

**ROCKET
SCIENCE**

**Safe Spaces service
evaluation**

Annual report for 2023

April 2024



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Executive summary

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 available to adults aged 18 or over and takes an ecumenical approach to meeting the support needs of victims/survivors. Safe Spaces is able to support both those who remain members of the church and those who no longer wish to be so and victims/survivors do not have to have reported the incident to the Church or the Police to be able to access support.

Safe Spaces is available for people who have experienced any kind of abuse Church related abuse, including, but not limited to sexual violence, inappropriate sexual behaviour, physical abuse, financial abuse or exploitation, psychological abuse, spiritual abuse, domestic abuse, coercive and controlling behaviour and 'conversion therapy'.

This report details the independent evaluation of the Safe Spaces service that was delivered during 2023. The [methodology](#) for this evaluation included desk-based analysis of performance data, consultation with victims/survivors through qualitative interviews (n=8) and a feedback survey (n=22), as well as interviews with Safe Spaces staff (n=7).

There is a dedicated team of six, highly trained professionals in place, supported by robust systems and processes to manage risks. The Safe Spaces service **supported a total of 134 people during 2023**, of which **95 were new cases** and 39 transitions from the pilot service. As of December 2023, 84 cases remained active, and 50 cases had been closed. **295 new eligible contacts were made** with the service and 95 (32%) of those were assigned to an advocate and went on to become cases. The remainder continue to be able to access the helpline, receive onward signposting and referral and offer to be assigned to an advocate if needed in the future.

For 68% of cases supported in 2023, the abuse occurred in the Church of England, and 29.5% the abused occurred in the Catholic Church. The **majority of clients were female** (68%) and 26.5% of new contacts were aged between 40 and 59. The majority of referrals received are **self-referrals (83%)**. Other sources of referral include from the Diocese, police or social care.

Across the year, the Safe Spaces **website home page had 20,093 views**. This is a significant increase from the previous year, where the website as a whole had only 10,331 visits total.



Survivors were largely seeking support from the service for reassurance and emotional guidance around their experiences of abuse. For several, these were historical cases of abuse that they had not spoken to a professional about previously and were seeking support as a result of the Church's suggestion or due to a recent mental health diagnosis, such as PTSD (post-traumatic stress disorder) or depression.

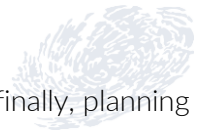
Based on the views of survivors engaged in the evaluation, consultations with staff, as well as the monitoring reports, **Safe Spaces has had a positive impact on the wellbeing and resilience of survivors.** The support significantly improved survivors' quality of life, including improved mental health and allowing survivors to start feeling more in control of their lives and learning to navigate their trauma.

Feedback from clients is positive and they report having built good relationships with their advocates. Survivors spoke positively of both the support advisors and advocates' approach to providing support to them. Survivors also noted the sensitivity of the advocates approach to make survivors feel heard and respected when talking about their experiences. Whilst advocates have a practical role in moving supporting survivors to progress, it was felt they do so in a very considerate way.

The transition and mobilisation period from the pilot service to the new Safe Spaces service was not as streamlined as had been hoped for a number of reasons, including a reticence of the previous provider to support First Light with the mobilisation, delays in notifying and handing over victims/survivors to the new service, issues with data transfer and issues with passing over staff TUPE information. These issues created concerns for First Light, SSEW, the contract managers within NST (National Safeguarding Team) and CSSA (Catholic Safeguarding Standards Agency), and ultimately may have had a negative impact on a number of victims/survivors.

There were a number of recommendations made in the evaluation of the Safe Spaces pilot. This report [compares progress](#) made by the service in 2023, against the recommendations in the pilot evaluation report.

A [number of recommendations](#) are made, including increasing awareness of video calling appointments; development of the online peer support service that is planned in 2024; further development of online resources and the website; further increasing awareness of the website with a focus on reaching specific populations, including men, members of the LGBTQIA+ community and younger people; SSEW giving early consideration to the scenario where demand for the service may



mean that there has to be a waiting list implemented or additional staff recruited; and finally, planning early for the end of the current funding period, which is in January 2026.

1. Introduction and background

1.1 Background to Safe Spaces

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 available to adults aged 18 or over and takes an ecumenical approach to meeting the support needs of victims and survivors.

Safe Spaces was piloted for a two-year period from September 2020 to September 2022, and was delivered by Victim Support. Following the pilot, transitional arrangements were put in place for September 2022 until January 2023. During this time, the Safe Spaces service was procured for a three-year period, and following the transition phase, was mobilised and launched in January 2023. The Safe Spaces service will be delivered by First Light from January 2023 to January 2027. This report details the independent evaluation of the Safe Spaces service that was delivered during 2023.

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 Safe Spaces service. SSEW has four directors (two from each of the Churches) and an incoming independent chair, due to be appointed in April 2024. SSEW Directors provide strategic direction and oversight and are legally responsible for the activities of SSEW. 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. The SSAC consists of survivor representatives from each of the Churches as well as safeguarding professionals from each of the Churches. More information about SSEW may be found [here](#).



1.2 Introduction to the evaluation

In January 2024, Rocket Science, an independent research and evaluation organisation, were commissioned to evaluate the Safe Spaces service. The evaluation sought to examine how the service has evolved since the transition from the pilot stage, and to assess the effectiveness and impact it has had during this time. This evaluation builds on the evaluation of the pilot service and considers the progress towards the recommendations set out in the pilot's [final evaluation report](#). This will be a three-year evaluation and will cover the duration of the Safe Spaces Service, as delivered by First Light, from January 2023 to January 2026, with annual reports produced each year.

The main aims of the evaluation overall are to understand:

- The uptake and usefulness of the service
- If there is an improved awareness of the Safe Spaces service
- The impact the Safe Spaces service has had
- If the recommendations in the first report have been followed and if this has resulted in better outcomes
- If the level of resources matches the level of demand
- What works well and an exploration of what could be improved
- If there are any gaps, and if so, what additional resources may be needed in future.

These aims are covered in part in this first evaluation report and will be covered more fully in years two and three. The scope of the evaluation includes: the support and advocacy helpline; the Safe Spaces website and social media presence; promotion and marketing of the Safe Spaces service; the engagement of victims and survivors in the Safe Spaces service.

1.3 Methodology

The evaluation took a mixed methods approach to explore the areas listed above and was guided by the evaluation framework and evaluation questions. The evaluation combined anonymised performance data with qualitative insights from victims and survivors who have accessed Safe Spaces, and insights from the Safe Spaces service delivery team. The evaluation included the stages outlined below.

- **Desk-based analysis of performance data** - Existing monitoring and performance data collected by First Light was analysed, including data on Safe Spaces KPIs (key




performance indicators), RI's (monthly reporting indicators) and data from the Safe Spaces clients exit questionnaire (n=10) and cope and recovery tool. (n=22).

- **Consultation with victims/survivors** - This engagement included one-to-one interviews with victims and survivors accessing the Safe Spaces service. In total 8 in-depth interviews were completed with victims/survivors who had accessed Safe Spaces during 2023, for this first year evaluation report. This represented an 80% response rate to those contacted. Fieldwork will continue across years two and three and will include further one-to-one interviews and the online survey. Rocket Science will also participate in victim/survivor engagement activity with Safe Spaces, where appropriate, for example attending online events.
- The victim/survivor interview discussion guides were written using trauma-informed principles to reduce the risk of re-traumatisation during fieldwork, and victims/survivors were given choice in the interview format (telephone or video call), gender of interviewer and time of interview. They were also offered the interview questions ahead of time. Respondents in the evaluation participated primarily by telephone (n=6), with two choosing to participate by video call.
- **Feedback survey for victims/survivors** – In addition to the one-to-one interviews, the findings of this report include the initial responses from an online feedback survey distributed to those accessing the service in February 2024. The survey is ongoing, and at the point of analysis had 22 responses. It will continue to be distributed across the evaluation and the findings will contribute to the future annual reports.
- **Interviews with Safe Spaces staff** - We conducted one-to-one interviews with the Safe Spaces project manager and the full delivery team, including Safe Spaces advocates (n=3) and the Safe Spaces support advisors (n=2) for this report. We also consulted the chief executive officer for First Light. In total, 7 members of staff were consulted for this evaluation report.

1.4 Limitations to the evaluation

All research and evaluations have limitations, and it is important to document these for transparency. For this evaluation, the limitations that the evaluation team are aware of include:

- While the evaluation was commissioned in September 2023, the contract for the delivery of the services was not in place and signed until January 2024. As a result of this, data could not be shared with the Rocket Science evaluation team until January 2024. Good

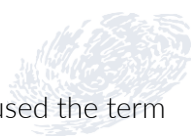


progress has been made during January and February 2024, but this has impacted the ability of the evaluation team to collect more anonymous online survey data. Fieldwork will continue throughout 2024, and will contribute to the annual report, so this is expected to provide more insights from victims/survivors.

- Response rates to interviews with victims/survivors has been good given the timeframes, although given the total number of people supported by the service represents a small sample size. Eight people participated in interviews and 22 people responded to the Rocket Science survey. From a total of 134 people supported by the service in 2023, this is a good sample size (22%). It is understandable that 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, will have an impact on the numbers of people who are willing to speak to the evaluation team. Cognisant of this, all research materials are designed based on trauma-informed principles and victims/survivors took part in interviews on an entirely voluntary basis with fully informed consent. We are confident that the response rate will continue to increase over the next two years of the evaluation.
- All of those victims/survivors who participated in the evaluation to date were introduced to Rocket Science by the Safe Spaces team. As a result of this, there could be a sampling bias. This means that responses could potentially be only positive. To mitigate this potential sampling bias, the online survey will be sent to all Safe Spaces clients and will be available as a link on the Safe Spaces website. This means that any potential sampling bias will be reduced. The contact details of the evaluation team will also be made available, via the online survey, so clients can contact the evaluators directly.
- It is important to note that across the quarterly reports, the internal data collection of the service progressed, meaning in several areas there is a lack of consistent data across the four quarters, particularly on quarter one (January to March 2023) meaning that there are some limitations to the analysis. It is anticipated that this will become more consistent, with few data gaps as the service continues into years two and three.

1.5 Language and terminology

It is acknowledged that given the sensitivities of the subject area, using the right language and terminology is important. During the development of the Safe Spaces service, prior to the pilot, victims/survivors were involved in scoping the service, and they decided the most appropriate language to use was victim/survivor. We acknowledge that these terms having different meanings for



different people. Since First Light began to deliver the Safe Spaces service, they have used the term 'clients', as this covers all people who access the Safe Spaces service, whether they consider themselves to be a victim, survivor or prefer a different description. We acknowledge the complexity of both terms. This report attempts to use both terms in slightly different ways, but we recognise that this is unlikely to be perfect.

The remainder of the report is set out as follows:

- **Section two** gives a more detailed description of the Safe Spaces service
- **Section three** includes the analysis of performance data and contains details of the total numbers of people supported, demographic details, website usage, types of abuse, duration of support, and details of exits from the service.
- **Section four** includes the analysis of the interviews and online survey responses from victims/survivors and the interviews with Safe Spaces staff. This section also documents some of the lessons that have been learned from the mobilisation and delivery of Safe Spaces in 2023, as the service transitioned from the pilot to transitional phase and then to the new service model
- **Section five** provides conclusions from the year one evaluation and includes recommendations for the delivery of the Safe Space service in future.
- **Appendix one** includes details of the KPIs (key performance indicators) and RI's (monthly reporting indicators) that are used by commissioners to monitor progress of the Safe Spaces service.
- **Appendix two** includes a glossary of acronyms used throughout this report.

2. Description of the Safe Spaces service

2.1 Aims of the service

Safe Spaces provides a range of support including emotional support, signposting, supporting clients to report abuse and advocating for them with Church safeguarding teams. The service aims to ensure that those accessing it are given options and are able to make choices that are right for them. The service is staffed by Safe Spaces advocates who have undertaken advocacy training, as well as training regarding the impact of church-related abuse and the processes followed by the Churches.



The service specification was developed in consultation with victims and survivors from both Churches. Central principles of the Safe Spaces service are:

- Independence – the service must be run by an organisation independent of the two Churches, with confidentiality for clients
- Specialist – the service must have the necessary expertise and understanding to support those who have experienced church-related abuse
- Choice driven – the support provided should be survivor-led, with clients being given choices regarding their options and support decisions.

The service specification includes the following key requirements:

- Operating a remote advocacy and emotional support helpline service using a variety of methods of communication including (but not limited to) telephone, video calls, email.
- Facilitating access to counselling / therapeutic support for victims/survivors, but not providing a counselling service directly.
- Facilitating online peer support groups.
- Developing and delivering a marketing and communications plan, including provision of a website for the service, with web-based resources.
- Providing opportunities for victim/survivor feedback.

The Safe Spaces service has a range of Key Performance Indicators (KPIs) and Reporting Indicators (RIs). Each of these indicators has a specified target. The KPIs and RIs are summarised in [appendix one](#). The indicators are a useful reference point to assess if the service is operating successfully in key areas.

