

**ROCKET
SCIENCE**

**Programme
Evaluation of
Year 3 of Safe
Spaces.**

**A Rocket Science report developed
for Safe Spaces**

April 2026



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1. Introduction

Safe Spaces 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.

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. More information about SSEW can be found [here](#).

Safe Spaces was piloted for a two-year period from September 2020 to September 2022 and was delivered by Victim Support. Since January 2023, the Safe Spaces service has been delivered by First Light.

In 2023, Rocket Science were commissioned by Safe Spaces England and Wales (SSEW) to conduct a three-year process and impact evaluation of Safe Spaces. This report contains the findings from the third year of the evaluation, covering the period January–December 2025.

1.1 Aims of the Year 3 evaluation

In line with Years 1 and 2, the Year 3 evaluation focuses on both processes and impact. The process evaluation covers how well the service is operating as well as challenges in delivery and related opportunities for development going forward. The impact evaluation considers the variegated outcomes of the service on victims and survivors' lives.

This Year 3 evaluation covers the seven core aims of the evaluation, outlined in Appendix One. Additionally, Rocket Science were asked to conduct a 'deep dive' into several additional areas to support SSEW's recommissioning process of Safe Spaces:

1. What has gone well and not gone well and why in terms of the client journey and consistency of delivery?
2. How much progress has been made against year 1 and 2 recommendations and do the Safe Spaces Board have sufficient insight around progress?
4. How is the peer support offer developing, what is working well and what difference does it make to victims and survivors?
5. What are wider stakeholder (Dioceses and signposting organisations) perspectives about Safe Spaces and how effective are relationships with them?



1.2 Methodology

1.2.1 Engagement with victims and survivors

Interviews with victims and survivors: Rocket Science engaged with a total of 20 victims and survivors in in-depth, one-to-one interviews between August and December 2025. This includes two peer support participants.

Victims and survivors were asked a series of questions about the process and impact of the advocacy service and their experiences engaging with the Safe Spaces website. Peer support participants were asked specifically about their experiences and views of peer support. Discussion guides were written using trauma-informed principles to reduce the risk of re-traumatisation during fieldwork. Moreover, people were given choice in the interview format (telephone or video call), gender of interviewer and time of interview. They were assured that no information shared would be directly attributed to them in reporting.

Survey of victims and survivors: Rocket Science created a 30-item [questionnaire](#) comprising a mixture of closed and open-ended questions to complement the interviews. It captured victims and survivors' perceptions of service processes and impact of support provided by Safe Spaces. This was circulated among all clients between August and December 2025. 27 responses were achieved. The data were cleaned and analysed in line with the evaluation aims.


Focus group with Safe Spaces Board Trustees and Non Executive Directors (NED) with lived experience Non Executive Directors : Rocket Science conducted a focus group Safe Spaces Board Trustees and a separate focus group with the NEDs to capture their perspectives on Safe Spaces. This took place separately to the board focus group, in which EBEs also took part, in order to provide EBEs with a space to reflect together as a separate group. Additionally, it should be noted that two board trustees have lived experience, adding further survivor-focussed perspectives.

Website walkthrough: As the website was not updated until 2026, user feedback on the website refer to the older version.

1.2.2 Engagement with staff, board and the service

Interviews and focus group with staff and contract manager: Rocket Science conducted a focus group with the full Safe Spaces staff team, including the service manager who was present for half of the focus group. A survey and follow-up interviews were then conducted with, 3 and 9 staff respectively. Staff include

- Support advisors that handle initial contact to check eligibility and begin the assessment process.

- 
- Survivor advocates that are trained Independent Sexual Violence Advisors (ISVAs) and provide one-to-one support using their specialist skills to provide clients through the journey, including advocacy, signposting, and managing the case.

Focus group with the board: Rocket Science conducted an hour-long focus group with the Safe Spaces board during the board away-day. This included discussion of key questions and themes in the evaluation framework.

Desk-based analysis of performance data: Rocket Science also received quarterly monitoring and performance reports collated internally by the service. These included data on Safe Spaces KPIs (Key Performance Indicators), RIs (Monthly Reporting Indicators) and responses from the client ‘cope and recovery’ tool and exit questionnaires, which were analysed in line with the evaluation aims.

Desk-based analysis of HR data: To support better understanding of HR concerns, Rocket Science received quarterly workforce data reports containing data and supporting information of staffing structure, vacancies, turnover, and sickness absences, which are analysed alongside the staff surveys and interviews.

Desk-based analysis of 3cx data: The data on the helpline service by First Light was used to understand the extent of support provision

Website walk-through: Following the update to the Safe Spaces website, Rocket Science conducted a website walk through (also known as a digital user safari or digital ethnography) to reflect on the usability and accessibility of the website and assess if the changes addressed recommendations in the previous evaluations. Please note, the website was not updated until 2026, so the respondent views on the website refer to the older version.

1.2.3 Engagement with external stakeholders

Survey of Diocesan Safeguarding Advisor and Safeguarding Co-ordinators: an online survey of Diocesan Safeguarding Advisors and Safeguarding Co-ordinators was circulated to Church of England and Wales and Catholic Church in England and Wales Diocese safeguarding staff between September and November 2025. 21 responses were achieved. The data were cleaned and analysed in line with the evaluation aims.

Focus groups with other stakeholders: Rocket science engaged stakeholders through focus groups. A total of 20 individuals representing Diocesan Safeguarding Advisors, Safeguarding Co-ordinators, National Safeguarding Team (Church of England), Interim Support Scheme (Church of England) and Catholic Safeguarding Standards Agency were reached. These focus groups took place between September and October 2025.



1.2.4 Methodological limitations

Data collection window: the evaluation framework was approved in late July 2025, which provided a briefer window for data collection than previous years. This meant reduced opportunity to engage with individuals, potentially limiting the number of individuals engaged.

Victim Survivor Survey: The victim and survivor survey was first distributed at the end of July 2025, it was subsequently distributed two more times and was closed in February 2026. The survey was distributed to clients with active cases with Safe Spaces at the time of distribution. This means that the survey provides a 'snapshot' of the views of clients with active cases at the time. We later recommend that future evaluation provides an opportunity for clients with closed cases to respond as well. Responses to the survey may have been limited by consultation fatigue, please see the below point for further detail.

Concurrent Thematic Audit by the Catholic Safeguarding Standards Agency (CSSA): this year, victims and survivors within the Catholic faith have received additional requests for participation and feedback for the CSSA Thematic Audit which ran concurrently with the Rocket Science evaluation. This means that, at times, Safe Spaces has been sending their own evaluation forms, CSSA engagement tools and the Rocket Science survey to victims and survivors. While Rocket Science and Safe Spaces worked to ensure consultation requests were appropriately promoted and spaced across the months, it is highly likely that fewer victims and survivors have engaged with the evaluation than otherwise might have.

Staff engagement: the evaluation experienced more difficulty engaging with staff than previous years. 3/6 delivery staff completed the survey while 4/6 participated in interviews. We were, however able to engage all staff members in a focus group. Follow up interviews regarding the peer support.

Delays of FL updating their system: First Light moved management system through the year and certain data was not passed to Rocket Science in the usual timescales. This delayed data analysis and evaluation reporting.

Inconsistent format of data collection and changes in recording approach: The data collected across the four quarters has shown some inconsistencies in data collection with inconsistencies in number of active cases, eligible and ineligible contacts etc. There have been changes in First Light's approach to recording data across the year, meaning a lack of consistent approach. **Data gaps:** there are currently various questions that cannot be fully answered given gaps in how performance data is collected. First Light are moving to a new data system and Rocket Science have recommended additional data points to collect in the recommendations.



Additional clarity on service criteria in Q3: the additional clarity on service criteria has been beneficial, but has led to some minor limitations in terms of the data collection where engagement was conducted close to the update and individuals engaged reflected on the past model.



2. Developments in the Safe Spaces service

2.1 Additional clarity on service criteria

Additional clarity on service criteria was provided in response to challenges identified by staff in terms of understanding eligibility and challenges raised by the SSEW board around long duration of open cases and a lack of clarity around closing cases. The new model was implemented in September 2025.

Eligibility criteria: The SSEW Board became aware of challenges in Years 1 and 2 around determining eligibility that often led to significant use of First Light resources for people that were ultimately ineligible to access Safe Spaces. Use of the Victim's Code by First Light was implemented in 2025 as part of establishing clarity on eligibility and ensuring that eligible victims and survivors could access the service..

The additional clarity around the service eligibility criteria and offer provides First Light staff with more certainty around eligibility to access Safe Spaces, in particular noting new clients have to have suffered harm (whether physical, mental, emotional, financial or economic) that is directly caused by a criminal offence. Where people do not meet these criteria, they could still be supported if they are over 18 years of age, and the Diocese confirms it is a safeguarding matter that requires investigation. It is now clearly noted that exclusions include those who currently work or volunteer for the church and are raising matters that relate to human resources (HR) concerns such as disciplinary procedures, workplace bullying, non-criminal harassment.

Case closure process: Previously, there was no obvious case closure process, meaning some clients continued accessing the service over significant time frames, with no obvious end point. Clients are exited from the service following DSO/DSA investigation and exhaustion of any appeal process. At service exit they are offered referral to Peer support. Regardless of whether they opt for a peer support referral, the advocate closes the case and updates the relevant files. It has been noted, though, that in practice, many cases remain open during peer support engagement to ensure continuity and mitigate risk, with formal closure taking place following completion of that element. Exit surveys are sent where appropriate.

2.2 Promotion

There have been some developments in the promotion of Safe Spaces in 2025:



- **Website redesign** and restructure, along with new leaflets.
- **Search engine optimisation** to drive traffic to the website.
- **In-person engagement:** delivery staff encouraged to do outreach in local areas
- **Staff offer to attend CofE and Catholic Church events:** conducting outreach at conferences and training events



3. Service performance

This section examines the performance of Safe Spaces drawing on First Light’s service caseload, telephone helpline, website analytics and human resources data. This is complemented with additional qualitative and quantitative data collected by Rocket Science from clients, staff, the SSEW board, referral partners and church safeguarding staff.

3.1 Service performance glossary

Term	Definition
Referral	A referral is a formal referral received into the service. Referrals may be submitted directly by an individual or by a third party via the website form or completed by staff following contact via telephone or webchat.
Eligible Contact	An eligible contact is an individual who meets the service criteria
Eligible Contact – client chose not to progress	An eligible contact where the client chose not to progress to an active case or only to receive emotional support. Clients who contact the service directly receive emotional support, for example through the helpline.
Ineligible Contact	An ineligible contact is an individual who does not meet the service criteria, or where there is insufficient information to determine eligibility. This may include individuals who are not ready to share key details required to assess eligibility. Nuisance or inappropriate contacts are also recorded as ineligible.
New Case	A case opened and accepted into the service during the reporting period.
Active Case	A case that progresses from an eligible contact into being allocated an advocate and has received both practical and emotional support during the reporting period. Active cases are calculated by taking the previous active caseload, adding new cases, and subtracting closed cases within the period.



Closed Case	A case where work with the individual has concluded.
Term	Definition
Planned Exit	A planned exit occurs when an individual has achieved their desired outcomes, or when all appropriate support has been provided and no further work is required from the service.
Unplanned Exit	An unplanned exit occurs when an individual disengages from the service before their desired outcomes are achieved

3.2 Referrals, active cases and exits

Safe spaces supported 279 cases in 2025. Almost half of these cases were carry over cases with an additional 160 new cases.

In this section we look at the performance data of the Safe Spaces service from January to December 2025. The analysis is based on data provided to Rocket Science through the four quarterly reports collated internally by First Light. This includes comprehensive mix of insights on all aspects of the delivery ranging from access, reach, impact, and delivery staff functioning, website reviews, and overall costs for running the service.

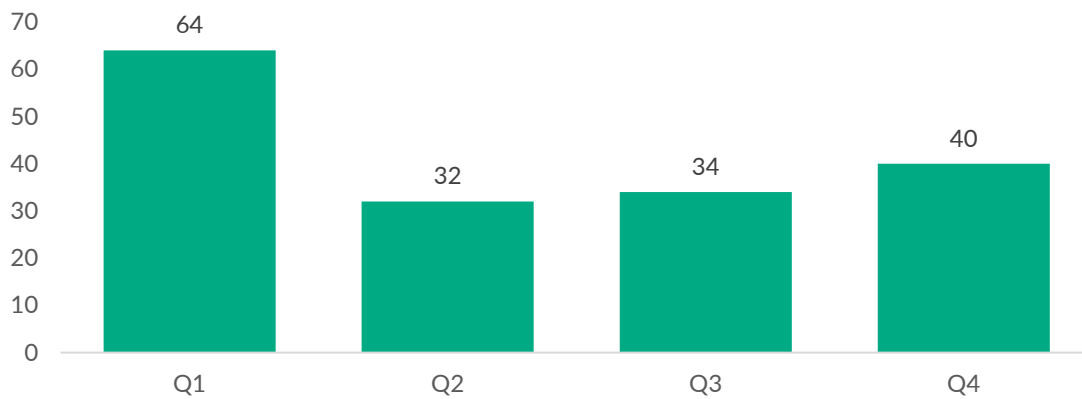
3.2.1 Referrals

In total, the service received 170 referrals in 2025, reflecting a 23% increase from 2024 and a fivefold increase from 2023 (4.86 times).

Compared to previous years, referrals increased in 2025, this reflects a 23% increase from 2024 and a fivefold increase from 2023 (4.86 times). During 2025, the number of new referrals has decreased overall, with a 50% drop in Q2. It is important to note that in November 2024 (i.e., just before Q1) there was significant national media attention on church-related abuse following the Makin Review (discussed in detail in the Year 2 evaluation). It appears higher referrals in Q1 are a follow-on response to this. Numbers rose slightly in Q3 and Q4, to around two thirds of the Q1 numbers (see Figure 1).



Figure 1: Referrals by quarters (Q1-Q4 2025)



Source: Monitoring reports Q1-Q4 2025

44% of respondents to the victim and survivor survey (total 27 respondents) that self-referred did so through the phonenumber, followed by online referral form (30%), email (15%), and the live chat function (7%) while only 4% were referred by someone in their Diocese. Please note, First Light’s monitoring data does not show a breakdown of the source of self-referral.

In terms of ease of the process of joining the service, 89.5% of survey respondents found the process either very easy or easy with only 10.5% finding it somewhat difficult. Respondents in the survey and qualitative engagement noted that they appreciated the ease of self-referral, the informativeness of the staff and the promptness of the team in allocating advisor.



“[The process] was Very easy because after my email application I received a phone call from a really helpful lady.”
-Survivor

Those that found it difficult mentioned that **“the process wasn’t clear”** and that the referral process had **“too much paperwork”**.

The qualitative engagement with survivors highlighted that individuals tended to find out about the service through their church safeguarding team or through their own searches for counselling or advice and support. **“I had been made aware of them by the safeguarding officer of Guilford Diocese. She told me it was there to support me and so I gave it some thought and did contact them”**. Individuals reflected that the needs assessment and initial conversations are very positive and effective in the manner in which Safe Spaces listen and understand their perspective and experience. Emphasis on the empathetic nature of the initial interaction and the ability to give every confidence at this vital stage of the journey.



3.2.2 Eligible and ineligible contacts

Including referrals, the service received 1,502 contacts 826 (55%) of which were eligible, and 676 (45%) classified as ineligible. Please note that these contacts may not all be unique, as unique identifiers are not provided when the individual contacts the service.

There are multiple ways to access the Safe spaces service. When someone submits a Safe Spaces referral form from any source, it is counted as a referral. Regardless of the mode of reach, all instances where a client reaches out to the Safe Spaces service to seek support are counted under contacts to the service. These contacts are either classified as eligible or ineligible on basis of information provided. However, if sufficient information is not provided by the client, the contact is classified as ineligible.

An eligible contact may follow one of two subsequent pathways

- Becoming an Active Case – the case progresses from an eligible contact into being allocated an advocate and has received both practical and emotional support
- Client chose not to progress – to an active case. They may have decided not to pursue the case further or only to receive emotional support.

The majority (81%, n=666) of eligible contacts did not progress to an active case. Again, please note that these may not be unique contacts, meaning the actual number of unique individuals may well be lower. All clients who contact Safe Spaces receive an element of emotional support from Safe Space’s staff, for example through the helpline.

Table 1 shows the reason for classification for 138 cases that have an ineligibility recorded by First Light. Just over half were ineligible due to type of abuse, and the remainder due to demographic or church affiliation ineligibility.

