The London Survivors Gateway Pilot: A 2-year evaluation

Final Report

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Executive Summary

The London Survivors Gateway addresses sexual violence by simplifying access routes into services, ensuring consistency of support and improving outcomes for victim-survivors. The project brings together the Mayor's Office for Policing And Crime (MOPAC), NHS England (NHSE) and commissioned services: Women and Girls Network (WGN) - West London Rape Crisis and lead operational partner; NIA (East London Rape Crisis), Solace Women's Aid (North London Rape Crisis), RASASC (South London Rape Crisis), GALOP (LGBT and anti-violence charity) and Survivors UK (male rape and sexual violence charity). The project is further supported by the Havens[1] and Kings College Hospital NHS Foundation Trust.

In addition to an online and telephone central point of access for sexual violence services across London (the London Survivors Gateway), the project also funded six complex needs Independent Sexual Violence Advisors (ISVAs) to work with survivors who require specialised support, and undertook a London-wide mapping of sexual violence services. The initial pilot, funded through the Home Office Transformation Fund together with contributions from MOPAC and NHSE, ran from June 2018 until March 2020[2].

Evidence and Insight (E&I) - MOPAC's in-house social research and analytical team - were commissioned to undertake an evaluation of the pilot of the London Survivors Gateway. The 18-month evaluation examined two distinct areas: ***monitoring the performance*** of the service through the routine capture of core project metrics; and generating ***in-depth understanding of the processes*** - from design through implementation of the service. This final evaluation report presents the second year of performance data and process learning; firstly, exploring findings from the Gateway, followed by findings from the ISVA service.

Key Findings

Project throughput and activity of the Gateway

- Over the duration of the project (between October 2018 and March 2020) a total of **9,843 attempted calls** were made to the Gateway phone line and a total of **2,988 case clients were registered on the Gateway system**, the majority of which were referred online.
- In year 2 of the pilot (April 2019 to March 2020), 6,534 attempted calls were made to the London Survivors Gateway. The majority of calls were made during the Gateway's opening hours (87%, n=5,660), of which **57%** (n=3,208) were successfully connected to a Navigator.
- The proportion of calls successfully connected to a Navigator increased during year 2 (i.e., 57% versus 47% in year one) which is positive, although there remains room for further improvement.
- Also in the second year, 2,352 survivors became registered as 'case clients' on the Gateway system; the majority were online referrals to the London Survivors Gateway website (91%, n=2,146), and almost half of all referrals were from the police (47%, n=1,103).
- The majority of case clients were female (93%, n=2,189) and most were aged between 18-34 (62%, n=1,467). There were more referrals for White case clients (44%, n=1,043) compared to clients of Black, Asian and Minority Ethnic backgrounds (BAME) (Black: 16%; Asian: 10%, Other: 11%); these proportions are in line with those seen in the overall London population.
- For Year 2 case clients, a total of 2,456 outcomes were recorded (including referrals into services; client declining referral; or no service available), and 172 clients were recorded as having 'entered' the

[1] The Havens is network of 24/7 specialist sexual assault referral centres (SARCs) located across London for people who have been raped or sexually assaulted.

[2] Following a 'soft' launch in June 2018 to coincide with the start date of some of the complex needs ISVA work, the Gateway central point of access went live in October 2018.

Gateway more than once (therefore more than one outcome was recorded). Two in five outcomes were referrals to other services (n=1086, 44%) predominantly within the Gateway partnership (including into waiting lists). For one in ten (10%, n=261) there was no suitable service available.

Process findings from the Gateway

- Consistent with findings from Year 1, there was perceived to be a high demand to the Gateway service, with Navigators now 'holding' large numbers of cases to gradually 'funnel' case clients into the partnership services.
- Finding ways to meet and manage this demand was an ongoing challenge for the service and various adjustments were made throughout the life of the pilot. This included the recruitment of additional staff, the introduction of the Gateway coordinator role, a revision to the Gateway Navigators' shift patterns as well as a temporary hold on awareness raising. These led to some improvements (i.e., more calls answered in year 2), although the issue was not fully resolved. The project would likely have benefitted from a more systematic approach at the beginning, in setting out expectations around the volume and demand to the service, with clear decision-making processes on designing the resource required to meet the expected demand.
- The Gateway has been well-received by both service users and referring agencies, and feedback suggests that, following first use, referrers continue to refer and recommend the service to colleagues.
- Service users gave particularly positive feedback on their interactions with Navigators, although they reported that subsequent waiting lists into services can have a detrimental impact on their well-being and recovery.
- Positively, some of the challenges in getting different partners to work together - seen during the set up in Year 1 - have since been resolved. Partners acknowledge that relationships need to be continuously nurtured at all levels, from senior management through to practitioners. The performance data also indicated that Navigators are predominantly referring into agencies within the Gateway partnership, which also points to positive relationships.
- The relationship between practitioners and the police (who were the largest referrers) was brought to the fore in this research. Both Navigators and ISVAs highlighted having to challenge police at times on the use of language with sexual violence survivors and the use of rape myth terminology. There were also some problems highlighted by both police and Navigators around the referral criteria to the Gateway and managing referrals for survivors who are also experiencing domestic violence.

Project throughput and activity for the complex needs ISVA service

- Over the duration of the funding period for the additional complex needs ISVAs (mid-August 2018-March 2020), a total of **293 individual survivors were supported**.
- In year two of the pilot, ISVAs supported 273 clients and of these, 63% (n=171) were new clients and 37% (n=102) were existing clients to the service (who were referred in Year 1 of the pilot). Most of these clients had self-referred (35%, n=95) or had been referred via police (32%, n=87); these were also the most common referral routes reported in Year 1.
- Over half of clients who engaged with the ISVA services were female (55%, n=149) and 32% (n=88) male; these proportions are similar to Year 1.
- The most common age group among ISVA clients in year 1 was 25-34 years (25%, n=69), with the second largest age category split between 18-24 (22%, n=60). For clients where ethnicity was known (n=237), there was a very similar split between non-BAME (n=121, 51%) and BAME clients (n=116, 49%). Compared to Year 1 there is a higher proportion of BAME survivors supported in Year 2.
- Seventy per cent of ISVA clients (n=141/201) had experienced multiple incidents of sexual violence (a higher proportion than the 61% in Year 1), perpetrated by either the same person over a period of time and/or by difference perpetrators at different times, and the majority required ongoing ISVA support (93%, n=254), as opposed to a single incident of support.

- Most clients reported experiencing at least one form of disadvantage, disempowerment or discrimination. Twenty-nine percent (n=78) had experienced multiple forms of disadvantage, disempowerment, or discrimination.
- In terms of self-reported client outcomes, the biggest improvements were seen in areas of 'more able to access further support', where 70% (n=152) reported improvements, and 'more able to assert their rights' (with 75%, n=161 reporting improvements).

Process findings from the complex needs ISVAs

- During year 2, ISVAs reported perceiving an increasing range of complex needs in clients, particularly in supporting clients with legal issues, including civil and family court; assisting in victim's right to review (VRR) and issues relating to immigration, asylum and no recourse to public funds. Additionally, ISVAs mentioned an increase in clients presenting with mental health needs.
- These increasing types of needs were reflected in the areas of further need for training the ISVAs identified. This included better understanding of family court issues and supporting clients with complex mental health issues.
- ISVAs reported facing many challenges in their role, some of which were similar to those reported by Navigators. They also highlighted concerns for supporting clients who have experienced delays with the criminal justice system – an issue that had been exacerbated by the Covid-19 pandemic.

Conclusions

- The Gateway has been very well received - by service users, referring agencies and by stakeholders. Overall, it is seen to have made access easier for survivors and referral pathways more straightforward for referrers. The role and the work of the Navigators have been particularly well received.
- Managing demand has been the Gateway's biggest challenge and over the course of the pilot various changes to how the Gateway has been run have been implemented in order to respond to this. However, demand challenges continued and it is likely that balancing awareness-raising with readying for an increase in demand will be an ongoing task for the Gateway to manage.
- In addition to managing incoming demand, the Gateway also faced a challenge in managing onward demand. Referrals into support services often were into waiting lists, whilst for one in ten no suitable service was available. This raises a wider potential imbalance between demand and availability of support services – with staff highlighting the need for more finances to address this. This situation impacted on the role of the Navigator, which shifted from the initial vision of a triage role to conducting lengthy assessments over the phone with survivors, providing first-hand emotional support and 'holding' cases to attempt to funnel onward referrals into support services – further clarity on this role would be beneficial.
- The Gateway has played, and continues to play, an important role in bringing partners together across London. This is an important aspect to further build on to continue to facilitate information-sharing and knowledge exchange. Keeping on top of an often-changing landscape of service availability (due to fluctuations in services closing and opening their waiting lists) will require ongoing monitoring and regular communication between partners - to ensure the online mapping tool remains accurate and up to date. It is therefore recommended that the mapping becomes a regular exercise and that resource is allocated to maintain it.
- The findings highlighted that there is scope to improve the mutual understanding and partnership working, especially between support services and criminal justice agencies, such as the police. This could take the form of awareness-raising and knowledge exchange, but also joint training, and would need to cover use of language with sexual violence survivors and rape myth terminology, but also an understanding of the different support roles, such as ISVAs.

Introduction

Background

Tackling sexual violence and providing support to ensure better outcomes for victim-survivors are priority areas in the London Mayor's Police and Crime Plan 2017-2021 and the Violence Against Women and Girls (VAWG) Strategy 2018-2021. To illustrate, the Crime Survey for England and Wales (CSEW)[3] estimated 3.1 per cent of women (510,000) and 0.8 per cent of men (138,000) aged 16 to 59 experienced sexual assault in year ending March 2017. Using the Mid-Year 2018 population estimate for London[4] and the London level CSEW results[5], we can estimate that approximately 151,000 adults aged 16 to 59 years who live in London experienced any form of sexual assault abuse in the year prior to completing the survey. Women were more likely to have experienced sexual assault than men (4.1% compared with 1.3%). This equates to an estimated 114,000 women and 37,000 men. In the year to March 2017, the MPS recorded 17,608 sexual assault offence, an increase of 10 per cent from the previous year.