The indicators included in [appendix one](#) primarily related to the delivery of the advocacy service. In addition to this, there are also requirements relating to promotion and communication of the service, survivor engagement and the development of the Safe Spaces website. Each of these areas are described in more detail below.

2.2 Service delivery model

Safe Spaces is described as a free and independent support service, providing a confidential support for anyone who has been abused by someone in the Church or as a result of their relationship with the Church of England, the Catholic Church in England and Wales or the Church in Wales.



The service is open to anyone 18 or over who lives in England and Wales. For people who live outside of England and Wales but suffered abuse in the Church or as a result of a relationship with the Church of England, Catholic Church in England and Wales or the Church in Wales, support is also available. Safe Spaces supports people who remain members of the church as well as those that are no longer members of the Church, and victims/survivors do not have to have reported the incident to the Church or the Police to be able to access support.

Safe Spaces is available for people who have experienced any kind of abuse Church related abuse, including, but not limited to sexual violence, inappropriate sexual behaviour, physical abuse, financial abuse or exploitation, psychological abuse, spiritual abuse, domestic abuse, coercive and controlling behaviour and 'conversion therapy'.

2.2.1 Advocacy

The Safe Spaces advocacy service is available by telephone (0300 303 1056), email (safespaces@firstlight.org.uk) or webchat available on the [website](#). The advocacy service helps with advocating with authorities, including Diocese or the police, providing emotional support, and developing support plans. All support is delivered remotely, and face-to-face support is not available through Safe Spaces, due to the national coverage of the service.

The helpline is available Monday to Friday from 9am to 9pm, on a Saturday from 9am to 1pm, and Sunday from 1pm to 5pm.

When someone contacts the helpline, they are given immediate support from a support advisor who provides frontline support, and 'triages' the enquiry. This is an informal conversation that allows survivors to speak about their experience for the first time, with the Safe Spaces service, and discuss the support that is available to them. When the victim/survivor has confirmed that they would like to proceed with support, their case is passed onto a survivor advocate. The referral can happen directly over the phone with the support advisor, or the survivor can use the online referral form via the website or email at a later date. Sometimes clients may have contact with the support advisor on several occasions, before deciding to proceed with their case and being passed on to a survivor advocate.

Advocacy support varies on a case by case basis, and include providing emotional support alongside practical assistance, provision of information, including on criminal justice procedures and options,



support to report abuse to Diocese safeguarding team, support to attend meetings with relevant agencies, support with paperwork, making referrals to counselling or therapy, and support to source funding for this, support to make a complaint about a member of the clergy, help with appeal processes, signposting and referrals to other agencies for further support.

Safe Spaces advocates are trained ISVA's (Independent Sexual Violence Advisor) and are all at minimum level two safeguarding trained. The team also all have expertise in other areas, including complex needs, domestic abuse, LGBTQIA+ advocacy, male specific independent sexual violence advice, counselling, mental health and drug and alcohol support.

2.2.2 Website

The Safe Spaces website has been redesigned by the team at First Light, following its transfer over to them. The website has maintained its branding, that was co-designed with victims/survivors, but the content and structured has changed, based on recommendations in the pilot service evaluation report. The website includes:

- Information about the Safe Spaces service
- A referral / self-referral form
- Information about SSEW and First Light
- Resources, including links to other useful services
- Team profiles
- Contact details and a live chat box.

2.2.3 Promotion

During 2023, First light conducted a range of formal and informal activities, to promote the Safe Spaces service more widely. The intention was to limit promotion in the first year, while staff were fully trained, and the service was being established. Most outreach and promotion activity is planned for years two and three. However, promotional activity conducted to date include:

- Launching the new website to improve search engine prevalence
- Attending Hereford Cathedral's Safeguarding Sunday event and delivering talks for the public about Safe Spaces and spiritual abuse in the following few days. Safe Spaces we were




introduced to the congregation by the Canon during the Sunday service. Safe Spaces plan to attend more of these events and potentially some LOUDFence events in 2024.

- Attending the CSSA conferences on several occasions during 2023, to increase awareness with Diocesan Safeguarding.
- Delivering training alongside the CSSA in the Diocese of Hexham and Newcastle, for all of their clergy, in responding well to abuse allegations and supporting survivors effectively, as well as the value of using Safe Spaces support.
- Attending local police force team meetings to introduce the service and increase awareness.
- In 2024, the intention is to attend every Catholic Diocesan clergy training event, either in person or virtually and a training workshop at the Catholic Bishop's plenary is planned for this year.

2.2.4 Survivor engagement

During 2023, First light conducted a range of survivor engagement activities, including:

- Victims/survivors have been involved in the recruitment process for Safe Spaces staff, which has involved suggesting interview questions and participating in interview panels. This was felt to be really valuable by the Safe Spaces management team at First Light.
- Victims/survivors have been involved in developing and delivering training for new starters on church related abuse, which has included survivors' stories of navigating church processes. Safe Spaces staff found this to be incredibly valuable, and many First Light staff beyond the Safe Spaces team also attended, as a development opportunity. The Safe Spaces staff found this training valuable, and greatly appreciated the time that victims/survivors dedicated to this. They feel that are much better able to respond, and have a better understanding of church related abuse, following the training.
- An online survey has been sent to all clients, asking about their views on online peer support opportunities. The survey received a 40% response rate, with a positive response on the value of peer support. The next steps for Safe Spaces following this survey are to invite clients to join an online meeting or forum to discuss the format for peer support, ground rules, vetting and then to organise training in delivering peer support. Safe Spaces has the benefit of some current clients being involved in running peer support sessions in their areas, and will build on this existing expertise, and use the survey findings to develop an online peer support offer.

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- All survivors receive quarterly requests for feedback, in the form of an anonymised online survey. The survey has been adapted over 2023, and Safe Spaces found that this method results in more accurate feedback, with an improved response rate. The response rate is now 10 to 15% each quarter, which is an average for general 'consumer surveys', so given the sensitivities, this should be considered to be a good response rate.

3. Performance data analysis

The following section looks at the performance data of the Safe Spaces service since the service delivery moved to First Light in January 2023. The analysis is based upon data provided to Rocket Science through the four quarterly reports collated internally by the service. This includes data on inward referrals and caseloads, staff training and safeguarding procedures, outward referrals to support services. This section also includes data on the website usage.

Additionally, the analysis includes data submitted by survivors through the 'cope and recovery tool', which is an online questionnaire distributed to survivors accessing the advocacy service is included in this section.

3.1 Referrals, demographics and caseloads

This section explores the data related to inward referrals to the Safe Spaces service, and caseloads across 2023. As expected, the caseloads developed steadily after First Light took over delivery of the service in January 2023, with new cases increasing as the year progressed.

In January 2023, 39 cases transferred over to the new Safe Spaces service. There were 95 total new cases during 2023, and as of December 2023, 84 cases remained active, and 50 cases had been closed.



Overview of cases since January 2023	
Cases transferred into Safe Spaces (January 2023)	39
New cases	95
Active cases (as at December 2023)	84
Closed cases	50
Eligible contacts made to Safe Spaces	295
Ineligible contacts made to Safe Spaces	139

Table 1. Overview of cases since January 2023. Source: Monitoring reports Q1-Q4 2023.

As can be seen in table 1, above, 39 cases transferred to Safe Spaces in January 2023. With 20 new cases in the first quarter, this rose to a total of 95 new cases by December 2023.

The Safe Spaces service supported a total of 134 people during 2023, of which 95 were new cases and 39 transition from the pilot service.

As the table above shows, 295 new contacts were made with the service and 95 (32%) of those were assigned to an advocate and went on to become cases. Eligible contacts (n=295) refers to anyone who contacted the service, including all of those that didn't complete a referral. The current data does not show the intensity of the support provided to those 200 people who did not proceed to work with an advocate, but for some this will have been a one off contact and for others could have been ongoing support with a support advisor.

There was a steady increase of new people contacting the Safe Spaces service across the year. This demonstrates the success of First Light's promotion of the service, and increased awareness of the service within the Churches, which has resulted in an increase in the number of cases.

As a comparison, during the pilot service, a total of 323 people were referred to Safe Spaces. 31 people were not eligible, and 292 people were supported from September 2020 to September 2022.



Number of cases cumulatively across 2023

Note: Active cases figure is taken from end of each quarter

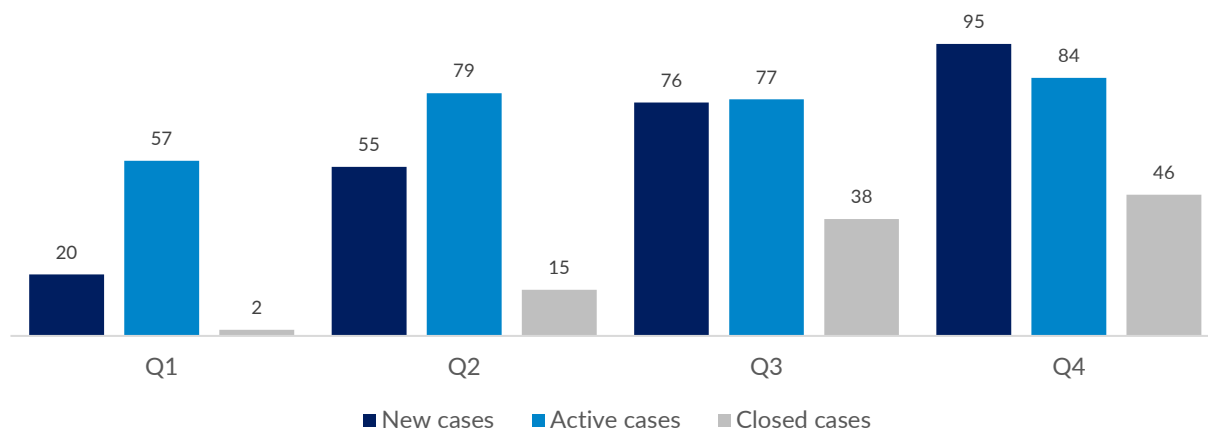


Figure 1. Number of cases by quarter. Source: Monitoring reports Q1-Q4 2023.

Caseloads

The Safe Spaces service has a team of six staff, made up of:

- one manager – who manages and supports the team, conducts caseload reviews, is responsible for promotion, website, peer support and victim/survivor engagement activities
- two support advisors – who deliver frontline support by telephone, email and live chat and ‘triage’ cases onto advocates. During 2023, the support advisors supported a total of 295 people between them.
- three Survivor advocates – who provide advocacy support to a caseload of up to 30 people each. The survivor advocates also jointly manage the helpline out of office hours. During 2023, the survivor advocates supported a total of 134 people between them.

As can be seen in Figure 1, above, the advocates active cases were between 57 and 84, meaning there is a small amount of capacity in the team currently.

Referrals by denomination

Figure 2, below, shows referrals to Safe Spaces disaggregated by denomination where their abuse occurred. 65 of those referred across the year belonged to the Church of England at the time that the abuse took place, with 28 belonging to the Catholic Church. A minority of 2 people belonged to one of the six dioceses within the Church in Wales.

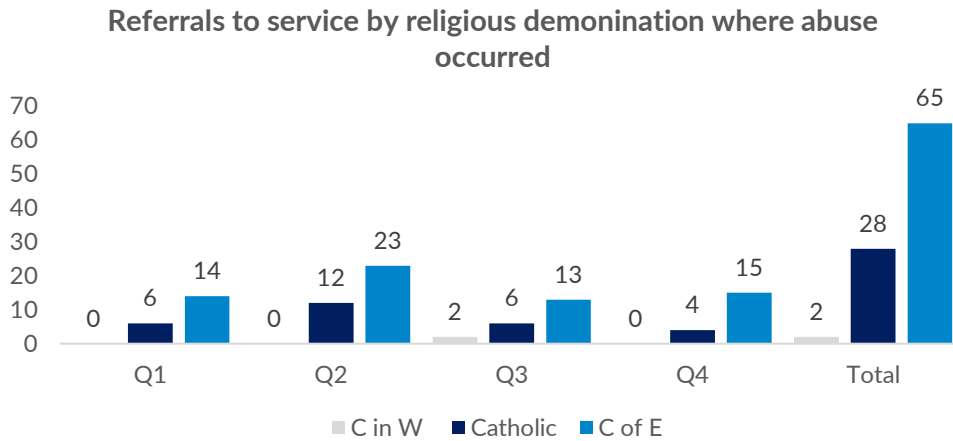


Figure 2. Referrals to services by religious denomination. Source: Monitoring reports Q1-Q4 2023.

Gender

As seen in figure 3, females were more likely to self-refer or be referred into the service. This remained the same across the year, with 65 women being referred, compared to 29 men. This reflects the wider demographics of abuse within the UK, with women more likely to be a victim of abuse.

Across the year, only 1 individual who identified as other than male or female was referred into the service. This data may suggest that whilst the service is reaching female survivors, there may be more to be done to ensure survivors of all genders feel comfortable reaching out for support.