Table 1: Number of ineligible contacts by reason for ineligibility

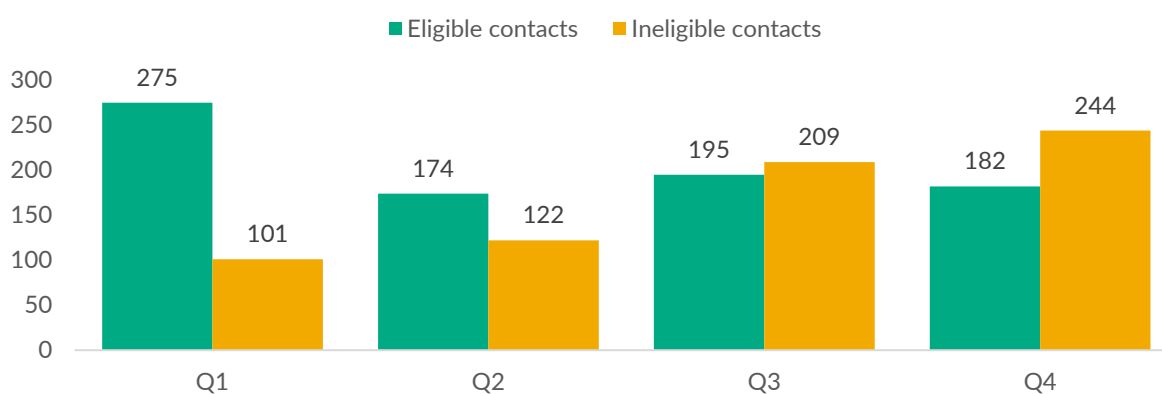
Reason for ineligibility	No. of cases
Non church related	37
Non abuse	37
Non-England and Wales	13
Under 18	5



Source: Monitoring reports Q1-Q4 2025

Figure 2 shows that as with referrals, number of contacts is significantly higher in Q1 (again likely a reflection of the increased media attention in late 2024). Figure 2 also shows that numbers of ineligible cases increased across the year, while eligible contacts were relatively higher at the start of the year, there has been a general decrease in number of eligible contacts across the quarters and increase in the number of ineligible contacts. The increase in the number of ineligible contacts is attributed to the refinement in service remit in Q3, notably the removal of HR related cases and a stronger alignment to the Victim's Code.

Figure 2: Number of contacts by quarter



Source: Monitoring reports Q1-Q4 2025

Safe Spaces KPI 14 specifies that the service availability should be 95%. The service availability in 2025 has exceeded the target by **achieving 100% availability across all four quarters**. Similarly, KPI 12 suggests that 90% of contacts – including calls, emails and webchats – should be responded to within 24 hours (or 48 hours if the service has been closed for a day). This target was also achieved with **100% of contacts were responded to within the intended time limit**, including Q1 when the contacts were higher.

3.2.3 Deep dive into calls received

Rocket Science conducted a deep dive of 3cx call data for October 2025 to better understand the types of contacts made.

Across the 31 day period, there were 189 calls, two were internal and are excluded from the analysis. 24 of the 187 remaining calls were outbound, usually, it seems, where staff called back responding to voicemails.




Calls took place either during:

- ‘Standard’ service hours (9am-5pm Monday-Friday) – when the core Safe Spaces team operates the service.
- ‘Out of hours’ service hours (5pm-9pm Monday-Friday, 9am-1pm Saturday and 1pm-5pm Sunday) – when the helpline is operated by Safe Spaces staff on overtime or other First Light staff who are not part of the Safe Spaces team.
- When the service was closed.

The data further shows

- 105 calls were made during ‘standard’ hours and 48 were made “out of hours”. Only 9 calls were made while the service was closed, and so all of these went to voicemail.
- A higher proportion ‘out of hours’ callers (18 of 48, 38%) went to voicemail than during “Standard” hours (22 of 105, 21%).
 - Of those that went to voicemail “out of hours” two were not called back. Three of those that went to voicemail during “standard” hours were not called back.
 - Of the 9 that called while the service was closed, 7 were not called back, one caller called back themselves and one was anonymous (call history not traceable).
- In October the ‘out of hours’ service provided a total 124 shift hours, of which 22.4 were used for client support on calls.
 - In 2025, the ‘out of hours’ service provided 15.3 hours of support per month, on average, out of an average total of 119.7 shift hours per month.
- the monthly average of hours of support on call provided was
- 49 voicemails were left, just over a quarter (26%) of all calls. Excluding the 9 left outside of operating hours, that leaves 40 voicemails left during the operating hours.
- Of the 26 voicemails that did not come from anonymous numbers, there were 12 numbers, with one individual calling and leaving messages 7 times in a 20 minute period.
- The 163 inbound calls include 50 anonymous numbers and 24 from Safe Spaces. The 112 remaining calls are made by just 63 unique numbers.

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- Three individuals called between 8 and 12 times across the month on different days and times. This suggests there are certain high volume callers that are repeatedly calling the helpline.
 - Six individuals called three times, 12 called twice, and the rest called just once.
 - Call time averages between 0 minutes and 142.2 minutes with an overall average of 15.6 minutes, or removing the voicemails and unanswered calls, an average time of 22.1 minutes.
 - One call was over two hours, 18 are between one and two hours, and 17 between 30 minutes and an hour.
 - The three high volume callers spent a cumulative total of 806.2 minutes of talking time through inbound and outbound calls. This is 27.7% of the total talking time across the month (2,911.7 minutes).

All in all, this suggests several challenges, first that a higher than expected number of voicemails being left during operating hours: 24.5% of all inbound calls to the service made during operating hours leave a voicemail. Further analysis shows 10 of these voicemails are left when another call is ongoing, suggesting a capacity issue. However, 30 are left when it appears the service should be open to accept calls. Indeed, at least 4 are the first callers of the day.

Second, high volume callers are taking a disproportionate amount of advisors' time in terms of number of calls and time spent on calls. To note, this data was analysed after the clarifications on service criteria had been implemented. It is possible further adjustments are needed to support staff to be able to deal effectively with these calls. Information from the service manager suggested there are known repeat callers who refuse to be onboarded as clients and assigned an advocate, but that the service is unable to effectively manage this.

Finally, it is important to note that the data does not track whether callers were eligible or not, or whether they were eventually onboarded as clients. Collecting additional information at the caller stage could be helpful to further streamline and provide insight into the service.

3.2.4 Active cases

Of the 826 eligible contacts received in 2025, of which 160 clients agreed to proceed with the advocacy support and were onboarded to the five survivor advocates



caseloads as new cases ¹. In comparison with 820 eligible contacts in 2024, this reflects a 1% increase in eligible contacts and a 59.4% increase in caseload.

Caseloads across each quarter are shown in Table 2.

Table 2: Caseload by quarter

Types of cases	Q1	Q2	Q3	Q4	Total
Eligible contacts	437	175	195	182	826
New cases	64	32	34	30	160
Closed cases	32	30	32	28	122
Active cases	165	167	172	174	212

Source: Monitoring reports Q1-Q4 2025

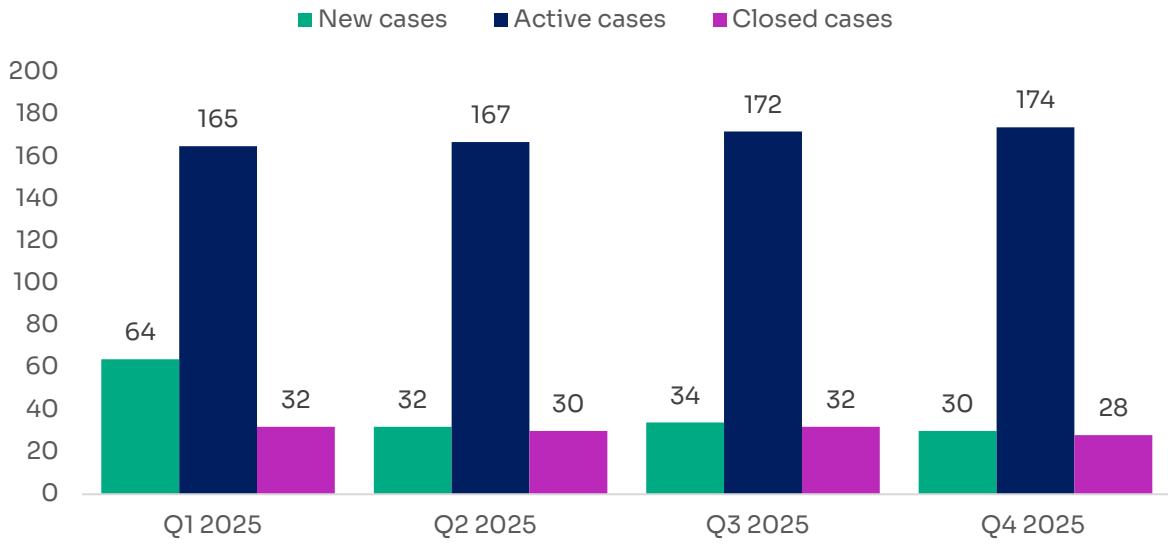
The 826 eligible contacts were engaged by two support advisors. 160 (19.3%) of the clients who made the contacts (likely more than once) agreed to proceed further and were then allocated to an advocate to become new cases therefore becoming the part of the active caseload throughout the year. In comparison, Safe Spaces received 820 eligible contacts in 2024, of which 154 (18.8%) became new cases.

Figure 3 shows the number of cases (new, active and closed) by quarter. It shows a small increase in caseload across the quarters with a larger number of new cases in Q1 due to the number of new cases being consistently larger than the number of closed cases.

As with the Year 2 data, a key limitation is that the performance data does not currently provide context as to what is happening with the eligible contacts who do not become active cases. Collecting this data should be a priority for future data collection and should be included as a KPI in the service level agreement.

Figure 3: Number of cases by quarter

¹ There were total 5 survivor advocates by end of 2025, 1 of which joined in August 2025. There was also two vacancies- one for a newly funder advocate post and one for an advisor



Source: Monitoring reports Q1-Q4 2025



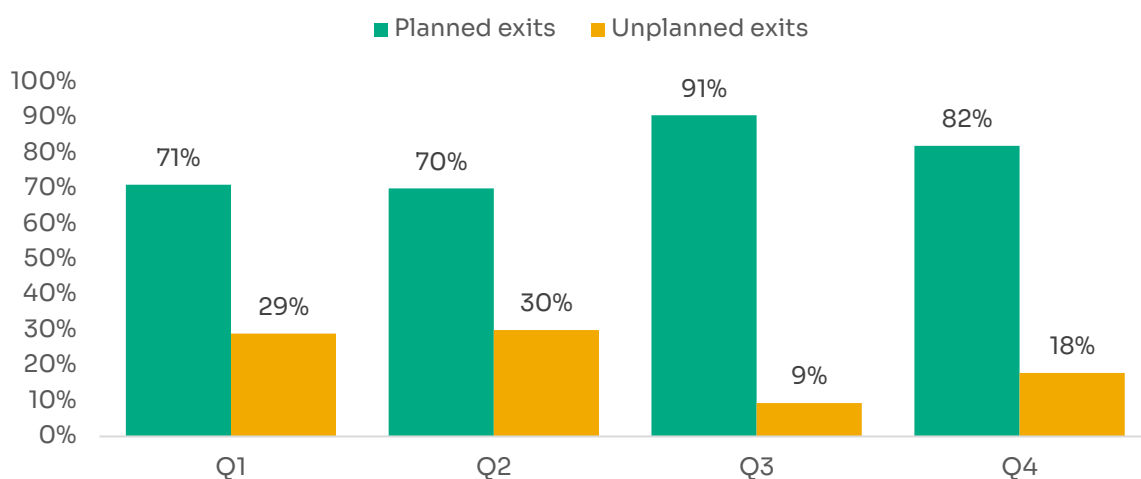
3.2.5 Exits from the service

In 2025, Safe Spaces consistently maintained its target of 70% of planned exits, achieving 78.4% on average and at least 70% in each quarter.

The proportion of planned exits ranged between 70% (Q2) and 90.6% (Q3) as per Figure 4. There was a smaller proportion of planned exits in the initial two quarters reflecting a decrease from 2024 (87.6%) due to vacant posts. In Q3, the planned exits rose to 90% as capacity increased. Staff reflect that unplanned exits from the service could be reduced with clearer structure and boundaries communicated with survivors, which would reduce longstanding cases where positive outcomes are unlikely. This would help manage the dependency and allow for improved structure around the onward referral pathways available. It will be important to understand if unplanned exits continue to reduce in Year 4 this this would indicate the clarified service criteria is effective.

The embedding of the offer of peer support sessions in the exit process from the service for survivors, helps ensure people are not left without a support mechanism. Where relevant, signposting and referral to other services are offered at exit. Many cases remain open during peer support engagement to ensure continuity and mitigate risk, with formal closure taking place following completion of that element. Staff state that the longstanding survivors are highly dependent on regular contact and are unwilling to accept referrals when experiencing anxiety or frustration when boundaries tighten. A redesign on the exit process is recommended to significantly improve caseload management, consistency of support offered and boundary/expectation setting.

Figure 4: Victim and Survivor exits from the service (planned vs unplanned) by quarter



Source: Monitoring reports Q1-Q4 2025

Notes: n=32 (Q1); n=30 (Q2); n=32 (Q3); n=28 (Q4)

Note: Proportions as given in quarterly performance reports (counts unavailable)

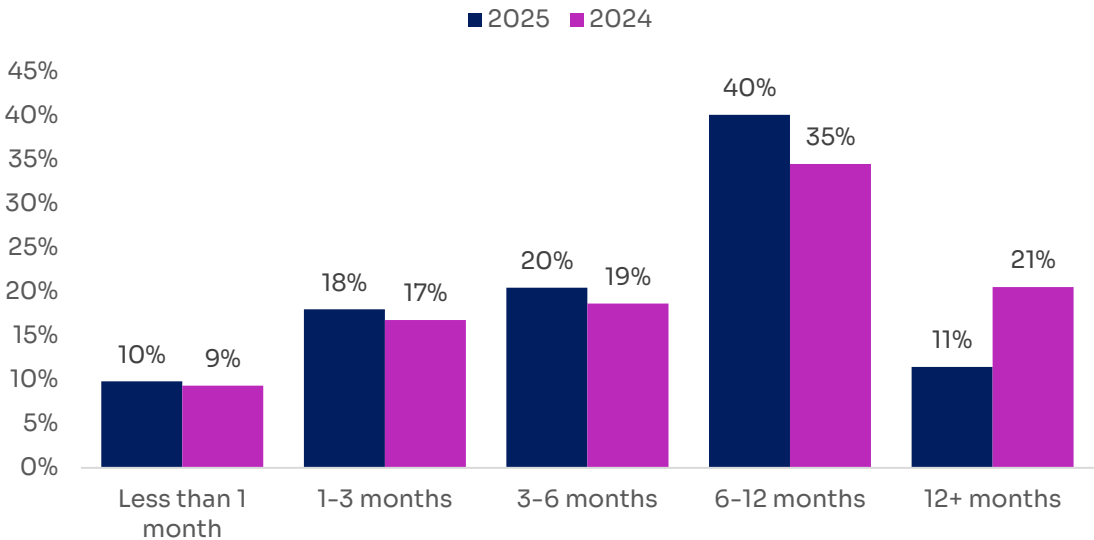
3.3 Duration and intensity of support provided



Victims and survivors presented with wide-ranging needs, meaning the support individuals required and the duration of support varied significantly across cases.

Figure 5 shows that of the cases closed in 2025, over one-third (37%), were supported for six to twelve months, an additional 11% received support for at least a year. This shows almost half of people (48%) with cases closed received at least 6 months of support. While high, this is lower than Year 2 where 56% of people received support for over 6 months, and almost double received support for over 12 months. This suggests the new approach adds clarity to the exit process.

Figure 5: Duration of support for closed cases



Source: Monitoring reports Q1-Q4 2025

To understand victim and survivor perspectives on adequateness of the duration of support, survey respondents were asked if they felt that the duration of their support was too short, about right, or too long. 100% of the question respondents felt that the duration of the support was about right, this is despite the fact that duration of support ranged from less than 1 month to 12+ months. This is a significant improvement from the year 2 of the evaluation in which 73% of respondents were satisfied with the duration of support.

These findings were mirrored in interviews, where survivors reflected on the level and duration of the support in positive terms. They highlighted that the advocates allowed them to dictate the pace and intensity of calls or email interactions. **“I never felt like they’re hurrying me on... I don’t feel my time with them is limited”**. Interviewees were positive about the regularity and frequency of meetings and felt the one-hour support sessions were adequate.



Some negative comments arose in relation to survivors' frustrations with process surrounding their case, but this is generally beyond the scope of Safe Spaces advocates' ability to influence. Additionally, some survivors wish there was more capacity to support them dealing with external organisations regarding policing or legal matters.

Survey respondents were also asked if the quality of service changed when staff capacity increased in Q3. Just over half (52.6%) of survivors were accessing the service before August 2025, with a third being part of the newer cohort (31.6%), with 15.8% unsure when they first accessed. The majority (70%) of survivors did not notice a change in delivery since August 2025. 20% believed it had improved and only 10% selecting it has got worse.

