



Solace

**Impact Evaluation
Report**

February 2016

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1.0 Introduction

Solace provides psychotherapy, complementary therapies and advocacy support to the survivors of persecution and exile living in the Yorkshire and Humber region. Through this therapeutic input, Solace aims to relieve mental distress and help people to manage and cope with their experiences.

In 2015 Solace commissioned Icarus to provide support with the collection and analysis of evaluation data about Solace's work with refugees and asylum seekers (RAS). The analysis of the data, and creation of this report, has been informed by the questions listed below.

Evaluation Questions:

1. What difference does Solace make to the mental health of clients?

2. What difference has Solace's training made for professionals working with asylum seekers and refugees?

3. What has Solace learnt about the effectiveness of the training approaches that have been offered to organisations?

4. What has Solace learnt about working effectively with partner agencies?

5. What has Solace learnt about the effectiveness of the triage process?

6. What has been learnt about Solace's approach to evaluation?

The following methods were used to elicit data for this report:

- a review of client questionnaires
- a review of therapists' records
- interviews with staff
- a review of training feedback questionnaires
- an online survey of organisations trained by Solace
- interviews with external organisations

Responsibility for designing the evaluation methods, and collecting and analysing the data, has been shared between Solace and Icarus. In this sense, this report has been co-produced with staff at Solace. More information about the different evaluation methods is provided within each section of the report.

2.0 Client outcomes

2.1 Who has Solace supported

Since 1 January 2014, Solace has worked with 291 refugees and asylum seekers (RAS) who were referred to the organisation or were existing clients. Of this group 22 were on the waiting list at December 2015.

The majority of new clients (106) were assessed through the triage system, and 26 of these completed a PHQ9 at the start and finish of the triage service (see section 5)

Seventeen people didn't attend their appointment. Of those that were seen, 52 came for one appointment only, and were then referred, or decided it wasn't for them. Four clients were detained and 8 were considered not suitable for the service.

The number of clients that were seen for more than one session was 188 and it is these clients that the following figures relate to. The support provided was triage support, followed by either family therapy or individual therapy, including pain management. In addition Solace provided a drop in stress management group (weekly) and a limited amount of advocacy advice, plus support from senior staff.

Of the 188, 121 (64%) were asylum seekers and 67 (36%) had some form of refugee status. Of the asylum seekers, 30 (25% of asylum seekers) were recorded as having failed in their claim, and are thus vulnerable to being destitute.

2.2 Evaluation evidence about mental health outcomes

This evaluation draws on different sources of evidence collected by Solace about the organisation's contribution to client outcomes. These are as follows:

- A case-by-case review of client records undertaken by Solace in order to quantify a number of pre-defined outcomes identified by Solace.
- An analysis of client data collected using the Freedom From Torture (FFT) tool. The FFT tool seeks to measure the recovery from trauma of torture survivors. A proportion of clients completed the tool at the start of their contact with Solace and then at a review point (usually after 3 months).
- Annual client feedback data collected using a service-user feedback form.
- Thematic review of therapists' records for a sample of cases.

This section of the report provides a summary of the findings related to each data collection method, and it then offers some general conclusions about the value of Solace's input.

2.3 A case-by-case of client records

The figures reported below are based on a review, undertaken by Solace, of therapists' notes plus data collected using the FFT tool (see below for more discussion about this). The data therefore reflects Solace's assessment of what has been achieved. It is likely that some figures under-estimate the extent of impact because outcomes data has not been collected from all clients.

Asylum Seekers

- 60 asylum seekers (50%) have shown evidence of being better able to manage their stress.
- 54 asylum seekers (45%) report that they feel less isolated and better connected to the right organisations.
- 35 asylum seekers (29%) report that they are more able to do more for themselves.
- 17 asylum seekers (14%) showed no change at all/too early to tell.
- 14 asylum seekers (12%) were referred on.

Refugees

- 50 refugees (75%) showed greater stability and have constructive coping strategies.
- 21 refugees (31%) reported reduced Post Traumatic Stress Disorder symptoms.
- 40 refugees (60%) reported greater levels of integration in some form.
- 16 refugees (24%) showed no change at all / too early to tell.

2.4 An analysis of FFT tool data

The FFT Tool was developed over about a decade by Freedom from Torture, as they felt that no existing tool reflected the state of mind of someone who has fled into exile after experiencing torture, to face disbelief and often further persecution. They wanted a tool that would be sensitive to the complexity of each person's psychological state and also take into account the external context that can have a large impact on this client group. After piloting for one year, they produced the version that Solace is using, which was translated into a number of languages (which Solace has available). The tool is designed to be used in discussion and is not a self-assessment tool.

Freedom from Torture have now used the FFT with over 600 people and they have over 200 pairs of data, and a smaller number with three or more readings. They have assessed the internal validity and consistency of the questions twice, both times showing 0.9 using Cronbach's. alpha.¹

The tool is designed to be used at assessment, and then at three month intervals. Totals are tracked, but Freedom from Torture also record all narrative and quantitative data on their database so that it can be analysed at a later date. They have secured ESRC funding to research the patterns emerging, and they are also seeking funding, in partnership with Essex University, to compare it with other internationally validated tools.

The tool scores 20 questions from 0 to 3: the maximum score therefore is 60: a score below 20 would suggest that the person is not unduly affected by symptoms unless they had high scores for a few questions.

At the time of writing Solace had completed 68 first readings. The majority of these were completed at assessment, in the year between November 2013 to 2014. From November 2014 the triage system started using a much briefer assessment process, and the first FFT reading moved to the first therapy session.

- The average score at the first reading was 38 (for 68 clients)
- Solace has comparative scores for 27 clients: the average score was 29.7 at three months (or thereabouts) after at least 12 sessions of therapy
- There is a third reading for seven clients: the average score for this was 25.7

The 27 pairs of data

The average total score at the start was 37.9 falling to 28.4 at the most recent reading (i.e. this includes some third readings, and may be covering a long period of therapy)

Of the 27 clients, 20 showed a decreased, i.e. improved score. There was most change (improvement) in