A number of studies have highlighted the broad and complex needs that victim-survivors of sexual abuse often present, which require support across a range of specialist services, including physical and mental health, substance misuse, disability, insecure housing, unemployment, gang association, and experiences of early life sexual abuse[6]. Furthermore, sexual violence is often embedded within ongoing gender-based violence - domestic abuse, forced marriage and trafficking – with crimes often experienced on a repeat basis and perpetrated by people known to the victim-survivor, including intimate partners[7]. Sexual violence is also a significantly underreported crime, often linked to feelings of shame, blame, or fear, with additional barriers for Black Asian or Minority Ethnic (BAME), disabled, or Lesbian, Gay, Bisexual, and Transgender (LGBT) victim-survivors, or those involved in sex work[8].

This points to the importance of multi-faceted service provision and synergistic relationships between partners that acknowledge the often-complex nature of sexual violence and can deliver specialist support that shifts to the needs of the victim-survivor[9]. The tailored practical and emotional support offered by Independent Sexual Violence Advisors (ISVAs) is a critical part in helping victim-survivors to cope, recover, and move forward with their life, including (where appropriate) their journey through the Criminal Justice System (CJS)[10]. Indeed, in a review of rape

[3] The CSEW is the preferred measure of trends in the prevalence of sexual assault as it is a self-report survey of people living in households in England and Wales and therefore unaffected by changes in police activity, recording practices, and propensity of victim-survivors to report crimes to the police.
[4] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/censusoutputareaestimatesinthelondonregionofengland
[5] Crime Survey for England and Wales, Office for National Statistics: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/008805crimesurveyenglandandwalesestimatesofsexualassaultanddomesticabuseexperiencedbyadultsaged16to59
[6] Lea *et al.*, 2015; Smith *et al.*, 2015; NatCen, 2015; Campbell, 2007; Ullman, 2016; Allen *et al.*, 2004.
[7] Lovett and Kelly, 2009; Krug *et al*., 2002.
[8] ONS, 2018; Ceelen *et al*, 2016; Zinzow and Thompson, 2011; James and Lee, 2015; Ullman and Townsend, 2007; Sigurvinsdottir and Ullman, 2015.
[9] Astbury, 2006; Hester and Lilley, 2018.
[10] Robinson *et al.*, 2009; Home Office, 2017.

complaint handling in England and Wales, one author commented on the significant effect an ISVA can have on the development of criminal cases by the police and prosecution, and successful delivery of justice by statutory bodies[11], while another reported improved professional standards of agencies that victim-survivors interacted with when an ISVA is involved.[12]

The London Sexual Violence Needs Assessment

A 2016 Sexual Violence Needs Assessment of London, commissioned by MOPAC and NHS England, highlighted the importance of specialist support for those who have experienced sexual violence, including ISVAs and services that meet specific needs of LGBT victim-survivors, those with learning difficulties, and BAME women and men. These services were recognised as vital in terms of improving outcomes for victim-survivors and were found to impact positively on attrition rates in the CJS.

However, the review also pointed to limited and uneven access to ISVA support across London, and the funding pressures, demanding caseloads, and long waiting lists that many services were facing – particularly smaller community-based organisations, those that target specific equalities groups, preventive work, and health and wellbeing services. Many victim-survivors (62% of those who responded to a survey as part of the needs assessment) do not seek immediate support, with some waiting a number of years before they do so, often related to fear of not being believed, or concern about attitudes of those who they report to – particularly the police. Furthermore, victim-survivors often have very limited awareness of services available and may struggle to access support in their local area[13].

Following on from the Sexual Violence Needs Assessment, MOPAC worked with NHS England (London) and MOPAC's commissioned/funded services to develop a new sexual violence model that would address the reports' findings, ensuring a consistent offer of support and improving outcomes for victim-survivors through high quality care from the point of entry to exit from services. It was this work that led to the development of the London Survivors Gateway.

The London Survivors Gateway Pilot

The London Survivors Gateway sought to address sexual violence by simplifying access routes into services and increasing support for the complex needs that victim-survivors often present. Based on learning from the Essex based Synergy Model, the overarching aim of the project is to ensure consistency of support offer to all victim-survivors, with improved outcomes for victim-survivors from the point of entry to their exit from services. The London Survivors Gateway pilot - funded through the Home Office VAWG Transformation Fund, together with contributions from MOPAC and NHS England (NHSE) - was launched in June 2018, with the initial pilot funding period lasting until March 2020[14].

[11] Stern (2010).
[12] Robinson *et al.* (2009).
[13] MBARC, 2016.
[14] Following a 'soft' launch in June 2018 to coincide with the start date of some of the complex needs ISVA work, the London Gateway central point of access went live in October 2018.

The pilot brought together MOPAC, NHSE and commissioned sexual violence support services: Women and Girls Network (WGN) - West London Rape Crisis and lead operational partner in this pilot; NIA (East London Rape Crisis), Solace Women's Aid (North London Rape Crisis), RASASC (South London Rape Crisis), GALOP (LGBT and anti-violence charity) and Survivors UK (male rape and sexual violence charity). Further support came from the Havens (a network of 24/7 specialist sexual assault referral centres (SARCs) located across London for people who have been raped or sexually assaulted) and Kings College Hospital NHS Foundation Trust. The Gateway sought not to replace existing working practices, but rather to enhance service provision by building partnerships across the London sexual violence landscape and establishing consistency for all victim-survivors.

The Evidence and Insight (E&I) Unit - MOPAC's in-house social research and analytical team - were commissioned to undertake an evaluation of the London Survivors Gateway. The two-year evaluation of the initial pilot period (June 2018 – March 2020), examines two distinct areas: monitoring the *performance of the service* through the routine capture of core project metrics; and, generating *in-depth understanding of the processes* - from design through implementation of the service[15]. This final evaluation report focuses on the second year of performance data and process learning, outlining where there have been key changes and developments compared to year one. A summary of the findings of year one of the evaluation - which explored the initial set-up and implementation of the London Survivors Gateway and additional complex needs ISVAs - can be found in Appendix A.

Key Elements of the London Survivors Gateway

The London Survivors Gateway Pilot comprises three key features: a central point of access for sexual violence services across London (the London Survivors Gateway or 'the Gateway' for short), six additional complex needs ISVAs to work with survivors who require multiple levels of intervention and specialised support, and a London wide mapping exercise of sexual violence.

The London Survivors Gateway

Based on learning from the Essex Synergy Model - The Gateway is a universal access and referral portal for London, providing support to survivors via a pan-London telephone line (open Monday to Friday, 10am to 4pm, with calls made outside of these times directed to the 24/7 Havens telephone line). The Gateway is managed by Women and Girls Network (WGN; West London Rape Crisis) and is staffed by several Navigators and who are employed by WGN to provide a first contact response to victim-survivors that helps them to make informed decisions about their care and access to support services.

[15] The feasibility of an impact evaluation was explored in the initial stages of the evaluation design. However, it was not possible to identify a suitable control group, or comparable baseline data (due to the Gateway being a new pan-London service uplift; and different data collection methods previously being used across the different support services).

Gateway Navigators offer person-centred, trauma-informed information and support to victim-survivors, conduct an initial needs assessment (covering areas related to informed choice, forensic medical examinations, and safeguarding), make direct referrals to the most relevant and appropriate sexual violence service in London and, where appropriate, assist survivors in accessing those services.

Referrals to the Gateway service come directly from the victim-survivor or via other agencies that they are in contact with (e.g., the police). The Gateway telephone line also receives calls directed from the Havens within opening hours. The phone line is supported by a website (see Appendix B) that offers victim-survivors and referrers a call back within two days from a navigator after submitting a short online referral form.

The anticipated outcomes of the Gateway were that:

- Survivors find it easy to access information and advice on sexual violence services in London (via the Gateway service);
- Survivors who access the Gateway feel believed and understood; and
- Those accessing the Gateway have an increased awareness of sexual violence services in London.

Appendix C sets out the Gateway process.

Updates to Gateway processes and resources over the course of the pilot

Throughout the lifetime of the pilot, staffing levels have varied and several changes were made to some of the internal processes at the Gateway. The pilot first went live with three Navigator posts in place - reflecting the amount of funding that had been secured at the time[16]. Concerns were raised by partners that this would likely not be enough to manage demand. Indeed, two additional Navigators were recruited during Year 1; one of whom took on a Gateway Co-ordinator role in November 2019 (but due to capacity and recruitment issues still managed a full caseload until March 2020). From January 2020 there were only two Navigators and one Co-ordinator due to staff moving onto different roles within WGN. This was the case until March 2020, when three additional Navigators were appointed in March. Furthermore, it is understood that WGN are continuing to recruit more staff for the Gateway and at the time of writing are expecting to welcome a further three members of staff (with one covering a year's maternity post and to replace another member of staff). Therefore, capacity has increased to six Navigators overall.

In addition to the recruitment of more staff, the Gateway have made several changes to their ways of working to manage demand and capacity. This included the introduction of a shift system

[16] The Gateway pilot was awarded £1m of Home Office funding, which was increased to a total of £1.36 million through MOPAC and NHS match funding, though remained lower than the original funding bid for £1.6 million (which included a MOPAC Contribution).

to allow some navigators to focus on answering calls while others carry out other tasks associated with the role including following up call backs after initial referral, making enquiries on the survivors' behalf, onward referrals, and addressing safeguarding concerns.

Whilst outside of the evaluation period, it is understood that from March 2020 further changes to the Gateway processes and working structures were being made. This included allocating specific days to Navigators for conducting the different aspects of their roles (e.g. making first contact with new referrals, conducting previously booked needs assessments, and making follow up calls), but also capping the number of weekly new referrals per navigator to 10. Alongside the most recent uplift in staff numbers, these changes were considered to be sufficient to meet the current demand, provided the levels of referrals remained the same.

Complex Needs ISVAs

In addition to the Gateway itself, six complex needs ISVAs are located across the partner agencies (WGN, NIA, Solace, RASAC, GALOP and Survivors UK). The ISVAs work with victim-survivors (across the service – not just those via the Gateway) who present with more complex needs and require tailored, intensive support. The ISVAs also deliver awareness raising activities to ensure the service is accessible to a range of survivors in diverse communities.