Table 3 shows that across 2025, the average number of sessions received by clients i.e., number of unique clients with cases opened and closed across the full quarter, ranged from a high of 14.6 in Q4 to a low of 5.2 in Q2. It is worth noting here that due to anonymity concerns, the number of clients calculated includes counts of contacts for people that don't provide their personal details across the support leading to likely double counting. Additionally, the reporting for the number of clients was changed from monthly, i.e., counting in Q1 and Q2 to quarterly counting in Q3 and Q4 for a more accurate quarterly representation of service activity, thus explaining the difference in figures.

Table 3: Average number of sessions per client

Quarter	No sessions	No of Clients	Ave No. of sessions per client
Q1	2,335	389	6
Q2	2,322	443	5.2
Q3	2600	197	13
Q4	2671	183	14.6

Source: Monitoring reports Q1-Q4 2025

3.4 Accessing Safe Spaces

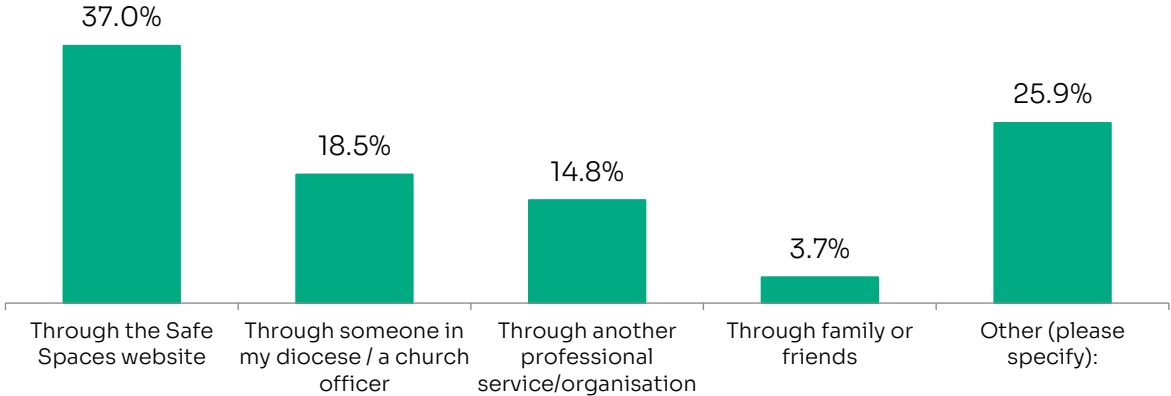
Victims/ survivors mainly discover and access Safe Spaces via the website (37% in 2025 compared to 31.6% becoming aware through online sources in 2024). The Safe Spaces delivery model provides flexibility and choice for clients over how they engage with the service, following a trauma-informed approach.



When accessing the Safe Spaces service clients are offered a choice in how they engage with the service, including telephone, e-mail, text and video call, depending on client preference and what feels safest for them. This follows an accessible and trauma-informed approach.

As Figure 6 shows, there has been a significant increase in the traffic through the website as the main way individuals find out about the Safe Spaces service and a reduction in information shared via church workers/ volunteers (from 42% in 2024 to 19% in 2025). Please note that this date pertains to the 27 respondents to the survey in 2025. The proportions that find out through another professional service or organisation is stable (15% vs 16% in 2024). Additionally, as per the survey 51.85% of the victims and survivors found out about the service online (majorly from Safe Spaces website) compared to 37% in 2024. This marks an increase in online access.

Figure 6: How survey respondents heard about the Safe Spaces service



Source: Safe Spaces Victim and Survivor survey 2025

N= 27

Responses in the 'other' category, include finding out through a general Google search, through a Vicar, through their church website, and through a safeguarding professional.

The qualitative engagement highlighted that the majority of victims and survivors first visit the website and then find and use the contact number. This explains the referral data that shows close to half (44.4%) used the Safe Spaces phonenumber to self-refer, 29.6% use the online referral form, and 14.8% use email. The qualitative engagement further highlights that survivors feel the service is accessible. Whether they discover Safe Space by the website or via the diocese, most are aware of the type of service they expect to receive from Safe Spaces, with the service clearly explained.

Staff, however, perceive there are gaps in the group that Safe Spaces engages with. They highlighted that there are few younger people who access the service (discussed in further detail in Section 4). They are also concerned that religious life groups that may not have access to the internet may struggle to find out about the service.



“We interact with The RLSS religious life group safeguarding service, but RL groups themselves I don’t think we do” – Safe Spaces staff member

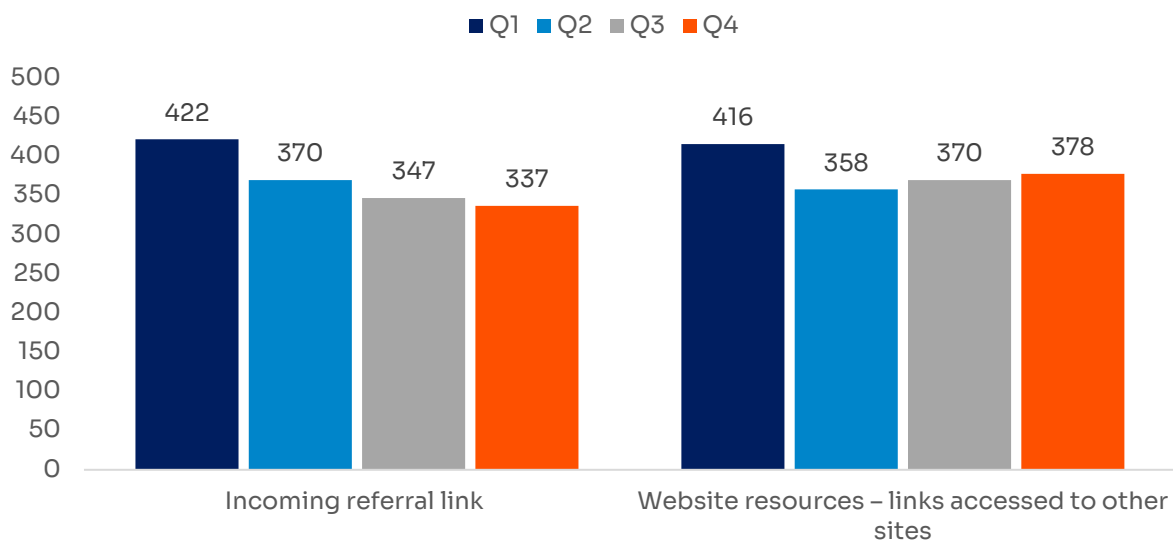


3.4.1 Use of the website

In 2025, the Safe Spaces website received 52,611 views on the homepage.

Figure 7 provides a breakdown of 2025 website views by quarter. The reduction from Q1 is in line with the changes in contacts across the quarters.

Figure 7: Safe Spaces website referral and resources page views by quarter (2025)



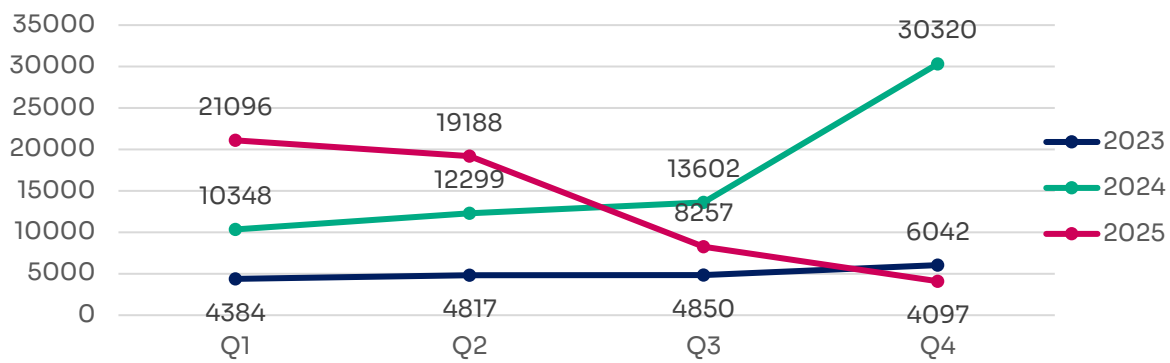
Source: Monitoring reports Q1-Q4 2025

Notes: n=8 (Q1); n=6 (Q2); n=9 (Q3); n=8 (Q4)

Figure 7 shows changes in website homepage views across the three years. While annual website use has decreased 21% from 2024, the massive uptick in Q4 of 2024 mirrors the Makin Review and is an outlier. It is, however, important to note that website views in Q3 and Q4 of 2025 are lower than the pre-Makin Review period in 2024, while Q4 2025 has the lowest views of any quarter across the three years. This suggests either that the search engine optimisation has not been successful in driving traffic to the website, or that there is lower demand. This will be something to explore in Year 4 when the data will reflect the updated website. It should be noted that individuals can self-refer via the Safe Spaces phonenumber, online referral form or email, with the phonenumber being the preferred method. All of these are signposted on the website.



Figure 8: Safe Spaces website homepage views by quarters and years



Source: Monitoring reports Q1-Q4 2025

3.4.2 Views on the website

Overall, victims and survivors and staff had broadly positive opinions on the accessibility of the website, but many respondents emphasised the outdatedness of the website in line with the recent client eligibility adjustments. The website redesign was delayed and did not go live until Q1 of 2026, meaning these responses relate to the original website.

81% of survey respondents had accessed the website with most (62%) only accessing it once and 29% accessing it monthly. Respondents tend to access the website to know more about the service (81%) or to access the contact details of the email/ helpline/live chat (62%), or to access resources (14.3%).

The respondents were positive about all aspects of the website with 85% mentioning the website was easy to access, 74% saying the website seems safe for me to use, 68% saying the website works well, and 67% mentioning the usefulness of resources on the website. However, a number of respondents mentioned that the website was “outdated” with one noting that it wasn’t trauma informed.

These insights are supported with the insights in interviews where the website feedback is mixed, with varied response depending on the usage or if it was used to first discover Safe Spaces. However, the positive comments on the website revolved around its ease of navigation and finding the relevant contact details to access the service: **“Simple website, easy to navigate and found the number and email easily”**. Negative feedback includes the lack of clarity around the messaging and the out-dated news pages, while a few individuals reflected that if they were in a crisis or vulnerable position at the time, it would have been difficult to navigate. Survivors tend not to return to the website once they are in contact with their advocate after the needs assessment period as they don’t feel a need to.

The staff survey and interviews highlighted that staff are aware that the website needs updating with further resources. Staff noted the use in being able to better point people to website for ongoing self-care resources. **“Our website definitely needs to**



be updated, but that’s happening and they are going to be adding self care and lots of resources.”

Staff also highlighted that they received feedback from clients during their engagement, relating to the website content, particularly the focus on the board and funding structures. This can be triggering for clients and is not trauma informed.



“Some survivors say its triggering seeing certain bishops’ names on website. Because people think we are not independent, we are really having to hone in on who we are. Our remit could be clearer, not so much board stuff and some more resources and grounding techniques for people going through a crisis on the website.”

3.4.3 Deep dive: website walkthrough

The new website addresses most of the challenges previously identified and is a significant improvement. However, some issues remain.

The website was updated in January 2026 and so reflections on the new website could not be tested. Instead, Rocket Science conducted a website walk through to review the website according to key challenges highlighted in this years and previous years’ evaluation findings.

Particular challenges that have been highlighted previously are included in Table 4 alongside a RAG (red, amber, green) rating of whether the new website addresses these.

Table 4: RAG rating of website walkthrough findings

Challenge identified	Rag rating
A general sense of being outdated in terms of style and feel, which can impact the sense of trust people have or make it seem as though information may not be accurate.	More modern and smooth feel
Difficult to navigate and find key documents.	Easier but not ideal on mobile
Limited resources and information around self-care, trauma and mental health.	Significant number of resources included
Outdated information for church news and updates.	Limited information but is up to date



Latest evaluation report not included.	Included alongside additional useful impact information
Limited signposting, seems to collect details rather than guide people to support.	Difficult to find links to other organisations, this feels more difficult than before
Lack of clarity around donations (where they are sent, how money is used, how people can find out about their contributions).	Lack of clarity remains
Worries that it is too aligned with the church and doesn't show independence.	Clearly shows independence


Look and feel: The new website looks and feels significantly different, fonts and overall lay out is fresher, given a more up-to-date and modern feel. The calming colours of the logo are used throughout to good effect.

Navigation: The website is easy to navigate with a clear navigation banner. Everything is easy to click on the webpage, although requires a drop-down on mobile. Where additional drop-down is needed, this takes up the entire screen.

- The home page includes easy to read information about how to self-refer (by online chat, telephone or email) and this is also included on the bottom of all other pages. The opening times are also clearly stated on the home page and throughout (both on the bottom and a small banner at the top).
- The main website pages are clearly labelled with sensible titles – Home, About Us, Online Resources, News & Updates, Make a Donation. However, where there are drop-down options (about us and online resources) there is no ability to click straight to a central page and a user has to choose an option. Given there is an ‘all resources’ page, it would make sense for this to be clickable from ‘online resources’, especially for the mobile option.
- A Request Support referral button also sits on the navigation banner on the webpage. On phone this is much large and takes up around 1/3 of the screen.
- An ‘Exit website’ button appears on all pages. This is an important safety feature recommended for abuse-related websites.

About us information:

- Information is clearly expressed and it is obvious the service has independence from the church and that the SSEW board “does not deliver support or have contact with individual people accessing the service”.

- 
- There is clear eligibility information, and information about what the support involves, although it is unclear why this sits in ‘about us’ section, a new section around the support may be more appropriate. Importantly, the ‘our support’ section includes quotes from clients and stock imagery of diverse groups which should be helpful in showing potential users that they could find useful support.
 - Our impact includes lots of relevant links and information including the last four quarterly reports and the Year 1 and Year 2 reports. All information is up-to-date and clearly explained. The statement “No personal stories or identifiable information are published without explicit consent” is important to reassure people of confidentiality.

Online resources:

- Resources are organised across five categories: church-related abuse (17 resource pages), domestic abuse (16 pages), sexual abuse (20 pages), self-care (24 pages), and professional resources (27 pages).
- All information is presented clearly, but requires several clicks to find as just 10 resources are shown per page per category. All image icons are the same, meaning this is not particularly accessible. On the mobile, the images are large and just two can be seen before scrolling.

News and updates:

- There are 8 news and updates items published between February and September 2025.

Make a Donation:

- Page is clear and feels safe to use, but no specific information about what donation supports. It states: **“Every donation to Safe Spaces helps someone feel heard. Whether you choose to give once, set up a monthly donation, or start a fundraiser, you are helping survivors of church-related abuse find safety, compassion and hope. Your support means someone can take the first step towards healing, knowing they are believed, heard and never alone.”**

3.5 Staff structures, perspectives and support available

3.5.1.1 Safe Spaces staffing



Safe Spaces is adequately staffed with average caseload per advocate below the maximum threshold. As noted in Year 2, the small size of the team has meant that changes in even one or two staff members can impact the workload of others.

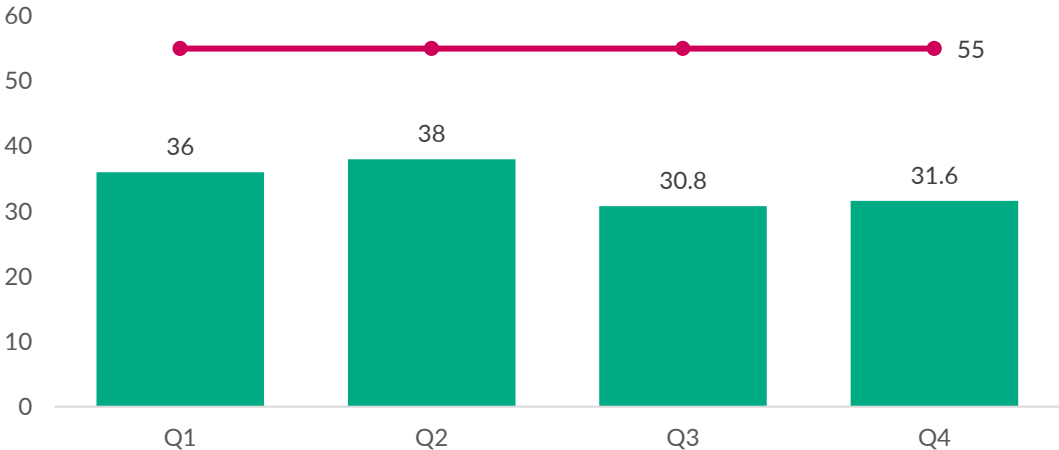
Currently, Safe spaces staff comprises

- 1 team manager
- 5 advocates and 1 vacancy for an advocate
- 2 advisors with 1 newly funded vacancy.

In August 2025, two new positions were filled, one additional support advisor and one additional advocate. One staff member subsequently left the service in early November 2025 which was filled later that month.

The monitoring data on caseloads is presented in Figure 10. Across each quarter the average caseload per advocate was lower than the maximum threshold of 55. Caseloads were lowest in Q3 and Q4 because of the additional number of staff. As noted in the previous Year 2 report, some staff felt that caseloads of between 40-45 are high, so it is reassuring that this threshold has also not been breached. Where new staff have started with a caseload of 0 and then built this up over time, they have found this a beneficial approach. Those who had started with a high client caseload had struggled.