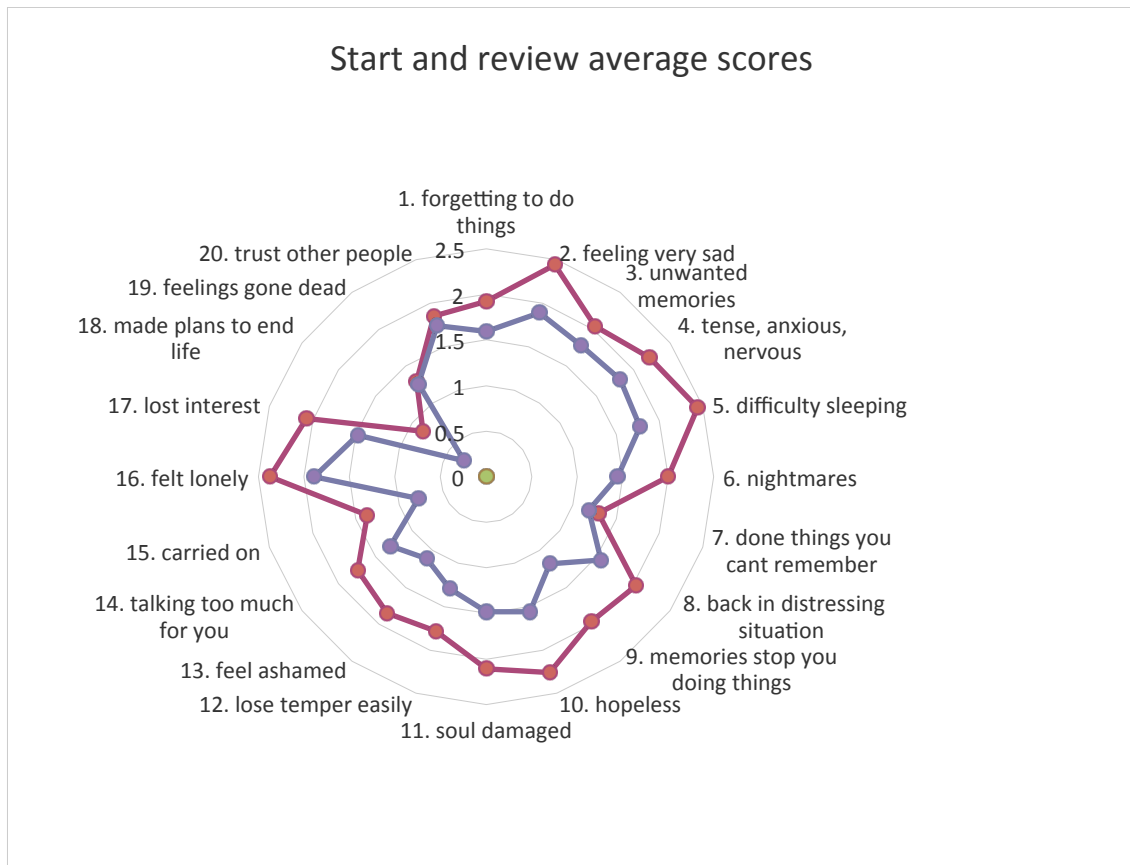
- Feeling sad
- Feeling shame
- Experiencing nightmares
- Sleeplessness
- flashbacks

And least change in

¹ Cronbach's alpha generally increases when the correlations between the items increase. For this reason the coefficient is also called the internal consistency or the internal consistency reliability of the test.

- Feelings having gone dead
- Trusting other people
- Memory loss

Overall, the sum of each client’s individual change, if combined, shows a general improvement in functioning, and the decreased impact of their traumatic experiences. This is shown in the graph below.



This is valuable information, and it is unfortunate that it only covers 27 clients, out of some 150 or so in the period covered. Solace is not making full use of the potential of this tool as it is not being used by all therapists at the start of individual therapy, nor is it being used regularly by all therapists after a first reading. This means that Solace only has access to data for a small sample (less than 20 percent) of clients, which compromises the ability to generalise from the results.

If used systematically for all individual clients, the FFT tool would generate valuable evidence about the impact of Solace’s work. Freedom from Torture have found the tool helpful to clients as well as therapists, and the information it generates has been welcomed by Board Members, so there is a good case within Solace for consistent use of the tool by all therapists across all clients.

Summary of findings from FFT tool

In summary the key findings associated with the FFT results are as follows:

- Solace clients are affected by many factors associated with trauma, such as unwanted memories, having difficulty sleeping, feeling sad and feeling lonely.
- The reduction in the average total score for 27 clients indicates that Solace is impacting positively on many thoughts and behaviours that are relevant to recovery from trauma for those clients.
- The results suggest that, for the sample of 27 clients, Solace is having most impact in the areas of feeling sad, feeling shame, experiencing nightmares, sleeplessness and flashbacks.
- Solace only has baseline and follow-up data for a small sample of clients. There is a good case for consistent application of this tool by all therapists across all clients.

2.5 Annual client feedback data

Forty people completed Solace’s Annual Client Feedback Survey in 2015. This represented approximately two thirds of the client group at that time. The proportion of RAS completing the survey broadly reflected the total client group, but disproportionately more women completed it than men.

What difference do clients think Solace has made?

Ninety percent of the clients felt that Solace had made some difference. Nineteen people (48 percent) answered in general terms, describing the difference as “A good result, a lot of difference.” Six people commented that it made them feel **less stressed**, and six that it **enabled them to manage their feelings and stress better**. Four people picked out being **able to sleep** better as a result. People talked about feeling more confident, starting a new life, thinking differently about things, better able to cope with family relationships, feeling stronger, better able to deal with their trauma, having more knowledge about the UK, feeling calmer, feeling less depressed or anxious, and having less pain. Two mentioned feeling more hope, and one said simply that they were still alive. The following comments give a flavour of the different views that were expressed:

“Made me more relaxed and my joints, my whole body is released, no pain now because of massage, my body is lighter not hard and stiff.”

“Solace helped us a lot, we came to this country with no knowledge about the life here. With the therapist we have been a different people, we were blind before.”

“I started recently, but since then I feel I am more relaxed.”

“Yes, they make me good because they listen to me and release my stress.”

“They made me believe in myself, they help me to feel better, they make me feel alive, they help me to have better quality of life.”

“Solace has made our life much easier and mentally and physically it has helped us solve our family issues.”

Survey respondents were also asked **how their life would be different without Solace’s support**. Eighty-seven percent said that it would be considerably worse. Seven people commented that they might have committed suicide without Solace’s help. Clients’ comments reveal how impactful Solace’s support has been for many individuals. There is a consistent theme of Solace helping clients move from a position of hopelessness and despair to one where they feel more capable of managing their situation. This is illustrated below in clients’ comments about how their life would be without Solace:

“I wouldn’t be managing my life as I am. I have no words to express Solace’s help for me.”

“Very depressed and very difficult, without Solace I wouldn’t be in situation I am now. Solace always encourage me in terms of my case. I now want to live. Before I was very fed up and didn’t want to live, I was de-tracked, now I am back on-track.”

“May be dead, may be mentally sick, may be committing suicide, hurt other people, may be very sick, lying in bed for life.”

“Definitely would struggle a lot and need a long time to understand the way of life here. We have improved a lot with the service that Solace gave us.”