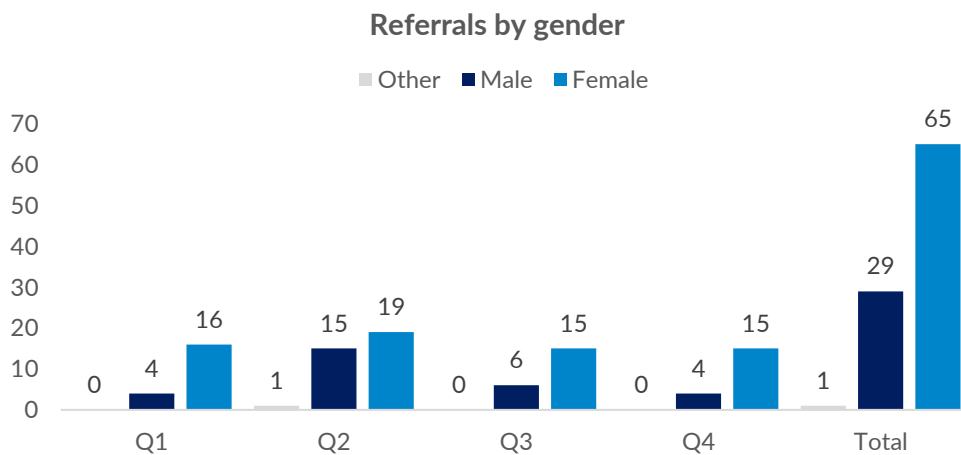


Figure3. Referrals to service by gender. Source: Monitoring reports Q1-Q4 2023.

Please note that these figures only relate to the 95 new cases supported during 2023 and does not include the 39 people who were transitioned into the service.



Ethnicity

Ethnicity data across the quarterly reports was less clear; in over 50% of cases across 2023, the ethnicity of survivors was unknown. As seen in Figure 4, almost a third of survivors identified as White British, with a minority identifying as being from another white background, Black or Black British, or from another Ethnic background.

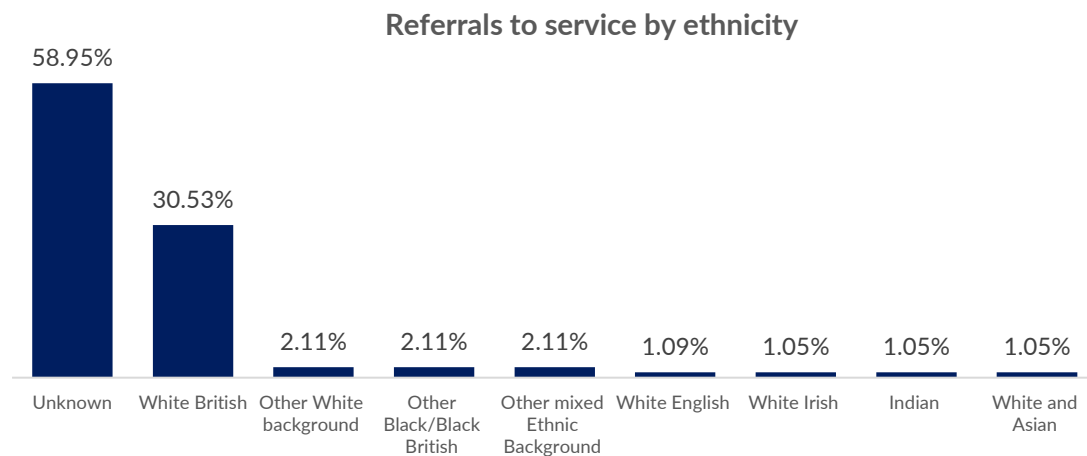


Figure 4. Referrals to service by ethnicity. Source: Monitoring reports Q1-Q4 2023.

There is a high percentage of cases where the ethnicity of the individual is not known. This is due to self-referrals often missing information, or clients choosing to not disclose their ethnicity.

Age

The Safe Spaces service is also required to ask all clients their age, regardless of if they are then fully referred through to an advocate. This is to ensure all callers are over 18 years old and that the service is able to support them. Almost half of callers did not want to disclose their age, accounting for a high percentage of contacts where this is not known. Where callers have disclosed their age, most frequently (26.5%) callers are between 40-59.



New contacts to service by age

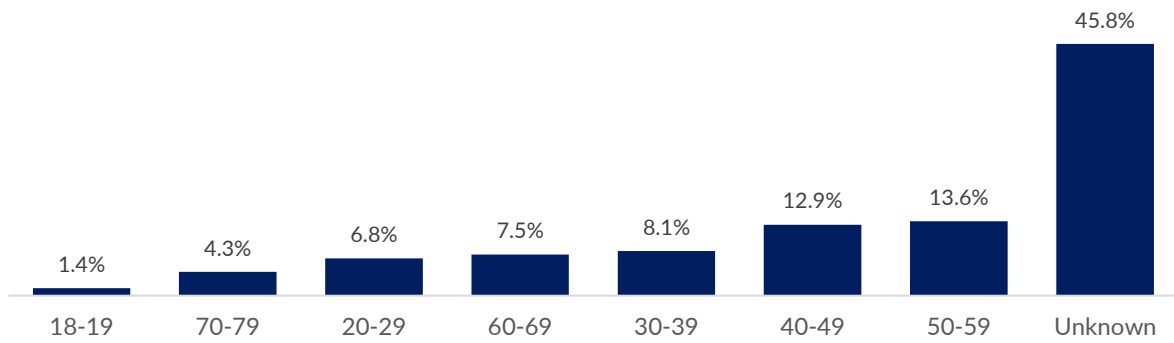


Figure 5. New contacts to service by age. Source: Monitoring reports Q1-Q4 2023.

Based on the demographic data, the service largely appears to be supporting clients aged 30 and above, and most frequently those above 40. This may be due to the large number of survivors who are reporting historic abuse for the first time. A small minority of survivors are under the age of 30.

As historic abuse cases were frequently mentioned by survivors who experienced abuse at an earlier point in their life, there may be an opportunity for Safe Spaces to have greater reach to survivors within the earlier age categories through further promotion of the service online.

3.2 Ineligible referrals

In some cases, referrals were deemed to be ineligible and were not carried forward, because of the following reasons:

- Non-church related
- Not relating to abuse
- Not occurring in England or Wales
- Clients under the age of 18
- Disengaged pre-disclosure

The table below demonstrates the numbers of cases which were ineligible:



Reason for ineligibility	Total deemed ineligible
Not church related abuse	48
Not relating to abuse	37
Non England/Wales	26
Under 18	1
Disengaged pre-disclosure	27
Total ineligible contacts in 2023	139

Table 2. Ineligible referrals by reason. Source: Monitoring reports Q1-Q4 2023.

3.3 Website use

The monitoring reports collated by the service note that the new website has increased the traffic of the website, and the service is now collecting further data around usage including views and user acquisition. Across the year, the Safe Spaces website home page alone had **20,093 views**, steadily increasing throughout the year. This is a significant increase from the previous year, where the website as a whole had only 10,331 visits total.

User acquisition	Number
Organic search	3,230
Direct	3,026
Referral	1,814
Email	531
Social	24
Other	3

Table 3. User acquisition data. Source: Monitoring reports Q1-Q4 2023.

It should be noted that links accessed to other sites were not logged in the first quarter which has impacted these findings. Figure 6, below, shows the growth in website views during 2023.

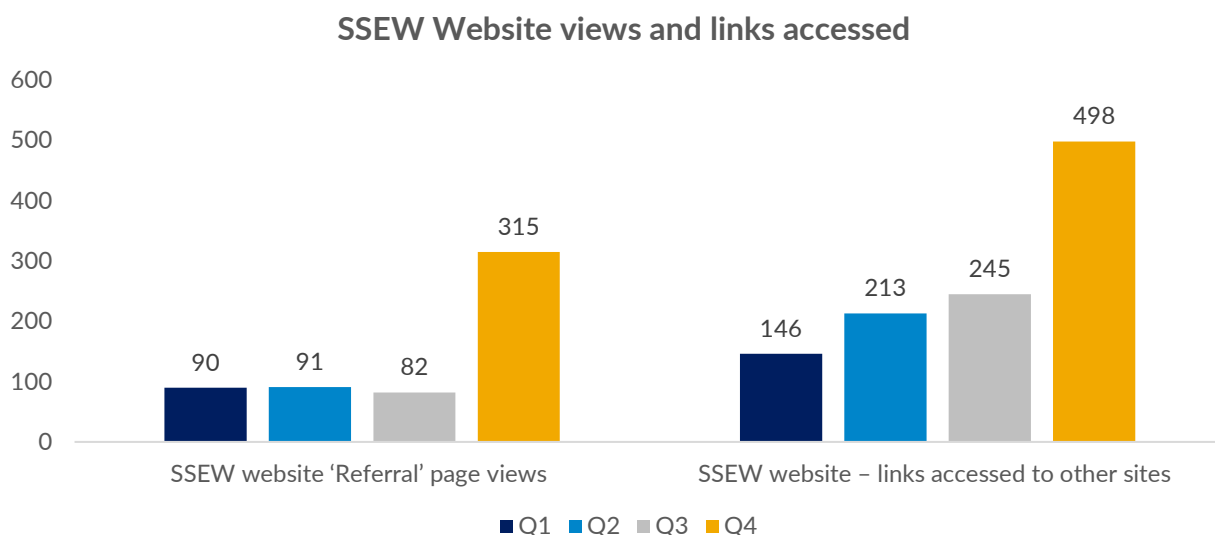


Figure 6. SSWEW Website views and links accessed via website. Source: Monitoring reports Q1-Q4 2023.

There are a number of recommendations that were made in the previous evaluation report, including:

- A review of the live web chat to understand why so many visitors to the page do not use the function
- Ensuring the website mirrored the trauma-informed approach of the advocacy service
- Increasing the functionality of the website as a repository for information and online resources.

This review has concluded, and the website is felt to be much improved. One useful example is that there are now team profiles on the website, which means survivors may feel more comfortable getting in touch with the service. A range of images are also included, showing some of the diversity of the client group.

3.4 Types of abuse

The graph below demonstrate the types of abuse survivors are most frequently seeking support for. Almost half (46%) of referrals are related to sexual abuse, with 14% being related to spiritual abuse. Cases are also frequently related to physical, emotional, organisational and psychological abuse. Less frequently, survivors will seek support based on their experience with financial or domestic abuse, as well as abuse based on discrimination against a protected characteristic.



Referrals to service by type of abuse

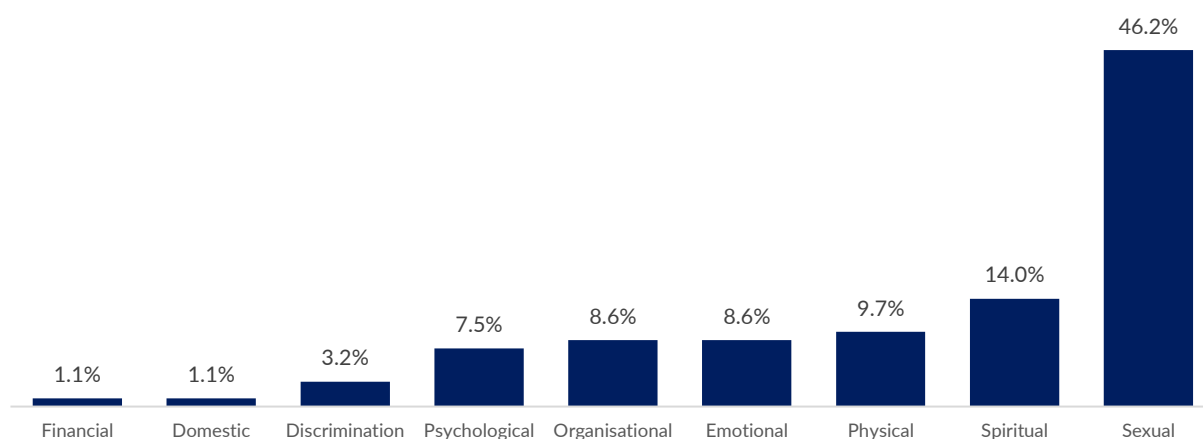


Figure 7. Referrals to service by type of abuse. Source: Monitoring reports Q1-Q4 2023.

It is important to note that due to the complexity of abuse and the fact that often different forms of abuse can intersect, it is likely that some of these cases may fit into more than one of these categories, and that they have been categorised based on the most prominent element of the abuse as reported by the survivor.

3.5 Duration and intensity of support

The duration of support for victims/survivors varied widely across the cases and the year, which is owing to the wide ranging needs of victims/survivors and nuances of support required, based on their individual experiences. Victims/survivors were most frequently supported for three to six months. There was also a significant number of survivors that were supported for a longer period of time, between six to twelve months or beyond a year. Figure 8 below demonstrates the duration of support for the 50 cases that were closed during 2023.

