



‘They saved my life’

Evaluation of Ascent Advice and Counselling (A&C) and Ascent Advice Plus Evaluation

Final Report
2017-2021



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Introduction

This is an evaluation of the Ascent Advice & Counselling (A&C) partnership which delivers free, confidential and specialist support, advice and counselling for women and girls in London who have experienced domestic and/or sexual violence. Originally funded by London Councils in 2013, additional funding from the Mayor's Office for Policing and Crime (MOPAC) since 2020 has enabled the extension of the Ascent A&C advice provision in a number of areas in the form of Ascent Advice Plus. Capacity was further increased by an emergency grant awarded by the Ministry of Justice (MoJ) to meet increased need during the COVID-19 pandemic.

The Child & Woman Abuse Studies Unit was commissioned to conduct this evaluation of Ascent A&C and Ascent Advice Plus by Solace Women's Aid, the lead partner.

The evaluation covers the period April 2017 to March 2021 and was commissioned towards the end of Ascent's second four-year cycle of London Councils funding (extended to five years because of the pandemic), offering the opportunity to reflect on the impact of the service and draw lessons from a period during which the partnership has become well established.

A significant unforeseen development for the delivery of Ascent A&C during this period was the coronavirus pandemic, which has restricted face-to-face and outreach services for much of 2020-21, and the Ascent Advice Plus project has been almost entirely delivered remotely during this period. It has also meant that all methods employed in the evaluation have had to be implemented remotely.

Background to Ascent Advice & Counselling

Ascent A&C is one of ten projects delivered under the umbrella of the London Violence against Women and Girls (VAWG) Consortium. The consortium was developed to enable the specialist VAWG sector, especially the smaller 'by and for'¹ organisations that work with minoritised women, to build partnerships to bid for contracts. It was, in part, a response to the decision of London Councils to commission VAWG services on a pan-London basis. There are six strands currently funded by London Councils: advice, counselling and support to access services; helpline and coordinated access to refuge provision; prevention; ending harmful practices; support services to organisations; and specialist emergency refuge provision. The majority of services are delivered by partnerships within the VAWG consortium. The projects consistently achieve 90% or above in terms of service user satisfaction and quality assurance ranking from London Councils. Between 2017 and 2019, more than 60,000 women benefited from the full range of Ascent services.²

Ascent A&C delivers the advice and counselling package and is led by Solace Women's Aid, the largest specialist VAWG service in London that works across multiple boroughs. There are 13 other partners within the Ascent A&C partnership that provide pan-London specialist counselling and advice services including: one-to-one counselling; one-to-one

advice and case work; group work; legal advice; training and no recourse to public funds assistance.

Through funding from MOPAC, Ascent Advice Plus aimed to increase capacity in the two advice hubs and advice spokes, extend the time it was possible to work with women, expand the London legal advice line and incorporate the expertise of four additional Equality & Diversity (E&D) partners that specialise in working with disabled, deaf and hearing-impaired women, women with learning disabilities and autism, and LBT+ women.

A social impact analysis (Riley, 2015) based on Ascent A&C's first two years of operation, during which over 24,000 women and girls accessed services, was carried out in 2015. This concluded that for every £1 spent, approximately £6 of social value was created through the partnership.



Aims of the Evaluation

The brief for this evaluation specified a mixed method evaluation, using both quantitative and qualitative data. Four key areas focused on are:



Mapping

Of the service model, nature of provision, service standards, and data collection and recording systems



Performance

What the service has delivered and to whom



Process

How the service is working and is experienced by users, staff and members of the service partnership



Impact

What the service has achieved and whether it is making a difference, including whether Ascent Advice Plus adds value

These were distilled from the research aims outlined by the funder, who wished to gain insight into:

The delivery model and the different elements of the service

How the hub and spoke model is operating

How service users move through and between services and how much each component contributes to overall outcomes

Process How has the service been implemented? Is the service operating as intended? What are the views of those who use or deliver the service? Key learning and good practice, the strength of partnership working on a pan-London basis, as well as challenges experienced and suggestions for improvement.

Performance & Impact What has the service delivered and to whom? How effective are the services and are the service standards being met? Is the service delivering its intended outcomes?

What added value does the Ascent Advice Plus project bring to the Partnership and how is this demonstrated?

Methodology

These were distilled from the research aims outlined by the funder, who wished to gain insight into:

Anonymised Ascent A&C and Advice Plus monitoring data for **over 35,000** service users, as reported to funders

Interviews with **14 partner service managers and 3 E&D partners**

Survey data from **94 service users** and interviews with 16

Surveys with **42 frontline staff and 2 focus groups** with advice staff and counsellors

Survey data from **24 external stakeholders** interviews with 2

This multi-methodological approach was designed to better understand the nature of the Ascent A&C project and the range of impacts on service users, partners and external stakeholders so as to draw out learning for the partnership from different perspectives. Triangulation of different data sources also serves to strengthen findings.

The individual methods employed are explained in further detail in annex A.

Ethical Approach

We work to the British Sociological Association's ethical framework. Prior to undertaking the evaluation, full ethical approval was obtained from London Metropolitan University's Faculty of Social Sciences research ethics review panel. All participants were provided with clear information about what taking part in the evaluation would

involve to enable them to give informed consent. Interviews were scheduled at a time and in a format preferable to participants, and being especially mindful of safety and privacy issues, given that these often took place in people's homes where others could also be present due to home working and home schooling during the national lockdown.

Structure of the Report

In the rest of this report, we present findings from the range of data sources, answer some of the specific questions relevant to that data source and address the more overarching questions in a concluding section.

How Ascent Advice & Counselling works

This section describes the key elements of the service and the hub and spoke model.

Key elements of the service

Ascent A&C aims to 'increase the safety and aid recovery into independence of women and girls affected by sexual and domestic violence and abuse across London' by providing front-line services and holistic advice, counselling and support.

The Ascent A&C partnership consists of 14 organisations:

- Ashiana Network
- Asian Women's Resource Centre (AWRC)
- Chinese Information and Advice Centre (CIAC)
- EACH Counselling and Support
- IKWRO Women's Rights Organisation
- IMECE Women's Centre
- Jewish Women's Aid (JWA)
- Latin American Women's Rights Service (LAWRS)
- nia
- Rape and Sexual Abuse Support Centre (RASASC)
- Rights of Women (ROW)
- Solace Women's Aid
- Southall Black Sisters (SBS)
- Women and Girls Network (WGN)

The core services provided across the partnership fall into five main categories:

One-to-one advice – including case work and legal advice

Advice is open to all through the hubs, and there is also targeted advice based on a range of partner specialisms at the level of language and culture, forms of VAWG and other issues (e.g. legal, housing, sexual exploitation, disability and sexual orientation).

One-to-one counselling

Counselling is open to all, with specialist BME-focused counselling available for a range of groups.

Group work

Group work is open to all, and there is also specialist BME-focused group work for a range of groups.

Training

No recourse destitution fund

Services are culturally specific and are offered in a range of community languages, such as Urdu, Turkish, Kurdish and Hebrew. Since March 2020, the majority of services have been delivered remotely.

The London legal advice line delivers advice on family law issues and procedures, and produces several legal guides on this, which are carried on its website. The advice line does not exclusively deal with VAWG-related legal matters, but the majority of its callers are affected by domestic abuse and are seeking advice about related matters, such as child contact.

Legal advice line staff also conduct training on the law and legal procedures to frontline services across London, including others within the partnership. One of the hubs delivers a National Open College Network (NOCN) Level 2 award to volunteers on 'Tackling and Preventing Domestic and Sexual Violence/Abuse' and the other runs a ten-day training course for staff called 'Counselling and therapeutic interventions for working with women overcoming experiences of violence: an intersectional feminist approach'.

The No Recourse to Public Funds (NRPF) destitution fund run by one of the partners assists women who are not entitled to public funds and are experiencing VAWG and immigration issues. The fund helps women and their children in London with their housing and living costs, enabling them to enter a refuge or safe accommodation.

In applying to renew the funding from London Councils in 2017, a number of adjustments were made based on learning about what was working well and less well. This included an increased focus on specialist advice from BME³ services and three pan-London specialist workers dedicated to housing, sexual exploitation and young women.

Service delivery is distributed between the partner organisations. The organisation-based provision is specialist, targeted support in line with partners' areas of expertise, while the in-borough provision is open to any woman or girl.

There was also a renegotiation of targets, which had been unrealistic in the first funding round and made it difficult to work in a needs-led way. In the second round of funding, the allocation for casework increased from six weeks to 12 weeks (until March 2020 delivered face-to-face). Counselling was extended to up to 20 weeks in the most recent round of London Councils funding.

From January 2020, MOPAC funding enabled the extension and expansion of the Ascent A&C service through Ascent Advice Plus, providing:

Four additional partners – Galop, Respond, SignHealth, and Stay Safe East – that provide consultancy and training to assist the partnership in working with LBT+, deaf and disabled women, and women with learning disabilities and/or autism;

- Increased capacity in the two advice hubs;
- Additional caseworker posts to ensure each partner has increased capacity to respond flexibly to the diverse needs of victims/survivors and to work with women for up to 26 weeks;
- An additional part-time legal advisor to expand the London legal advice line's family law line;
- Extending reach through accessibility funds for each partner for access needs and interpreting across all London boroughs.
- Ascent also received additional uplift funding from the MoJ via MOPAC during the pandemic to increase the Ascent Advice Plus work by funding additional hours and roles, IT costs and equipment.



The Model

The Ascent model is a hub and spoke design with two advice hubs (East and West) taking initial referrals, doing a holistic assessment of risk and support needs to identify appropriate ongoing support, and referring on to advice and counselling spokes in the partner agencies and elsewhere, as appropriate. The hubs also provide immediate advice, information and advocacy support to survivors and support for professionals. Contact can be made by phone or email, and web chat is also available from the West hub.

If at the assessment a woman is deemed high risk in relation to domestic violence, she will be referred to an IDVA service. Those deemed standard and medium risk are linked with the most appropriate support service(s) either within the Ascent partnership or externally.

For counselling referrals, the partner organisation is expected to make contact within two weeks. Face-to-face appointments, will be offered to women in spokes within 5 working days for those at medium or standard risk.

Solace coordinates the East hub covering 15 boroughs, while Women and Girls Network (WGN) coordinates the West hub across 17 boroughs. The hubs operate Monday to Friday between 10am and 4pm, and two evenings between 6 and 9pm.

Each of the hubs is staffed by a full-time Advice Co-ordinator, who manages three advice caseworkers⁴, one specialist caseworker and volunteer advice workers. The London legal advice line is covered by qualified staff and volunteers who are fully qualified solicitors or barristers. The legal staff team support the volunteers, produce legal guides and deliver a series of expert-led trainings annually to professionals.

Ascent argued against a preferred single point of entry model to allow for the possibility of flow between the partners, knowing that there are many routes by which women access support. This also means that women can access a service wherever they are currently living and reduces the risk of losing access to services when moving to a different borough; a situation that can arise frequently when fleeing domestic abuse and other forms of VAWG.

“

It flows in both directions. So the spokes can refer into the hubs, and the hubs can refer into the spokes, and the spokes can mutually refer into each other... [in some boroughs] partners mutually refer into counselling and to advice, and work together in that way. So it's a bit more open (Ascent A&C Manager).

The spokes are the partner organisations that are distributed across London. One partner organisation provides one-to-one counselling in each borough. Service users are offered an assessment plus 15 sessions of counselling with the option of another five sessions where necessary. Spokes also deliver advice casework.

Counselling is delivered by qualified British Association for Counselling and Psychotherapy (BACP)-trained counsellors, some of whom are volunteers, who must be working towards BACP accreditation and have completed at least 150 hours face-to-face experience.

Ascent also signposts to other services outside the A&C partnership, but this has two layers of limitations: firstly, for those who have reached out for the first time and are anxious, making contact with a second organisation can be a step too far, and thus a lost opportunity; secondly, signposting only works if the second agency has capacity to respond, and the skills to do this effectively. This is not always the case and was one of the reasons for the creation of three specialist pan-London workers – a sexual exploitation worker based at nia, a housing worker at Solace and young people's worker at WGN – which were highlighted during the first four years of delivery as gaps in provision that required specialist, individualised support.

Ascent has delivered services for eight years, so it is a longstanding and well-functioning partnership. Borough engagement work is conducted by all partners to develop collaboration with local service providers and community-based organisations, promote the partnership and awareness of available services and ensure effective referral pathways. Partners communicate regularly with the VAWG leads in each borough and have built a range of multi-



agency connections. This was considered essential work in the early years as there was confusion and some resistance to the pan-London model at local levels, and residues remain. At borough level, some local workers argue that a regular geographic presence is needed – *‘[Some say] “well it’s all very well having this offer, but you’re not here”. They don’t like it, especially the far-flung boroughs’* (Ascent

A&C manager) – which is why the spoke part of the model matters. That said, Ascent has also noticed a loss of many borough-based services over the eight years, which has led to an increase in referrals and a sense that more referrals are for women with multiple and complex needs. This chimes with the impacts of austerity on women’s organisations described elsewhere (see Women’s Budget Group, 2018).

Partnership Structures

Ascent A&C is managed by the lead partner, Solace Women’s Aid, which employs a contracts manager and a project manager to oversee effective delivery.

Partners developed and agreed partnership standards together at the start of the project, and these have been refined over time to reflect changes to the model. All partners have signed Partnership Agreements, which outline their responsibilities and delivery standards. The lead partner monitors activities on a quarterly basis via the monitoring returns, which are submitted to London Councils, and assesses these against original targets set.

London Councils also apply RAG ratings based on three measures that contribute to an overall satisfaction rating, and this has been consistently high at around 97%. Partners scoring 70% or below are coded as red. Annual audits also

take place during which evidence of activities and quality standards are checked.

Feedback is gained via exit surveys to evidence outcomes data for funders. Partners use a range of tools internally to measure these, such as the Outcomes Star. Counselling outcomes are measured using the CORE framework. Service users are allocated a unique reference number so they can be tracked between partner organisations and only one set of outcomes is recorded per service user.

There are two layers of quarterly meetings – strand meetings for all partners in the advice and counselling strand to attend and practice specific meetings that focus more on the different roles and service delivery within partner organisations.



Performance of Ascent Advice & Counselling and Ascent Advice Plus

Drawing on the secondary analysis of project monitoring data, this section reports on the performance of Ascent A&C and Ascent Advice Plus. As these are funded by different bodies, there are some differences in the reporting requirements and the specific data gathered.

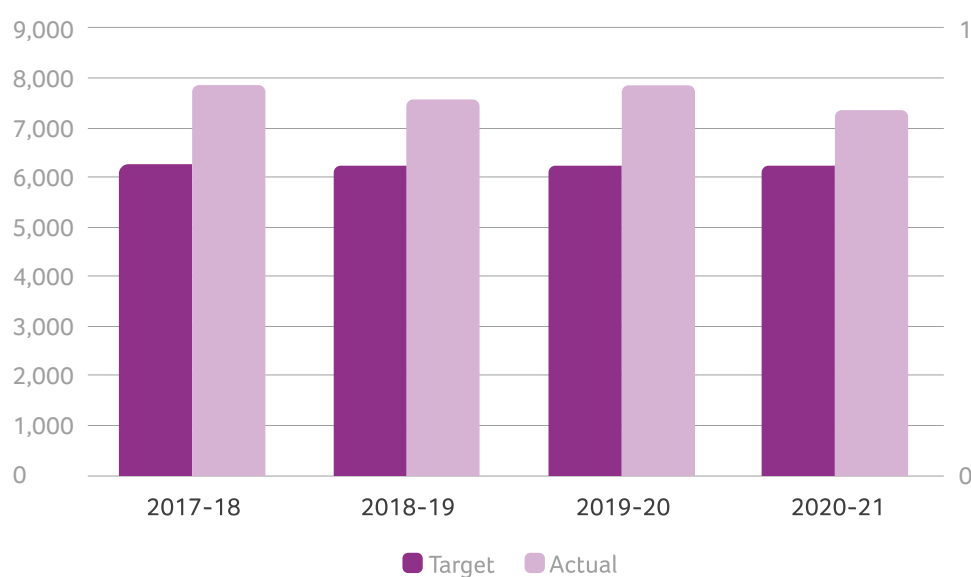
The figures for Ascent A&C are presented either annually or for the period 2017-21, as appropriate. The Advice Plus monitoring data gathered for MOPAC is slightly different to that submitted to London Councils. The principal differences are that the data are not broken down by borough but reported for London as a whole and a smaller number of outcomes are reported on. There are also some variations in the coding categories used for specific variables. Some additional details are captured about which forms of VAWG service users have experienced and specific support needs.

Because Ascent Advice Plus only began in the final quarter of 2019/20, and has only run for one full year beyond that, findings on service user demographics are based on total figures for the period covered by these five quarters.

Volume of referrals

During 2017-21, Ascent A&C exceeded its target number of referrals each year, receiving a total of 30,573 referrals overall. This was 23% above the total target for the period, which was 24,920 (see Figure 1).