The anticipated outcomes of the ISVAs are a reduction in the impact of sexual violence for survivors with complex needs, including:

- Survivors feel more in control of their lives;
- Survivors have better health and well-being, and an increase in positive coping strategies;
- Survivors feel more able to access further support;
- Survivors feel more able to develop and maintain positive relationships with those who matter to them; and
- Survivors feel more able to assert their rights.

Pan-London Mapping Exercise

The final aspect of the pilot is a London-wide mapping exercise focused on identifying gaps in sexual violence service provision in London to inform future work and commissioning decisions. During the pilot, an online map was produced by WGN which depicts several sexual violence services in London. The map is located on the Gateway website[17] which can be accessed by agencies and the general public. Additionally, in Summer 2020, a service dashboard for the partnership agencies was developed on the website. This is accessed through a 'partner log in' tab on the website and provides a space for agencies to regularly update details of their own services (including referral criteria and waiting list information). The aim of this is for the Gateway and other agencies to have up to date information on service provision in the partnership.

[17] https://survivorsgateway.london/service-map/

The anticipated outcome of the mapping exercise is that MOPAC and agencies within the partnership have an improved awareness of available services in London and the need and demand.

Methodology

This final evaluation report outlines learning from Year 2 and builds on interim findings from the first-year report (see Appendix A), which focused on the initial learning generated during year one of the London Survivors Gateway (1st July 2018 to 31st March 2019).

Year 2 learning is based on:

- Performance data capturing the activity of the London Survivors Gateway Pilot - including the work of the Complex Needs ISVAs - between 1st April 2019 and 31st March 2020 (provided by WGN).

- Telephone and online survey data capturing service user feedback on the Gateway (conducted and provided by WGN). Respondents were those survivors who were referred and received a service from the Navigators at the Gateway. There were 151 respondents to the online survey and 251 respondents to the telephone survey; the two groups of respondents likely overlap with each other.[18]

- Fieldwork was conducted by E&I between February and June 2020. This includes:

    - An online survey of individuals from both statutory and charity agencies who had made a referral into the London Gateway during year 2 (the survey was sent to a list of 350 referrers, provided WGN; and received a 16% response rate (n=56 responses were received);

    - A virtual focus group with the six complex needs ISVAs in April 2020[19];

    - Seven semi-structured face to face practitioner interviews (including Gateway navigators and Haven staff)[20];

    - Ten semi-structured interviews (face-to-face and telephone) with key stakeholders involved in the set up and delivery of the Gateway pilot; and

    - Three semi-structured telephone interviews with London Gateway service users.

The report will first explore the performance and process learning from the London Survivors Gateway, followed by the performance and process learning of the complex needs ISVA service.

[18] It is not known by how much the two groups overlap. The samples do not include survivors who may have attempted to reach the Gateway but weren't connected, or survivors who were referred but unable to be reached.

[19] This was conducted during the Covid-19 lockdown but focussed on the ISVAs experiences of the role prior to the lockdown.

[20] One of the Navigator interviews was designed to draw out the various scenarios and draw upon some anonymous case studies from their role. Whilst the interviewee drew on some real-life scenarios in their answers, no personally identifiable information about clients were disclosed.

Results: Learning from year 2 of the London Survivors Gateway Pilot

This section will present findings from year 2 of the London Survivors Gateway, including performance analysis of the Gateway throughput, activities, and demographics of service users. It will also include a detailed overview of the Gateway Navigator role, followed by process learning from interviews with stakeholders, practitioners, referrers and service users.

Gateway Performance Analysis

This section presents year two performance data in relation to the London Survivors Gateway (1st April 2019 to 31st March 2020) and comprises of three sub-sections: 1) an overview of referrals into and calls made to the London Gateway; 2) an overview of service user demographics; and 3) an outline of onward referrals and outcomes.

Referrals and calls into the London Survivors Gateway

- Over the duration of the entire project (between October 2018 and March 2020) a total of **9,843 attempted calls** were made to the Gateway.

- In year 2 (between 1st April 2019 and 31st March 2020), **6,534 attempted calls** were made to the Gateway[21]. This is consistent with first year findings where 3,309 attempted calls were made in a 6-month period, suggesting attempted call volumes have remained stable.

- Most of the attempted calls were made during Gateway opening hours (87%, n=5,660), of which only 57% (n=3,208/5,660) were successfully connected to a navigator - an average of 9 calls per day. This is an increase from the proportion of calls that were successfully connected during the first year of service (47%) – which may reflect some of the changes made to staffing levels and processes that were outlined previously. However, even with the positive increase in year 2, there remains further room for improvement in successfully connecting to callers.

- The remainder of attempted calls made during opening hours were missed because the caller hung up at the busy message (n=2,309) or because the call was abandoned by the caller (n=143).

[21] This included all incoming calls to the Gateway from survivors and professionals. Current data recording practices mean it is not possible to disaggregate this data to identify callers (i.e., survivor or professional). The number of calls does not necessarily equate to the number of individuals calling (i.e., one individual may call multiple times).

- For calls that were made to the Gateway during closed hours (n=874), 778 callers hung up at the closed message, 78 were successfully transferred to the Havens, whilst for 18 the transfer to the Havens was unsuccessful.

- There is no data available to track callers or indicate whether callers who were unsuccessful tried calling the Gateway again. There was some feedback from survivors that the Gateway telephone line automatically hanging up when busy, rather than putting callers on hold, was perceived as a 'significant barrier'.

Case client demographics

- 'Case clients' for the Gateway are defined as those who have been referred to the service (either via self-referral or third party) and whose contact details are registered on the system from the referral form. This does not mean the case client automatically receives the full service from the Gateway (e.g., in cases where the client becomes uncontactable following referral). A non-case client is someone who comes in via the Havens phoneline, or who asks a query to the Gateway, but is not registering for the Gateway service.

- Over the duration of the entire project (between October 2018 and March 2020) a total of **2,988 case clients were registered on the system**.

- During year two of the pilot, **2,352 individuals** were registered as 'case clients' on the Gateway system - an average of 196 per month. This is an increase on the number of case clients in Year 1 where there was an average of 127 per month.[22] Consistent with findings from the first-year report, most case clients were referred online via the London Survivors Gateway website[23] (n=2146), with a further 183 being telephone referrals and 23 from email referrals.

- Consistent with previous findings, almost half of all referrals came from the police (47%, n=1103/2352), followed by the survivor themselves (28% n=670), another agency (such as Education, Social Services, Health services; 22% n=515) or a third party (2%, n=36).

- The majority (93%, n=2,189) of case clients were female, with the next largest category male (n=139). Thirteen clients identified as non-binary, seven as Transgender Female, and four as Transgender Male. The majority of case clients were aged between 18-34 (62%, n=1467). 168 case clients were aged 13-17 years.

- There were slightly more referrals for White case clients (44%, n=1043) compared to clients of Black Minority Ethnic backgrounds (BAME) (Black: 16%; Asian: 10%, Other: 11%). The remainder were unknown/preferred not to say. Comparing this to the ethnicity

[22] It was not possible to break down data month by month.
[23] Gateway staff anticipated from the outset that the majority of case clients would derive from online referrals due to professionals opting for this referral route, and the anonymity it provided to survivors for self-referral.

of the London population, it shows that the proportion of White and Black survivors are in line with the overall population, whilst Asian survivors are underrepresented among the case client group (the proportion of White residents in London is 45%, proportion of Black residents is 13%, and proportion of Asian residents is 18%)[24]. Overall there is very little difference in demographics compared to case clients seen in the first year of service. (See Appendix E for full breakdown of demographics of case clients).

- Just over half of case clients sought support from the Gateway in relation to rape (56%, n=1326), followed by other sexual violence (25%, n=595), and child sexual abuse (13%, n=298).[25]

- Almost seven out of ten survivors knew the perpetrator (n=1616, 69%), most commonly as an acquaintance (23%, n=545) or a current or former intimate partner (22%, n=516). In 338 (14%) cases, the perpetrator was a stranger[26]. The high proportion of cases in which the perpetrator was known to the survivor has been reflected in other studies, including the recent MOPAC London Rape Review in which the perpetrator was known to the survivor in 84% of rape cases reviewed (MOPAC, 2019).

Case client outcomes

- When a survivor 'enters' the Gateway through either the online referral form, or via telephone, an outcome of that interaction will be recorded on the system. Each outcome recorded represents a different time that a survivor enters the Gateway service; for example, a survivor may enter the service for the first time, but no service is available to refer them onto, but then they may enter the service a second time on another date and successfully be referred to another service.

- Across all year 2 case clients a total of 2,456 outcomes was recorded. More than one interaction outcome was recorded for 172 clients, suggesting the majority entered the Gateway just once.

- Of these outcomes, 44% (n=1086) were referrals to other services - predominantly within the Gateway partnership (n=965), though it is worth mentioning that this includes referrals onto waiting lists.[27] For a quarter of registered case clients (26%, n=630), the Gateway was not able to make contact following the initial referral.[28] For one in ten outcomes (10%) no suitable services were available.

[24] 2011 Census.
[25] Data on survivor needs was not available.
[26] This included cases of stranger whom victim-survivor had no prior contact with or where there was only a brief interaction between victim-survivor and perpetrator (defined by the police as 'Stranger 1', n=195) and cases where the victim-survivor and perpetrator are briefly known to one another (defined by the police as 'Stranger 2', n=124).
[27] There is no data on outcomes from the service that the survivor was referred onto by the Gateway.
[28] This means that when the referral has been made, and the Gateway attempt to contact the survivor to initiate contact and an initial needs assessment; the survivor is uncontactable. This could be for a number of unknown reasons, and the survivor may have changed their mind.

