



Evaluation of Salus Project 2021

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Executive summary

Introduction

1625 independent people (1625ip) is the main provider of supported housing for young homeless people in Bristol and South Gloucestershire. In January 2020 it launched the Salus Project to work with young women who had experienced, or were at risk of, homelessness and domestic violence and abuse (DVA) and/or sexual violence and abuse (SVA). It was a partnership between 1625ip and SARSAS, Julian House, and Next Link. The project comprised DVA and SVA training for 1625ip colleagues, and training on young people's homelessness for Julian House and SARSAS colleagues. The project employed a female wellbeing coach with specialist DVA/SVA expertise as part of the Transitions and Resilience service. The wellbeing coach supported the delivery of training, mentored colleagues to support young women, and provided intensive one-to-one support for young women. Young women could choose whether to take up this one-to-one support or take up support from their keyworker. The organisations involved formed the 'Practice Development Group,' with SARSAS and Julian House strategic and operational partners and Next Link a strategic partner only. The intended outcomes were

- Young women: Increased provision of DVA/SVA support to young women who are homeless and homelessness prevention support to women affected by SVA
- Organisational: An ongoing training and coaching framework, with tools and resources developed and embedded for colleagues within the partnership so that they are better informed and able to work in a gender-informed way, with increased knowledge of DVA/SVA and homelessness
- Sector-wide: A collective voice of young women facing homelessness and DVA/SVA being heard through relevant platforms, in the form of stories, insights and learning, to influence policies and practices concerning DVA/SVA and homelessness.

Method

This evaluation comprises analysis of monitoring statistics, post-training surveys, interview/focus group data from 1625ip colleagues, young women, and the Practice Development Group, case management system notes, and meeting minutes.

Main findings

The training was effective. Regarding DVA/SVA, 1625ip colleagues felt better equipped to respond to the needs of young female survivors, felt that training had introduced them to tools and resources that would support their work, felt that they now knew where to go for more information or advice, and felt that training had improved their understanding of the gendered nature of DVA/SVA. Regarding homelessness, SARSAS and Julian House colleagues felt better able to respond to the needs of young women at risk of homelessness, felt better able to support young women around their accommodation needs, had a better understanding of homelessness pathways, and now knew where to go for advice or information about homelessness services.

The number of young women supported was over target. The coach provided coaching to thirteen keyworkers: the potential number of young women benefitting from this coaching was approximately 112. There were thirty-eight referrals to the wellbeing coach overall.

Twenty-three young women were supported through one-to-one work, for an average of just over six months each. The coach referred five young women for SARSAS counselling. Of these, two did not engage and SARSAS deemed one referral as not appropriate: this young woman instead received a one-to-one preparation for counselling service. Of the remaining two, one was offered a longer set of sessions (24 weeks rather than 12). At the time of writing, the coach was awaiting feedback from SARSAS to see if the second had engaged.

Positive outcomes for young women were numerous. Young women completed post-support feedback forms and on average there was an increase in young women's relationship understanding, perception of support, support with accommodation needs, supportive relationships, relationship confidence, confidence with peers, and safety. Interviews and focus groups showed that coaching and one-to-one support increased young women's safety and reduced the risk of further exposure to violence. Young women said the service empowered them to be more aware of abusive tactics and improved their mental health, self-worth, confidence, and feelings of stability and independence. Key mechanisms of impact were the flexible nature of the service, the support being in-house, and the support being delivered by a coach with sector knowledge

Provision of DVA/SVA support within 1625ip gave young women who would not otherwise engage in support the opportunity to do so. The Practice Development Group pointed out that they had produced several case studies that illustrated legitimate reasons that young women were not engaging in existing specialist services, e.g., they did not meet the threshold for the services or did not see the services as suitable for them. Having the coach's support as an option provided a bigger safety net for young women across the local authorities and gave young women autonomy to decide what type of support to take up. Indeed, some young women felt that the coach's support met their needs better than that of other services, often comparing it to counselling, which some found unhelpful.

1625ip colleagues felt that young women were more likely to take up DVA/SVA support from within the organisation because it avoided the need to go through the formal procedures involved in registering with an unknown and external agency. Re-telling their story and building new relationships with new workers was stressful and re-traumatising for survivors. Young women were more likely to take up support from within 1625ip because they knew, felt comfortable with, and trusted the organisation.

Colleagues moreover said young women did not always see themselves as experiencing DVA/SVA, meaning services that used the term "domestic/sexual violence" seemed less relevant to them or felt stigmatising. Colleagues and the coach had flexibility in how they could introduce the in-house service (e.g., wellbeing coach/healthy relationships coach), which made it feel accessible to young women.

Support complemented and added to other specialist provision. In some cases, young women had sought support from other agencies/services. Here, colleagues said the coach was a bridge that stopped young women from falling through the gaps between services on a referral pathway. The coach also stopped women from disengaging with services entirely after being on a long waiting list for counselling.

Colleagues said the coach helped them to make referrals to external agencies/services where appropriate. In particular, the coach connected colleagues and young women to culturally specific services that could support the young woman *and* assist the keyworker to support the young woman. Colleagues were left feeling more confident navigating through services to ensure young women's needs were met. Young women talked about receiving support from other agencies/services while getting support from the coach, including culturally specific services. They found these services helpful and said the services worked well alongside each other.

Being able to offer specialist SVA counselling through SARSAS, made available through the partnership nature of the Salus Project, was especially important and added value to both services. 1625ip Practice Development Group members felt that as well as take-up of counselling, another important outcome was that several women *had been offered* counselling and had made a *considered* decision to turn it down. These young women were offered alternative and more appropriate sources of support for SVA.

The coach's one-to-one support was uniquely tailored to young women's needs and was holistic, consistent, and accessible. Support for DVA/SVA could start when the young woman needed it and when they felt ready. The types of support were also tailored to the needs of young women: e.g., emotional support, helping them to recognise violence, managing new relationships, managing being alone, practical support (buying food, claiming benefits), as well as legal and formal support (securing visas, seeking access to public funds, seeking injunctions) and more urgent, crisis work like helping the young woman leave her family home. This wide-ranging support was distinct from that offered by other services, where the sole focus is often the provision of immediate support to get the survivor to safety. There was also no eligibility threshold for the service and no rule around when to discharge them. Support could go at the young woman's pace and be relatively long-term.

Talking about the one-to-one support, young women felt the emotional support the coach provided was key. They also said the coach had functioned as an advocate for them, representing their voice when liaising and coordinating with the court and different agencies, bodies, and services (e.g., solicitors, housing). They saw the tailored and flexible nature of the support as crucial. The coach made them feel open and able to talk and allowed them to set the agenda. The support felt less formal than, for example, counselling, particularly because they could meet in places of their choice rather than confined and clinical rooms.

All young women said that they could contact the coach whenever they needed to and that they could meet with her regularly. Many young women described that their recovery was not a linear process and they still experienced difficult days. The coach supported them throughout their recovery journey and provided a much-needed sense of stability.

In-house expertise strengthened organisational capacity and efficiency. As well as being beneficial for individual colleagues and young women, having a colleague whose dedicated role was to address DVA/SVA was beneficial for 1625ip as a whole. Having dedicated support meant other workers in 1625ip could do their own jobs well rather than

trying to address DVA/SVA themselves. At the same time, having the coach in-house as an expert and available go-to resource meant that when colleagues did want to address DVA/SVA themselves, they could access advice efficiently and effectively. Efficiency was crucial given colleagues' caseloads and given situations of acute risk. The coach became embedded into routine practice quickly: colleagues could share what they knew about young women with her through discussions at regular 1625ip meetings and notes on the case management system. Her embeddedness allowed accurate information sharing and management of risk and safety. The coach also provided emotional support to colleagues who were supporting young women experiencing DVA/SVA. Colleagues who felt emotionally supported by the coach were, in turn, better able to support young women.

The partnership nature of the work made steps towards systems change and led to service improvement within and across the sector. Group members said that working together had led to a better understanding of other organisations' aims, ways of working, and priorities. This increase in knowledge and understanding led Group members to recognise how they might work together towards shared goals (i.e., to better support young women). Specifically, the partnership led to better collaboration and the use of existing models (i.e., not reinventing the wheel). Working together also led Group members to feel more confident in contacting go-to people for queries and more broadly to share expertise. Next Link colleagues pointed out that they could share resources and links with 1625ip which would be beneficial for providing holistic support for young women. 1625ip as an organisation felt that through the partnership, they could learn from, be accountable to, and identify gaps between themselves and specialist organisations. All Group members said that they had learnt new ways of working from the partnership that would enhance their organisation's practice in future. The collaboration led to providing support that was more holistic, needs-led, informed by multiple disadvantage, and to a wider reach of young women.

Importantly, through the partnership, group members felt they had improved gender-informed practice and taken steps towards systems change, namely improved working between Bristol Youth MAPS (a multi-partner project, led by 1625ip) and Next Link. The project also increased the likelihood of future systems change by generating evidence for the value and need for *integrating* services as a way of making services cohesive. Integrated services ultimately meet the needs of more young women.

Tools and resources developed: Six case studies capturing young women's voices were developed and shared in the Practice Development Group and with Homeless Link and have been used to lobby for change in the sector. The work has been presented at multiple local and national fora. SARSAS has produced a webinar for ongoing use with selected 1625ip colleagues to improve their understanding of issues surrounding SVA. 1625ip has also produced a reference guide for helpline workers at SARSAS to enable them to better support and signpost young women for whom homelessness is a risk. Other resources, including training materials, will be shared via the Informing Futures toolkit, so they can be accessed by a wider range of agencies involved in the support of young women. Along with the steps towards systems change, the tools and resources are the Salus Project's legacy.

1. Introduction

The UK government defines domestic violence and abuse (DVA) as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. DVA can encompass but is not limited to psychological, physical, sexual, financial, and emotional abuse. The definition includes so-called 'honour'-based violence, female genital mutilation (FGM) and forced marriage¹. The most commonly recorded type is 'intimate partner violence/abuse' (IPVA).

Sexual violence and abuse (SVA) will often fall under the umbrella of DVA and can also happen between friends, acquaintances, and strangers. It is any unwanted behaviour of a sexual nature that happens without consent and can be physical, psychological, verbal, or online². It includes child (i.e., under 18) sexual exploitation.

DVA and SVA disproportionately affect women, as the following research illustrates, and is a gendered phenomenon. As Evan Stark argues, abuse "is used to secure male privilege...its regime of domination/ subordination is constructed around the enforcement of gender stereotypes... [and it] has a gendered focus on exploiting sexual [and gendered] inequalities" (Stark, p8).

1.1 Prevalence of DVA and SVA among young women is high

The most recent national statistics available show that:

- In 2020, 14% of women aged 16-19 in England and Wales and 10% aged 20-24 had experienced DVA in the last year³
- In 2019-2020, there were 2,024 'honour'-based violence offences in England and Wales (excluding Greater Manchester), including 74 FGM, 140 forced marriage offences, and 1810 other offences⁴ (Note, age disaggregated data are unavailable)
- In 2019, 9.4% of women in England and Wales said they had experienced sexual abuse before the age of sixteen⁵
- In 2017, 8.8% of women aged 16-19 and 7.2% of women aged 20-24 had experienced sexual assault in the last year. These rates were significantly higher than for any other age group⁶.

1 <https://www.gov.uk/government/news/new-definition-of-domestic-violence>

2 <https://www.nidirect.gov.uk/articles/sexual-violence-and-abuse>

3. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>

4 <https://www.gov.uk/government/statistics/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-2019-to-2020> - -

5 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/childsexualabuseappendixtables>

6 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendinmarch2017>

Research from 2020 about 3000 young people's experiences of IPVA showed that 41% of young women reported lifetime IPVA victimisation by the age of 21. History of anti-social behaviour, drug use, risky sexual behaviour, anxiety, and self-harm were associated with a 50% increase in the likelihood of experiencing IPVA⁷. Research with adolescents (up to the age of 18) showed IPVA is also associated with depressive symptoms, post-traumatic stress disorder, eating disorders, and suicidal thinking and behaviour in young people. Young female victims/survivors were more likely to report severe mental health outcomes than young male victims/survivors. Exposure to IPVA in their household by the age of 16 was associated with an increased risk of perpetration among young men, illustrating the cyclical nature of violence⁸. Earlier research has shown that young women reported that the IPVA makes them feel frightened and unhappy and harms their welfare, while young men did not report these feelings⁹.

Regarding SVA, being young and female are known risk factors. SVA is associated with mental ill-health, trauma, and substance use, and when SVA is in childhood, it is associated with re-victimisation in adulthood¹⁰.

Services that are specific to young people experiencing DVA are rare: most evaluated interventions target young people who were exposed to DVA in their parents' relationships⁸. For SVA, the options are generally limited to therapy via statutory services for those who meet the criteria or through voluntary services, which tend to have long waiting lists¹¹⁻¹². The NSPCC runs a programme that has been evaluated as effective but is for those aged up to 17 only¹³. This highlights the need for interventions to support young women experiencing DVA/SVA.

1.2 DVA and SVA increases the risk of homelessness

Homelessness and DVA/SVA are inextricably linked.

In a 2018 Homeless Link survey¹⁴ with services that provide support for women who experience homelessness and multiple disadvantage, 93% of respondents said they sometimes or often support women who are experiencing DVA.

⁷ Herbert, A., Heron, J., Barter, C., Szilassy, E., Barnes, M., Howe, L. D., ... & Fraser, A. (2020). Risk factors for intimate partner violence and abuse among adolescents and young adults: findings from a UK population-based cohort. *Wellcome Open Research*, 5(176), 176.

⁸ Barter, C., & Stanley, N. (2016). Inter-personal violence and abuse in adolescent intimate relationships: mental health impact and implications for practice. *International review of psychiatry*, 28(5), 485-503.

⁹ Barter, C., McCarty, M., Berridge, D., & Evans, K. (2009). *Partner exploitation and violence in teenage intimate relationships*. London: NSPCC.

¹⁰ Ahlin, E. M. (2021). Risk factors of sexual assault and victimization among youth in custody. *Journal of interpersonal violence*, 36(3-4)

¹¹ Brooker, C., & Durmaz, E. (2015). Mental health, sexual violence and the work of Sexual Assault Referral centres (SARCs) in England. *Journal of forensic and legal medicine*, 31, 47-51.

¹² Allnock, D., Radford, L., Bunting, L., Price, A., Morgan-Klein, N., Ellis, J., & Stafford, A. (2012). In demand: Therapeutic services for children and young people who have experienced sexual abuse. *Child Abuse Review*, 21(5), 318-334.

¹³ <https://learning.nspcc.org.uk/media/1369/letting-the-future-in-evaluation.pdf>

¹⁴ https://www.homeless.org.uk/sites/default/files/site-attachments/Women%27s%20research_March%2019_1.pdf

In a 2014 survey, almost half of female clients at St Mungo's homelessness charity had experienced DVA and around a third had experienced abuse as a child (compared with 5% and 8% of men, respectively). Just over 30% said DVA had contributed to their homelessness (compared with 8% of men)¹⁵. A survey with 15,000 mothers in the UK has shown that emotional IPV and physical IPV independently and jointly increase the risk of homelessness. Emotional IPV increases the risk by around 1.5 times, while physical IPV increases the risk by 2–4 times¹⁶.

Looking specifically at young people who become homeless, they have often experienced abuse and violence, and homelessness, in turn, increases vulnerability to further abuse and violence¹⁷. Young women's homelessness is often linked to SVA and specifically child sexual exploitation, while young men's is more frequently linked with criminal exploitation (e.g., running county lines, gang crime)¹⁸. Research about the risk of homelessness and 'honour'-based violence is limited but shows that South Asian women aged 18–24 decide that running away from home is the only way to escape abuse and threats of forced marriage¹⁹. At the same time, parents tell their children that if they leave home, they will be disowned for bringing dishonour upon the family and community²⁰. Their choice is therefore between continuing to experience DVA or facing homelessness.

1.3 Women's experiences of homelessness are different from men's

St Mungo's has found that women who are homeless face severe, complex, and interrelating problems, including mental ill-health, substance use, and ongoing DVA. Women are often dealing with additional traumas relating to having children removed and involvement in sex work and feel stigma and shame about their homelessness¹⁵. These factors make it challenging to recover from trauma.

Women who experience DVA and present to the local authority often receive an inadequate response and are not deemed a priority need²¹. When they do eventually enter homelessness and other support services, it is later than men, at which point these problems have escalated¹⁵.