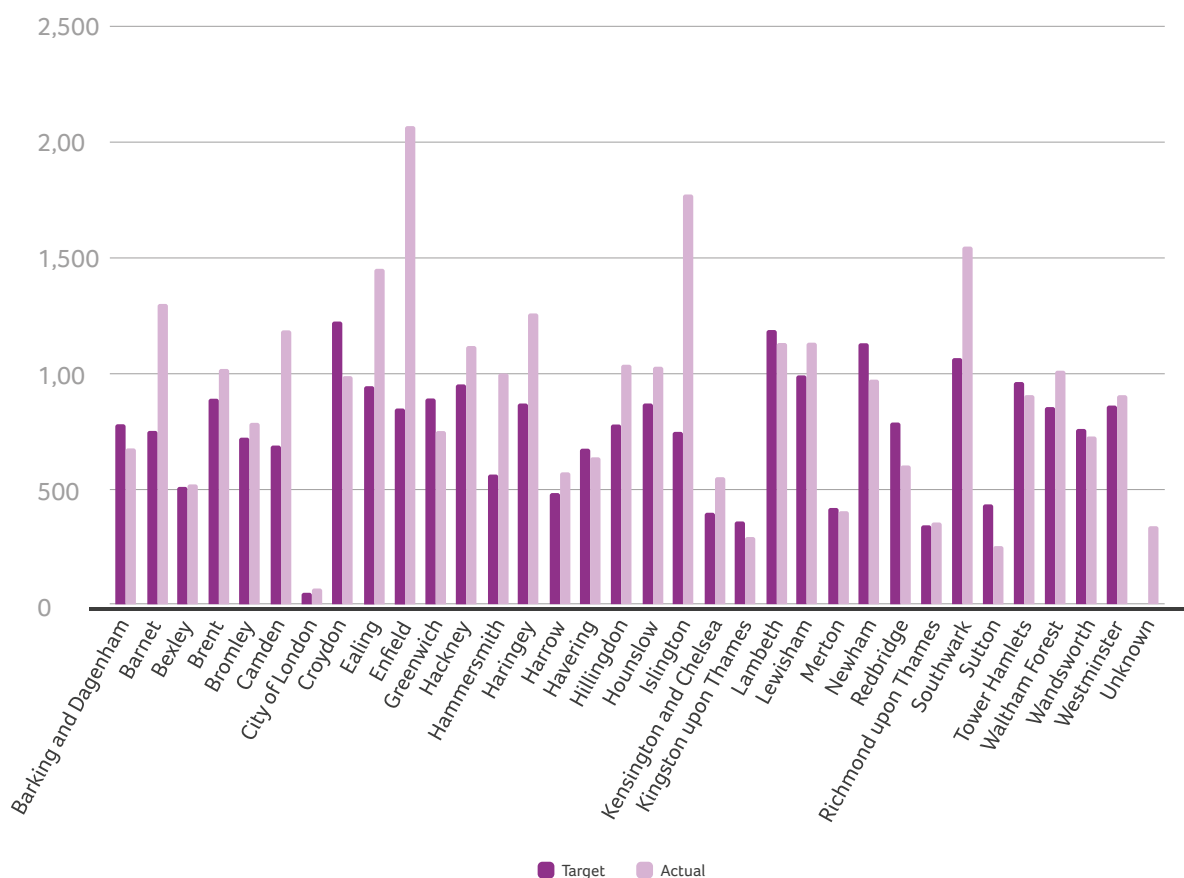
Figure 1: Annual number of new A&C service users (target and actual)



There are specific delivery targets for each borough. It should be noted that these vary from borough to borough and were originally set by London Councils using domestic abuse and sexual offences recorded crime statistics, which has evident shortcomings since not all VAWG is reported to the police. They do not necessarily correspond with demand or access to services either, as the difference between some of the targets and the actual numbers achieved indicates. Figure 2 illustrates that in 21 out of 33 boroughs the referral target was exceeded, and in a further five 90% of the referral target was met.



Figure 2: Total number of new A&C service users by borough 2017-21 (target and actual)



Where the target was not met, in only one borough was this below the 70% mark. The boroughs with the strongest performance compared to their targets reflect areas where some of the partner services are well established. Consistently under or over-utilising boroughs can create different types of challenges, such as higher demand and the need for greater in-borough engagement, which are discussed further in the section below on partner perspectives and borough allocations.

Targets for Ascent Advice Plus are detailed in Table 1 below, alongside the partnership’s performance in relation to them. While calls to the advice hubs and legal advice line were slightly below the levels projected, all other targets were comfortably met.

Table 1: Achievements of Ascent Advice Plus in relation to targets

Element of service	Total 2019/20 (q4 only)	Target for 2020/21	Total 2020/21	% of target achieved 2020/21	Project running total 2019-21
Advice hub calls	356	3,180	2,987	94%	3,343
Casework support to service users	124	605	797	132%	921
Family law line calls	0	600	534	89%	534
Specialist staff training	0	60	70	117%	70

Who uses the service?

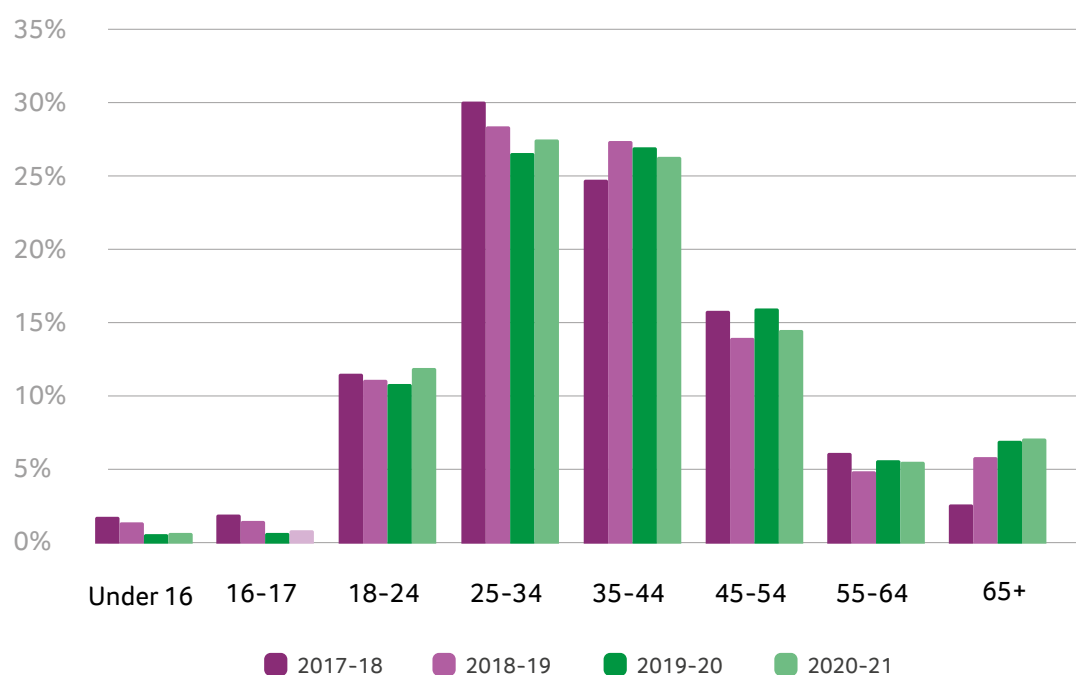
London has a population of over 8 million. The age distribution of residents is comparatively young. More than half are not white British⁵ and over one third were born outside the UK. There are estimated to be 397,000 undocumented persons, half of the UK total (Greater London Authority, 2020). An estimated 19% of the London population has a disability⁶, with higher rates evident for women (Papworth Trust, 2018), and some of the largest LBT+ communities in the UK reside there.

Ascent A&C includes a diverse range of partner organisations, reflecting the diversity of London. The partnership is committed to broadening access to specialist services for all women and girls and monitors access across each of the protected characteristics in the Equality Act 2010.

Ascent A&C and Advice Plus service delivery is focused exclusively on self-identifying women. Some professionals who access the training are men and a small number of male callers to the hubs are signposted elsewhere. A small proportion (n=200) of Ascent A&C service users from 2017-21 identify as trans women or as having a trans history, and 14 trans women accessed Ascent Advice Plus services during 2019-21.

Service users of all ages use Ascent A&C, but the more common age groups are 25-44 (see Figure 4). The number of young women under 18 appears to have declined since 2017. This may be partly linked to an increase in other specialist projects, such as couRAGEus coordinated by WGN⁷, which was funded by MOPAC at same time as Ascent Advice Plus and works with young women, and this may account for some recent reduction in numbers.

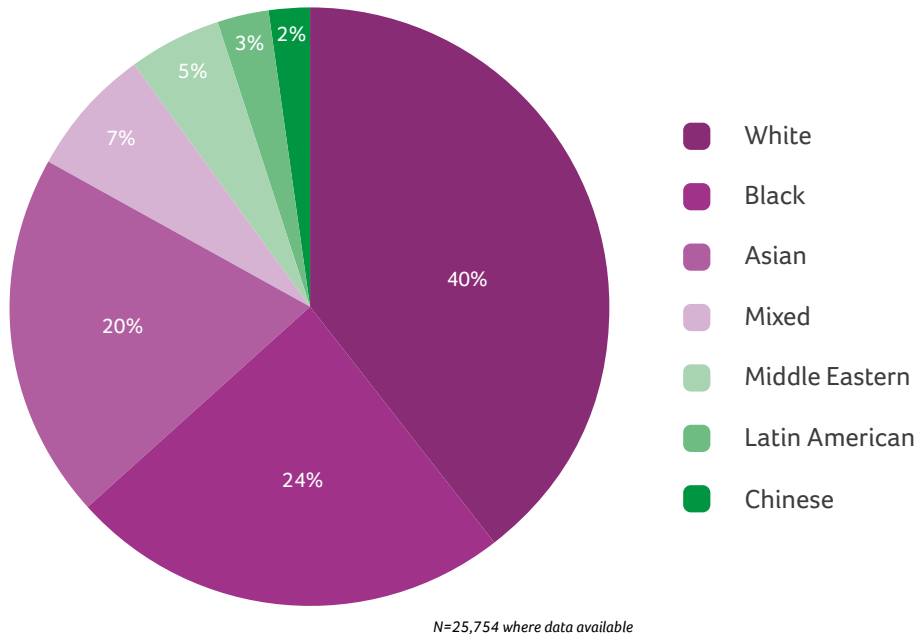
Figure 4: Annual proportion of new A&C service users by age 2017-21



The age profile of Ascent Advice Plus service users mirrors that of Ascent A&C, with around half falling into the 25-44 age group.

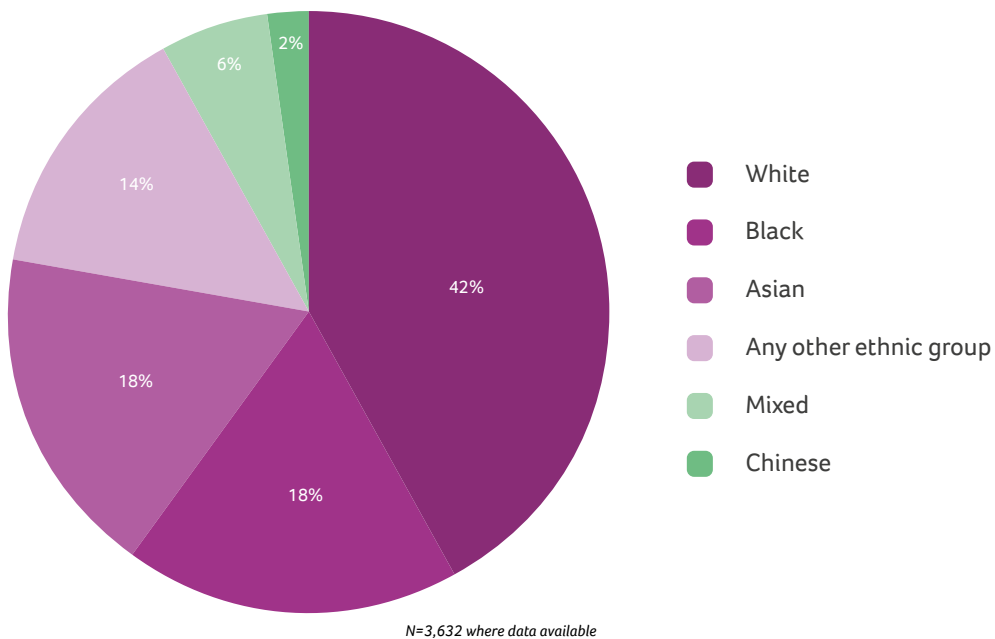
Ascent A&C services users are very diverse in terms of race/ethnicity/heritage, with Black Africans and White Europeans the largest individual groups after White British. These proportions have remained relatively stable throughout. Using simplified ethnicity categories and looking at the whole period, 40% of those who stated their ethnicity were white and 60% were BME (see Figure 6).

Figure 6: Overall percentage of new A&C service users by ethnicity 2017-21



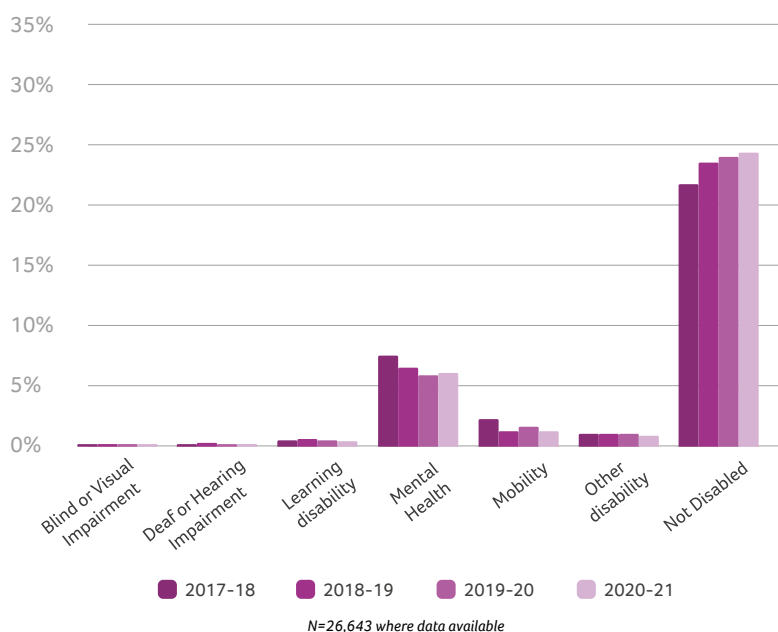
The partners report on a huge range of ethnic categories in relation to Ascent Advice Plus, which it is not possible to present in full detail here. Broader overarching categories have been used below, but service users from 42 different ethnic/racial categories were identifiable in the sample. Although White British is the single largest overarching category (33%, n=1,522), BME groups form the majority of all service users, comprising 58% (n=2,110) (see Figure 7) among all cases where ethnicity was stated. In terms of ethnic diversity, this compares favourably with the profile of London’s population.

Figure 7: Overall number of Advice Plus service users by ethnicity 2019-21



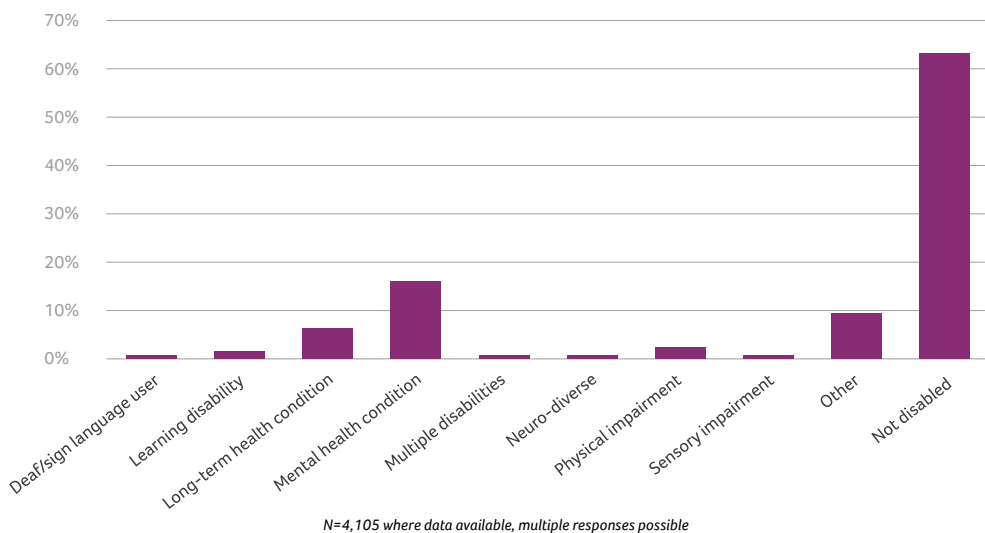
Just over one quarter (27%, n=7,987 out of 26,643 where stated) of service users during 2017-21 had a disability. This was most commonly a mental health issue, and 2% (n=427) had a learning disability (see Figure 8).

Figure 8: Annual proportion of new A&C service users by disability 2017-21



Well over one third (37%, n=1,508) of all Ascent Advice Plus service users had a disability (see Figure 9), a somewhat higher proportion than found in the Ascent A&C data. Similarly, though, mental health issues were the most common disability (16%, n=650) and 6% (n=243) had a long-term health condition and the same proportion of service users had a learning disability (1%, n=55). Thirteen service users who were deaf or sign language users also used the partnership services.

Figure 9: Overall proportion of Advice Plus service users by disability 2019-21



The majority of service users of both Ascent A&C and Advice Plus were heterosexual, although a significant minority preferred not to state their sexual orientation.

In relation to religion, the largest proportion said they were not religious or they preferred not to say. Those who stated a religion were most likely to be Christian or Muslim. This data was not available for Ascent Advice Plus.

Between 2017 and 2021, 2,251 women with no recourse to public funds have used Ascent A&C services (7% of service users). The proportions were growing annually, but dropped in 2020-21. Some other NRPf projects have been funded by MOPAC and London Councils over the past year, which may account for this drop-off, as they may be working with these service users. However, those using Ascent Advice Plus who had no recourse to public funds comprised almost one in ten (9%, n=440) of service users.