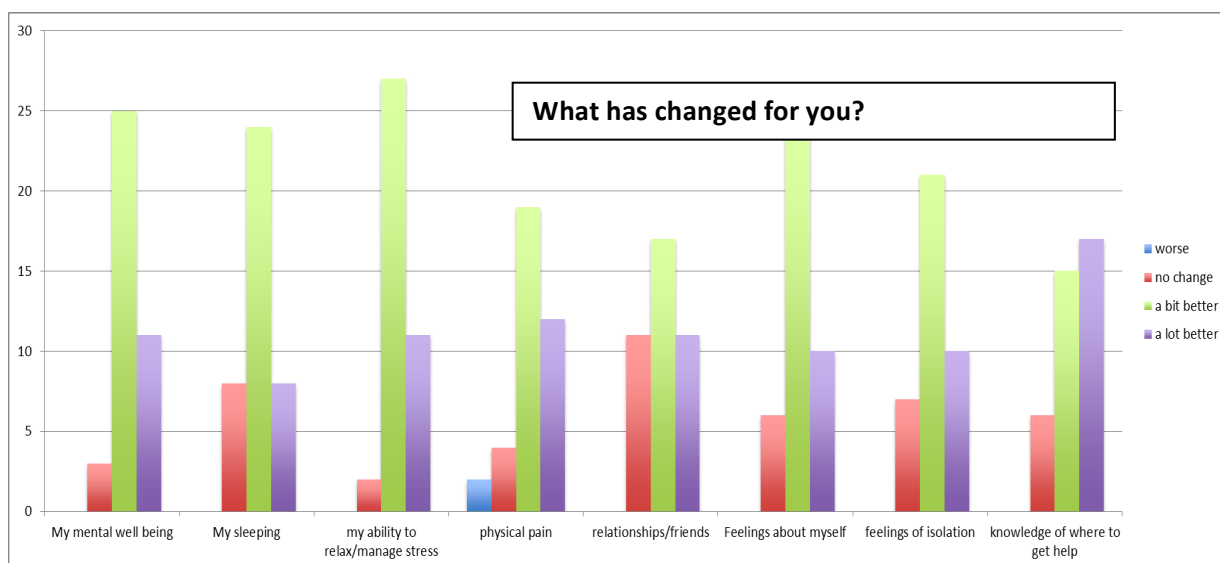
“I would feel very down and depressed also very helpless and weak.”

“I would be someone who is hopeless.”

Where is Solace having the most impact?

Survey respondents were asked about what aspects of their life had changed. Their responses are illustrated below.

This chart shows that for all the different areas of people’s lives (mental wellbeing, sleeping, ability to manage stress, physical pain, relationships, feelings about self, feelings of isolation, knowledge of where to get help), the majority of responses were that things were a lot or a bit better. The area with the biggest proportion saying things were a lot better was for knowledge of where to get help. The highest proportion showing any improvement (96 percent) was for *“my ability to manage stress”*, followed closely by *“my mental wellbeing”* (91 percent). The area with the highest proportion reporting no change (28%) was in friends and relationships.



What do clients value about Solace's support?

Nineteen people referred to Solace's counselling – describing the benefits of being listened to, understood, gaining advice, being able to express how they feel, experiencing kindness, and being treated like a human being. Seven people spoke about pain therapy and massage in particular, and 8 valued the techniques they had been taught to manage stress (from individual therapists or from the Stress Management group). Seven people valued the advocacy support they had received, and 3 noted the general help they had received to tackle forms, housing issues etc.

In their comments, clients drew attention to the many different ways that Solace provides a holistic offer of support. There are two consistent themes within the narratives. First, it is clear that Solace is valued for working on both the emotional and physical level; and second, there are a number of references to clients learning new ideas and techniques for managing their thoughts, feelings and bodily symptoms:

"Stress management group - the techniques to make you relax and from N massage technique and from M talking therapy."

"In the session I am learning different ways/techniques to achieve a good sleep."

"They used different techniques to help me understand my body and my mind, now think I have changed and I cope better with my problems."

"Very much the stress management group is a blessing: new ideas and ways to deal with depression and stress."

"Solace helped us in different aspects, helped us with family issues such as advocacy, family therapy and pain management."

“It has helped me to understand how to reduce my anxiety and reduce my depression. Showing me how to control the pressure points at the back of my head to alleviate pressure in my head.”

Survey respondents also referred to *qualities* of the staff / service that they valued. Most frequently mentioned were helpfulness, friendliness, caring, warmth and understanding. Several valued the professionalism of the service, one describing staff as “orderly and efficient”. Other qualities cited were: giving me strength, feeling better, feels like home, getting good advice, feeling welcome, hospitality, kind-hearted, confidentiality, finding solutions, being there for you and treating everyone the same. Some examples are cited below:

“The best things about Solace are they understand a person first and then they suggest further options. They really care about human being and for this they are doing a great job. They make a person feel like a human being and make them understand their rights.”

“Friendly and welcoming reception and hard-working therapist.”

“Hospitality, humanity, kind-hearted a lot of positive things.”

“That they are there for you no matter what happens and to help, it saved my life.”

What improvements would clients like to see?

Fifteen survey respondents made suggestions for service improvements. Three thought Solace should be generally bigger, 3 wanted more advocacy, 2 wanted to see more counselling and less waiting, and one commented that it was hard to see a particular worker. Two thought practical help for destitute people would help. One thought Solace should offer more trips, recalling how good this had been in the past. One felt that their therapy hadn't worked that well.

Summary of findings from the annual client feedback data

In summary the key findings associated with annual client feedback data are as follows:

- The vast majority of clients believe that Solace has made a positive difference to them, and their life would be considerably worse without the therapeutic support they have received.
- There is a consistent theme within the client feedback of Solace helping clients to move from a position of hopelessness and despair to one where they feel more capable of managing their situation.

- The pattern of responses to the survey suggests that Solace has most impact on three aspects of clients' lives: knowledge of where to get help; mental wellbeing; and ability to manage stress. However, improvements are also reported by most clients in sleeping, physical pain, relationships, feelings about self and feelings of isolation.
- Solace's style of working with clients is much valued. Clients refer to being listened to, understood, gaining advice, being able to express how they feel, experiencing kindness, and being treated like a human being.
- Solace is also valued for its holistic approach of providing emotional, physical and advocacy support. A number of clients have referred to benefits they have derived from pain therapy and massage. Others have noted how they have learnt useful techniques to manage stress, whilst others have welcomed Solace's advocacy support.
- Survey respondents also referred to the qualities of the staff / service. Most frequently mentioned were helpfulness, friendliness, caring, warmth and understanding. Other qualities cited were: giving me strength, feeling better, feels like home, getting good advice, feeling welcome, hospitality, kind-hearted, confidentiality, finding solutions, being there for you and treating everyone the same.