To avoid the violence and exploitation that sleeping rough can bring, women 'sofa surf' with family and friends or resort to taking shelter on public transport or in accident and

¹⁵ <https://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives-Final-Report.pdf>

¹⁶ Chan, C. S., Sarvet, A. L., Basu, A., Koenen, K., & Keyes, K. M. (2021). Associations of intimate partner violence and financial adversity with familial homelessness in pregnant and postpartum women: A 7-year prospective study of the ALSPAC cohort. *PLoS one*, 16(1), e0245507.

¹⁷ Quilgars, D, Johnsen, S & Pleace, N 2008, Youth Homelessness in the UK: a Decade of Progress? Joseph Rowntree Foundation, York.

¹⁸ <https://www.homeless.org.uk/sites/default/files/site-attachments/Youth%20Homelessness%20scoping%20report%20July%202019%20pdf.pdf>

¹⁹ Sharp-Jeffs, N. (2016). Forced Marriage, Honour-Based Violence and Going Missing. In K. S Greene and L. Alys. (Eds) *Missing Persons: A handbook of research*. (pp. 111-122). London Routledge

²⁰ Bates, Lis (2017). Honour-based Abuse in England and Wales: Who Does What to Whom? PhD thesis University of Bristol.

²¹ https://www.homeless.org.uk/sites/default/files/site-attachments/Women%27s%20research_March%2019_1.pdf

emergency waiting rooms. If they do sleep rough, women may be on the move all night to avoid violence and exploitation¹⁸.

Homeless Link underlines the importance of service design that incorporates gendered approaches. St Mungo's similarly recommends that services working with women who are or are at risk of, homelessness should be based on principles of holistic and gender-sensitive support for complex needs. They moreover recommend more support for early intervention programmes since problems that increase the risk of homelessness often begin in childhood.

1.4 The value of integrated services

Research shows that integrating DVA/SVA workers into other sectors to support women and train colleagues leads to improvements in services. Specifically, evaluations of DVA/SVA advocacy in health settings show that it leads to the identification of women who would not seek support from specialist services, identification of higher risk cases, and intervention at an earlier point. Integration increases staff awareness and confidence around identifying and managing DVA/SVA^{22,23,24,25,26,27}. Housing First services, which often integrate specialist services (such as DVA, substance abuse, and mental health) into the housing sector have similarly led to improvements in women's health, wellbeing, safety, and recovery^{28,29}.

2. The Salus Project

1625 independent people (1625ip) is the main provider of supported housing for young homeless people in Bristol and South Gloucestershire. In January 2020 it launched the Salus Project to work with young women who had experienced or were at risk of homelessness and DVA/SVA. It was a partnership between 1625ip and:

- SARSAS (Somerset & Avon Rape & Sexual Abuse Support)
- Julian House (Southwest support for homelessness, accommodation, DVA, criminal justice, employment, and more) and
- Next Link (Bristol and South Gloucestershire DVA support)

These organisations formed the 'Practice Development Group', with SARSAS and Julian House acting as strategic and operational partners (i.e., delivering training and clinical supervision), and Next Link a strategic partner only (i.e., a purely consulting role).

²² Coy M, Kelly L. (2014) Islands in the stream: an evaluation of four London independent domestic violence advocacy schemes: final report. London: The Henry Smith Charity, London Metropolitan University and Trust for London NSW Government

²³ Basu, S., & Ratcliffe, G. (2014). Developing a multidisciplinary approach within the ED towards domestic violence presentations. *Emergency Medicine Journal*, 31(3), 192-195.

²⁴ Warren-Gash, C., Bartley, A., Bayly, J., Dutey-Magni, P., Edwards, S., Madge, S., ... & Rodger, A. (2016). Outcomes of domestic violence screening at an acute London trust: are there missed opportunities for intervention?. *BMJ open*, 6(1).

²⁵ McGarry, J. (2017). Domestic violence and abuse: an exploration and evaluation of a domestic abuse nurse specialist role in acute health care services. *Journal of clinical nursing*, 26(15-16), 2266-2273.

²⁶ Halliwell, G., Dheensa, S., Fenu, E., Jones, S. K., Asato, J., Jacob, S., & Feder, G. (2019). Cry for health: a quantitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. *BMC health services research*, 19(1), 1-12

²⁷ Dheensa, S., Halliwell, G., Daw, J., Jones, S. K., & Feder, G. (2020). "From taboo to routine": a qualitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. *BMC health services research*, 20(1), 1-13.

²⁸

https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England_Mar19.pdf

²⁹ https://www.dahalliance.org.uk/media/10658/12_-wha-housing-first-for-women.pdf

The partnership aimed to target the link between homelessness and DVA/SVA by

- reducing the risk of further exposure to violence
- supporting homeless young women into independence
- providing holistic tailored support
- increasing the number of colleagues working in a gender-informed way
- increasing colleagues skilled to work with women and those with multiple disadvantage.

An overall aim was to make progress towards systems change, i.e., “to reduce the complexities involved in supporting ‘people who face severe and multiple disadvantage’ by encouraging agencies to work together more cohesively”³⁰.

1625ip organised training for services and employed a female wellbeing coach with specialist DVA/SVA expertise as part of their Transitions and Resilience service, which also employs two mental health coaches and a reducing reoffending coach. The wellbeing coach’s role was intended to support and deliver training, mentor/coach other colleagues, provide one-to-one support for young women (up to 12 at one time), and deliver groupwork. SARSAS provided clinical supervision for the coach. The project coincided with the COVID-19 pandemic: section 2.3 outlines the impact this had on the intended service.

2.1 Shaped by Youth Board

The initial idea for the Salus Project came out of a prioritisation exercise with 1625ip’s youth board, which is made up of current and previous service users aged 16-25 who represent their peers and raise innovative ideas about how 1625ip can best support young people. In early 2019, the youth board identified ‘healthy relationships’ as a priority area of focus. Members emphasised the importance of having healthy relationships support ‘in-house’ because this would make it more accessible and would work well alongside existing support from 1625ip keyworkers: “[support feels] more accessible if 1625ip have these people in-house...can be good for your workers to change, in case you... want a different style of working or different point of view.” The project that was delivered focused on DVA/SVA specifically, reflecting the youth board’s focus: its input was pivotal to the project’s inception.

2.2 1625ip’s prior work on DVA/SVA

The Salus Project built on existing knowledge and processes around DVA/SVA. All relevant colleagues receive training in safeguarding, DVA awareness, and sexual violence and exploitation awareness. Managers are supported to attend specialist inter-agency and local safeguarding board training, relevant to their job role. Named designated managers work with statutory and voluntary agencies to promote good practice and effective partnerships concerning DVA and child sexual exploitation. The organisation has a safeguarding children/young people and safeguarding adults policy, which both cite DVA (including forced marriage) as a form of abuse that would merit safeguarding, and exposure to DVA in their household as a potential source of significant harm to children/young people. 1625ip also has a specific DVA policy that states colleagues will give advice and support upon a DVA disclosure (including around finances, legal options, and safe accommodation e.g., through

³⁰ <https://www.homeless.org.uk/our-work/resources/demonstrating-your-impact/systems-change>

the local authority or refuge), refer to other agencies such as Next Link and Victim Support, refer to MARAC, and share information with consent with other agencies/services. Regarding young people using abusive behaviours, the policy states that colleagues will take action, such as eviction if they are a resident, and promote work to enable them to positively change their behaviour. 1625ip also has a policy framework for supporting colleagues and volunteers experiencing DVA.

2.3 Intended and actual components of the Salus Project

The different components of the intended service are presented below. Due to COVID-19 and other factors, parts of the service had to change.

These changes are highlighted in boxes.

Training for colleagues across organisations

Julian House provided a 3.5-hour interactive training session to 1625ip colleagues on definitions of DVA, mental and physical health and social consequences of DVA, young people's views about DVA, barriers to leaving an abusive relationship or accessing support, what professionals can do to help, processes and resources available (e.g., MARACs, DASH risk assessment), helpful apps, and local and national services for signposting. The coach co-facilitated two of the three sessions.

SARSAS provided a 2-hour interactive training session to 1625ip colleagues with a focus on responding to SVA disclosures. The training covered legal definitions of sexual offences and consent, forensic timescales, the impact of trauma on the brain, barriers to accessing support, and local and national services for signposting.

1625ip provided SARSAS with a 2-hour interactive training session about supporting homeless young women, barriers they face especially if also experiencing DVA/SVA, the Bristol pathway, and what Bristol Youth MAPS (Mediation, Assessment, Prevention and Support) provides. MAPS is the first point of contact for young people presenting as homeless in Bristol. The coach and a manager also provided a 45-min practice sharing/Q&A session at a SARSAS team meeting. 1625ip's provided Julian House with a 2-hour interactive session on the causes of homelessness in young people, the impact of trauma, homelessness legislation, and the psychologically informed environment (PIE) framework.

→ The training was delivered online. Adapting materials for the online setting took time as it entailed trainers becoming comfortable with video-conferencing software, redesigning content, and identifying remote ways to look after training attendees' wellbeing. 1625ip training was planned with two facilitators so that one would be able to step away and offer support outside the session if needed.

Coaching 1625ip colleagues

The coach provided coaching to colleagues across 1625ip, including MAPS, supported and dispersed housing, and Education, Employment and Training (EET) teams. Evaluation of this aspect drawing on focus groups and interviews with 1625ip colleagues is in section 4.

One-to-one support for young women

The coach offered intensive one-to-one support for a maximum caseload of 12 young women at any time, including support around wellbeing, housing, finance, education, legal proceedings, and advocacy in different fora. Section 5 details the nature of this support and evaluation of this aspect drawing on interviews with young women.

→ One-to-one support went ahead face-to-face but socially distanced, and outside during lockdowns. Otherwise, support was by phone/online. Due to the work's sensitive nature, young women were less keen to engage this way. Overall engagement increased after the first lockdown eased, but in general, engagement took longer, and cases required more preliminary relationship-building than usual. At the same time, young women appreciated the chance to meet in green spaces instead of the usual office spaces, which enhanced wellbeing and engagement and some who experienced anxiety were happy not to have to go out to meetings.

Counselling through SARSAS

The project provided funding for 48 sessions (12 sessions for 4 women) of specialist counselling (trauma-focused integrative therapy or cognitive-behavioural therapy) for young women who had experienced SVA through SARSAS.

Mentoring SARSAS colleagues and train the trainer approach

It was intended that the coach would mentor SARSAS 'keyworkers'. Young women who had experienced SVA and were at risk of homelessness would then have access to specialist advice and support on preventing or addressing homelessness through their SARSAS worker. A train the trainer programme for 1625ip colleagues provided by SARSAS would enable the ongoing provision of groupwork about DVA/SVA.

- X Mentoring with SARSAS colleagues did not go ahead. On reflection, it was identified that these colleagues had unique needs, since their support to young women is mostly via helpline, and is often one-off, and anonymous. It was therefore agreed with funders that 1625ip would produce a 'quick reference guide' for use by helpline colleagues instead, to assist them with effective signposting regarding homelessness/youth-specific services.
- X The train the trainer element did not progress due to logistical issues and then the advent of the pandemic: capacity became too stretched to address the identified issues.

Group work for young women

The service would have involved a healthy relationships course, led by the coach and a facilitator from a partner organisation. Group sessions would have been open to young women from the partnership organisations (i.e., SARSAS, Julian House, Next Link). The groups were to provide a safe supportive space for young women to explore healthy and unhealthy relationships, gain an understanding of DVA/SVA, identify paths out of homelessness, engage in new activities, and receive intensive support. The intention was to develop this work by drawing on existing resources (Crush, the Freedom Programme, Back on Track) with more flexibility in delivery (e.g., not requiring sequential attendance at sessions). It was intended that it would organically involve peer support between young women, and young women were also to be upskilled to co-deliver groupwork.

This would happen alongside a 'lighter touch' 4-week healthy relationships programme for young *people* (i.e., not just young women) in conjunction with Off the Record, Brook, Unite Students, and 1625ip's Participation and Learning team, bringing a relationships angle into their existing group activities for young people and collecting feedback around relationships in general.

X Groupwork did not go ahead due to COVID-19. A move to online work was considered but was not pursued due to safety concerns online (e.g., abusers might be listening in through being nearby physically or through tech-mediated means). This decision was also based on learnings that Julian House and Next Link shared with 1625ip: online groupwork was challenging and colleagues found young people did not engage or found it more difficult to engage online.

Drop-in sessions

Part way through the funded period it was decided that the coach would pilot a regular drop-in session on healthy relationships and sexual health at 1625ip's 24-hour supported accommodation St George's House. These sessions would extend the reach of the service to those not ready to engage with one-to-one work. The coach would also mentor colleagues at Woodleaze (another 24-hour supported accommodation project) to set up an informal drop-in/group to meet the identified needs of four young women residents.

X Although Woodleaze sessions went ahead, drop-in sessions at St George's House were put on hold due to COVID-19 safe working practices in the accommodation relating to non-essential activity.

Practice Development Group

To engender systems change, the Practice Development Group, comprising senior colleagues from the partnership organisations, collated data, feedback, and learning to embed new practices and identify and address areas for development. The group attended events and meetings to share information and learning and aimed for sector engagement. Evaluation of this aspect is in section 6

Tools and resources

The service led to the development of tools and resources for use within and across the sector. These are detailed in section 6.

3. Evaluation structure

This evaluation relied on multiple methods:

- overall numbers of colleagues trained
- results of a post-training survey (with rating scales and open-ended questions) with 1625ip, SARSAS, and Julian House
- semi-structured interviews and focus groups with colleagues at 1625ip who had received training, coaching, and referred young women to the coach
- number of young women supported
- semi-structured interviews with young women supported
- analysis of notes in the case management system
- semi-structured interview with the coach
- semi-structured interview with a representative from Next Link
- a focus group with the practice development group
- analysis of minutes from practice development groups' meetings.

4. Evaluation with 1625ip, Julian House, and SARSAS colleagues

4.1 Aim of this section

This section aimed to look for evidence of the Salus Project's intended outcomes for 1625ip colleagues, Julian House and SARSAS colleagues, and young women. The section will illustrate the extent to which the service achieved these outcomes via training and coaching.

The intended outcomes were for 1625ip colleagues to be better informed and able to work in a **gender-informed way**, with **increased knowledge of and ability to respond to young women's needs around DVA/SVA**. Another outcome was for **tools and resources to be developed and embedded**. A success indicator was for colleagues to be able to **access these tools and resources**.

Intended outcomes for SARSAS colleagues were to have **increased knowledge of and ability to support young women** in their homelessness.

For young women, the intended outcome was **increased provision of DVA/SVA support** for those who are homeless, and homelessness prevention support to women affected by SVA. Indicators for success here were for young women to have a better **understanding** of healthy relationships; to be more **able to access support** for DVA/SVA; to feel **safer**; to feel more **confident**; and to develop or re-establish **supportive relationships** (e.g., with family, peer groups, social networks, or the wider community). An overall aim of the Salus Project was to **reduce the risk of further exposure to violence**. Colleagues' views are proxy indicators of these outcomes.

This section also sheds light on improved **referral pathways and partnership working**, one of the project's indicators for success, and support for **young women to be independent** and the provision of **holistic tailored support**, two of the project's overall aims.

4.2 Methods

Colleagues' views and experiences were captured via:

1. closed- and open-ended questions on online surveys disseminated immediately after online training (with 1625ip colleagues after they received DVA training from Julian House and SVA training from SARSAS, and with Julian House and SARSAS colleagues after they received young people's homelessness training from 1625ip)
2. monitoring statistics on the number of 1625ip colleagues mentored
3. qualitative analysis³¹ of online interviews or focus groups with 1625ip colleagues.

Bold font indicates findings that align with the intended outcomes above.