MOPAC monitoring data includes the form of VAWG (for the main presenting incident) that services users are seeking support for, although it should be noted that some service users have experienced multiple forms (5%, n=230), and there was missing data in around one in seven cases (15%, n=687). Based on the available data, Table 4 shows that domestic abuse is by far the most common form of VAWG experienced (53%, n=2,460), followed by sexual violence and child sexual abuse (18%, n=818 combined). It is, however, worth noting that this is the initial form of VAWG disclosed, and that experiences of multiple forms of VAWG are likely to be much higher, while initial disclosures of sexual violence are likely to be much lower than the levels of sexual violence actually experienced (see Lovett & Kelly, 2016).

Form of VAWG	N	%
Domestic abuse	2,460	53%
Sexual violence	606	13%
Child sexual abuse	212	5%
Harassment	107	2%
Stalking	59	1%
Honour-based violence	47	1%
Sexual harassment	38	1%
Trafficking	28	1%
Forced marriage	23	<1%
Immigration-based abuse	19	<1%
Child sexual exploitation	10	<1%
Other harmful practices	10	<1%
Adult sexual exploitation	7	<1%
Faith-based abuse	5	<1%
Online offences	4	<1%
Domestic servitude	2	<1%
FGM/FGC	1	<1%
Multiple	230	5%
Other	30	1%
Unable to name	19	<1%
Unknown/not stated	687	15%
Unsure	60	1%
Total	4,664	100%

Another item that partners monitor specifically for MOPAC is specific support needs. This data was only available for 2020/21. Table 3 illustrates that safety planning, health and housing were the most common.

Type of support need	N
Safety planning	1,770
Health	1,231
Housing	1,175
Family court/child contact	382
Social services	213
Immigration	199
Criminal justice	132
Impacted by Covid 19	132
Reporting	116
Drug or alcohol	86
Injured sustained	3
Other	1,035
Not stated	180
Total	6,654

Delivery of Ascent Advice & Counselling and Ascent Advice Plus

Below we report on the delivery of Ascent A&C and Ascent Advice Plus from four perspectives – service users, delivery managers and frontline staff in the partner services, and external stakeholders.

Perspective of service users

The responses here are based on three surveys and 16 interviews. The surveys were of users of the two advice hubs (n=15), the London legal advice line (n=21) and a survey of

women accessing support from the partners (n=61). We had feedback on Ascent A&C services from 97 women, 16 of whom were also interviewed.

Advice hubs

The advice hubs are the main routes into Ascent and for some service users this is the only service they access. It is important here to recall the basic needs when survivors reach out for help: to be believed, have their feelings and concerns affirmed and their choices respected. In a context where victim blame in explicit and more implicit forms is commonplace (Taylor, 2020), women are hyper aware of this potential and the relief to have responses where this was not the case was evident in 14 of the 15 respondents. It created a sense of connection and, through that, a safe space in which survivors felt comfortable to explore their needs and discuss their options. There was one respondent who was clearly unhappy with the response she received, reporting that she was not taken seriously, but none of her subsequent responses enabled a deeper analysis. All the other women were positive about the advice and support they received.

A third of women were aged 18-24, 25-44 and 45-64 (n=5 for each range). Five were white British, two white European and one Irish, seven were global majority women across a range of origins/identities.

The importance of different routes into Ascent is evident in that each respondent had a different one – ranging from friends and family, an internet search and referrals from 10 agencies/sectors. Five came through to the East hub and 10 to the West hub. The most common form of initial contact was the phone, with two using email and three web chat.

The promptness of response was assessed as extremely or very quick by eight, average by four and not that quick or slow by two. All but one (n=14) assessed the initial response as 'extremely' or 'very' helpful. There was only one who said it was not helpful, as they had felt dismissed. A follow-up

question explored what was helpful, with nine referring to empathy, understanding and being heard, three to forms of validation.

The quotes below illuminate how crucial the sense was that the advice worker cared about and wanted to hear what the caller had to say.

“

They helped me to unpack a lot of the misconceptions I have about sexual assault and rape and they went along with things at my pace. One conversation with the hotline assistant was more helpful than all the counselling sessions I've ever had at my university.

“

They genuinely cared about my wellbeing and wanted to do the best for me.

“

Making sure I felt heard and supported throughout.

“

Affirmation, comfort and care. It was overwhelmingly wonderful.

“

A safe place to discuss my concerns and feel supported by someone who understands what I have experienced, invaluable.

The next question asked whether the advice had, or would make a difference for them. There was only one dissenter here, with others either just responding 'yes' or adding an increase in safety/ease (n=4) and feeling more supported/believed (n=3). Specialist VAWG agencies begin from a culture of belief, and it is this principled position that makes some of the difference, restoring personhood to survivors and through that their own space for action (Kelly et al, 2005), which has the potential to undo some of the harms of violence and abuse.

“

They made me feel that I was a worthwhile person deserving of respect, that people were going to believe and help me.

“

It helped to talk to someone while I was feeling especially stressed and made it possible for me to refocus on my children for the rest of the day. I know there's someone to call if I feel very down or worried.

“

It has helped me understand my options and rights and feel supported when talking to the police.

When asked a final question about what could be improved, seven women responded that the service was excellent as is. One wanted a written version of the advice she had been given, one to get through/referred quicker (see quote below), one to have face-to-face sessions, and one to have been taken more seriously.

“

When I called the first couple of times on the phone the message just said that there was no-one available and this was quite disheartening and I could have left it there thinking no-one could help. Once I emailed through someone got in touch quite quickly and the service was great, so perhaps some kind of recommendation on the message of another way to get through would be useful?



The London legal advice line

Twenty-one women responded to this survey which asked some similar and some additional questions to the survey on the advice hubs, since this is a specialist legal advice service. Seven of the participants were aged 45-65, eight 35-44, five 25-34 and one 18-24. There was a range of ethnic backgrounds/identities: seven white British, five Asian, three mixed heritage, and one each Chinese, African, Middle Eastern, white European.

All rated the advice as helpful, the majority (76%, n=16) 'extremely helpful', three 'very helpful' and two 'somewhat helpful'. When asked how much the response had helped them understand the law and their rights, an even larger majority responded either 'a great deal' or 'a lot' (86%, n=18) with the remaining four selecting 'moderately' or 'a little'.

We asked how the advice had made a difference and the responses are presented in Table 4, showing the range of legal issues women were contending with. These are illustrated in more depth by their own words.

Table 4: How the legal advice made a difference

Difference made	N
Understood options/reassured on next steps	8
Able to move on separation/divorce	5
Awareness of legal process/rights	4
Obtained non-molestation order	2
Child contact issues	2
Access to legal aid	1
Obtained occupation order	1
Prepared court papers herself	1
Reported to police	1

“

I was told I could get Legal Aid when about 10 people told me I couldn't. I now have a solicitor appointment to deal with the child arrangement order but am still looking for help with the divorce.

“

I called them before reporting to the police and it helped give me the confidence to do so. I now have a very good understanding of the law around my case.

“

They initially helped me with a non-molestation order that I was trying to put in place. Following that they have since helped with divorce proceedings (still ongoing), a breach of the non-molestation followed by criminal proceedings, a further non-molestation order (asking for an extension and a variation to the order) and applying for an occupation order. The advice I have received from all those ladies who take the calls has been absolutely amazing. They have helped me enormously. Without that advice line I don't know where I would be right now. I am not in a position to qualify for Legal Aid as I have too much equity in my property and, given the economic abuse I have gone through with my husband, I cannot afford a lawyer.

This advice line has been such an amazing support and I will be forever truly grateful to all of those ladies who have helped me – more than they will ever know.

“

First of all, it made me feel heard and validated my position, the kindness and non-judgemental advice was what kept me going. I was able to establish what I would need to do to legally separate and how best to go about it without the time pressure of a £280 an hour clock ticking.

“

I am a foreigner who live in UK with permanent visa with English handicap. So I didn't know what to do for divorce but now I know how to process and I found out that there are help to do that.

Women were asked how the service might be improved. Five commented that it was fine as it was. Twelve noted that the only improvement would be for it to be more readily available, as many of their words below indicate. One respondent wanted there to be the possibility of advisors undertaking advocacy on her behalf.

“

Probably hire more people to support or long hours telephone support so that people who seek advice can talk to somebody straight away.

“

I think you should hire more family law advisors to help women who cannot afford legal fees. Also, the line is constantly engaged so it will be useful to have more advisors who can help.

The final survey question asked whether respondents had anything else they would like to say. All comments noted here were ringing endorsements of the service: specifically, how understanding and knowledgeable the advisors were, as the examples below illustrate. It is worth noting here that two women talked about having disabilities and the care that was taken to ensure they had received the advice they needed.

“

Amazing ladies on that advice line, each and every one of them. They always listen, never rush you and make sure that you have a good understanding of the law. Forever indebted to them.

“

This is an essential service. They are lovely and encouraging they have lots of patience to help. They need to have more funding and more staff. The level of expertise is above that of the solicitors I spoke to for consultations.

“

Just a massive thank you for having this service, there is far more value in it than just legal advice and I am very grateful for the help I have received.

“

I can't stress enough how valuable the service you provide is. Having to deal with so many professionals after I was assaulted by my husband. I found myself repeating what had happened to me on so many occasions to all these professionals that it was doubly traumatic. The terminology used I could not understand and spent a lot of time on the internet trying to learn about all of this. Having someone at the end of the phone to answer your legal questions was a godsend.

“

I had very good advice. One call may change my life. Thank you so much.

“

I've spoken twice to you and both times have been great – so informative, understanding and non-judgemental.

“

I would highly recommend this to others.



Advice and counselling accessed through Ascent partners

In this section we report on a survey that covered the advice and support offered by the Ascent partners, with 61 women responding.

There was a spread of ages from one under 16 to three who were aged 65 or above, the majority (n=38, 62%) were aged 25-44. All were female and none identified as trans or non-binary. Unfortunately, we did not include a question on ethnicity in this survey, but at minimum 20 (33%) were minoritised women as they used by and for services. The proportion will undoubtedly be higher since both organisations hosting the hubs have diverse service users, but we cannot accurately calculate the proportions of the 34 women who used those services. Participants lived across 23 London boroughs, and had received support from 12 of the Ascent partners.

Most were referred into Ascent by other agencies (n=36, 59%) but there was a considerable proportion who self-referred (n=22, 38%). The response of the hub was considered by the majority as either 'quite' or 'very' quick (n=45, 74%), with only seven thinking it was 'not that quick'. This is an important finding, as it takes a lot to reach out and seek support; a timely response means the opportunity is not missed. The two advice hubs offer this capacity, triaging cases more effectively than the partners dealing with referrals directly.

Satisfaction with the initial response was high, with 49 (88% of n=56 who answered) reporting that they were 'very' or 'quite' satisfied; two were 'quite' and three 'very' dissatisfied, with the remainder neutral. It is important to explore what sits within these numbers, so participants were asked what was the most helpful thing that was said to them at first contact and why it made a difference. These were open-ended responses and coded across six core themes in Table 5 below, further illustrated by direct quotes. Five noted the care with which their expectations were managed regarding waiting lists for counselling.

Table 5: Most helpful thing someone said at initial contact with Ascent

What was helpful	N	%
Belief/understanding/reassurance	21	34
That there is help and support for them	14	23
Specific advice/information	9	15
Naming abuse/not her fault	3	5
Can't remember	5	8

base n=61

“

Was not necessarily what was said, but the understanding and acceptance of what I was saying.

“

[They said] it's not my fault why all the bad things happened to me. It's not my fault when he raped me. This made me stop punishing myself. I'm so grateful I spoke to her.

“

Was informative and made me aware of a time frame before speaking with someone due to waiting list.

“

After being passed around from service to service, and with the total disorganisation of the mental health service (IAPT) that eventually referred me to Ascent, it was a breath of fresh air to talk to somebody who knew about mental health, sexual abuse and the issues that I was going through. They helped me because they listened to me and then they put a plan in motion to help me.

“

They gave me practical/legal advice without pressurising me to take this.

“

That they believe me, that I deserve help and support and that they will do what they can to plug me into the right services.

“

She told me she understood how I was feeling. I felt supported and listened to and believed.

“

They spoke my language and were very kind and sympathetic and put my mind at ease.

These responses show the critical importance of being listened to, heard and understood: the foundation of the approach in specialist VAWG services.

The majority of the sample (n=52, 85%) accessed further support from 11 of the partners. The most common was counselling (n=30) followed by advice/casework (n=19), and eight accessed both. Seven specified legal advice and

one immigration. Participants were asked how this further support had helped them. There was a range of responses here from being listened to, being rehoused and several reporting that 'it changed my life'.

“

The counsellor I had was outstanding. Even during the lockdown – I had one-to-one sessions weekly for three months. It really did help me to cope.

“

Counselling was really transformative and helped me get a handle on my own life. Over the course of my sessions, I went from a very difficult place to being able to look after myself and process my experiences.

“

The counselling has been excellent in helping me to learn to be kinder to myself when thinking or discussing past decisions and situations I found myself within. That in turn improves my self-esteem and confidence and improves the quality of parenting I can offer my son.

“

They helped me navigate the world after fleeing domestic violence, and in the two years I have been in their system, they have helped me secure my own council flat, for which I will be forever grateful.

“

Yes, I feel that my worker understands me and has helped me to speak with other services and professionals. I feel like things are more hopeful now. I can breathe now.

“

I have built my confidence and have someone to look after me, as I do not have family in this country. They come to my appointments with me she came to court and to the police to further statements. I do not know the rules and problems with the language and this is a great help.

It is worth noting that Ascent also picks up gaps in other service provision, supporting women who have found engaging with other services difficult or traumatising.

“

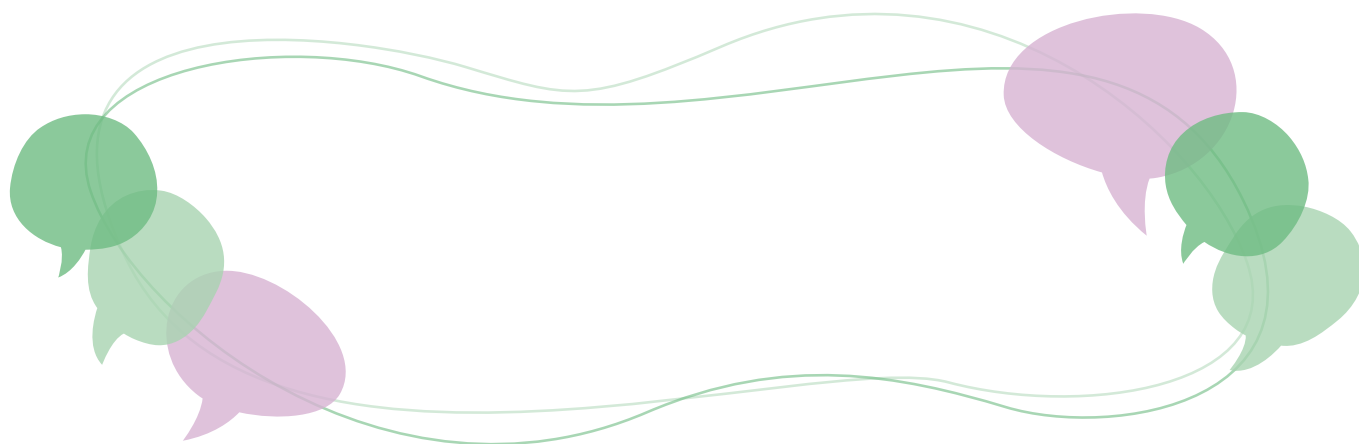
They helped me to escape safely from my partner. Then, when I was safe living somewhere else, they supported me to make an online report to the police, since I don't speak English and they informed the police that I needed an interpreter. However, when the police arrived in the evening, they asked my neighbours to be the interpreter. I was so ashamed, but I felt that if I didn't accept this, the police wouldn't believe me. They told me that the police shouldn't have done that, and they promise to raise this during the multi-agency [MARAC] meeting. Thanks to them, I got a non-molestation order and I'm now safe.

Less than half (n=27, 44%) reported being signposted to other services across eight sectors; the most common were solicitors (n=13) and other counselling services (n=7). What was reported as helpful here was that they had been supported/advocated for in a crisis (n=10) and three said that they were represented at MARAC.

A question towards the end of the survey asked if participants thought their needs had been met. The vast majority (91%, n=41 of 45 who answered) selected 'yes', with only four (9%) saying no, although they still valued the service. Their unmet needs were linked primarily to waiting lists and being signposted but not having the energy/resources to make the calls. The importance of being able to catch the moment is understood by support services, but capacity limitations mean that this is not always possible.

“

The crisis intervention was very important to me because it was right then, right there. Perhaps having access to counselling more quickly and less waiting list would have been helpful.



“

I am three sessions into a 15-week course of counselling. My counsellor is absolutely wonderful, really kind and understanding, and has helped me a lot. However, it took 7 months for this to be arranged, and multiple times of me chasing (even though I'd been told that it would take 1-3 months to arrange counselling), so this was quite a gruelling process.

“

At the moment I haven't got any energy to look for counselling. I already reached out, I don't have the mental capacity to arrange things.

“

I am still uncertain, scared and confused.

Women were also asked if they still had unmet needs, and these echoed those noted previously in terms of time limits (n=4) and easier access to counselling/less waiting time (n=3), with the addition of needing more legal support (n=3) and wanting a follow-up call to check they were okay three months after support ended (n=3).

“

[Nothing was] missing – just a shame there is a limit on the duration of support.

“

I am grateful to have had advice and support from Ascent. The service they provide to women experiencing domestic abuse is invaluable, however there is only so much support they can provide. It would be helpful to have some on-going advice or support from a caseworker who understands the background to my case as it has been going on for five years and I could do with occasional third-party advice. I realise this is not possible due to limited resources. I am grateful for the support I have received.

“

The counselling sessions were limited to 12 sessions. Whilst I appreciate that they are probably inundated by a huge caseload, I found myself having a very important breakthrough towards the end (in the last two sessions). It would've been really helpful to have some continued support to deal with this, but they were unable to do so.

