

First Step

Evaluation of Services

April 2019 to March 2021

Final Report

3 Worlds Consulting

April 2021

Acknowledgements

We would like to thank everyone who has supported this evaluation process. Special thanks go to the staff team and Board for their openness, enthusiasm and commitment to the evaluation process at such a challenging time. We would like to gratefully acknowledge all those volunteers who generously offered their time and thoughts. Finally, we would like to express our heartfelt thanks to all the clients who contributed to this evaluation. We are sincerely grateful for your courage and trust.

Contents

Executive Summary	2
1. Introduction	6
2. The Evaluation.....	7
3. Organisational Change.....	8
4. The Coronavirus/Covid-19 Pandemic.....	10
5. The Referral and Assessment Process	11
6. Client Support Needs.....	14
7. The Counselling Service	17
8. The Support Service.....	23
9. The Advocacy Service.....	26
10. Peer Support Groups	29
11. Volunteers.....	31
12. Partnership Working.....	36
13. Impact on Clients	38
14. Key Learning.....	47
16. Recommendations for the Future.....	49
17. Conclusions	50
Appendix 1: New Referral Demographics	51
Appendix 2: Client Feedback on the Counselling Service.....	53
Appendix 3: PHQ9 and GAD7 Mental Health Assessment Tool Scores.....	54
Appendix 4: Impact Statement from Counselling Service Progress and Exit Questionnaires.....	56
Appendix 5: Partner Organisation Feedback.....	58

Executive Summary

Introduction

First Step provides counselling and therapeutic support for male survivors of sexual abuse who live in Leicester, Leicestershire and Rutland. Over the last two years the organisation has expanded beyond its core Counselling Service, to include the new Support Service, the Advocacy Service, and Peer Support Groups. An independent evaluation was commissioned, covering the period 1 April 2019 to 31st March 2021. The key findings from the evaluation report are summarised in this executive summary.

Organisational change

The last two years have been a time of very significant organisational change, the service developing from a single Service Coordinator to a team of four. Introducing and integrating these new posts has been a significant undertaking and it has taken some time for individual roles and responsibilities to become clear. The move to remote working, as a result of the Covid 19 pandemic, presented additional challenges for communication and developing a team culture. However, the efforts of all team members have resulted in more robust systems and significantly greater capacity, allowing the new Service Manager to transition into a more strategic role. The organisation has embraced the expertise of new members of staff, strengthening operational practice, particularly in relation to training and supporting volunteers.

The coronavirus pandemic

First Step responded rapidly and robustly to the initial national lockdown in March 2020, moving its services to telephone or video conference, according to the wishes of individual clients. Resources were provided to volunteers to work safely from home and online training in how to conduct counselling remotely was provided. The staff team maintained contact with volunteer counsellors through weekly check-in calls and online volunteer peer group sessions. The staff team worked closely with colleges to ensure that trainee counsellors were properly supported and supervised. Having learned the lessons, First Step was able to move seamlessly into remote working for the second and third lockdowns in November 2020 and January 2021, allowing a considerable degree of stability and consistency for clients.

Volunteers and clients alike were initially apprehensive about the move to remote working. Some clients struggled with poor network coverage or finding a private place for sessions, worrying that family members, particularly children, would overhear. However, others have enjoyed having sessions at home and found remote sessions far more accessible, removing the need for travel or taking time away from work. Whilst there was broad support for returning to face-to-face sessions, client express gratitude for the support they have received.

Volunteers found the transition challenging but were impressed by how quickly a robust remote service was introduced and had few suggestions for how the process could have been improved. Whilst some volunteers continue to feel that offering counselling remotely is not appropriate, the vast majority reported that it had been possible to provide safe and effective support in this way.

The referral and assessment process

Client referrals and support needs

Over the period First Step received 265 referrals, 65% of whom were self-referrals, the vast majority having experienced childhood sexual abuse. The service has seen a growing number of referrals from young men, presumably triggered by recent attention given to male sexual abuse in TV shows and on social media. The vast majority (80%) of referrals were White British. Further consideration should be given to the barriers that Black and Asian men face in disclosing experiences of sexual abuse.

First Step: Evaluation of Services 2019-2021 (Final Report)

Client presented with a very wide range of circumstances, many having an accumulation of life issues including homelessness, unemployment and family conflict. They tended to approach the service at a point of crisis. The vast majority presented with significant mental health issues. Self-harm was reported by nearly half of all clients. The prevalence of serious, long-term physical health conditions was also very high.

The pandemic had a marked impact on client support needs, removing safety nets and coping strategies. In some cases clients have been forced back into close contact with their former abusers as a result of the lockdown. The toll taken on mental health was particularly noted during the third lockdown. However, public messaging about mental health during this time appears to have reduced the stigma associated with asking for help.

The assessment process

A total of 248 assessments were completed. A key feature is the rapid turnaround from referral to assessment, 93% of clients being assessed within seven days, 37% being assessed on the same or following day as referral.

First Step places great weight on its assessment process, being the foundations for a client's experience of the service. Clients reported glowing praise, including a sense of relief and validation after the assessment, finding this to be a positive intervention in its own right, giving them the confidence to continue to engage with the service. The key features of the assessment process include: the highly accessible and discreet location of the office; the warm welcome that meets the client as they walk through the door; the informal, light approach that puts the client in the lead; and the fact that a decision regarding support is made at the end of the session.

The Counselling Service

Client engagement

Over the period 265 clients engaged with the counselling service through 3,958 sessions. Around half (56%) of these were face-to-face, with 20% by telephone and 24% via video conference.

Review of 127 cases opened and closed in the period, found that 15% of clients did not enter support after assessment, with 57% completing at least six sessions. Whilst the team are confident that client completion rates have improved over the last year, further reflection on this reasonably high level of dropout is warranted.

Client feedback

Clients rate the counselling service very highly with universal agreement that it was easy to talk to the counsellor, that they had enough time to explain things, that they felt safe and comfortable, and that they felt valued and heard. Many clients welcome the open format of counselling, being allowed to speak freely with minimal direction from the therapist. This, in and of itself, was empowering, in sharp contrast to their experiences of controlling abuse, and of statutory sector mental health services.

"Your work brings light to dark places and hope and a future to this once broken man. Thank you for your loyalty and dedication you have shown to me. You'll be on my New Year Honours list!" (Client feedback)

The Support Service

This new service provides six weeks of therapeutically informed support for individuals deemed unsuitable for counselling at the point of referral. This may be as a result of drug or alcohol issues or high levels of suicidal thoughts. The primary aim is to help them become ready to engage with the Counselling Service. To date, 62 individuals have been supported. The service reports a dropout rate of only 10%, with the vast majority completing sessions and moving into counselling. The service also offers six months of extended support with a volunteer, as an alternative progression route. However, only two individuals have been supported in this way to date. This area of the service requires further development in the coming year.

First Step: Evaluation of Services 2019-2021 (Final Report)

The Advocacy Service

In recent years, clients had made numerous requests for help with a wide range of broader life issues. As a result of this demand First Step introduced the new Advocacy Service. To date, 22 clients have been supported through 34 sessions. Support is tailored to individual support needs and has included: writing letters of support for GPs and housing applications; completing benefits applications and 'capability for work' questionnaires; help with the becoming self-employed; exploring going back to college; plus referrals to specialist legal advice and food banks.

The transition to implementing advocacy support as a distinct service has been slower and more challenging than anticipated. Demand for the service has been lower than expected. It is unclear whether there is insufficient need for the service to justify a separate worker, or whether clients do not recognise their support needs or feel ashamed to ask for help. Recommendations for strengthening this service include strengthening the needs assessment process and creating opportunities for the Advocacy Worker to forge a relationship with clients.

Peer Support Groups

Previous feedback from clients indicated an interest in peer support groups. Client consultation was conducted at the end of 2019, and a range of approaches were trialled using the large room at the back of the building. This included an online group during the first lockdown. However, engagement in these activities has been limited.

The team recognises the need to diversify group activities, based around a focal activity and have explored a number of ideas, including an allotment project. Unfortunately, implementing these ideas has been delayed by the lockdown restrictions.

Volunteers

As at March 2021, 35 volunteer counsellors were actively engaged with First Step, with around 50 volunteers having supported the service over the period. Counselling volunteers often come to First Step as trainees who need to complete a number of practice hours to qualify. Placement volunteers were attracted to First Step because of its focus on male sexual abuse, whilst also finding the service to be particularly enthusiastic and welcoming of trainees.

First Step is committed to the principle that volunteers should never be out of pocket, covering all expenses including training and clinical supervision. First Step places great weight on clinical supervision, recognising this as a key strategy to ensuring quality standards are maintained. Whilst face-to-face training was not possible during the lockdowns, every volunteer was provided with a budget of £100 to complete online training of their choice, and books covering various topics related to trauma and recovery were sent to all volunteers.

Volunteers report glowing praise for the support provided by First Step, noting how they feel valued as individuals, and as a core part of the team. They state that the support provided is "head and shoulders" above what other placement providers offer, which encourages many to continue to volunteer after they have completed their qualifications.

***"The support and care is there for the volunteers. I really felt nurtured and held. Having that feeling means I can do the same for somebody else."** (First Step volunteer counsellor)*

Partnership working

First Step works with a wide range of partner organisations, on a strategic basis and in relation to individual client cases. Feedback from partner organisations was extremely positive with 85% of partner survey respondents rating the service as five stars. The vast majority (92%) strongly agreed that the service provides high quality, specialist support. They report that the referral process is quick and easy; that communication is open, effective and informative; and that First Step is responsive and flexible, providing helpful information and advice regarding

First Step: Evaluation of Services 2019-2021 (Final Report)

referred clients. They stressed that the service is “passionate” and that it “really cares” about its clients, noting that the service is run with “professionalism and heart”. The vast majority (85%) agreed or strongly agreed that, without First Step, male survivors of sexual abuse would have nowhere else to go.

Impact on the client

The service has had a profound impact on its clients. The key outcomes identified during the evaluation are summarised in the diagram below:



Recommendation for the future

The evaluation identified a number of recommendations for strengthening ongoing developments. These include:

- Embedding the Advocacy Service
- Developing and evaluating the Support Service
- Diversifying and embedding peer support groups
- Expanding awareness of the service across diverse communities
- Continuing to develop new initiatives – for example, piloting a Counselling Service in prisons, and introducing additional specialisations within the team for clients with complex mental health problems

1. Introduction

Background

First Step provides counselling and therapeutic support for male survivors of sexual abuse who live in Leicester, Leicestershire and Rutland. The organisation is funded through statutory and voluntary sector grants, primarily from the Ministry of Justice, the Henry Smith Trust, and the National Lottery Community Fund (Reaching Communities).

Until recently, First Step was focused on its Counselling Service, overseen by the Service Coordinator and delivered by a team of volunteer counsellors. Consultation with clients, volunteers and partner organisations identified a need to diversify in order to meet client needs and provide a more comprehensive programme of support. Funding was sought to implement a range of new activities. As a result, over the last two years, First Step has evolved considerably, introducing new services and expanding its staff team.

Current services

First Step is comprised of the following key services:

The Counselling Service

Delivered by volunteer counsellors, the Counselling Service continues to be the organisation's flagship programme, engaging the majority of clients.

The Support Service

Piloted at the start of 2020, this service provides therapeutic emotional support to individuals who are not suitable for the counselling service at the point of referral. The intention is to provide six weeks of support to help prepare the client, and ascertain their readiness for counselling. This service is delivered by a newly recruited staff member.

The Advocacy Service

Introduced in 2019, the new Advocacy Service has developed and formalised the ad hoc support that had been given to clients in relation to wider life issues which might undermine their engagement in counselling, such as benefits, debt and housing issues. The service is delivered by a newly recruited staff member.

Peer Support Groups

This new activity was developed as a result of client consultation which identified a need for male survivors of sexual abuse to have greater informal, social contact with one another. A range of activities have been trialled over the last two years.

2. The Evaluation

Purpose

3 Worlds Consulting was invited to conduct an independent evaluation covering the period 1st April 2019 to 31st of March 2021. The purpose of this evaluation was to capture First Step's journey over this significant time of change, quantify the outputs and impacts generated, and identify key points of learning¹.

Methodology

Evaluation activities were conducted from November to December 2019, with client engagement and impact data analysed at that time, and again in April 2021. This included:

- Preliminary meetings with the Service Manager and Business Development Manager
- Semi-structured interviews with the Service Manager, the Advocacy Service Worker and the Support Service Worker - to discuss detailed developments within service delivery
- Semi-structured telephone interviews with six clients
- Semi-structured telephone interviews with seven volunteer counsellors (two of whom are currently trainees on placement at First Step) and two clinical supervisors
- Analysis of the client information database (a bespoke Microsoft Access database) which records all assessment information and client engagement with the service
- Analysis of impact and outcome measurement tools – including PHQ9/GAD7 mental health assessment tool scores for 93 clients, 78 progress and exit questionnaires, and 20 client satisfaction questionnaires
- Analysis of survey findings related to the transition into remote working during the Covid-19 pandemic (with responses from 23 volunteers and 42 clients)
- A survey distributed to external partner organisations to determine their perceptions of the service and its impact on clients and partner organisations
- Review of informal feedback from clients in letters and 'thank you' cards sent to the service

This report presents the findings generated through the evaluation. In October 2019 First Step revised its evaluation framework. Outcome findings are presented according to the new outcome themes. Recommendations for the ongoing development of the service are included.

¹ First Step is primarily aimed at adult survivors of sexual abuse. However, it also delivers a therapeutic service for boys and young men aged (13 to 18). This is a relatively small component of the service and under development. Accordingly, the evaluation has focused on the adult-facing services and has not included the children and young people's service.

3. Organisational Change

Changes in the staffing structure

The last two years has been a time of very significant organisational change. Most notably, the service has developed from a single Service Coordinator, plus some very limited administrative support, to a team of four full or part-time staff members. The team now includes:

- **Service Manager** – (the former Service Coordinator) responsible for overseeing all service delivery, assessing all newly referred clients, plus managing the staff team and liaising with the Board.
- **Business Development Manager** – leading on reporting to funders, fundraising, day-to-day financial accounting, and overseeing key developments related to back office functions.
- **Support Worker** – responsible for delivering the new Support Service.
- **Advocacy Worker** – responsible for delivering the new Advocacy Service.

Embracing new expertise

Introducing and integrating these new posts has been a significant undertaking, requiring processes and procedures to be formally documented, and new communication channels to be created. This has resulted in more robust systems and record-keeping. The new posts have resulted in significantly greater capacity in the staff team. This has created the space for the Service Manager to transition into a more strategic overview role and has introduced new expertise to key areas such as fundraising and volunteer training.

Both the Support Worker and the Advocacy Worker are qualified counsellors. The organisation has embraced their expertise and created ways for them to add to the training and support of volunteer counsellors. For example, the Advocacy Worker now plays a leading role in recruiting and supporting volunteers, including those on training placement. She conducts initial interviews and delivers induction training covering policies and procedures. During lockdown, she carried out volunteer check-in sessions, plus group and individual sessions with volunteers. The Support Worker has developed a training programme about working with male survivors of sexual abuse. This has been introduced into the induction programme for new volunteers and has been very well received.

The Service Manager has begun to transfer some of the day to day running of the service to the broader staff team. For example, when in the office, staff members will sit in the reception area and welcome clients and volunteers as they arrive, answering the phone and handling new referrals. This has allowed the Service Manager to sit in a separate room to focus on important strategic tasks. The Advocacy Worker has played an increasingly significant role in this regard. For example, she has been involved in the allocation and matching process of newly referred clients with volunteer counsellors. Her experience as a qualified counsellor has added a new perspective, which has strengthened this important process.

Challenges

As would be expected, this process has not been without its challenges. The transition from one individual delivering all core functions to four separate posts has required significant adjustment. The momentum of this process was slowed by the Service Manager being away from the organisation during September and November 2019². The recent coronavirus pandemic (discussed in more detail below) has resulted in prolonged periods of remote working. This has made it more difficult for team members to communicate with one another and to create and sustain a team spirit. These periods have reinforced the importance of sharing responsibilities across the team and documenting key information and protocols.

² Due to a period of sick leave.