Figure 9: Average caseload per advocate by quarters

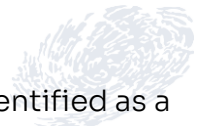


Source: Monitoring data reports Q1-Q4 2025
Notes: n=7 (Q1); n=8 (Q2); n=9 (Q3); n=8 (Q4),
Red line chart refers to maximum threshold

However, staff reflect that as some clients present more complex needs, it may take more time to support them, especially if staff can struggle to set boundaries.

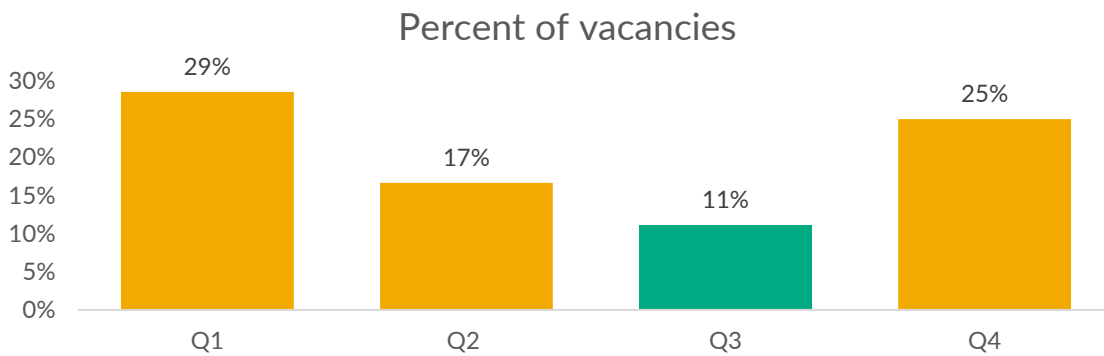


“With certain clients I am put in a position where I am doing more than I should be doing and with a high case load level that makes it quite challenging.” – Safe Spaces staff member



Additionally, in the Year 2 evaluation, vacant positions and turnover was identified as a key challenge by Safe Spaces staff given disruptions to service. It should be noted that new posts were created in 2025, which caused a higher vacancy rate while waiting for posts to be filled. In all quarters except Q3, vacancies were more than the UK-average of 14%² for not-for-profit sector jobs. The vacancy rate is percentage of unoccupied positions in an organisation.

Figure 10: Vacancies as proportion of positions by quarters



Source: Workforce reports Q1-Q4 2025

Notes: n=7 (Q1); n=8 (Q2); n=9 (Q3); n=8 (Q4)

Turnover issues appear to have abated and are lower than the UK-wide average not-for-profit sector job turnover rate of 18%³ (averaging 12.75%). The turnover rate is the percentage of employees who leave an organisation over a specific time period. However, staff expressed the negative impact of the change of service managers in late 2024, and the subsequent onboarding of the new service manager in Q1 of 2025 which was described as a **“very messy”** time where staff felt unsupported. The 2024 evaluation highlighted concerns around staff wellbeing and training, including risk of vicarious trauma.

Additionally, both Year 1 and 2 reports identified poor handovers as a key challenge. This appears to be a continued challenge, as a staff member explained they had received poor handovers for some clients which had negatively impacted client experience of the service. In these cases, while handover plans were put in place, leaving staff have not always been able to effectively complete them.



“I think sometimes it is a little bit difficult for the clients to deal with as they have built up that bond and they get another worker and they feel they have to rebuild that trust.” – Safe Spaces staff member

² As per XpertHR data on UK labour turnover in the not-for-profit sector

³ As per previous year monitoring data and UK government data on turnover rates for non-profit sector for employees aged 18-34



Deep dive findings: staff views on turnover

As part of the ‘deep dive’ work in 2025, a staff survey was conducted which explored in greater depth the reasons why staff feel that turnover occurs:

- **Lack of progression opportunities:** while staff find their jobs rewarding, they feel there is little opportunity for progression within Safe Spaces, due to the lack of practitioner or team leader roles. If the service grows in terms of staffing, it was noted that there may be opportunity for the creation of senior roles within the team.
- **Low salary:** was cited by two staff, compared to other roles, such as mental health roles, with higher salaries and lower hours.
- **“Emotional exhaustion”:** due to the nature of the work at Safe Spaces was another reason given staff for turnover.



“There’s not progression in Safe Spaces, so I think most people will get to a point there where is no more they can learn so they would look somewhere else.” – Safe Spaces staff member

Staff were also asked to describe what they need to have to feel supported by an employer:

- **Support and development:** staff said they need to be supported, as well as pushed to develop skills.
- **Acknowledgement and appreciation:** the unique, challenging roles that staff at Safe Spaces perform and appreciation for this. This included acknowledgement of high caseloads.

The impact of additional posts added in 2025 was also explored in this year’s evaluation. Identifying impacts of this has been challenging, due to subsequent turnover following the new hires. However, some staff have noticed a difference.



“We definitely have more time now. It’s not as stressful [...] we do have capacity and can do things quicker.” – Safe Spaces staff member

3.5.2 Staff Wellbeing and support

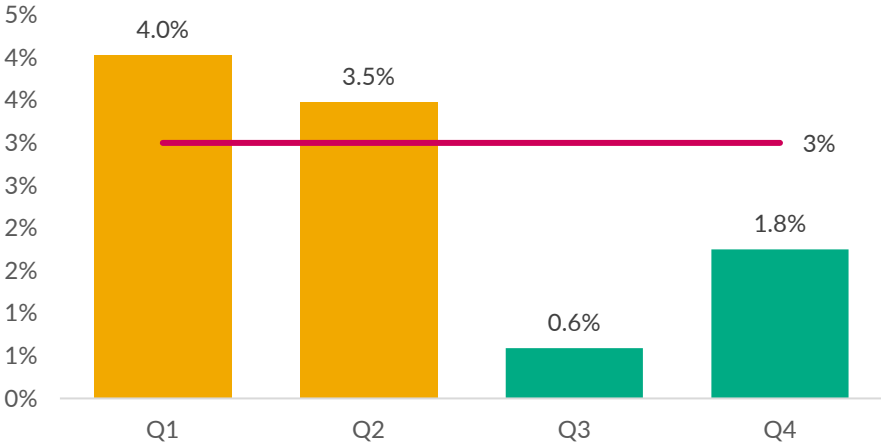
Following recommendations in the Year 2 report around improving support available to staff, First Light have implemented new support offers that are appreciated by staff.



The Year 3 evaluation had a special focus on staff wellbeing given concerns about resignations, vacancies and sickness in Year 2. Quarterly HR reports were therefore requested for the Year 3 evaluation to understand the patterns and reasons behind the sickness absences.

As shown in Figure 11, staff absences were higher than the determined 3% threshold⁴ (3% equates to 13.5 hours per quarter) in Q1 and Q2.

Figure 11: Staff absences as proportion of staff hours by quarter



Source: Workforce reports Q1-Q4 2025

Notes: n= 91.87 (Q1); n=127.5 (Q2); n=26.25 (Q3); n=67.5 (Q4)

Very few absences were related to mental health or wellbeing concerns and were instead around flu, medical appointments, and other expected reasons.

As noted in the Year 2 report, Safe Spaces staff find that a supportive Service Manager and team of colleagues are important for managing their work. This is because the nature of the work can negatively impact their mental health.

External supervision is available to all staff, but was rarely taken-up in Year 2. Now all but one member of staff are using external supervision and those who do not are regularly encouraged to do so. Staff who take up external supervision report it is beneficial and appreciate having external therapeutic support.

New forms of support have been put in place in 2025:

- **A weekly check-in:** where staff meet to informally catch up with one another.

⁴ The 3% figure is drawn up from previous quarters “average” data information and UK-wide comparison research. (<3% = green, 3%-4% = Amber, >5% = red)

- **Reflective practice meetings:** where staff have the opportunity to share skills and discuss any challenges at work.
- **An in-person staff meet up:** this provided staff with the chance to meet in person for the first time.

These changes have been well received. staff expressed that **“being heard”** and **“feeling valued”** are very important to them and largely felt this was achieved. Staff felt management is available when needed, with regular opportunities to discuss concerns at one-to-one and team meetings. Just one staff member stated that they would like more support and active check-ins.



“Our manager is really good, so you can pop her a message or call if you need a chat. She has also implemented reflective practice and it is a space where you can reflect on your practice with the whole team.” – Safe Spaces staff member

3.5.3 Staff safeguarding and training needs

All Safe Spaces staff are contractually obligated to have Level 2 safeguarding training and in 2025, 100% of the staff and managers were Safeguarding Level 2 trained.

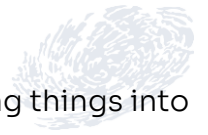
At the induction stage, staff receive training including core e-learning and explanation of Safe Space’s IT systems. They also shadow colleagues.

Along with their safeguarding training, staff then receive training on topics such as:

- Child Sexual Exploitation - Levels 1 and 2,
- Cultural Awareness in Safeguarding,
- First Aid
- Female genital mutilation.
- ISVA training
- Trauma-informed practice.
- Suicide prevention training
- Spiritual abuse training coming up
- Some training from clergy on structures
- The option for new staff to attend meetings with partner organisations includes meeting the ISS, CSSA, NST and RLSA to understand their processes

Managers also receive training on Safer recruitment.

Staff report that training is trauma-informed and prepared them to deliver a trauma-informed service. However, they noted that shadowing colleagues can be challenging



in a remote setting, particularly for those staff who prefer to learn by putting things into practice.

The range of available training has expanded from Year 2, addressing core needs identified by staff and the Year 2 recommendations.



“When I started it was learn as you go, it was basic online training, I knew nothing about church structure, that was really hard”

Nonetheless, staff, particularly new staff, continue to find understanding religious structures a challenge. Staff find the opportunity to meet partner organisations is helpful, but still feel that more could be done in this area. It was noted that understanding the Catholic Church, including Canon Law, can be particularly challenging. Staff expressed that it is important that training provided by the churches is accessible to newer members of the team. One suggestion was having access to a “cheat sheet” explaining different church roles and structures that they could refer to.

Staff view the Safe Spaces safeguarding approach as trauma-informed with a strong emphasis on listening and building relationships. Staff believe it is protective and safety-focused particularly where cases involve more acute mental health or crisis. The approach is a necessary buffer between the survivors and the diocese safeguarding teams, which can help achieve safe disclosure of information.


There are however staff concerns on the consistency of the safeguarding approach within the diocese and where the boundary lies within their role as an advocate, which creates challenges engaging with diocese. Staff reflect that survivors often feel more comfortable or safe disclosing information to them, then as the next step informing the diocese. The staff’s ability to build genuine trust, care, and listen to the survivors reduces the escalation risk and they help survivors report complaints where church relationships were damaged. Staff state their role can be less clear with some survivors wondering where the line is between advocacy and emotional support, and a misunderstanding that Safe Spaces provides therapy for survivors. The communication around the safeguarding approach could be clearer, which would benefit both the staff and the survivors; especially when managing expectations during difficult periods.

3.5.4 Deep dive: implementation of service clarifications

For the most part, staff were very positive about the clarifications around service remit and model, believing it benefits them, clients and the service.

Rocket Science engaged staff in Q4 of 2025. Staff reported that they had noticed several improvements in the service across the year, including:

- **Clarity over roles:** staff find it helpful to have a clear remit which gives them a **“clearer idea of what we are doing”**.

- 
- **Clarity over eligibility:** support advisors are more easily able to determine eligibility and explain to ineligible individuals why they are not eligible.
 - **Increased capacity:** staff perceived that referrals have dropped a small amount due to the clarifications on service criteria and that this has given staff more time to focus on work with eligible clients.
 - **Reduced dependency on the service:** staff said that they are more easily able to make expectations clear from the begging and work towards achievable outcomes. However, it is more challenging to close cases where existing clients are already dependent.
 - **Potential to improve understanding and relations with diocese:** staff hoped that the new remit would make Safe Space's role clear to diocese and reduce potential tensions, by show that **"we are all on the same page"**.

Several challenges with implementing the new model were also discussed. These will be followed up in the Year 4 evaluation to determine if they are teething problems or further issues to be addressed:

- **Dependent clients and clients with additional needs struggle:** staff explained that a lot of clients have mental health conditions and that many clients feel they have nowhere else to go to meaning this can be upsetting for them and interactions can be difficult for staff to manage.
- **Lack of alternative support for ineligible cases:** while Safe Spaces has signposted to ACAS for some HR cases, specialist support is not always available given the unique structures within the churches.
- **Lack of understanding from partners as to Safe Space's remit and offer:** while staff hope that the new remit will provide clarity, they identified that agencies and individuals are sometimes unclear on what Safe Spaces can offer victims and survivors.

3.6 Deep dive: partnership working

Partner organisations and dioceses safeguarding staff are generally positive about Safe Spaces, although some challenges with understanding of the limit of what Safe Spaces can do exist.

Please note, engagement with partners organisations was conducted around the time that clarifications on service criteria were being implemented meaning partners were not able to reflect on the impact of the changes. This is particularly important given

many of the challenges identified should have been addressed with additional clarifications.



3.6.1 Partner organisation perspectives

Rocket Science engaged four representatives from the National Safeguarding Team (NST), Catholic Safeguarding Standards Agency (CSSA) in a focus group discussion to understand their perspectives and experiences of working with Safe Spaces.

Understanding of Safe Spaces

Representatives of the CSSA, ISS and NST shared their perspectives on the key features of Safe Spaces as a service:

- **The independence of the service:** the service's independence allows it to build trust with victims and survivors. One referral partner representative said that Safe Spaces acts as **"someone's voice"** for those uncomfortable going to the church directly.
- **Time spent building relationships:** referral organisation representatives identified that many professionals working with victims and survivors lack the time build relationships and trust by listening to individuals. Safe Spaces provides victims and survivors with the **"listening time to develop confidence to make that disclosure"**

Partner organisations commented that there is no other organisation they are aware of to which they can refer for HR issues which may not meet the Churches' definition of church-based abuse.

Partners signpost to Safe Spaces in their communications, especially following big media stories which can be triggering and cause an increase in service demand when they don't have the capacity to support. The partners are active in promoting safe spaces through a variety of means:

- Word of mouth
- Signposting lists for support
- Signposting on media communications
- Organisational websites
- During survivor engagement



Positive experiences of working with Safe Spaces

Partner organisations described Safe Spaces as an essential part of the landscape in supporting victims and survivors of church-based abuse. They identified that Safe Spaces is central in **“filling the gap”** where other professionals may not be able to dedicate the time or capacity to intensively support victims and survivors.



“Safe Spaces feel a bit like our right arm, we do need their advocacy, our applicants heavily rely on service from safe space” – partner organisation

Relationships with Safe Spaces were described as **“really collaborative”** and the management of victim and survivor expectations was identified as key to successful relationships.

The ISS in particular noted the benefits of becoming involved in the induction programme for Safe Spaces advocates in 2025. All new advocates now join the ISS for training on how the ISS work. From the perspective of the ISS, this has helped to build positive relationships and understanding, in turn making the management of victim and survivor expectations more effective leading to **“a lot less damage caused”**.



“[It] has been really powerful and helpful and our relationship with each individual has been fostered” – ISS representative

Challenging experiences of working with Safe Spaces

These referral partners described some more challenging aspects of working with Safe Spaces. Notably the last two of these issues appear to have been addressed in the Year 3 delivery, and so while are important to reflect on, should not be considered a current drawback.

- **Partners not understanding the role of Safe Spaces advocates:** partners do not always understand Safe Space’s remit, meaning they are unsure about the role of advocates
- **Safe Spaces staff don’t always understand the role of partners:** where Safe Spaces advocates have not understood the role of partner organisations, this has led to unrealistic expectations of what may be achieved by contacting them. For example, it was explained the Catholic Safeguarding Standards Agency cannot make changes to safeguarding processes. However, on occasion, advocates have not fully understood this which can be **“very difficult”** for Safe Spaces clients.

- **Staff turnover:** past turnover has caused difficulties, such as missed meetings, which can be “**very triggering**” for victims and survivors



“I would like to understand more about the powers and the boundaries of the advocate role so I can be completely confident on what a safe spaces advocate can do and not do” – partner organisation

Things that could be changed

Partner organisations suggested some changes that could be made:

- **Provision of a clear description of Safe Space’s remit:** this would help partner organisations to understand what “**they do and don’t do, and what the boundaries are**”.
- **More opportunities for survivor engagement:** partners are interested in working with Safe Spaces to support victims and survivors.
- **Further opportunities for partners and Safe Spaces staff to engage:** Safe Spaces staff could become more involved in training and attending conferences. Partners are happy to further support improving induction processes.