2.6 Thematic review of therapists' records

Therapists' notes for 20 clients were randomly chosen. The main observations emerging from thematic analysis of the therapists' notes are highlighted below.

The needs of clients

Three themes concerning the needs of Solace clients were dominant: a) the very poor mental health of clients at the point of referral; b) experiences of social isolation; and c) volatile family relationships

- ***The very poor mental health of clients at the point of referral***
Most clients were deeply affected by trauma due to experiences of torture, threats to their life, forced separation from loved ones, imprisonment, physical and sexual abuse. Symptoms that were commonly identified were suicidal ideation, a sense of helplessness, flashbacks, overwhelming feelings of fear and terror and self-harm. Physical pain and sleeping problems were also widely noted. A number of the clients were previously or currently involved with secondary mental health services and one or two had been in-patients.
- **Experiences of social isolation**
Social isolation of clients was noted on a number of occasions. In some cases, clients were unable to form close relationships as a result of earlier trauma or form any kind of connection with other people; in other cases clients were separated from family members, living alone or destitute. There were also

accounts of clients' choosing not to engage with any service and/or spending long periods of time at home.

- **Volatile family relationships.**

The notes reveal how symptoms of anxiety and depression have an impact on family dynamics. In one case it was noted that a client had withdrawn from close family members, whereas in another case there were reports of damaging arguments and conflict within the family.

Solace's contribution

Solace's involvement with the 20 sample cases took different forms. Therapeutic sessions were offered in all cases, which involved one-to-one or family support and sometimes both. In addition a number of the clients had also been offered pain-management support and advocacy advice. The case review highlighted how Solace frequently provides medical evidence to support individual legal cases.

Three themes are revealed in relation to the impact of Solaces work: a) moving from helplessness towards recovery; b) addressing social isolation; and c) the significance of other factors that are outside of Solace's control.

- **Moving from helplessness towards engagement in own recovery**

The notes describe how, in a number of cases, clients have moved from a position of hopelessness towards improved mental health. In some cases, individuals who were described as fragile or traumatised on first contact are noted later in the notes to be more communicative and more prepared to take actions that will benefit their situation. There are accounts of a reduction in suicidal ideation and a reduction in trauma-related symptoms. There was evidence in the notes of a more healthy engagement with life for a number of clients. Examples include: re-applying to college; addressing accommodation problems; getting a job. Similarly there are examples of clients applying strategies to manage unhelpful thoughts, feelings and behaviours.

- **Addressing social isolation**

The notes describe how clients used their therapy to build their capability to form healthy connections and relationships with other people. Significant improvements were noted for many individuals. Examples include: new friendships formed, spending time with old friends; building a support system; going to weekly church and joining social activities there; building trusting relationships with others at Solace; articulating thoughts, feelings and fears to friends and family.

- **The significance of other factors that are outside Solace's control.**

In a number of cases, recovery was hampered by factors that are outside of Solace's control. There were examples of clients being adversely affected by serious ill health, bereavement, a personal attack, refused asylum or a criminal conviction. These factors, which are illustrative of the precariousness of the lives of RAS, often meant that cases were closed prematurely.

One final observation emerging from this case review is that Solace is the *only* source of support available to some clients. It is striking that in one case Solace was the only service that the client was willing to engage with and, in another, Solace was the only service willing to engage with the client.

2.7 Summary of key points about Solace's impact

The evidence about Solace's impact is drawn from different sources using a range of methods. Triangulation of the evidence allows some conclusions to be formed about client outcomes. These are discussed below.

It is clear that Solace is working with RAS with complex, and often severe, mental health needs. The impact of trauma is such that accounts of suicidal ideation, flashbacks, fear, terror, helplessness and self-harm are widespread. Clients are often very isolated and they are unaware of, or disengaged from, other services.

There is much evidence that Solace has a significant, positive impact on clients' mental health and wellbeing. Most clients believe that their life would be considerably worse without Solace; indeed some have expressed the view that they would have taken their own life had it not been for their contact with Solace.

Solace's therapeutic support has helped many clients to move from a position of hopelessness and despair to one in which they feel more capable of managing and coping with their situation. They report reduced symptoms of depression and stress, claiming, for example, that they are sleeping better, experience less distressing memories and have more interest in things. Solace therapists have observed that clients become more communicative over time and shown a greater willingness to apply strategies to manage unhelpful thoughts and feelings. They also note that clients are more prepared to take actions that will benefit their situation, for example by joining courses or engaging positively with other services.

These positive outcomes are derived because clients are listened to, understood and assisted to make sense of their experiences. Solace's model of delivery is both holistic and flexible – individual, family and group-based support is offered to clients and mental and physical health needs are acknowledged and addressed. Solace's support often extends beyond the confines of the therapy room; therapists might liaise with other providers on behalf of a client or they might provide evidence to support legal claims.

It is evident that *how* Solace works with clients is as important as *what* is offered. Clients value the warmth and caring nature of the service they are offered. They report that they feel safe and secure, they are shown kindness and treated as human beings.

3.0 Training and support

3.1 Training and support services provided by Solace

Solace provides training services to other organisations working with RAS. The broad goal of the training is to build the capacity of staff in other organisations to better meet the needs of RAS.

Solace's approach has been to provide a package of support that is tailored to the needs of the organisations that it works with. Training has generally taken the form of short courses for groups of staff, varying in length from a few hours up to two days. Examples of the subjects covered by training are:

- Supporting the mental health needs of RAS
- Mental Health awareness
- Promoting self care
- Working with trauma
- Working with RAS

Solace has also provided coaching and mentoring services to organisations. This support has also focused on improving the knowledge, capacity and skills of professionals working with RAS and is typically delivered through regular support sessions over a number of months.

3.2 Evaluation evidence linked to training

Icarus undertook telephone interviews with six organisations that have been trained by Solace, and received survey feedback from another 10 organisations that have received training. Icarus also studied feedback forms used by Solace at the end of training sessions. These forms provided feedback from 10 training activities, involving a total of 88 participants.

3.3 Benefits for professionals working with refugees and asylum seekers

All the organisations that offered evaluation feedback affirmed the quality of the training. The mean score, given at the end of a course, for the quality of training (trainers clarity and delivery, handouts and materials, practical exercises) was 8.75 out of 10. The level of satisfaction expressed by organisations in interview and via survey feedback was also high. Organisations reported that they valued working with experienced and skillful trainers who had high levels of expertise and knowledge about the mental health needs of RAS. The quality of the training materials and resources was also noted, as was the degree to which the training was culturally specific and appropriate.