Table 1. Types of case client outcomes

Case client outcome types	Number of outcomes	Percentage
Referred to service in partnership	965	39.3%
Unable to make contact	630	25.7%
No services available	261	10.6%
Declined service[29]	236	9.6%
Inappropriate referrals[30]	172	7.0%
Referred to other sexual violence service	86	3.5%
Signposted to service in partnership	42	1.7%
Referred to non-sexual violence service	35	1.4%
Signposted to other sexual violence service	14	0.6%
Signposted to non-SV service	13	0.5%
Awaiting outcome	1	0.04%
Transferred for FME	1	0.04%
Total	**2456**	

Types of referrals into other services

- Each successful referral by the Gateway into another service is recorded. There are occasions where survivors are referred into one service but engage with more than one 'activity' within that service (for example a client may receive both a counselling service and an ISVA service from the same agency).

- Data shows that there were 1592 total onward referral activities in Year 2 which includes multiple activities for some clients. Most referrals were to one of the pilot partnership organisations including West London Rape Crisis (21%, n=328), North London Rape Crisis (n=292, 18%), South London Rape Crisis (15%, n=234), East London Rape Crisis (12%, n=185), Havens (7%, n=115), Survivors UK (5%, n=81) and GALOP (3%, n=42). The remainder were made to organisations outside of the partnership (e.g., Ashiana, Gaia, Asian Women's Resource Centre, Respond) (n=315).

The Role of the Gateway Navigator

The purpose of the Navigator role at the Gateway is to provide a pan-London, initial response to survivors of sexual violence. The role was initially conceived as a way to triage survivors out to sexual violence services across the capital. However, over the course of the pilot, the Gateway

[29] A survivor may decline a service for a number of reasons. For example they may not have been aware of the referral (if they were referred by a third party), or they may have had poor experiences with services before and are reluctant to engage again, or they may have changed their minds/their situation could have changed..

[30] An inappropriate referral is usually one where there are immediate safeguarding risks, for example the survivor may be homeless, or they may be at risk of domestic violence. The Gateway will advise the referring agency that the safeguarding need should be met first, before ongoing work can begin on supporting them with trauma from sexual violence experience.

service has developed, resulting in changes in the role of the Navigator, which will be discussed in the next section.

The Navigator Approach

The Navigators described several key aspects to their overall approach when working with survivors (see figure below). This approach was seen as a direct response to the high level of need they often encountered[31]. Indeed, over the course of the pilot the Navigator role had extended beyond the initial triage role into one that provided its own level of support – something that had not been anticipated or designed at the outset of the pilot.

The offer of individualised support is central to the role and Navigators described their approach as holistic and as recognising every aspect of the survivor's life. This includes Navigators creating a bespoke 'package' for each client based on the needs assessment they conduct (see Appendix D for Needs Assessment scenarios): *"we will figure out what their support needs will be, we will look at what we can give in terms of resources, we will connect that client with helplines, both practical and emotional support…".*

To support high-risk clients or during circumstances where survivors cannot immediately receive support from other services in the partnership (i.e., due to waiting lists, or closed services), Navigators report that they often advocate for the client to their GP and request that they provide support to them and continue to conduct regular welfare checks with survivors in the interim. These additional responsibilities were considered time consuming but seen to be demonstrating the caring nature of the role.

Navigators also described the therapeutic and psychoeducational approach they take, often involving a form of emotional support and acknowledging a survivor's response to trauma. Their initial interaction with each survivor was seen to be unfolding in stages, ending the

[31] Needs data was not available, however anecdotally the Navigators reported there to be highly vulnerable survivors.

communication with a strength-based approach which focuses on empowering the survivor through recognising their courage and tenacity. In this way, Navigators considered the Gateway as a forum for survivors to be heard: *"To come through, to be acknowledged, to be met, to be recognised, not just in your victimhood, but also to be celebrated in your survivor hood"*.

Feedback on the Navigators' approach from survivors was very positive. Almost all of the survivors surveyed (99%, n=148/150 from the online survey; and 94% (n=233/249 from the telephone survey)[32] said they felt 'believed and understood', with comments that the Navigators were experienced as 'warm' and 'caring'. Whilst this suggests that the Gateway has achieved one of its key anticipated outcomes (that of survivors feeling believed and understood), it should be noted that the feedback gathered through the surveys does not include the views of those who have been able to make full contact with the Gateway.

When asked about improvement suggestions, two out of five surveyed survivors (n=54/135) thought there could be no improvements. The most popular suggestions were 'longer opening hours' (n=35), 'provide a webchat' (n=28), and 'more ongoing support available' (n=26). Feedback from more in-depth telephone interviews with survivors was similarly positive, although for some interviewees it was difficult to differentiate between the Gateway and other services they had received support from (e.g., services they were referred into, or a previous service they had received).

After the Navigators have conducted their initial work with survivors over the phone, and depending on the outcome of the needs assessment, the Navigators will then decide which service(s) are most appropriate for each survivor to be referred onto.

The Navigators discussed their lack of continuity with survivors as a challenge to their job, and that it may be *"nourishing to get more of a whole sense of a person"*. They highlighted that their role meant: *"we come at crisis and we leave at crisis…"* and suggested that following a survivor through the entirety of their journey to recovery could improve job satisfaction and create more sustainability in the role. This issue was reflected in the stakeholder interviews where it was acknowledged that vicarious trauma is a risk for the Navigators, as they are *"dealing with the worst moments of a survivor's life as part of their day to day work"*.

> *"I've done a lot of mental health assessments before, and they've all felt very clinical. Some have been better at being patient when I'm stressed and struggling to answer, some less patient. But my phone conversation was different from both of these. I felt more understood than I did at any other mental health service. I was even offered new perspectives that reassured me quite a lot."*
> - Survivor

Overall, the Navigator position was seen to be a specialist role reliant on skills, expertise and previous experience. Both Navigators who were interviewed had pre-existing work histories and expertise within the sexual violence sector, and as a result had joined the Gateway with established partner relationships and the confidence to directly converse with survivors to give appropriate support and decipher often complex and varied information. Despite their wealth of experience, the Navigators suggested that they would still benefit from mental health training to

[32] Both surveys were anonymous. It is possible that there is some overlap between those who have completed both surveys.

help obtain all the necessary information from survivors in a way that is most appropriate and useful.

Process Learning from Year 2 of the London Survivors Gateway

This section considers the process learning generated through the year 2 evaluation fieldwork, structured under four thematic headings: *Development of the London Gateway pilot; Resource and Capacity; Nurturing Successful Partnerships; Success for the future*. This section utilises findings from interviews, focus groups, and surveys conducted with key stakeholders across the partnership, the Navigators, survivors and referring agencies.

Development of the London Gateway Pilot during Year 2

Stakeholders, when asked about any changes to the pilot model within the second year, mostly agreed that there had been no significant changes to the core design but acknowledged that the pilot is 'maturing' and becoming more 'embedded' within sexual violence referral pathways.[33] It was noted that there had been a particular increase in the number of self-referrals (this is reflected by the performance data which showed an increase of self-referrals from 11% to 28% in the year April 2019-March 2020, compared to the first 6 months).

Despite some changes being made in Year 2 (the uplift in staff and a shift system for Navigators), the nature of the Gateway telephone service – in particular the assessment time (reported to take on average around 40 minutes) to provide a high quality, bespoke service to each survivor – and the multiple contacts often required for each referral, means that it is likely there will always be times when lines are engaged.

As touched upon in the previous section, the Navigator role in particular has developed over time, and it was noted by interviewees that the role had become quite different to its original description. At the core of this is a shift from triage or 'helpline' to 'holding' cases and providing more in-depth support over the phone - which was formally recognised by amending the Navigator job specification. The expansion of the Navigator role in this way was felt to be a way to manage the demand for support services for sexual violence survivors, resulting in Navigators acting as a 'funnel' into these services: "*it makes it simpler for services because we can hold things and process them and give a stopping point for the clients so it doesn't flow out as much, but we are also giving out more clients than people have had before*".

> *"When it started it was understood like a triage service[…] then it was understood as a helpline, but it's not that either, it's like a weird temporary crisis case management where sometimes you have people who are currently unsafe and sometimes you have people calling for the Havens who are in danger, it's a very multi-faceted role and there is a lot to it."*

Resource and capacity

[33] This feedback was taken before changes were made to the Navigators' processes in March 2020.

Evidently, the pilot and the awareness of it developed fast and *"became a success very quickly at the front end"*, which has been demonstrated by the large number of calls and referrals to the service, and overall positive feedback from service users and referrers. Again, despite the various amendments and uplift in staffing that were made to accommodate the demand, there was still strong concern expressed from stakeholders that further resource is needed to enable the Gateway to respond to it. Partners also reported that the uncertainty around future funding adds further complication in their abilities to plan for new resource. The issue of resource and capacity was seen as a key challenge for the Navigators who report to be managing large caseloads (it was anecdotally reported by a Navigator that at the time that they were each managing around 60-70 cases at the Gateway), including many cases with complex needs.[34]

"if awareness increases, there needs to be something on the other side, otherwise it's an unhelpful thing to call if you call in a desperate state and there is nothing to be referred to."

It was remarked in stakeholder interviews that the Gateway has been a *'victim of its own success'*, as it quickly became known and attracted referrals, however with its current level of resource it is difficult to meet the levels of referrals. The Gateway appears to be putting a spotlight on the level of need and issues around service provision for sexual violence survivors in London. A considerable amount of work went into awareness raising and training in the initial stages of the programme, including sessions with referring agencies[35]. Stakeholders acknowledged that further awareness raising needs to and should be carried out to reach wider communities and agencies but noted that this needs to be balanced against the resource available. At present, the resource and capacity available has meant that no further awareness raising has been carried out for the Gateway.

"Well the waiting was excruciating because I was desperate because I was having to go to work and explain myself and me being a fighter I did go to work, so I obviously felt like anyone else would the sooner the better when you've had a trauma like that, but obviously the resources aren't brilliant, so that's no finger pointing"
- Survivor interview

Year 2 findings suggest that resource and capacity challenges - highlighted in the first year evaluation report and prior to that in the London Sexual Violence Needs Assessment – are an ongoing issue, particularly when it comes to specialist service provision for BAME, male, LGBT, and disabled survivors and those for whom English is not a first language. Due to capacity of services, even when survivors are referred into another service, for the most part it is into the service's waiting lists. Service user feedback was clear that despite receiving a positive response from the Gateway, the subsequent waiting lists for services can have a damaging impact on their wellbeing, including their recovery taking far longer and a deterioration of mental health.