3.6.2 Catholic and Church of England Diocese Safeguarding perspectives

Rocket Science engaged the Diocesan Safeguarding Advisor and Safeguarding Co-ordinators with 16 individuals engaged through focus groups and 21 through a survey (see Table 6).

Engaging the Catholic Church in England and Wales through focus groups proved challenging, with fewer sign-ups to participate despite several pushes through Catholic communications.

Table 5: Engagement with Catholic Church in England and Church of England.

Engagement method	Catholic Church in England	Church of England
Survey	13	8
Focus groups	2	14



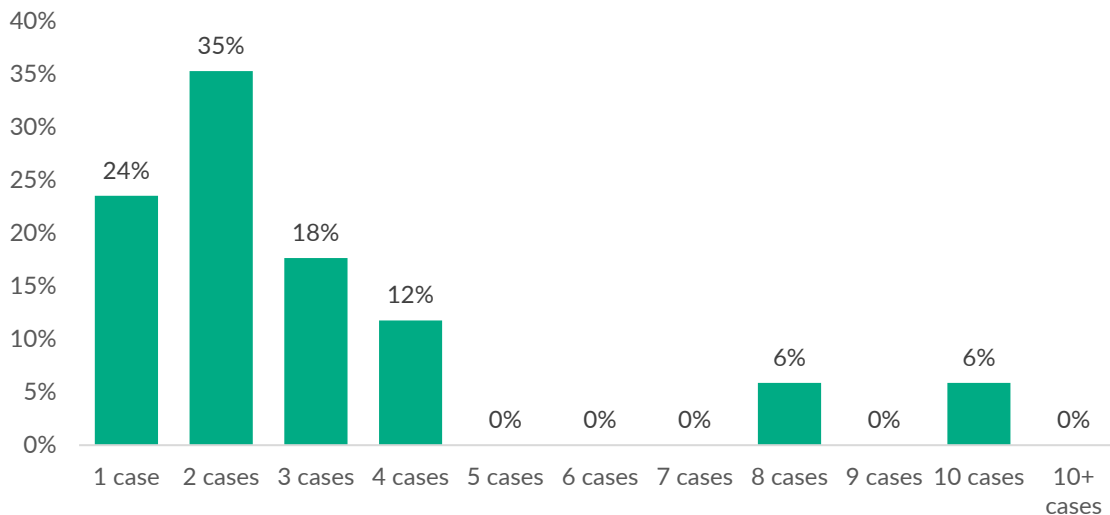
Engagement with and awareness of Safe Spaces

The survey and focus groups indicate a wide awareness of safe spaces. Of survey respondents, 100% (n=21) said they had heard of Safe Spaces. The majority (n=18) had worked with Safe Spaces while 3 had heard of Safe Spaces but had no engagement. It must be noted, that individuals unfamiliar with Safe Spaces may have chosen not to participate in the survey, potentially biasing the data.

Most safeguarding professionals said they engaged with Safe Spaces by signposting or referring victims and survivors to the service (73%, n=16), while 43% (n=9) said that Safe Spaces had mediated their communication with victims and survivors.

As shown in Figure 12 below, the majority of those who responded to the question said that they had engaged with Safe Spaces for between one and four cases in the last year.

Figure 12: Proportion of Safe Space cases church safeguarding staff had been involved in during the past 12 months



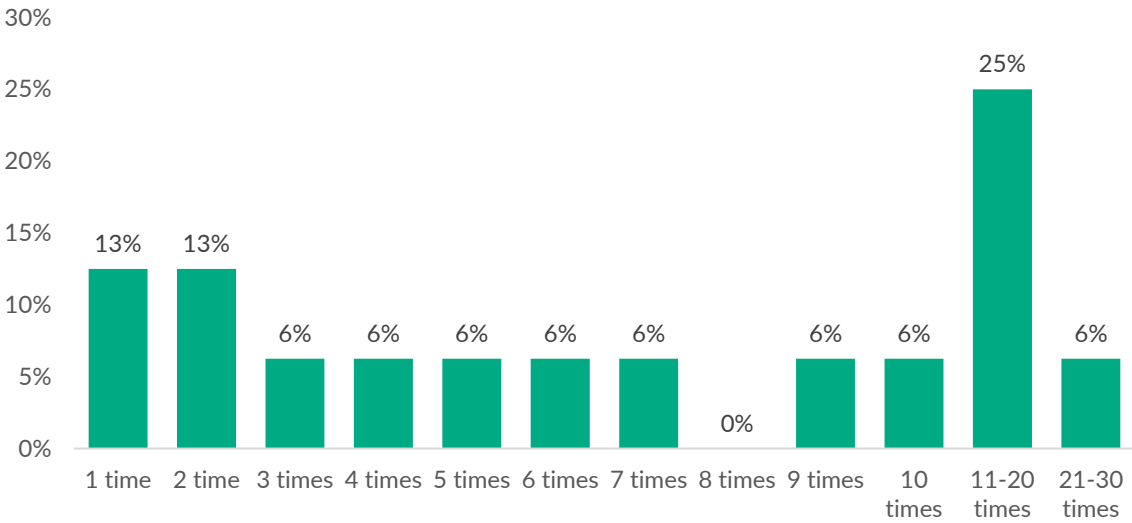
Source: Diocesan Safeguarding Advisor and Safeguarding Co-ordinator Survey

Notes: n= 17

The number of times church safeguarding staff engaged with Safe Spaces over the course of a year showed great variation, between 1 time and between 21-30 times. Almost a third (32%) had engaged with safe spaces ten or more times in the last year (Figure 13).



Figure 13: Number of times church safeguarding staff engaged with Safe Spaces in past 12 months



Source: Diocesan Safeguarding Advisor and Safeguarding Co-ordinator Survey
Notes: n= 16

The focus group indicated that the level of engagement could vary year-to-year:



“[I have] at times been working closely with safe spaces staff and victims and survivors. At other times did not have any interaction for a year at a time.” – Safeguarding professional

Safeguarding professionals described a number of ways in which Safe Spaces supports their work:

- **Mediating engagement with victims and survivors:** by acting as a **“buffer”** between the Churches and victims and survivors advocates makes this engagement easier for diocese safeguarding professionals, as well as for victims and survivors.
- **Providing external support:** safeguarding professionals find it **“reassuring”** that there is an independent service that they can signpost or refer victims and survivors to and see this as an important thing for victims and survivors to be able to access.
- **Providing additional capacity:** Safe Spaces adds capacity to teams that are often **“small and feel under-resourced”**, meaning that victims and survivors are less likely to go unsupported, particularly during busy times when there have been triggering media announcements.



Understanding of Safe Spaces

In both the survey and focus groups, safeguarding professionals were asked to explain what they understand the service to be. In the survey, the words “**support**” and “**advocacy**” were frequently used to describe the service.



“**[Safe Spaces is] able to provide emotional support, advocacy and enable communication between a person and diocese.**” –
Safeguarding professional

Safeguarding professionals highlight several key features of Safe Spaces as beneficial:

- **The independence of the service** provides victims and survivors with the “**confidence**” to make a disclosure, where they may be uncomfortable coming directly to diocese safeguarding professionals. This means that the service acts as a “buffer”, allowing victims and survivors to indirectly engage with the churches.
- **The “broad” nature of eligibility** supports any individuals who identify as victims and survivors. This has now changed in the service new model (see section 2.1), but professionals continue to perceive that signposting to Safe Spaces provides a “**guaranteed yes**” that individuals will receive support. This could lead to challenges in setting unrealistic expectations.
- **Provides support navigating processes and with specific requests** such as navigating church processes and achieving specific goals like making an application to the Church of England’s Interim Support Scheme (ISS).

Not all perceptions are accurate. One safeguarding professional engaged in the survey indicated that they thought the service provides counselling, while a referral partner suggested that some safeguarding professionals think that it is a counselling service. Safe Spaces does not recommend specific counselling providers.

Referral process

As shown in Figure 14, 58% of survey respondents said that the process of referring into Safe Spaces was either ‘Easy’ or ‘Very easy’.

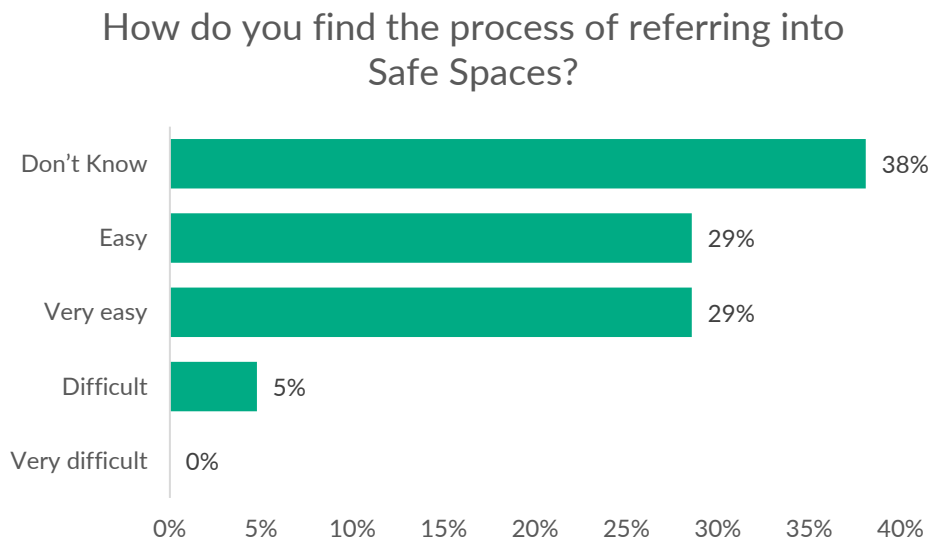


“**I felt I knew enough about the person to refer without knowing the finer details of the alleged abuse / abuser.**” – **Safeguarding professional**

A large proportion but over one third (38%) indicated that they ‘Don’t know’, with some indicating in comments that they signpost rather than refer to Safe Spaces. One safeguarding professional who noted it was difficult said that the referral form is “**too detailed**”:



Figure 14: Feedback on level of ease of referral process



Source: Diocesan Safeguarding Advisor and Safeguarding Co-ordinator Survey

Notes: $n=21$

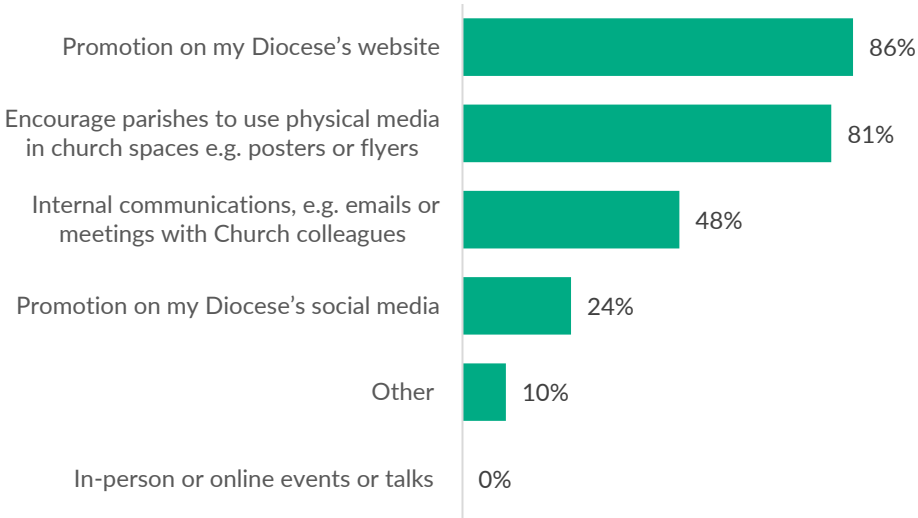
Promotion of the service

According to survey responses (see Figure 15), the most used form of promotion is via Diocese websites (86%), followed by encouraging parishes to use physical media (81%) and internal communications such as emails or meetings (48%). No respondents said that there had been events or talks promoting Safe Spaces.

Staff focus group insights reveal that the promotion of the service is highly variable and largely unplanned, with a lack of strategic direction. There is also agreement between staff that the dioceses and referral organisations promotion could be far more proactive and professional. Safe Spaces promotional materials are often seen as not fit for purpose, basic and unprofessional; which is seen to undermine the service's credibility. There is also limited promotion beyond the church circles, indicating a need to target young people, wider community services, health services, and grassroots organisations. Staff believe there is a strong promotion in existing networks and effective positioning through the usual go-to services that individuals seek curing crisis or safeguarding events. This is paired with the high trust between some dioceses and partner organisations, with collaboration increasing.



Figure 15: Prevalence across different types of activities to promote the service



Source: Diocesan Safeguarding Advisor and Safeguarding Co-ordinator Survey

Notes: n= 21

Few safeguarding professionals indicated that there are barriers to promoting the service:

- One responded that parishes are neither aware of Safe Spaces nor interested in raising awareness of the service.
- One respondent said that there should be greater promotion via Bishop's letter (Church of England)
- Conversely, another said that more **“independent people”** from the board or Non Executive Directors should promote the service, as it is **“too heavily aligned”** with Bishops and churches.

Positive experiences of working with Safe Spaces

Safeguarding professionals described several positive aspects of working with Safe Spaces:

- **Providing a trauma-informed route to engagement with the Churches:** as noted above, Safe Spaces' independence allows the service to build trust with victims and survivors and support them to gradually engage with the churches to the extent to which they are comfortable. When required, advocates can act as a **“neutral buffer”** between the Churches and victims and survivors. In some instances, this means safeguarding professionals may receive disclosures or information that they would otherwise not have access to.

- **Effective partnership working:** the approach of Safe Spaces staff was described as “**collaborative**” and “**relational**”. Some safeguarding professionals found that Safe Spaces staff support them to have productive conversations and to navigate challenging relationships and situations, by being a “**supportive voice in the room**”
- **Well-established and trusted organisation:** some safeguarding professionals reported positive comments from victims and survivors about the “**excellent support**” provided by Safe Spaces and said that the service is “**generally trusted**” by both victims and survivors and professionals.



“[It] evolves from an anonymous email to an anonymous call and turned into a 3-way conversation with us.” – Safeguarding professional




“They have provided level headed guidance to 'move' delicate and emotive situations onto a workable solutions” – Safeguarding professional

Challenging experience of working with Safe Spaces

Safeguarding professionals described some more challenging aspects of working with Safe Spaces:

- **Cases that do not meet definition of church related abuse:** some professionals commented that Safe Space’s acceptance of individuals self-identifying as victims and survivors, who may not meet Church definitions of a victim or survivor of church related abuse, can create challenging interactions. In September 2025, Safe Spaces made changes to their additional clarity on service criteria which were intended to address these challenges. At the time of engagement with safeguarding professionals, changes would not have been clear.
- **Management of client expectations:** while some professionals commented that Safe Spaces can support with management of expectations, others said that in cases where individuals do not meet church definitions of a victim or survivor this can be damaging to the Safe Spaces client and their relationship with the Churches. It can lead to clients expecting a “**resolution beyond what is achievable**”. Again, the new model may address this, but the evaluation cannot yet identify if it has worked. This will be a core priority for the Year 4 evaluation.

- 
- **Understanding of church processes:** two survey respondents indicated that staff may have insufficient understanding of Church processes.



“The tricky one, the theme that comes through is that the broad nature of Safe Spaces can sometimes be problematic where there is not agreement on whether the person is a victim or survivor linking to the church of England.” – Safeguarding professional



“A question they might want to think about is whether it could be harmful to feed into a narrative that isn’t going anywhere.” – Safeguarding professional

Things that could be changed

There were some changes that safeguarding professionals recommended for Safe Spaces. Some align with findings from the referral partners above.

- **Provision of a clear description of Safe Space’s remit:** some safeguarding professionals are unsure about what cases lie within Safe Space’s remit and what kinds of support the service provides.
- **Promotion and engagement of Safe Spaces with diocese:** this includes communicating outside of casework, such as communicating updates about the service, providing case studies of the service’s impact or providing training to safeguarding professionals. This could be done at conferences or through newsletters.
- **Sharing data and survivor feedback:** some safeguarding professionals perceive Safe Spaces as a potential source of information from victims and survivors on how diocese can improve their own services, such as making them more trauma-informed. One safeguarding professional suggested that Safe Spaces could support them with setting up their local Victim Survivor panels, which they have struggled to recruit for.
- **Signposting appropriate counselling:** some safeguarding professionals said that it would be helpful for Safe Spaces to provide a list of appropriate counselling providers to meet different needs.



“They are hearing all this rich information that may help us improve things” – Safe Spaces staff member



“it would be good if safe spaces had a list of places that they think are useful for who are useful for counselling. So we knew we were signposting to someone who was quality in that regard. A safe-spaces endorse list of counsellor.”

3.6.3 Safe Spaces staff perspectives on engaging with partners



Staff had mixed experiences engaging with diocese, finding some to be very responsive and while others may not respond to emails at all.



“Some diocese are happy to hear from me and send detailed emails and have extensive telephone calls. Some diocese either won’t reply or might be less detailed.” – Safe Spaces staff member

Staff identified several challenges:

- **The “cultural shift” to working with Safe Spaces:** Safe Spaces is a relatively new organisations in the wider landscape of church organisations. This means that working with Safe Spaces is a **“cultural shift”** for the diocese, who may feel that they **“should be managing their own safeguarding”**.
- **Lack of understanding of the Safe Spaces service:** Staff commented that there are varying levels of understanding regarding what the service provides and what the role of an advocate is.
- **Lack of training on safeguarding, neurodiversity and mental health:** some church staff may not be prepared to deal with issues they encounter. For example, it was commented that some church members see domestic abuse as **“between a man and wife”** and is not recognised as a safeguarding issue. The lack of support for clergy, who may be encountering these issues first hand in the community, was highlighted.



“I think some diocese might feel intruded [on]. I’ve felt where they feel like you’ve registered a client with us and well take it from where even through the client might not want that – kind of like treading on toes.” – Safe Spaces staff member

Where there were good working relations, these were often built on positive interpersonal relationships with individuals. Staff perceived that the additional clarity on service criteria may help them to more clearly set expectations with diocese.



“We have that support plan we can stick to. They know what it looks like and it’s really good to set up expectations.” – Safe Spaces staff member

Safe Spaces felt relationships with partner organisations, such as the CSSA, ISS and NST, are positive but that more could be done to engage these organisations and ensure they are kept up to date with changes to the Safe Spaces service.



4. Impacts of the service

This section examines the impacts of Safe Spaces drawing on the qualitative and quantitative data collected by Rocket Science from clients, staff, the SSEW and Non Executive Director boards, referral partners and church safeguarding staff and complemented with First Light performance data.

4.1 Who the service reached

Similar to Year 1 and 2 survivors most commonly approached Safe Spaces seeking “a listening ear” and “emotional support” often after feeling unheard elsewhere.

Many expressed wanting a third-party support and “a space to talk things through” outside church structures to disclose abuse and seek "justice".



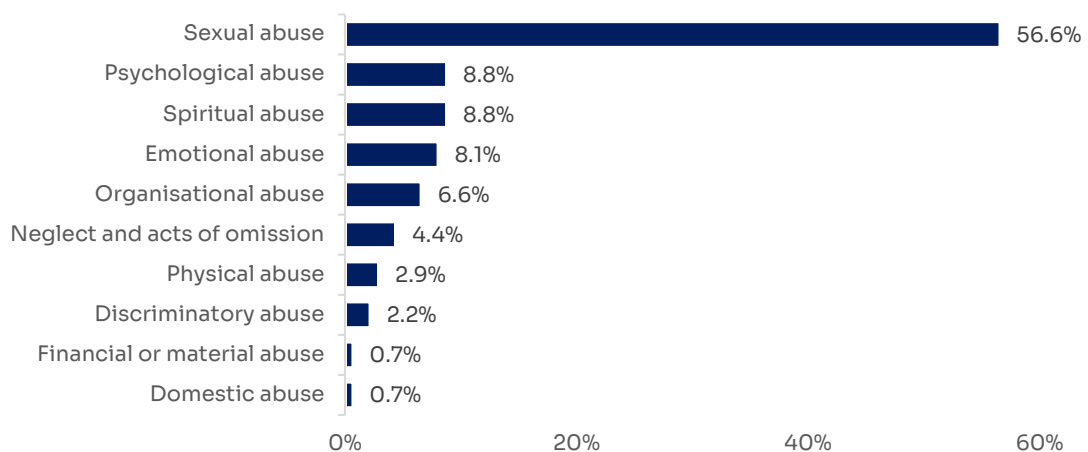
“Importantly [I wanted] justice for neurodivergent [people]. As a Catholic, autistic adult I wanted my voice to be heard and Safe Spaces helped me to communicate the emotional abuse I suffered from my parish.” – Victim

4.1.1 Type of Abuse

As with previous years, most clients reported they were victims of sexual abuse.

The monitoring data on referrals by type of abuse is presented in Figure 16 below. The data shows that majority of referred clients were victims of sexual abuse (59%), followed psychological and spiritual abuse (8.8%). It is hoped that First Light’s new monitoring system can capture multiple categories of abuse.

Figure 16: Proportion of referrals by primary type of abuse



Source: Monitoring reports Q1-Q4 2025

Notes: n=137

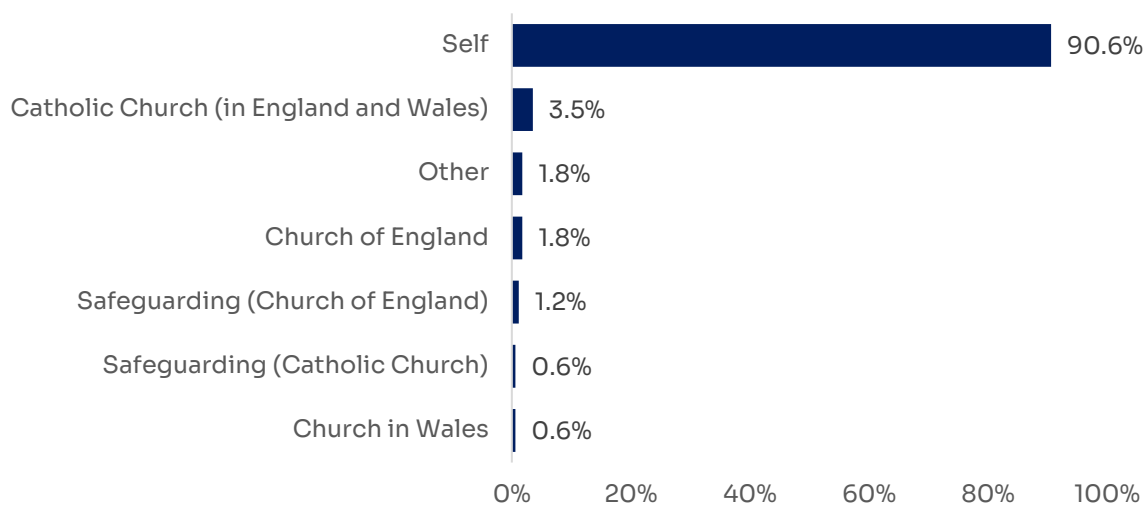


4.1.2 Source of referral

Of the 170 referrals received, 91% were self-referrals followed by 7.6% being referrals from churches and their safeguarding teams (Diocese).

A more detailed breakdown is given below in Figure 17. This shows that there are higher numbers of referrals from the Catholic Church than others. In Year 2, there were no referrals directly from the Church in Wales, so while low, it is positive that there are some referrals. However, it should be noted that an individual who has self-referred may have been signposted to Safe Spaces by a diocese or parish, which is not captured here.

Figure 17: Proportion of referrals by source



Source: Monitoring reports Q1-Q4 2025

Note: n=170

4.2 How Safe Spaces met victims and survivors' needs

4.2.1 Types of support offered

Survivor needs are met through a combination of emotional support, practical advocacy, trauma-informed practice, and flexible engagement.

Survivors highlighted that staff offer empathy, understanding, and non-judgmental support; with the ability to listen, validated feelings and experience, whilst providing a sense of safety.



[Advocates] “reassured me... they helped me understand how utterly wrong it was”

“I felt very secure and I trust them”.

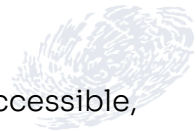
Survivors receive help in navigating safeguarding systems with the diocese, communicating with statutory bodies and helping them understand their own rights during the process. Survivors emphasise that staff work at their pace and approaches are adapted to individual needs, this is in terms of the regularity and method of communication. Staff are also seen as sensitive, and set boundaries but with the flexibility and accessibility of engagement; **“telephone, email, video... always reachable and on time”.**

Staff are able to provide a mix of therapeutic listening, practical problem solving, and support during times of vulnerability or crisis. Survivors report **improved wellbeing, with increased confidence and coping ability, reduced isolation and overall improvements in emotional stability.**

Figure 18 shows the number of victims/ survivors that staff supported to access counselling and report abuse. The number of survivors supported to access counselling was highest in Q1 but decreased over the quarters while the number of survivors supported to report abuse (majorly to police) increased over the quarters.

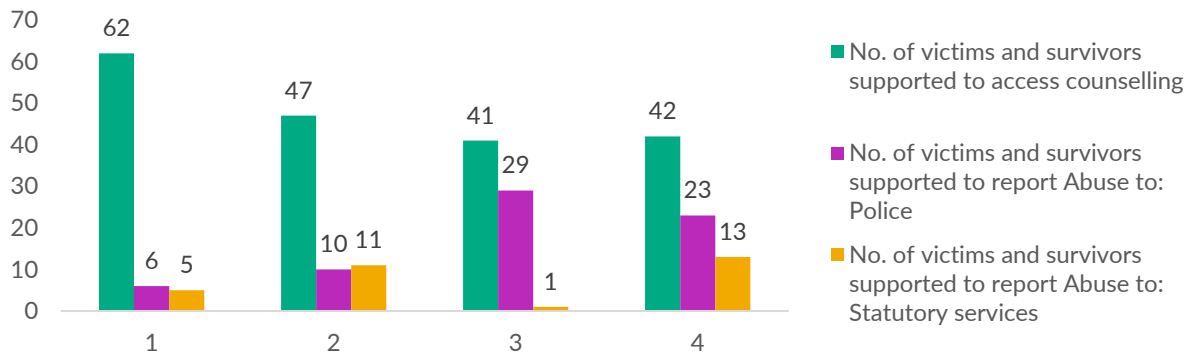
Staff and diocese engagement revealed that survivors often require help in completing funding forms or applications, and finding specialist therapists. The dioceses rely on Safe Spaces to access this external support and help navigate eligibility criteria for counselling or statutory services. Advocates play a vital role in survivors reaching external support, particularly when support is required that falls outside the advocacy remit and survivors require significant mental health support.

Staff note that the drop off may be caused in conjunction with handovers and disengagement from survivors, leading to a lack of continuity. Paired with the unclear



marketing and promotion, external support may not have been as clearly accessible, alongside the website fatigue once survivors are onboarded.

Figure 18: Number of victims by type of support provided



Source: Monitoring reports Q1-Q4 2025

The number of safeguarding concerns raised by the service has decreased from 2024 and over the course of 2025. Opposed to 21 safeguarding concerns being raised in Q4 of 2024, 2025 saw only 15 safeguarding concerns raised in total.

Table 6: Number of Safeguarding concerns raised by quarter

Quarter	No. of safeguarding concerns raised
Q1	8
Q2	6
Q3	1
Q4	1
Total	15

Source: Workforce reports Q1-Q4 2025

The safeguarding approach can be complex, but it appears that the reduction in Q3 and Q4 relates to the clarity around the service criteria which prioritises diocese safeguarding teams as key contacts and relieves Safe Spaces staff of all the burden.

4.2.2 Being inclusive and accessible to different preferences



The majority of clients responded that they find the service to be ‘very easy’ (52.6%) or ‘easy’ (36.8%) to join and be set up with an advocate.

They tend to receive support through two main media, phone (92.6%) and email (77.8%), with just under one in five engaging with video calls (18.5%).

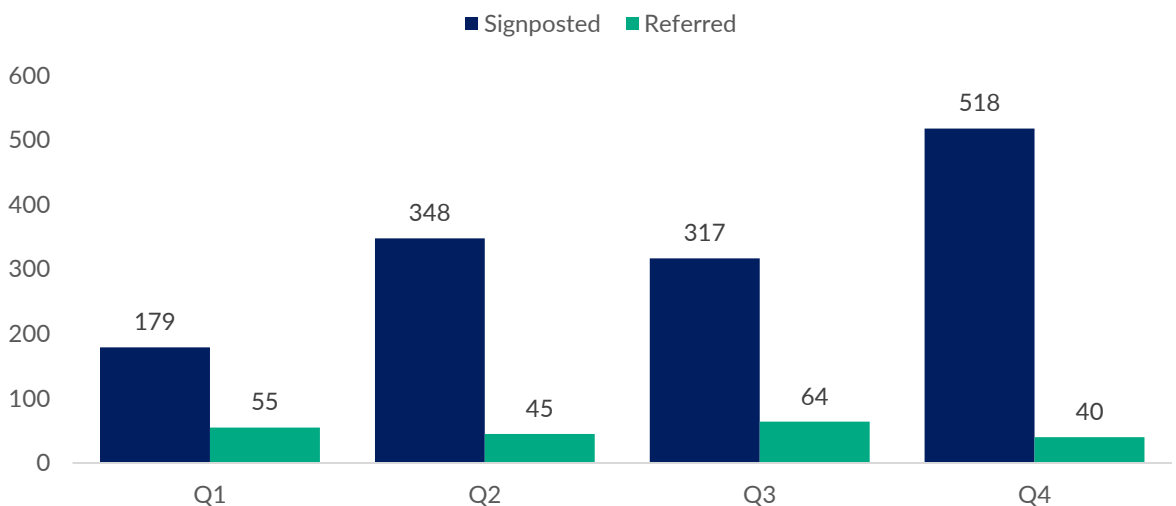
Survivors reflect that they like to “talk to someone who is empathetic” and “talking helps clarify what I can expect and how to prepare... email is good for sending information and confirming appointments”. This highlights the importance of having access to both talking and email-based methods to meet clients’ needs in an accessible manner.

4.2.3 Signposting and referral to other services

83.3% of the respondents mentioned that the referral process was timely and effective. There has also been an increase in signposting and referrals to other services.

Additionally, the data on onward signposting and referrals for ineligible contacts presented in Figure 19 below shows that the number of victims and survivors signposted to other services has increased over Year 3. This suggests the new service approach developed in August 2025 has been effective in encouraging staff to signpost people that may not be eligible for the service.

Figure 19: Number of ineligible contacts signposted and referred to other services



Source: Monitoring reports Q1-Q4 2025

4.2.4 Additional support needs suggested by victims and survivors

Safe Spaces staff listed the additional forms of support often requested by victims and survivors, including support accessing housing, passports, benefits or legal services.



Safe Spaces advocates are often to **“only support worker in their life”** and often spend time finding local services to refer people on to.

Additionally, and as was clear in the partner engagement, some victims and survivors believe that Safe Spaces offers a different kind of service to what it does, such as therapy or counselling. Staff expressed the need to manage client expectations about what the service can achieve.

4.3 Outcomes and impacts for victims and survivors

Analysis of performance data shows that Safe Spaces met its target of 75% positive feedback for all metrics across majority of quarters for each Key Performance Indicator.

Victims and survivors are sent an exit survey at end of their engagement which is designed to capture their satisfaction with the service and likelihood to recommend to others. Table 7 shows that in 2024, Safe Spaces met its target of 75% positive feedback for all metrics in all but one case (improvements to wellbeing in Q4). However, it is to be noted that Safe spaces exceeded the targets for all KPIs in terms of year average.

Table 7: Key KPIs (75% target) on feedback obtained from participants

KPI	Proportion of respondents reporting positively				
	Q1	Q2	Q3	Q4	2025 average
KPI 01 - Safe Spaces has helped improve my wellbeing	87.5%	88%	80%	73%	82.2%
KPI 02 - Safe Spaces has provided a ‘Safe Space’ for me to talk about my experiences	100%	88%	89%	82%	90%
KPI 03 - I feel that Safe Spaces have listened to and believed me	96%	100%	93%	82%	93%
KPI 04 - I feel empowered to self-advocate/make my own decisions by Safe Spaces	91%	96%	84%	75%	87%

Source: Monitoring reports Q1-Q4 2025
 Note: Target for all the KPIs = 75%

However, overall satisfaction is below the 80% target in Q3 and 4 (see Table 8). Additionally, Safe spaces did not achieve the target of 25% exit survey responses in Q1 and Q2. This means the data above is based on relatively small numbers of clients.