It is worth noting that the standard offer across partner services is 15 sessions plus an assessment, so the experience of the last respondent above would not be the norm.

Given that services had been delivered remotely for most of 2020, we included several questions to explore this. Over half of the participants (n= 35, 57%) had accessed services remotely. The assessments of needs being met outlined above refers to this period and given the overall satisfaction expressed and the fact that remote access was not mentioned in any response until this point, it is clear that the partners have managed to maintain quality of provision and responsiveness. Participants were asked if they would like to continue to have the option of remote access. Thirteen (21%) said 'no' as they preferred face-to-face and 35 (57%) said 'yes'. Several women from minoritised groups commented that face-to-face was both more respectful and more supportive. Most wanted it to continue to be available as an option due to convenience – no time or cost expended on travel, or in terms of accessibility linked to mental health and childcare.

Life-changing and life-saving can be read as cliches or over-claiming by support services, but the examples below were offered in response to a question 'is there anything else you would like to say about the support you got from Ascent'. These endorsements are spread across eight of the partners.

“

Thank you for the support. After speaking to you, my housing officer's voice changed towards me.

“

To me, it was important to be able to access support in my own language. Not knowing English was really a barrier for me to access services and to be safe.

“

Thank you so, so much for saving my life, as mentioned before please make yourself more well-known (schools, GPs, IAPT, bus-stops etc).

“

I will be forever grateful to every single caseworker I have had. They helped steer me through the most difficult period of my life, and enabled me to access services I would not have been able to on my own.

“

I have had fantastic support, all credit to the service and their staff, I want to thank all of them.

“

I have had fantastic support, all credit to the service and their staff; I want to thank all of them.

“

Keep up the brilliant work you do to help people like me. Feel very privileged to have had such help.

“

I have been very fortunate to have accessed your counselling without which I may not have coped. My counsellor was so empathetic and supportive and this helped me process the abuse I have endured.

“

I would like to thank them for helping me when I was at my lowest.

“

I feel like this is best support I have been given.

“

I want to say thank you. You changed my life.

The only ‘complaints’ noted here were two comments about waiting times and time limits on counselling. Four suggestions were made about improvements: having regular communication for those waiting for counselling; adding a ‘welfare’ check, three to six months after exiting support; having more peer support options; and having more resources for self-care when support ends.

Key Learnings

The value of providing multiple routes into the services was exemplified by the variety of ways survivors accessed the service.

Partners understand that it is important to be able to catch the moment when women first make contact, and the majority of survivors reported a positive initial response.

Most survivors received a prompt response and had their needs met.

The words ‘changed’ or ‘saved’ my life were often used by women when asked what difference the support had made.

Having access to a service where the workers were from a similar cultural background and/or spoke their mother tongue was important.

Whilst remote access was not seen negatively, some saw it as more convenient, but others, especially minoritised women, preferred face-to-face.

There were unmet needs, most commonly related to wanting the support and/or counselling to last for longer.

Women on waiting lists for counselling recommended some communications whilst they were ‘in limbo’.

Several women suggested post-support welfare calls to check on them and as a way for the services to know how much of a difference they had made.

Recommendations

Ascent reaches a huge number of women and girls across London. However, there is clearly greater demand for all forms of the support currently offered than the partnership can meet with existing resources. Any review of funding should also take account of the impact of Covid-19 on levels of VAWG and the complexity of cases presenting.

Although the extended time limits available through Ascent A&C and Advice Plus are welcomed, there should be greater flexibility and resources to extend further in specific circumstances – for example, where

there is a shift/breakthrough towards the end of counselling, where a leave to remain decision has not been made, or where a legal process is ongoing.

Learning from the experience of the pandemic should be integrated to enhance the range of support options available to survivors. Remote access was valued by a proportion of service users.



Perspectives of Ascent partners

This section draws on findings from the interviews conducted with all 14 delivery managers and three of the four E&D partners. Here, we identify benefits and challenges for the partnership, drawing out key learning at the end of the section.

Advice and counselling accessed through Ascent partners

Interviews with partners suggested that the partnership is healthy and functioning well, although inevitably there are challenges, which are discussed below.

The lead partner was unanimously described favourably, and the project manager was widely deemed to be helpful, supportive and effective in her communications and provision of information.

Partner meetings were generally seen as positive and useful for discussing what is working well or to share experiences. Many of the partners found reassurance in realising that colleagues were going through similar things.

“

Sometimes you can be working in isolation and feel it's only you it's happening to in terms of your organisation, but actually you're sharing... it's not just [us], other groups are going through the same patterns or problems.

They were also a means to develop more personal connections with staff in other services and meet people who were otherwise on the end of a phone or email.

“

I think that the structures of the meetings are very good. I think the frequency of the meetings also works very well. I really hear amazing feedback from the practice meetings, so I think that space is really valuable for the front-liners, both the counselling and the advice practice meetings.

This also makes it easier to know where to refer women to, if needed.

“

One of the good things about being in the partnership is we are sort of connected and we know what different partners are doing, and so I know where to signpost women to when I'm on a call to them.

Partners could sometimes be wary or reluctant to refer to other non-specialist organisations outside Ascent, but they felt confident that when they did refer someone to another organisation within the partnership, they would receive a quality service.

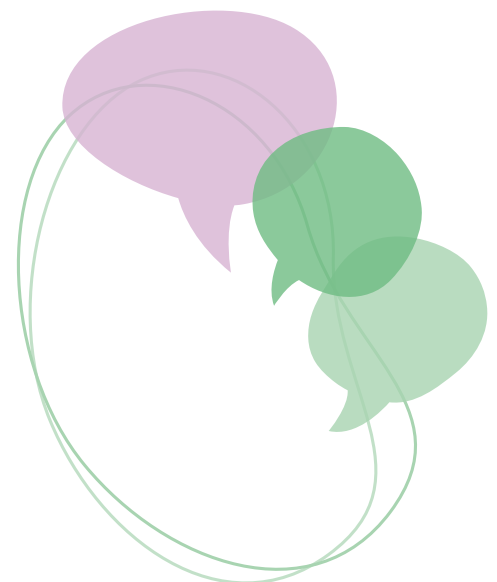
“

At least we know that the groups that are working are working for women by women, for women as well, and so you can feel quite safe you can refer to those organisations. I think it does work in that context to consolidate the VAWG sector.

It was also seen as positive in providing more funding for women with no recourse to public funds and emergency situations.

“

NRPF specialist project has made an incredible difference in supporting women with NRPF and ensuring they can access some [support].



Advice hubs

Hub managers described how important it was when working on the advice hub to provide the right response every time and praised their staff for their skills and resilience.

“

On the hub, it's much more challenging because you've only got the one opportunity to engage with someone and you want to make sure you get it right, and the [staff] are just so skilful, the way they do that engagement plus holding plus validating plus respecting plus offering choice, and then ensuring she's safe and linking with support and doing all of that, it's just you have to be highly skilled to hold this kind of work on the day to day as well. The relentless nature of it makes it even harder.

Not all partners received significant numbers of referrals from the advice hubs, with self-referrals or referrals from outside agencies more the norm. They sometimes referred women to the hubs, or contacted them for advice about where to refer someone, so there was some evidence of flow in each direction, as originally envisaged in the model.

Partners reported positive communication with the hubs.

“

We have good relationships with them, it's all very positive, it's sort of an 'as and when needed', if we need advice from them or vice versa [...] I'd say it works smoothly. There's been many occasions where I've received a potential referral, I've been able to phone the advice hub to have a quick discussion about it for something I'm not sure about.

There were a few instances where there had been inappropriate referrals, but these were resolved with some additional communication.

One issue mentioned related to the period between referral from the hubs and the referral being picked up in service, especially if the woman wants counselling, as there is normally a waiting list. In the meantime, the hubs hold women while they are waiting to access the service.

“

There's a recognition within the partnership and the consortium that all counselling agencies have a wait list. Most counselling agencies have a closed wait list because of capacity. So, when you make a referral and you close the case on the hub side, you are leaving a woman in limbo land until someone can pick her up.

Staff changes at the hubs were also flagged up by some partners, meaning there is sometimes a loss of continuity.

Some mentioned that referral forms were not always complete, and that key information, for example, about MARACs and safeguarding was not always filled out. This was both by the hubs and external referring services. There did not appear to be a standardised form for counselling referrals, meaning that the referral information required varied between services.



Ascent Advice Plus

Ascent Advice Plus was seen as positive in enabling partners to work with women for longer, resourcing some of the longer-term work that either some partners were doing previously unfunded or that others were not able to do.

“

The Advice Plus and the uplift we got as well, we got two advisors with two different languages, that's been a huge difference to both [our] services and for the women.

“

With the Ascent Plus funding, that means we can support the service users longer to address the ongoing issues. So let's say with the Ascent ordinary funding we can get the woman to temporary accommodation, but for Ascent Plus we may be able to extend our support later on up to the housing option registration kind of things. So, at least to see them through to somewhere more stable.

“

I would have to say that probably 90% of the women that I worked with needed or could do with more time than three months, so the Ascent Advice Plus role that was introduced is very much needed.

One partner also preferred the fact that Ascent Advice Plus was London-wide rather than borough-specific due to difficulties with the borough-based targets (see borough allocations below).

Benefits

A number of benefits of the Ascent A&C partnership were mentioned by interviewees. We explore those most frequently cited in this section: access to specialist support;

sharing knowledge and learning; enhanced sustainability; access and reach.

Access to specialist support

Within the partnership there is expertise on a range of forms of VAWG: domestic violence is the form most partners work with, but some specialise in sexual violence, sexual exploitation, forced marriage and harmful practices. Partners share a holistic approach to support, which sees the woman as a whole person and responds to her individual needs. Some partners have additional skills including around problematic substance use, housing, employment and law. A major strength of the partnership is the range of languages and culturally-specific services offered by partner organisations. Although in some instances, interpreters are used, in most cases staff speak multiple languages, with approximately 20 different languages spoken across the partnership. Seeing the partnership as a whole means that many more women have access to the specialist support that they need.

“

Our wealth and knowledge around BME specialism, culturally-specific support and language, in-depth knowledge around harmful practices... all the barriers and intersectional needs that they have, and how they can be supported for and by BME women. I think as we've got to know each other over the years, the partners have been very clear about what the specialisms are for each partner. I think that's strengthened our partnership work and our response for a pan-London service.



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“

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“

The fact that we have the languages because that's really important to the women, if you speak the same language as the women or they understand that you understand their culture and their background, they're more open to you and in terms of dealing with domestic... the barriers that exist, especially the gaps.

That said, there was some tension around the notion of specialist.

“

I think the specialism should sit with the BME organisations, and what I've found or I've heard over the years is that if a generic provision has one or two BME workers, that doesn't make you a specialist organisation. There's a real understanding of the culture that doesn't need to be explained when a woman comes... Having representation doesn't make you a specialist organisation.



Sharing knowledge and learning

The Ascent partnership can be considered a community of practice (Lave & Wenger, 1991), understood to be a group that share a passion or concern about something and learn together how to respond to it more effectively.

Two areas of learning stood out. Firstly, the other organisations within the partnership learnt much from the black and minoritised by and for groups, both about additional forms of violence and working with women from diverse communities, including in relation to immigration issues. This extended to knowing that some women might be better supported by other partners. The second arena was sharing experiences of moving online following the first lockdown in March 2020.

“

Just being in a room with such multicultural, diverse in many ways, age, ethnicity, country of origin, background, being in any space with women that are different to me, I'll always learn on many levels. And thinking about how can we do things differently, hearing about some of the particular struggles of their service users which they are so absolutely the right people to be supporting them [...] learning that our way is not the only way, I think has been a really important learning [...]. Knowing that better support for particular women can be better elsewhere.

“

I think just keeping up with what's going on in the world of domestic abuse and sharing information, benchmarking. If we've got a query, there's going to be someone in the partnership who will know the answer and also being able to access the immigration support and the housing support through [other partners]. It's just been amazing.

“

It's always been very great to our organisation because that means that exchange of experience, sitting around the table together, to know other parts of the community and places, to know how easy to get the support for the woman, this partnership I think has brought quite good asset to us.

Other examples given here included if a partner was looking for contacts in an unfamiliar borough where a woman was moving to, they could tap into local knowledge of a partner in that area. Partners benefited from knowing more about other organisations involved in the partnership and their work. For example, one partner described learning more about trafficking and prostitution from another partner.

If needed, partners could co-work cases with organisations in other strands of Ascent.

“

Let's say I'm supporting a black woman and she is a victim of forced marriage, which is not our speciality, I can only look at the housing for her but forced marriage... I wouldn't want to advise her on any of that, it would just be bad advice. So, she would be referred to the harmful practices strand, so we can both support the woman. I wouldn't just close the case unless that's the arrangement.

Several partners explained that once women had built up a rapport with them, they tended to remain with that service where possible, and if the assistance of other partner services or agencies was required, they would still hold the primary responsibility for that service user, while working jointly:

“

Once a client comes to us, she doesn't move to another group. She remains with us right the way through. But if she required specialist services around mental health or drug or alcohol abuse and things, we work jointly with organisations. So, we may refer her, but the whole case doesn't go there, just that aspect of it goes there, and we work with them closely to ensure that the client is okay.

The community of practice can also be seen in the free training within the partnership, which covers: disability and sexual orientation; family and criminal law and procedure; counselling and therapeutic interventions; and the upskilling of volunteers through the accredited NOCN course. The training was described by partners as high-quality and invaluable, and would not otherwise be available for staff.

“

I think, particularly during the pandemic we have benefited from so much free training it's been incredible. I would say that's a massive advantage for us, particularly as we might not have that much of a budget for training. To have access to all this free training and expertise from the partners has just been absolutely phenomenal.



Sharing knowledge and learning

Many of the by and for organisations within Ascent are relatively small, and being part of Ascent A&C secured their future in a climate where commissioners tend to favour larger and more generic services. This meant they were still able to meet the specific needs of women and girls.

“

It's quite tough for frontline services to get specifically funded services that provide services to, for example, disabled women or BAME women, how difficult it is for them to survive, really. If it wasn't for the Ascent Partnership, I think there'd be some organisations that wouldn't exist, to be honest with you, because there seems to be a focus on providing funding to larger organisations, larger charities, a worrying trend towards providing more generic services, less focused on services for and by women, and it's even tougher for services that are targeted towards BAME women or disabled women, or LBT++.

“

I think [the] London strategy has put us into a very good position to get funding and deal and tackle domestic violence against women issues in London.

“

What we do get is a sense of when opportunities come through it's easier to identify which agency or which service might be able to respond to those opportunities.

An example of this was during the pandemic, when some of the partners collaborated on a project that sought to provide emergency accommodation for women fleeing domestic violence in hotels, funded by MOPAC.

Access and reach

In addition to sustaining the smaller organisations by providing a wider and larger overarching offer, the pan-London nature of Ascent creates access for women from minoritised communities that would not be possible otherwise.

“

In order to get as far a reach as we can across all the boroughs, where we share those boroughs, to be able to provide the specific support, [we] would not be able to provide a pan-London service on [our] own, we just would not have the capacity, but to be able to do that as a consortium or partnership is more achievable and you would hope, provides a more quality service.

“

Ascent brings the link, the information, services that we didn't know or even if we did, we didn't have capacity because we were small so unless the client comes to us, we didn't go to those areas at all. It was similar for the other services, that they didn't know we existed.

“

Women access a pool of services that they wouldn't otherwise.

“

I think it's a huge, huge difference. This is because before Ascent, it was just kind of different organisations in different parts of London. Ascent brings this support to whole pan-London and Greater London together, it will be easier for women to get the support. If, for example, a woman comes to our organisation and we are not able to give the support that she needs, it would be very easy for me or for one of the advisors to pick up the telephone or email our partner in Ascent and say, "This woman needs this support and I think it fits into your service"... I remember being on the phone with [another partner] at 7 or 8 o'clock to bring a woman from a different part of London because of the language issue. Together we managed to get her a safe hotel until next day when someone will pick up the case, so I think this has been very important, it saved the life of that woman.

Extending access to by and for services for minoritised women was one of the key achievements of the partnership for many interviewees.

“

The funding... it gives access to black and minority ethnic women, specialist support in particular, and it provides a medium to long-term casework that's required in the majority... because of the intersectionality of the work that we do.

Stronger together

All of the partners saw the partnership as strengthening each organisation and the VAWG consortium more generally, which in turn secured the availability of specialised and more holistic support for women and girls.

“

I think the partnership obviously, because it's bigger and London is such a big place, it strengthens it because working together, we can provide a better service for women so they know that working together, we're there to support them.

“

Overall, I think there's a sense of being part of something bigger than just us as an organisation in terms of making women's lives different and better.

“

If services unify, it actually creates a better service because you've got lots of different partners doing different aspects of work that are directly for women.

“

If [the Ascent A&C partnership] wasn't there then there'd be individual charities and organisations spread out across London, not necessarily connected, so we're able to provide a more holistic approach for women.

“

You can become one voice and become a stronger VAWG group, and I think that's the importance of it, and rather than everyone working in isolation sometimes, and I think that's important. Obviously, our campaigning and our politics all differ, but you can come together on common ground, and that's about service delivery.

“

It's almost as if you're developing a whole system that can respond to women. And I think it gives a bit of clout to be honest, particularly to other external agencies. It's that there is a sense of people are not working in silos, but also people are not working against each other as well.

“

The partnership has a direct channel of communication with London Councils and MOPAC, so I think that's important as well, [women's] anonymised voices will be heard.

Challenges

We also sought to discover the challenges the partnership faced, both internally and in terms of the wider context it is operating in. The key themes here were: the increasingly complex needs that women and girls are presenting with;

time limits on sessions; for all organisations, but particularly the by and for, the intensive nature of the casework; borough allocations; and targets.