First Step: Evaluation of Services 2019-2021 (Final Report)

Whilst these four roles are reasonably distinct in principle, in practice, there have been grey areas in responsibilities. Through a process of trial and error, it has taken some time to determine where the boundaries between posts should be drawn, and to what extent members of the team should be involved in one another's areas of work. It has become clear that some role descriptions do not fully match the organisation's current requirements. For example, there is a distinct role related to day-to-day support and training of volunteers. This role is currently split between the three direct delivery posts, drawing on each individual's expertise. However, if the organisation were starting anew, it is likely that these functions would fall under one post. In December 2019, the new Business Manager moved on from the organisation. This prompted the team to review various roles and responsibilities and to redefine the Business Manager role before re-advertising the post.

A weekly case review meeting has been introduced in which the Service Manager, Support Worker and Advocacy Worker reflected on current cases. This has created a useful space for shared reflection and learning, strengthening client case management. This meeting has also provided an informal action learning group for the development of the new Support and Advocacy services. The organisation has been implementing a number of important strategic developments, however, there has not been an equivalent meeting to discuss these topics, resulting in some lack of clarity within the staff team as to the organisation's direction of travel. As a result, the Business Manager sought to include items on the agenda of the weekly case review meeting related to broader organisational development. Unfortunately, this diluted the focus of the meeting making its purpose less clear.

The Service Manager is very highly regarded by all who work with her, volunteers and clients alike. It is evident from their feedback that she continues to be the cornerstone of the organisation's identity. Whilst volunteers and clients have begun developing relationships with the broader staff team members, the Service Manager continues to play a pivotal role, embodying the organisation's working culture. She is described by countless clients and volunteers as the 'magic ingredient' that makes the service work. Whilst this speaks volumes as to the Service Manager's commitment and skills, it is also important that this critical function be increasingly shared across the staff team.

Recommendations for ongoing development

Reflecting on the organisation's journey over the last two years, it is recommended that the team consider the following developments to further strengthen organisational capacity:

1. **Reflect on how the organisation's culture is created** – the staff team should spend some time unpacking how the organisation's culture is created, to make it possible for the whole staff team, including any new staff members, to embody and generate the organisation's unique culture.
2. **Strengthen team meeting structure** – three regular meetings are recommended: a weekly client case review meeting (for direct delivery staff), a weekly new-referrals allocation meeting (for the Service Manager and Advocacy Worker), and a monthly organisational development meeting (for the whole team). These meetings should be planned ahead with a fixed date and time.
3. **Document the organisation's strategic plan** - with a number of organisational developments underway, it would be useful for First Step's strategic plan to be updated including key development milestones and targets for next three years. This document should then be used in monthly staff team meetings to track progress and ensure there is common understanding.
4. **Introduce a daily morning check-in during periods of remote working** – as a means to generating and sustaining a team identity whilst there is limited face-to-face contact in the office.
5. **Produce a document outlining the key functions for the various team roles, defining who has primary and secondary responsibility** – identifying the boundaries and limitations on each role.

4. The Coronavirus/Covid-19 Pandemic

Introduction

During 2020 the world was rocked by the Coronavirus/Covid 19 pandemic. In March 2020, the UK went into a national lockdown which lasted for three months, followed by a second lockdown in November 2020, and a third from January to April 2021. Organisations across the country were required to make rapid and profound changes to their service delivery methods, adapting to new issues and challenges experienced by clients, volunteers and staff members alike. In Leicester, restrictions on service delivery continued for a prolonged period after national restrictions were eased.

First Step's response

First Step responded rapidly and robustly to the initial national lockdown. All clients were contacted individually to ask if and how they would like to continue to engage. Clients were given the option of sustaining support via telephone or video conference (Zoom) or taking a break until face-to-face sessions could resume. The vast majority of clients wished to continue, however some required encouragement to engage with remote working, whilst others needed practical help to learn how to use new IT.

Volunteers were also contacted individually to determine how they would like to proceed. A locking cabinet to store confidential notes was delivered to all volunteer counsellors to ensure data confidentiality was maintained. An eight-hour online training course in how to conduct counselling remotely was provided, and some volunteers went on to complete an 80 hour course delivered by Counselling Future. Weekly check-ins were introduced to ensure that all volunteers were comfortable, and any issues were rapidly identified and actioned. Volunteer peer group sessions were also introduced to recreate some elements of the volunteer team spirit generated at the centre. Additional concerns were noted for trainee counsellors on placement at First Step. However, the organisation worked closely with the colleges during the transition to make sure that all requirements were in place. All client Zoom sessions were booked centrally to ensure clear oversight of remote working.

This transition was not without its challenges. Information sharing within the team was much more difficult. Information that would ordinarily be shared through conversation in the office needed to be communicated more formally. Some issues were also noted with physical resources being required by multiple staff members which had been taken home (e.g. bank account chequebooks). This created additional pressures for the staff team and slowed the organic development of new service areas. However, introducing an entirely remote service within a very short period time has been a very considerable achievement. Clients and volunteers alike adapted better to the new environment than expected. As a result, First Step has been able to offer a sustained, high quality service with only a minimal break in delivery (two to three weeks).

As the nation moved into the second lockdown, the transition to remote working was introduced seamlessly with no break in service delivery at all. This continued into the third lockdown, using the now tried and tested service adaptations. The planned length of the third lockdown made it possible for the team to be clear with clients on the service offer, resulting in a greater degree of stability and consistency for clients over this time. The key challenge during this time was in gauging when it might be safe and appropriate to return to centre-based working, recognising the anxiety this might generate for staff, volunteers and clients alike.

Feedback from clients and volunteers about their experiences of the move to remote working are discussed in more detail below.

5. The Referral and Assessment Process

Overview

All clients enter the service through a single assessment process. This provides the client's first experience of First Step and creates the foundation for their expectations of the service and relationship with the team. The Service Manager receives all referrals, makes first contact with clients, and conducts initial assessments.

Referrals

Over the period 1st April 2019 to 31st March 2021 First Step received a total of 265 referrals³, the vast majority of whom had experienced childhood sexual abuse⁴. Of this total, only six were ineligible for support. This level of activity is consistent with previous years and is generated without any formal promotion or advertising. The team feel that this level of activity is manageable and that scaling up referrals would put pressure on the service which is reliant on maintaining a core group of volunteer counsellors. The number of referrals can vary greatly by month therefore the Service Manager is constantly juggling capacity to ensure that there are sufficient numbers of volunteers to support the caseload.

65% of clients were self-referrals. A particularly distressing episode affecting mental health or well-being seems to have been a common catalyst to seeking help. A particular increase in referrals was noted during the third lockdown. This latest stage in the pandemic took a particular toll on clients' mental health, pushing some individuals, who had previously been coping, into a state of overwhelm and "over the edge".

Most self-referrers found the service through an Internet search and the First Step website, however, some had been given contact details through other agencies such as a GP or community mental health service. Clients were attracted to the service due to it focusing on male survivors. It is interesting to note that many clients waited some time before making contact. In some cases it was many years.

Agency referrals came through a wide range of avenues. Around a fifth of referrals came from UAVA (a consortium of local domestic abuse and sexual violence services), followed by the Sexual Assault Referral Centre (SARC). Referrals also came from NHS services such as GP's, the Probation Service and Victim First, alongside other specialist support services such as Open Mind and Relate. In a small number of cases, clients were required to make contact by an agency involved in their lives, such as Social Care. Compulsory engagement goes against First Step's ethos. However, clients note that they might not have engaged without "that push".

Referrals continue to be received from community mental health services. The team have experienced some frustration that these commissioned services do not provide support for male survivors of sexual abuse themselves. It is very unfortunate that First Step is not recognised in commissioning structures, despite the efforts of the Service Manager and staff team to represent the needs of this client group in local partnership meetings. However, it is very positive that the community mental health service recognised First Step's particular expertise, and that it is best placed to support this vulnerable client group.

Assessments

248 assessments were completed over the period⁵. A feature of the service is how quickly clients transition from referral into support. The service aims to respond to all referrals within five days and to offer an assessment appointment within seven days. The team understand that it takes a tremendous amount of courage to make first contact and therefore it is essential to provide support as quickly as possible to maintain momentum. Clients

³ This exceeds the Henry Smith grant target of 125 clients in a 12 month period.

⁴ A total of 80% of new referrals had experienced sexual abuse as a child. Of the 16% had experienced sexual abuse as an adult but not in the previous 12 months, with a further 4% experiencing abuse in the previous 12 months.

⁵ Half (50%) of assessments were completed face-to-face, with 47% being conducted by telephone and 3% via Zoom.

First Step: Evaluation of Services 2019-2021 (Final Report)

noted how quickly they were contacted and offered a first session. On average, clients waited four days with 93% of clients accessing assessment within seven days of referral. Over a third (37%) of clients were assessed on the same or following day as referral.

“There was no messing around. I didn’t have to wait. I called on the Friday and she contacted me on the Monday. It was fantastic, within a couple of days I was talking to someone.”

Key features of the approach

Clients universally reported high levels of anxiety when making first contact with the service. Many had not spoken about their experiences of abuse in a very long time, if ever. Clients worried that they would not be understood or believed. Further, some had sought help in the past, including counselling, where they had had a negative experience. All of these factors create complex emotional and psychological barriers to access which the service must overcome. As noted by one client,

“I was still suffering mentally. I couldn’t make sense of my past and I’d had a flood of new memories. I’d always had nightmares, I took it for granted as normal. But my partner said you can’t continue like this. I knew I had to tell the truth. But I was full of anxiety and suspicion. I was worried about exposing thoughts, people think you’re crazy and I was worried because I have kids and what Social Care might say.”

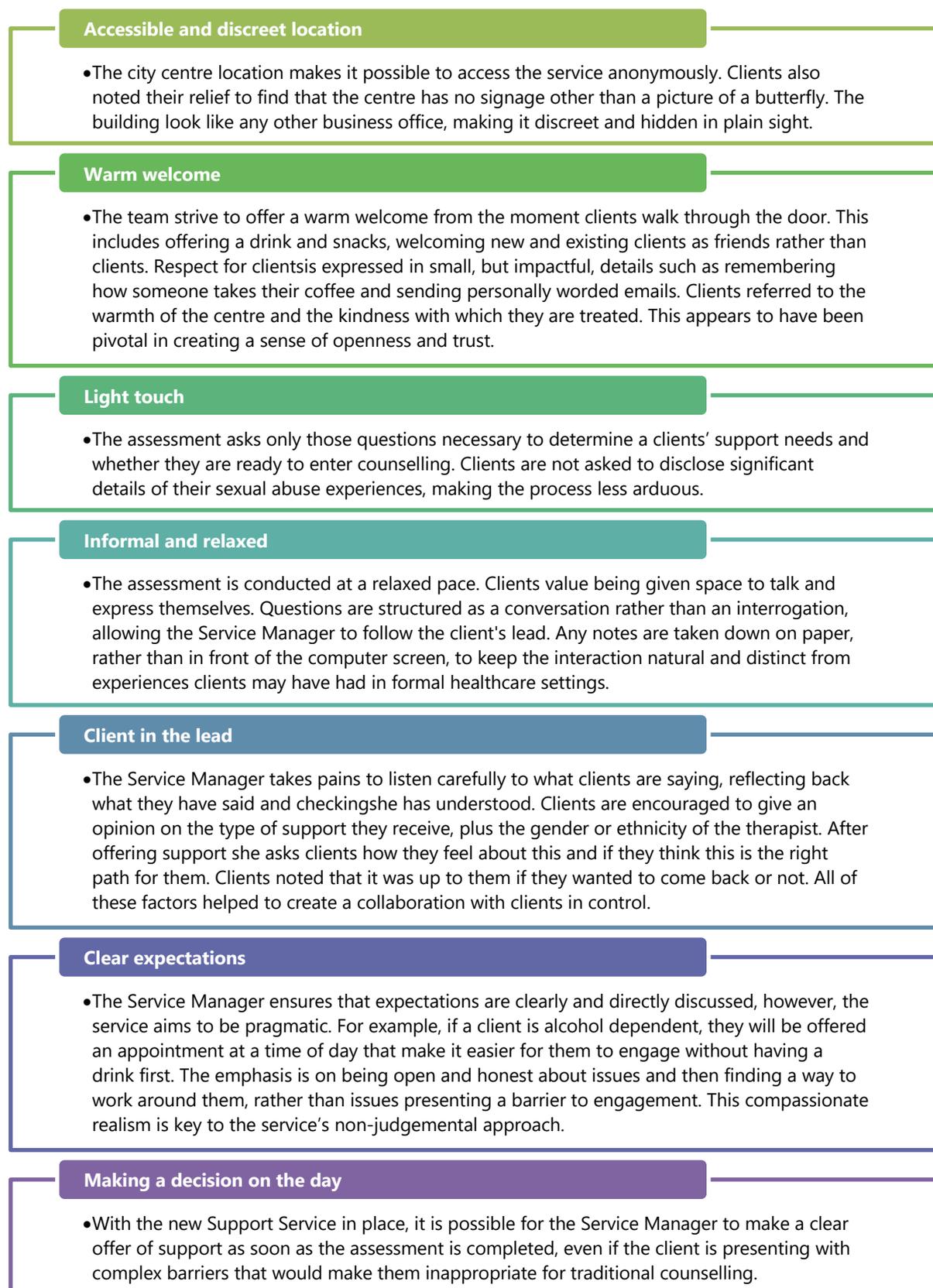
Despite these challenges, clients provide very positive feedback about the assessment process. They report a sense of validation and relief after their assessment, finding it a positive intervention in its own right, giving them the confidence to continue to engage with the service and start the healing process. It is evident that the assessment sets the tone for the engagement in the service at large. A number of key features have been identified that help to make the assessment process, and first contact with the service, accessible and engaging. These are described in the diagram below.

“(The Service Manager) was great, friendly, down-to-earth and supportive. As the first person I’d ever talked to about it. It was great. I came away feeling like it would be okay to talk about it.”

“It was a positive experience. It made me feel like I could continue. She was very clear. She was very attentive to what I was saying. It was a two-way thing, asking what I was looking for.”

“The building was discrete. It just looked like an office building. That was relief number one. The assessment was brief but a detailed enough introduction of who you are and what you provide. It was made clear there is no magic wand. She asked me what I wanted to achieve. It was simple and easy to understand, nothing technical, no jargon. I walked out of that first session relieved. I felt safe, I felt trust.”

Diagram 1. Key feature of the assessment process



6. Client Support Needs

Diversity of circumstances

Clients presented with a very wide range of circumstances. Some are highly successful professionals who have used their work as their coping mechanism. Others struggle with alcohol abuse and are unable to hold down a job. Many disclose their experiences of abuse and seek help when they are at a crisis point and can no longer cope. As a result, some clients will have an accumulation of life issues including homelessness, unemployment and family conflict as they enter the service. The team has a strong working relationship with the SARC, such that if a client presents with issues that are too complex for service, they can make a direct referral. However, the service finds that it is able to adapt to most situations and meet a wide range of support needs.

Presenting issues and demographics

A summary of client demographics and presenting issues is provided in the text box below. It paints a sobering picture of complex support needs. The vast majority of clients presented with significant mental health problems including diagnoses of debilitating mental health conditions. Self-harm was common, with current or historic self-harming reported by nearly half of clients. Clients also experienced very high prevalence of serious physical health conditions compounding their day-to-day challenges and adding to their support needs.

Over the last year the service has seen a growing number of young men referring into the service. The team believes that this has been triggered by the attention given to male sexual abuse in TV shows and on social media in recent years, which has raised awareness and encouraged survivors to ask for help.

The vast majority of clients are White British. Whilst there has been an increase in the number of Sikh and Muslim clients in recent years, the current client cohort does not fully reflect the ethnic diversity of Leicester City. It should be noted that Black and Asian men may experience additional barriers to disclosing experience of sexual abuse. However, it is essential that anyone who needs the service should feel able to engage with it.

Table 1. Specific support issues identified at the point of referral

	No. of clients	% of clients
History of self-harm	121	46%
Drug or alcohol dependency	58	22%
Violent offences	28	11%
Drug offences	9	3%
Sexual offences	6	2%

Text box: Understanding First Step Clients

Age: Clients vary considerably in their age, with a reasonably even spread across age groups between 18 to 65 years old.

