survey looked at experiences of abuse, satisfaction with different types of service and the availability of information about services.

The most common support services adult victims and survivors used were:

- **GP services** (48.6%), with GPs most commonly being the first service respondents had contact with as a result of CSA. In terms of whether survivors felt heard, believed, and respected by a service, GPs were rated higher than the majority of other statutory services (except for statutory psychotherapy and counselling, which were rated slightly higher), but lower than voluntary and specialist services

- **Counselling** (43.8% used voluntary counselling and 26.1% used statutory counselling)

- **Mental health** (44.3% used statutory mental health services and 26.1% used voluntary mental health services).

The *Focus on Survivors* survey found that the next most commonly used services were voluntary sector sexual abuse and rape support services and psychotherapy services, followed by the police, the Samaritans, and Accident and Emergency and secondary health services. Less than a fifth of survivors used social services.

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[14] Walker-Williams and Fouché (2017), "A Strengths-Based Group Intervention for Women Who Experienced Child Sexual Abuse". Available at: http://vaaltherapycentre.co.za/wp-content/uploads/2018/10/S2T-Article-1.pdf

[15] Solace Women's Aid and AVA (Against Violence and Abuse) (2017), "Peace of Mind: An evaluation of the Refuge Access for All Project" Available at: https://www.solacewomensaid.org/sites/default/files/2018-05/Peace%20of%20Mind%20Summary%20Report.pdf

[16] Smith, Dogaru, and Ellis (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf

Survivors used a range of services over a long period of time - on average between four and five services over a 10-year span between the first service accessed and the most recent service use.

Nearly all victims and survivors who used rape support services, Sexual Assault Referrals Centres and ISVAs as well as voluntary counselling and psychotherapy felt supported by these services. By contrast, fewer than half of those who used social services, A&E or hospital services felt listened to and respected. Satisfaction with voluntary services in general was much higher than with statutory services.

Drawing on the Focus on Survivors survey and other resources, a 2019 review of support for survivors of sexual violence in the BMJ[17] found that:

- Survivors typically want timely, locally available services, a choice of therapy and long-term support from agencies taking a joined-up approach

- The independence of VSS [voluntary sector specialist] services from statutory services is seen as a key benefit

- Counselling and psychotherapy are often cited as the most helpful services but waiting lists are often long and commissioned therapy may be time-limited.

Peer and group support

Peer support is an additional form of support that research has suggested can be beneficial for some victims and survivors, since positive social support can act as a buffer against negative health and wellbeing impacts and may increase people's resilience.[18] Gregory et al.'s 2021 article exploring peer support for victims and survivors of sexual violence and abuse also states "there is evidence that Victim-Survivors prefer to be supported by people who have themselves had related experiences, because feeling listened to, believed, respected, and understood is more likely with peers".[19] The

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[17] Combes et al. (2019), "Supporting survivors of sexual violence: protocol for a mixed-methods, co-research study of the role, funding and commissioning of specialist services provided by the voluntary sector in England", Available at: https://bmjopen.bmj.com/content/bmjopen/9/12/e035739.full.pdf
[18] Gregory et al. (2021), "Perceptions of peer support for Victim-Survivors of sexual violence and abuse: an exploratory study with key stakeholders" Available from: https://research-information.bris.ac.uk/ws/portalfiles/portal/273523416/08862605211007931.pdf
[19] See also: Natcen (October 2015), "A briefing for commissioners: Responding effectively to violence and abuse
(REVA project) Briefing 4 - What survivors of violence and abuse say about mental health services", Available from: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf

current evidence base for peer support (in addition to other high quality professional provision) is promising but limited.

The Trauma Recovery and Empowerment Model (TREM) is a group-based intervention designed to be responsive to the complex needs of women with histories of physical and/or sexual abuse and co-occurring serious mental illnesses and substance use disorders. It's three components of empowering victims and survivors, learning about the trauma experience and its consequences and skills development have been found to be effective for this group.[20] [21]

6.2.3 What added value does / can Safe Spaces offer to existing support services?

From this preliminary review of the literature, Space Spaces could offer value in three areas highlighted as gaps:

- **Sharing evidence and evaluation tools:** The Centre for Mental Health and Agenda report that there is still a perceived lack of an empirical evidence base for trauma-informed practice. There is also a lack of commonly shared evaluation tools used to demonstrate the impact of this work, including in comparison to the outcomes of traditional (non- trauma-informed) services

- **Sharing evidence around support for church-based abuse**. More specifically, a review of the existing literature demonstrates a gap of information and evidence around effective responses to church-based abuse. Safe Spaces is likely to be able to provide a significant contribution to documentation in this area

- **Information for victims and survivors:** Victims and survivors report finding it difficult to find information that is relevant and appropriate to their support needs. The Focus on Survivors survey found that less than a third of respondents thought services provided the information they needed. Most respondents (>75%) found it hard to find the information they needed (although over half said they found the information they needed online).

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[20] Fallot and Harris, (2011) "The trauma recovery and empowerment model: a quasi-experimental effectiveness study". Available at:
https://www.evidence.nhs.uk/document?id=1717358&returnUrl=search%3Fq%3Drecovery%2Bmodel&q=recovery+model
[21] Karatzias et al (2016) "Group psychotherapy for female adult survivors of interpersonal psychological trauma: a preliminary study in Scotland". Available at:
https://www.tandfonline.com/doi/abs/10.3109/09638237.2016.1139062

7 Conclusions and recommendations

7.1 Lessons learnt from Safe Spaces delivery

This section draws together the insights from the different sources of information to identify key learning over the duration of the pilot that should be considered for future service delivery.

7.1.1 Performance monitoring

Through the focus groups with SSAs and examination of the monitoring data made available to the evaluation team it is apparent that there are opportunities to distinguish between outputs and outcomes within the KPI framework with enhanced reporting on outcomes that are achieved through the support provided and the impact that this has had for victims and survivors.

Particularly analysis of data around contact time, frequency and duration will likely be useful for continued service development, particularly in relation to concerns raised by both staff and victims and survivors about resource pressures as a result of turnover within the advocacy team.

Similarly recording of outcomes in relation to onward referral, signposting, support in securing financial, safeguarding and/or prosecution should also be considered. These should not be in addition to current reporting but opportunities to simplify reporting should be explored.

Monitoring of outputs and outcomes from grant funding needs to be consistent in any future funding rounds.

7.1.2 Marketing and promotion of the service and access to it

It was felt by victims and survivors, SSAs and Steering Group members that there are also opportunities for better promotion of the service and that this should include clearer examples of the support that the service can offer. This was particularly important for one person we spoke to who remarked:

"I have been a little confused about what it [Safe Spaces] is trying to be, and what I can ask for. Both the advocates have tried to be everything I have asked them to be – they have been amazing. But I think there needs to be a bit more clarity about what is being offered."

Recommendations were made that communication plans should include services where victims and survivors who may no longer be associated with the Church such as GPs, mental health and substance misuse, and counselling services. The need to emphasise the service's independence from the Churches was highlighted.

As has been highlighted the victims and survivors we have spoken to often found out about the service through the Churches, however the majority of referrals are self-referral. Improving the direct referral pathways from Dioceses that already exist may increase access to the service. Additional reporting to track the numbers of victims and survivors referred via the Churches who subsequently enter the service will indicate the effectiveness of this referral route as well as identifying the Dioceses where Safe Spaces could benefit from increased publicity and/or increased understanding of the service (i.e. those who don't currently refer).

The integrative approach to support and advocacy is also a clear strength of the service and, whilst this may present challenges in clearly communicating the service, it ensures that the support provided is responsive to individual need. Clear marketing and communications messages are essential to ensure this is understood by victims and survivors who may want to access the service.

7.1.3 Advocacy training and experience

Although levels and quality of support by SSA has been consistently reported to be to a high standard it was identified by SSAs and the Steering Group that ISVA training provided only the foundations for advocacy for those who have experienced church-based abuse. Additional training, which has subsequently been provided by Steering Group members, in relation to church-based abuse and spiritual harm as well as the structural complexities of the Church has reportedly proven to be useful. The model of training provided by members of the Steering Group who have professional and experiential expertise is good practice and should be retained and built upon in future. SSA's have also received training from the Church of England and the Catholic Church in England and Wales.

7.1.4 Perceived gaps in service

Survivors, SSAs, and Steering Group members all highlighted a gap in the provision of psychotherapeutic support. Whilst advocates have been successful in securing funding for therapeutic services there is both local variation within Churches and differences in the way that each of the Churches fund and provide this. This has resulted in variations in victims and survivors ability to and experience of accessing therapeutic support. This also creates obstacles for people no longer connected with the Churches. For a number of Victims and survivors we spoke to their reason for accessing Safe Spaces was for this type of support. The availability of evidence based therapies such as trauma-informed counselling, EMDR[22] or trauma based cognitive behavioural therapy were also perceived to be desirable, particularly given the challenges of accessing these services people face. The feasibility of providing this at a national level was however questioned by victims and survivors.

The value of face-to-face support was also highlighted by the victims and survivors we have spoken to.
Again whilst acknowledging that as a national service, it is not typically possible to meet with their advocate face-to-face, it was felt that in specific situations, such as anxiety-inducing or potentially retraumatising meetings with Church representatives as in one case, it would be particularly beneficial to have an Advocate present to support. Some felt that to be truly considered an advocacy organisation, Safe Spaces needs to be able to provide face-to-face advocacy, and one person suggested having a representative of Safe Spaces in different geographic areas, potentially linked to peer groups.

As highlighted in Chapter 5 the small grants programme has provided both psychotherapeutic and in-person services through funding counselling and peer support. Whilst the feasibility of distributing and maintaining grants within the Safe Spaces service should be considered, other opportunities for funding local support, perhaps particularly where there are identified difficulties in securing this through Dioceses should be considered.

7.1.5 Service adaptability

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[22] Eye Movement Desensitisation and Reprocessing is a therapy used to help become recover from distressing events which have caused symptoms of post-traumatic stress.

There is evidence of the pilot's adaptation and use of iterative change for continuous improvement. The staff team has adapted to include a triage role to better manage access to the service and there has been increased utilisation of the Steering Group including for Advocate training, increasing the number of Steering Group meetings and ways that the group can be involved. In addition the adaptation of feedback loops for victims and survivors who have accessed the service by moving feedback to an on-line survey is likely to increase response rates in the future.

7.1.6 Website

The website is receiving a substantial number of visitors to its homepage and the increase in diversity of referral sources to the page, including through blog posts and other survivor services over the duration of the pilot indicates that Safe Spaces is becoming better known as a service. The website is also successful as an entry point in to the service with 57% of site visitors accessing the web referral page or live chat. However the current utility of the website is limited to promoting the service and its function as a repository for information and online resources is limited. Although page visits to the live web chat are high it is used in just 1% of all contacts.

Those we have spoken to do not report using the website in conjunction with the support they receive from advocates and feedback on the design indicates it may not be accessible to all due to an over reliance on text and assumed knowledge of terminology used (e.g. coercive control). Some also highlighted a perceived discrepancy between the trauma-informed approach received by advocates that they felt was not mirrored by the website. We are aware that the website is currently maintained by Victim Support and whilst this enables the site to be easily updated it may be beneficial to review the site with the support of a specific website designer given the feedback and site usage. We would also recommend a professional review of the live web chat to understand why so many visitors to the page do not use the function.

7.1.7 Victim/Survivor involvement

The Steering group as a mechanism for involving both lived experience and professional expertise in the service development has been successful and the existing group is knowledgeable, engaged and feel that they are able to actively contribute within meetings and the wider work of Safe Spaces. Feedback in relation to better utilising this expertise has been acted upon resulting in more frequent meetings and in the training of staff. However a lack of clarity in the role and remit of the group and
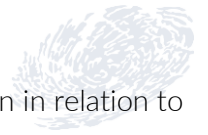
the distinction between the Safe Spaces service and SSEW has caused some frustration in relation to accountability to the Steering Group, the relationship between the Steering Group and the SSEW Board and Advisory Committee, and the group's ability to influence service delivery. This has been despite the group having clear terms of reference in relation to areas of continuous improvement within its remit. The success of recruiting victims and survivors who have accessed the service to the steering group is also unclear and increasing representation of those with lived experience of the service would be beneficial.

The service also provides other opportunities for contributing to service development through feedback. Originally sent via email this has developed over the course of the pilot to be delivered using a brief electronic survey. Whilst response rates to this survey are relatively low, these are comparable to response rates from other sectors. This consistent opportunity to provide brief feedback should also be maintained.

Maintaining the ability for victims and survivors to both feedback on, and contribute to, the delivery of the service in a variety of ways which meet varying needs and levels of commitment is required as the service moves out of its pilot phase. Whilst we would recommend that light touch feedback loops, such as the use of electronic surveys, is maintained for those leaving the service different and innovative ways for the meaningful involvement of victims and survivors who have accessed the service should be explored.

7.2 Conclusions from the pilot

There are many reasons to consider the pilot of the Safe Spaces service to be a success. The number of referrals and people accessing the service suggest that the service is meeting a previously unmet need. It would appear that given the relatively stable caseload sizes that the service is currently adequately resourced to meet demand although more information about the duration and intensity of support could provide more intelligence for resource planning. Those who access the service are generally satisfied with the service and describe support which is trauma-informed and responsive to their needs as far as possible. The grants programme has supported place based support and intervention in a way that the national service could not. The service has consistently met KPIs set in relation to availability of the service and Victim/Survivor satisfaction.

For these reasons we would conclude that the service is viable and worthwhile and recommend that consideration should be given to ensuring service continuity after the pilot phase, particularly for

those who will be supported by the service at the end of the current contract. As highlighted in Chapter 6, there are a number of lessons learnt over the pilot phase which should be considered in future service delivery. Care must be taken to ensure that the strengths of the service such as its integrative approach combining different therapeutic tools, its continuous development through both feedback from those who access the service and the Steering Group, and the trauma-informed principles are retained. There are also opportunities to continue to develop the service including through the use of measuring and monitoring outcomes for victims and survivors, how the service is promoted and how the website and on-line resources can be better used to supplement the advocacy. We would also recommend considering the ability of a service provider to effectively manage a small grants programme. Whilst the programme has been successful in providing place-based funding for peer support and counselling, interventions which the Safe Spaces service cannot provide, the impact of these is still to be determined. Any future iterations of small grant funding should consider how this can be delivered through a different mechanism. Whilst ensuring any unmet needs identified by Victims and survivors accessing the Safe Spaces service should feed in to this the capacity and capability of the service provider to distribute and monitoring the grants should be assessed.

7.3 Summary of recommendations

From the lesson's learnt and conclusions we would make the following recommendations in relation to future delivery of the Safe Spaces service.

1   The promotion of Safe Spaces can be developed to reach more victims and survivors, particularly through services such as primary care, mental health and drug and alcohol services where those impacted by abuse but who are no longer a member of the Church may access. Emphasising the services independence from the Church and ensuring that there is clarity on the services remit will also be beneficial.

2   There are opportunities to improve the use of online resources and the website to supplement the advocacy provided. A repository of information, materials and resources in relation to self-care, trauma, mental health and other relevant topics such be made available.

3   Given the success of the small grants programme commissioners should consider how to continue to support local initiatives such as peer support and psychotherapeutic interventions that Safe Spaces cannot provide on a national basis. Whilst the current grants programme was

successful in this, the feasibility of service providers managing small grants in the future should be considered and alternative funding mechanisms, either through SSEW or other grant management organisations should be considered.

4   The performance monitoring framework should be developed to enable capture of outcomes and impacts, as well as outputs, from the service. Including metrics on length and intensity of support provided by the service and how people are engaging with the service will also be useful in future resource planning. Standardisation of collecting demographic information should also be implemented.

5   It should be ensured that future service providers maintain the different mechanisms for victim and survivor involvement, enabling people to engage to a level they are able and want to.

6   Similarly the adaptability of the service over the pilot period is a strength of the service and commissioners should consider how to maintain and encourage innovation within a revised KPI structure and service contract.

7   There should be a greater range of opportunities for victims and survivors to provide feedback on the service and influence its development. Developing 'lighter touch' feedback loops through brief electronic feedback surveys is also important to enable choice in how victims and survivors can contribute without having to be a member of the steering group.

8   Finally whilst the Steering Group is a valuable resource and comprises a strong mix of experiential and professional expertise there is a need to ensure clarity on the role and remit of the group and its role in relation to the Safe Spaces service and not SSEW.

Appendix 1: Evaluation framework and research materials

This evaluation framework is broken down into four sections for the evaluation of each of the elements of the Safe Spaces service:

- Advocacy service (including telephone based, live chat, email)
- Website and online programmes
- Community based grants
- Steering group and Victim/Survivor engagement (newsletter).

For each element of the service, the process and impact will be evaluated. Good practice in service delivery across other organisations will also be reviewed to contribute to the development of the Safe Spaces service.

Advocacy service (telephone, live chat, email)		
Evaluation theme	Research questions	Evaluation activities / tools / *Data source*
Process	P1. Does the advocacy service provide appropriate intensity of support?	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces.
	P2. Have advocacy service KPIs been achieved (e.g. call availability, abandon rate, percentage of calls answered	Victim Support KPIs from monthly and quarterly reports
	P3. How many people have accessed the advocacy service? What was the average duration of support? Does it represent value for money?	Usage data on advocacy service – both activities / contacts and advocacy (multi-agency meetings) Victim Support KPIs from monthly and quarterly reports Cost calculation
	P4. Is the advocacy service accessible? How is the functionality of the advocacy service perceived?	Stakeholder (TBC) and staff/ project manager consultation One-to-one interviews with victims and survivors Engagement with victims and survivors who have not accessed the service (TBC at phase 2) Focus groups (x2) with Safe Spaces users Online survey with development network
	P5. Is staff training done as part of the delivery of Safe Spaces appropriate, effective, and trauma-informed? Do staff feel prepared by their training to deliver a trauma-informed effective service? 'Do victims and survivors feel that the staff were trained and prepared to deliver a trauma-informed effective service?	Interviews with staff and managers (one to one) One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces

	P6. How are staff supported during their time at Safe Spaces? Is the usual professional support provided to advocates is also suitable for work in this specialist area?	Interviews with staff and project manager
Impact	I1. Did the service meet Victims'/Survivors' support needs? In the short, medium, and long term? • Which aspects of the service had most use? (chats, calls, etc) • What did service users report about why they chose a specific contact mechanism (i.e. helpline or live chat)? • What key areas did service users report the service had helped them (i.e. help to report, help to feel safe, help to access support services, someone to talk to)	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	I2. Did service users feel listened to and empowered to make their own decisions and choices? Did service users get what they wanted to gain from the support?	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	I3. How did the service support / make a difference to survivors (e.g. accessing other services, supporting continued safety, improvements in wellbeing, etc)	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	I4. How long did survivors access the service for? What are their views on the duration of support?	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces Usage data
	I5. Did survivors' access other services following their support? How did referral mechanisms work?	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces

		Interviews with staff
		System records of onward referrals
Good practice / practice sharing	BP1. What other forms of trauma support services are available? What forms do these take? Any best practice reviews? (helplines, live chat, websites, peer support models, community networks etc)	Literature review (academic and grey literature searches)
	BP2. What other support networks or services have survivors accessed? Which of these services have/have not been helpful? What are the gaps in these services?	Interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	BP3. What added value does / can Safe Spaces offer to existing support services?	Literature review (academic and grey literature searches) Interviews with project manager and other stakeholders

Website and online programmes		
Evaluation theme	Research questions	Evaluation activities / tools
Process	P7. How many people accessed the website and online resources?	Google analytics usage data (number of visitors per page, click through rates etc.)
	P8. Is the website accessible? How is the functionality of the website perceived?	Victim Support service user survey data One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	P9. Have website KPIs been achieved	Victim Support KPIs
Impact	I6. Did the website and online programmes meet survivors' support needs? In the short, medium, and long term?	One-to-one interviews with victims and survivors Interviews with staff and project manager Online survey

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	I7. How did the website and online programmes make a difference to survivors (e.g. accessing other services, supporting continued safety etc)	One-to-one interviews with victims and survivors Interviews with staff and other stakeholders Online survey
	I8. How regularly did survivors access the website? Did they return to the website / resources on multiple occasions?	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces Usage data
	I9. Did survivors' access other services following their engagement with the website / online resources?	One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	I10. What has prevented victims and survivors from using the website?	Interviews with Victim/Survivor groups that did not / do not access support from Safe Spaces Focus group (x2) with Steering Group members Online survey with development network
Good practice	BP4. What other forms of trauma support services are available? What forms do these take? Any best practice reviews? (helplines, live chat, websites, peer support models, community networks etc)	Literature review (academic and grey literature searches) Interviews with victims and survivors

Community based grants		
Evaluation theme	**Research questions**	**Evaluation activities / tools**
Process	P10. How many applications have been made for community-based grants? How many awards have been distributed?	Victim support data analysis (from monthly and quarterly report?)
	P11. What types of groups / services have been supported by the community-based grants? Are these new or existing services?	Interview with project manager

	P12. What were applicants' views on the application process – its accessibility, complexity, and eligibility criteria?	Interviews with project manager Survey of applicants
	P13. What support is offered to funded projects once they have received funds?	Interviews with project manager
Impact	I11. How have funded projects made a difference to Victims'/Survivors' lives? In the short, medium, and long term? • What evidence is there that victims and survivors of church-related abuse were helped by organisations which received the grant? • What evidence is there that victims and survivors of church-related abuse were helped by the specific service that the grant was provided for? • Was the grants service well taken up by organisations? Were there too many or too few applicants for the available funding? • Did the grants support development of new services as well as/or only existing services for victims and survivors of church-related abuse?	Stakeholder and staff consultation One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	I12. What are the gaps in funded services (e.g. are eligibility criteria appropriate / restrictive)	Staff consultation Stakeholders who made successful / unsuccessful applications One-to-one interviews with victims and survivors Online survey with victims and survivors who have used or been referred to Safe Spaces
	I13. Sustainability – what will happen to project(s) after the community grant funding comes to an end?	Staff consultation One-to-one interviews with funded projects (sample)
Good practice	I14. What alternative grant-making models exist that could be recommended to Safe Space?	Literature review

Victim/Survivor engagement		
Evaluation theme	Research questions	Evaluation activities / tools
Process	P14. To what extent are the voices of those with lived experience heard and incorporated into ongoing development of the service?	Data analysis Stakeholder (Steering Group) and staff consultation One-to-one interviews with victims and survivors
	P15. Do victims and survivors have appropriate opportunities to feedback about the service? When do they get these opportunities and what format do they take?	Stakeholder and staff consultation One-to-one interviews with victims and survivors
	P16. How is feedback provided by victims and survivors integrated into changes to the service? Is this done effectively? How regularly has this been happening?	Stakeholder and staff consultation One-to-one interviews with victims and survivors
	P17. How can the accessibility and use of the Victim/Survivor survey be improved? Does it ask the right questions?	Stakeholder and staff consultation One-to-one interviews with victims and survivors
	Do staff have suitable training and experience? How could staff skills and training be improved? Do members of the Steering Group feel able to fully contribute and effect change to the service? Do they feel supported to be active members of the Steering Group?	Stakeholder and staff consultation One-to-one interviews with victims and survivors Steering group meetings / sub-groups / focus groups / interviews

Topic guide – Safe Spaces Advocates (SSAs)

Introduction to the evaluation and explanation of how data will be used.

Advocacy service

First, we'll discuss the advocacy service – including your views on how well it is working and on the impact the service makes for victims and survivors.

Process

1. What are your views on the way the advocacy service functions – is it set up in a way that is accessible to victims and survivors?

Prompt for:

- What aspects of the service work more and less well?
- How accessible is the service, could anything be done to improve accessibility?
- What are the perceived barriers to accessing the service?

2. Which elements of the advocacy service have had the most use?

Prompt for:

- Calls, email, live chat (video), live chat (messaging)
- Perceived reasons for different engagement types having more or less use by victims and survivors

3. Can you tell me more about balancing workload between your caseload of victims and survivors and receiving calls to the helpline?

Prompt for:

- How this is prioritised
- Overall perception of caseload and how this relates to SSA capacity

Impact

4. What difference do you think the service makes to victims and survivors?

Prompt for

- What seems to be more or less helpful to victims and survivors

- Aspects of the service that make more or less impact
- Ways the service has made a difference (e.g. accessing other services, improving wellbeing, empowerment).
- Does the level of support/intensity of support available meet survivors needs?

Website

5. Could you tell me about how the website and online programmes have been working?

Prompt for

- How are victims and survivors using the website and online programmes?
- How do they make a difference to survivors – do they support them to access other services?

Staff training

6. Can you tell me about how you have been trained to deliver the service?

Prompt for

- What training did you receive?
- Did it help you feel prepared to deliver a trauma-informed and effective service?
- Was there any training you would have liked How could staff skills and training be improved?

7. Can you tell me about the support and supervision you receive?

Prompt for

- What is ongoing support and supervision like at Safe Spaces?
- How frequently do you receive supervision?
- Is the level of professional support provided to advocates suitable for work in this specialist area?
- Do you have access to confidential support yourself?

Victim/Survivor engagement

7. To what extent do you think victims and survivors currently have opportunities to feedback about the service? How effective are these feedback loops?

Prompt for

- Is this done effectively and regularly?
- How can the accessibility and use of the Victim/Survivor survey be improved? Does it ask the right questions?

- How else could Safe Spaces better hear and respond to the views of victims and survivors on the service?
- What changes have you seen as a result of survivor feedback?

Topic guide – Victim/Survivor interviews

Introduction to the evaluation and explanation of how data will be used

Note to interviewer:

The main aims of this research will be to hear about the lived experiences and view of individuals who have been through the service. We are not looking for quantitative information, but rather the qualitative information and insight that will help us determine the impact that this service is having on victims and survivors that have used or been referred to Safe Spaces.

Introduction

Hi, it's [NAME] from Rocket Science. [NAME] gave me your details and said you might be willing to speak to me about some research I'm doing for Safe Spaces. [Explain purpose of the interview and evaluation]. Anything you tell me will be kept completely anonymous and will be used to improve the service for people in the future. I just have a few questions about your experience of using the Safe Spaces service, but you only need to answer the questions you want to, and you can stop the interview at any time. I will give you my contact details at the end and if after we have spoken so if you have any questions or want to withdraw your answers, I can help you with that. Are you happy to continue?

Advocacy service

First, we're going to talk about the advocacy service, and how that is run.
When I talk about the advocacy service, I am talking about the support you received from your Safe Spaces Advocate – that might have been email support, support over the phone, support via a live chat on a website.
- Could you tell me a bit about your experience with the advocacy service including when you started being supported by the service and how you accessed it?
  - o Prompt for

- o Email / live chat / phone call / face-to-face calls – **including why they chose a particular contact mechanism**
- o Referred into the programme? Self-referral through helpline?
- o Did you find the service accessible? Did it function effectively or were there any issues with the set up and running of the service?
- What were your views on the staff who supported you?
  - o Prompt for
  - o Did you feel staff were well trained and prepared to deliver the service?
  - o Did you feel they took a sensitive approach – did you feel safe speaking to them? Did you feel you could trust them?
- What do you think about the level of support from the advocacy service?
  - o Prompt for
  - o What do you think about the amount of time you had with your Advocate?
  - o Was the level of contact enough?
  - o Would you have liked to have seen anything else offered by the service?

Now I'd like to talk about the impact the advocacy service has   made on your life.

- What were you hoping for from the service when you first contacted it?
- Did you get want you set out to gain from the support? What differences did the service make to your life?
  - o Were you able to make your own decisions and choices about the support – did you feel listened to?
  - o Prompt for short term, medium term, and long-term difference they think the service will have on them.
  - o Prompt for impact on wellbeing / supporting continued safety
- Did a particular contact mechanism e.g. the helpline / live chat / emailing / face-to-face have a different impact on you?
- Did it help you to access other support services?
  - o Prompt for how referral mechanisms worked.
- Overall, is there anything you would change about the advocacy service?

Website and online programmes

Now it would be good to talk about the website, if that is something you also engaged with.

- Did you use the website? *If no – what prevented, you from using the website*

If yes....

- Tell me a bit about how you found out about the website and how accessible it was
    - o Prompt for functionality of the website
    - o Did you use it just once, or over multiple occasions? Regular use?
- How did engaging with the website help you?
    - o Prompt for Did you get want you wanted out of the website?
    - o Did you access other services following your engagement with the website / online resources

Best practice sharing

I'd like to ask you some questions now about other services or support networks you have accessed. Have you accessed any other services or supports in addition to Safe Spaces?

If no – skip to engagement

If yes -

- *What other support networks or services have you accessed?*
- *Prompt for*
    - o *Which of these services have/have not been helpful?*
    - o *What do you think are the gaps in these services / areas for improvement?*
    - o *How could Safe Spaces learn from these support networks or services?*

Victim/Survivor engagement

Finally, I'd like to ask you some questions about how Safe Spaces listens to people who use the service

- Do you feel you have had opportunities to provide feedback about the service (besides this interview)?
    - o Prompt for
    - o When have you had these opportunities – how regularly these happen?
    - o What format do they take?

- Did you complete an exit questionnaire when you finished your support?
    - If no – what were your reasons for choosing not to complete it?
    - If yes – did you think it was accessible and fit for purpose?

- Do you have any ideas about how Safe Spaces can get better at getting feedback from clients to improve the service?

Topic guide – Steering group members interview

Introduction to the evaluation and explanation of how data will be used:
- Anonymity and confidentiality
- Right to withdraw anything or all that has been discussed by getting back in touch
- If we want to use any direct quotes, we will get back in touch for permission and to check this won't identify you.

Note to interviewer:

The main aims of this element of the research will be to hear about the role of the Steering Group in the development and delivery of the Safe Spaces advocacy service. We are also interested in the support the group receives and the Steering Group members' perspectives on the services processes, impact, and efficacy for survivors of church-based abuse. The evaluation is not considering, at this time, the appropriateness of the service model, or the grant funding element.

Steering Group

First, I'd like to talk about Steering Group and its relationship with the Safe Spaces service.

Could you tell me a bit about the Steering Group and its role within the Safe Spaces service?
- Prompt for
    - Terms of reference, purpose and aims
    - Composition and membership

How effective do you feel the group is in achieving its aims?

- Prompt for
    - o Effectiveness in influencing service delivery
    - o Extent to which lived experience influences the service
    - o Composition of the group – do they have the right people?

Thinking about your role in the Steering Group, do you feel you are able effect change and meaningfully contribute to the group and the service?

- Prompt for:
    - o Do you feel supported and enabled to contribute?
    - o Do you feel the Steering Group and Safe Spaces makes best of your expertise?
    - o Do you feel you are personally able to influence the service?

Now I'd like to talk about your perspective on the impact the Safe Spaces has for people who access it

How accessible is the advocacy service is to survivors?

- Prompt for:
    - o Telephone/website/email etc
    - o Promotion/awareness of the service
    - o Awareness of any barriers to the service?
    - o Are there opportunities for those who have accessed the service to provide feedback?

What is your understanding of the impact of the advocacy service for survivors?

- Prompt for:
    - o Does the Steering Group receive feedback on the service?
    - o Positive outcomes for people having accessed the service
    - o Anything not going well?

Is there anything else you think we need to discuss in relation to Safe Spaces and/or the Steering Group?

Safe Spaces online survey

Thank you for taking the time to complete the Safe Spaces Survey. This should take no more than 7 minutes and the information you share will be used to improve the service in the future.

About the survey.

Rocket Science is an independent research company who have been asked to evaluate the Safe Spaces service.

We want to hear about your experience of the service. We will not ask for any of your personal details in the survey, and you do not have to complete any questions you do not want to. The survey will be used to help us understand how effective the Safe Spaces service is and make recommendations for the future.

If you have any questions or comments about the survey, you can contact Jenny Paisley at jenny.paisley@rocketsciencelab.co.uk

Because we are not asking for any personal details about you, we won't be able to remove your answers after you have submitted your response, so before we start can we check that (please tick):

☐
    I confirm that I have read and understood the information given to me about completing this survey

☐   I give my consent for Rocket Science to process the data I share in this survey

☐   I understand that I am not obliged to complete every question in the survey

1. How did you hear about the Safe Spaces service?
- Word of mouth
- Through the police
- Through someone in my diocese / a church officer
- Leaflet

- Through the Safe Spaces website
- Other

If other, please specify:

FREE TEXT

2. How were you referred to Safe Spaces?

- I was referred to Safe Spaces by the police
- I was referred to Safe Spaces by someone in my diocese / a church officer
- I used the Safe Spaces helpline to self-refer to the service
- I used the live chat function on the Safe Spaces website to self-refer to the service
- I emailed Safe Spaces to self-refer to the service
- Other

3. How did you / do you receive support from Safe Spaces? Select all that apply

- Phone call
- Email
- Online live chat (messaging)
- Video call

If you selected more than one option to the previous question:

Which of these forms of communication were most useful? Select all that apply

- Phone call
- Email
- Online live chat (messaging)
- Video call

4.Please explain why you engaged with Safe Spaces via this type of communication:

FREE TEXT

5. For how long have you received support from Safe Spaces? Please select one

- 0-1 month

- 1-3 months
- 3-6 months
- 6-9 months
- 9-12 months
- 12+ months

6. How regularly do you / did you receive support from Safe Spaces?

- Daily
- Weekly
- Fortnightly
- Monthly
- Less than once a month

7. Overall, on a scale of 1-10 how likely would you be to recommend the Safe Spaces service to someone in a similar situation. *(1= very unlikely, 10=very likely)*

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

8. Are you still receiving support from Safe Spaces?

Yes/No/Prefer not to say

If yes/prefer not to day go to Q9

8.a. If no:

What do you think about the duration of support you received from Safe Spaces?

- *The length of time I was supported for was too short*
- *The length of time I was supported for was about right*
- *The length of time I was supported for was too long*

9. To what extent do you agree / disagree with the following statements: (strongly disagree - strongly agree +don't know)

- The Safe Spaces advocacy service is easy to access
- The Safe Spaces advocacy service provides the type(s) of support I want or need
- The Safe Spaces advocacy service provides the right amount of support

- I was able to choose how I wanted to receive support from Safe Spaces

- Safe Spaces advocates listened to me

- Safe Spaces advocates are well trained

- Safe Spaces empowered me to make my own decisions

- Safe Spaces made me feel safe

- I can trust the Safe Spaces Advocate

- Safe Spaces is/was beneficial for my wellbeing

10. Have you accessed other services as a result of your support from Safe Spaces?

Yes/No

10.a. If yes, how were you referred to the other service(s):
- My Advocate at Safe Spaces directly referred me to another service

- My Advocate at Safe Spaces told me about the service and I self-referred

- I read about another service on the Safe Spaces website and self-referred

- Other

If other, *Please specify*

10.b If you are happy to do so, please can you tell us which other service(s) you accessed?

FREE TEXT

10c On a scale of 1-10 how useful have you found these services to be? (1= not at all useful, 10 = very useful)

1-10

10. d. If no, would you be interested in finding out more about other services that could be of support?

Yes/No

11. Have you accessed the Safe Spaces website?

Yes/No

If no go to Q12

10 a. *If Yes* How regularly do you access the website?

- Daily
- Weekly
- Fortnightly
- Monthly
- I have only accessed the website once

*10.b. H*ow have you used the website? Please select all that apply

- To learn about the Safe Spaces service
- To access contact details for the Safe Spaces helpline / live chat / email
- To access additional resources / contact details for other types of specialist support in the UK
- To access documents and guidance related to grant funding
- To access newsletters or quarterly reports
- Other (please state) FREE TEXT

10.c To what extent do you agree / disagree with the following statements: (strongly disagree - strongly agree)

- The website was easy to access
- The website feels safe for me to use
- The resources shared on the website are useful
- I would recommend the Safe Spaces website to others

Is there anything you want to tell us about use of the website?

FREE TEXT

10. d. Have you accessed any other services as a result of visiting the Safe Spaces website?

Yes/No/Prefer not to say

11. Are there any services or types of support that Safe Spaces doesn't provide which you think would be helpful for you

FREE TEXT

12 Last question, is there anything else you would like to tell us about Safe Spaces?
FREE TEXT

Many thanks again for completing this survey – we really appreciate your time and your response. If you have any questions about the survey, you can contact Jenny on [EMAIL]

We would also like to talk to people who have accessed the service, if you would be willing to talk to us about your experience of Safe Spaces, please email Jenny.

Appendix 2: Documents reviewed

- Schedule 1 Safe Spaces Service Specification
- Q1 (Sept-Dec 2020) quarterly report (redacted for public)
- Q1 (Sept-Dec 2020) Safe Spaces redacted quarterly KPI report
- Q2 (Jan-March 2021) quarterly report qualitative redacted for public
- Q2 (Jan-March 2021) Safe Spaces quarterly KPI report
- Q3 (April-June 2021) Safe Spaces qualitative redacted for public
- Q3 Safe Spaces (April-June 2021) Quarterly Apr-June KPI report
- Q4 (July – Sept 2021) Safe Spaces qualitative redacted for public
- Q4 (July – Sept 2021) Safe Spaces quarterly KPI report
- Q5 (Oct – Dec 2021) Safe Spaces qualitative redacted for public
- Q5 (Oct – Dec 2021) Safe Spaces quarterly KPI report
- Q6 (Jan-March 2022) Safe Spaces qualitative redacted for public
- Q6 (Jan-March 2022) Safe Spaces quarterly KPI report
- Q7 (April – June 2022) Safe Spaces qualitative redacted for public
- Q7 (April – June 2022) Safe Spaces quarterly KPI report
- Q8 (July-Sept 2022) Safe Spaces qualitative redacted for public
- Q8 (July-Sept 2022) Safe Spaces quarterly KPI report
- Safe Spaces training and reading
- Safe Spaces Monthly KPI report June 2021
- Safe Spaces newsletter v12
- Satisfaction survey
- Jet pack data related to website impressions

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