Nurturing Successful Partnerships

Relationships within the Partnership

[34] This is anecdotal and data on survivor needs was not available.
[35] Police, housing sector, local authorities, NHS, youth workers, psychologists, sexual health workers, student union representatives and other voluntary organisations.

As highlighted in the first evaluation report, partnership working underpins the Gateway pilot. The pilot has allowed agencies to build and develop strong connections with each other, enabling them to capitalise on shared knowledge, maximise resources and begin the building of a joined-up London service. When implementing a new multi-agency programme there are naturally certain difficulties and tensions that can arise, an issue that has been evidenced in previous MOPAC evaluations of multi-agency initiatives[36]. The first-year evaluation found that there were some tensions between partners during project consultation, design and set up. These were related to both theoretical (e.g., the ethos or approach underpinning agencies) and practical (e.g., opening hours, response times) differences between partner agencies across statutory and voluntary sectors, with some concerned about maintaining and protecting their independence, identity, and 'ways of working'. It was also noted that there were sometimes misunderstandings around the types of referrals from the Gateway into the partner agencies, and that perhaps the Gateway were trying to 'fit' survivors into services that were not wholly appropriate.

However, year 2 interviews with stakeholders acknowledged that these were *"all-natural tensions which can be ironed out in a constructive way"*, and there was a suggestion that improving the partners' awareness of each other's differences has helped to reduce these tensions. This improved awareness appears to be in part due to the regular partnership meetings that are held; with stakeholders reporting that they find these meetings useful in facilitating positive interaction between them. Stakeholders were reportedly grateful to be involved in the partnership, acknowledging that the Gateway has given them a *"seat around the table"*. The regular partnership meetings enable relationships to be routinely developed and nurtured.

> *"I think it's about how we continue the spirit of how we have incredibly successfully collaborated, to what that means for the future as well"*

Internal training - in particular with Navigators and ISVAs - was conducted jointly across the partnership during the initial stages of the project, drawing on the skills and expertise of colleagues from the different agencies involved. This offered opportunities to share knowledge around supporting survivors but was also important in terms of developing an understanding of each other's work, which helped to address some of the concerns that arose during the planning stages of the pilot. The shared training was well received by stakeholders who noted that this helped build positive relationships at the start and provided a forum to discuss shared issues. It was noted by partners that staff would benefit from *continued joint training* to encourage more shared learning as the programme progresses.

> *"We were invited when we first started to go out to every agency and see them, and that's so nice because you get so much more excited and you can say to the survivor 'I'm sending you off to these people and I trust them and it's going to be really good"*

[36] Such as The Lighthouse, and The Persistent Offender Programme. https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/academic-research

A further suggestion for improving partnership relationships was for Navigators to meet with practitioners and partners face to face, so that each could continue to learn more about their respective services and roles. This was noted to be particularly important for new staff to build initial understanding and awareness of other services. In their own interviews, the Navigators also expressed the importance of knowing the professional to whom they were referring a client onto.

For the Havens in particular, it was reported that the Gateway has helped to improve communication between the Havens and the four Rape Crisis Centres, with partners from the Havens now feeling more understood by the other agencies, and vice versa. In the initial stages of the pilot, there had reportedly been some misunderstandings about the Havens referrals and their processes, and that inappropriate referrals had been made to the Havens from the Gateway. These were discussed and resolved at the time by the agencies but again, the continued face to face interaction between Navigators and practitioners on the ground are suggested to further improve upon these processes.

Online Mapping Service

The online mapping service was intended to be a key tool for better communication and partnership working, and to provide agencies with an improved awareness of available services in London. The online map[37] was developed by WGN and is located on the Gateway website which is available to the public and can be accessed by agencies and survivors themselves. In their interviews, stakeholders were asked about their knowledge and awareness of the online map. There was agreement from interviewees that the map could be useful, as the sexual violence service landscape is continuously changing. However, many stakeholders reported to not have seen and/or used the mapping service. They reported to understand the difficulties in doing such an exercise; that it's resource intensive and would require a dedicated role to complete it fully.

There is a particular challenge reported for services, and the Gateway Navigators, in keeping up to date with each other's waiting lists - and when they have been closed and reopened. The Gateway have since developed a dashboard on their website for individual partners to access and regularly update on whether their lists are open/closed.[38]

Relationships between referring agencies and the Gateway

Referrers to the Gateway were asked to participate in a short survey to report on their experiences of working with the Gateway. Mirroring the findings from the performance data, most referrers who completed the survey worked within the police (93%, n=52/56). Other sectors included VAWG third sector organisations (n=2), Health (n=1) and 'Other' (n=1). The nature of the feedback received was mostly positive, and there was a suggestion from findings that once referrers became aware of the Gateway, they went onto make continued and frequent use of the service. Indeed, half of respondents reported referring on a monthly basis (50%, n=28/56) and 29% (n=16/56) reported referring weekly.

[37] https://survivorsgateway.london/service-map/
[38] This is a recent development, and one which occurred after the stakeholder interviews were conducted.

Perceptions of referrers' relationships with Navigators were largely positive: n=18/56 reported the relationship as 'satisfactory', n=17 as 'good' and n=16 as 'very good'. However, it was strongly reported by respondents in several parts of the survey that they would like to receive some form of feedback from the Gateway after making a referral (n=44 thought it was important to receive feedback); even a short confirmation email would be welcomed by some. It is not a current requirement of the Navigators to provide feedback to referrers (and would likely impact on their capacity). Despite this, more than half of respondents did report to have received feedback (n=20 sometimes; n=7 always; and n=5 often), with only one third (n=21) of respondents reporting having never received feedback.

Overall feedback on the Gateway service was overwhelmingly positive: the majority of referrers responding to the survey felt that the Gateway had made referring into services easier (n=48/56), and in open ended responses noted that they found the overall referral process and the referral form simple to use. The Gateway as a single point of contact 'hub' was widely praised and seen to be mitigating the need for referrers to seek out available support, and that it provides a positive alternative for survivors who are concerned about engaging with police, and the Navigators' specialist knowledge was also praised. There was a minority (one referrer and one partnership stakeholder) who held concern that the Gateway provides an additional *'layer of repetition'* for survivors and as such there is duplication of work and the survivor having to tell their story multiple times. This point was further reflected during two interviews with Gateway service users, who were not always certain which services they had received or how they had been referred to them.

Promisingly, most referrers 'agreed' that they had encouraged other colleagues to refer to the Gateway as well (86%, 48/56). This aligns with previous findings from stakeholders reporting the Gateway being a *'victim of its own success'* in terms of the volume of referrals received. However, whilst the pilot has put a hold on further awareness raising activities, word of mouth among referrers may still be occurring. This is a positive reflection on the Gateway itself but poses a risk to managing capacity and responsiveness when put in the context of the ongoing resourcing issues in the partnership.

Whilst the Gateway was highlighted as relieving the pressure on police, there were some challenges noted by both police and Navigators in relation to referral processes. Navigators reported sometimes receiving 'inappropriate' referrals in regard to high risk domestic violence survivors. A Navigator gave an example of receiving a police referral of a survivor who did not want to discuss their experience of sexual violence but required practical assistance in leaving a risky domestic violence situation. In this circumstance, the Navigator reportedly advised the referrer that the responsibility for statutory services to safeguard the survivor from the immediate threat of domestic violence was more urgent than the sexual violence support need; and that safeguarding for domestic violence is beyond the remit of the Gateway. Police fed back that they are also aware of the issue with referrals and it was noted that *"there seems to be a bit of an argument between Police and Gateway staff on when a client requires an ISVA or an IDVA. I have had several discussions about this, being asked to make separate referrals only to be told my client requires what I had initially asked for."* Despite police being the largest referrers, they highlighted a further challenge for referring, where gathering information for the referral form can be problematic with survivors for whom a lack of trust in the police is a barrier.

Navigators also described some issues relating to police language and attitudes towards survivors of sexual violence, and that *some* police officers were still using language to describe sexual violence in a way that reinforces rape myths. For example, one Navigator explained how "*there is still a lot of issues in terms of attitudes towards survivors and ideas, like belief and phrasing in the way they write about things*" and another reported specific language issues: "*we see repeatedly throughout the day 'he had sex with her"* (as opposed to using the word rape). The potential for Gateway staff to train SOIT officers in sexual violence was expressed as an option to be explored.

Success for the future

Interviewees were asked to reflect on the future and for the next phase of the Gateway. Expansion, funding and resourcing played a large role in this conversation. Stakeholders agreed that for future success and sustainability of the programme, additional resource was required at all levels: from the Navigators handling the calls to the practitioners working within the partner agencies. It was noted that the uncertainty of the funding landscape hinders the ability to forward plan and grow the programme: "*otherwise it's very reactionary and it's just firefighting*".

As previously discussed, partners also noted they would like to see additional agencies involved in the partnership, to cover the wide range of individuals who they support. Positively, since these interviews were conducted, the charity 'Respond'[39] have now officially joined the partnership. It has been clear from the interviews that partners have found the Gateway to be a positive model in bringing sexual violence support services together and putting services on the map. However, as is noted by one interviewee, the Gateway now faces the further challenge of maintaining this knowledge of all appropriate sexual violence services and expanding on it - with a view to replacing the responsibility for other agencies (such as GP surgeries) to hold this information).
Some stakeholders expressed concerns for the sustainability of the Navigator role, and their conducting lengthy assessments on the phone, and discussed how it could or should change. Some partners are of the belief that the Navigator role should be reduced, in that they should not conduct long assessments with clients over the phone, with concern that clients could become attached to the Navigators, and it would also mitigate the risk of information being missed. Instead, some partners believe the Navigator calls should be 'information-led' and provide a signposting service only.

On the future development of their own role, Navigators suggested that it would be useful to 'tighten up' the incoming referral form in terms of structure and they emphasised the importance of having solid data processing systems in place from the outset. When asked to provide advice to others setting up a similar service in a different location, Navigators focussed on three key areas to consider prior to delivery: the importance of meeting partners face to face; Gateway staff should receive full training; and the demand for the service should be overestimated, with one Navigator advising, "*it's going to be busier than you think it's going to be*".