Ethnicity: Clients are primarily White British (80%), with 10% being of Asian ethnicity, 2% Black and 4% Dual Heritage. The service has noted a growing number of Muslim and Sikh clients in recent years. However, this is well below the diversity in ethnicity and religion in Leicester City, where White communities make up only 51% of the population.

Mental health: The vast majority of clients identified as having poor mental health at referral. Many clients stated that they were struggling to manage or cope. Clients described their mental health as “up and down”, with mood swings and uncontrollable outbursts, from anger to tears. This included feeling fragile and “snapping easily”, frustration, distress, and agitation. In addition, clients report withdrawing into themselves, lacking concentration or motivation, forgetting what they were doing, hearing voices, feeling anxiety and depression, feeling guilty and low self-worth, social anxiety, and hallucinations. Many clients also reported clinically diagnosed conditions such as schizophrenia, bi-polar disorder, personality disorders, agoraphobia, severe panic attacks and PTSD.

Self-harm: Self-harm is very common, with nearly half of clients reporting current or historic self-harm. This included cutting and drug overdoses (which were very common); punching things; biting skin or hands; pulling out hair or toenails; punching or stabbing themselves or hitting their head against a wall; using needles, bleach or cigarette burns. Several clients had made suicide attempts (historically or recently), and several clients mentioned thoughts of, or previous attempts to, hang themselves.

Medical issues: It is understood that sexual abuse survivors experience higher rates of health problems than is typical for the population. First Step clients report a wide range of health issues; only 95 of 190 cases reviewed did not report a serious medical condition or health issue. This included kidney issues, heart issues, lung damage and COPD, cancer, ulcers, epilepsy and seizures, diabetes, brain damage issues, blackouts, fibromyalgia, strokes and heart conditions, back issues and sciatica, osteoporosis and brittle bones, and pancreatitis. Eleven percent of clients identified as having a disability. The prevalence of such serious health conditions is surprisingly high given that 45% of clients are aged under 35.

Relationships: Sexual abuse survivors report great difficulties in trusting others and forging relationships. A total of 44% of clients identified as single, while 46% have a partner or are married, and 11% percent identified as being separated or divorced at the point of referral.

Employment: The lasting impact of abuse affects many areas of the survivor’s life, including their ability to access and sustain employment. Just under half (45%) of client were employed at the point of referral, whilst the majority (55%) were not in employment. Learning issues such as ADHD and dyslexia were reported by several clients. Many clients noted that issues related to their mood and mental health had resulted in being off work or losing their job.

Impact on the pandemic on support needs

The impact of the pandemic and lockdowns on client support needs has varied. For some, this has made very little difference, particularly for those who were not in employment. However, for others, there has been a marked impact, removing safety nets and coping strategies, and leaving clients with more time to think about the past. In some cases, clients have been forced back into close contact with their former abusers, resulting in considerable distress and worry. Some examples are presented in the diagram below.

The toll on mental health was particularly noted during the third lockdown, during which time some clients, who has previously found ways to manage, reached the end of their ability to cope and became overwhelmed. At the same time, the service saw more individuals coming forward for help with a greater degree of self-awareness

around their mental health, seeking help before they reached a crisis point. It appears that the flood of public messaging about mental health and wellbeing has removed some of the stigma associated with asking for help.

Diagram 2. Examples of the impact of the coronavirus pandemic on clients

Some clients lost their broader support structures, such as key workers from other drug and alcohol support services and broader peer support groups. Engaging with these channels of support were a core part of a healthy coping strategy for some clients.

Some clients are highly reliant on their work as their coping mechanism. As a result being furloughed, and having no sense of purpose over a prolonged period, has been extremely stressful.

Some clients have been made redundant or are worried about redundancy, generating worries about money and debt, alongside issues of self-identity associated with the loss of work.

Some clients work in NHS hospitals, such that they are on constant high alert, exacerbating existing anxiety issues.

One client lost all his work and was forced to move back to his mother's home. This was acutely stressful for him as he had been abused by a family member who were still in contact with his mother. He was no longer able to separate himself from his former abuser.

One client was forced to separate from his family due to his complex health problems and his debilitating fear of contracting Covid 19. Terrified that his children would bring the virus home when they return to school, his wife and children moved out of the family home. This left him highly isolated within his own four walls, which brought back many distressing memories.

One client was diagnosed with cancer at the start of the first lockdown, creating a whole new arena of anxiety to manage.

7. The Counselling Service

Overview of the service

First Step's Counselling Service is the heart of the organisation. The service has developed well over the last two years, underpinned by a strong commitment from volunteers.

Support provided

The service continues to offer weekly one-to-one counselling sessions with a volunteer counsellor. The service is able to provide a long-term intervention due to the fact that it is delivered by volunteers. This is in sharp contrast to commissioned mental health services which tend to offer six to eight sessions only. As a result, First Step offers a qualitatively different experience from statutory service providers. First Step offers a range of therapeutic approaches, primarily person-centred counselling, however some volunteers are trained in integrative counselling and have CBT skills. The Service Manager is very careful in the matching process, recognising that a positive relationship between the client and therapist (the therapeutic alliance) is key to a successful support journey.

Changes in the approach

Over the period, new structures have been introduced, aiming to complete support in 26 weeks, with a review at around 20 weeks to allow a planned exit. The client is invited to play an active role in this review, being asked what they would like to focus on in their final sessions. This new approach is working well, resulting in a more robust process and empowered exit from the service.

In some cases, support is extended beyond 26 weeks, for example if a client is pre-trial. In that case, counselling sessions may be suspended for a period until the trial is completed. The Service Manager will work with clients to develop a tailored plan to use their remaining sessions most effectively. During the pandemic the team has recognised a need to be more flexible with end dates, in order to allow for the impact of the pandemic on individual client's circumstances and wellbeing.

Client engagement

Over the period, 265 clients engaged with the counselling service, through 3,958 sessions. The majority of these (56%) were face to face, with 20% taking place by telephone and 24% via video conference (Zoom). A total of 239 cases were closed during this period.

To assess the extent of engagement, a sample of 127 cases with referral between 1st April 2019 and 31st August 2020⁶, that were closed prior to the end of the period, were reviewed. This found that 15% of individuals referred to First Step did not engage in support. This is expected, given the sensitive nature of the service, and that many clients are in crisis at the point of referral. Of those cases that were opened and closed within the test period, 57% completed at least six sessions. This is somewhat lower than expectations and therefore warrants some further reflection and consideration.

Text box: Case Completion Rates

Between 1st April 2019 and 31st August 2020, 102 cases were opened and closed:

- 15% of clients engaged with just one or two sessions
- 28% attended a small number of sessions (3-6 sessions)
- 20% engaged a short programme of support (7-12 sessions)
- 18% engaged in a full programme of support (13 – 26 sessions)
- 19% received extended support (27 sessions or more)

⁶ This time period was selected to prevent a bias towards cases that closed early.

First Step: Evaluation of Services 2019-2021 (Final Report)

Reviewing closed cases over this period excludes cases that were open for significantly longer than the planned 6 months, potentially creating a downward bias in engagement figures. To allow for this, the analysis was repeated with the 87 cases referred to the service during the first year only. Results were highly consistent. The staff team are confident that dropout rates have reduced over the last year as a result of the introduction of the Support Service (discussed below), however, further reflection on the reasonably high levels of drop out is warranted.

Client feedback⁷

Clients rated the service very highly; 100% would recommend it to others⁸. Many noted that they were highly anxious at the start of their counselling journey, however, they soon settled into support. They stressed the importance of sessions being arranged at times and on days that suited them, working around their personal lives and work commitments. The staff team consider this a key factor in showing clients respect, and in trying to make engagement in the service as stress-free as possible.

Clients noted the importance of being able to talk about things that they felt unable to share with partners, friends or family. It is interesting to note that some clients anticipated their counselling to be completed within a few sessions, expecting that they would 'find the answers' quickly. However, the process of exploring their immediate concerns unearthed many underlying and deep-seated issues, associated with their historic experiences of abuse, and how this has shaped their current relationships and life circumstances. As a result, for some, the anticipated quick fix became a much longer journey to recovery. Some had minor setbacks, at times finding it more difficult to engage, however this was recognised as part of a healing process that brings up distressing thoughts and memories.

Clients gave very positive feedback about their counsellors; they reported finding them approachable, likeable and easy to talk to, feeling "valued, understood and without judgement". They reported being listened to and felt that the content of sessions was specifically tailored to them. They noted that counsellors remembered in detail what they had told them, which made them feel heard and validated.

Diagram 3. Client feedback about their counsellor



Many clients welcomed the open format of counselling, being allowed to speak freely and with seemingly minimal direction from their therapist. This, in and of itself, was empowering and in sharp contrast with their experiences of controlling, oppressive abuse. Some had experience of statutory sector mental health services. As noted by one client, they found these services to be procedural and focused on homework and personal accountability, which they found disrespectful and belittling. Again, in contrast, they found First Step rooted in respect for the client, which appears to have been a key component in building trust. Some found the open approach of counselling more challenging to engage with at first, particularly where their day-to-day lives were very "solutions focused". One client noted that he had been given a leaflet setting out expectations but would

⁷ Feedback is taken from client interviews conducted during the evaluation and client satisfaction questionnaires.

⁸ 94% would definitely recommend the service and 6% would recommend it.

First Step: Evaluation of Services 2019-2021 (Final Report)

have liked more direct discussion on what to expect. However, even those clients who struggled at first, came to engage fully with the counselling approach.

Clients reported different experiences of the learning process through therapy. Some found particular sessions or activities enlightening, describing them as a breakthrough moment. For others, counselling was a slow process of unpicking thoughts and feelings, slowly reaching new conclusions about themselves and their experiences. Overall, clients found their counselling experience positive and empowering.

End of support

Clients expressed some anxiety at the thought of ending support, for example, one client noted, *"I'm going to have to move away from the service and the thought of that is daunting."* Around three quarters (70%) of clients reported feeling ready to end their counselling and the vast majority (90%) were happy with the way their support ended. Two thirds (65%) of clients felt that they had completed what they set out to do, whilst a third had not. However, clients appreciated that there were *"no quick fixes"* for some issues.

Clients universally reported that they felt they could come back to First Step in the future if they needed to. In some cases, clients have chosen to continue to engage with counselling privately after the completion of their First Step support. Overall, clients offer great praise and grateful appreciation for the service. They describe it as *"exemplary"* and a *"role model environment"* for trainee counsellors.

Diagram 4. Feedback from clients about the counselling process

"Obviously I was a nervous wreck. But the whole place from entering the building made me feel very welcome. My thoughts were going a hundred miles an hour in my head, but I was made to feel at ease. Once I started going I felt I was listened to. I was working through my issues, working out what was in my head, talking it out. Sometimes I felt I didn't want to go, but that was what was going on in my own headspace, nothing negative about them."

"It allowed me to open up and let things out. Before I knew it, after a few months, I poured a lot of stuff out that I didn't think I would. I thought I was going in there to process my abuse. Once I got all the surface stuff out, I realise there was a lot more underlying issues with my relationships with my parents and siblings. There were truth and openness issues. We started to dig away at the root, expose a lot that needed to be brought to the surface. It was a long journey. Lots of things have been resolved and understood."

"The counsellor was there, easy to talk to. She left the ball in my court and allowed me to talk. I was expecting homework to be told what to think or do. But I had space just to talk, guided conversation. No one was pretending to have all the answers. It was comfortable conversation."

Impact of the pandemic

The staff team were very aware that sustaining the service throughout the pandemic was imperative. Clients also noted how important it had been to continue their counselling journey during this time. As noted by one client, *"It really helped me. I had so much going on, and so much time at home. I had so much time to think, I almost imploded."* However, the service had considerable concerns when moving to remote working and how this might impact on the counselling service. It should be noted that remote working contravenes some of the basic principles of a counselling intervention. Central to the approach is the idea that the counselling room is a safe space and sanctuary away from everyday life. Reading body language and modelling behaviour is also key in the interaction between therapist and client. As a result, some volunteer counsellors considered working remotely to be unworkable and unethical.

First Step: Evaluation of Services 2019-2021 (Final Report)

First Step consulted with clients and volunteers in July 2019, about their experience of the transition to remote working⁹. Feedback was very positive. Pre-existing clients reported that they were contacted quickly to discuss their ongoing support¹⁰, describing the service provided to them over this time as “perfect”, “excellent”, “brilliant” and “outstanding”. As noted by one client:

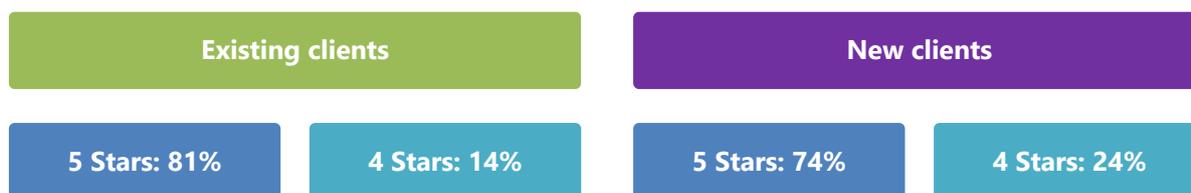
“I have been receiving great telephone counselling over the phone since lockdown was imposed on 23rd March. It feels like it has given me a life to live without mental stress, frustration and depression. Thanks, First Step for your ongoing support throughout the pandemic.”

There were some challenges in moving to remote working. Some clients experienced a short gap in support, however, the Service Manager contacted clients on a weekly basis to check-in, to ensure that there was continuity of contact. This was very well received and, as noted by clients, prevented dropout. A small number of clients had poor network coverage which interrupted sessions. Some noted that the “human connection” can be lost over Zoom. Some clients had to sit outside in their cars in order to have privacy, worrying that their family members, particularly children, would overhear what was being discussed.

However, others have enjoyed having their sessions at home, and have not struggled to find a quiet space to talk freely. Some have found remote working more accessible as they do not have to travel or take time away from work. Whilst some find the drive to and from sessions a useful time to reflect, others reported finding this stressful and time-consuming, presenting significant barriers to engaging in the service.

Views on whether remote working is ‘just as good as face-to-face’ were mixed. As expected, many clients stated that they preferred in-person support. However, some clients found no difference in terms of their ability to connect with their counsellor and felt that they have progressed well. This was particularly the case where clients had already received some in-person sessions and had developed a relationship with their counsellor. Some found Zoom sessions, where they could see their counsellor’s face, helpful, however, others found it easier to speak over the phone. Whilst there was broad enthusiasm to return to in-person counselling as soon as restrictions allowed, some actively requested to continue to engage with the service remotely. Overall, clients reported gratitude for the support they have received over the lockdown. It appears that remote working has opened up avenues to increasing accessibility to some clients, however, the key driver of its success has been the individual client’s circumstances and their preferred communication style.