Increasingly complex needs

Many services described how the needs of the women they are working with have become more complex.

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Gone are the days where a woman presents with just domestic abuse and she would need a safe space and a refuge, and the complexities that come with that around a woman that needs crisis support, crisis intervention, self-harming and mental health, let alone the language barriers – the language barriers were always dealt with but the multiple needs that this one woman needs, and everything seems urgent when she first comes to our service.

“

We just don't do simply the one-to-one work and say that's it. It's not a question of a woman comes in, we'll do an assessment, we take them on, we'll see them on a weekly basis and then we'll discharge them... Particularly we've noticed over the last couple of years or so the complexity has increased, the involvement of other services has increased, so it's much more of a care coordination that takes place. And that's not funded in terms of this piece of work. Counsellors are having to work with social workers, with children's services, with solicitors.

The Women's Budget Group (2018) noted that a decade of cuts to local statutory services has meant that people with unmet support needs are increasingly turning to voluntary organisations as a last resort. Austerity measures have compounded this, contributing to rising financial disadvantage, particularly among BME and disabled women. Virtually all partners had noticed a trend in recent years towards increased numbers of women with mental health needs who cannot get help elsewhere. With the coronavirus pandemic and the effects of lockdown, these cases had escalated and they reported seeing greater numbers of women who were in crisis situations, including being suicidal (see also references to this in the section on service users). This impacts on staff workloads and wellbeing.

“

First of all, they're more needy, the mental health issues are through the roof at the moment. I mean, the lack of support through accessing mental health services because they're so overrun... just this week we had someone with suicide attempts and another one who's threatening suicide. This is something that we were always dealing with, but not at the level that we are now.

“

Since the lockdown, I would say that that has grown significantly in terms of mental health complexities coming through... For us that's a significant amount more safety plans, working with other agencies. That's the second layer. The third layer is, more and more women that we are supporting through our counselling, especially since September, are in crisis accommodation. The complexity is a different kind of complexity than the physical situation of the women that we're seeing right now in London, which is women in flux as a theme because of the lockdown and the high numbers of domestic abuse rates. So, all the counsellors that I work with right now are reporting that if they're seeing five or six a day, at least two or three of them are in crisis accommodation or in refuge, which is significantly higher than what we were doing before.

“

The complexity of presentation has increased which means we need a lot more managerial input around risk, safeguarding and need.

“

We've seen an increase in women who are presenting with a high level of mental health needs [...] We've seen more women presenting in crisis, we see more women present with intersecting experiences of abuse and of overall oppression and discrimination [...] I know our counselling service have seen a huge increase in women who present with suicidality and self-injuries behaviour, and I know that a lot of the work has been shifting, particularly this year but even before, to crisis management and holding – so really what statutory services should be doing but are not doing [...] so there's a lot of work that's done around safeguarding and clinical risk.

Several partners said they had noticed an increase in the number of women seeking support for sexual violence.

Other areas that added to complexity were housing and homelessness, greater numbers of women with no recourse to public funds, and shrinking access to legal aid limiting women's options to legal advice and representation. The issues in casework were often compounded by shortcomings of statutory agencies and policies.

“

We cannot say no to these women that otherwise wouldn't be able to access services elsewhere, especially in the current circumstances where statutory services are not complying with their duty of care.

“

Increased needs in terms of less support out there.

“

There's women with real problems out there and they're not being heard because they feel they're just going from one service, statutory services, especially if it's their duty to deal with that problem, they're not dealing with it and what they're doing is they're passing it down to us and then... they expect us to deal with everything.

Case work 'plus, plus, plus'

A recent collaboration of BME women's organisations described the casework they undertake as:

“

'case work plus, plus, plus': [meaning] that the women they are supporting have layers of issues and needs including: immigration status; racist harassment and abuse of themselves and their children; poverty; and for some destitution. Each and all of these have to be attended to if they are to have more control over their lives. 'plus, plus, plus' (Kelly & Dhaliwal, 2020).

By and for organisations with Ascent described the extensive work they undertake in supporting each individual referral, and this was also referred to by staff in the hubs in relation to their casework. This goes far beyond providing language support and cultural sensitivity, involving navigating and advocating with multiple institutions that women are unfamiliar with, as well as negotiating the additional barriers and discrimination they face due to their status as recent migrant and/or minoritised women.

“

A lot of work around the complex needs that a woman presents, particularly around language and mental health and holding that woman emotionally. Where we could signpost, for example, statutory agencies aren't available or will not take those cases on, a lot of that work is done to support the woman through the criminal justice system, risk assessing, welfare benefits... that level of advocacy. One of the biggest challenges, where our time is spent banging a head on a brick wall really... women who have no recourse... The amount of work that goes into advocating around homelessness or with social services, and then obviously counselling as well... And all the admin that goes into that too, let alone all the monitoring that comes with it... The advice service, we are funded to work with women for 12 weeks, the majority of our women go on... five to six months on average just because of the barriers.

The pandemic had heightened some of these difficulties, including by creating lengthy delays to family and criminal court cases, meaning that women have needed support over a much longer period, and through the deterioration of already limited mental health services.

“

BME women's issues are always complex and involve lots of work by the advice worker ... most of the service users have a language barrier and lack of understanding of UK systems and that kind of initial experience of reporting domestic violence is always negative. You know people ignore, disbelieve them and just always they had really difficult time until they come to us. So we actually help them to understand the systems better to make them to trust public services and we have to go through all the meetings... like with the social services and then explain to them one to one how social services works... you don't do this with the English-speaking woman... Most of the women we work with, they don't have any money... Even if they speak English, they have lack of understanding of UK systems, and there's always issues around deportation.

“

Initially, a lot of work goes into that woman to provide the stability... the bulk of our work has gone in the direction of supporting women that have no recourse and advocating with solicitors and courts and immigration, and even the basics of showing her how to travel, how to top up an Oyster card and all the basics, what a letterbox looks like, how to buy a stamp or envelope.

Some of the specialist E&D partners also raised this due to the needs of their particular service user groups.

“

When you are working with a woman with a learning disability or an autistic woman, then if you think that you can offer a piece of support for three months and then it's done, it doesn't work like that... they haven't had access to the same kind of ideas or concept of violence against women and girls, this is probably not something that's ever going to have been discussed with them. So just discussion around healthy relationships or consent, for example, it might take a good couple of sessions for someone to understand what that really means.

The amount of time designated for interventions does not reflect the nature of ‘casework plus, plus, plus’ with minoritised or disabled women, which means that a lot of additional work done by smaller, by and for partner organisations goes unfunded. Another partner described how this more complex work was not factored into the targets, which do not distinguish between the needs of women accessing mainstream and specialist services. Others thought that the degree of work involved should be better reflected in the funding allocations.

“

I think it would be great if we will be taking these issues into account and give extra resources... You know, we are always seen as a small community organisation. I think the quality of the work that we provide within the Ascent partnership, that's huge.

Partner organisations often went above and beyond so as not to turn any woman away before ensuring her needs had been met, and there were multiple examples of this across the partners.

Case work ‘plus, plus, plus’

Whilst some women’s support needs can be quite short-term, for many partners, the time-limited nature of the Ascent-funded work is constraining and leaves them in the difficult position of having to end their contact with women who are not ready to move on.

“

Not all women need longer support, some women just need support for 2-3 weeks or they need a housing application, they need me to do a Universal Credit application for them, support them around benefit advice, that kind of thing and then close the case as long as they're safe. But then there's women who have just experienced physical abuse, emotional abuse, control, financial abuse and she's got all these needs... so it's not going to happen within a month or two months... when I'm closing my case they're like, "Oh, so you're not going to ring me anymore?" and it's difficult for them.

“

Sometimes you can look at your first three to four sessions just building the relationship and getting a woman on-board before you even start any if you like therapeutic work, though you could call that therapeutic in itself. The timeframe is quite limiting in that sense.

“

We're here because we need a culturally-specific organisation to provide services, so the ethos is we will support every woman that needs it, whether we're funded or not. And the money comes from other trusts and foundations and fund raising. But a lot of the work we do is not funded.

“

Within our service, we don't let the woman go until we know that she's getting the right support. That is, I think, the main aspect of this whole job role or project, we do not want the woman to go on without receiving the support and her being safe and the advocacy that she needs to go forward because she's probably gone through God knows how many professionals to get to us, and that's what we want is women to come to us and just get what they want from our service instead of being signposted here and there.

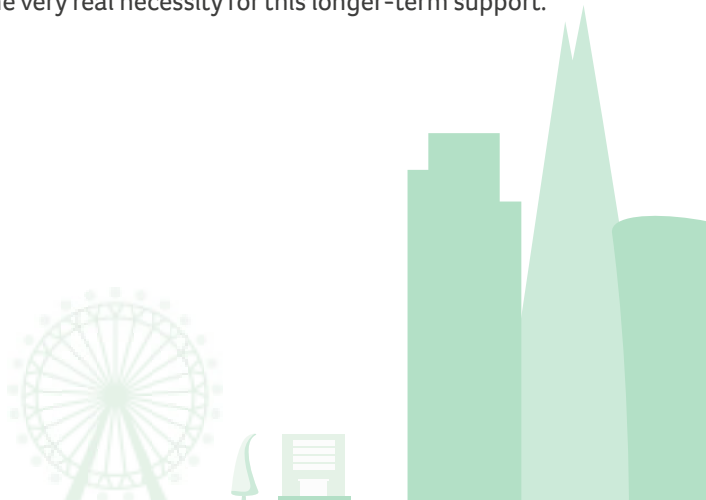
“

I cannot let us be their last chance and then we say no and then that's it, they go back to the same situation. So, that's when we have to say yes anyway, just come along.

“

No matter what sort of session they're funded, [funders] need to understand that the services don't stop right after the 12 weeks. Because first of all, it's unlikely the issue will be resolved. I understand that the safety issue should be resolved by then because otherwise that would be worrying... But a woman, as a whole person, the recovery is not going to happen in that 12 weeks. And it's so wrong that we have to withdraw any services.

The above comments highlight the value of Ascent Advice Plus in enabling women to be supported for up to 26 weeks and the very real necessity for this longer-term support.



Borough allocations

Borough targets for Ascent A&C service delivery are prescribed by London Councils. However, this does create challenges for what is supposed to be a pan-London service, which the MOPAC funding model and targets have greater recognition of.

A number of partners raised issues about the way the borough targets had been distributed, arguing that they did not always reflect the boroughs where partners are embedded, or where specific communities they have expertise in working with are located.

One partner illustrated the difficulties of trying to work in a borough where they had no previous links and the primary community they worked with was small.

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We've been given an extra borough... And there's hardly any [A] community there. So consistently we never meet the targets. I think for the last couple of years that we've had [X borough], we may have had one client. There is a community, but it's really small.

Another partner mentioned difficulties in getting referrals through in a particular borough that seemed resistant to Ascent. This was not an area that they had historically worked in.

“

It's very hard to get into that borough and do some work. Everyone's very closed up and not open, so I suppose those groups in [X borough] are the ones that we're not really working jointly with, or are open to us being there at all. I've tried to set up outreach surgeries there. The organisations won't refer... I think there's a history with it from way back [...] because they seem to think that they've got no problems in their borough.

While partners tend to have more substantial targets in their host borough, they may also be responsible for small numbers of referrals in others to contribute to pan-London coverage. For some partners, this can involve a lot of input to create awareness of the service for little return, particularly if it is not a neighbouring borough or one they have a connection to.

“

But in order to get even 2-3 target you have to do some work in that borough. It's just like, for five referrals you have done so much work and then so much you use so much resources to achieve the target.

For others, this set up a counter-intuitive situation where they would need do a lot of legwork to generate referrals, but then have to turn referrals down once they exceed the very small target required.

“

[It's] weird because it wouldn't make sense to, let's say if I have a target of two [in Y borough], it wouldn't make sense to spread out the word and then reject the third person

Indeed, one partner noted that in one of the boroughs they cover there is no VAWG Coordinator and no VAWG forum operating currently, so they have to seek out the people who would have been part of that forum themselves in order to make links and make themselves known, rendering this task even more labour-intensive.

Both the hubs and the legal advice line also described how the targets they have for each borough are somewhat artificial. They operate a pan-London service, but since women can call this number direct from anywhere in London, they have no control over which borough they are from.

“

So we have an overall target for the number of women we've got to deliver to, and then we have targets broken down by borough, and targets for the outcomes as well, and so the difficulty with the borough targets is we can't pick and choose the borough that we answer calls to, and we don't decide which women call us.

“

In terms of how demand is coming in, we can't be sure how many women are calling from [one borough] and how many women are calling from [another]. We just work according to what comes in and it feels a bit disjointed, having to then at the end of a quarter say, "We didn't have 200 calls from [this borough], only 150", which means London Councils might frown at that, but they don't see the fact that we had [an] extra number of calls in [another borough]. [...] It feels a bit problematic and I really wish we had a bit more flexibility around that.

The physical challenge of covering the whole of London for individual specialist workers was raised by a number of partner organisations where pan-London posts were funded.

“

We support women by going to meet the woman where she is and taking her to appointments, perhaps. If an advocate is doing that in 16 boroughs, that's a lot of time.

The borough-based system is also difficult to adhere to when an organisation's specialism is a particular language(s) or type of expertise, as not all those needing that support may live in the boroughs where it is available.

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The idea of the partnership is that we would be able to refer internally women according to boroughs, but because we have the language barrier, we don't have organisations on all the boroughs delivering services in Portuguese and Spanish that we could easily refer within the partnership. So, this is very tricky for us because we're not going to refuse a service to a woman that is not from the boroughs that we have targets on, but it makes our life incredibly difficult to meet the targets and still provide service.

“

They only fund certain boroughs and we can't say to any women, 'You don't live in that borough, you can't come in'. So, it's tricky. Essentially, I can only report on the boroughs that we've covered for by Ascent, so we have 12 boroughs, we're covered for I think it's four, and so, we have to just find funding from elsewhere for those other women that are in the group.

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Honestly, I don't like that it's so target-driven and just about numbers rather than the woman that comes to us and how we can help her.

As not all of the work conducted by partners is funded by Ascent, organisations are receiving referrals from both sides – from the A&C advice hubs (and some from wider Ascent projects, such as harmful practices), as well as from other agencies within their borough. Outreach work generates further demand. High demand puts services under significant pressure, particularly if they are the only VAWG provider in the borough

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We don't have enough capacity and the demand is really high. There isn't actually counselling provision in these boroughs in the way that you would anticipate... We are seen as the only provider by many of the services... we're actually the service that statutory services also refer to, and we end up having a lot of referrals from the NHS and particularly IAPT and community mental health team, because they won't touch domestic abuse. They also find it difficult to deal with women who've got culturally different experiences... and also they don't have the languages as well. So we are squeezed on different levels. We are squeezed in terms of being part of Ascent because we're part of the referral pathway in terms of Ascent... Then we also get the referrals from the local providers and other services, because we have a long standing in these boroughs.

Although this is not a requirement of the model, some partners said they were unable to meet their targets with the paid counsellors allocated under this funding stream alone, and could only do so by getting volunteer counsellors to assist with delivery. However, this requires considerable internal input in terms of providing training and induction and, if they move on, then that process has to be repeated with a new volunteer. One small by and for organisation described how it could take up to three months to train a volunteer, and this is not work that is funded by Ascent A&C.

“

There's an expectation from Ascent that we have volunteer counsellors to enable us to deliver. However, there's an understanding that we will pick up the training and the induction and the support somehow in the run of the work, whilst also getting the targets delivered... All of this is an expectation that this would somehow magically happen. But it doesn't magically happen. There's a burden on the other side in terms of how we deliver this work, and in terms of our squeeze that we feel as a small organisation, and to provide this high level of care without the infrastructure.

Other partners concurred that the Ascent funding does not cover the hidden costs behind the funded posts, such as training, attending team meetings, clinical supervision, as well as the management and administrative costs that

sit beneath them, for example providing reception and arranging appointments. Another partner stated that funding levels overall fell short of what was needed to deliver the project, partly because the funding had not increased since Ascent was first established. There was recognition of this in the Ascent Advice Plus funding where the funding levels were closer to reflecting the true cost of delivery.

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The project as a whole I would say is completely underfunded. We are still on the same levels in terms of the money we're getting from when we started eight years ago [...] it's the cost of living, the cost of running the service, salary levels, they've all increased and we have tried to keep with that, we've increased all our salaries even though the funding hasn't increased, so that it's actually costing us money to run some elements of this.

Further costs still were incurred during the pandemic, as it was necessary to put adequate policies in place in line with frequently changing government guidance. Additional short-term uplift funding was made available by the MoJ to mitigate this, but it is not always possible to translate this into staffing, as there is a limited pool of suitably qualified staff available to fill such posts at short notice.

One partner organisation was under-staffed for the past year, only recently having recruited a full team, which significantly affected their ability to meet targets.

SV lite

Reflecting the nature of services in London more widely, there is a stronger emphasis on domestic abuse than sexual violence within the Ascent A&C offer. All four organisations delivering Rape Crisis services in London are represented in the Ascent partnership, so this wider expertise and role from within the sexual violence sector is present, but the majority of Ascent partner organisations overall specialise in domestic abuse and other forms of VAWG. Additionally, Rape Crisis services have become increasingly stretched.

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In general, in the VAWG sector, often it's domestic abuse, and sexual violence is tacked onto that, where actually it's a really different way of working, I think. But it's great for me to be able to bring that as well to the group and to the partners and just to the space, I think. But yeah, it sometimes feels like it doesn't quite fit together, to be honest.

This has implications for funding formulas, as they tend to be based on the time needed to create safety within an ongoing abusive context. The way of working and time scales for counselling in relation to histories of sexual abuse in childhood are different.