[39] https://respond.org.uk/

Results: Learning from year two of the Complex Needs ISVA service

This section moves on to present findings from Year 2 of the complex needs ISVA service, which included six ISVAs from the partnership organisations. The section first explores findings from the performance analysis of year 2 the ISVA service (1st April 2019 to 31st March 2020), followed by process learning on the experience of the complex needs ISVAs.

Complex Needs ISVA Performance Analysis

The performance analysis comprises three sub-sections: 1) an overview of service user throughput, demographics and needs and demographics; 2) an outline of case outcomes; and 3) an overview of training and awareness activities conducted by ISVAs.

Service User Throughput, Demographics and Needs

Additional Complex Needs ISVAs (data from 1st April 2019 to 31st March 2020)

- Over the duration of the funding for the additional complex needs ISVAs (mid-August 2018-March 2020), a total of 293 individual survivors were supported.

- Complex needs ISVAs supported a total of 273 clients during Year 2 of the pilot. Of these, 171 (63%) were new clients and 102 (37%) were existing clients who were referred in Year 1. The rate of referrals for new clients in year 2 was lower than in year 1 (monthly average of 14 and 20 respectively) – however they have continued to support most Year 1 clients into year 2.

- The number of year 2 referrals are not evenly split among the six ISVAs, and Survivors UK received the highest number of referrals to their complex needs ISVA (n=77, 28%),

followed by RASASC (n=59, 22%; see table 2 below for a full breakdown). The length of caseloads is not recorded, but anecdotally it was reported that the length of time that ISVAs may support an individual client can vary widely: between three months to four years depending on the needs and the length of the criminal justice processes.

Table 2. Number of referrals per agency in Year 2

Agency	Number of referrals	Proportion
Survivors UK	77	28%
RASASC (South London Rape Crisis)	59	22%
Galop	49	18%
SOLACE (North London Rape Crisis)	37	14%
NIA (East London Rape Crisis)	27	10%
WGN (West London Rape Crisis)	24	9%
Total	**273**	

- Most clients in Year 2 self-referred (35%, n=95) or were referred via police (32%, n=87). These were also the most common referral routes in Year 1.

- Over half of clients who engaged with the ISVA services were female (55%, n=149) and 32% (n=88) were male; these proportions are similar to Year 1. There is a larger proportion of male clients compared to Gateway referrals, due to Survivors UK ISVA receiving the largest number of referrals. Eleven survivors out of the total year 2 sample identified as non-binary, and one survivor identified as intersex[40]. Twenty-two clients out of the total sample identified as trans or as having had a trans history.

- The largest age group of the ISVA clients was between 25-34 years (25%, n=69), with the second largest age category being 18-24 (22%, n=60). Compared to Year 1 the age splits are still broadly comparable. For clients where ethnicity was known (n=237), there was a very similar split between non-BAME (n=121, 51%) and BAME (n=116, 49%) (see Appendix F for full client demographics). Compared to Year 1 there is a higher proportion of BAME survivors being supported in Year 2.

- Over half of clients (54%, n=147) had experienced rape and almost one third had experienced Child Sexual Abuse (29%, n=78). Compared to Year 1, this is a lower proportion of those who experienced rape (63%) and a slightly higher proportion who experienced child sexual abuse (23%). Other offences were related to other sexual assault (n=25), sexual exploitation (n=7) and trafficking/prostitution (n=2). Seventy per cent of ISVA clients (n=141/201) had experienced multiple incidents of sexual violence (a higher

[40] Gender was not recorded for all clients.

proportion than the 61% in Year 1), perpetrated by either the same person over a period of time and/or by difference perpetrators at different times, and the majority required ongoing ISVA support (93%, n=254), as opposed to a single incident of support.

- Most clients were recorded as having experienced some form of disadvantage, disempowerment or discrimination (n=220), and 78 of these had experienced multiple forms. Consistent with Year 1 findings, long term or complex mental health issues were still the most prominent (n=100, 37%), followed by repeat victimisation (n=50, 18%), physical disabilities (n=26, 10%), and problematic substance misuse (n=35, 9%) (see table 3).

Table 3: Disadvantage, disempowerment, and discrimination experienced by ISVA clients

Type of disadvantage, disempowerment, discrimination	Number of survivors with type of disadvantage (out of 273)	Proportion
Long term or complex mental health issues	100	36.6%
Repeat victimisation	50	18.3%
Physical disabilities	26	9.5%
Problematic substance use	25	9.2%
Learning disabilities	20	7.3%
Under 18	20	7.3%
Homophobia, biphobia or transphobia	19	7.0%
Immigration issues	17	6.2%
Homelessness	11	4.0%
'Honour' based violence	9	3.3%
Harmful practices	3	1.1%
Leaving care	3	1.1%
modern day slavery	2	0.7%
Children's services involvement	1	0.4%
Long term health condition	1	0.4%
Perpetrator is police officer	1	0.4%
Learning disabilities	1	0.4%
Effects of CSE	1	0.4%

Outcomes for ISVA clients

- Criminal justice information was recorded for 266 of the ISVA clients. At the time of reporting, almost half (45%, n=120) were ongoing cases, for 18% (n=49) the outcome was unknown or the information was not obtained, whilst for 12% (n=33) the crime was not reported to police.

- For the 64 criminal justice cases where there was a recorded outcome; the majority (n=44, 69%) were police NFA (no further action) and a further 11% (n=7) were CPS (Crown

Prosecution Service) NFA. The remaining outcomes were: 8% (n=5) unsuccessful prosecution; 6% (n=4) conviction; 2% (n=1) acquitted at court; and 2 clients withdrew from the criminal justice process. Comparing these outcomes to other research such as the MOPAC London Rape Review (2019)[41], the ISVAs' clients have a considerably higher proportion of cases with an NFA outcome (compared to 29% in the Rape Review), and a considerably lower proportion of cases where the client withdrew (compared to 58%). Another study[42] which examined rape cases in two police forces in South West and North East England, also had significantly fewer cases with NFA outcomes (56%) and significantly higher cases of victim withdrawal (34%) compared to the ISVA clients.[43]

- Each host organisation captured outcome measures, either based on client questionnaire answers or worker assessments. Outcome data was provided for 216 ISVA clients.[44] Overall, this showed many improvements, particularly in relation to service users feeling more able to access further support and to assert their rights – a finding that is similar to year 1. Changes were less pronounced in other categories, particularly in relation to survivors feeling able to develop and maintain positive relationships, and regarding better health and wellbeing (see table 4).

Table 4: Outcomes for ISVA clients

Outcome	Deteriorated	No change	Improvement	Support ongoing	Total
More in control of lives	0% (n=1)	38% (n=81)	56% (n=119)	5% (n=11)	**212**
Better Health & Wellbeing	4% (n=9)	43% (n=93)	44% (n=95)	9% (n=19)	**216**
More able to access further support	1% (n=2)	24% (n=51)	70% (n=152)	5% (n=11)	**216**
More able to develop & maintain positive relationships	0% (n=0)	57% (n=123)	35% (n=76)	8% (n=17)	**216**
More able to assert their rights	0% (n=0)	21% (n=46)	75% (n=161)	4% (n=9)	**216**

The Experience of Complex Needs ISVAs during Year 2

This section moves on to consider the learning generated from focus groups that were conducted with the complex needs ISVAs.

To set some context, in focus groups during year 1 of the pilot, ISVAs described their services to survivors as being flexible, trauma-informed, and person-centred. ISVAs hold a holistic view of survivors' complex needs and ensure that these are recognised and addressed in their interactions

[41] MOPAC, 2019
[42] Walker et al. (2019)
[43] These were statistically significant differences with a 95% confidence level. It should be noted that these comparisons were for rape cases, and ISVA clients supported survivors of rape and other forms of sexual violence.
[44] Outcomes data was not provided for all clients, likely due to the fact that many were still being supported and hadn't yet reached the stage of being able to assess their outcomes.

with other services. ISVAs often defined their role in terms of an advocate, ally and representative for survivors of sexual violence, whose needs are not only multiple but compound, magnifying each other and deepening vulnerability. ISVAs also described that they act as an 'interpreter' or 'translator', communicating survivors' needs to ensure that professionals in other agencies acknowledge and respond appropriately.

Supporting survivors with complex needs

Reflecting on the development of their roles during year 2 of the pilot, the ISVAs agreed that their role had expanded, in the sense that they were seeing an increase in the *types* of needs that clients presented with. The wide range of the 'complex needs' that form a core aspect of their work has featured heavily in previous focus groups, where ISVAs talked about how these needs can heighten the barriers that survivors face in accessing services, navigating systems, and achieving positive outcomes (which may, or may not, be criminal justice in nature), particularly where their circumstances are characterised by insecurity or risk. This can include immigration status, language barriers, inadequate housing, lack of funds to travel to appointments, and deep chronic trauma, which requires emotional support before survivors feel able to engage with services. During year 2, ISVAs reported that they have increasingly been supporting clients dealing with legal issues; including civil and family court, Victim's Right to Review (VRR), immigration, asylum, and no recourse to public funds. Additionally, ISVAs mentioned an increase in clients presenting with mental health needs, especially when their mental health can affect how they present their story or testimony, like schizophrenia.

Housing concerns are a recurring issue for the ISVAs in supporting many of their clients. However, it was discussed that there are also gender differences in survivors being able to access some support. One of the ISVAs supports male survivors and it was reported that there are particular issues for male survivors in obtaining certain types of support which women are more able to access. For example, the ISVA spoke of a male client who was in a domestic violence relationship, but who was told by homeless shelters in this instance that he had to be a street sleeper in order for him to be supported into housing. This is further compounded by there being no emergency accommodation or DV beds for male survivors.

Training requirements

The ISVAs felt that they required further training to be able to address and keep up with the ever increasing, multiple complex needs outlined above - to be in a better position to advise or signpost to appropriate support This included family court issues where ISVAs expressed the need to better understand the processes involved, but also supporting clients with complex mental health issues, particularly ensuring they are appropriately supported so that they can give their best evidence at court, and finding different ways of working with clients with learning difficulties that felt 'creative' and not 'reductive'.

> *"In terms of learning difficulties and a greater awareness of how that can impact, the discrimination that the survivor is facing and also sometimes ways of working that better meet their needs, so maybe creative ways of working - I've got a client who works better with diagrams and timelines – so creative ways of working with people with learning differences"*

Challenges and barriers

As discussed earlier in the report; Navigators described some issues they experience relating to police language and attitudes towards survivors of sexual violence. Many similar views emerged from speaking to the complex needs ISVAs. From the first focus group in September 2018 through to the most recent in April 2020, ISVAs have repeatedly reported enduring myths about sexual violence that are still held by *some* parts of the criminal justice system (i.e., stereotypical or misled beliefs sometimes related to issues such as alcohol, levels of physical violence, and relationships between survivors and perpetrators). Indeed, ISVAs described one of the main barriers in their role as the lack of understanding around sexual violence by other agencies, and how it can have a *"tragic impact"* on the survivors.

The ISVAs reported that there should be more awareness raising and training across all sectors that come into contact with survivors (particularly the acutely marginalised such as asylum seekers or rough sleepers), both on the nuances of sexual violence and the professionals that support them. Indeed, ISVAs highlighted situations where they felt they had to explain or justify their own role to police officers or court staff. In the focus groups early on in the pilot, ISVAs told that they were met with negative reactions and spoke about police officers believing they were *'on the opposite side'* and *'there to confront them'*. In the most recent focus group it was evident that a perceived lack of respect from *some* other professionals still remains a key barrier, where CJS professionals haven't recognised the role of the ISVA: *"I've personally had the experience where the solicitor has refused to acknowledge my presence and was speaking directly to the [survivor], even though the woman said she didn't want to speak to them"*. Another ISVA expanded on the impact of these attitudes towards the ISVA role: *"she said 'I don't know what an ISVA stands for, so I'll call it a support worker.' It's an*

> *"I feel like the systemic barriers and then barriers depending on who you are – your identity and mental health needs – all of those things will be used to attack your credibility and all of those things are massive barriers for those survivors we support, but it also impacts us doing the work because we constantly have to push back"*

accredited role, so of course we're not going to be taken seriously if the people we are meant to be working most in partnership with – the CJS – doesn't take it seriously."

The ISVAs discussed concerns for supporting clients who have experienced delays with the criminal justice system, and it's a *"real pressure for survivors who have come forward to stay in the CJS for that long"*, which has an effect on the case work that the ISVAs do with them. The ISVAs also discussed this issue in light of the Covid-19 pandemic who anticipate that the delays in the system will be 'tremendous' and will have significant demand on the survivors, particularly those with complex mental health issues, and the knock-on effect that could have on mental health services. There was also strong concern expressed of the anticipated expanding caseload of supporting existing clients experiencing delays in their cases, whilst taking on new clients. At the time of conducting this focus group there was a Covid-19 lockdown and the ISVAs described being particularly concerned for victims being 'locked in' with their abuser or very difficult family members.

Overcoming challenges and finding successes

"At the beginning communication was difficult and they couldn't understand our role and that is still the case for a lot, but there are some really positive examples where they have seen this approach where we are supporting clients with lots of different needs and they are actually pointing out the difficulties from the clients perspective to engage with the CJS."

Whilst there is much room for improvement in terms of the ISVAs interactions with other professionals, it was acknowledged that there are many professionals with whom they have positive interactions within the criminal justice system. One ISVA noted that the longer they have been in the role, they notice the more meaningful connections they make with certain professionals which ultimately should have a positive impact on the client's outcomes. Evidence has also shown that ISVAs play a key role in awareness raising of the London Survivors Gateway pilot to other agencies and engaged with professionals from various sectors.[45]

Being an ISVA was reported to be challenging work – most notably in terms of supporting traumatised survivors, but also managing sometimes difficult and defensive relationships with other professionals – underlining the importance of clinical supervision and peer support for ISVAs. Despite the challenges of their work, the ISVAs reported take strength from some of the personal successes that they see and experience with clients. The ISVAs gave some anecdotes of types of success they have come across, which were often focussed on the criminal justice experiences and outcomes for their clients; from having positive relationships with some SOIT officers and seeing the positive impact that has on the client, to witnessing some

[45] Training and awareness raising had been delivered to 2,172 professionals from a range of agencies including the Metropolitan Police Service (MPS), British Transport Police, housing/homeless sector, local authority, NHS, youth workers, psychologists, sexual health workers, education, and voluntary sector organisations. There were also many awareness raising sessions with the aim of engaging with potential service users; which had a total estimated audience of 2,800 individuals in locations including sexual health clinics, youth groups and events such as Pride, Domestic Violence Awareness days and for women involved in prostitution.

clients' cases reach trial with a guilty verdict, and seeing the positive effects of this on the clients when they feel 'empowered'.

Conclusion

From its 'going live' date in October 2018 to the end of the evaluation period in March 2020, 9,843 attempted calls made to the Gateway and a total of 2,988 survivors of sexual violence were registered as case clients for the Gateway service. Furthermore, in the period between July 2018 and March 2020, the six additional complex needs ISVAs have supported 293 survivors. There is also now a pan-London map on the Gateway website which provides access to information about sexual violence service availability in London, which has not previously been available in this format.

The Gateway has been well received by service users, referring agencies and stakeholders. Overall, user feedback suggests that it has made access easier for survivors and referral paths more straightforward for referrers – and in this way the Gateway largely appears to have met one of its key aims: making it easier for survivors to access support and advice. However, it should be noted that 43% of calls to the Gateway were not successfully connected, and whilst some of those individuals may have gotten through on a subsequent attempt, it is not possible to obtain their feedback on this type of experience of the service. Despite the overall positive feedback there were a minority who raised the risk of the Gateway becoming one more layer within an already complex and ever-changing landscape of services. This is something that should be continuously reviewed to ensure the Gateway continues to position itself as that central point that brings partners and services together and eases referral pathways. Continuing to find ways to nurture relationships with existing partners as well as expanding the partnership will play an important role here.

Demand and resourcing have been key challenges for the Gateway throughout the pilot. These types of issues for sexual violence services are not new and were highlighted in the Sexual Violence Needs Assessment, where it was described that services are struggling to meet demand with limited resources. For the Gateway, a similar story emerges where the number of Navigators in place at the start were too few to meet the demand and the volume of calls that came through - reflecting some of the early concerns raised by partners. Over the course of the pilot, various changes were made to how the Gateway was run, including recruitment of additional staff and amendments to some processes. However, demand challenges continued and it is likely that balancing awareness-raising with readying for an increase in demand will be an ongoing task for the Gateway to manage.

Evidently, the resourcing issues from the start quickly had an impact on the Navigator role. Its original design was to triage survivors into suitable sexual violence services, after conducting needs assessments over the phone. In practice, the role evolved to encompass more than this - it quickly shifted to conducting lengthy assessments over the phone with survivors and providing emotional support as they were often a first point of support for that survivor. An additional issue is that the sexual violence services were still struggling with their own capacity, and unable to take on new referrals at the rate that they were coming through to the Gateway. As such, it was reported Navigators began to 'hold' cases themselves, to funnel them into support services. Indeed, Navigators were able to refer just under half of registered case clients to other support services - and it is worth noting this does often means a referral onto a waiting list. For one in

ten case clients there was no suitable service available, something that survivor feedback suggested had a detrimental impact on their recovery, mental health and emotional well-being.

There is a risk to both the quality of support that can be given to vulnerable survivors, but also the wellbeing of Navigators if caseloads are too high and demand unmanageable. Given how the Navigator role in particular had to evolve, it may now be time to review this crucial role and how it can be enabled. For example, in order to be able to return to how the role of the Navigator, and the remit of the Gateway, was initially conceived - that of a triage and signposting service - a more robust and reliable service landscape would be needed. Indeed, there was a clear indication made by stakeholders that extra funding would need to be secured to continue to meet the demand. Moreover, the Gateway had to put their awareness-raising work on hold to prevent further increases in volume. This was a difficult, but necessary decision to keep the integrity of the service but means that there are currently survivors who are not being reached and are not being able to benefit from the support offered by the Gateway service.

Good partnership working is key in implementing a multi-agency pan London approach and the Gateway pilot has highlighted - unsurprisingly - the importance of good partnership working in supporting sexual violence survivors across the capital. This relates to services providing support for survivors, both those already within the Gateway partnership or those the Gateway refers into, but also wider working between partners whose work brings them into contact with survivors. Positively, lots of issues that were seen at the start for partnership working have since improved and the Gateway clearly has played - and continues to play - an important role in bringing partners together across London. This is an important aspect to continue and further build on in order to nurture relationships and to continue to facilitate good communication, information-sharing and knowledge exchange. Indeed, it was reportedly important for partners to regularly meet with each other, ideally face to face; this is particularly important for new members of staff, or new services joining the partnership. It is therefore a recommendation that these 'meet and greets' are mandatory for new staff joining the partnership.

Evidently, knowledge of service provision is a key factor in the success of the Gateway and it is therefore recommended that regular knowledge and information sharing activities should be prioritised. There is also potential to improve mutual understanding and working together between agencies, especially between support services and criminal justice agencies, such as the police. It was reported by all practitioners interviewed that there are still issues with some parts of the police and criminal justice services in how they speak to survivors of sexual violence, particularly the language and rape myth terminology that is still being used. Therefore, further awareness-raising and knowledge exchange is recommended, but also joint training, and would need to cover use of language with sexual violence survivors and rape myth terminology, but also an understanding of the different support roles such as ISVAs. This is clearly important to address for the survivors and their experiences, but to also improve partnership working and address some of the challenges in the relationship between the Gateway and particularly the police (as the largest referrers) that were highlighted in this research.

Finally, WGN's achievement to collate data across different Gateway services and different partners should be acknowledged. This has been time consuming yet important work, ensuring

that the various activities and elements of the pilot could be documented and evidenced. There is scope to build upon this by further streamlining and reviewing data collection processes across agencies and consider where the collection of more granular information may enable a more comprehensive picture of the service, the needs of service users as well as demand and capacity issues. For example, collecting data on the duration of phone calls or average case lengths would help to gauge capacity and resource issues in more detail, whilst the recording of multiple referrals for one survivor would to help tell the story of capacity challenges more widely in sexual violence services.

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Appendices

Appendix A: Key findings from the interim report, July 2019

The interim report reflected on initial learning generated in year one of the London Sexual Violence Triage Pilot. The report presented the 'activity' of the project through performance data and reflected on process learning generated throughout fieldwork conducted.

Key Findings:

- There were 3,309 attempted calls made to the Gateway (in addition to 563 online referrals) over the reporting period (1st October 2018 to 31st March 2019) with just under half of calls made within opening hours (47%, n=1,448/3,077) successfully connected to a navigator. While stakeholders and practitioners interviewed welcomed the service as a timely and straightforward pathway to support, this suggests demand for the service that outweighs current resources.

- There were 636 case client referrals to the Gateway, with 398 outward referrals for support - most of which were to agencies within the pilot partnership. This demonstrates the value of a strong partnership approach to supporting survivors of sexual violence. Indeed, partner agencies were keen to build on existing relationships and develop new ones; however, outlined some tensions between partners during pilot consultation, design and set up.

- Complex needs ISVAs supported 122 clients (between mid-August 2018 and mid-February 2019), all of whom experienced some form of disadvantage disempowerment, or discrimination, most notably long-term mental health illness. This underlines the importance of specialist support for survivors, particularly given levels of under reporting to the police.

- ISVAs and navigators who took part in evaluation fieldwork highlighted frustrations around availability of support services, additional barriers that survivors with complex needs face, and the negative effects of myths about sexual violence (i.e., stereotypical or misled beliefs sometimes related to issues such as alcohol, levels of physical violence, and relationships between survivors and perpetrators) that still exist amongst *some* parts of the police service (the valuable support offered to survivors by many police officers was also acknowledged).

- Looking to the future, there was concern about the short term and insecure nature of pilots, and the effect this may have on efforts to support chronically disempowered survivors which requires significant time – in some cases longer than the two years of this pilot.

Appendix B: London Survivors Gateway website home page (https://survivorsgateway.london/)

LONDON SURVIVORS GATEWAY

THE HUB FOR **SEXUAL VIOLENCE SUPPORT SERVICES** IN LONDON

LEAVE SITE

0808 801 0860

Get help now | How we can help | What is sexual violence? | Service map | Resources | Jobs and Volunteering | Partner log in

London Survivors Gateway

The London Survivors Gateway offers victims and survivors of rape and sexual abuse help to access specialist services in London.

We provide information on what help is available in London after rape, sexual assault, sexual abuse or any form of sexual violence and offer support to access these services. We work with anyone aged 13 or above regardless of gender, sexuality, disability, language, ethnicity or immigration status.

The Gateway is a partnership between the four London Rape Crisis Centres, Galop, SurvivorsUK and the Havens and is run by the Women and Girls Network.

If you're looking for help in London after rape or any form sexual abuse we can help. You can complete an online form or call us for free on 0808 801 0860. We also accept referrals from professionals.

As a result of the Covid-19 pandemic, the Gateway is experiencing high demand and so it may take us longer to contact you. Agencies in the Gateway partnership are still operating remotely. Read more here.

Get support for yourself

Request support via our online form.

MORE >

Refer someone for support

An online referral form for professionals

MORE >

Confidentiality

What we do with the information you share with us

MORE >

Feedback form

Share your views and help us improve our work

MORE >

Our Partners

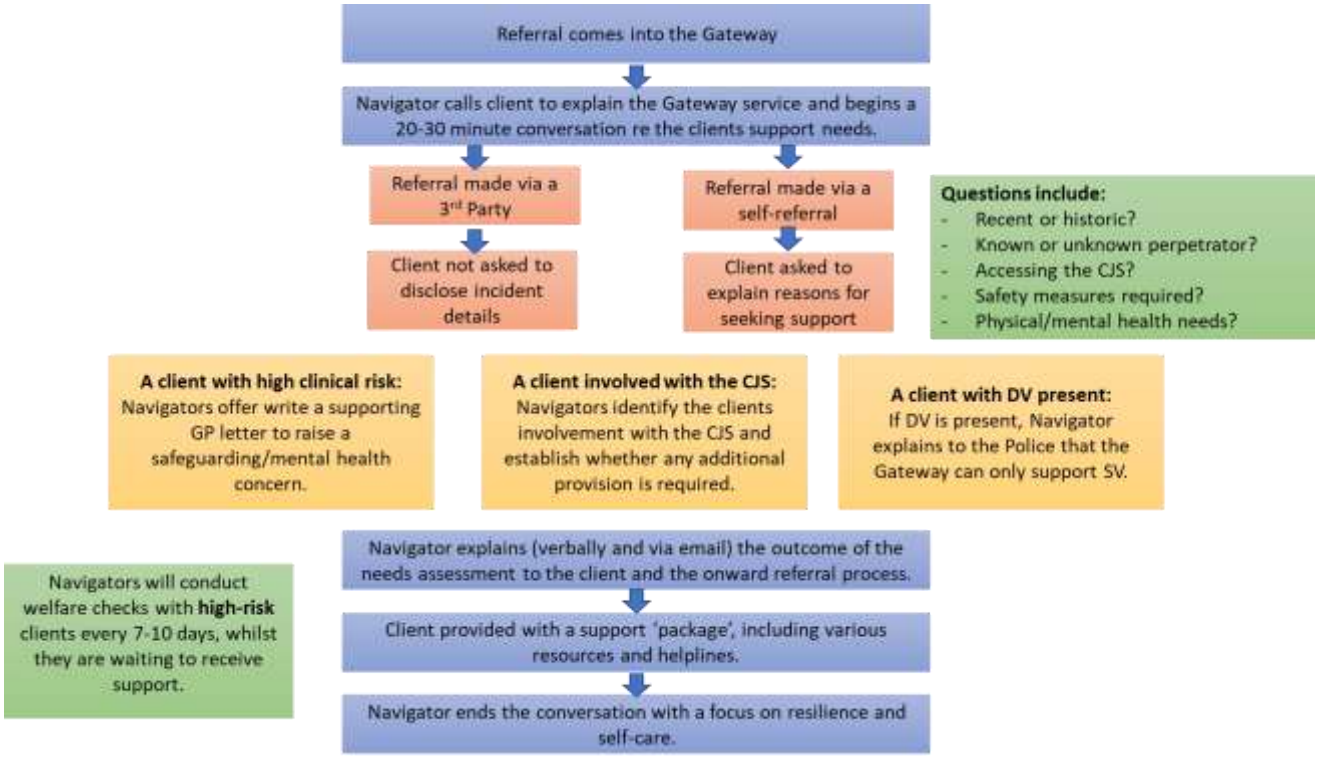
galop | nia | solace | SURVIVORSUK | WOMEN & GIRLS NETWORK | RASASC | the havens

Appendix C: Gateway Process

Source: WGN presentation to VAWG Transformation Event, January 2019

Appendix D: Needs Assessment Scenarios

Pathway of supporting a survivor from referral, through to needs assessment, to onward referral.



Examples of Navigator scenarios

Scenario 1: Incoming call – Havens referral

1. Navigators ask the caller a range of initial questions to determine the most suitable referral process:
   a. Who is the caller calling on behalf?
   b. Is the incident recent or historic?
   c. If recent: is there a need for medical attention?
   d. If historic: is there a need for emotional/practical support?
2. Once it has been established that the call is a Havens referral, the Navigator will take basic personal details and immediately transfer the client to a Crisis Worker at the nearest available Havens site (note: this ensures all client contact is guaranteed to be with a trained professional).
3. At the end of the call, the client is informed that he/she may re-contact the Gateway at any time for non-statutory support.

Scenario 2: No service available to meet the need

1. Navigators conduct a Needs Assessment with the client to identify their support need and to determine the most appropriate service for that individual.
2. If the chosen service is closed, the Navigator will provide the client with a range of support resources and connect the client to suitable helplines that can offer emotional and practical support.
3. If the client has been referred to multiple services, they can begin to receive support from those services that are open whilst waiting for additional services to become available.
4. With consent, the Navigator will offer to contact the client via text message when the service has reopened. If the client agrees upon contact, the Navigator will make the referral.

Appendix E: Demographics of case clients

Gender

Gender	Number
Female	2189

Male	139
Non-binary	13
Trans Gender Female	7
Trans Gender Male	4
Total	**2352**

Age

Age Band	Number
Up to 12 years	1
13 to 17 years	168
18 to 24 years	660
25 to 34 years	807
35 to 44 years	374
45 to 54 years	219
55 to 64 years	87
65 to 74 years	16
75 to 84 years	6
85 and over	2
N/A	12
Total	**2352**

Ethnicity

Ethnicity	Number
White	1043
Prefer not to say	433
Black or Black British	376
Asian or Asian British	227
Mixed or dual	147
Any other ethnic group	112
Chinese	14
Total	**2352**

Disability

Disability	Number of clients
Yes	650
No	1260
Undisclosed	2
Prefer not to say	440
Total	**2352**

Sexuality

Sexuality	Number of clients
Heterosexual	1368
Prefer not to say	441
Undisclosed	290
Bisexual	115
Unsure/Questioning	46
Lesbian	31
Gay man	22
Other	14
Pansexual	11
Queer	8
Asexual	3
Celibate	1
Not appropriate	2
Total	**2352**

Appendix F: Demographics of complex needs ISVA clients

Gender	Number of survivors	Percentage
Female	149	55%
Male	88	32%
Unknown	23	8%
Non-binary	6	2%
Non-binary/static	5	2%
Intersex	1	0%
Prefer not to say	1	0%
Total	**273**	

Age range	Number of survivors	Percentage
13 – 17	24	9%
18 -24	60	22%
25 -34	69	25%
35 - 44	48	18%
45 - 54	53	19%
55 - 64	13	5%
65 and over	6	2%
Total	**273**	

Ethnicity	Number of survivors	Percentage
White	121	44%
Black	55	20%
Asian	33	12%
Other	28	10%
Prefer not to say	19	7%
Unknown	17	6%
Total	**273**	