Diagram 5. Client rating of the support provided over the first lockdown (March to May 2020)

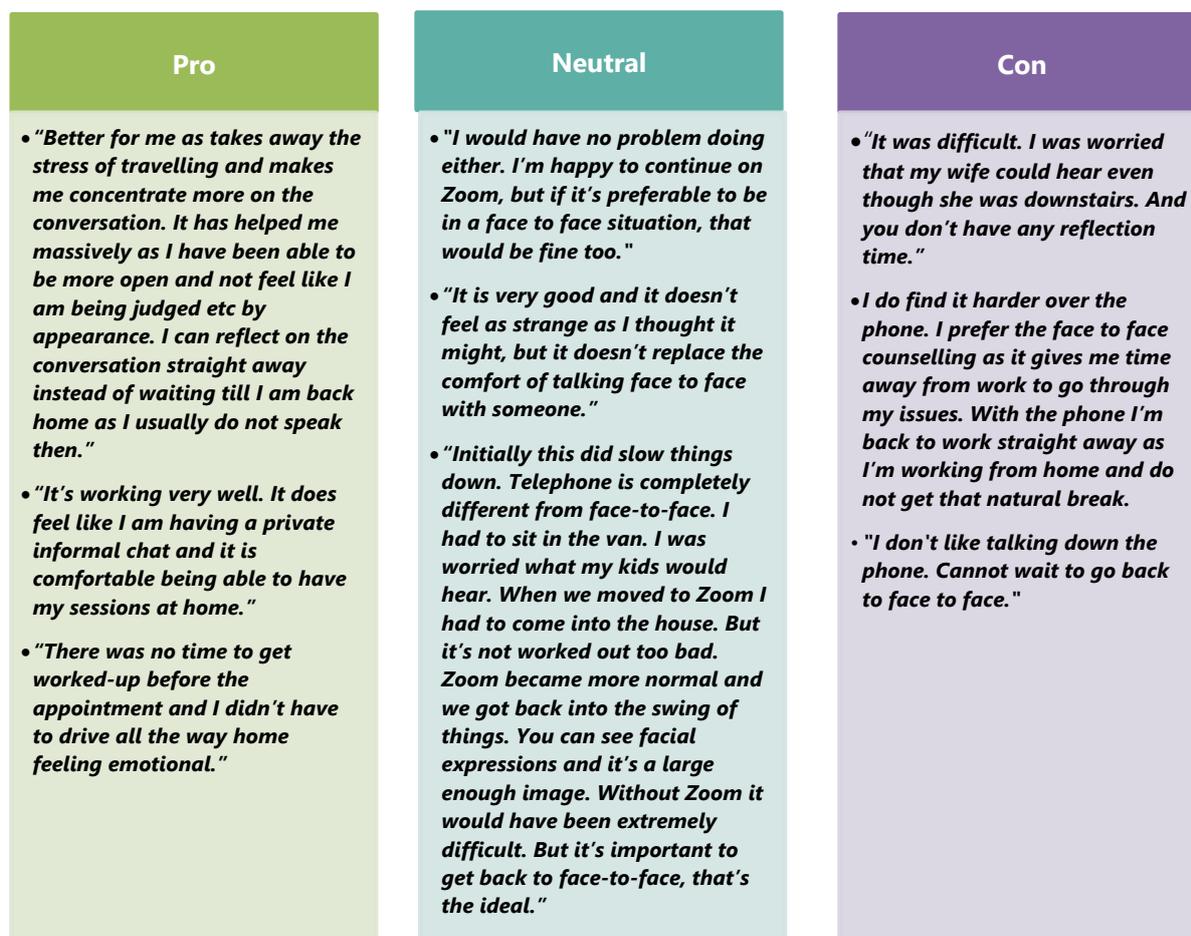


⁹ Just over half (52%) of those consulted were already engaged in support at the point of lockdown.

¹⁰ 64% of those consulted reported that they were contacted within two days of the March 2019 lockdown, 87% within five days. New clients also reported being contacted quickly, 82% stating that they were offered an assessment within seven days.

First Step: Evaluation of Services 2019-2021 (Final Report)

Diagram 6. Client feedback about remote working compared to face-to-face



Safeguarding issues

Serious safeguarding issues continue to be identified through the service, particularly where clients present with a risk of harm to themselves. Clients note that they contact First Step in moments of crisis, partly as a result of a lack of interest from other services, partly due to their considerable trust in the staff team and their confidence that they will answer the phone. First Step has clear procedures in place to respond to any disclosures, which includes close collaboration with relevant partner organisations. However, it is evident that managing safeguarding incidents places a considerable emotional burden on the staff team. Sadly, during 2020/21, four clients committed suicide. These individuals were being actively monitored through safeguarding protocols and had been referred to the statutory sector Crisis Team. However, inevitably, the staff team are left with a sense of responsibility and grief.

Case study: Safeguarding Issues

In November 2020, a former client contacted First Step. He was in a very dark place and contemplating suicide. He called First Step, whilst holding a knife to his own throat. The First Step Service Manager answered the phone. She spoke calmly to him, trying to talk him down, whilst calling 999. She stayed on the line, offering reassurance, until help arrived. He noted that he had tried to phone his psychiatrist before contacting First Step, however, they had not been concerned. He said he called First Step because he knew they would answer the phone. It is evident that this vulnerable man did not want to die, because he sought help. Thankfully, First Step were there when he needed them most.

First Step: Evaluation of Services 2019-2021 (Final Report)

Future developments

Clients had very few suggestions for how the service might be improved, stating that they are very happy with the service, and noting that it meets all of their support needs. Suggestions for change centred on getting to know the wider staff team better and making greater use of the website, including:

- Sustaining the remote access service after in-person sessions resume.
- Adding a noticeboard with photos of the whole staff team in the waiting area.
- Continue to develop the website adding videos of each staff member introducing themselves, a members' log-in area to the website, plus a noticeboard and anonymous discussion groups.
- Increasing automation, for example, introducing an online booking system, particularly if this could link with electronic diaries.

Volunteers suggested that a separate waiting area for councillors would be useful. They also suggested introducing training courses for clients, particularly in relation to sleep issues and sleep hygiene.

On the basis of these findings, the following developments are also recommended:

- Explore opportunities to increase accessibility of the service to Black and Asian men. It is recommended that some consultation be conducted with existing Black and Asian clients to identify additional barriers to access and the most successful routes to raising awareness. This could, for example, include collaborations with local BAME community organisations or influencers to raise awareness of the service.
- Create a short video to go on the website to describe what person-centred counselling is, and how this differs from other types of therapy, including what to expect in a counselling session.
- Ensure that all staff, including the Service Manager, have regular clinical supervision.
- Introduce specialist bereavement support for the staff team after the death of a client.

8. The Support Service

Introducing the service

The Support Service was introduced as a three-month pilot at the start of 2020. Its aim was to provide a period of therapeutically-informed support for individuals who were deemed unsuitable for counselling, with a view to helping them to become ready to engage with the Counselling Service. The trial worked well, and so the Support Service was formalised with the recruitment of the Support Worker in April 2020¹¹.

Rationale for the Support Service

Counselling is, inevitably, a challenging and emotionally unsettling experience. It is not always clear whether a newly referred client is ready to engage with counselling. This may be due to alcohol dependency, a serious mental health condition or other personal circumstances that present a barrier. Many clients struggle with the very concept of talking to a stranger about their experiences and find it extremely difficult to connect, and develop relationships, with others. Their lives may be chaotic, and they may struggle to have boundaries. Experiencing very low self-esteem, they may struggle with the idea of another person being interested in, and focused on, them. The aim of the new Support Service is to offer the client a short period of support to 'try out' a therapeutic environment, and to develop the ability to engage in a therapeutic relationship, before entering full counselling. This also allows the service time to reflect on whether the person is suitable for the service.

This was a new approach for First Step. Initially the Support Worker found it somewhat overwhelming to be working with up to six clients in one day all of whom presented with the most complex support needs. This included very high levels of trauma, many having a deluge of damaging experiences across their lifetime including drug and alcohol issues or time in prison, in addition to their experiences of historic abuse. In response, the Support Worker was provided with clinical supervision twice per month, in addition to monthly peer supervision with two other counsellors.

First Step has adopted a team approach to developing this new service, using the weekly team meetings to reflect on the progress made by Support Service clients. This has worked well and has helped to generate a stronger sense of team working between the three direct delivery staff members who are able to share their varying viewpoints and individual expertise. This approach has also created a mechanism to regularly review the new service and adapt its working methods.

Whilst the Support Service is still relatively new, the team have noted an impact on the organisation at large. The new approach has allowed clients with the most complex support needs to access support more quickly. Clients progressing into Counselling are now more confident to engage with the service, and the staff team believe that this will reduce the rate of dropout from counselling support.

Client engagement

Since the start of the pilot, the Support Worker has engaged with 62 individuals, with a current caseload of nine clients. Over the period, individuals have been referred into the Support Service primarily due to drug and alcohol issues. Some are at particularly high risk of suicidal ideation and self-harm. Some have come to First Step immediately after discharge from a hospital mental health in-patient unit and a small number have been recently released from prison. The team found that the service is suitable for almost everyone and no clients have been refused support to date.

¹¹ This recruitment was delayed by a month due to do the introduction of the national lockdown.

First Step: Evaluation of Services 2019-2021 (Final Report)

It should be noted that while First Step saw an increase in referrals during the third lockdown, very few of these individuals were not suitable for the Counselling Service, and therefore the number of referrals to the Support Service has dropped during this time. The drivers of this change are not entirely clear but may be associated with a reduction in face to face work by those external agencies who would ordinarily identify individuals suitable for this service.

Support provided

The focus of support has been on helping clients settle into a therapeutic relationship. This has included acclimatising clients to attending regular, time-limited sessions. Completing and working in line with the client contract, which sets out expectations of both the client and worker, has been a significant developmental step for many. Equally important has been helping clients to relate to and connect with another person. In addition to this core work, the Support Worker has included some practical activities, such as sleep hygiene for those who struggle with insomnia. She may also recommend small pieces of homework, such as watching a video relevant to their experiences.

Through the support, the Support Worker has observed clients starting to open up and be able to acknowledge that they are sexual abuse survivors. This is a huge step for clients. The power of such a simple intervention should not be underestimated. To speak to someone who does not recoil when they describe their experiences is a transformative experience for many.

Impact of the coronavirus pandemic

The introduction of the national lockdown interrupted the introduction of the service. However, the Support Worker had considerable experience of providing therapeutic support by telephone and was comfortable with the move to the remote working. She found that only one or two clients struggled to make a connection with her working in this way, noting that this was easiest where she had had some face-to-face sessions with clients beforehand.

Exit and progression

At the end of the six weeks of support, the client progresses into one of four pathways:

- Entering the counselling service – this is the primary purpose of the Support Service
- Continuing to receive emotional support but with a volunteer - the intention is that this programme of support will mirror the duration of the counselling service, offering 26 weekly support sessions. The service currently has one volunteer offering extended emotional support remotely.
- Exiting the service
- Referral to a more suitable partner organisation able to offer long-term emotional support.

The Support Worker has found it very rare that clients were not able to tolerate the therapeutic environment of the support service. To date, approximately 10% of clients have dropped out from the service, the remaining 90% completing the planned six-weeks of support.

To date, at the end of their six sessions, the vast majority of clients have progressed into the main counselling service. It was noted that some clients are ready to transition to counselling sooner, however, it can take one or two weeks to identify a suitable volunteer counsellor. Clients are given the choice as to whether they would like to end their sessions with the Support Worker and wait, or whether they would like to continue to meet with the Support Worker until their counsellor is available. The majority choose the latter. Often the emphasis of the sessions becomes lighter and more social, the client stepping back from the more emotionally intense discussions during this waiting time.

First Step: Evaluation of Services 2019-2021 (Final Report)

The service has sought to be creative and flexible to ensure that even those with the most complex needs can access ongoing support. For example:

- Three clients completed their programme of support and were found suitable to progress into counselling. However, the team agreed that it was most appropriate for the Support Worker to deliver this work rather than transferring them to a volunteer counsellor.
- One client had very complex mental health needs and was identified as a perpetrator. He was offered six sessions of support. At the end of his sessions, it was agreed that he needed on-going support rather than counselling, but that this should be delivered by a qualified counsellor rather than a volunteer due to the complexity of his support needs.

Only two clients have progressed into extended emotional support with a volunteer, therefore it is too early to determine the efficacy of this new intervention¹².

Client feedback

The Support Service has recently introduced an exit questionnaire, given to clients leaving the Support Service¹³. Feedback about the service was positive. Clients appreciated having someone to listen to them. They found the activities completed in support sessions useful in their own right, and some felt proud of the fact that they were now ready to move into counselling, and the large majority noted an impact on their health and wellbeing, and on their ability to cope with everyday life as a result of the support. One client noted that they did not “feel better yet”, however, this is not unexpected from such a short intervention where the primary purpose is to assess readiness for full counselling.

Recommendations for future development

The Support Service is still in its infancy and therefore a priority for the coming year will be to continue to implement and develop the programme. In addition, the following developments are recommended:

- **Strengthening client journey records** - the service keeps robust records to assess and reflect client progress in the Support Service, however, the current format of these records makes it difficult to analyse this information numerically. With the introduction of the new client database (Lamplight) it will be easier to report on client engagement and progression from the service.
- **Expand the volunteer-led extended support pathway** - this component of the service should be expanded in the coming year and its impact assessed, to enable First Step to determine the full impact of both components of the Support Service.

¹²One individual engaged very well and found his support sessions with his volunteer very useful. The other struggled to engage with the support and attended less than half of the sessions.

¹³ At this time only five clients have completed the questionnaire and therefore feedback should be treated as anecdotal only.

9. The Advocacy Service

Rationale for the service

In recent years, the Service Manager had provided additional support to clients to help them address broader problems in their lives, such as completing benefits applications and communicating with employers. Many of these activities had an advocacy component, helping to increase the voice of the client when engaging with external organisations. This support was conducted on an ad hoc basis, when support needs were identified or when clients ask for help. Providing this support was found to be time consuming and detracted the Service Manager from her main role.

Accordingly, funding was sought from the National Lottery Community Fund (Reaching Communities) to recruit an Advocacy Worker, turning this ad hoc support into a planned service. This funding programme began in January 2019 and a worker was recruited to the post in June 2019. The purpose of the Advocacy Service is to help clients to address underlying issues that undermined their ability to engage with the counselling process, addressing the base tiers of Maslow's hierarchy of needs.

Introducing the service

The transition to implementing advocacy support as a distinct service has been slower and more challenging than anticipated. The Service Manager's absence shortly after the recruitment of the new worker delayed the development of policies and protocols for the new service. However, after her return, the service quickly started to take shape. Unfortunately, the coronavirus pandemic and subsequent lockdowns presented further interruptions to the development of the service.

Having carried out all advocacy work on an informal basis in the past, the Service Manager initially found it difficult to transfer this responsibility to the Advocacy Worker. Initially, it was quicker and easier to complete simple tasks herself. Again, this was exacerbated by the move to remote working which prevented the informal sharing of information in the office. However, over the months, the service has developed and settled into its own working patterns. A clearer distinction of responsibilities has been made with the Service Manager more automatically referring clients to the Advocacy Worker, and the Advocacy Worker becoming more assertive in relation to her role.

Demand for the Advocacy Service has been lower than anticipated. In the preceding year the Service Manager had been inundated with requests for support with benefits applications. However, this was a time of significant changes in Personal Independence Payments and the introduction of Universal Credit. Since that time, fewer clients have requested support. The Advocacy Worker produced a leaflet to describe the service and she has sent out emails to clients and counsellors to remind them about the service. This has not generated a significant increase in demand from clients or referrals from counsellors.

It is tempting to conclude that clients do not have the scale of support needs required to justify a separate service. However, there may be other explanations for this muted demand. It is possible that clients may not recognise their support needs or may not be motivated to ask for help, feeling a sense of shame at needing support to resolve practical problems. The success of earlier advocacy work was grounded in the relationship between clients and the Service Manager, who conducted all of the assessments and had daily contact with clients as they came into the building. As a result, she was able to identify advocacy support needs quickly, and clients trusted her with their problems. The Advocacy Worker has not had the same level of interaction with clients and therefore does not have the same depth of relationship with them. This has been exacerbated by remote working, such that the Advocacy Worker has had minimal contact with clients. Feedback from clients highlighted a lack of awareness of the Advocacy Service, clients sharing examples of where they have continued to turn to their counsellors for this type of support. There is evidently a need to strengthen awareness of the service amongst both clients and counsellors.

First Step: Evaluation of Services 2019-2021 (Final Report)

Due to the limited scale of activity to date it is not possible to determine the full impact that the Advocacy Service has, and will have, on the organisation at large. However, anecdotal feedback suggests that clients are better able to focus on the therapeutic components of their counselling sessions, rather than talking about broader life issues which are causing them distress. Counsellors are also more able to move clients on in their discussions, confident that these issues can be dealt with by the Advocacy Worker.

Support provided

Over the period, 22 clients have received advocacy support. A total of 34 sessions have been conducted, around half of which were face-to-face, and half were by telephone or video conference. The types of support provided are summarised in the diagram below. Support was entirely tailored to individual clients and the issues they presented with. Many issues could be resolved in one or two sessions and only a minority of clients have required more extensive support. Due to the relatively low levels of demand, the service has been able to support clients very rapidly, helping to address underlying issues whilst making clients feel supported. There have been very few instances where the Advocacy Worker was unable to provide the support required. In most cases this was because the client required technically specialist expertise beyond the scope of the project¹⁴.

To date, clients have not reported particularly negative impacts of the pandemic to the Advocacy Service. This is in contrast to some of the issues being described by clients in the Counselling and Support Services. It is likely issues related to redundancy, debt and homelessness will increase in the coming months as the lasting effects of the pandemic on the economy take hold. Some clients have reported greater difficulty accessing healthcare services in recent months, and the service has contacted GPs on their behalf. Providing letters of support has been a key activity. Clients often find it difficult to find an appropriate way to disclose information about abuse to employers or GPs. The service has been able to provide wording that shares necessary information without making the client feel exposed.