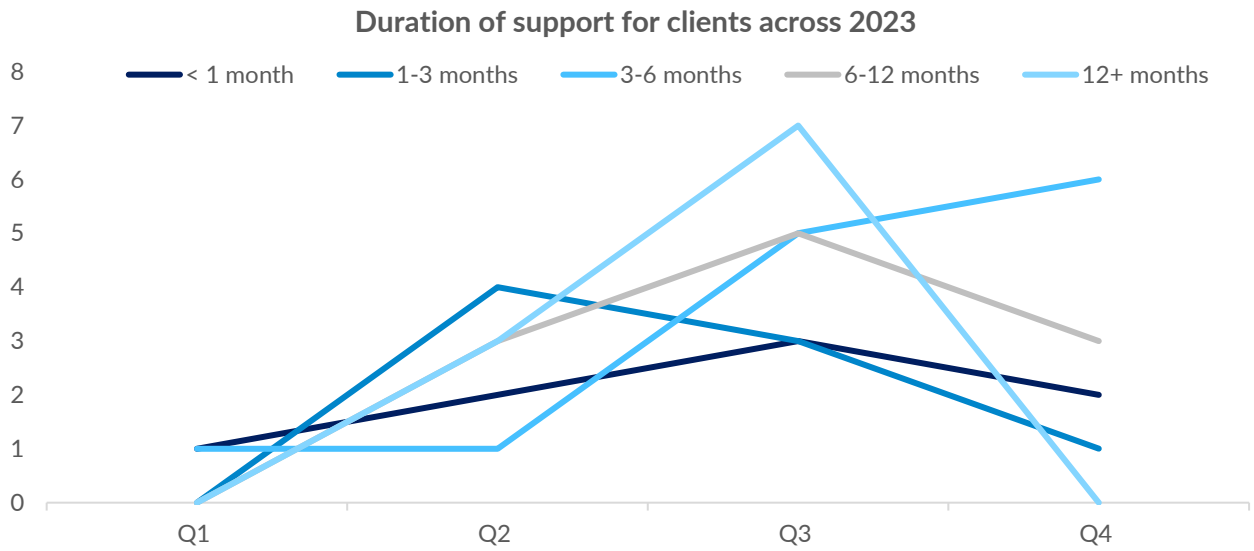


Figure 8. Duration of support for survivors across 2023. Source: Monitoring reports Q1-Q4 2023.

Month	Total number of support sessions delivered	Total number of active cases	Average sessions per case
Jan '23	352	43	8
Feb '23	340	51	7
Mar '23	390	57	7
Apr '23	509	66	8
May '23	502	71	7
Jun '23	519	79	7
Jul '23	520	81	6
Aug '23	490	74	7
Sep '23	501	77	7
Oct '23	542	82	7
Nov '23	512	85	6
Dec '23	510	84	6

Table 41. Total support session numbers across 2023. Source: Monitoring reports Q1-Q4 2023.



Across the year, survivors attended an average of 7 sessions within their active case time. As discussed in [section 4](#), survivors expressed that they felt the time they had with staff was sufficient.

3.6 Signposting and referrals

As part of the support provided, staff are also able to identify further support for survivors, with individuals being both signposted and referred to other services throughout the year. Figure 9, below, summarises the numbers of victims/survivors signposted and referred on to other services.

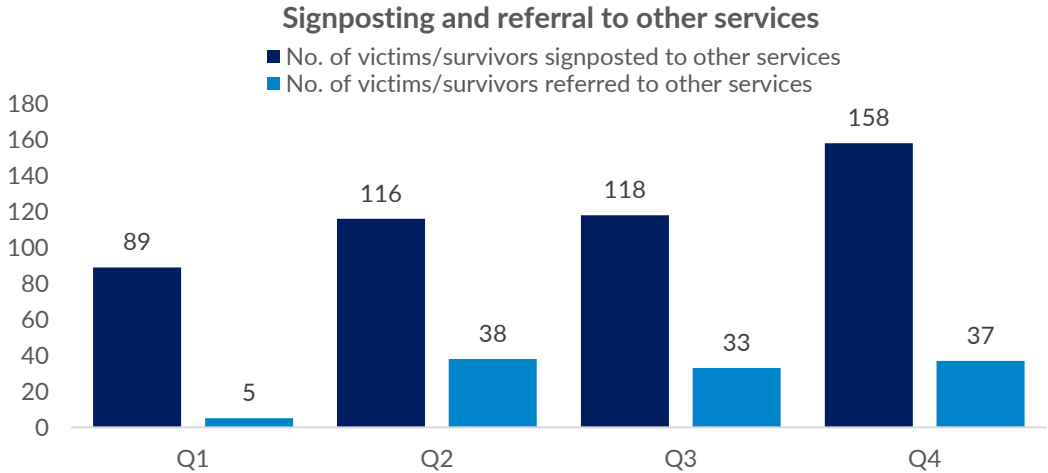


Figure 9. Signposting and referrals to other services. Source: Monitoring reports Q1-Q4 2023.

Signposting refers to when staff made survivors aware of other services as potentially useful or relevant to them, for example by showing them resources or sharing a contact number. A referral is a more formal process, where the staff have actively contacted an external service and completed their required referral process on behalf of the survivor, so that they can access this service’s support.

As seen in Figure 9 both signposting and referrals increased throughout the year, with signposting almost doubling from 89 to 158 between the first and last quarter. Similarly, there were more than seven times the outward referrals at the end of the year that there had been at the start. This demonstrates both the increasing knowledge and confidence of staff to refer survivors on where their needs could not be met within the service. The ability for more direct referrals out to other services also implies that the Safe Spaces service is situated within a strong network of services and is able to easily connect with other organisations for these referrals to take place.

Table 5, below, shows a breakdown of the services that were reached out to across 2023. It is important to note that this demonstrates the total number of organisations related to these areas



such as counselling or therapy services that were reached out to or engaged with. This may be to discuss referrals, staff training or other topics related to the service. Conversely, Figure 10, also below, demonstrates the total number of referrals made for survivors to counselling services.

Organisation external to the Church	Number of organisations reached out to in 2023
Counselling / therapy	19
Regional sexual violence support	22
Regional domestic violence support	17
Drug and alcohol support	12
Mental health support	13
Other	19
Total times organisation was engaged with by Safe Spaces	102

Table 5. Number of times organisations external to the Church were reached out to in 2023. Source: Monitoring reports Q1-Q4.

A number of survivors were supported by their advocates to access counselling. The majority of these cases were more general signposting rather than referrals, with 48 individuals being signposted, and a further 46 having discussions around counselling support across the year. This translated into referrals less frequently.

Based upon our interviews with survivors, the lack of referral completion can be because some survivors are already engaged with counselling independently to the service, so not require a full referral. Equally, some are content speaking with their Safe Spaces advocate so feel it is unnecessary, or do not feel emotionally ready for an external referral.

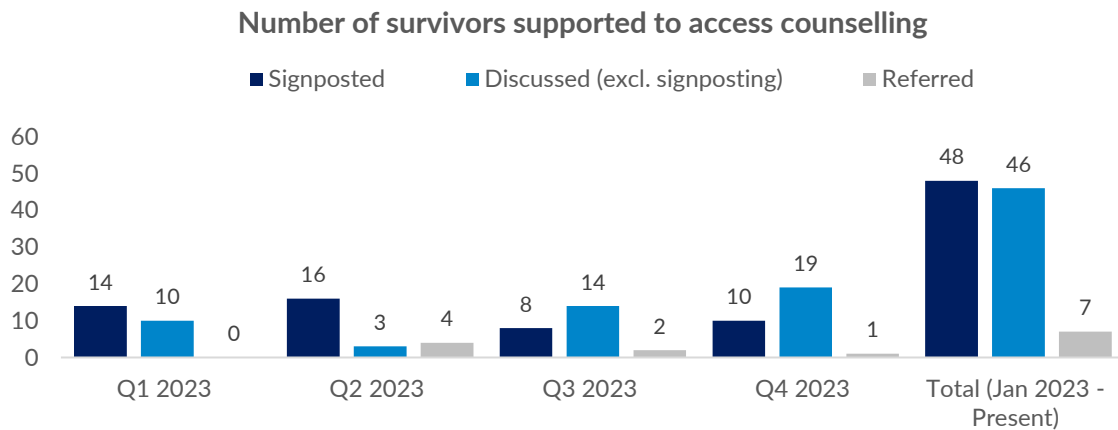


Figure 10. Number of survivors supported to access counselling. Source: Monitoring reports Q1-Q4 2023.

In addition to the emotional support provided by the service, it also provided support for survivors who wished to engage in legal proceedings as a result of their experience. A total of 63 individuals were supported to report abuse to the police or statutory services. Almost half (30) of these were directly referred which demonstrates the role of the staff as advocates for survivors who may not have felt comfortable reporting abuse without this support.

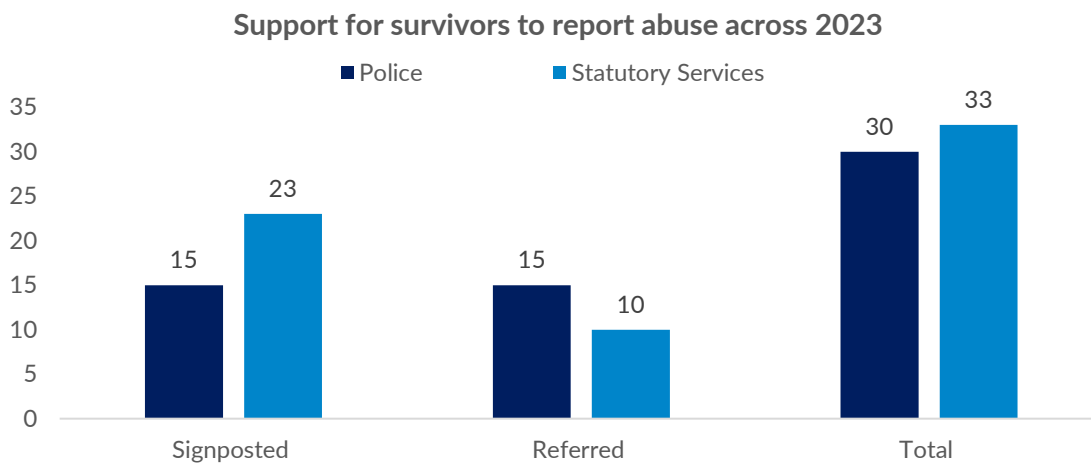


Figure 11. Support for survivors to report abuse across 2023. Source: Monitoring reports Q1-Q4 2023.

3.7 Safeguarding

The monitoring reports demonstrate the consistent safeguarding training across staff and managers with 100% of staff having Level 2 safeguarding training, consistently across all four submitted reports, with 100% of managers being Level 3 safeguarding trained. The consistency in safeguarding



training means staff are well equipped to raise and effectively manage risks or concerns they may have with survivors within their caseload.

The training from staff is also reflected in the high number of survivors provided with a risk assessment and safety planning advice. This increased from 26 in quarter one to 70 in quarter two and continued to increase across the rest of the year to meet the increasing case load. In quarter four, with 84 active cases, 79 of these had a risk assessment or safety plan in place.

Similarly, the number of safeguarding concerns raised also increased, with three times as many being raised in the final quarter of the year than in the first. This could be due to both a growing familiarity with the needs of clients, and progression of their cases, as well as increased familiarity of staff with recognising safeguarding matters.

	Safeguarding concerns raised
Quarter one	13
Quarter two	17
Quarter three	12
Quarter four	18
Total	60

Table 6 . Safeguarding concerns raised. Source: Monitoring reports Q1-Q4 2023.

Looking in greater detail at the breakdown of safeguarding concerns across the year, the most frequent safeguarding concerns were raised with the Diocesan safeguarding teams or other Church safeguarding staff members. Considering the nature of the survivors’ experience of abuse being Church-related, the high level of engagement with Diocese is in line with what was heard within staff and survivor interviews.

	Total safeguarding alerts raised
Police	6
Local Authority	10
Diocese /NST / CSSA	23

Table7. Breakdown of safeguarding concerns. Source: Monitoring reports Q1-Q4 2023.



3.8 Risk of suicide or self-harm

A high level of concerns from staff were logged in regard to individuals' mental health. Particularly acts of self-harm or being at risk of suicidal thoughts or behaviours was a frequent concern, with 21 victims/survivors recorded as there being a risk of suicide or self-harm.

3.9 Exits from the service

In terms of exits from the service, Safe Spaces maintained high numbers of planned exits and minimised the numbers of unplanned exits. The numbers of planned exits decreased in the second quarter of the year to 62% with unplanned exits rising to 38%. This appears to have levelled out towards the latter half of the year, with planned exits being maintained at around 83% and unplanned exits remaining under 17%. This suggests that the service was at full staff capacity, was fully mobilised and found a good balance with caseloads as the year progressed and can now consistently and effectively manage planned exits.