Monitoring

The monitoring requirements from London Councils were widely described as 'onerous'. Two partners also raised issues about the counting methods they were required to adopt. One said it was problematic that for Ascent A&C, they are asked to report on new users, whereas their service (and likely many others) regularly sees repeat service users, who can only be counted in outcomes monitoring. Another questioned the implications of unique service user references only being logged by the partner organisation that the referral first comes into, whereas the partner who receives the onward referral cannot include this in their returns. Both of these counting methods under-estimate the level of work each organisation does and the input that can be required across multiple services to support individual service users. This issue does not apply in the MOPAC monitoring, as it does not follow a borough-by-borough approach and each case is counted, whether it is a new, repeat or onward referral.

Questions were also raised about outcome measures, which were considered limited, and in some cases they conflated several separate issues and failed to reflect the change processes for survivors.

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I think it's purely for the funders because there's so much we measure that isn't a tick box exercise, that you don't capture.

“

Some other questions will go into more details rather than other questions, but actually they prefer more like customer service rather than whatever is achieved.

“

I don't think they necessarily reflect the outcomes that the women are meeting and the questions or outcomes within the reports are quite broad and it's quite easy for them not to match and when they don't match, there's so much work that gets done that's not in that report and it can be slightly frustrating.

Some of the outcome measures, such as 'empowerment' or 'independence', were seen as rather empty without the context of what that means for an individual woman's journey and the place she began from when first accessing support.

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Let's say there's an outcome saying that a service user was able to access legal advice. So, that's a tick, yeah, cool. But we shouldn't let the funder think that it's just a tick. It's actually a tick for the beginning of that help. You access the legal advice, that doesn't mean that your legal matter will be resolved, and especially for women like who we're working with. They have multiple legal issues, it could be property, it could be family, it could be immigration, so that tick may only represent the family, or criminal justice even.

It's the first step.

A number of partners thought that case studies were a good way to show more of what goes on and that the narrative side of the reporting enabled them to convey more about the work they do and the impacts it has. Whilst MOPAC required more intersectional demographic data, it was outcome heavy similar to London Councils. Neither funder required detailed measurement of staff wellbeing, although some measures on staff support and training were evident in the MOPAC outcomes framework.

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I think the focus is the delivery, the numbers, and of course the impact of the service, but they don't really care about us, they don't care how we're doing it, they don't care if we're good, if we're bad.



More reflective space

Most partners thought that Ascent meetings were effective, but tended to focus on delivery and reporting: they wanted more space for reflective learning about principles and ways of working.

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It feels almost too business-like sometimes, and I just feel like, can we be women together talking about what this is like for us and for our clients, for our service users and what their struggles are, what can we learn? ... putting all that [we are learning] together could be amazing, rich, complex and we just don't have the time to do it.

“

I'm not sure that we get a level of developmental support... to maybe think about capacity and finding different ways of working.

“

But we still need to look at some intersectional issues within the partnership, so that's really important.

Having more reflective and learning spaces built into the partnership, which would add value and could be achieved through more deliberate framing of it as a community of practice, drawing and building on the 'tacit knowledge' (Pyrko et al, 2017) within it. This would also be a way for the partnership to represent itself in a way that is not recognised in current outcomes frameworks.

Part of the learning has been about work with minoritised women through partner meetings, but there is insufficient recognition of the contribution of the by and for organisations in that. Building in resources for this type of work would facilitate greater participation for the by and for services, who are often smaller, have less capacity to spare and are already overstretched by the additional work they have to put into the casework element.

Key Learnings

Whilst it is important to monitor service provision borough-to-borough in order to ensure access and take-up across London, greater flexibility is required. Overall 'London' or 'regional' targets for the partnership would be preferable to the existing fixed and somewhat arbitrary borough-level targets.

Future funding applications should revisit delivery budgets in line with real terms cost increases and be more aligned to statutory salary structures.

Funding formulas and time limits should be considered in light of the longer timescales needed to work with issues like child sexual abuse, no recourse to public funds and minoritised women more generally.

There should be more reflection time to explore and share the practice-based knowledge in the partnership. We propose that this be framed as Ascent being a community of practice to facilitate learning.



Recommendations

There has been a notable increase in the complexity of cases presenting to Ascent necessitating high intensity crisis work. This is having an impact on practitioner capacity and workloads and wellbeing.

Greater recognition is needed, including through funding, of the complexity of women's initial presentation to Ascent, as well as the complex and extended nature of the work with minoritised women. It is also important to recognise this in the context of ever decreasing local resources.

There should be greater acknowledgement of the resource implications for by and for organisations of delivering this type of work.

Funding levels of the project as a whole are often insufficient to cover partners' core costs, meaning that in many cases they are subsidising the work.

Some reflection on the prescribed nature of the borough-level targets is needed in relation to the locations and expertise of partners and meeting the needs of service users.

The allocation of boroughs does not fully take account of where minoritised communities are located and needs reconsidering.



Perspectives of frontline staff

This section is based on an online survey distributed among frontline staff in each of the partner services and two focus groups. The focus groups were conducted via Zoom with six counsellors and six advice workers. Forty-nine frontline staff responded to the survey, but seven responses were incomplete and were excluded, so this analysis is based on the 42 complete responses. These were from staff in 13 out of the 14 partner services from Ascent Advice and Counselling. Respondents held a variety of roles, including advice workers, caseworkers, counsellors, counselling managers and assistants, group work facilitators and specialist workers. Overall, 14 worked in the advice hubs and 28 in the other services.

The first section of the questionnaire focused on women and girls' needs. The vast majority (81%, n=34) of respondents thought that the support needs had changed over time: the most common response was that cases had become more complex (n=18), followed by greater mental health needs (n=13), with four explicitly stating there had been more women suicidal (a theme that resonated across various data sources), housing (n=12) and the impacts/intensification brought about because of Covid (n=11).

Thirty-one (74%) said there were aspects of women and girls' needs that they could not meet primarily due to resources limiting capacity, thus making it impossible to assist the volume of women who approached them. There were also concerns that they were not qualified to address

“

We don't have enough paid caseworkers to meet the huge demand of the enquiries we receive through the hub for the initial advice, support and information as well as the women and girls who might need ongoing support which cannot be met locally due to capacity or remit issues. We want to be able to continue to reach out and help as many women and girls as well as professionals looking for specialist advice however capacity restricts this.

“

Depending on a woman's borough and whether waitlists are open or at capacity we cannot always refer to specialist counselling for those seeking it.

“

Complex mental health needs that need psychiatric/ psychological input and intense support.

“

High-risk cases (those that present with suicidal thoughts, previous attempts, self-harm, and psychiatric diagnosis) are beyond the scope of our practice.

such complex mental health needs.

The next set of questions asked about respondents' views and experiences of the Ascent A&C partnership. There were many positive responses, focusing on how it reaches women and girls across London, seeks to address their needs and

“

I like the partnership, because it links us with so many services and confirms that women will receive an equivalent service wherever they are referred to for casework.

“

I see it as a large network of specialist workers who are working together to meet the needs and wishes of an incredibly vast and diverse city. I have endless admiration and respect for the women who work together to make this possible. I feel there is an ongoing effort to continuously build pathways with each other and share knowledge to create a comprehensive and intersectional support for survivors in London.

“

It feels valuable to be part of a group of organisations all pushing in the same direction and seeking the same end for our callers. It is a shame that we are not able to meet the demand but the project is a valuable way of working together and ensuring women are supported in as many ways as possible.

“

I can really see the impact/usefulness/specialism this partnership has created in reaching out to so many women and girls across London. The Ascent partnership not only ensures survivors get the timely support but also ensures this is specialist, quality, meaningful and needs led. It provides a wraparound support. There is no other partnership which exists like this that has provided the continuous specialist support regardless of the challenges we may have all experienced along the way. Women and girls reach out and get the support they need which is not based on a postcode lottery which is what is unique about the Ascent partnership. It is a scary thought to think what would happen to all these survivors if Ascent did not exist as the need of this so present. This partnership can be a lifeline for some survivors.

involves working together towards a common goal. Only one respondent did not share this broad consensus, describing differences between services as a barrier to a

“

The idea is good. However, as the provision is very fragmented with regards to eligibility, service openings, staff turnover etc., it is very difficult to feel a part of a partnership. In reality, when I refer to another one of the Ascent organisations, it is the same as referring to an organisation outside the partnership as there is little connection between the organisations, at least on the frontline practitioner level.

sense of being in partnership.

In contrast, the majority (79%, n=33) said they felt part of a pan-London service. In explaining why, the improved links between partner services, working as a network and

“

It feels like regardless of where someone is contacting us from [within London] we are able to give them information on what support is available and we feel confident referring women to our partners.

“

We feel connected to the other sister organisations, there are clear referral pathways and we use the meetings to discuss common issues and share experiences on how to better support service users.

“

We cover many boroughs effectively and distribute the resources we are allocated efficiently.

providing coverage across London were the key themes.

Only one said they did not have a sense of the pan-London nature of the partnership, explaining that their individual role did not have a pan-London component. However, two others who were unsure revealed some reservations. One expressed the sense that ‘specialist work can get diluted in services where DV is the main focus’, while the other reported that in her service the focus was more on their target boroughs than pan-London.

In terms of relationships with other partners, 31 gave a response about this. Most (84%, n=26) reported very positive relationships with other partner organisations, while the remainder were unsure and one was more ambivalent. The following comment encapsulates what a number of them described about what works both well and not so well in how they relate to each other.

“

The way we share knowledge/expertise and create capacity for each other to ensure the survivors are getting the best support works very well. Sometimes there are some communication issues when working on the advice service when making referrals i.e. trying to ascertain which services are open when working on an urgent case.

Respondents were asked about their relationships with the lead partner. Some either worked for the lead partner or did not have contact in their role so could not comment, but all of those who could express a view described it as positive

“

They hold the Ascent work well, and are always helpful and responsive to queries.

“

Our working partnership is going strong, especially attending the partnership meeting to address issues affecting the service users across the partnership. It has been valuable to share information and experiences as an effective way to address issues that victims are experiencing.

“

We have a great experience with [the project manager], she has been nothing but supportive.

and supportive.

The next set of questions were about access to Ascent services and how women move through them. From the perspective of the 14 advice hub respondents, the majority said that women approach the hubs directly (n=10), with the others not answering this question. In discussing how the process of referral from the spokes to the hubs works, three said this did not really happen, one that they did not know what the spokes were, one that it did not work well and

“

Sometimes it can work well if women need a holistic approach and require more than one service to meet their individual needs which might be able to be met by the hub if they are at capacity as we assess the risk level and offer appropriate options. There can be limitations to this as the women might of built up the strength to reach out for support and might be destabilising if they then need to call another service.

another presented a mixed view:

Conversely, respondents from the other services (n=28) thought that women seeking support tended to come directly to them (n=16), with only five saying they tended

to come via the advice hubs, while seven did not say. This reflects the experience of delivery managers reported in the previous section. Over half of those who answered (n=10 of 17) thought that referral processes from the hub worked well. Only two raised issues with the process, one saying that it ‘adds an extra layer’ and the other simply that there was ‘room for improvement’.

A small number of suggestions were made as to how the hubs could be more effective. Apart from the perennial issue of more resources, ideas here involved training advice staff on how to complete referral forms and ensuring there was up-to-date information from each of the partners on capacity.

Most (n=21 of 29 who answered the question) said that women did move between services, while seven thought they did not. A range of contexts were reported where this

“

If women have already had casework, they may later be willing to have counselling now that practical issues are dealt with, so they come back to the Advice Hub and ask for a referral.

“

Women fleeing DV may have to move to multiple boroughs prior to safe settled accommodation being available – therefore being supported by multiple services [...] If the risk level of case changes this may also necessitate being referred to a different service.

Key Learnings

Frontline practitioners confirmed that women are presenting to Ascent services with increasingly complex needs, particularly featuring mental health and suicidality, that are beyond the scope of their remit and skills.

Many said that limited capacity meant they could not deal with the level of demand and there were aspects of women’s needs they could not address.

“

Women might access counselling in a borough where they work and might prefer to access spokes in a borough where they reside which might be provided by two separate partners [...] having this flexibility based on local connection enables more options and routes for support.

“

Sometimes we co-work clients who have been referred in as we have knowledge of our community and avenues of support. These relationships work very well.

might happen.

Eighteen respondents had used the London legal advice line’s legal guides available on their website and all bar one had found them useful.

Ascent Advice Plus was seen as positive, with the main benefits being able to offer longer-term provision and creating more capacity to support greater numbers of women.

Working within the partnership gave staff a clear sense of being part of a network with a common goal, and the majority felt part of a pan-London service.

Relationships between staff in partner organisations and with the lead partner were described extremely positively.

Recommendations

Greater resourcing is needed to address the volume of demand for support among women in London.

The impacts on staff wellbeing of increasingly intensive and complex cases they are dealing with should be monitored.

Practice-based meetings within the partnership are vital for ensuring staff are supported and have access to a community of practice and these should continue.



Perspectives of external stakeholders

Twenty-four stakeholders took part in an online survey about Ascent A&C. Thirty-six responses were received in total, but 12 were excluded as no substantive questions were answered. The 24 complete responses came from stakeholders distributed across London (North n=6, South n=8, East n=4, West n=6). Respondents held strategic, coordinator and commissioner roles in the VAWG sector, and there were also IDVAs and other specialist advocates, solicitors and social workers among them. Most stakeholders were aware of Ascent, either having a knowledge of what it comprised or having had direct experience, for example by making referrals. Only 3 out of 24 said they had little or no awareness of it, although this does indicate that more work could be done to promote Ascent A&C.

Benefits

Fifteen respondents described the role and contribution of Ascent A&C. This included providing specialist support, particularly to minoritised women:

“

To support and enhance local services and to provide a pan-London response across a range of VAWG needs.

“

The availability of woman centered specialist VAWG services to women, especially those that are minoritised.

“

I think it's vital to have specialist agencies and by and for agencies such as those within the partnership to try to ensure that all women have access to support. I think agencies such as those in the partnership are essential.

When asked what Ascent A&C offers to women in London, most described the types of services available, such as advice, counselling and advocacy. Smaller numbers were aware of the advice hubs and the specialist support added as part of Ascent Advice Plus, suggesting that further work could be done in publicising these.

Ascent A&C services were seen by stakeholders as adding further options to what is available locally and complementing local services, with 15 out of 16 who answered the question supporting this view.

“

It provides additional options and more choice for service users to access the support that they need.

“

Another service for clients that we can signpost to.

“

A valued route for survivors to access free specialist counselling, otherwise oversubscribed. We provide our own advice services.

A number of respondents described how Ascent services had skills around VAWG, language and working with minoritised groups that mainstream services lacked, so that even where the type of service provided locally might overlap with Ascent A&C provision, the nature of that provision remained distinct.

“

It complements them by enabling more women who may not access mainstream services to be supported. It means that women are less likely to face the additional barriers they may have with mainstream services, e.g., language or cultural barriers.

“

We have the domestic abuse services offered by Victim Support. However, Ascent provide the specialist support which is not offered through the VS services.

“

Additionality without duplication.

However, one respondent said that it was difficult to demonstrate this:

“

Although data is provided to key stakeholders, it's difficult to understand if the services are really complementing local ones and if service providers feel that Ascent are really part of the service system.

Challenges

One of the main challenges that stakeholders experienced when working with Ascent A&C was due to resources.

“

The need is far greater than the capacity for the borough and there is often a long waiting list.

“

List closes very quickly, no service for nearly 1 year due to Covid 19 challenges.

It should be noted that the partnership was already operating in the context of the limitations of a pan-London programme, trying to meet as fully as possible the huge demand across London amid the extensive cuts that have occurred over the last five years. Ascent partner services have not closed during the period of the pandemic, but it may not have been possible for this service to take on new referrals. However, the service was still being provided to existing service users and those already on the waiting list.

In interview, one partner provided a counterpoint to this viewpoint:

“

What does come through from all of these boroughs is that whatever we're providing it's not enough, and the commissioners tell us that. Some of them get quite antsy about it because they think we're not giving them their due entitlement, because they don't understand the formula, they don't understand how it's come about, that we only can do say one day in one borough of counselling, when the demand is so huge. So why is it not reflected? Then because obviously the way the funding is in terms of local authorities going into London Councils' funding, they feel they're entitled to more. So we sometimes get that coming back at us, why are we not able to do more in particular boroughs when actually they are funding the service in a roundabout way.

One respondent mentioned there not being a service to cater to the Bangladeshi community in her borough. Further communication with the lead partner suggested that this was something that was in the process of being addressed through development of a separate borough-commissioned project.

Most stakeholders thought that Ascent A&C worked well alongside statutory and other agencies. A small number mentioned that more could be done to promote awareness. Suggestions included raising the profile of Ascent in local communities, police stations and libraries.

Key Learnings

Virtually all stakeholders were aware of Ascent A&C, the advice hubs and the specialist E&D partners.

Stakeholders appreciated Ascent A&C's role, particularly their skills around responding to VAWG, community languages, and working with minoritised women.

They saw Ascent services as complementing rather than duplicating what is available locally.

Stakeholders commented that services had long waiting lists, but they may not fully appreciate the borough allocations and targets.

Recommendations

The partnership as a whole puts a huge effort into promoting Ascent services in every borough, but there is always scope to increase the profile of it at the

borough level, as individual stakeholders will move on and local contexts may change.



Impact of Ascent Advice & Counselling and Ascent Advice Plus

This section looks at the impact of Ascent A&C and Ascent Advice Plus primarily from the perspective of services users, firstly drawing on outcome data collated as part of the monitoring for London Councils and MOPAC and, secondly, through a series of case studies based on the interviews conducted with service users as part of this evaluation. A small number of outcome measures relate to staff, so these are also highlighted where relevant.