Case study: Supporting Clients with Benefits Applications

Mike* was directed to the Advocacy Service soon after his initial assessment. He had long-term health problems (COPD) and was unable to work. He had no income and young children to care for. He was very distressed and disclosed that he was feeling suicidal. The Advocacy Worker met with Mike and discussed his financial situation. She worked with him to complete an application for Personal Independence Payments (PIP) which was successful. Mike was at a particular high risk from Covid-19 because of his health conditions and had felt terrified to leave his home. As a result of being awarded PIP he could afford to pay for taxis to travel to First Step. He is now very enthusiastically engaging in counselling and attends every appointment.

*All names have been changed.

¹⁴ For example, one client wanted the service to contact his GP and request he be prescribed a specific medication. Another client wanted the Advocacy Worker to write a legal letter for him to sue his former primary school education authority in relation to his experiences of abuse. This individual was referred to a solicitor for legal advice.

First Step: Evaluation of Services 2019-2021 (Final Report)

Diagram 7. Types of support provided by the Advocacy Service

Letters of support for GPs, housing applications, and benefits reviews

Letters to provide proof of attendance to counselling

Completing benefits applications (PIP)

Completing 'capability for work' questionnaires and health assessment forms

Support and register as self-employed and to find courses on starting a business

Exploring going back to college and completing a college application

Writing a CV

Referral to specialist legal advice

Sourcing information about local foodbanks

Signposting to benefits calculator

Recommendations for future development

A number of key changes are recommended which may help to strengthen the service and test the true nature of demand for advocacy support. The aim of these recommendations is twofold: firstly, to increase contact between clients and the Advocacy Worker, in order to see if increased contact would generate additional requests for support; and secondly, to find alternative ways to provide clients with information to help them address their own broader support needs. This includes:

- **Increasing involvement in the initial assessment process** – the Advocacy Worker has started to be involved in some new referral assessments, in order to increase contact with clients. The team should explore whether it would be appropriate for this team member to take a leading role in this activity. Alternatively, it is recommended that all new clients be encouraged to meet with the Advocacy Worker as part of their initial introduction to the service. This should focus on a quick but comprehensive needs assessment to explore what support an individual might need. This would allow the Advocacy Worker to identify underlying support needs beyond those presented by clients at times of crisis.
- **Introducing a monthly newsletter** – including a regular article from the Advocacy Service. Each article could be thematic, related to topical support needs, (for example in light of the pandemic, updates could focus on employment rights and redundancy, accessing benefits for long-term health conditions, and ways to promote mental health and well-being during isolation). Updates would highlight how the Advocacy Service could help, using anonymized case studies where possible, and information about specialist support services in the community could also be shared.
- **Develop a set of template letters to share with clients** – these letters would contain appropriate wording to disclose essential information about a client's experience, aimed at employers, Social Care or GPs. These templates could be shared through the newsletter or on the website.

10. Peer Support Groups

Introducing peer support groups

The rationale

Through a previous evaluation, clients had suggested introducing activities that would create opportunities for peer support. Funding was sought from the National Lottery Community Fund (Reaching Communities) to explore the introduction of peer support groups. It was anticipated that this would begin with two groups, one for clients and one for their friends and family members.

Many male survivors find it difficult to spend time with other men, particularly in social settings and large groups. The intention was that the groups would provide a safe and supported activity to encourage and develop social contact and confidence. The groups would provide a progression pathway for clients as they move through counselling support and beyond. Further, they would create opportunities for clients to give something back and share what they have learned with others who are earlier in their journey.

Implementation

The staff team consulted with clients to see what type of activities they would welcome. At end of 2019 a peer support group was introduced, running in a large room at the back of the First Step building. Furniture and resources were purchased to deliver sessions. However, there was limited interest. The team experimented with a number of different ideas including running yoga sessions and a Christmas party. However, again, participation was limited.

Over the first lockdown period an online zoom group was introduced, running fortnightly on a weekday evening. The intention was to keep this session open and informal. Resources for activities such as quizzes and board games were prepared, but it has not been appropriate to introduce them. Rather, participants wanted to use the sessions to share their experiences with others who would understand. However, only three clients participated regularly. Attendance dwindled over the third lock down and therefore this group was closed in March 2021. It is understood that many men do not want to identify as male survivors and that it is difficult to opt into an activity that has no clear shape or focus. Further, there is an inherent challenge in running group's online, as many clients may not be able to log-on to a group at home, for fear of family members asking questions.

The team recognised the need to diversify group activities in order to attract a wider range of people. A number of broader ideas had been proposed, centred around a focal activity, including a walking group, an wilderness weekends, and a board games café. Preparatory work has been completed for an allotment group which the team are keen to introduce. Unfortunately, all of these ideas have been hindered by the pandemic and lockdown restrictions.

Feedback from clients

Clients interviewed during the evaluation were aware of the groups. Some felt very negatively about group activities and had no interest in forging relationships with any other clients. As noted by one individual, *"Groups are not for me. It fills me with dread."* Another stated that he would only be comfortable in a small group of no more than four or five people. Clients noted that men are, in general, less used to sitting and talking with other men in a group setting, however they welcomed the idea of activities having a more practical focus, particularly to attract new members. One client attended the yoga sessions which he had greatly enjoyed. He noted, *"It was relaxing, trying not to overthink things. It was a nice transition (to life after counselling). It's a nice step from dealing with the mental side to being more active."* However, he noted the social stereotypes associated with yoga, of this being an activity for *"women wearing Lycra"*, which may have made it less accessible to male clients.

First Step: Evaluation of Services 2019-2021 (Final Report)

Recommendations for development

Reinvigorating group activities will be a priority in the coming year, particularly after pandemic restrictions are eased.

- **Developing ideas** – It is recommended that a new round of consultation be carried out, inviting clients to suggest the types of activities that would be attractive to them.
- **Keeping a practical focus** – It is recommended that groups be centred on a practical activity where expectations of what will happen, and how participants will engage, are made very clear at the outset. A structured approach does not preclude peer to peer support. Rather, informal conversation is likely to be generated as participants work together.
- **Keeping groups small** – it is recommended that groups aim to be no larger than four or five individuals including one staff member or lead volunteer.
- **Sharing the details** – is recommended that the staff team share the small and trivial details of group activities e.g. exactly how long it will run, how many people will attend, exactly what will take place and in what order. Specific case studies of group sessions could be shared through a newsletter to clients, helping clients to visualise what will happen if they attend.

11. Volunteers

Overview of volunteer engagement

In March 2021, 35 volunteer counsellors were actively engaged with First Step, with around 50 volunteers having supported the service over the period. First Step provides practice development placements for trainee counsellors, this being one of the key mechanisms for attracting volunteers to the organisation. At present, there are five trainee volunteers on placement at First Step.

Attracting volunteers

Volunteers heard about First Step through a number of different channels, including the recommendation of college tutors, word-of-mouth from other volunteers, or through online searches for placement opportunities. Volunteers report that First Step has a very strong reputation as a placement provider. As noted by one volunteer, *"There was nowhere else I wanted to go for my placement. I knew how much First Step valued its volunteers. I was nervous and worried that they wouldn't take me on!"*

Volunteers noted that the First Step Service Manager was always very quick to respond to their initial contact, stressing that she was positive, helpful and engaging. This was in sharp contrast to some other services, who either did not reply to their enquiries or who responded with far less enthusiasm. This positivity was a key factor in encouraging trainee counsellors to volunteer at First Step. Volunteers were also attracted to the fact that First Step supports male survivors of sexual abuse, recognising how few services support men, and the unique expertise that the organisation has in supporting this client group. They recognised that First Step clients would have complex needs, however, they were keen to embrace this challenge, or already had a significant interest in this area of work. Volunteers wanted their placements to be meaningful. For example, one volunteer noted, *"I didn't just want to get my hours in"*, and another, *"This work makes an immediate impact on people who really need their help."*

Investing in volunteers

Volunteer expenses

First Step is committed to the principle that volunteers should never be out of pocket. The new funding programme has allowed the organisation to cover all volunteer costs including travel expenses. This has made it possible for the organisation to engage volunteers from a wider geographical area. Over the last year the organisation has noted a reduction in the quality of training in local colleges, therefore it has had to look further afield to recruit suitable volunteer counsellors. Given the complex needs of its client group, the organisation is not prepared to lower its service delivery standards.

Clinical supervision

As a result of the new funding programme, First Step is now able to pay for clinical supervision for all volunteers. This is recognised as a critical component in ensuring the quality of service provision. A total of 392 clinical support sessions took place over the period. Volunteers are very grateful for this support. Not all placement providers offer clinical supervision, and volunteers were quick to recognise how much it would cost if they had to pay for clinical supervision themselves. It is interesting to note that some trainees had not been properly prepared for clinical supervision in their studies. It may be useful for the staff team to include some discussion of the purpose of clinical supervision in the induction training.

Clinical supervisors play a significant role in ensuring that quality standards are maintained. Clinical supervisors report a strong sense that the safety of clients, and also the therapists, is the organisation's top priority, and that their expertise is valued by the service. They note that their recommendations and concerns are listened to acted

First Step: Evaluation of Services 2019-2021 (Final Report)

upon immediately. It is this commitment to clinical supervision that allows the organisation to be confident in its trainee placement counsellors. As noted by one clinical supervisor:

“In the voluntary sector the clients coming through the door are the most chaotic, with the most complex support needs, and they are being supported by the least experienced practitioners. This is why clinical supervision is key.”

Training

The service is committed to the continual professional development of volunteers, investing in their training. Over the last two years it has included:

- Induction training for new volunteers
- A team day with input from a local Independent Sexual Violence Adviser
- Training in pre-trial therapy
- During the lockdown, face-to-face training was no longer possible therefore each volunteer was given a budget of £100 to complete any online CPD courses that they wanted to do. Volunteers have been able to access as many as three training courses through this funding.
- Books, covering topics such as trauma and recovery, were also sent to volunteers, on a monthly basis during the third lockdown

It is evident that volunteers are highly committed to their continued professional development, enthusiastic to develop the knowledge and expertise. They expressed great enthusiasm about the training provided at First Step including the new induction training courses. Volunteers noted how other trainee placement providers do not offer such a variety or depth of training. Volunteers appreciated being invited to suggest ideas for training courses but found that the training suggested by the staff team was always relevant and interesting. Volunteers also noted how effective the communication has been between staff team and their college tutors, giving them confidence that they were doing everything they needed to do to qualify.

“It was so informative, I don’t feel scared to ask any questions. It was really insightful. Everything is explained in such a pleasant way. There is no assuming that you should know things already.” (Feedback about the induction training courses)

Understanding the costs

While the volunteers were very positive and grateful for the investment in their development, it was suggested that not all volunteers, particularly trainees, are fully aware of the financial cost. One experienced counsellor recommended that the organisation find a way to share this information with placement counsellors, to help them prepare for working ‘in the real world’.

Supporting volunteers

First Step believes that ensuring the well-being of volunteers is as important as supporting clients, and therefore nurturing and supporting volunteers is considered a top priority. The staff team feel that if the volunteer feels safe, welcome and supported, they will be able to focus all of their energies on providing excellent therapeutic support for their clients.

Volunteers offer glowing praise for the support provided by First Step. They report being actively supported with any questions or issues they may have. Staff members are always on site before and after sessions to connect with volunteers and create the space to debrief after difficult sessions. Whilst counsellors are encouraged to speak to their clinical supervisor about specific issues related to their client, this informal personal supervision, provided by the staff team, is invaluable.

First Step: Evaluation of Services 2019-2021 (Final Report)

The staff team try to minimise the burden on counsellors. This includes sending all documentation to counsellors related to initial contracts and protocols, booking appointments, and sending out outcome and evaluation questionnaires. Volunteers recognise how much time this saves them, allowing them to focus on providing support to their clients. With new volunteers, the staff team steadily drip feed information about policies and procedures, so that they are not overwhelmed. Volunteers reported feeling fully informed, without being overburdened.

"The support and care is there for the volunteers. I really felt nurtured and held. Having that feeling means I can do the same for somebody else."

"I can talk to the staff team about anything. If I come out of a session worried about something and I can't get hold of my clinical supervisor, they've been there."

"They're very good at helping you to flourish, providing regular guidance and support. Talking to people who did their placements elsewhere, I realise how lucky I was."

Creating a team

The staff team actively embraces volunteers as part of a core team. Volunteers report that they were made to feel welcome from the first day of volunteering. They noted the warmth in the centre, embracing clients and volunteers alike. This is in sharp contrast to their experiences of volunteering in other services. Further, they were made to feel like part of the team, even if they were trainees. Placement volunteers noted that they were treated as trusted colleagues from the outset, which gave them confidence to work to the best of their ability. This was reinforced by the way that the staff team communicates with volunteers, ensuring that they learn about any changes or developments immediately. The staff team also make a point of expressing their gratitude to volunteers, which was recognised and appreciated in turn.

"At First Step it doesn't feel hierarchical or bureaucratic. Your opinions really matter and you are really listen to. I'm treated as an equal. That was quite a surprise."

Sustained engagement

Overall, volunteers recognised that First Step makes an unusually high level of care and investment in its volunteers. This is described as being "head and shoulders" above what other organisations provide. This makes them feel valued and appreciated, motivating individuals to stay with the service. Volunteers who have completed their placements noted that they were enthusiastic to continue to volunteer at First Step. This seems to be key to the organisation sustainability - treating trainee counsellors so well that they continue to volunteer after fully qualified.

"It's almost a luxury what First Step offers to counsellors. I don't know of any other agency that offers this amount of support. Offering CPD and supervision makes such a difference. Volunteers feel valued, and as a result they qualify and then stay."

"Everything has been brilliant. I really love being part of it. I don't think I'd ever want to leave."

Moving to remote working

Supporting the transition

Volunteer counsellors had mixed feelings about moving to remote working, particularly trainee counsellors, half of whom report feeling anxious about the change¹⁵. Some volunteers already had experience of working remotely through previous training or their day jobs. However, others had no experience of remote working at all.

¹⁵ Amongst qualified counsellors 62% felt confident whilst less than 10% felt anxious or unhappy.

First Step: Evaluation of Services 2019-2021 (Final Report)

Volunteers reported that the transition was challenging, particularly in how rapidly it had to be introduced. However, they were impressed by how quickly establishing a remote service was achieved, the vast majority (84%) giving the service a five-star rating for their experience of the transition. Issues of confidentiality were a particular concern, however, again, the vast majority (84%) of volunteers felt that issues related to data protection were addressed well.

There were very few suggestions for how support could have been improved during this time, comments centred on providing external video cameras to improve picture quality and ensuring that there was a second telephone number to contact the staff team in case of emergencies. Volunteers noted that, without face-to-face contact with the staff team and other counsellors, they felt more isolated, however, they felt very well supported by the staff team during this time. They stated that the staff team were very accessible if they had any questions or concerns, and they appreciated the regular check-ins from the staff team. One volunteer stated that other agencies would not have been so supportive, and as a result, she would have struggled much more than she did if she had volunteered elsewhere.

Diagram 8. Volunteer feedback about the transition to remote working

"First Step were very quick to get all the policies and procedures in place. It was a very short gap, only two or three weeks, when I didn't see my clients."

"For me, the technology and creating an appropriate space was initially very challenging (and continues to be less than ideal), and trying to do that almost overnight was stressful."

"We were all just learning it as we went along, so it obviously wasn't perfect in terms of addressing all the issues at either end. But I do think First Step did as well as they could in the circumstances, and it was adequate and sufficiently safe for me and my clients."

"There was some apprehension to move to (remote working), but the support was there. It was not just the client's needs being thought about. They said, 'Are you confident? Are you comfortable?'"

"Through the lockdown (staff members) offered a weekly Zoom drop-in for the volunteers to chat. It kept us all together and made us feel part of the team."