Table 8: Exit survey feedback

Statement	Proportion of respondents reporting positively			
	Q1	Q2	Q3	Q4
I am satisfied with the support that Safe Spaces have provided me with and would recommend to others.	83%	90%	78%	78%
Response rate	14%	17%	28%	35%

Source: Monitoring reports Q1-Q4 2025

Note: Target for “I am satisfied with the support that Safe Spaces have provided” = 80%

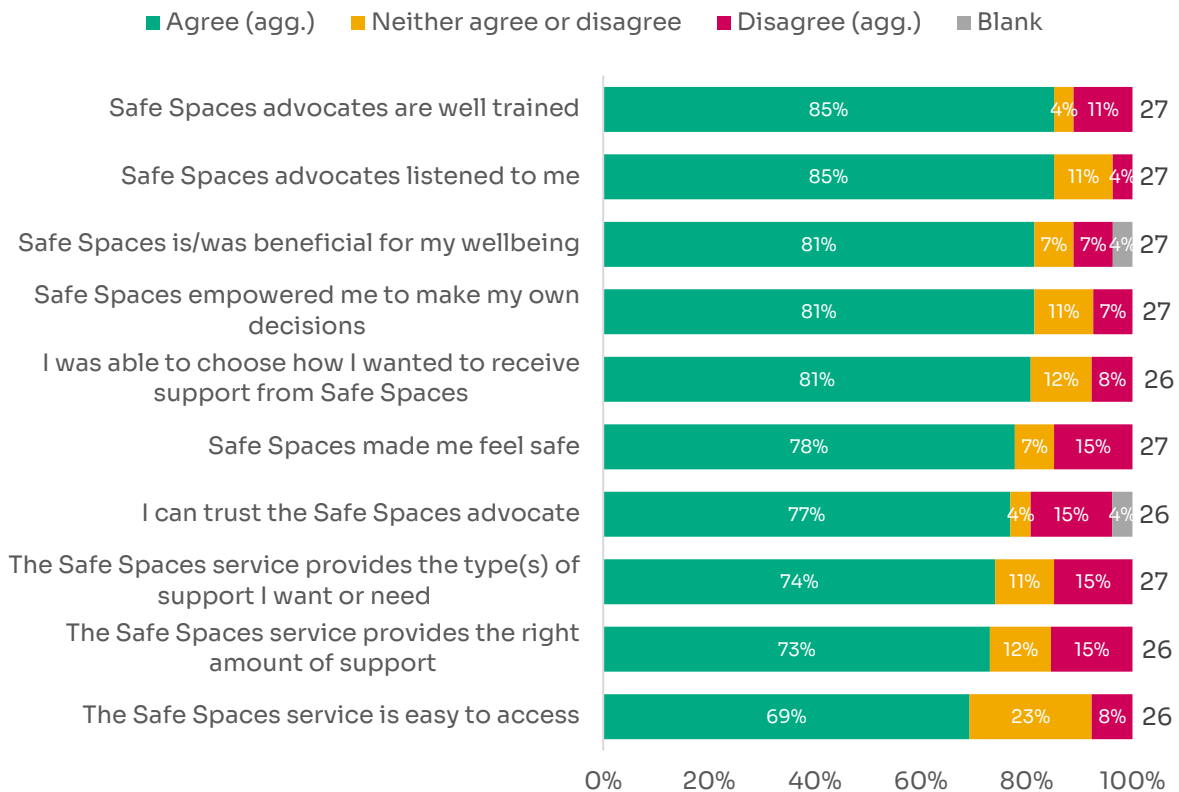
Target for Exit survey response rate = 25%

The 27 survey respondents were asked about their feedback on the service quality (see Figure 20). The majority of respondents answered positively on all aspects of support with the highest positive responses highlighting that the advocates are well-trained and listened to survivors.



Figure 20: Client feedback on service quality

To what extent do you agree/disagree with the following statements:



Source: Safe Spaces Victim and Survivor survey 2025

In the qualitative engagement with victims and survivors, they reflected on the impact of the service and how it has affected their lives and experiences following support sessions with their advocate. They are resoundingly positive in how they describe the extent to which the service has helped them on a psychological and emotional level; with coping mechanisms developed and expectations being met.



“It helped me cope with it and knowing someone is there that I can talk to, that extra person standing beside me, it gives me strength... Safe Spaces are very respectful, set clear boundaries, are person-centred, and professional”. – Victim/survivor

Safe Spaces staff are effective at striking balance between being caring and empathetic whilst taking a professional approach and managing expectations over an extended period of time. Survivors are positively reflecting on the **“peace”** that it has given them and the **“healing”** impacts of the service, in allowing for some sort of closure or conclusion. They are able to feel safe, listened to, with the advocate always in reach and there for them during the many fluctuations in the process. The **“judgement free”** and **“clarity of responses”** puts people at ease in the mutual agreement of expectations and direction.



Safeguarding professionals and partner organisations described their perspectives on service quality, based on feedback they had received from victims and survivors. Many were positive about the impact the service had had on victims and survivors, however reviews were mixed.

One safeguarding professional reported that they had heard negative reports from victims and survivors including: **“they are useless and I can’t get hold of them”**. Another partner organisation identified that the August 2025 changes to the service remit and model have led to confusion for victims and survivors about what kinds of support they can receive.

Others expressed that the Safe Spaces provides flexible and tailored support to clients with specific needs and demands. It was perceived that without Safe Spaces, many victims and survivors would not have been able to engage with the diocese or get the outcomes such as an apology. By acting as a **“buffer”**, Safe Spaces makes it possible to for survivors to indirectly engage with the churches. Some clients also reported seeing Safe Spaces as a **“lifeline”**.



“The fact they are going somewhere else first indicates a mistrusts and that step by going directly to the diocese may have always been to massive.” – safeguarding professional

Safe Spaces staff also provided their perspectives on the impact of the service on victims and survivors. As expressed in previous years of the evaluation, they felt that for many victims and survivors the most significant impact remains being listened to and supported. Staff say that the service makes victims and survivors feel **“heard and seen and not be alone in the journey”**. As noted elsewhere in this report, and in previous years, advocates also remove the need for direct contact with the churches, if victims and survivors are not comfortable doing so themselves.



“Just having a phone call with them can make a massive difference. Just being listened to and removing that pressure of the emotional entanglement with the church” – Safe Spaces staff member

Staff described practical outcomes like getting access to therapy and apologies from the churches. It was noted that sometimes letters of apology from diocese can be **“less client-focussed and more generic”** meaning victims and survivors feel that diocese haven’t taken responsibility.

4.3.1 Deep dive: the impacts of the peer support group

Following a peer support pilot in Year 2, peer support has become a standard offer within Year 3. However, take-up has been lower than expected and Rocket Science struggled to reach peer support members, speaking to just three via interviews.



Table 9: Peer support groups

Group number	Year	Number of sessions	Attendees
Group 1	2024-2025	6	6
Group 2	2025	6	5
Group 3	2025	6	4

Peer support groups include staff involvement as facilitators. The standard approach has been to choose a topic for each session and include a ‘check-in’ and ‘check-out’ at beginning and end. Staff manage the discussion and interject when discussions are **“getting a bit heavy”**. Facilitators give people opportunity to take breaks from the group for a time and to check in with them.

Qualitative engagement with survivors who took part in peer support sessions found that individuals reflected and felt comfort in that they were not alone in their feelings and others are going through similar experiences, reducing feelings of isolation by sharing their own stories and actively listening to others’. A few survivors reflected on how the positive dynamic generated by the staff helped the discussions, with individuals used to their own advocate, seeing another member of staff and their expertise and therapeutic knowhow was refreshing. **“They were well trained and took a sensitive approach”** and **“I found them both excellent and outstanding, I would recommend them to anyone”**.

Staff who facilitate peer support sessions and/ or those who see impacts on their own clients who attend also believe peer support is successful and beneficial to clients, providing them with a community of people with similar experiences, where they will be **“heard and believed”**, with the weekly meetings working well to give people options and generate some consistency in the discussions.



“One big thing they can take from it is they have got a community and they have contacts they can talk to in the group.” – Safe Spaces staff member

However, challenges occur. For example, strong personalities in a group can dominate conversations. Additionally, some staff also felt that having peer support as an exit process is not suitable for all clients, and some might benefit from peer support earlier on in their journey, while others may join Safe Spaces specifically for peer support.



“That is one of my reservations that it is being offered to everyone but not everyone is appropriate, for example dominant personalities that may not be appropriate” – Safe Spaces staff member

Following the low attendance, a new structure of not having a topic and letting clients lead conversations is being taken. The new approach to the peer support, with advocates taking more of an observational role, has been deemed as less successful and the conversations less productive. The lack of facilitation or guidance has left the attendees wondering where the conversations are going, with some used to using the sessions as a chance to voice their experiences with the advocates enabling the topics of conversation to change smoothly.

Some survivors reflected that the lack of direction hindered the progress being made. Some survivors may not have been able to speak as openly as they once did, and this is where the trust that had been built up started to wear. This suggests that the original format was preferred by survivors and in line with the feedback given by.



“If someone was expecting a very structured thing... I can see how someone with different expectations might be disappointed” – victim/survivor

The advocates are also concerned about the duty of care and how safe they are leaving the clients with the new structure, if people bring up topics that are triggering to others.

Additionally, the number of attendees in each session has reduced. This means that the smaller cohort build significant trust in one another, but there is a sense that a new face may disrupt this group and lead to people starting over. Some victims/ survivors disengaged after having to tell their story once again.

Despite the challenges, advocates are keen to keep the sessions running, the client’s feedback is positive with the sessions appreciated, even with the reduced guidance from the advocates running the sessions. **“It has been really valuable for them, both the previous group, with the original structure in place, and the new cohort”**. The advocates themselves reflect on feeling **“null and void”** in the lack of therapeutic aid and exercises that they were previously able to facilitate.

Overall, the advocates see the positives of the group and **“love doing the group”** with **“lots of people really benefitting from it”**. However, there has not yet been the right balance in terms of providing victim and survivor-led open space for discussion and maintaining a structured approach.



4.3.2 Listening to victims and survivors

There have been new mechanisms and changes to the approach for getting victim and survivor feedback introduced in 2025.

Changes include:

- **More avenues for feedback:** more options have been added for ways to give feedback, including a phone call or teams meeting. At the start of 2025, the only option was filling out a questionnaire from a link in an email.
- **Standardised approach to administering questionnaire:** clients are now sent the form a week before their case is closed with Safe Spaces, whereas before the questionnaire had been circulated only quarterly.
- **Safe Spaces staff plan to add additional questions to the exit survey:** these will look at impacts beyond KPIs and will be developed through client consultation.

It was noted that the current victim and survivors questionnaire has **“a little bit of impact”**, because staff respond to negative feedback by looking at what may need to be changed, but that more could be done here.

Survivors typically provide feedback via surveys or follow-up calls, both are effective in allowing them to express their views. They also have ongoing dialogue with the advocates, where real-time feedback is gathered, with the number of sessions or intensity discussed. The peer support sessions also provide a space for group members to reflect on the structure, access, and emotional safety of the service, **“just lengthen the number of weeks, everyone who was a regular really benefited”**.

Survivor suggestions point directly towards the development of the service, which include:

- Improved capacity and staffing stability.
- Consistent communication and clarity around the process and the advocate’s remit.
- Improved referral and accessibility of pathways to counselling or external specialist mental health provision.
- More transparent website and digital access.
- More flexibility and regularity regarding peer support sessions.



4.4 Deep dive: understanding board perspectives

A focus group was held with Safe Spaces Board Trustees, which focussed on previous recommendations and progress against them. Reflections included issues around staffing, the need for a clear promotion strategy and importance of enhancing feedback opportunities. Progress against recommendations is explored in greater depth in Section 4.5.

4.4.1 Non Executive Directors (NED) perspectives

An additional focus group was held with NEDs which explored their perspectives, including concerns about their historical experiences of inclusion on the board and perceived challenges for the Safe Spaces service.

In early 2025, the board faced challenges regarding the independent chair, who excluded Non Executive Directors from board meetings and from accessing performance data. One NED noted this was damaging to their wellbeing and feelings of inclusion in the management and oversight of Safe Spaces. They further expressed that they did not feel that clear procedures had been put in place since to prevent similar events from happening in the future.

The NED also stated that there is a need for independent therapeutic support given they work on a topic that is potentially triggering and in an environment that has not always historically been a safe space.



“We need access to some kind of independent support from our role within safe spaces, there isn’t someone we can go to if we need to a professional”– Non Executive Director

The SSEW Board has subsequently taken part in trauma-informed practice training and SSEW is looking to source external support for NEDs.

NEDs described key challenges that they perceive within the service more widely:

- **Staffing concerns:** high turnover in Safe Spaces was perceived as an ongoing challenge that impacts the quality of the service **“institutional learning gets lost”**
- **Demand for counselling:** it was recognised that the demand for counselling is high, both among Safe Spaces clients and from other services. This makes it challenging to find and access appropriate counselling. NED stated that Safe

Spaces should support victims and survivors to access appropriate counselling by providing a list of recommended providers.



“One way forward, is to have a list of people who can provide counselling or having counselling as part of the service agreement, put that into the tender” - Non Executive Director

4.5 Deep dive: progress against previous recommendations

The Year 3 evaluation has examined progress against previous recommendations considering performance data, knowledge of service criteria clarifications, and qualitative insights from staff and clients. Additionally, the board focus group and interview with the Service Manager discussed progress against recommendations of the Pilot, Year 1 and Year 2 evaluation reports.

4.5.1 Previous recommendations


Across the pilot and Years 1 and 2 of the Safe Spaces programmes, various recommendations were made across different areas through the previous evaluations.

4.5.2 Progress to date

Table 9 provides a RAG (red = minimal or no progress, amber = some progress, green = significant progress) rating to highlight the progress made on each recommendation. The following subsections provide detail to explain the ratings. For a table detailing progress against each individual historical recommendation, please see [Appendix section 6.2](#).

Table 10: progress against key recommendation areas from the Pilot, Year 1 and Year 2 reports

Recommendation area	Progress observed
Equity	Progress in some areas
Demand for face-to-face	Decision made not to pursue; scope to further promote video call options
Grant programme	Recommendation to deliver by a specialist provider has not been pursued
Peer Support	Peer support has continued



Performance monitoring	Minimal improvements, but hopeful that a new IT system will support better data collection
Promotion	Some improvements, but major gaps remain
Staffing	Important progress has been made in terms of improving training and wellbeing.
Victim and survivor engagement	New mechanisms and approaches for improving victim and survivor engagement
Website	Increased resources, but website was not updated until 2026


4.5.3 Equity

The Year 2 evaluation report made several recommendations as to how to improve the equity of the service:

- **Consider undertaking targeted outreach for victims and survivors that are underrepresented:** Safe Spaces is aware that that not many young people access the service and in has been in contact with Christian and Catholic festivals to discuss setting up a ‘welfare tent’ to promote Safe Spaces.
- **Consider undertaking targeted outreach for young victims and survivors through social media:** the evaluation has seen no evidence that this has taken place
- **Consider commissioning a holistic equity review of Safe Spaces:** the evaluation has seen no evidence that this has taken place. A representative of SSEW explained that that the board does not have access to detailed information on demographics, such as diocese, geographical location, ethnicity and age. They have requested this detail in an end-of-year report. The Year 3 end-of-year report, however, still has key gaps and more needs to be done to improve the case management system. There is an overall concern over addressing gaps in the recruitment, for example increasing the number of male advocates or faith-based backgrounds.

4.5.4 Demand for face-to-face provision

In previous years, clients have repeatedly noted that face-to-face services would be beneficial. Rocket Science have noted this as a recommendation, but this has been set aside for now in the understanding that an equity review should be conducted before a decision is made.



It was determined by a representative of SSEW that due to the small team and large geographical coverage of Safe Spaces, that face-to-face delivery would create a ‘**postcode lottery**’ and not be equitable. The strain on resources and staffing, which already means capacity is close to full, would not make this a feasible option in the long term. There is a lack of data or insight to justify a move to face-to-face, this is a barrier to assessment.

It was also recommended to increase awareness of video calling appointments. Appointments by video have increased by 13.2% as per survey data since Year 2.

4.5.5 Grant programme

This is not part of the current Safe Spaces offer. A grant programme was run in the pilot phase of the service. The pilot report recommended continuing the small grants programme run by the first pilot project, which supported local initiatives such as peer support and psychotherapeutic interventions that cannot be provided on a national basis. The pilot evaluation recommended that the grant program be run separately to the Safe Spaces service and offered by a specialist grant-management provider. The grant programme has not been recommissioned and its provision is depending on commissioning by SSEW. A representative of SSEW expressed that they would look to explore whether they should request that First Light relaunch the grant programme, in-part depending on the administrative fees of running the programme effectively.

4.5.6 Peer support

The development of a peer support offer was first documented in the Year 1 (2023) report and the first cohort ran in late 2024. Two groups ran in 2025. Progress on the provision of peer support was perceived as slow. The board are aware of the funding constraints and express uncertainty around the expectations of funders, in terms of exploring partnership working and support from networks.

4.5.7 Performance monitoring

Previous evaluations have made recommendations to improve performance monitoring to better capture both outcomes and long-term impacts of the service. Strengthening this system would enable more accurate tracking of effectiveness and improvements over time.

A representative of SSEW expressed that the quarterly performance data and HR data provided by First Light about Safe Spaces feels “**unwieldy**” and may not have “**asked the right questions**”. At the request of the SSEW, First Light changed their data reporting and layout in 2025. It also is expected that the new IT system being



implemented by First Light will provide better data and make it easier for Safe Space's staff to pull reports.

The board reflect that the KPI data is sufficient although they lack overall understanding of the full picture, with the linkage of data and the contracts specifications. There is also a lack of staff involvement in survivor related resources, again reducing understanding from their perspective. Many data gaps and delays have been attributed to turnover of contract managers, turnover of staff within Safe Spaces, and a need for renewed focus from the board on oversight.

Additionally, to improve understanding of equity and effectiveness, Rocket Science requested anonymised, disaggregated performance data to allow more detailed analysis of service outcomes across different user groups. Safe Spaces had been able to provide most of the additional data requested by Rocket Science for the Year 3 evaluation, but not all has been timely.

4.5.8 Promotion

The pilot evaluation recommended Safe Spaces was more widely promoted. Promotion has increased each year. However, some gaps remain, with the general consensus being that promotion is reactive:

- Targeted promotion to underrepresented groups, including using social media. Safe Spaces is planning to target engagement towards young people, for example by setting up a 'wellbeing tent' at Christian festivals.
- Lack of reporting on communications, engagement and promotional materials in the quarterly performance reports.
- The board expressed a lack of clarity as to how proactively Safe Spaces is working with the churches and expressed that stakeholder engagement should be part of the core scope of the service.
- Recommendations from the pilot suggesting Safe Spaces should be promoted in health services and other like-minded charities and organisations remain unanswered.
- Resources and printed materials are seen as basic and not professional looking. The update of the website and branding in early 2026 means this is now being addressed, but was not in Year 3.

A representative of SSEW explained that they are unclear on what the current communications and stakeholder engagement strategy is and would expect renewed efforts on this in 2026.



4.5.9 Staffing

Staffing challenges around turnover and wellbeing have been significantly improved in Year 3 with additional training and support for staff and fewer challenges around turnover and vacancies. New support has been put in place including weekly staff check-in meetings, reflective practice meetings and the first staff in-person meet up to have taken place.

The board members noted that there is a need to push recruitment to include people from faith-based backgrounds given concerns over the cultural competence around church contexts, although it is admitted the staff seem willing to learn and the better engagement with partners has improved training opportunities.

4.5.10 Victim and survivor engagement

Year 3 changes have included a greater range of avenues for victim and survivor feedback responding to recommendations in previous evaluations.

However, a representative of SSEW explained that they **“would have hoped”** for more engagement with victims and survivors at this stage. They expected that First Light would set up their own panel of survivors. This has not previously been a recommendation, but could be addressed in Year 4.

Additionally, the NED expressed that they did not feel that clear procedures had been put in place in the governance structures to ensure their voice remains included. This had not been a previous recommendation but is something to consider in Year 4.

4.5.11 Website

All previous evaluations have made recommendations to improve the website by:

- Improving online resources to supplement advocacy provided
- Including more links and signposting, particularly for recommended legal support providers
- Improving usability and navigation of the website.

Each year, more resources and links have been added, and the Board has cautioned against including legal support options given the sensitive nature of doing so.

The website was updated in early 2026, with the findings of the website walkthrough detailed in section 3.3. The website is now much more visually appealing and easier to navigate, but it must be noted that this was not the case across Year 3 and so the



evaluation cannot comment on user views, just the experience of a Rocket Science staff member.



5. Conclusions and recommendations

5.1 Conclusions

The Year 3 evaluation illustrates that Safe Spaces has continued to strengthen delivery, with notable improvements to accessibility, service process, staff capacity and overall survivor experience. The demand for the service remains high, with clarifications on service criteria providing more clearly defined strategies on boundaries, eligibility criteria, and exit processes. Staff, survivors, and board members all recognise the changes as contributing factors in a more consistent delivery approach in defining Safe Spaces' service across all areas.

Safe Spaces performance remains strong, exceeding its availability and response-time KPIS, even during periods of high demand. Positive survivor feedback demonstrates that the service continues to meet its aims of providing advocacy, emotional support, and a trauma-informed approach, where survivors feel listened to, validated and empowered during their journey. The impact of the service on survivors is consistently positive, with reported improvements in wellbeing, emotional stability, confidence and ability to manage diocese safeguarding and church processes. Many describe the service as a vital source of emotional and practical advocacy. Staff perspectives echo this as well with highlighted significance of being heard and seen in survivor journeys.

Nonetheless, challenges remain with the lack of data to explain the unmet needs and pressures on staff capacity. Inconsistent data collection and limitations in the monitoring system continue to affect reporting quality and validity. Staff turnover has reduced since 2024, although there are gaps in the handover procedure, training on church structures and complexities, and role clarity.

Partnership working steadily improved with variability across dioceses, with some inconsistencies in understanding Safe Spaces' remit. The partnership organisations and diocesan safeguarding teams value the independence and trauma-informed approach, whilst highlighting the lack of clarity around advocates boundaries and limits of the role. Peer support has become a valued part of the service offer, though recent structural changes have reduced its effectiveness and perceived therapeutic value. Staff note a need for clearer facilitation and stronger safeguarding considerations within group dynamics.

Overall, Year 3 demonstrates that Safe Spaces continues to deliver a high-impact, valued, and essential service, with improvements in service design, staff support and training, and survivor outcomes. To further strengthen the case for recommissioning, future priorities should include improved data systems, expanded survivor involvement, more strategic promotion, and clearer partnership engagement processes.



5.2 2025 Recommendations

Table 10: Year 3 evaluation recommendations

Recommendation	Details
Additional service improvements	
Improving monitoring of self-referral sources	Current monitoring does not break down how self-referrals arrive. A clearer breakdown is needed to understand referral pathways.
First Light and SSEW to review aspects of current offer	Specifically, to review viability of 'out of hours' offer and the high use of phonelines by a small proportion of individuals. Consider creating a limit on hours available to individuals as a listening service. This is also an operational consideration for First Light.
Strengthen processes for managing repeat clients	Staff need clearer guidance and tools to manage frequent callers who decline onboarding but continue contacting the helpline.
Collect eligibility and caller outcome data	Record whether callers are eligible and whether they proceed to onboarding to improve service insight and triage.
Expand opportunities for victim and survivor engagement with partners	Not all perceptions are accurate. One safeguarding professional engaged in the survey indicated that they thought the service provides counselling, while a referral partner suggested that some safeguarding professionals think that it is a counselling service.
Consider any future actions that can be taken to address the demand for counselling	Providing or recommending a counselling service not in the current service remit. The evaluation understands that the Catholic Church and Church of England and Wales are reviewing their signposting offers. Safe Spaces may in future be able to provide a list of counselling providers deemed appropriate.
Make donation destination clear on website.	Update the website to make clear where monies donated to Safe Spaces go.



Recommendation	Details
Improve diocese apology letters to be more survivor-centred	Encourage dioceses to use more personalised, survivor-focused apology letters.
Recommendation to Church funding bodies	
Improve signposting within Churches	Safe Spaces and their partners find there is a lack of clear signposting pathways within church structures, making it difficult to effectively signpost ineligible contacts. Enhancing knowledge of Church pathways, such as HR pathways, within the Churches and among partners would enable more effective signposting
Improve how service is in communication to potential clients and partners	
Clarify eligibility changes to manage unrealistic expectations	Communicate new eligibility criteria clearly so referrers and survivors understand the limits of support.
Manage client expectations for what Safe Spaces can provide	Clearly outline the service's scope to reduce misunderstandings about the support offered.
Address misconceptions that Safe Spaces provides counselling	Ensure partners and dioceses understand Safe Spaces is not a counselling service to prevent inappropriate referrals.
Provide a clear description of Safe Spaces' remit to partners	Professionals may still expect universal support; clarify remit to avoid unrealistic expectations.
Increase promotional activity of church spaces	Use independent messengers, including EBEs, to emphasise the service's independence from church structures.
Increase promotion through Bishops' Letters	Use Bishop's letters to raise awareness across diocesan networks.
Share survivor feedback with dioceses to improve trauma-informed practice	Share anonymised insights to help dioceses strengthen trauma-informed responses and survivor engagement.



Recommendation	Details
Additional staff training and support	
Offer additional induction support to staff	This could involve producing written materials or having annual training days.
Develop a structured information sheet on church roles	Create a brief reference sheet outlining church roles and structures to support staff understanding.
Improve communication and safeguarding approach and boundaries	Clarify the safeguarding process and advocate boundaries to support survivor expectations and staff confidence.
Increase training and conference engagement with partners	Provide more opportunities for Safe Spaces staff to join partner training and events to strengthen joint working.
Continue partner engagement through advocate induction. To improve understanding of processes.	Maintain and expand involvement of partners (e.g., ISS, NST, CSSA) in advocate induction.
Improving performance data collection	
First Light to seek support of any internal data specialists in production of analysis and reports,	This may optimise efficiency and quality in reporting.
Improve collection of demographic data	There is still gaps in this data and more improvements to the case management system are needed.
Make collection of caller data a service agreement and KPI	Caller-stage data should form part of contractual KPIs to ensure consistent future collection.
Improve data collection on employment related impacts	Gather data at case closure to assess whether Safe Spaces contributes to employment or stability outcomes.



Recommendation	Details
Capture multiple abuse categories in the new monitoring system	Ensure the new system records multiple abuse types to reflect complex experiences.
Evaluation improvements	
Widening survey participation	Future evaluation provides an opportunity for clients with closed cases to respond as well as those with open cases.
Recommended Year 4 evaluation priorities	
Evaluate the impact of SEO and website traffic	Assess whether SEO and website changes are increasing visibility or whether lower traffic reflects reduced demand. This will be something to explore in Year 4 when the data will reflect the updated website.
Determine impact of clarifications over service eligibility and offer.	Given these were only implemented in Q3, the next year evaluation will seek to understand stakeholder perspectives on the value and whether any further changes are needed
Evaluate perceptions of website improvements	Given this was only updated in January Year 4, the Year 3 evaluation has only included a website walkthrough and has not been able to engage users.
Continue exploring the potential value for money	Limited feedback from clients has prevented a more detailed approach. There is an opportunity to address this in the Year 4 evaluation. It is important that additional case management information is collected and shared to support this.



6. Appendix

6.1 The Evaluation Aims

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



6.2 Progress against previous recommendations detailed table

Table 11: Detailed progress against recommendations

No.	Recommendations	Evaluation report	Date	Provider	Actions to date
1	Review staff wellbeing and training	2nd Annual Report	2024	First Light	Formal review not taken. New support in place including weekly staff check-in meetings, reflective practice meetings and the first staff in-person meet up to have taken place.
2	Continue improving service efficiencies and resilience	2nd Annual Report	2024	First Light	No evidence of specific actions.
3	Continue the roll out and expansion of the peer support group, learning from the pilot	2nd Annual Report	2024	First Light	The first cohort ran in late 2024. Two groups ran in 2025. Progress on the provision of peer support was perceived as slow.
4	Continue improving the website	2nd Annual Report	2024	First Light	The website was updated in January 2025. The new (2026) website addresses most of the challenges previously identified and is a significant improvement. However, some issues remain.
5	Consider undertaking targeted outreach for victims/survivors that are underrepresented	2nd Annual Report	2024	First Light	There is some targeted promotion for underrepresented groups, however a gaps remain.
6	Consider the diversity and cultural awareness of the Safe Spaces team	2nd Annual Report	2024	First Light	Due to data protection requirements around staff characteristics, the evaluation is unable to comment.
7	Consider undertaking targeted outreach for young victims/survivors through social media	2nd Annual Report	2024	First Light	Safe Spaces is planning to target engagement towards young people, for example by setting up a 'wellbeing tent' at Christian festivals.

No.	Recommendations	Evaluation report	Date	Provider	Actions to date
8	Consider commissioning a holistic equity review of Safe Spaces	2nd Annual Report	2024	First Light	No evidence this has taken place. Key gaps in data remain.
9	Consider trialling in-person support in areas with particularly high demand	2nd Annual Report	2024	First Light	It was determined by a representative of SSEW that due to the small team and large geographical coverage of Safe Spaces, that face-to-face delivery would not be equitable
10	First Light should provide Rocket Science with disaggregated performance data to facilitate in-depth analyses of processes and outcomes in establishing the equity of the programme.	2nd Annual Report	2024	First Light	Safe Spaces had been able to provide most of the additional data requested by Rocket Science for the Year 3 evaluation, but not all has been timely.
11	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.	1st Annual Report	2023	First Light	Use of videocall has fluctuated between Year 1,2 and 3. There is no evidence of a concerted effort to promote video calls. Progress has been made on peer support, with 3 cohorts in total having been run between 2024 and 2025.

No.	Recommendations	Evaluation report	Date	Provider	Actions to date
12	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.	1st Annual Report	2023	First Light	A significant number of resources around self-care, trauma and mental health have been included on the new (2026) website. SSEW has expressed caution about signposting specific services such as legal and counselling services.
13	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.	1st Annual Report	2023	First Light	There is no evidence of a concerted effort to promote the website.
14	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.	1st Annual Report	2023	First Light	The range of available training has expanded from Year 2. New staff, continue to find understanding religious structures a challenge.


No.	Recommendations	Evaluation report	Date	Provider	Actions to date
15	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.	1st Annual Report	2023	First Light	In 2025, more options have been added for ways to give feedback, including a phone call or teams meeting.
16	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.	1st Annual Report	2023	First Light	Progress has been made on peer support, with 3 cohorts having been run in total between 2024 and 2025.
17	Promotion of the Safe Spaces service, and raising awareness of the service and brand, should be continued as planned, particularly with potential referral agencies.	1st Annual Report	2023	First Light	Promotion in 2024 was led by the Service Manager, largely through engagement with the Churches and public. Promotion expanded in 2025, including a website redesign, new leaflets, search engine optimisation and staff encouraged to attend national and local events.
18	In future, promotional activity could focus on reaching specific populations, including men, members of the LGBTQIA+ community and younger people.	1st Annual Report	2023	First Light	There is some targeted promotion for specific groups, however a gaps remain.

No.	Recommendations	Evaluation report	Date	Provider	Actions to date
19	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.	1st Annual Report	2023	First Light	The evaluation understands that there is currently no waiting list.
20	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.	1st Annual Report	2023	First Light	The provider has been commissioned for an additional year. The 2025 evaluation report aims to support the development of the next specification.
21	The promotion of Safe Spaces can be developed to reach more victims and survivors, particularly through services such as primary care, mental health and drug and alcohol services where those impacted by abuse but who are no longer a member of the Church may access. Emphasising the services independence from the Church and ensuring that there is clarity on the services remit will also be beneficial.	Final Pilot Evaluation Report	2022	Victim Support	Revised Specification included the requirement for a Marketing and comms strategy to set out how Safe Spaces would be promoted.

No.	Recommendations	Evaluation report	Date	Provider	Actions to date
22	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.	Final Pilot Evaluation Report	2022	Victim Support	A significant number of resources around self-care, trauma and mental health have been included on the new (2026) website.
23	Given the success of the small grants programme commissioners should consider how to continue to support local initiatives such as peer support and psychotherapeutic interventions that Safe Spaces cannot provide on a national basis. Whilst the current grants programme was successful in this, the feasibility of service providers managing small grants in the future should be considered and alternative funding mechanisms, either through SSEW or other grant management organisations should be considered.	Final Pilot Evaluation Report	2022	Victim Support	It was decided NOT to include a small grants programme in the revised specification for tender. It was felt that the delivery of such a scheme would be better as a separate tender with a company better placed to deliver and monitor it rather than a support/advocacy service.
24	The performance monitoring framework should be developed to enable capture of outcomes and impacts, as well as outputs, from the service. Including metrics on length and intensity of support provided by the service and how people are engaging with the service will also be useful in future resource planning. Standardisation of collecting	Final Pilot Evaluation Report	2022	Victim Support	A new case management system has been implemented which is intended to improved data monitoring and reporting. There are currently still data gaps.



No.	Recommendations	Evaluation report	Date	Provider	Actions to date
25	demographic information should also be implemented. It should be ensured that future service providers maintain the different mechanisms for victim and survivor involvement, enabling people to engage to a level they are able and want to.	Final Pilot Evaluation Report	2022	Victim Support	Incorporated into revised specification for the 2022 ITT.
26	Similarly, the adaptability of the service over the pilot period is a strength of the service and commissioners should consider how to maintain and encourage innovation within a revised KPI structure and service contract.	Final Pilot Evaluation Report	2022	Victim Support	Recommendation is being picked up in the new tendering process in 2026. The specification and suite of KPIs will be evaluated and updated to better fit the needs of the service. The new contract will also reflect the revised specification and performance measure changes.
27	There should be a greater range of opportunities for victims and survivors to provide feedback on the service and influence its development. Developing 'lighter touch' feedback loops through brief electronic feedback surveys is also important to enable choice in how victims and survivors can contribute without having to be a member of the steering group.	Final Pilot Evaluation Report	2022	Victim Support	An exit survey is used and in 2025, more options have been added for ways to give feedback, including a phone call or teams meeting.



No.	Recommendations	Evaluation report	Date	Provider	Actions to date
28	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.	Final Pilot Evaluation Report	2022	Victim Support	Achieved through the commissioning and procurement process

About Rocket Science

Rocket Science is a social purpose business, working towards a future where everyone can live healthy, happy, and fulfilling lives.

Our objectives are to help our clients reimagine systems, maximise investment to have the greatest impact and transform lifetime outcomes using a whole-person and prevention lens. We do this through research, mapping and analysis, evaluation and impact measurement, strategy and service design, participatory and peer research, learning, collaboration, and end to end fund management.

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