“We’ve had other mental health training, but this stood out. The trainers were excellent, the materials used were good, the experience of the trainers in working with the client group was evident and there was a focus on how we look after ourselves as well as those we work with.”

Benefits identified by the organisations interviewed and trained included:

- Increased understanding of the circumstances and needs of RAS
- Improved understanding of the mental health needs of RAS
- Increased understanding of the asylum application process experienced by clients.
- Increased cultural awareness in relation to RAS
- Better knowledge of working with interpreters
- Increased confidence in communicating with and relating to clients.

Feedback from end of training forms used by Solace showed an average of 76 percent reporting good levels of understanding related to the learning outcomes around which the training was focused.

The two brief case studies below provide examples of the benefits identified by trained organisations.

Case study 1: training to support non-therapeutic staff

Solace provided a one-off day of training for a team of support workers within a social housing organisation. The team were taking an increased number of referrals for refugees and asylum seekers and wanted to know more about this client group and how to support the mental health of those they were working with. Solace produce a package of training that studied the journey of a refugee or asylum seeker to the UK, explored how to identify needs, gave an introduction to trauma and to working with interpreters.

The Team Manager described Solace’s input as very useful. Staff noted that the training had added a human dimension to the challenges they encountered in working with refugees and asylum seekers and generated empathy and understanding about the needs of this group. A resource pack provided by Solace has since been uploaded to the organisation’s intranet and is used regularly by staff when seeking to identify support services for refugee and asylum seeker clients.

“We wanted to find out more to help us give better support to this group of people. The team are not therapists, so we were really looking for information and background knowledge, and we got that.” (Team Manager)

Case study 2: training to support a therapeutic team

Solace provided a day of training for a team working with children and families with complex needs. The team does not work specifically with refugees and asylum seekers, but it does receive some referrals for work with refugee or asylum seeker families. The team was interested in learning more about a particular therapeutic technique and in how best to work with people who had experienced trauma. Prior to designing the course, Solace met with the team leader to discuss their needs. The team leader described the training as well paced and suited to the team:

“Being on a journey together with an expert about this way of working was excellent. We learnt a lot, and noticed different things about each other as colleagues. We talked a lot about the training afterwards, about what we’d learnt and how to use it with clients.”

The team also valued the opportunity to work together and to gain support through shared training. They recognised that it was important to take time away from the pressures of the day-to-day delivery and reflect on practice, take care of themselves as practitioners, and consider different approaches to meeting client needs.

3.4 Learning about the effectiveness of the training approaches

The evaluation has revealed what organisations value about the approach taken by Solace. Three aspects of Solace support to organisations have been consistently highlighted:

- **Using a bespoke approach to training design**

All the organisations offering evaluation feedback valued the chance to negotiate the content and style of the training they received. Trained organisations also noted that within training there were good opportunities for dialogue and discussion.

“The training was bespoke to our needs as a team. We set out our learning needs and Solace designed something to fit. It was well paced, with good handouts and resources, and felt as though it was tailored to fit what we needed.” (interviewee organisation)

- **Specialist knowledge and expertise**

Solace is regarded as having special knowledge and understanding of the circumstances and mental health needs of RAS, and experience of providing therapeutic support to meet needs. The reasons offered by organisations for engaging Solace to deliver training largely related to the depth of knowledge held by Solace. They were recognised for their expertise in a number of areas related to RAS, such as: working with victims of trauma and torture; working with

clients with complex needs; managing stress for clients; and working with interpreters.

- **Using face to face training approaches**

The majority of responses indicated a preference for face-to-face approaches to training delivery through one-off sessions (e.g. a half-day, full day or 2 day course). Other approaches in which organisations expressed an interest were face-to-face work delivered over a series of sessions, organisational consultancy and packages that combined different approaches.

3.5 Learning about the potential for the ongoing delivery of training

The evaluation also elicited feedback that could inform the planning of future training services:

- **Organisations working with RAS are aware of skills and knowledge gaps among their staff**

The organisations that were interviewed identified a range of skills and knowledge gaps among their staff related to working with RAS. The majority noted the following skills gaps: understanding the mental health needs of refugee and asylum seeker clients, delivering effective therapeutic work with clients, working with refugee and asylum seeker families and a need for introductory information about trauma work. Levels of interest were also expressed regarding working with interpreters, delivering stress management interventions and working with survivors of torture. There was confidence that Solace is well placed to provide such services

- **The cost of training is a significant factor in choosing a training provider**

Cost was identified as the factor most likely to influence the choice to request training support from Solace. In addition, logistical concerns, such as delivering across teams comprised of part time workers and volunteers, were noted by some organisations as a consideration.

- **Bespoke training packages are generally expensive to deliver**

Organisations recognised the time and cost involved in creating training tailored to particular needs. It was suggested that Solace's approach has evolved as a response to presented need, and that the potential exists for a more strategic approach to set out a clear training offer, while retaining the capacity to work flexibly with organisation's purchasing training for their staff.

3.6 Summary of key points related to training

The evidence regarding Solace's training provision suggests that the organisation is providing good quality training experiences that are valued by professionals working with RAS. Organisations trained by Solace report working with experienced, knowledgeable and skillful trainers who are using good quality materials and

exercises. This is generating learning benefits for staff within other organisations working with RAS.

Organisations receiving training value the chance to negotiate the content and style of training with Solace and the chance for staff to engage face to face with trainers with specialist knowledge and skills in supporting the mental health of RAS.

The evaluation feedback highlights both opportunities and challenges for Solace in planning its future training provision. Organisations working with RAS identified knowledge and skill gaps among their staff that Solace is well placed to meet. However, the evaluation notes the importance of cost to organisations wishing to secure training. This is an important consideration given that the bespoke approach generally used by Solace, which is highly valued by client organisations, is more expensive than providing 'off the shelf' packages.

4.0 Partnership working

4.1 Current practice

Solace's partnership working has established relationships with other organisations that provide support to RAS within the fields of mental health.

At an operational level, Solace has a working partnership with agencies across the public and voluntary sectors that refer clients or receive clients following triage or discharge. Some partner organisations provide complementary services to clients currently receiving support from Solace. Solace has strong connections with other delivery organisations that support RAS in Leeds and Bradford and is currently developing relationships in Kirklees and Barnsley through local multi-agency partnerships.

At a commissioning level, senior staff at Solace and Board members participate in networks that involve local and regional providers. This work allows the organisation to understand the current context and identify opportunities for contracts and commissions. Until recently, Solace had experienced limited success in securing commissions for work from public sources, although recent dialogue has resulted in new investment from the Leeds North, South and West Clinical Commissioning Groups and Bradford Community Health.