Delivering support remotely

Despite initial concerns, the vast majority of volunteers reported that, with adjustments, it has been possible to provide effective support remotely, echoing the feedback from clients. Volunteers have been able to find a quiet space to work from home, many already having a dedicated space to do so, and the majority have become increasingly comfortable with remote working. Some volunteers found working remotely more challenging than face-to-face and some continue to feel strongly that it is not appropriate to work on trauma issues remotely¹⁶. As noted by one counsellor:

"I'm nervous about remote working and working with trauma in the client's safe place. There is a chance you will be traumatising the client. It's hard to judge. I feel that we are walking a tightrope until we can open up face to face again. You can't read so much in their body language. You can't be sure that the client is in a safe and confidential space."

However, other counsellors found it easier to focus on facial expressions through Zoom, particularly those who are visual learners. Some noted that clients struggle to communicate over the phone but engaged more effectively once they had moved from telephone support to Zoom. Others found that clients spoke more freely

¹⁶ Due to the lack of body language and being unable to determine whether the client is in a safe and confidential space.

First Step: Evaluation of Services 2019-2021 (Final Report)

over the phone, particularly in relation to potentially embarrassing topics. Further, some volunteers found that some clients engaged more effectively in their own homes, particularly where their pets came to sit with them, offering comfort and support. Volunteers have used different techniques to create a therapeutic space and strengthen their therapeutic alliance were working remotely. For example, one volunteer noted, *"I go out of my way to say, 'This is a safe space, this is the place to cry, I am with you'. I also very careful on grounding at the end. I go out of my way to make sure they are comfortable when leaving the session."* The staff team may wish to run a volunteer peer-training session, inviting volunteers to share the techniques they have used over the last nine months to strengthen remote working.

The vast majority of volunteer counsellors were keen to return to face to face. Interestingly, 15% of volunteers expressed a preference for remote working. Reasons echoed the feedback from clients, noting how remote working increased accessibility for those with transport or disability issues, making it easier to fit sessions around work. In particular, they noted the discretion of home-based sessions, such that clients may not need to disclose that they are accessing counselling to their employer.

Diagram 9. Feedback from volunteers about delivering support remotely

"The transition was a lot easier than I expected. In many cases there has been benefits. With my clients there has been less non-attendance via Zoom or telephone, almost 100% attendance."

"I found it amazing. I could still feel what they were feeling. When you're working via Zoom the whole room disappears. You're just focused on that person."

That clients have been affected by the lockdown in very different ways but have got back to their work they were doing. It has taken some adjustment and for those who I've started with online it is more challenging and hard work than being in a room together, but the relationship is developing and going well in its own way.

"Some therapeutic relationships deepened, as both service user and the counsellor were in a situation they were not used to. This could be very bonding. People are able to open up more as they are experiencing this together. There have been some technical issues, but this made the counsellor more human to the client, helping them to see that we are in this together."

"I was surprised, I really enjoyed it. Working remotely has been completely effective. I formed really good connections with clients. Some clients have found it much easier to go into really painful events in their own space. In one session the client's dog came and sat in his lap. He has a wonderful relationship with this dog. It was a pivotal moment in reflecting on his own relationships. It was a lightbulb moment."

Future developments

It is evident that First Step offers an exemplary programme of support for volunteers. It may be useful for the organisation to document its approach to volunteering, with a view to sharing this with other organisations as a means to sharing best practice.

In the coming months, it will be essential to continue to share the learning in relation to remote working. This should include creating opportunities for volunteers to share with one another their techniques for creating a safe space and promoting a strong therapeutic alliance.

12. Partnership Working

General partnership working

First Step engages with a wide range of different partner organisations. Including close working relationships with; The Leicestershire Police Signal Team (responsible for rape and serious sexual assault incidents), the Sexual Violence and Domestic Delivery Group, the Male Survivors Partnership and Survivors Trust, and the Probation Service. Staff members attend a number of multi-agency meetings, centred around the domestic violence and sexual abuse agenda. Multi-agency working has been further developed to create a coordinated response to the coronavirus pandemic.

The team works with a wide range of other services as relevant to individual client cases. This includes GPs, schools, colleges, mental health units, drug and alcohol support services, hospitals and other counselling services. Where possible and appropriate, First Step will actively refer clients to other specialist services, such as debt advice and substance misuse support. However, the staff team note ongoing challenges with the closure, or significantly reduced capacity, of local services including the mental health support services and other specialist advice services in the voluntary sector.

Feedback from partner organisations

Feedback from partner organisations came primarily from organisations who have referred clients to First Step for support. **They were extremely positive with 85% of partner survey respondents rating the service as five stars, 15% as four stars.** Partner organisations report that the referral process is 'quick and easy' and that communication is open, effective and informative. Partner organisations state that First Step is responsive and flexible, providing helpful and detailed information and advice regarding referred clients.

Partner organisations universally agreed that First Step is an accessible service for male survivors of sexual abuse. The vast majority (92%) strongly agreed that the service provides 'high quality, specialist support'. First Step is described as a "passionate" organisation that "really cares" and "a safe place for (clients) to be heard, supported and understood". They note that the service is run with "professionalism and heart", and that staff team "all go above and beyond for male survivors of sexual abuse". Partner organisations noted First Step's client-centred and compassionate approach. Partners stressed their confidence in the support that referred clients would receive and feel "proud" to refer to "such an outstanding service". First Step's unique role was also noted. The vast majority (85%) of partner organisations agreed or strongly agreed that, without First Step, male survivors of sexual abuse would have nowhere else to go. The service, and the impact it has on clients, was described as "invaluable".

Partner organisations gave high praise regarding First Step's positive and active engagement with partnership working. They note the Service Manager's willingness to work in close collaboration others in order to use local resources as effectively as possible. First Step is viewed as a highly valued sister-service which complements the work of other organisations in the domestic violence and sexual abuse sector, adding value to their own work to support survivors of sexual abuse, making the collective of partner organisations stronger as a result. Partner organisations noted the important role First Step plays in challenging stereotypes and preconceptions about male sexual abuse, ensuring that the different ways that male survivors present to agencies is properly understood. Partner organisations stated that they were "proud to be associated with" First Step.

Partner organisations were asked how the service might be improved. Comments centred around increasing awareness of the service, particularly amongst community groups. The time pressures on the staff team were recognised, but partners would value seeing representatives from First Step at a wider range of multiagency meetings and events. More frequent updates, perhaps through a partnership newsletter, would be welcomed.

First Step: Evaluation of Services 2019-2021 (Final Report)

Diagram 10. Examples of partner organisation comments



New collaborations and future developments

Over the period a new pilot project, in collaboration with the Sexual Abuse Referral Centre (SARC) has been developed, aiming to support male survivors of sexual abuse in prisons. First Step will be providing a staff member to provide ten weeks of counselling support to individuals in three prisons in Leicester, with a view to engaging them in the Counselling Service upon release. Unfortunately, the coronavirus pandemic has resulted in significant delays such that this service has only just begun. This is an exciting initiative and presents an important opportunity for early intervention and impactful partnership working. It is hoped that, if successful, this pilot could be expanded into a full service. The organisation will, however, need to ensure that this is funded on a full cost recovery basis, and that the impact of this specific intervention, vis-à-vis the broader service, is captured.

It should be noted that, at this time, there is no funding for services that support male survivors of sexual abuse in local commissioning funding. It is understood that a new framework is being developed which will include some support from male survivors, but in the form of general support rather than specialist advice or counselling. The staff team may wish to seek out high-profile advocates for the service, including local MPs or Councillors, with a view to ensuring that the support needs for male survivors of sexual abuse are fully incorporated into any future commissioning framework.

13. Impact on Clients

Text box: Impact measurement tools

Several outcomes measurement tools have been used to determine impact on clients.

This included:

- **The PHQ9/GAD7 mental health assessment tool** – results were analysed for 93 cases that were closed in the period and that had at least two sets of scores, one of which was taken in the period. If clients score above a certain level they are classed as being 'above caseness' indicating clinically measurable levels of depression or anxiety. A total of 75 clients were above caseness for depression and 75 for anxiety. If an individual's scores move from being above the threshold to below, this is known as 'moving into recovery'.
- **Counselling Service progress and exit questionnaires** - clients complete a progress questionnaire at a midpoint in their support, and an exit questionnaire at the end. In both questionnaires clients are asked to indicate how far they agree with a set of impact statements. Results from these questionnaires were analysed, selecting the exit questionnaire scores where a client had completed both surveys. Overall, scores were analysed for 68 clients.
- **The Support Service exit questionnaire** – only five questionnaires have been completed to date providing some anecdotal information regarding impact of this support.

Outcome 1: Strengthened health and wellbeing

Clients reported dramatic and widespread impacts in their health and well-being. They note *"transformative"* changes across all areas of their lives. One stated, *"I am a completely different person."*

Mental health¹⁷

Clients reported particularly strong changes in relation to their mental health¹⁸. They report feeling happier, calmer and less angry, with significantly reduced anxiety. In some cases, this included significant reductions in panic attacks and intrusive thoughts. Counselling sessions have helped clients to manage their anxiety through the lockdowns, which several clients refer to as a "lifeline". Clients talk about coming through a period of crisis, out of the shadows and into the light. This anecdotal feedback is borne out in the PHQ9/GAD 7 data, which shows marked reductions in anxiety and depression scores.

Clients reported becoming better able to manage day-to-day stresses, particularly those which trigger anxiety and fear. They report far greater self-awareness of their triggers, becoming able to recognise when anxiety is activated. At the same time, they report having the tools to be able to proactively manage negative thoughts and feelings as they arise. This included developing new, healthy coping mechanisms. Both of these concepts were noted frequently in the feedback from clients.

A key component in therapeutic support is normalising experiences. For example, clients are supported to understand how commonplace their experiences are, and that they are not alone in what they have endured. Many clients will compartmentalise and lock away their memories of abuse. Through the service individuals begin to acknowledge their experiences and allow themselves to 'be' survivors of sexual abuse. This process of

¹⁷ The Henry Smith grant has a target of 70% improvement in personal wellbeing.

¹⁸ The Henry Smith grant has a target of 75% of clients being more empowered, reporting they feel better about themselves with respect to their hopefulness and feel less shame and guilt regarding their experience.

First Step: Evaluation of Services 2019-2021 (Final Report)

integrating clients' life experiences into their sense of self begins in the Support Service and is completed through full counselling support.

Clients reported a significant reduction in feelings of guilt or shame, recognising that what happened to them was not their fault. They reported a great ability to integrate their past experiences into their day-to-day lives, to accept negative thoughts or memories and be able to put them in their proper place, rather than feeling consumed and controlled by them. In some cases, clients continue to have distressing thoughts or flashbacks, noting that counselling had brought back negative memories they had previously suppressed. However, they were now able to see this as part of the healing process.

Behaviour and coping strategies¹⁹

Clients reported far greater insight into their own thoughts, feelings and behaviours. Understanding their past experiences was central to clients' coming to understand their current feelings and behaviours, which in turn led to regaining a sense of control over their thoughts, actions and lives. Clients repeatedly referred to having had emotional outbursts and anger, which they were now able to recognise and control, choosing the way they engage with challenging situations and other people.

Physical health

Some impact on physical health was noted. Around half (56%) of clients reported an improvement in their physical health. This was particularly noted in relation to sleep. Several clients noted how they had been unable to sleep without sleeping tablets or had been plagued by nightmares before engaging in support, but that they were now able to sleep without medication.

Changes in PHQ9/GAD7 Scores

PHQ9/GAD7 scores for all 93 closed cases show that:

- 78% of clients had moderately severe or severe depression at the start of support; 69% had moderately severe or severe anxiety. This fell to 38% and 32% respectively.
- 83% of clients reported an improvement in their depression scores, with 46% making a 'reliable improvement' and 40% moving into recovery.
- 80% of clients reported an improvement in their anxiety scores, with 57% making a 'reliable improvement' and 37% moving into recovery.

Looking at only those clients who report as 'above caseness':

- 96% of clients had moderately severe or severe depression at the start of support, and 86% had moderately severe or severe anxiety. This fell to 46% and 38% respectively.
- 85% of clients reported an improvement in their depression scores, with 57% making a 'reliable improvement' and 49% moving into recovery.
- 87% of clients reported an improvement in their anxiety scores, with 65% making a 'reliable improvement' and 45% moving into recovery.

¹⁹ The Henry Smith grant has a target of 80% of clients reporting that they are more self-aware, have more self-control and better coping strategies, with 50% having more positive behaviour towards other people.

First Step: Evaluation of Services 2019-2021 (Final Report)

Case Study: How Understanding Leads to Empowerment

"I now understand the effect that the things which happened to me in my childhood has had on my adult life. In understanding that those things were not my fault, I have come to feel more empowered in taking control of my own destiny. Having finally acknowledged the shame and guilt I have been unwittingly carrying around for nearly thirty years, I have come to learn firstly of its presence and the devastating impact this hidden burden has had on my life chances by destroying my self-confidence and sense of personal worth, and secondly by helping me to understand that I am not to blame for what happened. This, in turn, has led to me understanding that I can overcome the unpleasant feelings I have had hidden all this time, thereby stopping them from controlling my actions and reactions. There is a long road ahead of me, but by understanding my demons better, I can tackle them properly, head on. I know now that I am not to blame for much of the hardship life has thrown my way, but I am now in control of what happens next."

"Before I started, this was something I had put in the past. I had buried it deep down in a locked box. Only in the last year or two did I realise how much it was impacting me. Counselling made it all very real again. Now I'm living with much more awareness of having been abused. I have a creeping sense of injustice. But with that awareness comes a lot more control on how it affects my life."

Diagram 11. Summary of key changes in relation to mental health and well-being



First Step: Evaluation of Services 2019-2021 (Final Report)

Outcome 2: Strengthened self-esteem and self-care²⁰

For many clients, simply attending sessions regularly, sustaining contact and prioritising their support or counselling sessions is a key component of a growing commitment to their own self-care and is a significant achievement in its own right.

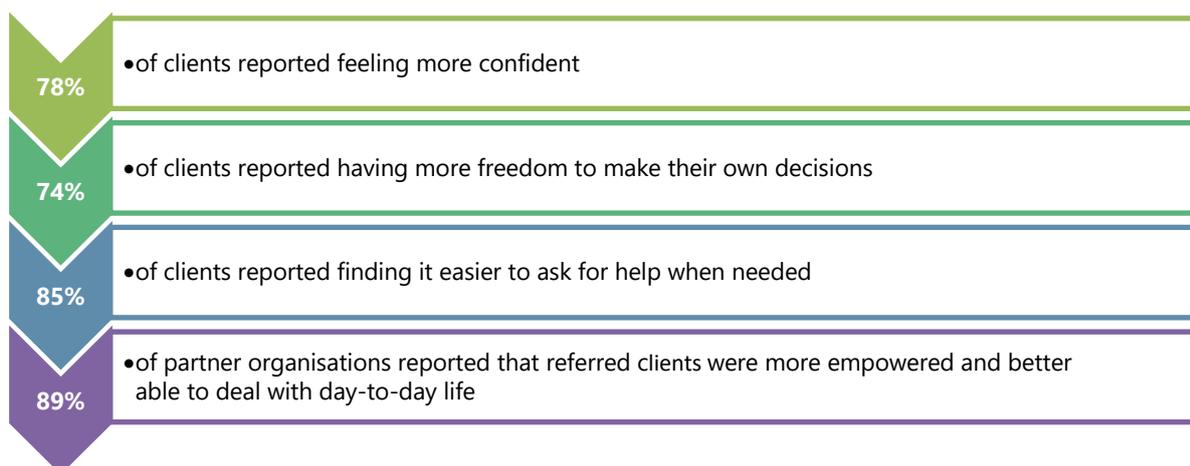
Clients reported changes in relation to their own self-care, including being able to recognise and prioritise their own needs. Feedback from the exit and progress questionnaires suggested that:

- 75% of clients agreed or strongly agreed that they feel better about themselves (89% of partner organisations observe this impact in referred clients)
- 82% of clients agreed or strongly agreed that they are more self-aware
- 82% of clients agreed or strongly agreed that they have made positive life changes
- 66% of clients agreed or strongly agreed that they take better care of themselves (88% of partner organisations observed this impact in referred clients)

Outcome 3: Strengthened empowerment²¹

Clients also reported significant increases in their feelings of confidence and empowerment. Clients felt proud of all that they had achieved in their work with the service. As a result, clients reported feeling stronger and more motivated. They reported finding it easier to engage in day-to-day life, including coping with difficult and challenging situations. Clients noted becoming less avoidant of situations that had previously caused stress and becoming more open to new and unknown situations. Clients reported having a different outlook on life in a greater sense of clarity. They felt more able to express their feelings and have the confidence to speak up for themselves. One client noted that he now felt able to engage in the world “as an adult”. As a result, clients reported that the dark days are behind them, having a greater sense of optimism and hope for the future. They felt able to move on and live their lives.

Diagram 12. Summary of key impacts in relation to empowerment



²⁰ The Henry Smith grant has a target of 60% of clients reporting that they are able to make better choices.

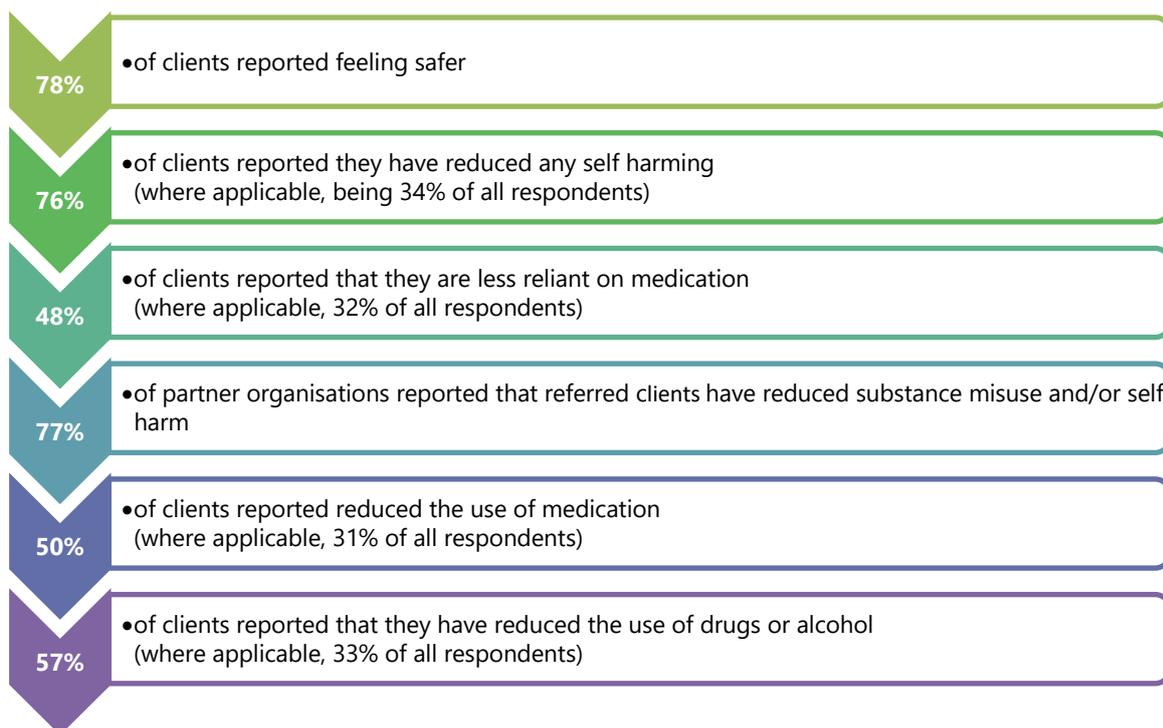
²¹ The Henry Smith grant has a target of 75% of clients being more empowered, and reporting they feel better about themselves with respect to their self-confidence.

First Step: Evaluation of Services 2019-2021 (Final Report)

Outcome 4: Strengthened safety²²

Clients reported some impact on their safety. This included feeling more able to stand up to bullies in their current lives. Clients noted a reduction in self harming and substance misuse. Volunteers also reported how clients have moved into recovery from drug or alcohol misuse issues. Particularly powerful comments were noted by clients in relation to a reduction in suicidal thoughts. Several clients noted that, without First Step, they would no longer be here.

Diagram 13. Summary of client feedback in relation to increased safety



Outcome 5: Strengthened support networks²³

Staff and volunteers noted small changes in clients' behaviour such as taking their hat off, carrying themselves with greater confidence, and starting to engage with jokes and banter with others at the centre. These changes all indicate a grow confidence to engage with strangers. They also note that many clients feel themselves to be "disgusting, monstrous, intolerable". Through their work with First Step they come to recognise that they are a person that others can relate to and like.

Clients reported marked changes in their relationships with others. In general terms, this centred around a great ability to trust and to express themselves healthily in relation to others. Clients reported fewer family arguments and happier family lives. They report new insights in relation to their partners. This included feeling more able to have difficult conversations with family members and see things from the other person's point of view.

Clients reported that they felt more confident to engage in new relationships, and several clients reported that they had been able to make new friends or start new romantic relationships (both changes being highly significant for survivors of sexual abuse). Feedback from volunteers reinforce these findings, observing how

²² The Henry Smith grant has a target of 75% of clients being more empowered, and reporting they feel better about themselves with respect to their safety, and a target of 50% of clients reducing medication and/or drug/alcohol use.

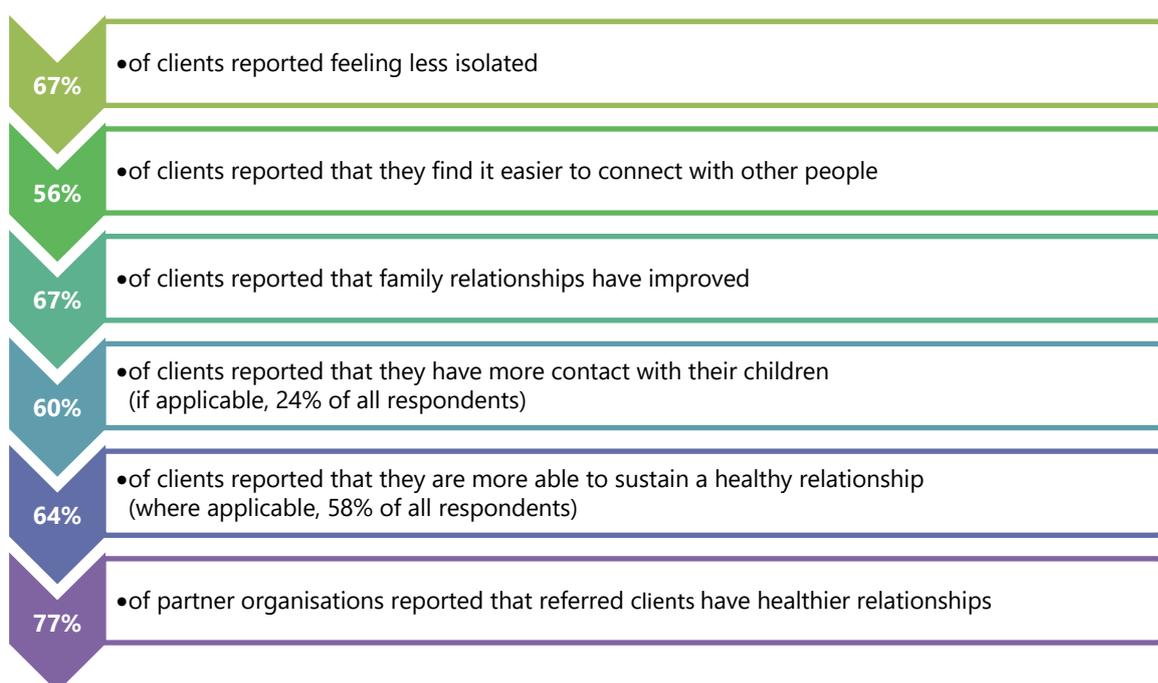
²³ The Henry Smith grant has a target of 50% of clients reporting better relationships with family, and feeling less isolated

First Step: Evaluation of Services 2019-2021 (Final Report)

clients have ended painful relationships and become more confident to engage in healthy ones. In some cases, clients have reconciled with estranged members of their family.

Many clients noted a great ability to talk about their past experiences and share them appropriately with family members and friends, strengthening family relationships and reducing feelings of isolation. One client noted that, after telling some friends that he was attending counselling, they opened up to him about their own struggles and sought help. Another client shared some of his experiences with his son in an appropriate way. His son subsequently came to him for help as he had started to self-harm. The fact that he felt able to share this with his father was hugely important within this family, breaking the cycle of silence and shame.

Diagram 14. Summary of events related to strengthened social networks



Outcome 6: Strengthened engagement in community life²⁴

Clients reported less significant changes in relation to their engagement in community life. One client noted that writing a letter to his younger self, an activity conducted in a counselling session, inspired him to go to university. In the progress and exit questionnaires, clients identified the following changes:

- 20% of clients reported that they are more involved in the local community (78% of partner organisations reported that referred clients have strengthened engagement in community life)
- 68% of clients reported that they are more able to engage in work or training (where applicable, 52% of all respondents)

²⁴ The Henry Smith grant has a target of 50% of clients reporting that they are more involved with the local community and/or more able to engage in work and training.

First Step: Evaluation of Services 2019-2021 (Final Report)

Outcome 7: Increased access to support

Clients did not comment on access to support services in their anecdotal feedback. However, against the exit questionnaire impact statements:

- 53% of clients reported that they are getting more support from other services (where applicable, 24% of all respondents)
- 73% of clients reported that they are using crisis or emergency services less often (where applicable, 37% of all respondents)

These findings were reinforced by partner organisations: 88% of survey respondents agreed or strongly agreed that referred clients were better informed. One client noted that, as a result of the progress he made during his counselling, Social Care no longer had any concerns in relation to the care of his children. This was a very significant development for this family.

Outcome 8: Improved material circumstances

Again, clients did not comment about changes in their practical circumstances in their anecdotal feedback, however, in the exit and progress questionnaire impact statements:

- 25% of clients reported that their housing situation had improved
- 34% of clients reported that their financial situation had improved
- 63% of partner organisations reported that referred clients had improved material circumstances

Impacts on volunteers

Volunteers noted a range of impacts on themselves as a result of working with First Step. This included:

- New knowledge and expertise
- Having greater insight into the client/therapist relationship
- Growing enthusiasm and motivation for working with this client group
- Greater confidence
- Feeling calmer and more reflective
- Greater awareness of diversity, feeling more accepting of people as they are, and where they are in their life journey.

Impacts were most notable for placement volunteers who were still in the process of completing their training. However, even experienced counsellors reported a range of positive impacts upon themselves as a result of volunteering with First Step.

First Step: Evaluation of Services 2019-2021 (Final Report)

Diagram 15. Summary of client comments on changes in their lives

Self awareness and control

- *I can recognise behaviours in myself and can stop them before they start me feeling panic. I am more easily able to regulate my feelings and do not over think situations. I feel that I am less likely to work myself up worrying about unknown situations.*
- *"Things used to trigger me and I would explode. Everything is different now. I can express myself and things don't bother me. It's 100% better than what it was. I couldn't be happier with the progress I've made."*
- *It's made me realise that abused people can become in control of their own life and not be ruled by their past, I'm an adult not that child anymore, I will still struggle everyday but my coping mechanism has changed and I feel much more in control, First steps has been a lifeline when I was at my lowest and I cannot thank them enough.*
- *"I've come to terms with my past, it's not going away, but it doesn't have to define me. I'm so much more than that. There's new history being made every day."*

Reducing and managing anxiety

- *"When I first started I was a wreck. My mind has changed, how I view myself, how I approach my goals. I feel more at ease with the things I do and don't do."*
- *I feel more in control of my negative emotions. I have become more self-aware of my triggers and this has allowed me to make positive changes and not allow a situation to be too overwhelming with me making stupid choices. I feel less guilt and feel less worthless. My sense of self has become stronger and have begun to feel happy about the future.*

Managing intrusive thoughts

- *"I am no longer suicidal. I am no longer experiencing daily panic attacks at the noise of traffic in the morning. My OCD intrusive thoughts have reduced by 95%. I am able to communicate with others better about my feelings and fears."*
- *"(I'm) getting back memories. Before I saw this as a curse, it would plague me. Now I recognise it's because I'm healing. Now I'm learning how to park it if it comes to me in an unwelcome moment. I park it and come back to it and deal with it later."*
- *"My experience as a part of me but not running my life. It's easier to separate things and put things in perspective, not having things swirling around in my mind."*

Safety and self care

- *I'm more confident in myself in general, drinking a lot less and smoking. Can deal with life's problems better.*
- *"I was really struggling to sleep, but I no longer need to take sleeping tablets. Everything else is impacted by that."*
- *The team have helped me save my life. I was at a point where I had given up on everything. I was supported brilliantly throughout and now I am at a place where I can like my life without the past haunting me. I will forever be grateful."*
- *When I first attended I placed no value on my own life, in fact wanting to end it. Now I don't, I focus on my son who needs me.*

Confidence, self esteem and empowerment

- *This has transformed the way I present myself, interact with others, come to decisions. Confidence and belief in myself has risen throughout the process to a level I never thought to be attainable.*
- *I feel like I want to do better in everything I come across. Whether its work or playing football. I have a second chance at life.*
- *"I am constantly surprising myself with how good it can feel to take control of what keeps me happy."*

Aspirations and hope for the future

- *I had nowhere to turn before First Step helped me and now I'm finally starting to feel like there is a light at the end of the tunnel. I'm not sure what I would have done had I not found First Step. Thank you so much, from the bottom of my heart.*
- *It's given me a lot of validation, I'm starting to feel valued. It's raised my aspirations."*

Strengthened relationships

- *Helped me to talk about it with my wife and children. I don't feel guilty or dirty anymore. Helped me realise what I have achieved in my life. Family life is so much better now with the help I have received thank you so much.*
- *"I was able to meet someone and be comfortable to open up, and say this is who I am."*
- *"At the start of my therapy I was very lonely. I had a wonderful, supportive partner but no friends. I am better at interacting with people now. I can now arrange to meet up with someone for a coffee, I would never have done that before."*

First Step: Evaluation of Services 2019-2021 (Final Report)

Diagram 16. Feedback from 'thank you cards' sent to First Step from clients and volunteers.

"Just to say a big thank you for all your help and understanding. Always felt welcome and safe and understood." (Client)

"I just wanted to say how grateful I am for the support that you all given, from the hello when I walked in, the one-to-one sessions, and the goodbye at the end. It means a lot. I can say thank you a million times and it won't show the gratitude you deserve. You've all helped me in ways I can't imagine and for that again, thank you." (Client)

"Thank you so much for being so understanding. From the first time I came in, I remember how welcoming you were. The work you do and how nice and friendly everyone is made it much easier to make the first step." (Client)

"I can't thank you enough for everything you have done. I will always be thankful for your support throughout the most challenging times of my life. I am in a better place thanks to your support. I plan on living my life how I want to. Thank you again." (Client)

"Your work brings light to dark places and hope and a future to this once broken man. Thank you for your loyalty and dedication you have shown to me. You'll be on my New Year Honours list!" (Client)

"I can't begin to tell you how grateful I am to have found you. You are an oasis in the desert that is life." (Client)

"Thank you so much for the past 18 months. You guys having my back has changed my life." (Client)

"Just to say thank you. I have learned so much and gained confidence with all your kindness and goodness. I hope we can keep in touch." (Volunteer)

"I can't thank you enough for all the opportunities you have given me. If you hadn't taken me on I would never have become the counsellor I am today. Not only the learning, experience, training and hours, but the support, trust and love. I wonder how lucky I am to have you in my corner." (Volunteer)

"Thank you for your help and support throughout my first year at uni. Working at the centre and with you has shown me that this is my calling. Thank you." (Volunteer)

14. Key Learning

Through the evaluation, a number of key factors were identified as drivers of success. These include:

Broad approach

- **A genuinely warm and nurturing environment** – clients and volunteers alike repeatedly noted the profoundly caring approach of the staff team. They feel genuinely recognised, valued, and loved. Many people, particularly survivors of abuse, have never experienced such attentive care before. This creates a deep trust in the organisation, alongside an openness and willingness to engage in emotionally challenging support.
- **Authentically tailored support** – support is adapted to the needs of individuals, recognising the multitude of challenges and commitments in their home and working lives, and seeking to adapt the service to make it as accessible as possible. The service takes a direct and pragmatic approach to the issues that clients may bring with them. It sets high standards and expectations for its staff and its clients, bringing the best out in both.
- **Relaxed and service-user led** – First Step is committed to ensuring an impactful duration of support. This allows services to be delivered in a relaxed way and at a gentle pace. The therapeutic approach used by volunteers and staff members is non-directive, allowing clients to take the lead within sessions. This is a key component of the empowerment process, giving the clients control.

The assessment process

- **Rapid response** – First Step achieves a rapid turnaround from first contact to assessment to accessing support. This is a key driver of engagement. The fact that a decision regarding the support offer is made at the end of the initial needs assessment is also key.
- **Light touch assessment** – this initial session sets the tone for client engagement with First Step. Keeping the session informal and light touch, with the client invited to participate as a collaborator rather than ‘patient’, is empowering in its own right.

“At first step it’s programmed into the DNA to be understanding and accepting. Right off the bat I felt like I was with people who wanted to help me. I’ve never experienced that before. I’ve been going to the GP for years with various problems, depression, but they didn’t seem bothered. This is entirely the first time that someone was there to hold my hand.”

“Respecting everyone’s humanity, without naïveté. It’s not being everyone’s best mate, but respect and kindness.”

“There’s great respect for each person, clients and volunteers. Clients really value that. You are not a client you’re a person.”

Diversification of services

- **Avoiding mission drift** - Whilst the organisation has diversified its services to some extent, its focus continues to be on its core Counselling Service. As such, it has avoided mission drift and maintained its focus on its unique area of expertise.
- **Diversifying pathways** – the new Support Service has enabled First Step to offer support to nearly everyone who approaches the service in a safe and appropriate way.

First Step: Evaluation of Services 2019-2021 (Final Report)

- **Meeting underlying needs** - Where clients have engaged in the Advocacy Service, this has provided invaluable support. More work is, however, required to understand the scale of support needed, and the best mechanisms for engaging clients in this service.

Volunteers

- **Cherishing volunteers** – First Step recognises the critical role played by its volunteers, that they are the lifeblood of the service, without whom the organisation could not function. The staff team is committed to supporting and celebrating its volunteer team. This includes covering all of the costs related to volunteering, providing high quality training and clinical supervision, and providing a welcoming and caring environment to work from.
- **Removing hierarchy** – volunteers are treated as part of the core team. They are respected, trusted and kept informed as any other staff member would be. As a result, volunteers have a strong sense of ownership over the organisation, such that they are prepared to go above and beyond to help the organisation achieve its aims.

The staff team

- **Diversification of staff skills** - expanding the staff team has allowed a diversification of expertise which has strengthened the organisation and added to the robustness of its service delivery. However, the team is still small enough to operate as a single unit and to ensure effective communication and collaboration in all areas of its work.
- **Balancing responsibilities with flexibility** - the organisation has benefited from the staff team's willingness to be flexible in relation to individual roles and responsibilities, staff members using their expertise as best fit the needs of the organisation at large. However, this must be balanced with appropriate boundaries around areas of work to prevent duplication and ensure efficiency.
- **Contact is key to building relationships** - day-to-day contact with clients is key to building relationships and trust. Where staff members have had limited face-to-face contact with clients, it has been more difficult to make the necessary connections.
- **Embracing remote working** – the staff team has been highly effective in introducing remote working, providing effective and impactful support for clients, whilst motivating and supporting volunteers.

16. Recommendations for the Future

The organisation has developed very significantly over the last two years, and it must now look to its direction of travel for the coming years. There are any number of ways in which First Step could develop its service delivery, however, this must be balanced with resource availability and financial stability. It is understood that the organisation does not aspire for significant expansion, rather, it recognises that it has achieved an optimal scale of activity, allowing it to provide high-quality support to a large group of vulnerable clients within its resource means.

As a result, it is recommended that the organisation focuses its energies on consolidating and embedding ongoing development initiatives. This includes the following key developments, (further details for some of which have been presented in relevant sections above):

- **Embedding the Advocacy Service** – experimenting with new approaches to raise awareness of this service and embed this offer in the support pathway.
- **Developing and evaluating the Support Service** – with a view to capturing the impact of this service on drop-out and completion rates for counselling support.
- **Diversifying and embedding peer support groups** – increasing the range of activities offered and the diversity of participants engaged, creating opportunities for clients to transition into volunteering roles within the peer support groups.
- **Expanding awareness of the service across diverse communities** – with a view to increasing the engagement of Black and Asian clients in culturally informed support.
- **Delivering the prison service pilot** - including capturing the learning and impact of the pilot and seeking ways to integrate this activity into core service delivery if it proves successful.
- **Continuing to consolidate roles and responsibilities within the staff team** – adapting roles to fit the needs of the organisation, defining appropriate boundaries around individual work areas, whilst maintaining strong communication and flexibility across the team.
- **Expanding specialisation in complex mental health support needs** – given the high rate of individuals with complex mental health support needs, the organisation may wish to identify additional expertise in this area, either as a paid staff member or sessional worker.
- **Embedding co-production across the organisation** – the organisation highly values its clients and makes good use of their ideas and expertise. It is understood that clients are already supporting the development of the new website. The organisation may wish to take this a step further in the coming years by building client consultation and co-production into all areas of service design, development and delivery.

17. Conclusions

The last two years have been a time of tremendous challenge and change for First Step, some of which was planned and some of which was wholly unexpected. The new staff team has been adaptable and resourceful, rising to meet these challenges head on. Working together, they have ensured that large numbers of vulnerable people have been provided with life changing support. The team should be extremely proud of all that they have achieved.

Over the period, services have been diversified, enabling a wider range of individuals to be offered therapeutic support, enabling underlying practical support needs to be met. These new services should continue to be developed in the coming months in order to achieve their full potential.

Clients, volunteers and partner organisations alike have noted the profound impact that First Step achieves for its clients. Over the last two years this has centred on marked and measurable impacts on mental health and well-being, helping clients to free themselves from the devastating effects of their experiences. It is no exaggeration to say that First Step saves lives. In addition, as a result of the support, clients have strengthened confidence, self-esteem, self-awareness and self-care; a greater sense of empowerment in all areas of their daily lives; broader social networks and deepened relationships with their loved ones.

First Step has a unique role to play in the domestic violence and sexual abuse sector and it is highly regarded by its partner organisations and peers. As First Step continues on its development journey it will be important to find a balance between introducing new initiatives and financial sustainability. The organisation's realistic and pragmatic approach will stand in good stead. It is likely that the months and years ahead will bring new challenges and obstacles. However, the evaluator is confident that First Step will continue to flourish, providing unique, life changing support to male survivors of sexual abuse.

Appendix 1: New Referral Demographics

Age

	No. clients	% clients
Under 18	11	5%
18-25	40	17%
26-35	65	28%
36-45	54	23%
46-55	45	19%
56-65	22	9%
66+	4	2%
Total	233	

Data not available for remaining 32 referrals

Ethnicity

	No. clients	% clients
White British	194	80%
White other	4	2%
Black African	2	1%
Black Caribbean	1	0.4%
Any other Black background	3	1%
Asian Indian	17	7%
Any other Asian background	6	2%
Mixed white and Black African	1	0.4%
Mixed white and Black Caribbean	1	0.4%
Mixed white and Asian	1	0.4%
Any other mixed background	6	2%
Prefer not to say	6	2%
Total	242	

Data not available for remaining 23 referrals

First Step: Evaluation of Services 2019-2021 (Final Report)

Marital status

	No. clients	% Clients
Single	106	44%
Married/civil partnership	54	22%
Partner	56	23%
Divorced/separated	11	5%
Separated	14	6%
Co-habiting	2	1%
Total	243	

Employment status

	No. clients	% clients
Employed	113	45%
Not employed (inc retired/student)	138	55%
Total	251	

Data not available for 14 referrals

Other presenting issues (of 265 referrals)

	No. clients	% clients
Violent offences	28	11%
Drug offences	9	3%
Sexual offences	6	2%
History of self-harm	121	46%
Drug or alcohol dependency	58	22%

Appendix 2: Client Feedback on the Counselling Service

Table 1. Feedback from clients about their experience of the counselling service

	Definitely agree	Agree	Neither	Disagree	Definitely disagree
I found it easy to talk to my counsellor	65%	35%	0%	0%	0%
My counsellor explained things well	85%	15%	0%	0%	0%
My counsellor understood me	65%	30%	5%	0%	0%
I felt valued and heard	80%	20%	0%	0%	0%
I felt safe and comfortable	100%	0%	0%	0%	0%
I had enough time to really explain things	80%	20%	0%	0%	0%

Table 2. Feedback from clients about the end of their support

	Definitely agree	Agree	Neither	Disagree	Definitely disagree
Did you feel ready to stop seeing the counsellor?	20%	50%	15%	15%	0%
Were you happy with the way your counselling ended?	35%	55%	10%	0%	0%
Do you feel that you completed what you set out to do?	25%	40%	30%	0%	5%
Do you feel that you could come back if you needed to?	55%	45%	0%	0%	0%

Appendix 3: PHQ9 and GAD7 Mental Health Assessment Tool Scores

Closed cases only

A total of 93 clients, whose cases had been closed in the period, had at least two sets of scores for analysis.

	Depression		Anxiety	
	Start	End	Start	End
Mild	10%	31%	11%	43%
Moderate	13%	30%	20%	25%
Moderately Severe	24%	18%	28%	17%
Severe	54%	20%	41%	15%

PHQ9						GAD7					
Improved	Initially above caseness (>=10)	Finally above caseness	Crossed threshold	Reliable change (>=6)	Reliable deterioration	Improved	Initially above caseness (>=8)	Finally above caseness	Crossed threshold	Reliable change (>=4)	Reliable deterioration
77	75	40	37	43	6	74	75	44	34	53	4
83%	81%	43%	40%	46%	6%	80%	81%	47%	37%	57%	4%

First Step: Evaluation of Services 2019-2021 (Final Report)

Clients who are 'above caseness' at the outset of support

Data is presented for 75 clients for depression and 75 clients for anxiety who are 'above caseness' at the outset of support.

	Depression		Anxiety	
	Outset	End	Outset	End
Mild	0%	24%	0%	35%
Moderate	4%	29%	15%	27%
Moderately Severe	29%	21%	35%	21%
Severe	67%	25%	51%	17%

PHQ9						GAD7					
Improved	Initially above caseness (>=10)	Finally above caseness	Crossed threshold	Reliable change (>=6)	Reliable deterioration	Improved	Initially above caseness (>=8)	Finally above caseness	Crossed threshold	Reliable change (>=4)	Reliable deterioration
53	75	38	37	43	4	65	75	41	34	49	2
85%	100%	51%	49%	57%	5%	87%	100%	55%	45%	65%	3%

Appendix 4: Impact Statement from Counselling Service Progress and Exit Questionnaires

Feedback from all respondents

	Definitely agree	Agree	Neither	Disagree	Definitely disagree	N/A
I feel safer	38%	38%	18%	5%	0%	2%
I feel less guilty or ashamed	43%	40%	10%	4%	1%	0%
I am more confident	39%	39%	15%	4%	1%	1%
I feel better about myself (self-esteem/self-worth)	33%	42%	16%	9%	0%	0%
I am more self-aware	50%	32%	14%	3%	0%	2%
I have more freedom to make my own decisions	40%	34%	22%	3%	0%	0%
I have more self-control	36%	37%	19%	6%	1%	0%
I feel more hopeful for the future	43%	43%	12%	1%	0%	0%
My physical health is better	21%	35%	32%	5%	2%	6%
I take better care of myself	24%	42%	25%	6%	1%	1%
I have reduced any self-harming	24%	10%	6%	3%	1%	55%
I have developed better coping strategies	45%	42%	6%	5%	0%	3%
I am less reliant on medication	19%	13%	21%	9%	6%	31%
I have reduced my use of medication	22%	9%	19%	7%	4%	37%
I have reduced my use of drugs/alcohol	21%	12%	13%	7%	4%	42%
I have made more positive life changes	33%	49%	13%	0%	0%	4%
I find it easier to connect with other people	25%	31%	24%	16%	0%	3%
I have more positive behaviour towards other people	25%	40%	22%	9%	0%	3%
My family relationships have improved	27%	40%	19%	4%	3%	6%
I have more contact with my children	12%	12%	12%	1%	3%	60%
I am more able to sustain a healthy relationship	31%	27%	25%	6%	1%	9%
I am more involved in the local community	6%	14%	32%	17%	3%	29%
I feel less isolated	25%	42%	19%	4%	3%	6%
My housing situation is better	13%	12%	33%	1%	1%	39%
My financial situation has improved	15%	19%	27%	7%	6%	25%
I am more able to engage in work/training	24%	28%	19%	3%	3%	22%
I am getting more support from other services	9%	25%	18%	7%	6%	34%
I am using crisis/emergency services less often	18%	19%	9%	0%	4%	49%
I find it easier to ask for help when needed	33%	52%	7%	4%	3%	0%

First Step: Evaluation of Services 2019-2021 (Final Report)

Feedback excluding answered marked 'not applicable'

	Definitely agree	Agree	Neither	Disagree	Definitely disagree
I feel safer	38%	38%	18%	5%	0%
I feel less guilty or ashamed	43%	40%	10%	4%	1%
I am more confident	39%	39%	15%	5%	2%
I feel better about myself	33%	42%	16%	9%	0%
I am more self-aware	51%	32%	14%	3%	0%
I have more freedom to make my own decisions	40%	34%	22%	3%	0%
I have more self-control	36%	37%	19%	6%	1%
I feel more hopeful for the future	43%	43%	12%	1%	0%
My physical health is better	23%	37%	34%	5%	2%
I take better care of myself	24%	42%	26%	6%	2%
I have reduced any self-harming	53%	23%	13%	7%	3%
I have developed better coping strategies	46%	43%	6%	5%	0%
I am less reliant on medication	28%	20%	30%	13%	9%
I have reduced my use of medication	36%	14%	31%	12%	7%
I have reduced my use of drugs/alcohol	36%	21%	23%	13%	8%
I have made more positive life changes	34%	52%	14%	0%	0%
I find it easier to connect with other people	26%	32%	25%	17%	0%
I have more positive behaviour towards other people	26%	42%	23%	9%	0%
My family relationships have improved	29%	43%	21%	5%	3%
I have more contact with my children	30%	30%	30%	4%	7%
I am more able to sustain a healthy relationship	34%	30%	28%	7%	2%
I am more involved in the local community	9%	19%	45%	23%	4%
I feel less isolated	27%	44%	21%	5%	3%
My housing situation is better	22%	20%	54%	2%	2%
My financial situation has improved	20%	26%	36%	10%	8%
I am more able to engage in work/training	31%	37%	25%	4%	4%
I am getting more support from other services	14%	39%	27%	11%	9%
I am using crisis/emergency services less often	35%	38%	18%	0%	9%
I find it easier to ask for help when needed	33%	52%	7%	4%	3%

Appendix 5: Partner Organisation Feedback

Table 1. Partner Organisation feedback about First Step

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Referring clients to First Step is quick and easy	92%	0%	8%	0%	0%
Communication with First Step is effective and informative	93%	7%	0%	0%	0%
First Step provides a service that is accessible for male survivors of sexual abuse	85%	15%	0%	0%	0%
First Step provides high quality, specialist support	92%	0%	8%	0%	0%
First step engages positively with partnership working	86%	7%	7%	0%	0%
First Step can be trusted to do what they say will do	92%	8%	0%	0%	0%
Without First Step male survivors of sexual abuse would have nowhere else to turn	77%	8%	8%	0%	8%

Table 2. Partner organisation feedback about impact on clients

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Clients have improved mental health and well-being	44%	44%	11%	0%	0%
Clients have improved physical health	22%	33%	44%	0%	0%
Clients have healthier coping strategies	44%	44%	11%	0%	0%
Clients have reduced substance misuse/self-harm	33%	44%	22%	0%	0%
Clients have strengthened self esteem	56%	33%	11%	0%	0%
Clients have strengthened self-care	44%	44%	11%	0%	0%
Clients are better informed	44%	44%	11%	0%	0%
Clients are more empowered	56%	33%	11%	0%	0%
Clients are better able to deal with day-to-day life	56%	33%	11%	0%	0%
Clients have healthier relationships	44%	33%	22%	0%	0%
Clients have strengthened engagement in community life	22%	56%	22%	0%	0%
Clients have improved material circumstances	25%	38%	38%	0%	0%