Outputs and outcomes for Ascent Advice & Counselling

Outputs

During 2017-21, Ascent A&C partners have delivered 52,090 one-to-one counselling sessions, 3,162 group sessions, and provided advice, advocacy and casework support to 27,541 women and girls. There have been 1,052 professionals from 720 organisations trained by Solace, Women and Girls Network, and Rights of Women.

Monitoring data shows that between 2017 and 2021, 84 women were supported through the NRPf destitution fund to access safe housing with subsistence.

Table 8: Number of women supported by NRPf destitution fund

Year	Number of women supported
2017/18	21
2018/19	28
2019/20	16
2020/21	19

The partner managing the fund described a case example where her organisation and another Ascent partner had successfully worked together to assist a woman with NRPf.



The client got really good holistic support in terms of not just having the accommodation and subsistence, but also the advocacy work that that organisation was doing. And you can see then how two organisations can work together and have a positive result. This woman was very ill, she had cancer, and then she had another medical problem as well, and she was very, very depressed, and she was expected to leave the accommodation that she was in and she had absolutely nowhere to go [...] Also, with her illness she needed to have proper food, because when you go through chemo, it can be debilitating, and so to make sure that she had warm clothes, for her it was really useful to provide that. And I think that illustrates how two organisations that work well together can provide for vulnerable women.

In 2020-21, the London legal advice service produced four new legal guides to support survivors and frontline VAWG professionals on the topics of:

- Children and the law: Cafcass and Section 7 reports
- Entering into a civil partnership
- Dissolving Civil Partnerships
- Legal Services Payment Orders. This guide looks at funding legal costs for advice, mediation and representation in court when legal aid is not available.

The original targets were for the legal advice line to mail out a set number of copies of their guides, but it has been impossible to do this during the pandemic with long periods of home working. It is estimated that between January – March 2021 that there were 25,651 downloads during the quarter or 8,550 per month – significantly higher than the targets for postal copies.

In just one quarter (Q4 2020-21), the legal advice service also delivered two training sessions on ‘Child contact arrangements and domestic abuse’ attended by a total of 67 professionals from 49 organisations.

The two outcome measures for external training participants were both achieved. This shows the quality of the training provided by partners. Additionally, through training initiatives within the partnership and the upskilling of volunteers, who often go on to take up paid roles, Ascent has built expertise in the sector. The therapeutic training course gets very positive feedback from those attending it. All partners commented on the availability of training and rated it highly.

Staff in the VAWG sector often work at or beyond capacity, and with complex and challenging cases, meaning there can be issues of burnout and staff turnover. The experience of

the coronavirus pandemic has further exacerbated these, as well as bringing new challenges. Given this, going forward, it would be advisable to incorporate some way of monitoring staff wellbeing.

Outcomes

Partners report to London Councils on a range of outcomes for Ascent A&C. The majority relate to service users, and two measures relate to external staff who attend the training.

In virtually all cases, targets were met or exceeded, notably those centring on options for exiting prostitution (123%), self-esteem and confidence (113%), health and wellbeing (112%), and access to legal advice/understanding of the law (109%). Over-performance by the Ascent A&C partnership on virtually all of these measures adds further weight to the positive feedback evident in the section of the report about the perspectives of service users.

Headline outcomes for Ascent A&C reported by service users were:

- Reduced fear/greater feelings of safety (n=17,575 service users, 101% of target)
- Improved self-esteem, motivation, confidence, able to rebuild their lives, moving to independence (n=10,857 service users, 113% of target)
- Improved emotional health and wellbeing and physical health and were able to rebuild their lives, moving to independence (n=7,974 service users, 112% of target)
- Increased knowledge of options to exit prostitution (n=148 service users, 122% of target)

When looking at the quarterly data, there were decreases at points during the past year in the number of women who reported feeling safer. These variations are likely to be linked to the periods of national lockdown during which time rising reports of VAWG have been well documented by many VAWG services. Creating safety during the pandemic has been particularly challenging since, on the one hand, women have been forced to lock down for extended periods with perpetrators, with potential additional pressures of loss of earnings, employment and childcare, while on the other, access to safe accommodation for those trying to leave is extremely limited. However, due to over-performance on this measure in previous quarters, when looking at the

whole period 2017-21 this outcome has remained on track.

The only measure where impacts were not quite at the level hoped for related to securing tenancies for Ascent service users (76%). The ability to secure tenancies is an outcome that is particularly dependent on factors external to Ascent A&C, such as the local authority housing situation. There is a recognised housing crisis in London, limited social housing and very little emergency single-sex accommodation that is suitable and secure for women experiencing or fleeing from VAWG. This is especially difficult for single women, women with complex needs and those with no recourse to public funds. Trying to advocate for service users in relation to this can also be a lengthy process, putting strain on the resources available to deal with new service users. It was in response to these challenges that the pan-London housing worker was added to the Ascent workforce. Staff across many partner organisations highlighted issues with housing shortages in their area and some had strained relationships with housing departments.

“

[Relationships with housing departments are] awful, what the staff have to deal with, which adds a lot of stress to their workload because they're so invested in that woman.

“

There is a lack of safe, stable housing for DV survivors.

“

Housing is a big issue within [our borough].

“

In [our area], there is no social housing, and so that pressure that it puts on single women who are under 35. Even though we're a counselling service, we find that women who are under 35 needing the housing who are from domestic abuse backgrounds are struggling.

In response to this, the Public Interest Law Centre secured funding from the Baring Foundation to work alongside Ascent A&C to build legal knowledge and expertise and make legal challenges on housing decisions. PILC have delivered training to Ascent staff and managers and

developed a toolkit and model letters. This partnership has been of huge benefit and has helped achieve a number of successful housing outcomes for women with more complex housing cases.

Outputs and outcomes for Ascent Advice Plus

Outputs

The five quarters to the end of 2020-21 of Ascent Advice Plus, partners have handled 2,987 calls to the advice hubs, 594 calls to the London legal advice line and provided casework support to 797 women and girls.

Outcomes

The outcome areas for Ascent Advice Plus focus on: increasing access to services; meeting service user's needs; managing the demand on services; and empowering staff. The majority relate to service users, but three measures refer to staff.

For all but two measures, these targets were exceeded, with the highest rates obtained in relation to: increased understanding of abuse and options to report (85% – 15% above target); and improved health and wellbeing (89% – 14% above target).

Headline outcomes for Ascent Advice Plus reported by service users were:

- **Improved health and wellbeing** among those receiving casework (89% of those surveyed)
- **Happy with the service** (86% of those surveyed)
- **Increased knowledge** of legal rights and options (85% of those surveyed)
- **Increased understanding** of abuse and options to report (85% of those surveyed)
- **Improved feelings of safety** (78% of those surveyed)

All three staff measures, which related to feeling supported, that training received was appropriate for their role and that they were making a positive impact to those they are supporting, were achieved fully.

Case studies

All of the partners thought that a reliance on outcome measures only gives a partial picture, and many said that they preferred providing the narrative report to funders, as there is space to document more detail about what they have done and its effects on the women and girls they support. Partner organisations also regularly supply case studies to support the report, although these are optional not a requirement.

Drawing on the in-depth interviews, this series of case studies shows in more detail the situations women were facing and the impact of support from Ascent partners. The reflections of survivors reveal far more than any outcome framework. We have given each woman a pseudonym.



Pearl's story

Pearl was referred to Ascent by a health worker after a mental health crisis and did not get on with the first counsellor, but because they followed up, she was offered another one and the work was done remotely during lockdown. She noted that working with a black woman, even though they did not have the same heritage, made a difference for her.

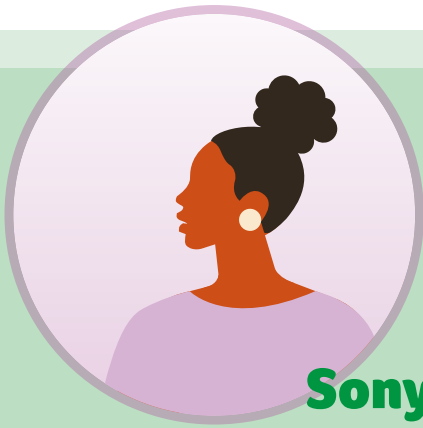
... she used to set me tasks to do, and at that period I was going through a very hard time. I had lost my best friend and my ex then dumped me two weeks after, so I was losing like the will to live and I was feeling suicidal. The therapist [there] really helped me. She actually saved my life.

Pearl found the first lockdown very difficult; she was fearful of the virus and of passing it on to her older family members. With careful, slow work imagining being outside she was supported to leave her house. The counselling focused on her positionality as a black woman, and as a black girl, when she was sexually abused.

It felt like a safe haven, being like a secret covenant: that person, they cared... when you're a black girl there is a lot of things that happen to us that we just don't speak about and just get on with it, because I don't know, I don't feel as a black woman or as a black child we're protected. We're overlooked. So sometimes when stuff happens it's just, you know, it's life.

Pearl's coping strategy as a child was to become an over-confident, sassy young woman, sexually involved with older men. She had thought the sexual abuse had not affected her negatively, but was struggling with her anger.

They've basically helped me understand where everything stems from, why I blame myself, and how I can change this... Yeah, I would say maybe 80% of things have improved. They've really helped my life, and therapy was exactly what I needed, and it's like I've basically put all my problems in a box, and wrapped it up and put a ribbon round it and gave it to the therapist and said "thank you" and walked away.



Sonya's story

Sonya is a mixed heritage woman, with severe dyslexia, and has two children. She was referred to the London legal advice line by a DV organisation in outer South London, and this was the first time she had accessed support. She checked them out online before making contact.

I had lots of different issues going on at the same time, my housing, domestic abuse, abuse. I'd been left penniless, my husband had cleared everything out, and I had no way, so they gave me all different advice and it was sort of overwhelming at that time.

Sonya has been in touch multiple times over four years as the complexities of her legal situation have evolved.

I've used it for a long time, and I still have to use it because I've still got things ongoing, and because of the help that they offer, literally I cannot get that help, I've not been able to get that help anywhere else.

She spoke at length about the challenges of getting through, even buying a small phone that she could have on constant redial. She noted that it had been easier to get through in the last year, but most difficult initially when she was having to use a friend's phone when hers had been cut off by her partner.

The first time they were really patient... They let me waffle, because I do waffle, I know I'm not clear in my communications. I think I had post-traumatic stress at that time, and everything was just coming out a million miles... and I had so much that I needed to ask and clarify... I believe they're solicitors, but they were more than that. There's an element of counselling, I guess, that they needed to do to help me to relax, because I get a brain fog once I'm

stressed, I can't get my thoughts together the way I need to... they were the last stop for me... I was facing homelessness, all our stuff was cut off. I still was having harassment from him and third parties. I was in the court system, they've been a complete nightmare, losing documents, losing files, demanding documents. I had no legal knowledge to compile these documents, not a clue, and they were reprimanding me. My mother had cancer at the time and chemotherapy, she's elderly, I was trying to support her. They were the only people that helped me sift, not just through the legal stuff... I felt a sense of release. They kind of structured it for me.

Sonya was having to represent herself in family court and found the process stressful and confusing.

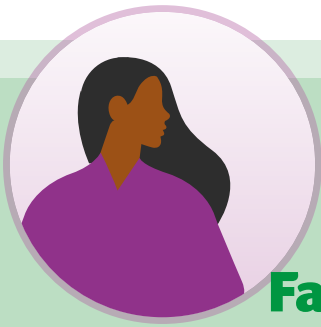
What they've done would cost thousands and thousands and thousands of pounds with a solicitor. I initially loaned some money to get a solicitor, and they've done way more than any of those solicitors. Just in one conversation you get so much more clarity from them.

The importance of accurate and quality advice, especially for women who do not have access to Legal Aid cannot be underestimated. Being trapped in endless court appearances and unresolved financial and child contact issues take their toll.

If I didn't have them, if I didn't have that information, I think I would have folded by now and just walked away. Basically, they've been the driving force to help me continue.

Sonya was effusive in her praise and also noted how the support had restored her own space for action, which had been severely undermined by her abusive partner. The London legal advice line not only enabled her not to become destitute but to regain a sense of control over her life and that of her children.

I feel much stronger because... they've helped me believe that I can do that, and helped me practically, emotionally through it, and psychologically given me the strength to say, look you've got that, you've done this, you've done that.



Farah's story

Farah is of Middle Eastern heritage and was referred into Ascent by a migrant support agency after she was hospitalised following a mental health crisis. She is currently living in mixed sex temporary accommodation where she does not feel safe, but she has limited options as she is awaiting a decision about her asylum status.

She was receiving one-to-one casework and spoke highly of her caseworker, who was trying to help her move somewhere more suitable and assist with her asylum claim.

She was really, really helpful... To be honest, she's really friendly. Whenever I talk to her I feel better

because normally I can't get friendly or I can't speak with everyone normally because some issues like I really can't tell everything... She try every time and then an hour later she contact with Home Office... Where I live now, I don't like for, because of so many boys and everything, I don't really comfortable. For a long time I have to survive here.

Farah recognised that Ascent could not resolve her immigration issues, but appreciated the advocacy her caseworker had done on her behalf.

She help me a lot. She give me so many helplines' numbers and she referred me to the other help services. And the main thing she help me to find the safe place. She's really helpful and kind person. Whenever I'm talking with her, I feel safe and hopeful.

Farah had also referred a friend into the service.



Atiya's story

Atiya is Iranian and was referred to Ascent by a health worker. She made contact with them by phone. Atiya was experiencing domestic violence from her husband and needed support about immigration issues, divorce and protection. She received one-to-one casework, counselling and legal advice from a specialist Ascent partner.

She was really helpful and she totally understand my situation, and she started to help me and give me advice, because at that time I was really feeling bad... she spent lots of her time and she told me I can call her whenever I want, she was happy to listen, and she say "if that helps you to speak, so you can speak to me as much as you want".

Being able to speak in her own language was very important.

... my English is not good in general, but especially when I am not feeling good, I can't speak any English. So it's so hard for me to express myself. So speaking in my own language with someone who is proficient was really helpful for me.

Support was put in place to enable Atiya to leave but, ultimately, she decided to reconcile with her husband. However, she valued the advocacy and support she had received from Ascent, which had improved her mental health.

As I said, it's my decision and nothing changed because I didn't want it. But what improved, I got help from other services, like social service and I got help from post-natal as well. They help me to improve a little bit my mental health.



Michelle's story

Michelle had a history of child sexual abuse and a more recent trauma, having lost her partner in complicated circumstances. Her GP gave her numbers of services where she could access counselling through Ascent.

I didn't want someone to go, "Oh you poor thing, right? Oh, this is really bad". And then I didn't want the shock... I didn't know what to expect and to be honest with you, I feel like if somebody told me that story, I would probably be the same... But, actually, the person I spoke to was not like that at all. It was almost like as if she had heard this story every day, but still had a level of concern and care that definitely came across completely non-judgmental.

She had interesting reflections on the initial process, especially the three-month gap between an assessment and counselling beginning.

I think those assessments are quite difficult because what they do, and I understand why they need to be done [but] they open you up emotionally and you don't know how long you're gonna have to wait... When I initially opened up, I did feel like 'Oh my God, I've just done all of this'. And now there's nowhere to go with it. They gave me this helpline number, but I'm not gonna realistically phone a helpline number when I've never had counselling before in my life... it did leave me with a sense of. 'Now what do I do? Now this is all out. What do I do with this?' I don't know how that can be avoided to be honest with you, but that's just my honest take on how I felt... I've already gone 30 years not speaking about it. But that then made it even more urgent because I've gone that long not speaking about it, but now I'm ready to talk and I need to talk now.

The counselling experience itself was a much smoother process, and the importance of being supported by another black woman was crucial for Michelle.

The most helpful thing was that she had the same ethnicity as me. She was the same kind of

background as me in terms of culturally, so there was some stuff I didn't need to explain, and it just made it so much easier. She was iconic: that woman has left an impact on my life that I will never forget... she had such a profound effect on my life. I didn't expect that... I was like she's the one. This is why I had to wait as long, because if I had to wait for her, I would do it again.

Michelle also had a clear sense of how the philosophy of the Ascent partner service played out in how she was supported.

... she wasn't just concerned with the rape or the abuse... it was how is work. How do you feel that's affecting you, how you're thinking or feeling about it? They use the term holistic too loosely, I think nowadays, but that lady was completely holistic in her approach.

She wanted to have had a follow up to show her counsellor how things had changed for her.

I would have loved to have been able to have like a six-month review with her just to show her, look how I'm doing. I think it would have been rewarding for me, but I also think it's rewarding for the person that's invested this much time to be able to actually see that a lot of what they do is not recognised. It's quite intimate, it's exclusive between the two, and I guess as a reward... it's just to say look, my life is really changed because of you.

She was also able to analyse what the changes were and why they mattered..

... you're a black female who's grown up in a single parent household, who's abused by your mum's boyfriend and you've had failed relationships and now you're a single mum. Like I was what I hear are statistics all day long and she was able to make me unsatisfy myself, if that's even a word. I feel like a whole person that is contributing to the world. I didn't feel like that before, I really didn't... And that's why I say that she was holistic in her approach because she realised how entangled everything was and that in order to help we needed to do all of it... it's helped me no end and it will help me for the rest of my life, I'm sure of it.

Conclusions

Revisiting the research questions

The distilled evaluation questions were:



Mapping

Of the service model, nature of provision, service standards, and data collection and recording systems



Performance

What the service has delivered and to whom



Process

How the service is working and is experienced by users, staff and members of the service partnership



Impact

What the service has achieved and whether it is making a difference, including whether Ascent Advice Plus adds value

We return to these here and draw together conclusions from the main report.

Mapping

Ascent A&C is a partnership of 14 organisations offering advice, counselling and group work to women in London who have experienced VAWG. Many of these are organisations run by and for minoritised women. Ascent partners have multiple specialisms ranging from VAWG issues, to language and cultural sensitivity, as well as things like housing, problematic substance use, immigration and legal issues, women's rights and the law. The more recent E&D partners bring additional specialist knowledge around working with LBT+ issues and a range of disabilities. All of these in combination are essential for addressing the needs of survivors and particularly for ensuring that women who face additional barriers can access the support they

need. Ascent works across all forms of VAWG, although in practice services tend to be predominantly domestic abuse-focused or with a domestic abuse component, and this is the experience about which over half of service users contact Ascent. There is specialism on sexual violence, as all four organisations who run Rape Crisis services in London are in the partnership, and others that include work on sexual exploitation, harmful practices and honour-based violence.

Ascent is a hub and spoke model, with advice hubs run by the two larger partners and specialist advice and counselling provided across London by partner organisations. The strength of this model is that it provides multiple routes through which women can access services, and this is

shown to be successful, evidenced by the fact that women self-refer or are referred by other professionals both to the advice hubs and to individual partner services, providing survivors with choice and control. The partnership covers all London, plugging gaps and ensuring less of a postcode lottery.

There did not appear to be as much movement between services as originally envisaged beyond that from the advice hubs to the spokes, as partners explained that once women build trust with an organisation, they tend to prefer to stay with them, where possible. However, there was successful co-working between partners where women were facing multiple issues and referrals to other parts of the partnership were made when needed. All partners valued the option to seek specialist advice from their colleagues if they needed to, and the quarterly strand and practice-based meetings provided the opportunity to share experiences and learn from others.

Whilst the services are pan-London, the reality is that London Councils are constrained by their need to report to their Grants Committee on a borough-by-borough basis to satisfy concerns from some boroughs about the extent to which they benefit from paying into a pan-London programme. Ascent A&C and Advice Plus complement each other well in terms of Advice Plus extending and strengthening the A&C offer in ways that better reflect women's need for medium to longer-term support. However, the borough-based system brought some challenges, such as meeting borough targets in areas where partners had little history of working, or providing a pan-London service centring on a particular specialism, such as sexual exploitation or legal advice, with only one funded worker. Part of the intention was to reach more women with specific needs that Ascent partner services have expertise in. If there are to be borough targets, then the allocation of these needs to take more account of where communities are located and where partners have more established links, as there is more value from that than seeking to achieve a certain number of referrals from specific boroughs.

Partners generally did feel they were part of a pan-London organisation and found this extremely valuable, both for women and girls in London and for themselves and their organisations as practitioners. There were a few frontline staff members who did not feel as much of a connection because their individual role did not involve interaction with the wider partnership.

As the lead partner, Solace collates and coordinates quarterly monitoring to the funders, based on data shared by each

partner. Although there did not appear to be any major issues in the supplying the monitoring data, the London Councils reporting requirements were seen by partners as overly detailed and outcome heavy, and partners valued the opportunity to provide some narrative to contextualise the outcome figures.

Performance

During 2017-21, Ascent A&C has:

- Supported over 30,000 individual women and girls
- Provided advice, advocacy and casework support to over 27,000 women and girls
- Provided over 52,000 one-to-one counselling sessions and over 3,000 group counselling sessions
- Supported 1,800 women with no recourse to public funds, and provided access to housing and living expenses for 84 of these women
- Provided training to over 1,000 professionals from 720 organisations

Since the start of the project in 2019, Ascent Advice Plus has:

- Answered an additional 3,000 calls to the advice lines
- Provided casework to over 900 women and girls
- Answered an additional 500 calls to the legal advice line
- Provided training to 70 members of staff

Almost all service user outcome targets for Ascent A&C were met or exceeded, particularly around options for exiting prostitution, self-esteem and confidence, health and wellbeing, and access to legal advice/understanding of the law. Similarly, for Ascent Advice Plus, most service user outcome targets were surpassed, with the highest rates obtained in relation to increased understanding of abuse and options to report, and improved health and wellbeing. Ascent service users are almost exclusively female, diverse in terms of ethnicity, with at least half from a BME background, and between one quarter and one third had disabilities, most commonly mental health issues.

This provision has been offered across all 32 London boroughs and the City of London, and borough delivery targets were either met or exceeded in two thirds of boroughs, in some cases quite significantly, with only one achieving below the 70% mark. That these levels of service have been achieved despite the context of the coronavirus pandemic over the past year is testament to the commitment and innovation of staff across the partnership. The lead partner is also

proactive, sending a quarterly performance newsletter to every VAWG lead across London each quarter, attending meetings and delivering presentations at VAWG forums and co-ordinators groups. They have also helped partners link up with borough-based providers to source free delivery venues and to develop close working relationships and referral pathways.

Feedback from stakeholders suggested that, in the main, Ascent A&C complements local services, filling gaps and offering valuable specialist support to minoritised groups, who are not catered for by mainstream services. It is important to note that this pan-London programme is not intended to replace local provision. However, the cutbacks have led to an overreliance in some boroughs of the Ascent services. In some cases, it was clear that there was still room for further engagement and promotion of the partnership in some boroughs, but this will no doubt be resumed as the restrictions necessitated by the pandemic begin to be lifted.

Process

In terms of the partners, Ascent, especially since the addition of Ascent Advice Plus, works well. It was apparent that most were very committed to the model, as evidenced by their engagement in the evaluation. The benefits to them were both in terms of the resources it added to their budgets, but also the extension and quality of support it offered to women and girls. Sustainability, especially for small by and for organisations is a critical issue, as highlighted by a number of reports by Imkaan (2017, 2019). Sustaining these organisations ensures specialist support for women from a number of minoritised communities. Their participation has also resulted in upskilling and enhanced networking and referral from the white-led organisations in the partnership. Membership of the partnership also enabled groups to share experiences when adapting to delivering services remotely in 2020-21.

There was widespread support for the additional resources through Ascent Advice Plus, expanding the workforce in order to extend the length of time that women and girls could be supported for. Most of our respondents reported that referrals within the partnership worked well, and that at times they co-worked cases; a few frontline staff in the survey reported they had not had such positive experiences. There was consensus that even with the extended time limits many women still had unmet needs. Most partners reported that they continued to work with them, covering this through other funding or doing it unfunded. Partners were offered increased funding during the COVID crisis but

were unable to take this up as it would have meant working with more women and some did not have the capacity to do this, as they would not have been able to recruit suitably qualified staff to work at short notice on a short-term contract at the salary levels funded.

Many survivors raised issues about delays in accessing counselling and time limits. If funders want to meet their needs, then there should be resources to extend in specific circumstances – for example, where there is a shift/breakthrough towards the end of counselling, where a leave to remain decision has not been made, where a legal process is in a train that will mean further advice will be needed. For this reason, Ascent negotiated the option to offer an additional five sessions where deemed necessary.

There were some suggestions for improvement:

- More consistency in referrals from the advice hubs so that key information was always included,
- More reflection time to explore and share the practice-based knowledge in the partnership. We propose that this be framed as Ascent being a community of practice in which considerable learning could take place if this is built into how the partnership functions,
- That the borough allocations are revisited to take account of the locations of partners, and where they have already built a presence and reputation and where specific minoritised communities are located,
- That funding formulas and time limits are considered in light of the longer time scales needed to work with issues like child sexual abuse, no recourse to public funds and minoritised women more generally,
- That funding is less short term to avoid the challenges, for example, during COVID where funds offered had to be spent very quickly and in a prescribed way.

The almost 100 service users who took part in this evaluation reported being responded to in a timely manner and having their needs met: there was only one dissenting voice. Many were fulsome in their praise, noting the importance to them of: being listened to and heard; being reassured that they had a right to support and that it would be available; being supported by women who shared their cultural background and language; being enabled to explore issues they had buried for years or alternatively were struggling to make sense of currently. Their responses show the critical importance of being supported by specialist agencies: it is their understanding of VAWG, its impacts and meanings, that ensured women felt heard, that they were responded to with care and respect and that the options and advice offered were appropriate, accurate and useful.

Impacts

The title of this report comes from one of the women supported by Ascent, and she was by no means alone in reporting that Ascent A&C had saved or changed her life. Specialist VAWG agencies bring both an expertise and a way of working that holds women and girls whilst they work through what needs to change in their lives. The word holistic appears in several of the case studies, and was recognised by survivors. They understood this to mean that they were responded to as whole people, which was possible for many of the minoritised women through by and for services.

The fact that Ascent A&C has consistently exceeded delivery targets shows the high level of demand for the service and the hard work of partners in trying to meet it. Although it is good that there is awareness of Ascent services and that routes into the services are proving effective, this puts additional strain on staff teams, who are already working at capacity, and are routinely going above and beyond to support women with extended support needs.

Suggestions for improvement

Partners suggested some areas where the partnership could be improved. Most mentioned that increased resources would mean they could help more women. For example, where there is clearly more demand than one post can cover, additional posts would mean more women and girls could be assisted. However, as mentioned above, funding needs to be longer term and salary levels are often not competitive with the statutory sector so this needs to be factored in to commissioning.

“

I think we are providing a lot. In terms of the number of women that we support and the impact that we have on them, I think what we're delivering is impressive. But I just think with a little bit more funding, how much more could we achieve? So if we had funding for one more [worker], we'd be able to reach so many more women, and I'm sure the other organisations will be in the same position as us.

Greater involvement of specialist BME partner organisations to adapt aspects of the model that work less well, was also suggested.

Over-performance on many outcome measures shows that the service delivered is of high quality and is making a difference to service users. The qualitative comments gathered as part of the evaluation show the personal gains for many women, from being validated and heard, understanding more about their options, to experiencing profound improvements, often life-changing and even life-saving.

“

This idea of the partnership working as referrals amongst the organisations, this [wasn't] thought thinking of all the ethnic minority and the migrant organisations, because it doesn't really work for us like that. So, I think taking this into account, the needs of the BAME communities and the migrant communities in designing the project I think would be a good thing.

Another suggestion made was partners being able to call on each other for translation/interpreting because they would know that they would be working from a similar starting point.

“

There's so many diverse women in that group in the Ascent partners meetings, to be able to somehow use each other more for translation services, to be able to involve other women in the group or in the other partners would be great. [They have] an understanding of the work, understanding of the trauma, basically.



Reflections

In this section we reflect on issues that emerged through the evaluation which were not in the project brief.

The first is what pan-London means and how this concept fits with the prescribed targets by borough. The notion of providing a pan-London service sits at the heart of London Councils and MOPAC funding, but it is in tension with the resources allocated and the differential borough targets stipulated by London Councils. There has undoubtedly been an extension of access to by and for services, but the borough-based allocations mean this is not for all women living in London. There are clearly tensions within some boroughs since some prefer locally based responses. Ascent partners endeavour to manage this tension. The three recently created pan-London roles also raise questions as to how a single worker could possibly fulfil this requirement.

There is also a tension in terms of diversity, since minoritised communities are not distributed equally across London boroughs. We searched for definitions of 'pan-London' in doing this evaluation, but the meaning for the most part is left implicit. There is room for some thinking here between Ascent and its funders as to how this concept should be understood and what the implications are for resourcing, targets and monitoring.

Whilst several of the partners work across a range of forms of VAWG there is only one specialist service that focuses exclusively on sexual violence service, although the other three Rape Crisis Centres are run by three of the larger Ascent partner organisations and one of these also works on sexual exploitation. Despite this, the depth of expertise is more concentrated around domestic violence, the form for which risk assessment tools were developed. There is scope for reflective practice work here in terms of the similar and different needs of survivors. Risk assessment may not be appropriate for other forms of VAWG beyond domestic abuse. Even in relation to domestic violence, risk framings have serious limitations, especially since current tools are not predictive (Myhill & Hohl, 2016) and they fail to address complexity of circumstances of many minoritised women.

That services have been delivered virtually for 12 months offers lessons for the future: it suggests that they can be less geographically bound, expanding the potential reach of both by and for services and the specialist pan-London workers. This is most likely to work effectively for support, counselling and peer support are still preferred by many face-to-face. Remote access needs to be considered

as an option to be maintained, but not as a replacement to location-based provision, and providing an element of choice to survivors is critical.

The advice hubs conduct signposting and onward referral to services both within and outside the Ascent partnership. However, this only works if other parts of the system are responsive and well-functioning. The last 12 months have shown how easily this can break down. If there are no quality services to refer on to, Ascent partners will have to hold cases for longer. This was true for statutory services but also London Rape Crisis Centres and ISVA services: specialist sexual violence provision remains under-resourced compared to demand.

Over two decades ago Mary Koss, writing from the US, argued that a city's commitment to addressing rape, can be measured in terms of its responsiveness to survivors, but we make that argument here about all forms of VAWG. Ascent has clearly contributed to the responsiveness of London.



Notes & References

¹These are organisations 'led by BME women, who understand and operate at the intersection of racism and sexism, challenging this in wider society and within their own communities' (Kelly & Dhaliwal, 2020).

²<https://www.thelondonvawgconsortium.org.uk/>

³We recognise current debates about this acronym, and use it here as an overarching term used by the partnership's funders. Not all partners use this term to refer to their own organisations or the women they work with.

⁴One of these caseworkers in each hub was funded by the MoJ/MOPAC uplift.

⁵<https://data.london.gov.uk/dataset/london-s-diverse-population->

⁶<https://data.london.gov.uk/dataset/london-s-diverse-population->

⁷<https://www.wgn.org.uk/young-womens-services/courageus-project>

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Secondary analysis of Ascent data

Secondary analysis was conducted of key data sources provided by Solace. These included quarterly monitoring data collated for the Ascent A&C partnership and Ascent Advice Plus. The type of data collected was stipulated by London Councils and MOPAC and consists of core measures that each partner provides quarterly to Solace alongside a narrative report containing additional detail on achievements and challenges. Partners collect additional data internally, but this is the extent of common data that

is routinely shared. Analysis of service documentation, such as the partner service standards and targets, was also conducted as part of the evaluation.

All monitoring data is by financial year. Ascent A&C monitoring data covers the period 2017/18 to 2020/21 (referred to below as 2017-21) and Ascent Advice Plus monitoring data covers five quarters from the final quarter of 2019/20 to the end of 2020/21 (referred to below as 2019-21).

Surveys and interviews with survivors

A brief online evaluation survey for service users was designed in SurveyMonkey, which included the option to take part in a short follow-up interview. In order not to over-burden staff, who were assisting with multiple aspects of the evaluation, the decision was taken to focus on recruitment efforts during a one-month period. During this time, where possible, staff made all service users aware of the survey, provided them with the survey link, and offered assistance if language or digital support was needed by providing a paper version or going through the survey together (some services did this during a group session). In some cases, at the advice hubs, different staff member to the one who had provided direct support completed the survey over the phone with the service user. Interviews and focus groups were also offered as an alternative to the survey, but in almost all cases the survey was chosen as the first route into the evaluation.

Three versions of the survey were produced: one for users of the two advice hubs; one for users of the London legal advice line; and one for all other service users. A core of standard questions was maintained where possible, but some differences were dictated by the differing nature of services provided. Questions in all three versions of the survey focused primarily on how women had become aware of the service, how easy it was to make contact, how helpful the support provided was and whether it made a difference to them, and whether anything would have improved their experience of it. The survey for all services other than the hubs and legal advice line was slightly more detailed since access to support tended to be medium to longer term, and this included questions on what types of services had been

accessed within Ascent A&C and whether any other referrals or signposting had been received. Since those we were surveying had accessed services remotely during extended periods of national lockdown, questions were included on service users' experiences of this as well.

Follow-up interviews provided an opportunity for women to expand on their survey responses in greater detail about their expectations and experiences of the service, and whether and how it had made a difference to them. A closing question also asked about how they had found taking part in the evaluation.

There can be a number of challenges when seeking direct feedback from victim-survivors, particularly when their engagement is relatively short-term. For example, those using an advice line once or for a short period of casework, while others may simply want to 'move on'. However, in previous projects, we have found that motivation to participate in research is enhanced when people think their views are important and may benefit others. This message was incorporated into our information to participants and by Ascent A&C staff in their invitations to service users to participate in the evaluation. Many of those who agreed to be interviewed stated that doing something to help others and providing positive feedback about the service was important to them.

Surveys, interviews and focus groups with Ascent staff

A combination of methods was used to gain the views and insights of those providing Ascent services. These included qualitative interviews with delivery managers in all partner services, and the specialist E&D partners funded as part of Ascent Advice Plus, an online survey for frontline staff,

and two focus groups – one for advice workers and one for counselling staff. Interviews and focus groups drew on practitioners' experiential knowledge of women's needs, the nature of services they provide and how they experience the partnership, including any benefits and challenges.

Surveys and interviews with stakeholders

An online evaluation survey was also designed for completion by stakeholders. The sample of those invited was suggested by Solace based on those with whom partners interact regularly. The survey included the possibility to opt in to a follow-up interview. Interviews with stakeholders focused on their views of the service, how the project is viewed locally, its contributions to VAWG work and supporting survivors, and whether there are any gaps or challenges.

Due to the national lockdown, all interviews and focus groups were conducted by telephone or video conferencing (using either Zoom or Microsoft Teams, depending on the participant's preference) and were tape recorded and transcribed, with their permission. All transcript data was analysed thematically.

An illustration of six women of various ethnicities and ages, shown in profile from the chest up. They are wearing different styles of clothing, including a purple top, a green top, a black headscarf, and a white headscarf. The background is a light purple gradient.

solace

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This report was researched and written by Jo Lovett and Professor Liz Kelly from the Child and Women Abuse Studies Unit at London Metropolitan University

To protect our service users,
names & photos of service users
have been changed.

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