At a strategic level, Solace participates in networks to support and contribute to wider practice sharing, policy development and influencing activity, including the RAS Mental Health Group in Leeds, the Leeds Migration Partnership and the Leeds Multi-Agency RAS Partnership. Solace has close working links with key support agencies in the sector, including Migration Yorkshire, the Red Cross, Refugee Action and the national City of Sanctuary movement, and has a longstanding partnership with Freedom From Torture.

4.2 Evaluation evidence linked to partnership working

Icarus undertook telephone interviews with a number of partner agencies, Solace staff and Board members in preparation for a Board Awayday in June 2015. These interviews, along with the paper produced as a result of that Awayday, have informed this evaluation. Notes made by Solace, when undertaking a review of services delivered in Bradford, have also been considered.

Much of this evidence relates to the perceived benefits and challenges of partnership working, as opposed to considering the effectiveness of Solace's overall approach to partnership.

4.3 Perceived benefits and opportunities of partnership working

Continued, effective partnership working was considered by interviewees to be important to Solace for a number of reasons:

- To continue to understand other services and so reduce duplication and improve co-ordination with other providers.
- To gather intelligence about potential opportunities for commissions or collaborations.
- To improve knowledge about the evolving policy context locally, regionally and nationally, with regard to the development of mental health services and the policies impacting on RAS.
- To open access to additional services for clients, and create opportunities for staff to share practice and learn.

Interviewees highlighted how Solace is well placed to inform the development of services for RAS by working closely with other organisations. The following points were noted:

- Solace is well positioned to exert influence and to provide services to a range of agencies. One interviewee described the organisation as being 'at the crossroads of the business of so many agencies' including health provision, social care, refugee and asylum seeker support, policing and voluntary sector support provision.
- The current drive to promote parity of mental health services with physical health services provides an opportunity to be seen as an expert provider to a particular target group identified as in need to specialist support.
- At a local level, interviewees noted strong local leadership in the public sector for the promotion of mental health, and a recognition that third sector organisations are regarded as viable partners in providing services. This may be reflected in the recent positive engagement from the Leeds North CCG.
- There is ongoing potential for Solace to participate in and contribute to local or regional joint planning between RAS organisations. Potential benefits include joint plans and priorities and shared approaches to issues such as data-gathering and volunteer training.
- Partnership working would raise Solace's profile, in particular as a principle provider of mental health services to RAS. Interviewees noted a number of means of achieving this, such as e-bulletins, events, conference presentations and publications.

4.4 Perceived challenges and threats linked to partnership working

Interviewees identified a number of perceived risks linked to partnership working:

- The political context in which Solace operates is a volatile one, particularly with regard to policy surrounding RAS, and also in terms of changes to health policy.
- The changing commissioning and funding context was identified as both an opportunity and challenge to Solace.
- Internally, it was noted that Solace has developed a distinct set of values and an ethical base for its work, and that partnership working can involve a need to ensure clarity over shared values with partners.
- The time required to develop relationships and establish effective partnerships was identified as a challenge, suggesting the need for Solace to be selective and purposeful about where to invest effort.

4.5 Summary of key points related to partnership working

The evaluation feedback provides little evidence about the effectiveness of Solace's partnership working. It does however identify a number of perceived operational and strategic benefits associated with partnership development.

The feedback affirms that Solace is well positioned to play a positive role in partnerships, particularly as an expert provider of mental health services to RAS. However concerns have been noted about the time needed to develop effective partnerships and the need for a shared value base with partners.

This suggests that Solace needs to take a considered and purposeful approach to choosing partners and networks within the context of the wider strategic and delivery goals of the organisation.

5.0 Triage

5.1 How triage is used at Solace

In late 2014, Solace introduced a new triage process to improve client experience and address concerns regarding waiting periods to access therapy services. The triage system has goals relating to the identification and prioritisation of client needs and the delivery of initial interventions to support clients.

The triage process entails an initial assessment to identify mental, physical, advocacy and social needs of clients. This assessment is applied through a number of support sessions (typically three) from a psychotherapist and potential involvement in a stress management group, input from a pain management specialist and / or advocacy support. During these sessions, additional information is gathered and recorded and choices are made to identify the most appropriate onward destination for each client.

This destination may be outside Solace, in which case staff will signpost or refer clients to one or more organisations with which Solace has contact and that provide alternative interventions for RAS. When Solace's services are considered to be appropriate, then a client's name will be forwarded for allocation to a therapist by the Clinical Director.

Over the period between November 2014 and October 2015, 106 people were supported using the triage process. Twenty of these individuals were refugees, and 86 presented as asylum seekers.

5.2 Evaluation evidence linked to triage

Icarus undertook telephone interviews with six Solace staff-members who use the triage process. In addition, Icarus has reviewed:

- Statistical records for the period noted above
- Notes from an internal review meeting held by Solace in July 2015 involving five staff
- Data from 25 completed pairs of the Patient Health Questionnaire (PHQ-9) used by Solace to track the impact of the triage interventions (see below).

The PHQ-9 is a validated instrument used by clinicians for the screening, diagnosing, monitoring and measuring of the severity of depression. The tool rates the frequency with which clients experience a number of indicators and produces a score that indicates the severity of depression. The PHQ-9 can be administered repeatedly at intervals to track improvement or worsening of condition in response to treatment or interventions. Solace uses the PHQ-9 at initial contact with the triage

process and again with clients who complete the three initial sessions that form part of the triage approach.

5.3 Benefits from triage

The evaluation evidence provides indications of benefits for clients, for Solace and for partner organisations.

Benefits for clients

The interviews with staff identify a range of benefits for clients:

- **Quicker access to Solace support.** The triage process identifies and prioritises needs. The process offers clients therapeutic and, where necessary, practical support at a much earlier time than was the case prior to the introduction of the triage process. Solace report a drop in waiting times for therapy from approximately 6 - 7 months prior to the triage system to around 1 - 2 months at the time of the research.
- **Quicker access to other (external) support.** The exploration of needs through the triage process has enabled Solace to identify those individuals for whom Solace's services would not be appropriate. Over the period studied, around a third of clients presenting for triage were identified by the process as being more in need of alternative support, and were referred elsewhere. All the interviewees noted this as a significant improvement over the previous system of assessment, where a client could potentially wait for many months before finding out that Solace was not appropriate to their needs.
- **Improved options for clients.** Staff noted that the triage process has improved the offer to clients, both internally (through involvement in complementary therapies and other forms of support) and externally (through improved working relationships with other providers).
- **Making a connection with Solace / feeling valued.** Staff report that the triage process brings benefits for clients in building connections and contacts, and offers them a point of contact and a knowledge that there is somewhere they can turn to for support. For those clients that are referred for longer-term therapy, the triage process can begin to prepare them for that work.