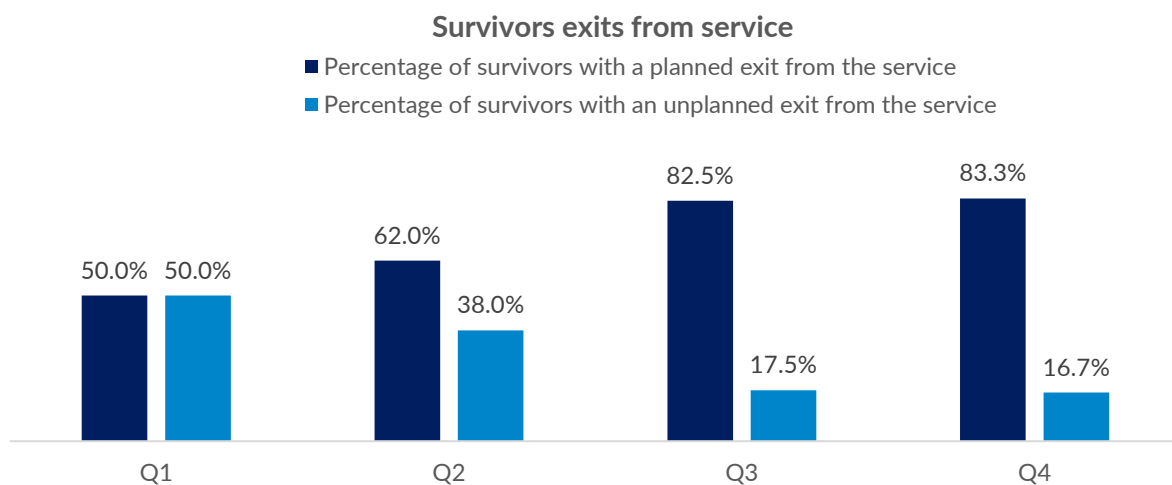


Figure 12. Survivors exits from service. Source: Monitoring reports Q1-Q4 2023.

It should also be noted that unplanned exits may be from victims/survivors who have come forward to the service but are still early in their journeys and are not yet ready for advocacy support. Having a small percentage of this type of case demonstrates that Safe Spaces is becoming more well known within the victim/survivor community, and these people may return to the service in future, when it is the right time in their journey.



3.10 Victim/survivor feedback

Both on leaving the service, and throughout, survivors are able to offer feedback on their experience. When exiting, survivors are offered an exit survey to complete. The table below shows that there is a high level of overall satisfaction for those accessing Safe Spaces during 2023.

As seen in Table 8, below, the service aims for a minimum of 80% of clients to be satisfied overall with the service. This data was not collected within the first quarter of 2023, but across both quarter two and quarter three, the service met or exceeded this target. The slight decrease in satisfaction in the final quarter of the year likely owes to the lower level of surveys returned, meaning that a negative score will have had a greater weighting on the overall average.

Satisfaction of survivors	Target	Q1	Q2	Q3	Q4
Percentage of survivors who are satisfied and would recommend Safe Spaces	80%	N/A	100%	80%	67%
Number of Complaints received	N/A	0 formal 6 informal	0 formal 5 informal	0 formal 4 informal	0 formal 2 informal
Number of exit surveys completed	N/A	0	2	5	3
Number of cope and recovery tool questionnaires completed	N/A	0	5	8	9

Table 28. Satisfaction of survivors and complaints received to service. Source: Monitoring reports Q1-Q4 2023.

There were no formal complaints received during 2023, however 17 informal complaints were received and resolved. 10 exit surveys were completed, for the 50 closed cases during 2023, representing a 20% return rate.



4. Impacts of the service

In this section we set out the views of the victims/survivors that we consulted with as part of the year one report. This includes both interviews and survey response data. We have also included some quotes that were received directly by the Safe Spaces team. This section also included staff views (section 4.3) on the service and on impacts on victims/survivors.

4.1 Views of survivors on Safe Spaces

Transition to First Light delivery

Firstly the section will explore survivors' perspectives of the support they received through the Safe Spaces service taking into account the transition to First Light. Several of the survivors we spoke with had received support when Safe Spaces was delivered by Victim Support and had experienced the transition period to First Light. Similarly in the survey, 50% were aware of a transition taking place from Victim Support to First Light, whereas the other 50% were not. Generally, where they were aware of the changeover, survivors felt this was a smooth, seamless transition, and that they had been informed and reassured throughout this process.

“(They) informed us via mailing about changes to come and tried to reassure us they are planning a smooth transfer.” - Survivor

Of survey respondents, almost two-thirds (64%) were not aware of changes to the service since First Light began delivering. However, those we spoke with who did witness a change, said they had a positive experience with the move to First Light, with a couple identifying the improvements they have seen to the service. One noted *“you can sense the difference”* and felt that the staff members under First Light are *“much more experienced”* to support them. Similarly, another described the *“change in tempo”* since First Light began delivery, and that this has been a positive change for them.

Where survivors did have challenges with the change in delivery service, it was particularly where it impacted their personal progress. For individuals who had begun with the advocacy service under Victim Support, they faced pauses to the service whilst First Light advocates were being assigned to them. Survivors suggested that this transition could have felt more seamless if they had been informed of their new First Light advocate at an earlier date. One survivor noted that they were informed that they would be receiving a new advocate but that the uncertainty of not know who or when was challenging for them.



“I had to start from scratch for a few times and that didn’t feel good, I think if they had first checked who could take over certain cases and let me know my name of next advocate and contact date that would be better than being told we’re looking for someone.” – Survivor

As survivors have also experienced changes in their advocates during First Lights delivery due to a staff member leaving, it is important that the service has transparent communication with survivors about any potential delays in their support or changes with their advocate. One survivor also noted that they felt there was **“no follow on”** between Victim Support and First Light, which meant that they had to start their support over again with their new advocate, rather than being able to pick up from where they had been.

“I assumed there would be a file that would give them my background and it rather threw me when they said they didn’t know anything about me.” - Survivor

For survivors who were part-way through receiving support, having to re-tell their experience to a new advocate can have a negative emotional impact as it requires them relive trauma, as well as hindering the support they can receive. For this survivor, this experience of having to retell their story meant they disengaged from the service as they felt they were **“left in limbo”** which was **“unsettling”** for them.

In the future, as Safe Spaces progresses, the service should ensure caseload consistency as much as possible and avoid changing staff where possible. When necessary for staff capacity, the new advocate should be provided with detailed case notes to ensure that the approach is trauma-informed and does not require survivors to start their support from the beginning. It is acknowledged that the transition between providers was not as frictionless as had been hoped, and planned for, and some staffing and IT data migration challenges did negatively impact a small number of people. The issues with the transition of the service, and this is covered in more detail in section 4.2 and 5.

Accessing Safe Spaces

Survivors we spoke with discovered Safe Spaces through a number of different means. The majority of individuals said they were signposted or referred through their Diocese safeguarding officer, although noted that where this was the case, they had experienced delays receiving the service details. Additionally, several individuals found out about the service independently online or via the website.



“I was looking for some support and googling abuse and church and I must have just come across it somehow.” – Survivor

This was consistent across both the interviews and survey responses, with almost two-thirds of respondents having become aware of the service through their diocese, a church officer or another professional service.

How survivors became aware of Safe Spaces

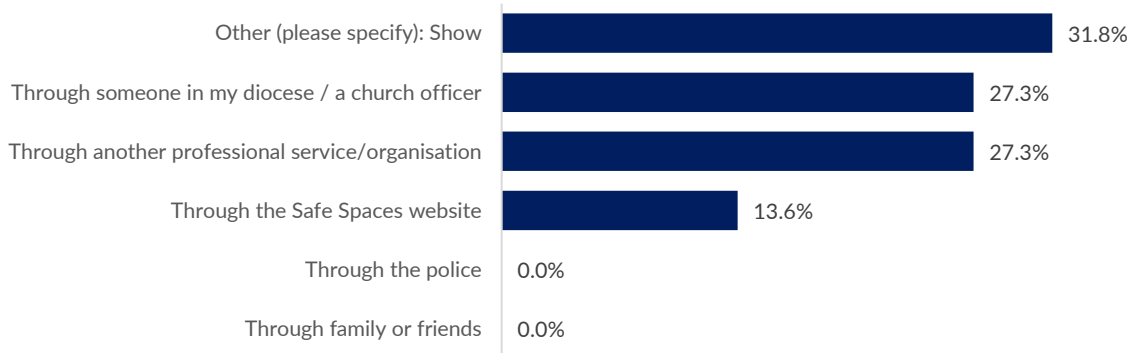


Figure 13. How survivors became aware of Safe Spaces. Source: Survivor feedback survey 2024.

31.8% identified another route to awareness, and when asked to specify, these routes were largely using the Diocese website, a google search or a poster they had seen in person. Similarly, in the interviews, survivors noted that they were able to find information about the service online and contacted Safe Spaces as a result of their own research, rather than a professional referral. This was also demonstrated in the survey responses, which showed that over half of survivors self-referred into the service using the Safe Spaces helpline or email.

How survivors were referred to Safe Spaces

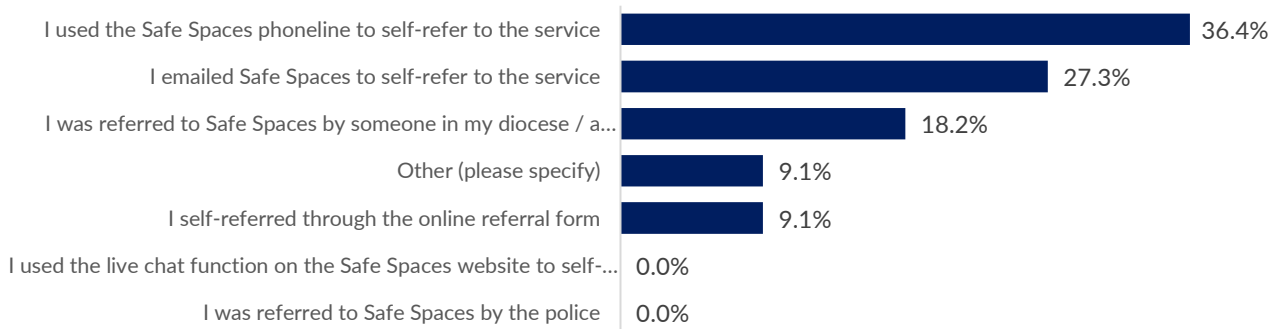


Figure 14. How survivors were referred to Safe Spaces. Source: Survivor feedback survey 2024.



This shows the importance of their being multiple entry points into Safe Spaces, including both referrals and self-referrals.

Types of support

Survivors were largely seeking support from the service for reassurance and emotional guidance around their experiences of abuse. For several, these were historical cases of abuse that they had not spoken to a professional about previously and were seeking support as a result of the Church's suggestion or due to a recent mental health diagnosis, such as PTSD or depression. For many, they hoped Safe Spaces would be able to provide an *"acknowledgement"* and validation of their experiences. Others did not have a strong sense of what exactly they needed from the service, but that they were in distress from previous experiences and required some form of emotional support.

"Kind of emotional support really, things had happened to me when I was younger and as you get older you say that wasn't right, and sometimes you need to talk to someone." - Survivor

Survivors also noted that the Safe Spaces service particularly appealed to them because of the nature of advocacy, and the idea that it could *"take pressure away"* from them by having a support system to help them process and handle matters going forward. Whilst only a few directly mentioned seeking Safe Spaces because of wanting practical support with advocacy, several more noted that even if that had not been their original goal that help is available and they have utilised it.

The majority of victims/survivors we spoke with felt that the level of support they are receiving or have received was sufficient to meet their needs. Survivors also felt that they were *"given a range of choices"* as to how they could receive support from the service, and that staff were keen to listen to their individual needs. For some victims/survivors, as mentioned this was largely emotional advice or having an open space to speak about their experiences.

"What I wanted was just someone to talk to say what happened and say how to help with it." - Survivor

Survivors appreciated the support Safe Spaces could provide, and that *"they are independent so that's clear throughout"*. The objectiveness and independence of the advocates means that survivors have felt comfortable and safe sharing details about their experiences, and taking advice that can help them to *"move forward."* In most experiences, it seems that advocates are able to successfully deploy emotional support alongside more practical and advocacy support which allows the survivor to progress in their personal recovery.



“She gives me practical advice to help take care of myself. I couldn’t google it myself. Having someone come along and say a few steps and a plan was really good for me, I wasn’t in position to do that.” – Survivor

For victims/survivors who were struggling with their mental health, the creation of risk assessments and safety plans was able to relieve the pressure on the survivor and explain to them next steps. Additionally, advocates have been able to provide practical support for survivors, by advocating for them with other professionals and the Diocese’ safeguarding officers.

Methods of engagement

In terms of how survivors are interacting with the service, the majority are having regular phone calls, with frequency ranging from once a week to once a month. This was consistent with the survey findings, with 86% who responded saying they are speaking to their advocate on a weekly or fortnightly basis. They felt that they had autonomy over the frequency of contact, with many choosing not to speak too regularly due to other life commitments. However survivors praised the responsiveness of the advocates, and the service from the outset, with one saying they were *“expecting a waiting list”* but that they were seen immediately. It was also felt that advocates were easily available and accessible in times of need for survivors via messenger, and they felt comfortable reaching out to them for additional support.

“With WhatsApp I can message her at any time, and then she gets back to me as soon as she’s working again – the contact is brilliant.” - Survivor

In addition to regular phone calls and communication via messaging, some had always used email to contact their advisor in between sessions, and a few had used Microsoft Teams or Zoom for video calls on occasion. However, as demonstrated below, the use of phone calls was both most frequently referenced by survivors, and where multiple forms of communication were used, it remained the preferred option for 59.1% of those who responded. This is compared to 22.7% who said their most preferred option was a video call and 9.1% who preferred email.