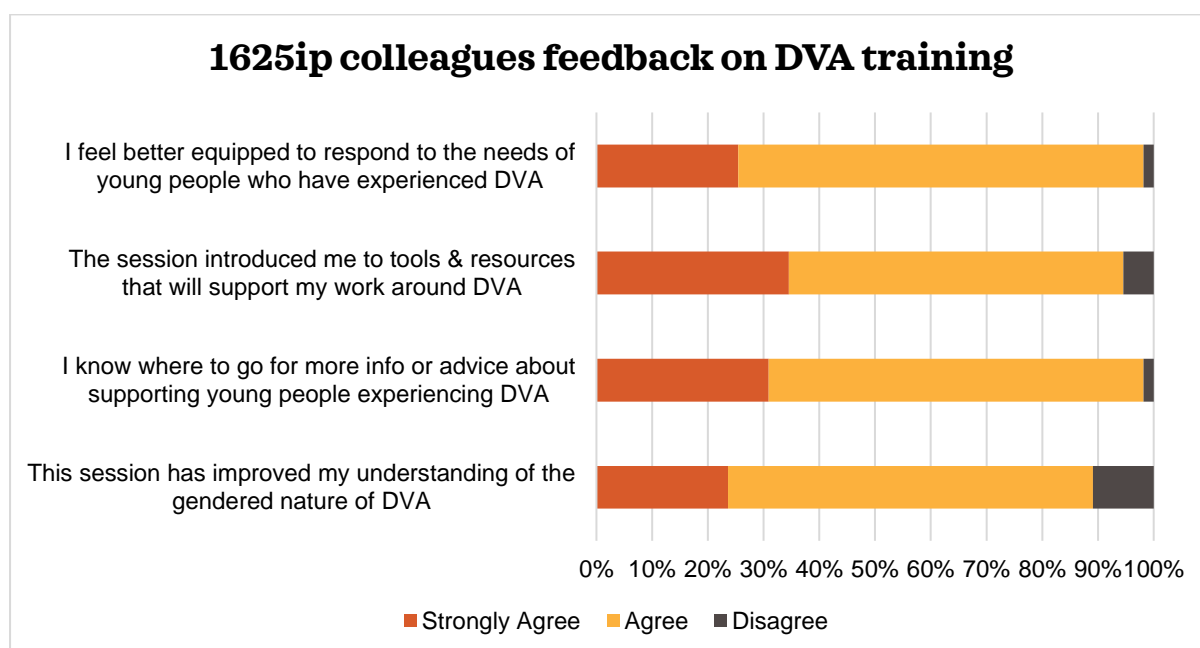
³¹ Ritchie, J., Spencer, L., & O'Connor, W. (2003). Carrying out qualitative analysis. *Qualitative research practice: A guide for social science students and researchers*, 2003, 219-62.

4.3 Results

4.3.1 Feedback on training

DVA training for 1625ip

Of 55 training attendees, 98% (54/55) strongly agreed or agreed that they felt **better equipped to respond** to the needs of young people who have experienced DVA (1 disagreed); 95% (52/55) felt that the session had introduced them to **tools and resources** that would support their work around DVA (3 disagreed); 98% (54/55) felt that they now **knew where to go** for more information or advice (1 disagreed); and 89% (49/55) felt that the training had improved their **understanding of the gendered nature** of DVA. Notably, six people disagreed on this last item.



Well received aspects

Open-ended questions showed that colleagues felt the training was “great”, “informative”, “interactive”, “useful”, “relevant”, “well-facilitated”, “sensitive”, and “not too overwhelming”. Specifically, they said it was “helpful...because of having discussed how to talk to young people about DVA.” Having the coach co-facilitate some of the training “was useful to connect training to the organisation.” Participants said the interactive aspects i.e., breakout groups were key in **consolidating knowledge** about DVA. They found them “useful” and “helpful” and said they “encouraged active learning” and led to “good discussions specific to our work and client group.” They pointed out that “there is a wealth of experience within 1625 that can be shared” hence breakout groups were useful for sharing ideas, experiences, and knowledge. Participants said they learnt about **relevant tools and resources** and said they would use what they had learnt in their practice.

Suggestions for improvement

Colleagues who had already received DVA training, or worked in DVA before, found the training “quite basic” and felt that they had not “furthered much of what [they] already know about DVA.” They suggested offering “different levels [of training] to acknowledge prior understanding” and meet “different needs.” One person said that: “[this approach] would feel more useful within personal development... The last four slides [covering apps, online resources, support services, and self-care] was the most beneficial for me but [we] had little time left to explore [these aspects].”

Aside from differentiating levels of training, other areas of improvement were to include **more practical tools and activities** around how to talk to young people, exercises to do, and things to look out for.

Two additional suggested improvements were linked to online delivery. First, several participants said they would have liked more time, but at the same time one said it felt a “bit too long for a Zoom training event.” Second one participant said there ought to have been “more focus on safety warnings and follow-ups” because the “training was slightly triggering” for colleagues with personal experience of DVA. This was a concern among partners when adapting training from face-to-face to online. Another participant suggested that it is “valuable when trainers say at the start of training that this isn't a space for disclosures because then that raises concerns for that person's wellbeing and is triggering for other people.”

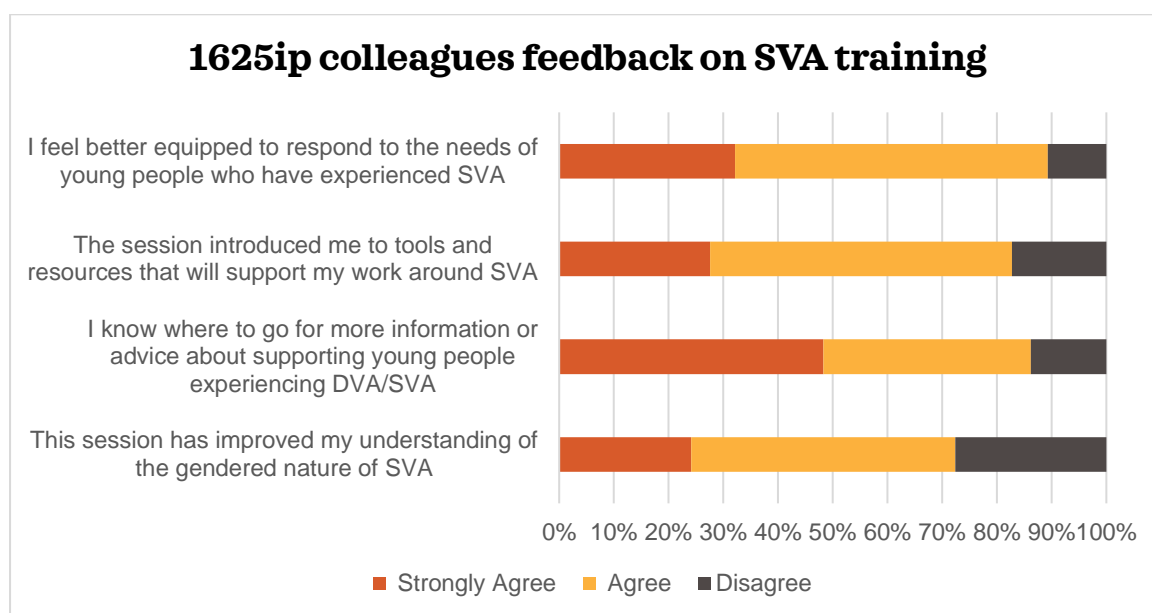
A note on gendered nature and perpetration

Open-ended questions did not shed any light on why six people did not feel the training improved their understanding of DVA's gendered nature. But in the focus groups/interviews with colleagues (presented next), two colleagues who had previously worked in DVA/SVA services commented that in breakout discussions, some 1625ip colleagues had veered towards trying to rationalise why young men use abusive behaviours without linking this to wider structures of power, control, and patriarchy: “There was a lot of discussion about 'intention' in perpetrators and why there isn't support for them. I had to bring it back to 'we're talking about victims here...overly go[ing] into things about why people are perpetrating takes away the perpetrator's autonomy and creates an 'empathetic' space where it justifies the behaviours.” As the participant pointed out (‘I had to bring it back to...victims’) the Salus Project focused on young women and so ways to address men's perpetration fell outside of the scope for the funded project. It is noted that these discussions arose despite clear framing of the training at the outset. The conversations indicate a need for more dedicated discussion time, separate from training about survivors, for exploring risk factors for using abuse and around non-collusive responses to people who use abuse, with links to appropriate programmes (e.g., perpetrator programmes) where available.

SVA training for 1625ip

Of 29 training attendees, 89% (25/28) strongly agreed or agreed that they felt **better equipped** to respond to the needs of young people who have experienced SVA (three disagreed and one did not answer); 83% (24/29) felt that the session had introduced them to **tools and resources** that would support their work around SVA (five disagreed); 86%

(25/29) felt that they now **knew where to go** for more information or advice (four disagreed), and 72% (21/29) felt that the training had improved their **understanding of the gendered nature** of SVA. Again, notably, eight disagreed on this last item.



Well received aspects

Overall, the feedback was that the trainer was “approachable,” “real”, “engaging”, “friendly”, and “confident in a way that made me feel 'held' and safe to explore the topic”. Her use of “down to earth terms ... helped open up the conversation to a topic that is quite difficult and emotive.” Attendees said they felt reassured that they were doing the right thing already, but also now felt **better equipped and safer** approaching SVA with young women.

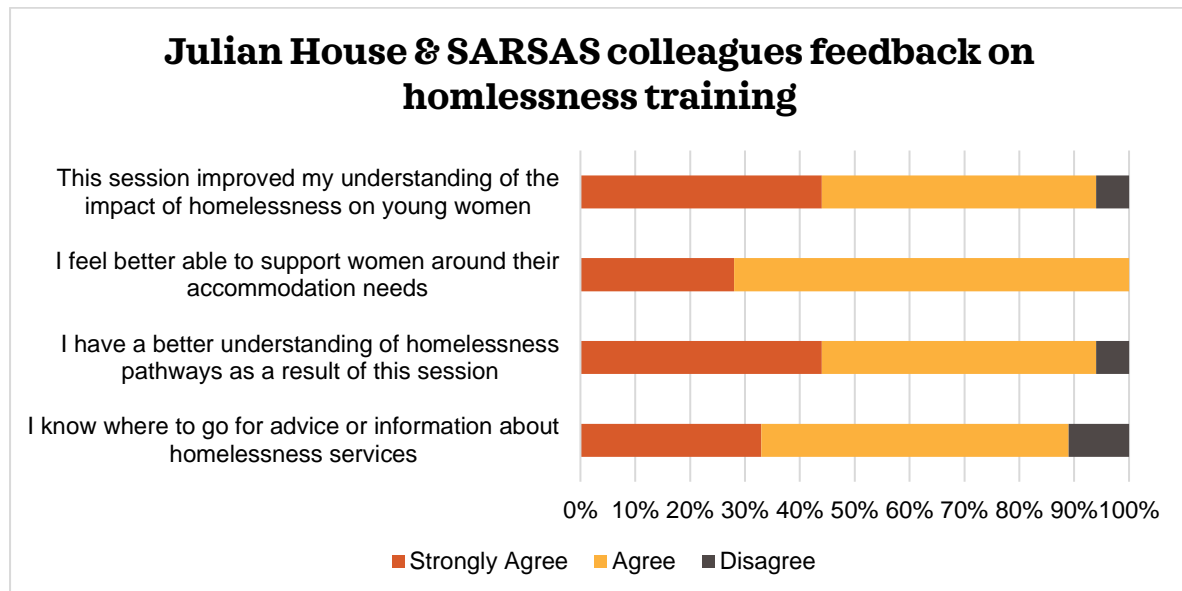
The content was “accessible” and “interesting” despite it being a difficult topic, with a “balance between active learning and listening” and good use of polls, jam-boards, case studies, and breakout conversations. Attendees felt they learnt about “**empowering tools to be able to more confidently** deal with disclosures”. At the same time, one person in a focus group (presented next) commented that “often with the training you want a tool to take away, something specific. but this isn’t an area you can get that. it’s about conversations, it’s about having awareness of other services like The Bridge [Sexual Assault Referral Centre] and where to go.”

Suggestions for improvement

A few attendees commented that online may not be a suitable format for such emotive training because of technical and sound issues. Open-ended questions did not shed much light on why people disagreed with the survey items, but one person suggested there should have been more of a focus on skills and activities to use with young people, two said they already knew about the gendered aspect of SVA, and one mentioned that “more could have been covered around non-heterosexual sexual violence” although the focus on male to female SVA was “understandable”.

Homelessness training for SARSAS and Julian House

Of 18 training attendees, 94% (17/18) strongly agreed or agreed that the session **improved understanding** of the impact of homelessness on young women (one disagreed); all strongly agreed or agreed that they felt **better able to support** women around their accommodation needs; 94% said they had a **better understanding of homelessness pathways** as a result of the session (one disagreed); and 87% said they now know where to go for **advice or information** about homelessness services (two disagreed).



Attendees found the trainers were “clear and engaging” and the training “well-facilitated” with useful “interactive” elements. The content was “**informative**” around housing legislation and pathways and criteria for support. It helped them to “**understand** the complexities that young people face around homelessness” and was relevant to their roles, leaving them “**better equipped** to support young people experiencing homelessness.” It was not clear from the comments why some people disagreed with the statements. The only suggestion for improvement was to have contact details available afterwards.

4.3.2 Number of colleagues mentored

Thirteen keyworkers were mentored, one of whom was mentored for more than one young woman. Although the number of keyworkers taking up coaching for specific cases was relatively low, the potential number of young women benefitting from this coaching was approximately 112 (calculated by looking at how many young women are generally on the caseloads of the keyworkers who received coaching). This number is over target. A further group of keyworkers contacted the coach for general questions or requests for advice not linked to specific young women. The coach also offered advice to Bristol City Council colleagues (personal assistants [PA’s] who are co-located in MAPS) and social workers. The keyworker coaching total does not capture these interactions.

4.3.3 Focus groups and interviews

Participants

All 1625ip colleagues who received coaching from the coach or referred a young woman to the coach for one-to-one support were offered the opportunity to take part in a focus group or interview. The table below summarises participating colleagues' job roles. The coach was also interviewed. All participants were women except participant number 3 (P3).

ID	1625ip Project	Referred a young woman for support?	Sought keyworker coaching?
P1	Bristol Youth MAPS	No	Yes
P2	Reboot West	No	Yes
P3	Bristol Housing	Yes	Yes
P4	Bristol Housing	Yes	Yes
P5	Intensive support service	No	Yes
P6	Future builder	No	Yes
P7	Mental Health Wellbeing Coach (Transitions & Resilience team)	No	Yes
P8	Reboot West	Yes	Yes
P9	Assessment Mediation & Support (Bristol Youth MAPS)	Yes	Yes
P10	Future Builders	No	Yes
Coach	Wellbeing coach (Transitions & Resilience team)	n/a	n/a

Themes

The themes from the analysis of focus group and interview data are summarised in the table and presented in turn below with illustrative quotations. The themes correspond to the context of the service, the mechanisms of impact (i.e., the key aspects of the service that made it work), the outcomes (i.e., what the service led to), and longer-term change. The mechanisms of impact here were the flexible nature of the service and the support being in-house and delivered by a coach with sector knowledge. The outcomes were colleagues' increased knowledge and feelings of being emotionally supported when dealing with DVA/SVA, young women being more likely to take up support, improvement of work with other agencies/services, and strengthened capacity and efficiency in 1625ip.

THE CONTEXT

Theme 1: The pressing need for dedicated DVA/SVA support in 1625ip

SALUS PROJECT'S MECHANISMS OF IMPACT AND OUTCOMES

Theme 2: Coaching increased knowledge of and ability to respond to DVA/SVA

Theme 3: Support was uniquely flexible, tailored, and holistic, and so likely to be taken up by young women.

Theme 4: In-house expertise strengthened organisational capacity and efficiency

Theme 5: Emotional support to colleagues

Theme 6: Improved cross-sector partnership work with SARSAS

OVERALL REFLECTIONS AND AREAS FOR MORE WORK

Theme 7: Enhancing a good service

THE CONTEXT

Theme 1: The pressing need for dedicated DVA/SVA support in 1625ip

All 1625ip colleagues said that DVA/SVA were “very common: much more than I would have anticipated” [P2], and the same was true across different parts of the service: “I thought in this lower supported project I wouldn’t be dealing with it as much but it’s still really common: it’s just better hidden” [P10].

Colleagues felt that young people did not always recognise abuse: “We’ve had women experience intense harassment, psychological, emotional abuse, and they haven’t defined that as abuse” [P6]. Exposure to DVA or other traumas in childhood put their clients at increased risk of experiencing DVA/SVA themselves: “Our young people have mostly not had a secure based attachment, there’s lots of risk of older people exploiting their vulnerability” [P4].

According to colleagues, young women’s parents sometimes did not understand the dynamics and trauma consequences of DVA/SVA, which made it even more difficult for the young women to establish supportive relationships and recover: “the family frame it as ‘he’s harassing her because he still loves her’” [P6].

Young women often disclosed DVA/SVA to 1625ip colleagues, illustrating their trust in the organisation. But this meant colleagues without the right level of training, experience, and allotted time were left with managing the fallout of the abuse: “I didn’t realise that I’d be the first person the young people would want to share that with. And there’s been times when I’ve felt overwhelmed with that” [P2]. At the same time, colleagues who had previously worked in DVA/SVA felt anxious and under pressure because their colleagues would often ask them for advice: “it’s stressful in case you’re giving the wrong advice. I’m not up to date. Also, it’s not your [specific] role: we don’t have space in our jobs to address it” [P4].

Colleagues would try to talk to young women, would make safeguarding referrals, and would signpost them to other services, which fragmented their care and support:

P4: “Signposting was difficult: you build a relationship with the young person, and you want to be part of it: you want to be consistent and respond to their needs: you might be the first person to do that. Multi-agency is the drive, but signposting can feel like ‘satelliting.’ it can be hard to feel you’re still facilitating for the young people. They don’t have to tell you who they see and when.”

Colleagues similarly felt disconnected from the process of referring to safeguarding within social services: they would raise an alert or make a referral and then receive no feedback on the outcome. Not being able to do more took a toll on their wellbeing.

SALUS PROJECT’S MECHANISMS OF IMPACT AND OUTCOMES

Colleagues thought the Salus Project was “great,” “helpful”, “reassuring”, “important”, “valuable”, “amazing”, and “so needed”. Below, colleagues’ views on how the Salus Project

improved their knowledge and skills, young women's uptake of support, and 1625ip as an organisation, are presented.

Theme 2: Coaching increased colleagues' knowledge and ability to respond to DVA/SVA

Colleagues said they sought general advice from the coach on how to provide **better support** to young women on their caseloads generally around relationships and to clarify things they were "unsure about" [P2]. Colleagues could also ask for formal coaching to respond to their suspicions that a particular young woman was experiencing DVA/SVA. For example, colleagues contacted the coach when they wanted support to determine the **level of risk** and available options:

P8: "I was hearing from other workers that the young woman was naked on social media with drugs and much older men. I tried to talk to her but she's not forthcoming, so I felt stunted. So, I asked the coach how I can approach it, I was saying, 'I don't want to shut her down, is it my emotions I'm bringing to it, how much of this is normal young person stuff?'"

Colleagues additionally sought advice on how to **respond to specific disclosures of DVA/SVA**. The coach guided colleagues through how to manage the emotional and physical consequences of abuse in a gentle, sensitive, reflective, yet empowering way:

P2: "It was about exploring what led to them getting into that relationship...both partners were very vulnerable, they had both experienced lots of trauma, it was about exploring that... and helping them detach from thinking 'it's my fault this is happening'."

P5: "It's taking a positive perspective—seeing themselves as a survivor, not a victim; focusing on feelings...we encourage the young women to notice their emotional state when there's distance from perpetrator...their head being clearer, more able to focus, energised, connected."

Colleagues reflected that the coach improved **gender-informed** responses, with an emphasis on helping young women understand perpetrators' use of coercive control and power:

P5: "The coach has usefully pointed out different ways control manifests, so I can discuss with the young woman how it's not okay, not normal, and unhealthy; the importance of providing choice, which I was probably instinctively doing...especially because of their experience in relationships when choice is limited because of control."

As well as supporting colleagues to provide young women with emotional support, the coach supported them to navigate through complex formal processes to manage **risk and enhance safety**. These tended to be cases where the young woman was "not willing to engage" with one-to-one support from the coach either because she was "not ready to face

up to the gravity of the situation” [P10] or did not want to engage with any more professionals. This work consisted of the coach supporting and empowering colleagues to contact multiple agencies/services, attend MARACs, understand legal processes such as injunctions to prevent the perpetrator from contacting the young woman, and secure visas to enable them to remain in the UK away from perpetrators abroad. Colleagues infrequently had experience of navigating these systems but with the coach’s support they were able to initiate them:

P5: “I’m totally ignorant to the legal processes whereas the coach has all that information, so I don’t have to start from the beginning...I struggle to use the word 'victim', to me it feels reductive, but the coach reminded me that when putting legal processes in place it's useful. The coach has also talked me through the MARAC process and was with me for the whole process.”

Colleagues also said the coach **improved referrals** for young women by “talking them through [making] referrals to services such as Next Link” [P7]. Colleagues felt more confident referring young women to ensure their needs were met: “It’s been helpful when the coach has made an assessment so when I talk to other services I can say 'my healthy relationships colleague who's an expert thinks XYZ” [P9]. In particular the coach connected colleagues and young women to specialist and culturally specific services such as Nilaari (local talking therapy support for people from ethnic minorities) and Karma Nirvana (a national charity supporting 'honour'-based violence victims/survivors). Speaking to these services also enhanced **colleagues’ knowledge and capability**:

P9: “The young woman didn’t use them, but I did to understand the situation. They were really helpful, told me what would usually happen in this situation, the community response to [the] situation [i.e., the young person deciding to end an abusive relationship] which I wouldn’t have known about.”

Through supporting colleagues to access existing **resources and referral pathways**, this type of input from the coach likely increased **safety** and **reduced the risk of further exposure to violence**; supported homeless young women into **independence**, and ensured they received **holistic** support.

Coach’s direct role in risk assessing and liaison with agencies/services

The coach took on a more involved role in risk assessment and in talking to other agencies/services about the young woman in question in cases where colleagues felt they lacked the language and experience to capture and convey risk. The coach reflected that in particular, her 1625ip colleagues were less experienced with the DASH risk assessment, which allows professionals to increase the risk level using their professional judgement rather than the item scoring. This high-risk status allows victims/survivors to access services such as an Independent Domestic Violence Advisor (IDVA) or an Independent Sexual Violence Advisor (ISVA). Through taking on a more direct role in risk assessing and speaking to other agencies/services, colleagues said the coach ensured young women’s cases were given due precedence: “I was trying to get her into accommodation for ages: whatever I was saying was obviously wrong because the case wasn’t being prioritised. [After

coaching we] put the right magical thing into the computer and she was made high priority” [P10]. Another colleague said:

P9: “If you’d ask [the young woman] if something was wrong, she would say 'yeah I'm fine' when it wasn’t fine. I felt out of my depth—she didn’t realise she needed to be blunt, maybe I didn’t convey that to her well enough. The coach rang Next Link and explained everything in a much better way than I had about why we were concerned. She ended up being taken on as a crisis case and moved into a safe house, so it was [the coach’s] liaising with the service [that achieved that].”

Theme 3: Support was uniquely flexible, tailored, and holistic, and so likely to be taken up by young women

DVA/SVA support was flexible, tailored, and consistent

As well as supporting young women themselves, colleagues could offer to refer young women for one-to-one support from the coach. As discussed below, the timing of when the support started, the types of support offered, how the support was delivered, and the pace of the support were all tailored to young women’s needs. Colleagues appreciated the flexibility in the coach’s role: her being in-house was what allowed this flexibility.

Support could start **when the young woman needed it** and when they felt ready:

P8: “Initially the coach started supporting me more as opposed to contacting the young woman directly. But now the coach and young woman are working together. So, the coach was initially able to take a step back and rely on my relationship with her and then come in when it was appropriate. When someone's just experienced SVA, they're going to talk to a trusted person they've known for ages, not a brand-new worker, so it makes sense.”

Unlike when referring to external services, this approach meant that colleagues could initially be selective in what they told the coach, per the young woman’s wishes: “I didn’t share the disclosure because the young woman didn’t want me to. But she has disclosed to the coach now” [P8].

The types of one-to-one support were also **tailored** (“the coach had flexibility, being able to work responsively to young women’s needs” [P4]) and wide-ranging, e.g., “helping them to see ‘what is violence’” [P7], “managing new relationships, being alone, and healthy relationships in family and friends” [P8], as well as more “urgent, crisis work like help[ing] the young woman...leave her family home” [P6]. One colleague said the support was helping one young woman who had been raped to repair “a breakdown of trust - what happened is affecting her whole life” [P8]. The coach herself reflected: “there's been much more focus in this role around emotional support and ongoing support around the fallout from experiencing DVA or SVA, rather than just immediate support to become safe while it's happening.”

There was also flexibility in how the support was delivered, i.e., “[the coach could] take them out to do an activity that they find therapeutic and that's a restorative way to open a

conversation” [P4]. Colleagues moreover felt that while the support had a “therapeutic side,” it was an alternative to “formal therapy” [P8], and **more suited to young women’s needs**.

The coach pointed out that the flexibility in the type of support and how to provide it made the Salus Project unique locally: “[Before Salus] there wasn’t any flexible accommodating service for young women that need ongoing support and that’s a real problem with the way that the services are delivered.” It was also unique in the way that it provided consistent support that was **tailored to the young woman’s pace** and there was no rule around when to close their case: “She has the ability in her role to allow a process to unfold: it’s not that after three attempts to engage the woman, the books are closed” [P8]. The coach continued:

Coach: “[Name of young woman] is a perfect example of that. She was referred to me a year ago and it took the best part of a year to really get her to a place where she’s engaging meaningfully, I had to be really consistent. ‘Okay, well, I’m just going to come to your flat every Tuesday, you don’t have to open the door.’ Sometimes she does. And now more often she does. And it takes that level of consistency to show young people, especially if they’ve been through care and have already had a traumatic time, that you’re a safe person and that you are there to support them. Other services don’t have the capacity to support women who are struggling to engage.”

The in-house nature meant there was no threshold for being eligible for the service, unlike external agencies: “We have people who are affected by all sorts of child sexual exploitation and abuse and don’t meet thresholds for other services” [P9].

As illustrated, colleagues felt that the one-to-one work functioned as a tertiary service, i.e., one that aims to address the harm from DVA/SVA. But they also felt it worked as a secondary service, i.e., one that targets at-risk groups **to stop recurrence and/or worsening of DVA/SVA**: “It’s an opportunity to break the cycle of abuse in a gentle way; sometimes it’s prevention rather than intervention” [P4]. Therefore, it addressed multiple harms at different thresholds of risk.

Young women were more likely to receive and take up DVA/SVA support that was in-house

Colleagues felt young women were more likely to take up DVA/SVA support because it was in-house. Young women did not want to go through any “formal procedures” involved in registering with an unknown and external agency: “I’ve tried to refer a number of young people to Next Link and they won’t [go for it because it involved] seeing someone from a different agency” [P10]. As one colleague said, “having a new person come into the relationship is scary for them, they worry they’re going to have to re-explain everything” [P6]. Retelling their story and building a new relationship with a new service was stressful and re-traumatising for survivors. Young women also did not always see themselves as experiencing DVA/SVA— as the coach said, “we’ve come across a lot of young women who can’t engage with DVA services because they don’t see it as DVA, they don’t understand it as DVA they need that really basic low-level work.” Thus, services that use the term “domestic/sexual violence” explicitly may seem less relevant or feel stigmatising to young

women. The coach reflected that one young woman for example was “not even ready to call [what she’d experienced] an unhealthy relationship.” Colleagues and the coach had flexibility in how they introduced her service and could call her a wellbeing coach or a healthy relationships coach: “it’s not coming at it from ‘you’re in a domestic violence situation, you’re in a serious situation, you need this service!’: you’re just saying, ‘maybe it’d be helpful to chat to someone who can give you some ideas about this and space to think about it’” [P10]. At the same time, young women who had experienced DVA/SVA said they knew what healthy relationships were: they were assaulted or trapped in an abusive relationship anyway. In these cases, it was useful that the coach could refrain from using the name ‘healthy relationships coach.’

Colleagues said young women were moreover more likely to take up support from within 1625ip because they knew, felt comfortable with, and trusted the organisation: “We can say ‘this is who’s going to be contacting you, this is the building, you know it because you’ve met me there’, rather we need to go to this awesome service, but we don’t know anyone there” [P2]. As another colleague said:

P9: “We have people who aren’t engaging with other services, or they don’t trust them, but lots of young people trust our service so having the coach there is a no brainer. They’re often working with lots of us. Usually, at some point, they’ll have had police or social services involvement that has not been satisfactory, or they’ve been let down, so there’s not a lot of trust in the big services.”

Young women needed to speak to someone with an understanding of DVA/SVA and did not always feel able to open up to, for example, a mental health coach in Transitions and Resilience service. The in-house and dedicated nature of the coach’s support, therefore, led to increased engagement.

In-house DVA/SVA support made 1625ip a more holistic service

Colleagues felt relieved to provide **holistic** support within 1625ip. They had previously felt they were “satelliting” [P4] young women to different services and did not know how well they would engage, and whether their needs would be met. In-house support also meant colleagues were “still facilitating for the young women” [P4]—they were managing and coordinating the different workers involved in her case, rather than the young woman trying to do this herself. Colleagues said the coach was “a bridge” [P7] who stopped young women from falling through the gaps between services on a referral pathway and from disengaging from DVA/SVA support entirely after being on a long “waiting list for counselling.” [P7]. The coach herself reflected that her service was a bridge and made 1625ip more holistic:

Coach: “The one-to-one work has done what it aimed to do, which is bridge a gap in services. That’s what this has been about, it’s not about palming people off on different services because something is ‘not your job’: it’s about providing something holistic because that’s what’s most appropriate for the young woman.”

Although the coach’s remit of support was broad (because, as she said, “all these things are interlinked...DVA or SVA affects everything, their ability to open their mail or organise their

bills”) colleagues and the coach said there was open communication about how to ensure the 1625ip services were complementary rather than duplicating of other services within 1625ip. For example, the coach would refer young women to the education, employment, and training team where necessary. Young women “really liked the coach” and would talk to their other workers about the work they were doing with her: “she talks about her to me, says things like “I’m going to tell the coach about a guy I’m texting” [P8]. Colleagues and the coach also conducted joint working such as co-developing **safety plans**, which were more robust and informed because of the collaborative input:

P10: “The young woman was waiting for housing while in a dangerous situation in her home. It was reassuring working with the coach: she’s very experienced, she knows the systems, and we drew up a safety plan together.... Working together helps ensure the housing and relationships work are working well together.”

Notably, the young woman in question felt uncomfortable sharing accommodation with men. P10 and the coach worked together to ensure her safety while she was waiting for her own flat. This was a specific example of how collaborative working enhanced **gender-informed practice** in 1625ip.

Theme 4: In-house expertise strengthened organisational capacity and efficiency

As well as being beneficial for individual colleagues and young women, having a coach whose dedicated role was to address DVA/SVA was beneficial for 1625ip as a whole. Having dedicated support meant other workers in 1625ip could do their own jobs well: “DVA/SVA could be put under the mental health banner but it’s more specific, it needs someone with the capacity to unpick it. And it gives space to mental health workers to do their job without it being taken up by DVA/SVA” [P4]. Having a DVA/SVA coach was also better and safer than solely training colleagues to respond to DVA/SVA themselves: “I don’t have time in my role to get to an understanding that the coach has. So having the coach there is essential if we’re going to do our jobs properly” [P5].

At the same time, having the coach in-house as “an expert and available go-to resource” [P7] meant that when colleagues did want to address DVA/SVA themselves, they could access advice efficiently and effectively: “it’s like we’ve got a trainer there to recap and refresh us” [P2]; “she’s been in the office a lot: she makes herself accessible, she’s flexible, she makes time to do what she can. It works really well” [P10]. Efficiency was crucial given colleagues’ caseloads and wider responsibilities within services and given situations of acute risk: “external services can be hard to get hold of as they’re getting calls all the time and that’s completely understandable” [P9]. Colleagues said they appreciated the opportunity to ask for “advice formally or informally” and get accessible information, rather than go to an external service where “you would probably get an answer that’s less accessible: with the coach you can ask more questions” [P6]. The coach became embedded into routine practice quickly: colleagues could share what they knew about young women with the coach through discussions at regular 1625ip meetings and notes on the case management system:

P9: “You don’t have to hand over the entire background because we share a system: it can be time-consuming to hand stuff over, drafting the perfect email with all the information. With the coach, it’s a phone call: ‘read my risk assessment’ and there have been many times in allocation meetings where we’re going through cases and the coach’s name pops up: ‘ask [the coach] for advice...If I come across DVA/SVA the first thing I’d always do is call the coach.”

Her embeddedness allowed accurate information sharing and **management of risk and safety**.

Theme 5: Emotional support to colleagues

Colleagues said that 1625ip had a “culture of support” [P4] and colleagues valued having reflective practice, clinical supervision, and supportive line managers and colleagues. However, a striking but unintended outcome of the Salus Project was that the coach provided emotional support to colleagues who were supporting young women experiencing DVA/SVA. Colleagues had built up a long-term relationship with young women, so when they disclosed DVA/SVA, they felt a huge emotional toll. Some colleagues felt this toll because they were *not* longer-term workers: their role was to hear a disclosure and hand the young person over, so they were not always sure if the young woman was okay. The emotional consequences were especially heavy because of COVID-19, with homeworking, isolation from colleagues, and blurring of home and work boundaries. Colleagues who felt emotionally supported by the coach were more able to effectively support young women:

P8: “[After the young woman was raped] I was so thankful for the coach being there. I spoke to my manager who was ever so supportive, and I have a good relationship with her, but understandably the conversation was quite formal: about me picking the young woman up, logging it with safeguarding, working out of hours. I rang the coach and burst out crying. I don’t even remember what she said to me, but it was so helpful knowing she was there. She was the support. She knew what to do and say. I was worried about my emotions being tied up in it. I’ve known this person since they were in foster care. So, the coaching to me was useful: I was able to sort through where the emotions were and how to approach conversations, practising and roleplaying things with her. She gave me tips. It boosted my confidence. Without her, I wonder if I would’ve been full of emotion when picking the young woman up.”

The coach also assuaged colleagues’ anxieties around supporting young women at high risk: “it makes me panic, afraid, and worried: it’s not my background. You worry you’ll make a mistake and someone will die ...the coach helps ground you in what you realistically can and can’t do. I’ve never seen her flustered or panicked” [P10]. Notably, these concerning cases were often around ‘honour’-based violence:

P9: “I knew nothing about [it] apart from what I’d read in the media. It freaked me out: I felt out of my depth and had no idea what to do. I just remembered that story [of a local ‘honour’ killing] and thought ‘oh god, I need to make sure I talk to someone who knows more about this.’ I was in a blind panic about her being in a terrible situation.”

Finally, colleagues said the coach helped them through feelings of helplessness and discouragement when young women returned to their abusers and did not see the abuse as abuse.

Theme 6: Improved cross-sector partnership work with SARSAS

As discussed in Theme 2, the Salus Project led colleagues to use referral pathways to other services more effectively. A specific finding in this regard was that being able to offer specialist SVA counselling through SARSAS added value to both services. Colleagues said that young women's previous experiences of counselling had not been useful, sometimes because it did "not come at the right time" [P1] or it was not SVA specific i.e., they **needed tailored and gender-informed** support:

P2: "She had her first telephone appointment [with 1625ip male mental health worker] and she fell apart. It was helpful for her though: it led to her making the decision 'the reason I can't continue with this support is because of the SVA I've experienced and I'm ready to talk about that now.' so that was great that she wanted to go forward with that."

At the same time, the coach reflected that only a few young women on her caseload wanted or needed specific SVA support (see section 5.3.1 for referral figures). Moreover, those who did may have been put off by the relatively inflexible structure of counselling ("having to go to something every single week") and the involvement of another agency (e.g. "having to pick up the phone to have your assessment, young people don't pick up their phones, they don't want to talk to someone they've never met about trauma"). P2 echoed the coach and said, "most of the young women really don't want to explore [SVA] at that moment...they desperately don't want one-to-one counselling. A few young women have said they'd love group therapy, to share stories with people who've experienced similar things" [P2]. Young women's lack of engagement with counselling was difficult for some colleagues who felt the counselling would be beneficial: "She didn't see it affecting her life. but I was really upset. I don't feel like I helped her, and I really wanted her to have it" [P8]. The Salus Project nevertheless meant that these colleagues had access to advice from SARSAS around other counselling options and could better support the young woman around SVA as a result: "I spoke to SARSAS about supporting the young women to be ready to share, i.e., preparing them for therapy. so that's now what I think my role is" [P2].

OVERALL REFLECTIONS AND AREAS FOR MORE WORK

Theme 7: Enhancing a good service

Colleagues highlighted three ways in which the Salus Project could be enhanced in future. First, colleagues felt that young women experiencing 'honour'-based violence were in particularly difficult circumstances because they could lose their entire family and community if they tried to leave the abusers. Although colleagues said the coach gave helpful advice and signposted them to specialist services, one colleague wanted more guidance on this type of DVA.

Second, colleagues commented that they wanted to know support and service options for men using abusive and violent behaviours in their relationships. One highlighted a case of

'bi-directional' violence: "I'm meeting a young man later, [with violence on] both sides. I thought I'd be able to talk about the service but that's not a possibility" [P3]. Another felt frustrated at the lack of options for these young men in external agencies/services in general and said it "feels moot for a young woman to be engaging but the young man isn't: it's then on her to educate her partner" [P4].

Finally, colleagues said they had identified and discussed coercion among trans and non-binary people, suggesting a need to expand some of the support from young women to LGBT+ people.

Other potential improvements were all aspects that the groupwork, which COVID-19 halted, may have achieved. First, colleagues tended to seek the coach's input for young women they "had a lot of worrying evidence about" [P10] rather than for all cases of unhealthy relationships. Earlier quotes also indicated that some abuse remains hidden. Colleagues did not say they thought the coach should have had a role in surfacing these hidden cases and supporting the 'lower risk' cases, but this is another potential area of development. Second, one colleague wanted "knowledge of more counselling that isn't one-to-one" –i.e., counselling options that can meet the needs of more young women. Finally, another suggested more discussion and training on what 'healthy relationships' means.

Although they had these suggestions for enhancements, ultimately, in terms of future directions, colleagues wanted the Salus Project to be "re-funded, because it's so needed" [P4].

5. Evaluation with young women

5.1 Aim of this section

This section aimed to look for evidence of the Salus Project's intended outcomes for young women. The intended outcomes were **increased provision of DVA/SVA support for those who are homeless and homelessness prevention support to women affected by DVA/SVA**. Indicators for success here were for young women to have a better **understanding** of healthy relationships; to be more **able to access support** for DVA/SVA; to feel **safer**; to feel more **confident**; and to develop/re-establish **supportive relationships** (e.g., with family, peer groups, social networks, or the wider community.) An overall aim of the Salus Project was to **reduce the risk of further exposure to violence**.

This section of the report will illustrate the extent to which the service achieved the outcomes among women who received one-to-one support. It will also shed light on improved **referral pathways and partnership working**, one of the project's indicators for success and support for **young women to be independent** and provision of **holistic tailored support**, two of the project's overall aims.

5.2 Methods

Impact on young women was captured via:

1. monitoring statistics on the number of young women supported and analysis of case management system notes
2. analysis of post-support evaluation forms
3. qualitative analysis³² of online/phone interviews

5.3 Results

5.3.1 Details of young women supported

Numbers of women supported

There were 22 referrals accepted for one-to-one support—19 young women were supported and 3 disengaged before support started. Ten additional women were captured in the case management system as being supported via keyworker coaching. More women will have been supported this way, but keyworkers did not always make notes of what coaching they had received and for which young woman. Partway through the project, the coach began opening a 'timeline' (notes) for the young woman she had provided advice for, but this was not always possible as sometimes keyworkers did not disclose the young person's name and sometimes, they were just seeking general advice.

³² Ritchie, J., Spencer, L., & O'Connor, W. (2003). Carrying out qualitative analysis. *Qualitative research practice: A guide for social science students and researchers*, 2003, 219-62.

Demographic profile

In terms of protected and other characteristics, 13/22 were white British, 3/22 were Black Caribbean, 2/22 were South Asian, and one each was white other, Black African, mixed, and South-East Asian. Of those who stated their sexual orientation, 2/18 were bisexual and all others heterosexual, and of those who stated that they followed a religion, three were Christian and two were Muslim. Three had children. Seven had a disability. Seven were care leavers.

Referrals in and out

Four referrals were from external agencies/services (social care and Bath Foyer (n=2)). The remaining were internal: Bristol Housing (n=7), Reboot (n=3), MAPS (n=3), mental health wellbeing coaches (n=2), and one each from the Participation and Learning team, Ask Us, and community mentoring. There were discussions about receiving referrals from Lighthouse (a team comprising police and victim support organisations, working together to support victims of crime and witnesses), but GDPR restrictions prevented Lighthouse from referring to 1625ip without the client's consent.

Referrals to SARSAS counselling

The coach referred five young women for SARSAS counselling. Of these, two did not engage and SARSAS deemed one referral as not appropriate: this young woman instead received a one-to-one preparation for counselling service. Of the remaining two, one was offered a longer set of sessions (24 weeks rather than 12). At the time of writing, the coach was awaiting feedback from SARSAS to see if the second had engaged.

Types of one-to-one support for young women

Support was wide-ranging, including but not limited to:

- DVA support – information on injunctions, psychoeducation on DVA/SVA (including Freedom Programme), meetings with solicitors, support in court, applying for destitution domestic violence (DDV) concession, safeguarding and MARAC referrals
- Broader legal aspects- leave to remain, research about child maintenance
- Housing and bills – choosing where to live, support with home choice, moving house, organising and paying council tax, utilities, and Wi-Fi
- Welfare – applying for personal independence payments, accessing a bursary
- Practical – setting up a phone, opening a bank account
- Mental health and wellbeing– sleep hygiene, exercises to manage stress and anxiety, self-care plans, emotional support
- Advocacy and holistic support – liaising with other 1625ip workers, advocacy at solicitors, court
- Education and employment – working with the Education, Employment, and Training team to help with finding work and courses.

The average length of support was just over 6 months.

5.3.2 Post-support survey evaluation forms

Pre- and post-support surveys with 10 young women, where they could rank each item from 1-5, showed that on average, there were increases in all domains:

- I have a good understanding of what it is to be in a healthy relationship (average increase 1.1)
- I know where to go for support (average increase 1.7)
- I feel safe in my relationships (average increase 1.5)
- I feel supported around my accommodation needs (average increase 1.1)
- I have a range of supportive relationships in my personal and social life (average increase 0.9)
- I feel confident in my intimate relationships (average increase 1.1)
- I feel confident to discuss healthy relationships with peers (average increase 2.0)

5.3.3 Interviews

Young women’s names have been changed to **Haniya, Jaya, Nina, and Sara**. All young women talked about their experiences of DVA/SVA but to protect identity, these details are not included. The themes from the analysis of interview data are summarised in the table and presented in turn below with illustrative quotations. The themes correspond to the context of the young women’s first approach to the coach, the service’s mechanisms of impact (i.e., the key aspects of the service that made it work), the outcomes (i.e., what the service led to), and their overall reflections. The coach’s interview is also drawn upon.

Themes

THE CONTEXT

Theme 1: Disclosures were difficult but were received sensitively and non-judgementally

MECHANISMS OF IMPACT

Theme 2: Support was holistic and consistent

Theme 3: Complementary to, but more suitable than, other services

OUTCOMES

Theme 4: Empowered to recognise abusive tactics

Theme 5: Improved mental health, self-worth, and confidence

Theme 6: Empowered to become independent, gain stability, and look to the future

OVERALL REFLECTIONS AND AREAS FOR MORE WORK

Theme 8: Safety and risk still an issue

Theme 9: Some difficulties with having supportive relationships with others

Theme 10: Overall reflections on areas for improvement and key outcomes

THE CONTEXT

Theme 1: Disclosures were difficult but were received sensitively and non-judgementally

The trigger to seeking specific DVA/SVA support for some young women was that they had told their 1625ip keyworker what had happened to them since their experience of DVA/SVA and housing were linked. Disclosing to their 1625ip worker was “really hard” but young women felt “proud” that they were able to disclose, did not feel judged, and felt that disclosing was necessary to move on from the abuse:

Sara: “There was a lot of anxiety because with what I was dealing with, I’d dealt with it for a while, so I found it really hard to speak to someone about it. But then I told myself I had to, to move away from it. I have to feel comfortable talking about it.”

Nina: "I got to a point where I had to get them out of my life...It was the first time saying it all out loud. It was really hard telling her [my keyworker]. My mood dipped but I was proud that I was able to disclose it. I'd never disclosed it before. I'd just pretended I was okay and that was how I got through it. 'It's okay, it's my fault'."

Jaya made contact after experiencing DVA from her (now ex) husband and parents who used abusive behaviour to pressure her to stay in the relationship:

Jaya: "I was alone and new in this country. I didn't put money in my bank account, he took my money... My parents were pressuring me to return to him. They wouldn't listen, they said everything he did was my fault...I was nervous [approaching 1625ip], I didn't know what was going to happen, what if people judge me when I tell them my story, this is what I went with because I'd never seen a support worker before. When I went there, I saw how no one judges you, they support you with everything they can support you with, so it was good to get in touch with good people."

Nina re-told her story to the coach after telling her keyworker and said that 'It was hard to tell someone else again.' So, although the coach being in-house reduced the need for young women to have to re-tell their stories, young women still felt they had to do some re-telling for the coach to support them effectively. This was difficult, but the young women indicated that they felt supported. Indeed, the coach's expertise made young women trust that she would understand them which made them feel at ease with her: "It was easier to talk to her about it because she dealt with people in a similar situation as me, that's what she said, so I felt like she would understand what I'd been through" [Sara].

Young women indicated that they may not have sought support for DVA/SVA were it not for 1625ip: "I had no idea about the support options before" [Jaya]; "I don't think I would have searched for a support organisation myself...I wasn't thinking straight...If I hadn't gone to 1625, I would never have known about her [the coach]. So, I am thankful" [Nina]. Jaya also pointed out the limits of other services particularly the police, because of the potential response of the perpetrator, the high threshold for 'evidence' that police intervention required, and their lack of understanding around non-physical abuse:

Jaya: "People don't understand that if we go to the police, it's a very big deal. I tried to and they [the perpetrators] threatened me. So, I didn't do it. I don't have proof of the abuse. I was mentally abused, I was controlled. How do you explain and prove mental abuse?"

Overall young women echoed 1625ip staff said that the Salus service was unique in that there was no threshold for giving women support around their DVA/SVA. Moreover, as discussed below, through various parts of the organisation, they could simultaneously receive support with housing, education, and finance.

SALUS PROJECT'S MECHANISMS OF IMPACT

Theme 2: Support was holistic and consistent

Young women described the types of support the coach provided and the positive outcomes to which this support led. It is important to recognise that these young women did not just *receive* support from the coach, but they *worked with* the coach—that is, they were active agents in their recovery.

Support was holistic

Young women interviewed gave examples of the wide-ranging support the coach provided: “she helped me with loads of different things—my mental health, work, parenting, court [relating to perpetrator], healthy and bad relationships, pretty much about anything” [Haniya]. The coach, sometimes alongside other 1625ip workers, gave them **tailored and holistic support** that met all their needs: “I’ve got all the support I need. I got more support than I expected” [Jaya]. Haniya added: “Having the coach was good because there was one person, I could talk to about anything. Mental health and stuff like that the coach has already supported me with, so I don’t feel like I need any extra [support].”

A key aspect of the coach’s support was emotional: “The mental support made me strong which made me confident...it was the type of support I needed the most” [Jaya]. Young women felt listened to: “I’d go to the offices and we’d chat, started off with her just checking in on me, how I’m doing, which I appreciated ... She offered a listening ear; she’d listen to what I had to say” [Sara].

Some of the support that the coach provided was practical support including access to essentials such as food and benefits, as well as support around formal and/or legal procedures including injunctions, access to public funds through the destitution domestic violence concession, and securing visas:

Jaya: “I got to know a lot of things: what are my rights, what can I do. The coach helped me a lot with everything, any support I wanted. I was running out of money; I had no job [because of the pandemic]. The coach helped me with universal credit, food support, she contacted law firms that take pro bono cases to sort out my visa.”

Haniya: “We were having weekly sessions where she would go through court papers and if I didn’t understand something, she’d go through it.”

The coach also functioned as an advocate for young women, representing their voice when liaising and coordinating with the court and different agencies/services: “She would contact people around my housing” [Nina]; “She spoke to the solicitor all the time, she explained everything. She did all the paperwork” [Jaya]. Advocacy is important: it has been shown to reduce the risk of harm and re-victimisation, and improve safety, mental health, self-esteem,

quality of life, use of other community resources e.g., mental health services and social support^{33,34,35,36}.

In terms of recovery from abuse, two young women worked through the Freedom Programme book³⁷ (Craven, 2008) with the coach, which they found helpful. This was another specific example of **gender-informed working**. The programme is based³⁸ on the 'Duluth model' which sees DVA as gendered, i.e., a form of men's violence against women, whereby men use violence to maintain power and control over women³⁹.

Young women furthermore said the coach helped them with practicalities such as moving house which to them felt "completely outside of what she's supposed to do" [Nina]. (Note, although help with moving was not planned as a core part of the coach's role, it was within what 1625ip would see as appropriate work). Young women felt she "went above and beyond" [Nina] and were grateful for the consistency of her support. Indeed, all young women said that they could contact the coach whenever they needed to and that they could meet with her regularly: "She's accessible, she's always there if you need her: the second I feel like I need her, she's a number away, and I can always get my housing officer [keyworker] to redirect me to her" [Nina]. "I liked the fact that we were able to meet regularly" [Sara]. Many young women described that their recovery was not a linear process and they still experienced difficult days. But as Nina said, the consistency of support meant that they felt supported "on my good days and my bad days." The coach's consistent presence in the young women's lives gave them a much-needed sense of stability. That she was based in 1625ip was pivotal to this sense of stability because all their workers were linked: they could access her support through other workers and vice versa. "I can give her a call about anything and if she can't help me, she'll know someone who can help me" [Haniya].

Theme 3: Complementary to, but more suitable than, other services

The coach was complementary to other services

Two of the young women had received support from Next Link while, or before, getting support from the coach. The coach also referred them to other services, such as for culturally sensitive support where needed. For example, the coach connected Sara to a Nilaari discussion group, which she found helpful: "you can literally go there and talk about anything, it's people my age, which is nice. It's every week. It's nice talking about issues I have, like we've talked about anxiety which helped" [Sara]. The coach moreover recommended this service to Haniya so she could receive extra support from "someone from the same culture as me that understands my struggles"—although she felt that the coach

³³ Howarth E, Robinson A. 2016 Responding effectively to women experiencing severe abuse: identifying key components of a British advocacy intervention. *Violence against women*. Jan;22(1):41-63.

³⁴ Ogbe, E., Harmon, S., Van den Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and/mental health outcomes of survivors. *PLoS one*, 15(6), e0235177.

³⁵ Rivas, C., Ramsay, J., Sadowski, L., Davidson, L. L., Dunnes, D., Eldridge, S., ... & Feder, G. 2016. Advocacy Interventions to Reduce or Eliminate Violence and Promote the Physical and Psychosocial Well-Being of Women who Experience Intimate Partner Abuse: A Systematic Review. *Campbell Systematic Reviews*, 12(1), 1-202

³⁶ Trabold N, McMahon J, Alsobrooks S, Whitney S, Mittal M. 2020 A systematic review of intimate partner violence interventions: state of the field and implications for practitioners. *Trauma, Violence, & Abuse*. Apr;21(2):311-25

³⁷ Craven, P., & Fleming, J. (2008). *Living with the dominator: A book about the freedom Programme*. Freedom Programme

³⁸ <http://www.freedomprogramme.co.uk/docs/evalfinal.doc>.

³⁹ <https://www.theduluthmodel.org/wheels/>

understood these struggles too: “It wasn’t new to her.” The coach also supported Jaya to register with a general practice, which made a referral to Next Link’s BAME worker. This support worked well alongside that of the coach.

Jaya: “Next Link worker supported me as well. She helped with the support letter for my visa. She used to call and check up on me and ask if I needed any help. She was very helpful...she used to say, ‘you can tell me what’s going on’, I talked about everything and I felt good.”

Reluctance to re-tell their story to other services

Although some young women wanted culturally specific support, and some were thinking about seeking counselling, they also felt conflicted about getting more support from elsewhere. They felt other agencies/services pressured them to re-tell their story, which they found re-traumatising. What’s more, having too many support services felt overwhelming:

Sara: “At this moment in time, I want to move on, I’m getting tired of talking about it. When I talk about it, I get upset. I guess I need to be honest as well. I need to talk about it to move on from it, which I find hard to do sometimes. It has to be done. It’s a bit overwhelming. I see it as pressuring you to talk about it, even though it’s not the intention it’s how it comes across. The coach did put me through to do some counselling, still on a waiting list. It’d be one on one. Hopefully, that’s the last time I have to go through it with someone.”

Haniya similarly said that the culturally specific support aside:

Haniya: “I don’t like getting too much support, having too many people in my life, having to talk about so many different things and opening up. Before the coach came along, I was constantly telling my story, so many different times. My psychiatrist wanted me to have counselling, SVA support, but I didn’t want to talk about it. Then the coach told me ‘you shouldn’t feel like you have to do counselling: because you’re supposed to be ready for that’. I’ve already told my story to the coach, and she won’t ask me to repeat unless I need to.”

As illustrated, the coach helped young women to coordinate services and to make considered decisions about whether taking up another source of support would be beneficial, given the need to recount their abuse. Getting support from the coach also reduced the need to keep re-telling their story because they could receive all their support from one organisation.

Coaching has value over counselling

As indicated above, the young women had previously taken up, or had considered taking up, counselling and thought the coaching model had advantages over the counselling model. For example, Nina said she did not want to continuously explore her feelings about the abuse, which she felt counselling encourages clients to do:

Nina: “Counselling helps to an extent, but it’s just someone listening to you. They’re not really telling you how to move on, it’s just about ‘how does it make you feel, how does it make you feel.’ Then I go home and [the emotions and memories are] really there [on your mind].”

As the quotation suggests, Nina was not in a place where she wanted to reflect on and explore her feelings but in a place where she needed direct and empowering guidance and explicit advice, couched in “positive affirmation,” on how to move on from the perpetrator. This is what the coach provided and was more **in line with her needs**:

Nina: “I liked the Freedom coaching; it was the right approach for me. I need someone telling me what to do and what to say. It has positive affirmations...it was tough love: ‘you are going to do this, you are going to be okay, you are going to come out on the other side of this’.”

This experience of the Freedom Programme led Nina to sign up for the in-person course so this work could continue.

The coach’s approach to support moreover made young women feel open and able to talk. Sara highlighted the benefits of it being less formal than previous experiences of counselling. She also said that the coach disclosed things about herself, which helped them to develop a relationship. This kind of reciprocity can build trust and rapport when talking about abuse and trauma⁴⁰:

Sara: “She wasn’t writing notes down [as we were speaking] so it felt like a natural conversation. I’ve had counselling before where they were taking notes and that made me not want to talk. It helped that she shared stuff about herself as well, so it wasn’t like I was talking to a stranger.”

Similarly, Nina appreciated the **tailored and flexible** approach the coach provided around where to meet—e.g., in open green spaces rather than confined and clinical rooms: “It was relaxed, outside on neutral grounds, it was never in confined spaces, and I could just talk. She allowed me to talk.” The coach allowed them to set the agenda. This approach put them at ease.: “she would ask ‘what do you want to talk about today’ which made me feel more relaxed. That helped a lot” [Sara].

OUTCOMES

Theme 5: Empowered to recognise abusive tactics

While one of the intended outcomes of the Salus Project was to improve understandings of healthy relationships, some of the interviewed young women said they knew what healthy relationships were but had ended up trapped in abusive relationships because of the abuser’s actions: “I couldn’t get myself out of that situation. If I want to get out of a toxic relationship, I struggle with that because the men have been so controlling” [Haniya].

⁴⁰ Morgan, K. (2015). Developing rapport: The ethics of” reciprocity. Understanding gender-based violence: National and international contexts, 50-63.

Similarly, Nina indicated that to some extent, she could recognise the perpetrator's actions as abusive, but said that the abuse had led her to a place where she was excusing these behaviours and blaming herself for them. She therefore felt entrapped.

Rather than improve their understanding of healthy relationships overall, Nina and Haniya said that the coaching, specifically the Freedom Programme helped them to **recognise and name abusive behaviours**. It helped Haniya to see "red flags" and the potential for abuse to escalate:

Haniya: "The book was very intense. It was good to read it. I feel like what I went through was a lot more subtle than in the book but it's still good to see what length some men will go to and it can get worse over time...it's opened up my eyes a lot and has made me see the red flags sooner, the subtle signs rather than the major ones before it gets to that serious stage. I know what I need to do to get away from it and avoid it before it gets to that stage."

As well as empowering her to spot red flags, the one-to-one support from the coach, along with support from friends, led Nina away from self-blame:

Nina: "[The perpetrator] was very manipulative. He got into my head, where I often thought 'maybe this is my fault.' He was coercive, he gaslighted me. A friend pointed some of this out 'you do know that's gaslighting...'. And the coach did as well. Coaching and mentoring were good to get myself to a point where I'm comfortable with myself and understand that what happened wasn't my fault...Talking to the coach really did help. If it weren't for her, I wouldn't have got to the point where I thought it wasn't my fault."

Sara said that the coach's support led her to recognise control as a tactic of abuse, and to move away from self-blame and towards a more empowered state:

Sara: "She gave me advice and support which I appreciate... Like making me realise that things that happened weren't my fault, I shouldn't blame myself, even though I found it hard not to. That was the control. She made me put it in my brain that I can do stuff, I can do whatever I want, it's my life. I have the control. But at the time I didn't feel like I did."

As the quotations indicate, the process of recognising abuse and not blaming themselves was difficult. The young women had internalised these feelings and moving on from them was a process of unlearning that took time. The coach's provision of ongoing and consistent support was crucial to this process.

Theme 6: Improved mental health, self-worth, and confidence

As the previous theme showed, the coach's support increased feelings of empowerment and led young women away from self-blame. Young women more generally reported that the coach had supported them to take practical steps around improving their mental health:

Haniya: “She gave me a booklet, I said I was getting stressed out, she gave me tips like having cold showers to start off your day in a good mood...focusing on that. What I can do to give myself time when I have my toddler. Also, she gave me vouchers to buy my own gym equipment! That was so nice, hopefully, I’ll be able to do workouts in my house now. So, I’m feeling a lot better.”

The work that the young women put into their recovery along with this support had a positive impact on feelings of self-worth. While the young women recognised that they still had difficult days, they also reflected on how much progress they had made and that they had “come far”:

Nina: “Last year I wasn’t in sound body or mind at all... I felt like I was crazy, I had no self-worth, [the perpetrator] moulded me into a person I didn’t even recognise. I didn’t know who I was. For a while I felt like I was a horrible person, ‘I do deserve this, that’s why they left.’ Sometimes I still tell myself this but it’s getting easier to say, ‘no, that is not it.’ I was so unhappy for such a long time. I still feel like that now but it’s a lot better than what it was a year ago. I do look at myself and think I’ve come so far.”

Young women recognised that gaining confidence and a sense of stability after abuse was a difficult and ongoing process: “it’s hard: I’m trying” [Sara]. “I get more anxious now because I always feel like if something’s going too well something bad is going to happen” [Haniya]. But they did say the support had helped them to feel more confident: Nina said, “I feel lots more confident than I did before. Having her support has gotten me a long way. It’s brought me to a new place in my life where I feel better. I still have massive dips, but they’ve got better” [Nina]; “She mentally supported me which meant a lot because now I felt confident, and this is what’s taking me forward. I was not confident before: I was lost” [Jaya].

Theme 7: Empowered to become independent, gain stability, and look to the future

Young women talked about how receiving **consistent and needs-led support** from the coach had empowered them to move on from the abusive relationships: “My good days and my bad days, she’d be there to help. She helped me get to a point where I could stand on my two feet and say goodbye to [the perpetrator]” [Nina]. It also empowered them to take **steps towards independence** and stability, such as getting their own accommodation and finding employment and education opportunities:

Jaya: “I know my rights because of the help I got. I started working in a restaurant, I started an online course, I moved from my shared house to my studio flat. After that I started to get better, my mental health went really well...I know where I am going right now. Everything happened because the coach helped me and I’m so grateful to her.”

The support moreover helped them to start making plans for the future, from taking trips: “I want to explore, go to London for the day and treat myself, meet new people, start

university” [Sara], to finding stable employment: “If I get a stable job, trust me, I don’t need anything else in my life. That’s all I need, a good job, so I can support myself” [Jaya].

The support from other workers in 1625ip, whose support worked well alongside the coach’s, bolstered women’s ability to make and carry out these plans: “They had loads of different avenues for help. If it wasn’t for 1625, I probably wouldn’t have gone back to university” [Nina]. However, in some cases, young women experienced constraints on their ability to gain stability and independence. For example, Sara said that these feelings of independence were “a lot” because she “was not used to it” but that it was “nice having it,” highlighting how gaining independence after DVA was an ongoing process. Haniya described external constraints:

Haniya: “I’ve been in the bidding system for three years: I’m not settled down in a house for more than a few months. I’ve moved seven times in the past few years. I want to settle down, start getting comfortable, decorating, getting homey. I don’t want to spend the money decorating only to then move again. That gets me down, my mental health, I feel really down.”

The coach could not ‘fix’ these problems. However, her link to 1625ip teams who could help with housing, along with her being consistently present in their lives, eased the anxiety and de-stability these external factors caused.

OVERALL REFLECTIONS AND AREAS FOR MORE WORK

Theme 8: Safety and risk still an issue

In both indirect and direct ways, the coach’s support led to young women **being safer** with a **reduced risk of further abuse**. The indirect ways included getting access to benefits, food, and accommodation. Survivors are often forced to return to their abusers due to being economically reliant on them or reliant on them for housing⁴¹. The coach’s support reduced the chances of this happening. The coach also tried to enhance safety in direct ways, such as encouraging the young woman to put distance between themselves and the perpetrator: “when I’m low I contact them and it’ll; be nothing but abuse: she talked me out of getting in contact again” [Nina].

However, young women pointed out that the coach’s ability to increase their safety was constrained by external factors such as a perpetrator’s release from prison, changes in child contact arrangements that could cause abuse to escalate, and injunctions being difficult to put in place: “I feel safe but restraining orders aren’t as easy as they were before. You’ve got to prove a lot” [Nina].’ Haniya added, “sometimes there’s not really much you can do [to be safe]: I’ve got to ring the police...I’ve still got to go through that on-edge feeling and that’s not going to go away.” They pointed out that it was unfair for the onus to be on them to keep the abuser from causing harm: “[Worker from another service] keeps saying I can call the police, which I know I can do, but I shouldn’t have to go through that” [Haniya]. Young women felt

⁴¹ Fahmy, E., & Williamson, E. (2018). Poverty and domestic violence and abuse (DVA) in the UK. *Journal of Gender-Based Violence*, 2(3), 481-501.

frustrated that the only option was to involve the police for protection and worried that their involvement would make things worse. The coach echoed this and said that legal remedies were limited: “the hoops that you have to jump through and the things that you have to prove to get legal remedies just don't really cater to the complexities and nuance of how abuse functions and how victims engage with their abusers.” Overall, young women felt that the available options for ‘keeping themselves safe’ were limited and difficult to implement.

Theme 9: Difficulties with having supportive relationships with others

For many survivors, being in an abusive relationship is a lonely and isolating experience, with the perceived stigma of disclosure, struggles with mental health, and low self-worth as compounding factors. Perpetrators can actively isolate survivors from family and friends and survivors who leave the abusive relationship can continue to feel alone and isolated. Outsiders and professionals may not understand that survivors will sometimes miss the companionship from the abusive relationship. Some find it hard not to return to the relationship as a result. Young women interviewed had experienced all these things. Moreover, lockdowns had stopped them from seeing the friends they did have, which meant they “went for days without talking to anyone” [Sara] and felt isolated with worse mental health. The coach moreover pointed out a systemic problem whereby some young women were prevented from seeing friends and family, and from telling people their address, in compliance with a child protection plan. The coach felt that such plans made young women more isolated and vulnerable to further abuse. Speaking about one case in particular, the coach said “she wants somebody to care for her, she wants to feel like she's not on her own, which is completely understandable. And that makes her vulnerable to predatory men.” Given all of this, young women did not always have supportive relationships with others at the time of their interview. This finding echoes the post-support survey findings.

Jaya said that support from the coach alongside support from Next Link’s BAME worker, was enough of a relationship for the time being and now that the acute crisis period was over, she did not feel the need to talk to others:

Jaya: “I’m an introvert, I have people around me, but I don’t talk about my personal life a lot, so everything was inside. But when I talked to the coach and Next Link I could open up and talk about my problems. Now I know everything’s going to be sorted I don’t need to talk as much, I just keep myself busy with lots of things.”

Young women also recognised that the coach’s support was not going to be in place forever, and they would need relationships in future: as Sara said, “the coach can check in on me but it’s not the same.” Some said they might be more likely to talk to someone who had a similar experience and found it difficult that no one they knew had this experience.

Young women told the coach about their feelings of isolation and welcomed her suggestions to join community groups and volunteering schemes, but lockdowns and COVID-19 restrictions made access difficult. The coach echoed this and said, “I can try to build their confidence, but they don't have avenues to make connections at the moment because nothing’s open...it's been difficult to maintain existing relationships, let alone building new relationships. That's been a difficult, if not impossible, aspect.” Furthermore, some young

women said that getting access to documents (e.g., certificates, passports) that would allow them to volunteer was not possible because they were in the perpetrators' homes.

The coach and young women pointed out that others did have **supportive and understanding relationships with friends and family** and this had been consistent throughout their abusive experience. Haniya talked about being able to rely on her close friends. Nina shared that family and friends were pivotal in supporting her to recognise and move on from the abusive relationship. She felt her relationships were better now after coaching because her mental health had improved: previously, Nina experienced periods of numbness where she felt unable to care for others. She was also further along in her journey of recovery, and felt more able to be open, honest, and on the same page as her friends and family about her experiences and feelings:

Nina: "I have a good relationship with my siblings. I have really supportive friends and family who understand what it's been like, how bad. But for a long time, I wasn't honest with them, I hid a lot of it, in any relationships I had, whether it's a friend, I almost didn't know how to handle situations because of the abuse, I took the blame for a lot of what he did and told everyone it's my fault. I was protecting someone who would never protect me and hasn't protected his child. I'd defend him to my mum, to everyone. But realistically, he was what everyone was saying."

Theme 10: Overall reflections on areas for improvement and key outcomes

Young women did not offer up many ways in which the service could be improved except for wanting a little more flexibility, such as around where to meet the coach and where to be housed. However, they recognised that COVID-19 restrictions and concerns about their safety restricted their options. They also suggested that it would be useful not to make substantial changes (such as instigating legal processes and moving house) on Fridays because they could not get support over the weekend, which was difficult.

Overall, young women reflected positively on the support they had received: "I'm glad I sought support. It's been really good. I'd recommend it to people. She was friendly and helpful" [Sara]; "I can't fault her in any way, she's so nice, really helpful...I appreciate it a lot; I'm thankful for everything she's done; she has helped me a *lot* to get through bad times. It's been good having her" [Haniya]. Jaya reflected that when she came to 1625ip she was "was alone and new in this country". The support came at a time when she was distressed and in danger but at the same time under pressure to arrange finances, housing, and employment. The support helped her understand how to live in the UK in safety:

Jaya: "I was confused and lost about everything. Without the coach, I don't know what I would do. I wouldn't have thought about a lot of the things she was telling me, I would not have been able to understand the process at all, I had no idea how things work here, I was in the dark. Now I know a lot of things."

Nina reflected on the coach's impact on her wellbeing: "It has helped me massively, it helped me get to this place. I am glad that I met her because otherwise, I don't think I would have ever seen my worth."

6. Evaluation with Practice Development Group

6.1 Aim of this section

This section aimed to look for evidence of the Salus Project's intended outcomes for the sector. The indicators for success here were for there to be **partnership working in place between partner organisations** (i.e., SARSAS, Julian House, and Next Link); **learnings and best practice to be identified and implemented** (via the Practice Development Group); **improved referral pathways** (for results on this see section 5.3.1); **tools and resources** to support DVA/SVA in homelessness charities in place; and learning to be shared via relevant local and national fora. The overall intended outcome was for a **collective voice** of young women facing homelessness and DVA/SVA to be heard through relevant platforms (e.g., through stories, insights, and learning). The intention was for the collective voice to **influence policy and practice** concerning DVA/SVA and homelessness. Another aspect of the Salus Project was to **develop gender-informed working**, in recognition of the gendered nature of DVA/SVA, and **to facilitate 'systems change.'**

6.2 Methods

Sector-wide change was evaluated via:

1. case examples of systems change
2. an outline of ways that collective voice has been heard, i.e., case studies
3. an outline of tools and resources developed
4. outline of best practice dissemination via local and national fora.
5. qualitative analysis⁴² of online focus group with the Practice Development Group⁴³, and separate interviews with the coach and Next Link crisis response and duty helpline teams' manager, illustrating learnings and best practice identified and implemented

An analysis of Practice Development Group minutes provided context and is interwoven throughout this section.

The case studies, systems change, tools, and resources are part of the legacy of the Salus Project.

⁴² Ritchie, J., Spencer, L., & O'Connor, W. (2003). Carrying out qualitative analysis. *Qualitative research practice: A guide for social science students and researchers*, 2003, 219-62.

⁴³ This included a breakout room for 1625ip colleagues and SARSAS, Julian House, and Next Link colleagues to discuss challenges of partnership working and then sharing of challenges as a whole group

6.3 Results

6.3.1 Case example of systems change

1625ip's MAPS service and Next Link

In February 2020, 1625ip facilitated a dialogue between Next Link and Bristol Youth MAPS (MAPS) to talk to them about the Salus Project and explore how the coach could support referral pathways for young women caught between the services.

Three key issues needed improvement. First, young women who seek support from Next Link might be discharged from their service upon referral to 1625ip supported accommodation because such accommodation comes with support workers. However, these support workers may not be well-placed to help with DVA/SVA and young women may benefit from ongoing specialist DVA/SVA support.

Second, young women might approach MAPS and say they are experiencing DVA/SVA but not meet the criteria for MAPS to provide housing. MAPS might refer them to Next Link, but Next Link's policy is that if a person does not answer their phone three times (which is common among young people) they are discharged. Again, these young women may benefit from ongoing specialist DVA/SVA support.

Finally, funding restrictions limit Next Link to support only those women practically able to leave and move on from relationships. Duty and crisis teams can support with immediate safety, refuge, safety planning, and legal processes over four weeks. Therefore, a large demographic in the locality is systematically cut off from accessing DVA/SVA support. Many young women referred to 1625ip are at a much earlier point, sometimes not easily able to identify their experience as abuse. This requires time for relationship building and significant emotional work to provide them with the tools and empower them to recognise risk and enhance safety.

1625ip identified there was a role for the coach's service to offer interim support for those not receiving support from Next Link, or to support for them to engage with Next Link in a meaningful way.

Following the meeting with colleagues at Next Link, the coach began liaising with the MAPS manager to identify and close gaps in service provision. Inter-service understanding began to improve as a result. This work continued throughout the project: the coach worked closely with Next Link and MAPS colleagues on a case-by-case basis, as well as looking at systemic changes required.

By September 2020, the coach had collaborated with the MAPS manager to develop a new procedure when signing up young women: to make them fully aware of all support avenues available and to support them to engage with the coach now or later (since some young women feel unable to engage meaningfully at the initial point of the offer). The coach provided training to all colleagues at MAPS and the duty and crisis teams at Next Link on the new procedure.

The new process with MAPS resulted in additional referrals to the coach for one-to-one support as well as an increase in colleagues approaching the coach for mentoring support and advice on cases where the young person did not want to engage with one-to-one support at the time.

Other examples of positive steps towards systems change included:

- discussions with Lighthouse about improving referral pathways. As mentioned earlier, Lighthouse was unable to refer to 1625ip without the young woman's consent due to GDPR, but one positive aspect was that Lighthouse was made aware of 1625ip's service.
- 1625ip re-establishing a direct link with the MARAC coordinator to ensure that 1625ip are represented when necessary.
- examples of joint working, such as a case with Next Link of a young woman who was a survivor of forced marriage. The coach was able to add resource as this case was complex and involved applying for leave to remain.

6.3.2 Collective voice via case studies and their influence on policy and practice

Six case studies illustrating young women's support were developed and shared in the Practice Development Group and with Homeless Link. To preserve anonymity, they are not presented here but have been submitted as part of the UK Government's Violence Against Women and Girls (VAWG) consultation and for funding bids. 1625ip's submission to the consultation focused on presenting evidence for the need for DVA/SVA services to be more flexible and accessible to young people who are also facing homelessness; for DVA/SVA support to be embedded within other young people's homelessness services; the importance of providing emotional support to young women not 'currently at immediate risk'; and the need for safe and appropriate emergency accommodation options for young women.

In the focus group (presented below), 1625ip colleagues from the Practice Development Group reflected that the case studies successfully showed "a range of experience" and were "a strong way to represent [young women's collective] voices". But colleagues also reflected that capturing a collective voice was one aspect they perhaps did not have "enough focus on, [particularly thinking] more creatively about how it can be captured". They also pointed out that some young women had not reached a place in their recovery and support journey where they had found their voices or were not ready to make their voices heard

6.3.3. Tools and resources developed

SARSAS has produced a webinar for ongoing use with selected 1625ip colleagues to improve their understanding of issues surrounding SVA. This offers some sustainability if the coach role does not continue due to funding. 1625ip has produced a reference guide for helpline workers at SARSAS to enable them to better support and signpost young women for whom homelessness is a risk. 1625ip is also exploring the possibility of working with SARSAS to produce a young person's version of their self-help guide, and of sharing the training materials developed during the Salus Project via the Informing Futures toolkit, so they can be accessed by a wider range of agencies involved in the support of young women.

6.3.4 Review of best practice with relevant local and national fora

As well as the VAWG consultation mentioned above, sharing of best practice was achieved via presentations and workshops including the following

Sexual abuse awareness week	1st Feb
Sexual Violence Reference Group (Bristol)	10 th Feb
Homeless Link grantee conference	18 th March
International Women's Day	8 th March
Rape Crisis England & Wales annual conference – workshop delivered by 1625IP & SARSAS	2 nd Dec
Webinar: Ensuring the safety of women experiencing homelessness during the COVID-19 crisis and beyond.	30 th April
Grantee learning event	23rd June

6.3.5 Focus group with Practice Development Group and interviews with key colleagues

Participants

All partners from the Practice Development Group were offered the opportunity to participate in a focus group discussion and all took this up. Initials, organisation, and job role are outlined below. This section also draws on a separate interview with the coach and with Next Link's crisis response and duty helpline team manager.

Initial	Organisation	Role
Practice Development Group focus group		
CB	1625ip	Transitions & resilience team manager
DT	1625ip	Operations Director
CB	SARSAS	CEO
AM	Julian House	Service development manager
JW	Next Link	Senior services manager
Interviews with key colleagues		
CC	Next Link	Crisis response and duty helpline teams' manager
AL	1625ip	Wellbeing Coach

The themes from the analysis of interview data are summarised in the table and presented in turn below with illustrative quotations. The themes correspond to the mechanisms of impact (i.e., the key aspects of the partnership that made it work), the outcomes (i.e., what the service led to), and overall reflections. The mechanism of impact here was the commitment of and communication between partners, as well as the eventual consistency in personnel. The outcomes were service improvement within and across the sector, better support for young women, and steps towards gendered-informed working and systems change. **Bold font** indicates findings that align with the intended outcomes above.

Themes

MECHANISMS OF IMPACT

Theme 1: Commitment, communication, consistency in personnel

OUTCOMES

Theme 2: Service improvement within and across the sector through increased understanding, expertise, and accountability

Theme 3: Providing collaborative, holistic and needs-led support to young women

Theme 4: Steps towards being more gender-informed

Theme 5: Steps towards systems change (but still a long way to go)

OVERALL REFLECTIONS AND AREAS FOR MORE WORK

Theme 6: Impact of COVID-19 and barriers and learnings

MECHANISMS OF IMPACT

Theme 1: Commitment, communication, consistency in personnel

1625ip Practice Development Group ('Group' hereafter) members reflected that in the bid writing stage for the project, there was "absolute commitment and supportive relationships" from the project partners (i.e., SARSAS, Julian House, and Next Link). The Group also felt that 1625ip had brought together the right organisations for the Group. However, they also reflected that they had not met as a whole team at any stage during bid-writing, which may have been helpful.

Reflecting on the initial stages of the project after it was funded, the Group said individuals had varying interpretations of the project's intended outcomes. Regular meetings with *all* partners during bid development, and collective agreement upon clear and measurable outcomes at the outset, would have saved time and increased clarity at the start of the project. They also highlighted the importance of having consistency in the makeup of the Group, specifically, having the 1625ip colleague who had developed the bid involved to steer the project operationally and strategically. This was not the case in the initial stages of the project but was rectified when DT re-joined the Group. DT's involvement improved "momentum...focus and drive" in the project, which was important because "short life projects require sprinting from the start" [DT 1625ip].

Regarding consistency from the partner organisations, analysis of Group meeting minutes shows that each meeting had representation from the partner organisations except one where Julian House was unable to attend. Next Link had several different representatives which "was helpful for getting to know people" [CB SARSAS] but on reflection, the Group thought this caused difficulties as no one person had a complete overview of the project.

Next Link had a different relationship to the project, being a strategic partner but not an operational partner, which created different dynamics. 1625ip had decided to have two separate meetings, one for operational and one for strategic discussions, which proved complicated to organise. Moreover, the discussions did not split neatly into these two categories leaving partners feeling apologetic for talking about the 'wrong' aspect in a meeting. It also led to a lack of clarity of what Next Link's role was both from other partner organisations and Next Link themselves. 1625ip reflected that in a short-term project

everything tends to have direct operational links and so splitting the Group and the meetings in this way was not useful. This was addressed about a third of the way through the project.

1625ip also emphasised the importance of buy-in, commitment, and motivation among all colleagues in partner organisations (i.e., not just members of the Group) to deliver on the project operationally (e.g., delivering training). Training, in particular, was difficult to organise—as the coach reflected, “there was lots of confusion around who needs what training, what’s going to be useful for them...that needed to have been super clear at the beginning because we spent so much time trying to suss it out” [AL, 1625ip]. To this end, Group members thought having other senior colleagues involved in the Group in some way would have been useful.

Consistency and personnel issues aside, Group members remained in communication and continued to build their relationships once the project launched despite extraordinary demands on capacity due to COVID-19. 1625ip colleagues commented that partners were clearly committed and enthusiastic, and partners reflected that the meetings were well organised and they had worked together well: “it’s amazing that we’ve done it, we’ve got to [the] end of this in a positive way, we’ve managed to do something in what was a difficult time for everybody” [AM Julian House].

OUTCOMES

Theme 2: Service improvement within and across the sector through increased understanding, expertise, and accountability

Group members were asked about the outcomes of partnership working. They unanimously said that working together had led to a **better understanding of other organisations** “which can seem very ‘other’ and very different” but in reality “have common aims” [AM Julian House]. Working together “led to knowing and understanding what others are doing and faced with and what their priorities are” [JW Next Link]. This increase in knowledge and understanding led Group members to recognise how they might “come together and grow” [JW Next Link] in working towards shared goals (i.e., to better support young women).

Specifically, the partnership led to **better collaboration and use of existing models** (i.e., not reinventing the wheel): “[partnership work] gives you license to talk about things in a constructive way, which can bring things forward together” [JW Next Link]. AM continued:

AM [Julian House]: “It gives you the opportunity to reflect on your organisation’s practice. We might be doing something in a particular way, and rather than reinventing the wheel, we can think maybe we can go in this direction [that we’ve learned about from partnership]. [Working together makes you realise that] it’s not about ego; it’s about recognising need and taking steps forward and doing things better.”

Linking on from this idea of not reinventing the wheel, 1625ip as an organisation felt that **through the partnership, they could learn from, be accountable to, and identify gaps between themselves and specialist organisations**. This learning helped the services to evolve:

DT [1625ip]: “We are not a specialist VAWG organisation and we need to ensure accountability and links with VAWG organisations to ensure no inadvertent stepping on toes, undermining, and missing opportunities. Having a partnership set up to do that feels like a safety framework. So, there’s a service improvement angle: the Group has helped services evolve.”

Working together also led Group members to feel more confident in contacting “go-to people for queries” [AM Julian House] and **more broadly to share expertise:**

CB [1625ip]: “Not being from DVA/SVA background myself it’s been helpful, supportive, and encouraging to have access to members of the Group with that experience, wisdom, and knowledge. It’s been a good scaffolding for that [learning].”

CB [SARSAS]: “In our organisation, there’s a lot of fear around homelessness and young people around saying the right thing, knowing where you can go, and support you can offer. So, having this Group and knowing who to contact will be really helpful. As will the training as it beds in.”

Next Link colleagues pointed out that they could share resources and links with 1625ip: they had long-standing links with DVA solicitors and employed specialist colleagues such as BAME IDVAs, so felt that keeping “channels open” [CC Next Link] to work with 1625ip would be beneficial for providing holistic support for young women.

All Group members said that they had learnt new ways of working from the partnership that would enhance their organisation’s practice in future:

CB [SARSAS]: “It reminds us of multiple disadvantage: people have a lot going on as well as SVA. How we can better support them where they’re at has been good learning.”

AM [Julian House]: “In Julian House, we have a good understanding of homelessness but how it affects *young* people, that additional knowledge has been really useful.”

Overall, as the coach said, working together “on an operational level to bridge the gaps [was] dreamy, that’s the sort of thing that really needs to be happening” [AL 1625ip].

Theme 3: Providing collaborative, holistic, and needs-led support to young women

As 1625ip colleagues and young women in earlier sections indicated, the Group indicated that collaboration led to providing **better support**, i.e., support that was holistic, needs-led, informed by multiple disadvantage, and **to a wider reach of young women:**

DT [1625ip]: “We’re working with complex young people. None come with a single issue – homelessness but there’ll be a whole bunch of stuff behind that. Young people get sick of having too many people: it feels like interference, rather than a

coordinated team, where they need to manage the organisations and agendas. That's the really important part of partnership working – the openness and communication it brings. It's easier for young people in terms of how they can move forward and feel safe...by doing partnership work you just increase the reach of what you're offering, and the groups you can engage with."

The Group pointed out that case studies illustrated legitimate reasons that women were not engaging in specialist services. Regarding work with Next Link specifically, the coach felt that 1625ip's work was largely "complementary" but there was some overlap. However, the coach said that she was "only providing a service to young people where they don't fit into an existing service or want to engage with that service, as is their right... it's just it's providing a bigger safety net for people across the [local] authorit[ies]". Having both options meant young women could "choose what support feels most comfortable for them" and gave young women more "autonomy and a say in what their support and journey look like" [AL, 1625ip]. Next Link colleagues echoed this:

CC [Next Link]: "It's about making sure that those young people get the service that they need. And at the moment, we don't have a specific young person's team. And if someone isn't engaged with the [more general support], we'd always rather that they got some support from somewhere. It's building those pathways and relationships between the two."

On the provision of SARSAS counselling to 1625ip's young women, the Group reflected that it had several positive outcomes. Although uptake was low, the Group felt that another important outcome was that several women had been *offered* counselling and had made a *considered* decision to turn it down (e.g., not feeling ready to commit to 12 weeks of exploring their experiences). They were able to explore other support options for these young women:

CB [SARSAS]: "Even doing those assessments and talking to the coach about readiness for counselling, the best way to support, counselling not being a quick fix, has been useful. Some women could choose that counselling wasn't for them. That's useful, good learning around what is the best support for young women who have experienced SVA and what might work well for them...support work can work really well, grounding techniques, breathing, not delving into what happened.... Deciding that something's not for you can be empowering too."

This finding echoes 1625ip colleagues' views (see theme 6, section 4.3.3).

Theme 4: Steps towards being more gender-informed

The coach reflected that the gender-informed and woman-focused nature of the role worked well and was appropriate:

AL [1625ip]: "Overwhelmingly, it is women that are victims of DVA and SVA. There's a need for healthy relationships work with young men, but often that's about teaching them not to be perpetrators... Even with keyworker coaching, I haven't really had anyone approach me and say, 'I've got this young man and he's in a really unhealthy

relationship,' It's mostly, 'I've got this young man and I'm worried about how he's treating his girlfriend'".

The coach reflected that lower-level preventative support around healthy relationships for young women and men through groupwork might have been useful, but that it was the right decision not to specifically address men's perpetration within the Salus Project because it requires a different skillset and training.

1625ip colleagues nevertheless recognised scope for growth around gender-informed working, a bedrock of the other organisations. "we've had interesting conversations in team meetings and clinical supervision around improving people's awareness around gender-informed practice [and] there's still work to do with some people" [CB 1625ip]. This finding echoes the training feedback in section 4.3.1, where some 1625ip staff said their colleagues veered towards explaining or justifying abuse. Moreover, several colleagues did not think training developed understandings around the gendered nature of DVA/SVA. Rather than through training, the Group reflected that improving gender-informed work needed to happen through "constructive conversation and positive challenge" [CB 1625ip] where "sentiments can be named, and assumptions explored" [DT 1625ip]. Working in partnership and having the coach had given their colleagues "a better vocabulary for talking about it, and confidence to challenge when they hear something that doesn't feel comfortable. That's what you need to do to change entrenched prejudices and attitudes" [CB 1625ip].

Theme 5: Steps towards systems change (but still a long way to go)

Steps towards systems change

All Group members identified the steps they had made towards systems change: the bridge between MAPS and Next Link, sharing of expertise and approaches, knowing go-to people within the sector, and forging a link between SARSAS and 1625ip for counselling. Group members moreover pointed out, "we haven't been able to do anything in the way we thought we would so the **whole project has been systems change** in terms of how we maintain relationships with young women when we can't work in ways we normally could" [CB 1625ip]. **The project also increased the likelihood of future systems change:** "it's hard to evidence a need for a service like this – that's why we get short term funding because there's a risk – so now we have a body of evidence" [DT 1625ip]. Group members felt that in particular they had generated evidence for the value and need for *integrating* services as a way of making services cohesive (a necessary component of systems change). Integrated services ultimately meet the needs of more young women: "I don't think anyone on the coach's caseload is just working with her: we've recognised the value of that and why it works. It widens the envelope of options so that anyone's needs can be met" [DT 1625ip].

Space for learning

Systems change requires there to be space for learning. Group members felt that there had "been learning, without a shadow of a doubt" [AM Julian House] albeit the learning was different from what they envisaged due to COVID-19. However, Group members also said there had not been enough *space* for that learning "there hasn't been space to reflect. That's typical of short-term projects. But exacerbated by COVID" [CB SARSAS]. On reflection, 1625ip members felt that more time was needed in the project's initial set-up to think through goals and how to achieve them and to bring these more exploratory conversations into

Group meetings. Group members thought they ought to have “set aside half an hour at each governance meeting to proactively look at a couple of case studies and have reflective conversations” [DT 1625ip] including “the bigger questions like young women’s voice and gender-informed practice” [CB 1625ip]. Ringfencing time for reflective conversations, outside of meetings about operations and monitoring, “would have been a good way to make that space” [CB 1625ip] since it is “hard to find time for reflection and creative thinking in day to day” work [DT 1625ip].

The Group highlighted the difficulties with measuring change particularly in a short life project:

CB [SARSAS]: “We had a short turnout to develop the project and we didn’t know how it was going to play out: with shorter-term projects you don’t have the luxury of time. There’s still uncertainty on how we’re going to measure things. In a three-year project that’s normal, you can figure it out. There’s learning there on how much we commit to delivering. It was already a strong bid and I think we may have tried to overdeliver and then a pandemic.”

Longevity of funding

Group members recognised that there was more work to be done, but said this would require “longevity of funding” [AM Julian House] and for there to be “someone in the role [long term] who has that focus” i.e., the coach: “she’s operationally the one who’s out there, talking to young women, dealing with services, referrals” [CB 1625ip]. 1625ip had identified more areas for systems change, e.g., building a bridge between themselves and Lighthouse but it “would not be right to introduce more referrals we aren’t going to be able to see” [CB 1625ip]. Members said that short term funding limits “how [systems] change is implemented and makes it difficult to keep the key work happening” [AM Julian House].

OVERALL REFLECTIONS AND AREAS FOR MORE WORK

Theme 6: Impact of COVID-19, barriers and learnings

Inevitably discussion in the focus group explored the impact of COVID-19 on the Salus Project, as well as the ‘pandemic within the pandemic’—the rise in DVA cases during the pandemic and the resulting demand on services⁴⁴: As one member said, “demand has gone through the roof, up by 35%-40%. We have seen astronomical pulls on all our services” [JW Next Link].

Overall, COVID-19 and subsequent restrictions prevented relationship building. In usual circumstances, the organisations would “have had more interactions, which would have felt more natural and built understanding. Things you’d normally do when you hit a brick wall, get together and go for lunch, we couldn’t do” [CB 1625ip]. COVID-related delays left less time to see the project’s “impact on colleagues at Julian House and SARSAS. The impact will be happening, but we won’t be able to report it” [CB, SARSAS]. As section 2.3 outlines, COVID-

⁴⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

19 also prevented integration and collaboration between the different services through halting groupwork and the coach spending time in other organisations. On the coach's mentorship role for SARSAS, Group members said:

CB [SARSAS]: "I don't know that the relationships were able to develop the way they might have done if we were doing things in person. I feel for the coach: she didn't get a flavour of the organisation or the ability to engage in the way I imagined—i.e., being at our offices a couple of times a month to talk to people about homelessness and have a mentor role. Everything was more formal and difficult and relied on arranging meetings all the time."

DT [1625ip]: "Yes, not only could she not do that, but we had to develop and maintain a relationship in a virtual world—a new experience for all of us."

Participants were keen to explore the groupwork aspect in future:

AM [Julian House]: "The training was important but the groupwork was putting fire in my belly. It would have pulled relationships together. We'd done some preliminary work, and this would've built on learning from that."

CB [1625ip]: "Yes, developing a groupwork offer flexible for young people was one of the things I felt passionate about. I'm really sad we've not had the opportunity to do that."

They reflected that groupwork "is where you have a cohort of people who can draw strength from each other [and] can be a representation of [collective] voice" [DT, 1625ip]. Group members nonetheless stood by the decision not to have attempted online delivery of groupwork:

AM [Julian House]: "We've been delivering groupwork with children and young people and the majority are not loving online stuff. We've been delivering Freedom Programme online with a group of adult women and it works well, but with young people, relationship building is key. To put that relationship online brings difficulties. You also have to think about safety."

CB [1625ip]: "Yes, elsewhere in the organisation, where it's succeeded is if there was already a group, or a group relationship existing. We didn't have that: this project was new, so it would have been difficult. And with this cohort, I don't know how we'd have got to a point where we could feel we could protect them and do it safely."

Engagement and access to technology were additional issues:

DT [1625ip]: "Virtual engagement has been difficult in other areas of service even with more fun and light-hearted groupwork."

JW [Next Link]: "We've been doing peer support and Freedom remotely and it's been hard to connect for a whole host of reasons: getting Wi-Fi, data... People fade off, [unlike] if you're in a room together."

Despite this, one member reflected that online delivery may be more possible if the project were continuing for another year because “everything we’ve learnt in the past year about digital engagement might leave us more equipped to trying it” [CB 1625ip].

Lack of boundaries around support

Alongside the above discussions, the coach reflected that the cancellation of groupwork was “a bit of a relief”: the intensity of one-to-one support along with groupwork may have been “too big to deliver.” Due to the wide-ranging support the coach provided, and the fact that types of support were not specified in the contract, it was initially difficult for the coach to set boundaries around how much support to provide to each young woman. Guidance from her line manager (CB 1625ip) was crucial for the coach to devise these boundaries. Together they were able to review the caseload and spend time reflecting on where her efforts to support would be best placed:

AL (1625ip): “I did struggle with feeling there weren't any boundaries at all. CB [1625ip] has been absolutely amazing in holding me and the service and I've been able to articulate when I'm feeling like that. With her, I've gone through my list to see where I'm at with the young women, what their engagement has been like so far. 'I can see a pattern here of this person is just not interested' rather than 'I can see a pattern of this person really struggling.' “

In this way, the coach made her workload manageable and close the cases of young women who did not seem to want support in a safe and supportive way: “I could say, 'I'm going to end it there, please contact me if you want any support in the future' [AL, 1625ip].

7. Lessons learnt

This section aims to summarise the main lessons learnt from the Salus Project. These point to ways in which the service and partnership working could be improved in future.

Scope of the project: general healthy relationships and specialist DVA/SVA support

The project originally had a general healthy relationships aspect, intended to provide education and early intervention support for young women to recognise what healthy relationships look like, as well as the specific DVA/SVA support aspect. Due to COVID-19 and the subsequent halting of groupwork, the delivered project focused primarily on the latter and much less so on the former. The coach's role was originally called 'a healthy relationships coach.' Moreover, one of the intended outcomes of the project was to improve understandings of healthy relationships, and the original evaluation form that was going to be used with young women asked about their understanding of healthy relationships. Young women who had experienced DVA/SVA said they were assaulted or were trapped in an abusive relationship but knew what healthy relationships were. It was therefore useful that the coach could introduce herself as a wellbeing coach who specialises in healthy relationships and DVA/SVA, or relationships and use the terms flexibly according to the young woman. **A lesson learnt is that while lacking an understanding of healthy relationships and experiencing DVA/SVA will sometimes overlap, in other cases, they will not: specific outcomes are needed for young women learning about healthy relationships and young women who have experienced DVA/SVA.**

The coach reflected that if the healthy relationships groupwork aspect had gone ahead, the project might have been too big. Moreover, the coach and colleagues felt that young women may not want to engage in groupwork. **A lesson learnt is that offering both one-to-one and groupwork options is valuable to give young women choice, but future projects need adequate resource to do preventative and low-level healthy relationships work, as well as tertiary and intensive DVA/SVA work.**

One-to-one support

Young women suggested that it would be useful not to make changes, e.g., move house, on Fridays because they could not get support over the weekend, which was difficult. **A lesson learned is where possible, unless adequate support is available on the weekend, interventions that could cause distress to young women should be avoided on Fridays.**

Offer of counselling

The project provided funding for 48 sessions of specialist counselling for young women with SARSAS. It was originally envisaged that this would provide four young women with twelve sessions each. However, uptake was low. **A lesson learned is that end-to-end support is needed to successfully refer young women for counselling. The referrers need a good understanding of what it means to be 'therapy ready' and what the therapy will entail to inform the young women. The counselling provider needs a good understanding of the additional flexibility that young women with complex needs are likely to need in**

terms of assessment processes and arranging appointments. A direct channel of communication between referrer and provider is essential.

Gender-informed approach: working with men and LGBT+ people

Constructive conversation and positive challenge are needed to enhance gender-informed working and appropriate responses to young men's use of abusive behaviours. **A lesson learned is that there should be dedicated discussion time, separate to training about female victims/survivors, led by those with expertise, for exploring the identification of and response to young men who use abusive behaviours.** Such discussion might include the risk factors for using abuse and around non-collusive responses to abuse, with links to appropriate programmes (e.g., perpetrator programmes) where available. Training feedback also suggested that "non-heterosexual" SVA could have been covered more explicitly, and 1625ip colleagues said they had identified that LGBT+ young people were experiencing abusive behaviours—which suggests a need to recognise the **dynamics and impact of DVA/SVA with people who are LGBT+.**

Training

Developing adequate and appropriate training was time-consuming. Trainees within organisations reflected that they wanted different levels of training to acknowledge prior understanding and meet different needs. **A lesson learnt is for a thorough training needs analysis to be conducted before embarking on training delivery.** Encouraging training attendance from colleagues in partner organisations was also difficult: **a lesson learnt is that training requests need to be managed differently, or that better buy-in from senior or training colleagues in the partner organisations is needed.**

Record keeping and capturing change

Keyworkers did not always make notes on the case management system of what coaching they had received. Partway through the project, the coach began opening a 'timeline' (notes) for the young women whose keyworkers she had coached. This was not always possible as sometimes keyworkers did not disclose the young person's name and sometimes, they were just seeking general advice. When keyworkers did make notes, they were not always detailed. **A lesson learned is that a recording process should have been devised from the outset to capture all coaching and mentoring.** Alternatively, given the difficulty of capturing the impact of the work, 1625ip could formulate a transparent way to estimate the potential reach of coaching and mentoring that does not rely on case management notes.

Personnel involved in Practice Development Group

Colleagues reflected that collectively agreeing upon clear and measurable outcomes at the outset would have been beneficial. Having one person who was involved in bid development to then launch the project would also help to manage the project effectively. 1625ip Group members also emphasised the importance of buy-in, commitment, and motivation among all colleagues in partner organisations (i.e., not just members of the Group) to deliver on the project operationally. **A lesson learned is that having other senior colleagues involved in the Practice Development Group (including those who manage staff training) could have been useful. Moreover, having more time in the project's initial set-up to think through goals and how to achieve them would have been valuable.**

Reflections, learnings, and systems change

Members said there had not been enough space for learning and reflection in Practice Development Group meetings including around bigger questions such as capturing collective voice and enhancing gender-informed practice. More time was also needed for building relationships with other organisations such as Lighthouse. **A lesson learned is to allow for more time to work towards systems change, with ringfenced time to build relationships with relevant agencies/services, to reflect on case studies, and to focus on questions such as how best to capture young women's voices and how to further gender-informed practice.**