“So much of what Solace does is about connections and engaging people, and the triage process is very good at doing this. It helps people become more confident to relate to Solace and to other services, and builds social connections which can be critical for people who have been isolated by their experiences.” (staff member)

- **Improved mental health.** Staff identified that, in their experience, the triage sessions can support clients in containing anxiety, and help them to relax and cope better with how they are feeling. The PHQ-9 data supports this assertion.

Icarus studied the PHQ-9 data using *IBM SPSS Statistics*, an analytical statistical software package used in health and social science studies.

A total of 26 pairs of data were available from clients (baseline and review i.e. after three sessions). One pair of scores was excluded because the data did not appear to be reliable (the baseline figure was '2' which indicates no symptoms of depression). The descriptive statistics for the remaining 25 pairs of data were then inspected.

The mean scores at baseline and review were 18 and 13.2 respectively, and the median scores were 19 and 14. A Wilcoxon test was applied to the data in order to determine how likely it is that the difference between the baseline and review data was due to sampling error (see Appendix for full explanation). The results of the test support the conclusion that triage is an effective intervention for reducing the severity of depression.

Benefits for Solace

The evaluation feedback suggests the triage process brings additional benefits for Solace:

- **Solace therapists are better informed about client needs and circumstances..** The information and knowledge gained through the triage process is enabling Solace to be better prepared in delivering therapeutic support.

"If and when a client moves into therapy, Solace is more ready for them and better able to address needs. We're making better assessments, and can engage clients more meaningfully as a result." (staff member)

- **Solace is better able to manage workloads.** Staff report that the process of managing workloads, and allocating clients to therapists, has improved since the introduction of the triage process. In particular, the speed at which allocation of therapists to clients has improved, and the organisation has a better all-round understanding of the volume and flow of work presented by incoming clients.
- **The volume of client complaints has reduced,** in particular in relation to waiting periods, and especially from those who experienced long waits and were then not identified as suitable for Solace.
- **Triage is seen as adding cohesion to Solace's offer.** Staff noted that the triage process draws different Solace services and approaches together in a more coherent manner (one interviewee described it as acting like glue). This comment largely relates to the services supplied during triage, rather than longer-term interventions.
- **Triage is strengthening relationships with partner organisations.** Interviewees were strongly of the view that the triage process is improving communication, working knowledge and relationships with other providers, building on existing

relationships and establishing new ones. This is seen as a reciprocal benefit, with Solace gaining information about how other agencies work, and partners developing a better understanding of Solace's ethos, values and practice.

5.4 Learning about the effectiveness of the triage process

What is working well?

The interviewees highlighted how the whole team approach, which has evolved over time, is critical to the effectiveness of triage. Brief team meetings were introduced in the Autumn of 2015 to exchange information within the team and to improve coordination of roles, including that with Solace's admin staff. This is widely reported as a positive change, leading to more joint decisions, improved understanding of each other's contributions, better linkages with the complementary therapists, Pain Relief worker and Advocacy worker, and clarified admin arrangements.

Challenges and areas for future development

The creation of the triage process has introduced new ways of working with clients. Practice has developed to adapt to client needs, and the evaluation has highlighted a number of areas where progression could be made to continue to strengthen the effectiveness of the approach and its integration into the wider work of Solace.

- **Consistent application of PHQ-9.** The evidence from the small sample of PHQ-9 scores provides an encouraging result in terms of the contribution of triage to reducing depression-severity. However, the records indicate the use and application of this tool could be more consistent across the triage team.
- **Clearer management arrangements.** A number of interviewees noted that they have different line management within their triage work to that within their wider Solace work. Their feedback suggests a need to clarify managerial arrangements and agree delegated responsibilities to the triage team-leader.
- **Clearer administrative arrangements.** Staff noted that triage poses challenges for administrative colleagues because the process operates through appointments rather than drop-ins. This requires the administrative staff to adopt a different approach, described by one team member as 'more boundaried'. Notes above regarding managerial arrangements also apply to the administrative staff. Feedback suggests that, while some work has been done to support the admin staff, further clarification of appropriate actions in managing an appointments based system, and agreement of delegated managerial arrangements for the triage team-leader regarding admin staff would be valuable.
- **Improved recording of client data and experiences.** The diagnostic element of triage relies on good quality information being gathered and recorded by the triage team. This supports the Clinical Director in the matching of client to therapist for longer-term input. Evaluation feedback indicates that current record-keeping could be enhanced through the production of brief 'pen pictures'

regarding needs and circumstances of clients that offer more of a narrative around which to base allocation choices.

- **Ensuring the best fit with other Solace work.** A number of interviewees noted the team approach used within triage is different to that historically used within Solace, where individual therapists have managed their own caseloads. The feedback suggests this presents an opportunity for Solace to consider how learning from triage may have application within the planning of the wider work of the organisation.
- **Tracking outcomes for externally referred clients.** It was noted that, currently, Solace has no system for tracking the outcomes for clients who are referred elsewhere as a result of triage. Such a system would (potentially) affirm the effectiveness of the choices made at triage, and offer Solace reassurance that the services to which they are referring clients are indeed offering appropriate services for RAS.

5.5 Summary of key points relating to triage

The evidence regarding the triage process indicates that it is adding value to Solace's work. The choice to provide a limited offer of support through complementary therapies, pain management, stress relief and advocacy, in addition to the traditional information gathering and diagnostic functions of triage, has brought benefits for clients and for Solace.

The triage approach has improved access to support for clients, both within Solace and from other providers, and is widely reported as providing an important first point of engagement between clients and Solace's therapeutic services. The evidence from the PHQ-9 data indicates that triage input is making a positive contribution to client mental wellbeing.

Solace is benefitting as an organisation from this approach in the form of better client information, improved workload management, reduced waiting times, improved working with partner agencies and a more coherent, team based approach to delivery and assessment.

The evaluation has highlighted a desire within the triage team to continue to improve their practice. Those areas where further work would be beneficial include managerial and administrative arrangements, recording of client data and experiences and tracking clients referred elsewhere. The triage process may also provide learning for Solace's wider work in terms of team based approaches to working.

6.0 Solace's approach to evaluation

Solace's approach to evaluation has evolved as practice has developed, and the organisation has chosen approaches that reflect the needs and circumstances of its complex client group. Adopting appropriate tools that work well within the challenging nature of engagement with RAS, whilst offering reliable and robust information, is a significant task.