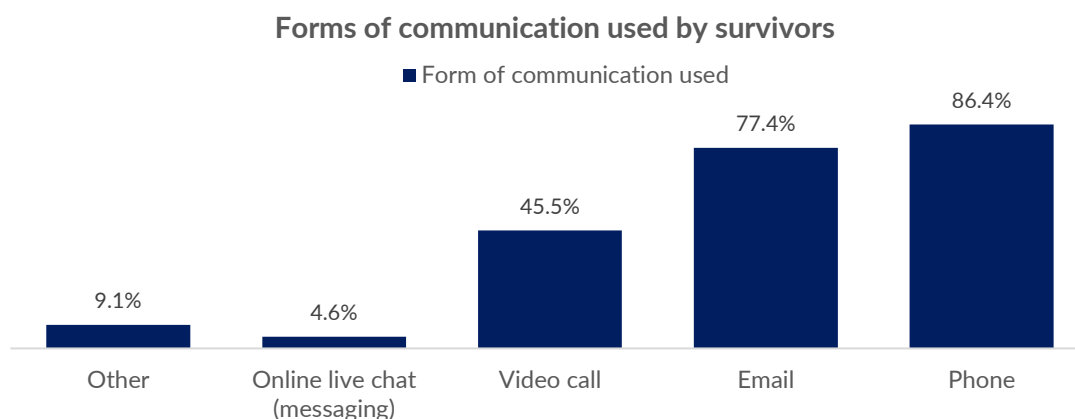


Figure 15. Forms of communication used by survivors. Source: Survivor feedback survey 2024.

When asked to specify why they preferred phone calls, survivors stated the accessibility, confidentiality and ease of them, and that it was easy to concentrate on what their advocate is speaking with them about. One survivor noted that they would prefer to do a video call, but do not have good enough facilities for this.

Duration of support

The survey findings also demonstrated that the duration of support for survivors varies, with 29% saying they had received support for 3-6 months, whilst 24% said they had been receiving support for over a year. However, only 9.5% said they were supported for under 1-3 months, suggesting that more generally survivors will speak with their advocate for an extended period of time. This is in line with the data reported within the Safe Spaces internal monitoring. 75% of those who responded to the survey felt that the time they have been supported for is about right for their needs, with only 25% saying the support was too short.

The majority of survivors we spoke with felt that the level of support they are receiving or have received was sufficient to meet their needs. Survivors also felt that they were *“given a range of choices”* as to how they could receive support from the service, and that staff were keen to listen to their individual needs. For some survivors, as mentioned this was largely emotional advice or having an open space to speak about their experiences.

“What I wanted was just someone to talk to say what happened and say how to help with it.” - Survivor



Staff approach

Survivors spoke positively of both the support advisors and advocates' approach to providing support to them. Survivors felt that staff members were well trained, and able to provide *"lots of guidance and information on where to go."* Where information was lacking, they felt that communication within the team was strong, and their advocate was able to refer to their manager for additional information. The only suggestion survivors had in terms of additional training was the requirement for more support approaching legal matters to do with their case, and whether it would be possible to be signposted to these externally or have more guided support internally.

As mentioned, one of the key factors appreciated by survivors was the level of flexibility afforded to them due to the advocates ability to work around their other commitments. As survivors may experience turbulent mental health due to their experiences, some went through periods of disengagement and noted the service was understanding and it was *"not a case of ending the service"* as they might have experienced with other services. Instead, advocates kept in touch with survivors, meaning that they could re-engage when they felt *"stronger"* and more able to do so.


Survivors also noted the sensitivity of the advocates approach to make survivors feel heard and respected when talking about their experiences. Whilst advocates have a practical role in moving survivors forward, it was felt they do so in a very considerate way.

"She helps you to make decisions. She does it in a way that is not pushing you, she works in away like having a conversation you're more likely, speaking personally, to listen even though I've been victim, I still feel an equal." - Victim

Similarly, another survivor said they felt *"100% feel listened to"*. As demonstrated, survivors felt a level of autonomy in their conversations with advocates, meaning the support is guided by the advocate but led by their own needs. This trust that survivors have in their advocate's intentions and approach came through in all of the interviews. One survivor noted that they know their advocate *"believes"* them and that means they do *"genuinely trust her."*

"I often feel like a human being when I speak to her, not just someone to talk about what's happened. She makes me feel like a human, not patronising me, not just saying something to appease me." - Survivor.

In addition to being a support for the individual, the advocates can also make survivors feel more seen and heard which can be important for their overall wellbeing. Especially as survivors are likely to



have had negative experiences with other people, by providing a positive space for them to connect with their advocate, the service is able to create a very humanising, safe environment.

One of the key success factors in the positive relationships between the survivors and advocates is the careful pairing of the two. As mentioned above, where survivors feel more disconnected from the service, it is when they do not feel that their advocate has sufficient understanding or knowledge of their experience. Conversely, where survivors are positively engaged, they believe it is because there has been a lot of thought that has gone into which advocate they receive.

“This team now really thinks about who to assign to you, and find the right person for you, not a random allocation which is great.” – Survivors

Several survivors noted that their current advocate is working more effectively than previous advocates, suggesting First Light is putting more time into the allocation process, and this is having a positive impact on survivors.

Feedback on the website

It was evident from the interviews that the website and online resources are not being utilised as much as they could be. Whilst 68% of survivors who responded to the survey said they had accessed the website, 67% who had said they had only accessed it once. Only 7% were accessing it weekly or fortnightly. When accessing it, largely they were doing so to learn about the service (87%), or to access contact details or the helpline, live chat or email (33%).

Where survivors had accessed the website, they were positive about it, saying it was *“informative”* and *“easy to use”*.



Survivor feedback on website

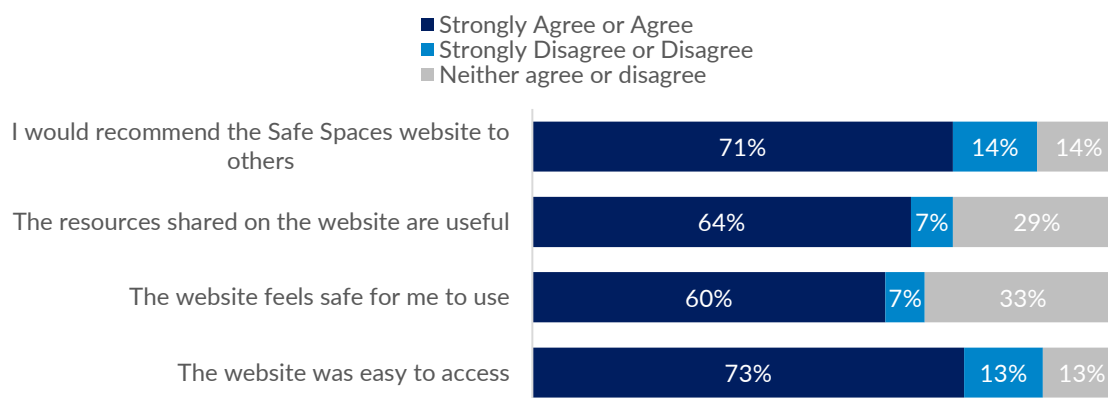


Figure 16 Survivor feedback on website. Source: Survivor feedback survey 2024.

Survivors who have accessed the website were very likely to recommend it (71%), and felt it was useful (64%), safe (60%) and easy to access (73%). However multiple survivors we spoke with said they had no memory of accessing the website or contacting the service via the live chat or helpline.

Whilst for most this was because they had such easy access to their advocate and therefore did not need to, for a few it was because they did not feel they had been told about further resources they may be able to find on it. One survivor noted issues with reaching the helpline number on the website using an international phone number, which meant they had not been able to reach the service in a time of need. Ensuring that all survivors are aware of the online resources should be a priority for the service going forward. Similarly, 100% of those who responded to the survey said they had not engaged with any form of social media regarding Safe Spaces, which suggests there may be an opportunity to utilise and increase awareness of social media platforms more effectively.

Challenges and barriers to accessing the advocacy service

While the majority of individuals we spoke with were positive about their experience with Safe Spaces, there were a few suggestions for improvements to the service that they were keen to feedback within the interviews.

Several survivors mentioned the impact of the service being a purely remote service. Whilst they understood the practical reasons for this and did not see it as a major issue for engagement, several felt it would be more personal if their advocate *“was closer and could visit and have a cup of tea.”* Due to the vulnerability of the survivors accessing the service, and the impact their experiences may have had on their social networks, this opportunity to meet their advocate would increase the personability of the service. In lieu of this being possible, due to both financial and location restraints on the



service, Safe Spaces could encourage the awareness of the video call format more with survivors who felt that they wanted more personable contact with their advocate. Similarly, several survivors within both the survey and interviews expressed the desire for more peer support interaction through an online or in-person support group, where they could speak with people who have similar experiences to them.

The final area where survivors noted they had experienced some challenges was in the consistency of advocates. As mentioned, many survivors have had more than one advocate during their time within Safe Spaces, partly owing to the changeover from Victim Support to First Light. Due to this, some survivors reported varying levels of expertise and ability to move them forward in their journey.

“The couple before (the current advocate) were nice but weren’t really getting anywhere much. I was quite resistant, but nothing was suggested to push it forward either. But since the last two, it’s been much more proactive and try and get this sorted out rather than me just chatting about what happened.” - Survivor

Survivors did also recognise that the differences in approach also partly owed to where they were in terms of their journey, with advocates being more likely to pursue practical advocacy when they felt the survivor was emotionally able to progress in this way. As such, earlier advocates may not have made as many practical suggestions because the first stage of the survivors’ process was to speak through their experience and understand their own emotions towards it.

4.2 Outcomes and impact for survivors

The following section explores the outcomes and impacts for survivors we spoke with, based upon both the interviews and monitoring reports received from Safe Spaces. Overall, the analysis demonstrated that the Safe Spaces service is having a significant impact on survivors’ wider lives, and particularly their wellbeing. The monitoring data received as part of evaluation included a short cope and recovery tool, a questionnaire distributed to survivors.

This questionnaire looks at the impact the service is having on survivors’ wellbeing and empowerment, as well as the environment provided to them through the service. It is important to note that the questionnaire was not distributed in the first quarter of 2023, meaning it is not possible to ascertain any results from this period. As seen in Table 9, between quarter one and quarter four, survivors who completed the tool largely reported positive outcomes from the service. On average 82.1% of survivors reported improved wellbeing and 85.5% felt they were empowered to self-



advocate for themselves. This demonstrates the impact the service is having on giving survivors a space to find their own voice around their previous experiences.

	Average score across 2023	Average percentage who scored 6-10
KPI 01 - Safe Spaces has helped improve my wellbeing	7.18	82.1%
KPI 02 - Safe Spaces has provided a 'Safe Space' for me to talk about my experiences	7.82	85.5%
KPI 03 - I feel that Safe Spaces have listened to and believed me	8.24	95.8%
KPI 04 - I feel empowered to self advocate/make my own decisions by Safe Spaces	7.22	85.5%

Table 39. Average score and percentage of scores from cope and recovery tool. Source: Monitoring reports Q1-Q4 2023.

Across the year, survivors also reported being provided with a supportive space. Across both quarter two and quarter four, 100% of survivors who answered the questionnaire felt that they had been listened to by the service. This demonstrates the confidence those accessing the service had in its ability to provide them with a safe and supportive environment.

The positive impact the Safe Space service has had on mental health and wellbeing was also evident from the interviews. Survivors were vocal about the outcomes they had achieved as a result of the advocacy service, with one noting *“genuinely think my mental health would be an awful lot worse if it wasn't for Safe Spaces.”* Survivors were open about how the service has made a *“massive difference”* in helping them to progress in the processing their previous experiences or move forward from them.

“It's been really good and really positive and already made quite a difference to my mindset and how I'm coping with this which has been amazing.” - Survivor

Survivors also noted the impact that their advocate had by being a *“constant”* in their lives. As mentioned, reporting abuse can have an impact on an individual's social networks, so the presence of a supportive individual on a regular occasion can be a source of reassurance for survivors experiencing turbulence in their personal lives. Several survivors credited the service with helping them feel that they could get their life back on track at periods of low mental health.



“Helped to recalibrate me to get my life back. There was absolutely nothing of me left, so I’m utterly grateful, it’s invaluable.” – Survivor

Survivors did note that by nature of the service being related to traumatic experiences, the support was a *“double edged sword”* as it required survivors to be *“dealing with stuff from many years ago that one had actually fiercely repressed.”* However they noted the support of the advocates in helping to emotionally process this, with one individual saying that whilst it had been traumatic to deal with the situation, Safe Spaces had been *“a sort of lifeline”* amongst this.

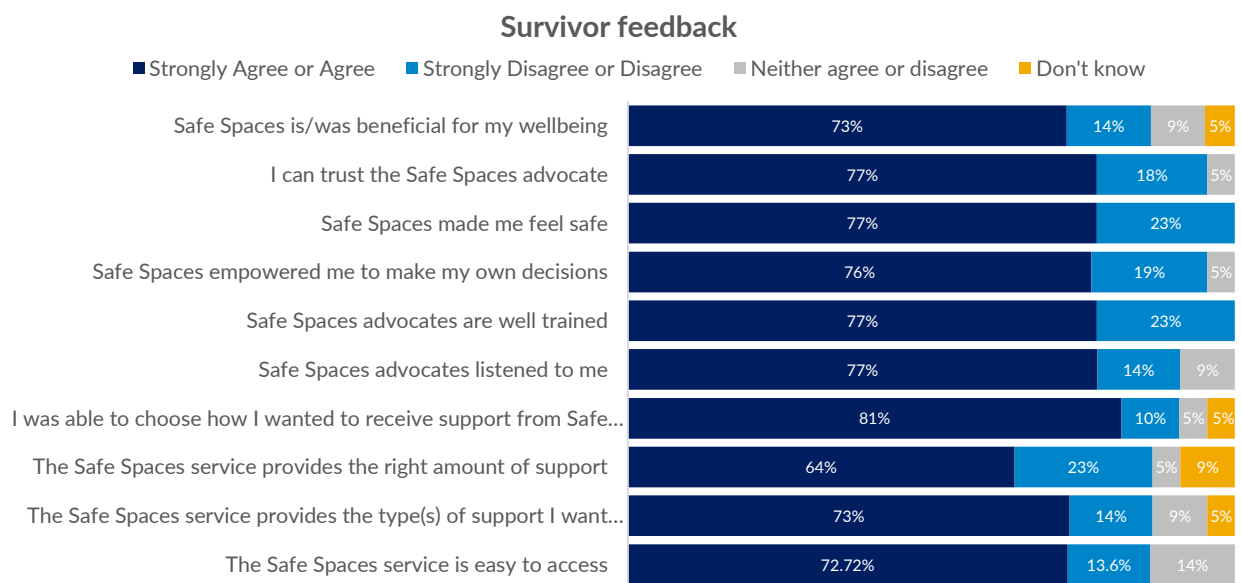
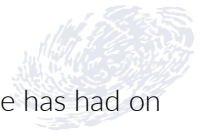


Figure 17. Survivor feedback on Safe Spaces service quality. Source: Survivor feedback survey 2024.

The positive perception of the service was also evident in the survey responses, with over 60% of respondents agreeing or strongly agreeing with all statements regarding the quality of the service. In line with the cope and recovery tool responses, **77% felt safe** within the service, that they could trust their advocate, and that the advocates were well trained and were listening to survivors. Similarly, **81% felt they had autonomy** over the support they received, and **76% said they felt empowered** by the service. Survivors also largely felt that the service was easily accessible and able to provide the type of support they wanted or needed, and that receiving the support was beneficial for their wellbeing.



Within the interviews, some survivors were also keen to mention the impact the service has had on their ability to legally progress in their abuse cases, and the usefulness of the advocacy in helping engage professionals both within and outside of the Diocese. One survivor noted that the service had *“exceed expectations”* with regards to progressing this communication.

“Safe Spaces have been exemplary in their tenacity, effectively within 6 months something quite positive has occurred.” – Survivor

Several survivors gave specific examples which we have not included for anonymity, into progression of their cases outside of the service, in terms of financial or legal settlements with the Church. They noted how instrumental Safe Spaces were in facilitating these conversations to reach the desired outcomes, with one survivor stating, *“I’m completely and utterly over the moon.”* This demonstrates that in many cases, as well as providing emotional support, the advocacy service is working to progress communication between survivors and safeguarding officers or other professionals.

A few survivors also received signposting or referrals to other professional services as a result of engagement with Safe Spaces. Within the survey, **45% of survivors who responded also stated they had accessed other services as a result of the support.** Most commonly they had been signposted for counselling services, or other abuse services, as well as the police and Diocese safeguarding team. 44% of survivors within the survey responses said they had been directly referred to another service, however within the interviews it was evident there was still a slight lack of take up from survivors around referrals to other services, which suggests that currently the service could strengthen how it determines readiness for these referrals, or how the referrals are made, with a warm handover in place. Where survivors have accessed and engaged with other services, 75% rated the usefulness of these additional services between an 8 and 10. This suggests that where referrals are successful, they complement the support receiving through Safe Spaces well.

One survivor also noted that they would like stronger connections with peer groups that they could attend to hear of other people’s experiences. There is an intention for the service to create opportunities for online peer support, as a mechanism for survivors to speak with one another. In terms of providing feedback, survivors who took part in interviews expressed they were pleased to be given the opportunity as they found it *“reassuring”* and could help them *“feel like you have a voice.”* This reflects what was seen in the cope and recovery tool around the empowerment over decisions and experiences that the service provides for those who access it. This empowerment can have an impact both on their ability to move forward in processing their experiences, as well as positively



helping their overall wellbeing by giving them a sense of autonomy and control over their lives. Whilst the majority of survivors we spoke with did not recall having had previous opportunities to provide feedback, they were not concerned about this, due to feeling comfortable providing feedback directly to their advocate. It was felt that if they needed to raise a complaint or challenge, they could do so in their meetings, which further demonstrates the strength of the relationships between the advocates and those they are supporting.

Overall, survivors report having had a positive experience with the service and expressed that they were *“grateful”* for the impact it had on their overall wellbeing and life. Within the feedback survey, when asked how likely they were to recommend the service to someone in a similar situation, 73% of respondents rated the likelihood as 9 or 10. For some, access to the service has been pivotal to rebuilding their lives following abuse, with one noting the advocates were *“absolutely knights in shining armour as far as I’m concerned.”* And that they *“would just like to say a huge thank you.”* The appreciation of survivors and willingness to engage in the evaluation interviews demonstrate the impact the service is having on those that access it.

4.3 Views of staff


All of the Safe Spaces staff team were consulted as part of the year one evaluation, and this section summarises the views and qualitative insights from staff.

Mobilisation of Safe Spaces

The perceptions of the mobilisation of Safe Spaces from the team is that it was a very short turn around and, as a result, was very difficult to mobilise the service. The contract award was later than planned, which did not leave enough time to mobilise the service in the way they had hoped. Previous providers were not as helpful with the transition as had been hoped for, which made the transition period more difficult. There was perceived to be some reluctance to release information on clients, or staff TUPE data (Transfer of Undertakings Protection of Employment rights) before the launch date for the service.

There were four main areas within the mobilisation that were not delivered as well as had been planned or hoped for:

- **TUPE data** was not released by Victim Support to First Light until the day of the new contract commencement, meaning that First Light did not know how many staff were due to transfer over. This hampered the ability of First Light to legally recruit for the vacancies. One member



of staff did transfer over to First Light, and while this should have given stability to the service, they were not happy with the different working culture and values and moved on from the role after a couple of months. This meant that the initial round of recruitment was delayed, and then a further round of recruitment had to be undertaken. This put pressure on the service in the first few months, and some of this was experienced by victims/survivors who transitioned across to the new service.

- The **transfer of client data** from Victim Support to First Light did not happen as had been planned, and as a result the data was corrupted in the transfer. This meant that client records and case notes were not fully visible to First Light staff. Again, this put pressure on to the Safe Spaces staff and had a negative impact on victims/survivors.
- In between the pilot ending (September 2022) and the new service commencing (January 2023) a **transitional arrangement** was put in place, using another service provider. While this meant that the service was 'kept live', during the procurement process, this was not an ideal scenario. Safe Spaces England and Wales, as a registered charity, followed proper processes, and ensuring the Safe Spaces service was specified, commissioned and procured properly, and due diligence and contracting was conducted, however flexibility from the outgoing provider could have avoided the need for this transitional arrangement being put in place.
- First Light had previously delivered services in the South West of England. The Safe Spaces service, although delivered remotely, covered all of England and Wales. As a result, First Light had to make some **changes to their governing documents**, including their memorandum and articles of association and charitable objects. Additionally, the insurance cover for the charity needed to be extended to cover a different geography, albeit delivery was remote. This was done rapidly and does not appear to have had any negative impact of the mobilisation of the service.

Roles and responsibilities

Some staff members noted that they had initially envisaged the needs of survivors to be focused on sexual abuse and violence, however having been in the role for a longer period of time, the experiences and needs are wider ranging than they first expected, with many cases being focused on spiritual abuse, coercion, bullying and manipulation. For staff with IDVA and ISVA training, the specificities of church abuse can sometimes require them to seek out more information and resources to ensure they can provide the correct support. However, staff listed extensive training they had as part of their induction to the role including church safeguarding, church procedure training, and handling suicidal conversations training. They also noted the benefit of learning as they go on the job and from the supportive team environment.



Staff felt the workload and caseload were manageable for them, and that the team environment was positive. The aim is for the survivor advocates to have a caseload of 30, and so far, this is being achieved. Clinical supervisions are happening regularly for the staff. Staff praised the management of the service and the progress it has been able to make due to the *“clear vision”* on the improvements it needed when transitioning to delivery by First Light.

The team structure is felt to be working well, with support advisors (x2) being the first point of contact for the service, and offering either one-off or ongoing support, triage, answering the helpline during office hours, and support until a client decides they would like to be progressed to a Survivor advocate (x3). Survivor advocates then work in-depth with a client, offering a longer term case managed advocacy service, as well as emotional and practical support. The team manager does not have a caseload which gives time for staff supervision and informal check-ins, caseload reviews, fulfilling monitoring and reporting requirements, promoting the service, liaison with the commissioners etc. There are several examples of promotional activity, including delivering training and awareness raising to around 300 catholic priests. The manager not having a caseload means there is sufficient time to properly manage the service and the team, giving more structure and consistency to the service.

Perceptions of the impact on survivors

Staff were positive around the outcomes and impacts of the service on survivors as a whole, saying that the *“service is doing really well”* and has made *“so much progress”* since it mobilised in January 2023. Staff noted the increase in referrals they are seeing, particular from younger survivors, and the increasing clarity around the service and what it does within the community. Initially there were some challenges around understanding what the advocacy service does, which can translate into closed cases for unneeded referrals. However, this appears to have reduced as the service has progressed. In the early days of the service, cases were opened for all clients who got in touch. Later, this was adapted so that there was a differentiation between advocacy cases, and those people who wanted emotional support via the helpline, either on an ad hoc or infrequent basis, rather than needing more in-depth advocacy to help them in dialogue with the Dioceses/church.

The introduction of online referral forms rather than a word document has also helped with streamlining the referral process, and it now *“more accessible”* to survivors. Staff would like to continue engagement with other services, such as LGBTQIA+ charities, to ensure there is a good referral system in place for those who may feel less comfortable accessing support directly.



Although some staff members noted that they did not often see the full long-term impact for survivors because of the nature of them sometimes not having long-term support from the service, largely they have seen positive outcomes. One staff member noted the *“huge impact”* simply providing a space for survivors to speak can have, especially for those with historical abuse cases. This aligns with what we heard survivors say about it being a reassuring and safe space for them to speak in a confidential setting, often for the first time, about their experiences.

“For the majority of people, we’re the only people on their side, we come in with completely fresh pair of eyes but knowledge of church abuse too. When they say spiritual abuse they worry, and we say we know it is a real thing.” – Staff member

Staff noted the emotional support the advocacy service is able to provide to survivors, and that this can be *“life-changing”* for an individual. They also spoke about the impact of practical support the advocacy service provides in being a spokesperson for the individual in conversations with the Diocese. As lots of individuals *“don’t know what the options are”* for them in terms of support and aren’t able to vocalise their own needs in these environments, it can be a barrier to them moving forward. Having an advocate there allows them to progress, whether this be emotionally, practically or legally.

Challenges

Largely, staff were positive about their roles and the delivery of the service, with one noting there are *“very few struggles.”* However, throughout the interviews staff did mention a couple challenges they face engaging the survivors or delivering the service. One of these revolved around the use of online methods of communication. They noted that the majority of survivors access the service through regular phone calls, but that fewer are keen to text, email or engage in video calls. This is consistent with what we heard about survivors’ preferences to speak over the phone with their advocate.

They also noted that with the service being entirely remote, this can occasionally place pressure on advocates to deliver a high quality of service to survivors, which can be more challenging to do remotely. Encouraging survivors to engage with video calls may help with developing more of a personal connection between advocate and survivor, that can make the provision of support easier.

Additionally, some staff noted that whilst the website has been developed across 2023, there are still some improvements which could strengthen its usability for survivors. For example, they plan to



“develop a comprehensive list of every service signposted to” on the website, which can create stronger links to other services.

Although positive about the impact of their advocacy for survivors, staff did note the challenges they can face engaging with Diocese and other professionals which can stall this progress. In particular staff told us that every Dioceses has a different process, and this can be challenging to understand.

They also noted the disruption to the service for survivors when Safe Spaces transitioned to the First Light delivery, saying there was *“not enough time to mobilise.”* One staff member noted that a more feasible mobilisation period would have allowed for six months, as it meant the service was *“behind on all deliverables”* when it first took over the service. This echoes what we heard from some survivors about feeling that there was a pause in their support as the changeover occurred. They felt the delivery has improved as the service has become more structured and streamlined. This is also visible through the increased feedback being provided from survivors across 2023, which we saw through the monitoring forms.

5. Conclusions and recommendations

In this section we set out the conclusions from this year one evaluation, along with some recommendations that could be taken in to consideration in years two and three of the current Safe Spaces service.

5.1 Conclusions

Safe Spaces has successfully been commissioned and mobilised, and the service was running throughout 2023. There were 39 victims/survivors transferred over to Safe Spaces in January 2023, following the transitional arrangements. The service has supported a total of 134 people, with **95 new victims/survivors supported during 2023**, 46 cases closed and 84 cases currently open. As a comparison point, a total of 292 people were supported by Safe Spaces during the two year pilot, from September 2020 to September 2022.

68.4% of cases in 2023 were from the Church of England, and 29.5% from the Catholic Church. The majority of clients were female (68.4%) and 26.5% of new contacts were aged between 40 and 59. The majority of referrals received are self-referrals (83.2%). Other sources of referral include from the Diocese, police or social care.



The service has met or exceeded the Key Performance Indicators (KPI) and Reporting Indicators in the majority of areas. This includes:

- The average percentage of exit surveys completed across the year was 27.3% which has exceeded the target of 25%
- The number of survivors with a planned exit from the service had a target of 70%, and this was at an average of 82%.
- Across the year, the percentage of clients who reported being satisfied and likely to recommend the service was 82.3%, which is just over the target percentage of 80%. This score fluctuated across the year, so there is space for the service to perform more consistently in survivor satisfaction.
- Across all points of the year where data was recorded, clients reporting improved wellbeing, exceeding the target of 75%.
- Similarly, those who felt they had been provided with a supportive space exceeded the target of 75%, being at 80% or above between quarters two and four.
- The percentage of clients who felt empowered to self-advocate and listened to by the service also exceeded the 75% target, with 100% of survivors who completed the feedback say they felt listened to in both quarter two and four of the year.

In total there have been **20,093 visits to the Safe Spaces website during 2023**. In contrast, there were 13,873 visits to the Safe Spaces website, during the two year pilot period, showing there has been a significant increase in website hits already. While the promotional activity will get underway in 2024, there has already been some promotional and engagement activities completed.

First Light have taken an incremental approach to the peer support and victim/survivor engagement strands of activity. Prioritising getting the service up and running well, redesigning the website and having feedback mechanisms in place in year one is a sensible and appropriate approach. Client engagement activity undertaken to date has been valuable, but ad hoc. In year two, there will be more of a focus on client engagement activities, and mobilising the peer support offer, following the client survey.



5.1.1 What has worked well?

Based on the views of survivors engaged in the evaluation, consultations with staff, as well as the monitoring reports, Safe Spaces has had a positive impact on the wellbeing and resilience of survivors. The support significantly improved survivors' quality of life, including improved mental health and allowing survivors to start feeling more in control of their lives and learning to navigate their trauma. Feedback from clients is positive and they report having built good relationships with their advocates. Survivors are most positive in regard to the emotional or softer outcomes the advocacy service has achieved. For example, it has had a significant impact on several survivors' wellbeing and mental health, as well as their relationships. Feedback around practical and legal outcomes is also positive, with several cases noting the support exceeded their expectations in regard to engaging the Diocese and other professional organisations to move their case forward. The insights from the sample of survivors that participated in the evaluation shows the support has contributed positively to their recovery journey. It should be acknowledged that the service has worked with a high percentage of people at risk of suicide.

Survivors felt the staff are advocating well for them where they feel unable to do so for themselves, and this has an impact on their ability to progress their cases and process their experiences. The willingness of survivors engaging in the interviews demonstrates their gratitude and receptiveness to the service, with the majority expressing a positive sentiment to the service as a whole.

There is a dedicated team of six, highly trained professionals in place, supported by robust systems and processes to manage risks. Staff praised the management and supportive team environment which allows them to manage their caseloads effectively. On the assumption of average caseloads of 30, and three advocates in place, there would be a reasonable assumption that the team is currently close to operating at full capacity. If cases continue to be closed and opened at a similar rate to in 2023, this will work fine. If demand for support increases, as a result of increased promotion during 2024, there may be a time when there is a need to implement a waiting list for support.

5.1.2 What has worked less well?

It appears that the transition and mobilisation period from the pilot service to the new Safe Spaces service was not as streamlined or smooth as had been hoped for a number of reasons, including a reticence of the previous provider to support First Light with the mobilisation, delays in notifying and handing over victims/survivors to the new service, issues with data transfer and issues with passing



over staff TUPE information. These issues create concerns for First Light, SSEW, the contract managers within NST and CSSA, and ultimately may have had an impact on a number of victims/survivors. Survivors noted that where they have had to transition through multiple advocates, this has required them to relive their trauma and that this has a negative impact on them.

In future, contracts for service delivery should require the production of an exit strategy for the service, by the outgoing service provider, and a commitment to deliver this in a timely manner. This should be signed off by the contract manager, at least six months prior to the end date of the service. Additionally, where staff turnover occurs internally in the service, there should be a consistently formal and detailed handover of case notes to ensure survivors do not need to relive trauma due to this transition.

It is important to note that any of the areas of service mobilisation that were within the control of First Light were dealt with promptly. These issues with the mobilisation could have damaged the working relationship between the commissioners and service provider, but it is clear that all parties have invested time in developing positive working relationships, overcoming these initial hurdles as quickly and efficiently as possible, and progressing on to deliver a highly valued service.

Staff told us that Diocese all have different processes and approaches in place, and this is a difficulty for them, when supporting people to navigate the system. It is less likely that clients have experienced this, and Safe Spaces staff are doing well to manage and 'hold' this complexity.

5.1.3 Progress on recommendations from the pilot

There were a number of recommendations made in the evaluation of the pilot. In this sub-section we compare the progress made by the service in 2023, against the recommendations in the pilot evaluation report.

Recommendations from the Safe Spaces pilot evaluation	Progress in year one
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.	Safe Spaces is being more widely promoted, and this is visible in the number of referrals and website hits. Ongoing promotion and marketing to further raise



<p>Emphasising the services independence from the Church and ensuring that there is clarity on the services remit will also be beneficial.</p>	<p>awareness of the service is planned.</p>
<p>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.</p>	<p>The website has seen significant improvements and will continue to be developed.</p>
<p>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 cannot be provided on a national basis.</p>	<p>The small grants programme has not been recommissioned, although plans are in development for peer support opportunities.</p>
<p>4 -The performance monitoring framework should be developed to enable capture of outcomes and impacts, as well as outputs. 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.</p>	<p>This was developed by the commissioners and is in place and appears to be working well.</p>
<p>5 - It should be ensured that future service providers maintain different mechanisms for victim/survivor involvement, enabling people to engage to a level they are able and want to.</p>	<p>Victim/survivor engagement is in place on an ad hoc basis, and has been used to add value, including in recruitment and staff training.</p>
<p>6 -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.</p>	<p>The qualitative insights from staff suggest that this is a strength of the new service, and the adaptability and agility First Light should continue to be encouraged.</p>
<p>7 - There should be a greater range of opportunities for victims/survivors to provide feedback on the service and influence its development. Developing 'lighter touch' feedback loops through brief feedback surveys is also important to enable choice in how victims/survivors can contribute without being a member of the steering group.</p>	<p>This is in place though the quarterly feedback survey. Further mechanisms for victim/survivor engagement will be developed throughout 2024.</p>



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.

This has been achieved through the commissioning and procurement process. Further mechanisms for victim/survivor engagement will be developed throughout 2024.

Table 10. Recommendations and progress in Year one. Source: Safe Spaces 2024 Evaluation report.

5.2 Recommendations

Based on the evaluation, there are a number of recommendations for the refinement of the Safe Spaces service in 2024 and beyond. These include:

- For survivors who prefer face-to-face interaction, increasing awareness of video calling appointments may be an appropriate compromise for some people. There may also be opportunities to link into other external services, that may be face-to-face, particularly for victims/survivors who may be digitally excluded. The online peer support, once up and running, may also be an additional benefit to the group of people who prefer in-person support.
- Development of online resources and the website to include more links and signposting to other support services should be continued. This should, however, be taken with caution. The Safe Spaces service covers a large geographic area, and signposting to, and awareness of, local services in every area is probably not a realistic aim for the team.
- There may also be a need to further increase awareness of the website, as some survivors were not aware of the information that is available online.
- Nationally, many organisations are facing difficulties in recruiting and retaining staff. In any trauma-informed approach, having skilled staff who can build relationships with survivors is critical. Delivery of services such as Safe Spaces is always impacted when there is a change in staffing, and this is difficult to avoid. Continuing to streamline the caseload handover process between staff changes, would be beneficial in future. For new staff in future, ensuring consistency of training for staff and continuing to offer training on specific church related abuse e.g. spiritual abuse, as has been done in year one, will be beneficial, as staff are likely to come from traditional IDVA or ISVA backgrounds.



- There may be an opportunity to diversify the ways of providing feedback on the service. Particularly for older individuals, or those who may be digitally excluded, online forms can be less accessible, and an alternative way such as a 'phone call could be given as an option.
- Continuing to develop plans for peer support should continue in 2024, as this may provide a valuable additional support for victims/survivors. First Light have taken a good approach to developing this and should continue with this well considered approach.
- Promotion of the Safe Spaces service, and raising awareness of the service and brand, should be continued as planned, particularly with potential referral agencies.
- In future, promotional activity could focus on reaching specific populations, including men, members of the LGBTQIA+ community and younger people.
- There is a possibility that in the future, demand for the service may mean that there has to be a waiting list implemented or additional staff recruited, and additional funding put in place for this. SSEW and First Light should give early consideration to this, to ensure that service quality is not negatively impacted.
- Within the last six months of the delivery of any funded service, retaining staff can become a challenge, and therefore may present a risk to Safe Spaces in mid-2025. Considering this risk in late 2024 / early 2025, to ensure that the risk is mitigated where possible would be appropriate for SSEW trustees, to ensure any future transitional arrangements can be planned further in advance.



Appendix one: service indicators

Outcome	Indicator
Outcome 1 - Victim/survivors have improved wellbeing	No. of victims/survivors who report an improvement in wellbeing
	No. of victims/survivors engaged in continuous improvement initiatives
	Service users report that the service provided them with a supportive space
	Service users report that they feel listened to by Safe Spaces
Outcome 2 - Victims/survivors are empowered and informed	Service users report Safe Spaces empowers them to self-advocate and/or make decisions for themselves
	No. of victims/survivors signposted to other services
	No. of victims/survivors referred to other services
	No. of support sessions delivered
	Average number of support sessions delivered per person
	At least one activity of victim/survivor engagement delivered per quarter
Outcome 3 - Victims/survivors feel well supported by Safe Spaces	No. of victims/survivors supported to access counselling
	No. of victims/survivors supported to report abuse/inform the police/social care
	Confirmation that all open cases have a support plan
	No. of victims/survivors with a planned exit from the service (where case is closing in agreement, and it's planned)
Outcome 4 - Victims/survivors access a high-quality service that focuses on strong safeguarding practice and governance	No. of safeguarding concerns raised by the service
	No. and percentage of staff level 2 safeguarding trained
	No. and percentage of managers safeguarding level 3 trained
	Average case load per advocate
	No. and percentage of exit surveys returned
	Percentage of clients who are satisfied with the Safe Spaces Service and would recommend to others.
	No. of complaints received by the service



	Percentage of victims/survivors with a signed client agreement who have a named advocate
	No. of data protection incidents/breaches
	No. of open cases
	Duration of cases open
	No. of cases closed
	No. of closed cases with onward referral and/or signposting
	Percentage of contacts responded to within 24 hours or 48 hours if the service has been closed for a day
	Average length of time (days) for an advocate to be allocated
	Number of clients provided with risk assessment and safety planning advice
	The provider is to provide a quarterly and annual written report on the service
Outcome 5 - Increased awareness of the Safe Spaces service	Page views of Safe Spaces website homepage
	Page views Safe Spaces website - incoming referral link
	Page views Safe Spaces website resources – links accessed to other sites
	Service availability - number of hours the service (phone, web, etc.) was unavailable
	No. of new referrals (Referral being a new contact to the service)
	Source of new referral
	No. of new contacts (eligible referrals)
	No. of ineligible referrals
	Referral by type of abuse (emotional, spiritual, physical, sexual, neglect, domestic abuse, discriminatory, financial or material, psychological, modern slavery, organisational, self-neglect)
	No. of organisations external to the church engaged
Outcome 6 - Improved understanding about what works for survivors of church abuse	This outcome will be measured through analysis of the indicators above, looking in particular at operational performance and views of survivors



Appendix two: glossary of acronyms

Acronym	Meaning
CSSA	Catholic Safeguarding Standards Agency
KPI	Key Performance Indicator
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual. The additional “+” stands for all of the other identities not encompassed in the acronym
NST	The Church of England National Safeguarding Team
PTSD	Post-traumatic stress disorder
RI	Reporting Indicator
SSAC	The Safe Spaces Advisory Committee
SSEW	Safe Spaces England and Wales
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006

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