6.1 The measurement tools

This evaluation has drawn on a number of tools that provide information about outcomes for clients. However, it is arguable that a more coherent picture of impact would be possible to gain were Solace to adopt:

- a) A clear set of outcomes around which information could be gathered.
- b) A set of evaluation tools chosen for their suitability within Solace's work and their capacity to collect robust data related to those outcomes. The nature of Solace's work would suggest that at least one of these tools should be a recognised and valid clinical instrument capable of tracking progress.

Icarus' reflections on the tools presently used by Solace are:

Freedom From Torture tool. The FFT tool has the potential to elicit valuable data about Solace's contribution to recovery from trauma. It will be important to follow how the process of validation proceeds so that Solace (and commissioners and funders) can have confidence that it is a valid and reliable metric to assess change.

PHQ - 9. The PHQ-9 is a validated and widely recognised clinical tool for assessing a dimension of mental health. It is relatively quick and easy to use, and can track change. The limitation of the tool with relation to Solace's client group is that it is a generic mental health instrument, and so does not provide specific insights into the particular experiences of RAS and trauma victims.

Annual client feedback survey. The survey provides good feedback that is both qualitative and quantitative, and uses indicators that could be adapted to align with an overall set of outcomes.

Therapist records. The therapist records represent a potentially rich source of data regarding progression for clients. However there is inconsistency in the amount of information that is provided for each client and this poses challenges for analysis of the data. As this data is based on the observations and perspectives of therapists (and not self-report) we would suggest that it has its limitations as an outcome measure. Nevertheless there is value in using this data to triangulate with other self-report outcome evidence.

In addition to the tools discussed above, Solace uses SCORE-15, a self-report outcomes measure of family functioning, and the Penn Inventory for measurement of symptoms of PTSD. These are widely recognised validated tools and if Solace continues to use them it will be important to ensure a clear understanding of how the data collected using these tools supplements or complements other outcomes data.

6.2 Application of the measurement tools

This evaluation has highlighted inconsistencies in Solace's approach to the collection/recording of outcome related data. Our conclusions have been based on partial data because FFT baseline and review data, and PHQ - 9 baseline and review data, has not been collected and/or recorded for all clients. This poses considerable problems for analysis of the findings. Not only are the sample sizes quite small but it is also possible that this selective collection / recording of data is introducing unintended bias. We would suggest that Solace finds a way to ensure that all staff consistently apply measurement tools.

7.0 Summary

Solace commissioned Icarus to provide support with the collection and analysis of evaluation data about Solace's work. In particular, the evaluation focused on the impact of Solace's work for clients and the effectiveness of Solace's approach to triage, training, partnership working and evaluation.

The evaluation drew on data collected and analysed by Solace, as well as interviews and online surveys with Solace staff and partner agencies that were conducted by Icarus.

7.1 Impact

Impact data supports the conclusion that Solace contributes positively to the mental health and wellbeing of clients. Most clients believe that their life would be considerably worse without Solace and identify the therapeutic support they have received as helping them to move from a position of hopelessness and despair to one in which they feel more capable of managing and coping with their situation.

Clients report reduced symptoms of depression and stress, such as being able to sleep better or have more interest in things. There is reported evidence of clients becoming more communicative and showing a greater willingness to apply strategies to manage unhelpful thoughts and feelings.

The evaluation has demonstrated that Solace's approach to engagement with clients is holistic and flexible. Clients report being listened to, understood and assisted to make sense of their experiences, and identify the service they have received as warm and caring. They report that they feel safe and secure, and that they are shown kindness and treated as human beings.

7.2 Training

The evaluation provides positive feedback regarding Solace's training provision. Training recipients report good quality training delivered by experienced, knowledgeable and skillful Solace trainers using well-developed materials and exercises. This is generating learning benefits for staff within other organisations working with RAS. Opportunities to negotiate the content and style of training with Solace, and engage face to face with trainers with specialist knowledge and skills are, valued by trainee organisations.

The evaluation suggests that Solace is well placed to meet knowledge and skill gaps identified by organisations working with RAS, although the importance of cost to organisations wishing to secure training has also been noted. This is an important consideration for Solace, as a bespoke approach is more expensive than providing 'off the shelf' packages.

7.3 Partnership working

Solace is perceived as being well positioned to play a positive role in partnerships, particularly as an expert provider of mental health services to RAS. Concerns exist within Solace about the time needed to develop effective partnerships and the need for a shared-value base with partners. This suggests Solace needs to take a considered and purposeful approach to choosing partners and networks within the context of the wider strategic and delivery goals of the organisation.

7.4 Triage

Solace deliver triage by providing a short-term offer of support through complementary therapies, pain management, stress relief and advocacy, in addition to information gathering and prioritising of clients' needs.

The evaluation has provided good evidence that the triage approach is producing benefits for clients. It has improved access to support for clients, both within Solace and from other providers, and is widely reported as providing an important first connection between clients and Solace's therapeutic services. The data that has been collected using a validated measurement tool (PHQ-9) indicates the triage input is making a positive contribution to client mental wellbeing.

The benefits of triage for Solace are better client information, improved workload management, reduced waiting times, improved working with partner agencies and a more coherent, team based approach to delivery and assessment.

The evaluation has identified areas where further work would be beneficial, including managerial and administrative arrangements, recording of client data and experiences, and tracking clients referred to other organisations.

7.5 Evaluation

This report has identified that Solace's approach to evaluation draws on a number of tools and gathers information about a wide range of outcomes. The report notes the value of developing a more coherent approach to evaluation by Solace that would be enabled by the adoption of a clear set of outcomes around which information could be gathered and a set of evaluation tools chosen to collect robust data related to those outcomes. It is suggested that at least one of these tools should be a recognised and validated metric, and there is a commitment from all staff to apply the tools consistently.

Appendix 1: statistical analysis of the PHQ9 data

Icarus examined the PHQ9 data for clients. We identified 26 pairs of data (baseline and review). We excluded one pair because the data did not appear to be reliable (baseline figure was '2' which indicates no symptoms of depression).

We then inspected the descriptive statistics for the remaining 25 pairs of data.

Table 1 shows the means and standard deviations for these two groups.

	Mean score	Standard Deviation	Median
Baseline	18	6.7	19
Review	13.2	6	14

The mean scores at baseline and review were 18 and 13.2 respectively. The standard deviations reveal that the scores showed similar levels of variability at baseline and review. Inspection of the descriptive statistics showed that baseline data was skewed negatively whereas the review data were approximately normally distributed. There were no extreme scores.

Since the sample size was relatively small, and the baseline data was skewed, the appropriate measure of central tendency was the median, and the appropriate statistical test was the Wilcoxon test. The Wilcoxon test was converted into a z score of -4.048, with an associated one-tailed probability of <0.001. It can therefore be concluded that the severity of depression is improved after triage.

Depression severity: PHQ9 scores	
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe