



COUNSELLING WITH YOU

EVALUATION

FINAL REPORT



Author: Zoë Jackson

August 2022

Contents

EXECUTIVE SUMMARY	1
ACKNOWLEDGEMENTS	3
GLOSSARY	4
INTRODUCTION	5
SECTION 1 – AIMS AND FOCUS OF THIS EVALUATION.....	7
1.1. Aims and objectives	7
1.2. Methodology.....	7
SECTION 2 - COUNSELLING WITH YOU	9
2.1. Remit and scope.....	9
2.2. The counselling team	10
2.3. Referral and assessment	11
2.4. A Trauma-informed approach	12
2.5. Endings and exits	13
2.6. Remote and hybrid delivery.....	13
SECTION 3 – FINDINGS	15
3.1. A busy community service	15
3.2. Filling the gaps	16
3.4. Affordability	19
3.5. Accessibility.....	20
3.6. The client experience	24
3.7. Changing perceptions?.....	26
3.8. The counsellor experience	27
3.8. Limitations of this study.....	31
SECTION 4 – CONCLUSION.....	32
REFERENCES.....	33
Appendix 1 – Summary of recommendations	35
Appendix 2 – RADAR counselling monitoring	36
Appendix 3 – Survey results.....	37

EXECUTIVE SUMMARY

Historically, access to counselling has been dependant on an individual's ability to afford such an intervention¹ but in recent years, a shift in perception as to the value of talking therapies has encouraged both the growth of community-based counselling services and an increase in demand for such services.² In the wake of the COVID-19 pandemic, this demand has been unprecedented, with a surge in those seeking mental health support for the first time, as well as increased levels of anxiety, depression, traumatic stress, eating disorders, relationship pressures and addiction amongst those accessing therapeutic support.³

Despite this increased demand, there remains a recognised gap between those that need mental health interventions - including counselling - and those who access those services⁴, with particularly low take up amongst minoritised communities⁵ and older people⁶. On the basis that projected levels of demand for mental health services are at two to three times that of current NHS capacity, and with counselling and psychotherapy being cited as 'critical' to recovery from the pandemic⁷, there has never been a more pressing need for the availability of accessible counselling services within local communities.

This review presents the findings from an evaluation of Counselling with You, one such community-based counselling service based in Portsmouth. With a focus on generic, low-cost counselling, the frontline counselling team consists almost entirely of volunteers, including a number of students on placement via partnerships with local universities and other academic institutions. Unique within the local area, the service offers open-ended counselling with no strict eligibility criteria.

Adopting a small-scale, qualitative methodology, this review has explored the value and impact of the Counselling with You service, with a particular focus on the client journey from referral through to exit, the utility of the volunteer-led model, and the experiences of those who use the service and those who work within it. The review process included survey feedback from clients, semi-structured interviews with clients, service staff and volunteers, and a review and analysis of service data.

A number of themes emerged from the data collected, including the factors that attracted clients to Counselling with You and supported their continued engagement with the service, and the difference that counselling made to them overall. Within these themes were a number of subthemes, including the ways in which the service is filling gaps in local provision, the role it plays in changing perceptions about therapeutic interventions, and the nature of volunteering within a busy community service.

This review has found that Counselling with You provides an affordable, flexible and accessible service to the people of Portsmouth. With referrals increasing year on year, it demonstrates what can be achieved using well-supported volunteers, and provides an illustration of how voluntary sector, community-based provision can produce results that are both professional in nature and comparable to statutory services. Feedback provided by participants provided evidence of a professional, boundaried and client-focused service. As a placement provider, Counselling with You actively

¹ Robinson (2003)

² As above.

³ Vostanis & Bell (2020), Jackson (2022)

⁴ Manthei (2006)

⁵ Loewenthal, Mohamed, Mukhopadhyay, Ganesh & Thomas (2012)

⁶ O'Donnell, Pybis & Bacon (2020)

⁷ Jackson (2022)

promotes the growth and development of its volunteers, producing skilled counsellors with a strong sense of their own boundaries and a confidence in their own professional judgement.

This review also provides an insight into the ways in which the service might expand its reach, improving its accessibility within the local community and working to engage marginalised groups in counselling support. Finally, it highlights the need for similar services in other local areas, expanding the availability of generic, open-ended counselling provision to those outside of Portsmouth City.

ACKNOWLEDGEMENTS

This report is prepared with thanks to the staff at YOU for their time and assistance, and to the counselling team, who give their time so generously to the service and to their clients. Special thanks go to Raushia Coles, for her support and insight during this process.

I am particularly grateful to those clients who took time to give me their feedback, and who spoke so passionately about the difference counselling had made to them.

GLOSSARY

BACP	British Association of Counselling and Psychotherapy
CBT	Cognitive Behavioural Therapy
DBT	Dialectical Behavioural Therapy
DNA	Did Not Attend
EMDR	Eye Movement Desensitisation Reprocessing
EUPD	Emotionally Unstable Personality Disorder
FTE	Full Time Equivalent
LGB	Lesbian, Gay & Bisexual
RAG	Red Amber Green
SPOC	Single Point of Contact

INTRODUCTION

Since 1942, when the term ‘Counselling’ was first used to describe a non-judgemental listening approach to exploring people’s problems⁸, counselling has become ‘...a widespread response to people experiencing all sorts of stress and difficulties in personal relationships...’⁹. Historically, access to counselling has been dependant on an individual’s ability to afford such an intervention¹⁰, but in recent years, a shift in perception as to the value of talking therapies has encouraged both the growth of community-based counselling services and an increase in demand for such services.¹¹

In the wake of the COVID-19 pandemic, this demand has been unprecedented, with a surge in those seeking mental health support for the first time, as well as increased levels of anxiety, depression, traumatic stress, eating disorders, relationship pressures and addiction amongst those accessing therapeutic support.¹² Despite this increased demand, there remains a recognised gap between those that need mental health interventions - including counselling - and those who access those services¹³, with particularly low take up amongst minoritised communities¹⁴ and older people¹⁵. On the basis that projected levels of demand for mental health services are at two to three times that of current NHS capacity, and with counselling and psychotherapy being cited as ‘critical’ to recovery from the pandemic¹⁶, there has never been a more pressing need for the availability of accessible counselling services within local communities.

Community counselling services are often provided by voluntary sector agencies, and there is a long tradition of counselling within the voluntary sector with good reason: a freedom from statutory control gives voluntary organisations the ability to set their own parameters, take more risks and, ultimately, be more pioneering in their approach¹⁷. Whilst voluntary, this provision is no less skilled: the professionalisation of counselling as a discipline has ushered in higher standards and greater accountability across the board, with charities being held to account by clients who now expect a certain level of training and expertise¹⁸. Voluntary sector provision is not without its challenges, however, with cutbacks in statutory provision - even in the wake of increasing demand – generating pressures in terms of referral volume and complexity, and the need to raise funds bringing with it an insecurity about the continuity of resources.¹⁹

On the basis that most counselling contacts in Britain are now made through voluntary sector agencies and bearing in mind the inability of the NHS to meet the current demand for psychological therapy, the voluntary sector could – and should – be providing even more. Historically, however, there has been limited research into the effectiveness of voluntary sector counselling services, and the experience of their practitioners. This has left a potentially valuable resource misunderstood, under-utilised, and without the increased funding required to fill emerging gaps in provision.²⁰ With a

⁸ Tyndall (2003)

⁹ As above, p. 16

¹⁰ Robinson (2003)

¹¹ As above

¹² Vostanis & Bell (2020), Jackson (2022)

¹³ Manthei (2006)

¹⁴ Loewenthal, Mohamed, Mukhopadhyay, Ganesh & Thomas (2012)

¹⁵ O’Donnell, Pybis & Bacon (2020)

¹⁶ Jackson (2022)

¹⁷ Tyndall (2003)

¹⁸ Hill (2003)

¹⁹ Robinson (2003)

²⁰ Moore (2006)

growing body of research now indicating that voluntary agencies are capable of providing professional standard therapy and of working with the sorts of clients currently on the books of NHS services²¹, it is crucial that the value and impact of such services are recognised and that resources are allocated accordingly.

The focus of this report is to evaluate a community counselling service operating in Portsmouth City, providing generic, low-cost counselling to those who live and work in the local area.

²¹ Moore (2006), Phipps, Byrne & Deane (2007)

SECTION 1 – AIMS AND FOCUS OF THIS EVALUATION

1.1. Aims and objectives

This evaluation has been commissioned to explore the benefit and impact of Counselling with You, now in its third year of operation in Portsmouth. This is a small-scale study focusing on:

- Mapping the client journey from point of referral through to service delivery and exit
- Considering the overall utility and value of the Counselling with You volunteer-led model
- Analysing service impact
- Identifying potential barriers to accessibility
- Making recommendations for ongoing development (if applicable)

1.2. Methodology

This evaluation is concerned with the experiences of those who use Counselling with You, and those involved in service delivery. For this reason it adopts a primarily qualitative approach, with words used as data²² and the voices of participants centred throughout.

The process of data collection included the following elements:

1. Literature Review
2. Desktop review of relevant documents (promotional material, service specifications, policies and procedures, annual reports)
3. Client survey
4. Interviews with service staff, counsellors, and clients

Feedback from those who had used the service was gathered in the first instance via a short online survey, circulated by staff and chosen for its potential to facilitate the contributions of a number of individuals in a short space of time. On the basis that there can be barriers to digital survey access (such as the availability of internet access or internet-ready devices), the researcher was available, via the staff team, to any clients who wished to contribute to the survey process by telephone or other means.

The survey also acted as gateway to individual client interviews, with respondents given the option to participate further and provide their details should they wish to do so. One-to-one interviews were then conducted with a small number of clients on a semi-structured basis, via telephone. Semi-structured interviews were also conducted with the Counselling with You Clinical Lead and a Clinical Supervisor.

To obtain the input of the volunteer counselling team, a focus group had initially been planned. This proved difficult in practice, both in terms of a mutually agreeable date and participants' ability to travel to the intended venue, which was out of the city. This process gave rise to some useful learning points with regards to working with volunteers, which were further explored in one-to-one interviews and are discussed later in this report.

A more flexible approach to counsellor participation was subsequently taken, with the researcher visiting the service's Portsmouth office base on two occasions, speaking with counsellors in situ and conducting one-to-one, semi structured interviews around their client appointments. Attendance at

²² Merriam & Tisdell (2015) p.6

the office base provided the researcher with sight of the counselling venue, and an opportunity to meet with the Clinical Supervisor and members of the wider team. Further one-to-one interviews were conducted by telephone with those who could not attend but expressed a wish to participate.

All participants were informed of the aims and the purposes of the study. All participation, whether in surveys or interviews, was voluntary and informed consent was gained from those who were interviewed. Interviews were recorded where permission was given. To encourage all involved to speak openly, no participants in this research - staff, clients, or counsellors - are identified by name. Where quotes are used these are anonymous and reproduced with permission. For clarity of interpretation, quotes from members of the counselling team are marked with 'CT' and those from clients are marked with 'C'. Whilst specific cases were discussed on occasion during the course of interviews, no names or personal details were disclosed at any time.

Client survey results can be found at Appendix 3, with all qualitative data removed on the basis that this might, in some cases, permit identification.

The quantitative data referenced in this review has been extracted from annual funding reports (2019-2022) and from demographic data reports supplied to the researcher for the purposes of the evaluation.

SECTION 2 - COUNSELLING WITH YOU

The YOU Trust ('YOU') works across South and South West England delivering a variety of services that place a focus on '*creatively empowering people to thrive in their communities.*'²³

Counselling with You is one service in a three-part counselling model operated by the organisation, known collectively as YOU Counselling Centres. This three-part model includes:

- Counselling with You
- STAR (Sexual Trauma and Recovery)
- Paragon (Domestic Abuse)

STAR and Paragon are specialist services, providing targeted therapeutic interventions for victims and survivors of sexual violence and domestic abuse respectively. Whilst the geographical coverage of each service differs, both operate in a variety of locations across Hampshire and the South Cost.

2.1. Remit and scope

Remit

Counselling with You is both the smallest and oldest of the YOU Counselling Centres. In contrast to STAR and Paragon, it provides generic counselling specifically for adults who live and work in Portsmouth, covering postcodes PO1-PO6. Individuals can access the service for a variety of reasons, including:

'Anxiety. Depression. Suicidal thoughts, not necessarily intent or action. Drug use. Drug and alcohol use. COVID...self-harm' (CT)

'Self-esteem, there's a loss of confidence, where people have literally lost that confidence...family dynamics, that's another big one...there was just something going on at home that led them to now being adults struggling to manage their life' (CT)

The service remit is simple: to offer counselling. Whilst there are no rigid eligibility requirements other than location, the service is generic in nature and clear with its clients about what this means in practice:

'Yes, we can take – generically – all issues. But...the clue is in the word. So, we had one come up the other day, somebody really wanted to work on grief. We can work with loss and grief, but we are not going to do it in the way that a [loss/grief] specialist would' (CT)

'We make it really clear, we're generic counsellors here. We can offer that safe and confidential space for you to talk each week, but we're not a crisis intervention service' (CT)

In keeping with other similar services, counselling cannot be offered if a client is actively engaged in counselling elsewhere or receiving other therapy such as CBT (Cognitive Behavioural Therapy), DBT (Dialectical Behavioural Therapy) or EMDR (Eye Movement Desensitisation and Reprocessing.) However, Counselling with You will work with clients who have a diagnosis (including for example Emotionally Unstable Personality Disorder), undertaking partnership work with relevant mental health staff in these cases to ensure the support provided is appropriate:

²³ YOU Mission Statement

'So we're always just very congruent with the clients and say, obviously, if you were becoming unwell, we would need to refer you back to the crisis team. So we've got quite good joined up working with the forensic social worker up there [at the hospital]' (CT)

Signposting is undertaken where the service is not best placed to deliver the intervention, or not best placed to deliver it in isolation, and this is also done with a focus on partnership. Recently, for example, the team have worked closely with the Adult Mental Health Team at a local hospital to ensure remit is understood and appropriate referral pathways are in place in relation to adults with more severe and enduring mental illness. The service works similarly alongside other community organisations like the Society of St. James (substance misuse and homelessness), PUSHing Change (substance misuse and peer support/advocacy), NHS Inclusion and Children's social care.

Cost

Counselling with You places a focus on low-cost, affordable counselling, providing therapeutic support to those who would perhaps not otherwise be able to access it for financial reasons. All clients are asked to make a contribution to their sessions, with a sliding scale in place and contributions based on what the individual can reasonably afford:

'We do it on the sliding scale, so if they're pensioners or on universal credit or on benefits, it could be £5 [per session], but if the clients say that they have no money, and they cannot pay that...we say 50p, a pound, anything you can give just as a contribution' (CT)

Initial assessment is undertaken at no charge and if the client wishes to proceed sessions are then paid for in advance. If clients are struggling with payment, the service will review this with them and explore the possibility of proceeding at reduced cost. In accordance with the core principles of voluntary sector provision, the service does not use ability to pay as a reason to exclude individuals from the service, and those who cannot reasonably make any payment will not be turned away.

2.2. The counselling team

Whilst other parts of the YOU Counselling Centres employ paid staff counsellors and contracted counsellors, Counselling with You operates a primarily volunteer-led model. The service has a small number of paid staff:

- 1 x Clinical Supervisor (0.8 FTE)
- 1 x Clinical Lead (0.5 FTE)
- 1 x Counsellor (0.5 FTE)
- 1 x Sessional Clinical Supervisor (0.5 FTE)

The number of volunteer counsellors varies at any one time but stood at 23 at the time of this evaluation. Many of these volunteers are on placement from Chichester University, with whom the service has an established relationship, with others coming from Portsmouth University, Metanoia Institute or from other private courses. Placement forms part of the work experience element for trainee counsellors, who are required to complete a set number of counselling hours as part of their course and prior to qualification.

Whilst many of the volunteers are still engaged in their training, 6 members of the current counselling team are qualified and have chosen to continue to volunteer their time to the service. As such, the team includes individuals with a variety of practice experience.

The majority of counsellors are trained in the humanistic approach, focusing on empowering their clients whilst helping them identify their own resources and strengths, develop healthier coping strategies and improve their overall health and wellbeing:

The humanistic approach is about free will, self-discovery and achieving your full potential as a human being, rather than concentrating on individual problems or symptoms. It looks at everything that makes you who you are and focuses on you as a unique individual and your relationship with the world around you²⁴.

'People come off the end of their counselling, they have changed. Counselling is about the process of change. With change, with more coping strategies, regulated. Self-awareness – they get themselves and they get themselves in relation to their world' (CT)

Internal Support & Development

Clinical supervision is provided to all counsellors in accordance with the requirements of the British Association of Counselling and Psychotherapy (BACP). An Integrated Development Model of supervision is used, with counsellors developed and assessed through various levels, each with specific skills and competencies, under the guidance and support of their supervisor.

The service employs one in-house clinical supervisor and contracts an external supervisor to supplement this provision, with the Clinical Lead also taking on some supervision where required. The bulk of clinical supervision is provided on a small group basis, every other week. A top up is then provided on a one-to-one basis:

'The group supervision brings them on so much, because they have a varied...the different people who've got so much experience. Peer support. You see the difference between if they just get one to one supervision...and we always try and make decisions as a group. So if it's about an ending, we try and bring it to supervision, we have a discussion as a group...we try and co-produce everything' (CT)

All counsellors also have access to YOU's online learning platform, 'My Learning Cloud', which facilitates the completion of mandatory training courses such as child protection, data protection, health and safety and some mental health training. Beyond this, they have the freedom to complete additional courses on the platform as they wish. Further face to face training is provided by service staff on a quarterly basis, focusing on developing particular skills, with recent examples including 'courageous conversations' and 'resilient practitioner' sessions.

2.3. Referral and assessment

Counselling with You accepts referrals from clients themselves, or individuals can be referred by another professional, such as a GP, social worker, or support worker. Referrals are accepted by telephone or email.

Referrals to all three YOU Counselling Centres come into a central Single Point of Contact (SPOC) where they are processed by the SPOC team. Referrals to Counselling with You are sent to the Clinical Supervisor in the first instance, who then selects a counsellor to undertake an initial assessment. In this way, volunteer counsellors are engaged in the process of initial assessment from an early stage,

²⁴ BACP: <https://www.bacp.co.uk/about-therapy/types-of-therapy/humanistic-therapy/>

offering the opportunity to develop and practice their skills. The initial assessment is in-depth and specific to the service:

'It's quite fundamental... presenting issues; background; underlying factors; hopes, gains, aims, goals from the counselling process; historic counselling experience, so have they had counselling elsewhere? Family dynamics, are there any kids in the family under 18 and what does that look like? Support network; resources available; contact with any other external agency....physical & medical conditions, medication, mental health diagnosis and current interventions....any identifiable risk factors; risk management; safety plan; safeguarding adults and children...' (CT)

Once completed, this assessment is passed back to the Clinical Lead who assigns each client a RAG (Red, Amber, Green) rating:

- Green (low)
- Amber (medium)
- Red (high)

This rating reflects individual client need and enables the service to match clients with the right counsellor for them. Red cases, for example, might relate to more complex issues such as suicidal plans, a diagnosis of Emotionally Unstable Personality Disorder or Post Traumatic Stress Disorder (PTSD). Amber clients might present with issues surrounding bereavement, substance misuse, or might be involved with other services, necessitating a degree of partnership work between the counsellor and other professionals. Green clients might present with symptoms of anxiety, or depression, or find themselves struggling to cope in particular areas of their lives.

The Clinical supervisor allocates cases to counsellors based on their availability and ability. Newer, less experienced counsellors would be allocated Green cases. As those skills grow and the counsellor progresses through their training and development, they begin to take on Amber clients. Only qualified counsellors, who have a significant amount of practice experience, would take on those cases assessed as more complex.

2.4. A Trauma-informed approach

Service delivery is client-led and approached in accordance with the principles of trauma-informed practice, taking an approach that seeks to avoid re-traumatisation and creates opportunities to rebuild a sense of control:

'We try and be a trauma-based, trauma-informed environment and just looking at in the here and now, how can we improve your outcomes....how do you cope when you hear a door slam. How do you cope when you hear a man shout...it's how to build that relationship and to support people, which is trust, safety...I think we have got it embedded here.' (CT)

'Co-production. And choice. We all need to give them [our clients] a choice. Obviously you can come, but you do need to buy in to what we're doing. And it's absolutely up to you.' (CT)

To build trust and promote collaboration, the service aims to be clear with clients from an early stage about what they can expect, as well as what is expected of them. At their initial session all clients are provided with a therapeutic agreement, outlining requirements in terms of engagement and payment and setting out relevant provisions in relation to confidentiality and data protection.

Following two missed sessions with no contact, the delivery of sessions would ordinarily be ended. However, on the basis that some clients will find it more difficult to engage than others, the aim is to be flexible wherever possible, giving clients the best opportunity to engage consistently with their sessions:

'When we RAG rate them they come in as Red clients, because they've got Emotionally Unstable Personality Disorder, or they're under the crisis team. But then you see them working consistently with the counsellors and then they become very settled, and very Green clients' (CT)

Client outcomes are assessed using the RADAR self-assessment tool (see Appendix 2), exploring progress in areas such as self-esteem and confidence, anxiety, depression and stress, relationships, drug & alcohol use and thoughts of self-harm and suicide. The tool is completed by clients at intake and repeated at 6-8 weekly intervals, providing a way for both clients and counsellors to track progress, and an opportunity to identify areas in which further support might be required.

2.5. Endings and exits

In a significant difference to other local counselling services, there is no limit placed on the number of sessions a client can receive from Counselling with You. Instead, the service is provided on an open-ended basis, subject to review.

A pause and review process is in place should clients reach the two-year point, with a discussion occurring between the counsellor and the clinical supervisor, taking RADAR scores into account. All clients reaching this 2-year point are asked to take a 6 month break in order to reflect and put some of the skills and techniques they have learnt into practice. Should clients then feel they need to continue with counselling, they can refer themselves back into the service and their sessions will begin again:

'...they have to go away for 6 months, go do some living and then they can re-refer' (CT)

Implemented to prevent bottlenecks in the service, this pause and review is in place to ensure sessions continue only where there is an identified therapeutic need, and enables counsellors to manage client expectations and uphold relevant boundaries:

'We assess it and review it 6-weekly with the RADAR scores...[previously] they would have no idea and then it was quite hard when we were coming up to the 2 years for a few counsellors to get their head around that ending, because they'd thought open-ended could mean 8 years' (CT)

Subject to these checks, it is perfectly possible for individuals to continue further with their sessions and there are a number of clients in the service who have been receiving counselling for over two years. Ultimately, the aim is to promote endings based on mutuality:

'I like when clients know when they want to end....as a counsellor you also see it, but I feel the client will know it more...I want them to get there themselves' (CT)

2.6. Remote and hybrid delivery

In March 2020, following the announcement of national lockdown measures, Counselling with You ceased all face-to-face sessions with immediate effect:

'Straight away, we just went to welfare calls for all the clients...and then as the counsellors were more able to get into telephone counselling they started doing that, and then...we started to do some zoom calls with the clients and the supervision continued on Zoom, so it's just being proactive isn't it?' (CT)

Following the release of subsequent guidance and training from the BACP, the service transitioned to working remotely, moving to delivery of counselling sessions via Zoom, Microsoft Teams and/or telephone. The turnaround was a quick one, at a time when many similar services ceased service delivery and counsellor recruitment altogether:

'In the space of a week, I believe, the service went in to working remotely' (CT)

'A lot of them, counselling services, they just closed completely. They closed down, because they were unsure of how to manage that situation...how can we manage risk? And that's the thing isn't it? You manage risk by keeping up the contact each week. Or we'd up the contact to a couple of times a week' (CT)

'Where we kept going and the other services stopped, and the courses kept running, we got a huge influx of enquiries' (CT)

This transition was not without its challenges, particularly given that some of the counsellors found themselves delivering their first ever sessions remotely:

'So there was quite a lot of strains trying to manage someone at home...but I think in terms of how we managed to move straight into doing remote work, there was quite a lot of support...I felt it was well-managed' (CT)

However, by the time that face to face provision resumed in August 2021, the service was established in terms of online delivery and it has continued to offer a flexible, hybrid model of face to face, telephone or video sessions depending on client preference and need.

SECTION 3 – FINDINGS

3.1. A busy community service

Counselling with You is a busy service, having provided counselling to 455 clients over the course of 2019-2022 and with approximately 80 clients engaged in sessions at the time of this review. Delivery has increased year on year, doubling across the last 3 years, with successful exits (those whose sessions have concluded by mutual agreement) also increasing as the client base grows:

Performance	2019-2020	2020-2021	2021-2022
Volunteer Counsellors delivering sessions	23	33	22
Clients engaged in 1:1 counselling over the year	101	143	211
Successful exits	67	85	82
Waiting list end of year	34	5	13

Against a background of growth, the service has maintained a comparatively small waiting list that, at the time of this evaluation, sat at 13 clients. This is significantly smaller than might be expected for a service of this nature:

‘It is small. And that’s quite high for Counselling with you...opposed to STAR where we’re like, 300 [on the waiting list]’ (CT)

‘It was really instant actually...so it was much faster than I expected...I was really pleased with that...I felt quite happy and relieved that I was going to get help sooner rather than later’ (C)

The nature of the waiting list is a clear benefit of the service. On the basis that people are seeking a timely response to their distress, and motivation for self-help peaks during a crisis, longer waiting times have been shown to correlate with non-attendance at counselling sessions²⁵. Small waiting lists, by comparison, are crucial when it comes to early intervention, can help to negate the formation of negative coping mechanisms, and are a key factor in overall client satisfaction²⁶. In relation to trauma, early interventions can reduce both initial distress and the chance of developing more complex trauma symptoms²⁷. It was not surprising, therefore, to find that shorter waiting times were influential in the initial decision to choose Counselling with You, with 13% of survey respondents indicating that they chose the service for this reason.

To maintain this position, the service manages its waiting list closely, minimising inappropriate referrals by ensuring that referrers and clients understand the nature of the service from the very start:

‘So because we run it off volunteer placement students, it’s always trying to make the professionals aware...I say to the SPOCs all the time, it’s fine to just say ‘they’re placement students’ – so obviously if they’re looking for expertise, this wouldn’t be the place...if we can take them, and we’ve got the counsellors available to take people, we will. But obviously if we can’t, what can you do?’ (CT)

Clients whose needs have been assessed as more in-depth (Amber or Red) are placed onto the waiting list only once the clinical supervisor has been able to discuss these needs, and the service offered, with

²⁵ Hicks & Hickman (1994)

²⁶ As above.

²⁷ Phipps, Byrne & Deane (2007)

the client. In this way, those on the waiting list are clear about what they can expect from the service and happy to proceed on that basis, whilst those who require more specialist support can be effectively signposted at the earliest stage.

Even with careful management, however, a balance has to be struck in terms of wider service promotion:

'We want to get out and promote our service, but then you don't want to end up with a huge waitlist that you can't manage.' (CT)

At the same time demand for the service is growing, with a 109% increase in clients over the last 3 years, and the COVID-19 pandemic ushering in a different breadth and depth of need:

'The two years, it was really tough...I think it has had an impact on a lot of people, the way they see things now....so yeah, I think the depression rate has gone up, the anxiety has gone up, because they're having to learn to live in this new world' (CT)

'Clients are coming out and saying that before covid they had a, sort of, way of coping, mentally, and then with the lockdown and with the pandemic, the financial living crisis that everyone is in, their angst – their existential angst – has gone up. You see that, there really is that call for it, of people just struggling with day to day life stresses' (CT)

As this demand increases, so does the potential for an increased waiting list and a reduction in the capacity for early intervention. With referrals to the service growing organically year on year, and COVID-19 having *'...a colossal mental health impact...'*²⁸, the true extent of which is yet unknown, it would be wise for the service to consider its response to an increase in referral volume and complexity and to engage with funders in anticipation of this. Counselling with You provides a timely intervention to those in the community seeking support and its small waiting list is unique in the local area. The focus should be on preserving this – and the mechanisms currently in place to manage it – as far as is possible.

Recommendations:

- 1. Plan for an increase in referral volume and complexity within existing organisational risk management processes (including provisions for waiting list management,) engaging with funders/commissioners accordingly.**

3.2. Filling the gaps

Whilst there are other community counselling services available to Portsmouth residents, these services are either more specific in their eligibility criteria or provide only brief or short-term interventions. In a reflection of this, 71% of survey respondents stated that they had accessed or tried to access other counselling services before coming to Counselling with You and of those, 27% reported that they did not meet (or no longer met) the criteria for these services:

'Talking Change [NHS] didn't feel able to help me' (C)

'My issue was specific to relationships and Talking Change felt that this service would be more useful' (C)

²⁸ Boden et al (2021)

This included those clients who were experiencing suicidal ideation, who it seemed might find themselves excluded from other services locally:

'If they have active suicidal ideation, [other services] won't keep them in service...whereas here we try and say, if you talk about your suicidal thoughts, that's a protective factor...that's a way that you've stayed alive. So we get them to, sort of, make friends with that and that voice, rather than 'oh we've heard a suicidal thought, it's a risk now and they've got to go off somewhere else' (CT)

'I was at my wits end. I was suicidal. I was ready to give up [when I came to the service]' (C)

A reluctance to work with those clients experiencing suicidal ideation is a particularly significant gap in local therapeutic provision. On the basis that 5,224 people died by suicide in 2020 (three quarters of whom were men)²⁹ and the prevalence of lifetime thoughts of suicide is around 20.6%³⁰, suicidal ideation is a substantial problem in the UK. It would not be surprising, therefore, for this to feature in the counselling room, and it is a concern that individuals in Portsmouth might find themselves excluded from therapeutic services to that end. Whilst a more in-depth exploration of this situation is outside the scope of this report, this is evidence of a clear gap in provision being filled by Counselling with You and would benefit from further review and monitoring over time.

A further 20% of survey respondents stated that they felt more comfortable with Counselling with You than with other services they had tried previously, and it was the approach of the service that met their needs where other, similar services did not:

'I've made more progress in these last 9 months than I have I ever have in these last 8 years of counselling with the NHS. Like, genuinely as well. That's not a dig at the NHS because they can only offer so much. But this was just what works for me...It's just a safe space, [counsellor] doesn't force me to talk about anything that I'm not ready to talk about' (C)

'I was offered a cognitive behaviour therapy in a group setting via zoom. I felt extremely uncomfortable during some of the sessions.' (C)

The open-ended nature of the service was also felt to be important, particularly given that it was not available elsewhere:

'It was recommended to me after I was refused further NHS counselling' (C)

'last counselling service was provided by the NHS so they could only offer me short term counselling and unfortunately I required more than 6 weeks' (C)

'My uni suggested you because it seems like I will need counselling long term and this service would provide that.' (C)

'For the first couple of years I didn't even get to actually delve into the past because of stuff that was going on at the time. If they'd put a time limit on it...I was really worried about that because it did take 2 years.... other things got in the way...circumstances, one thing after another just kept happening that was delaying stuff and then COVID obviously hit' (C)

²⁹ Office For National Statistics (ONS) (2021)

³⁰ Iob, Steptoe & Fancourt (2020)

'Particularly appreciate that the sessions are ongoing for as long as I need them. In the past I have been limited to the number of sessions I could receive and impacted my ability to open up and build a connection with the counsellor' (C)

The counselling team also felt this was an important aspect of the service:

'Having that longevity allows people to feel more supported....to grow their resilience...that sometimes takes time' (CT)

'One of the plus points of such a long contract is because it is so long it's not a revolving door. Whereas with a 12 week...you're only going to be able to work with part of a person' (CT)

'I actually like this because sometimes 12 sessions is just not enough for a client. They may not get the full benefit of the counselling...brief [therapy] is when you focus on one thing that you want to focus on. But you see for most of our clients that come here, there's different things they're bringing. Yes they've said it's depression, but then you know that other things are going to start coming and you have to work...you can't work through all four or five presenting issues in six weeks' (CT)

Whilst time-limited therapy might be viewed by some as restrictive, the concept of open-ended sessions might reasonably give rise to concern about structure and boundaries. This was acknowledged by both counsellors and clients alike, with a collective emphasis on the need for continual review, and a client-centred approach:

'Because we implement the 6 weeks review, we do the RADAR, we do the 6 weeks of just checking, just...refocusing...bringing them back to why we are here, what do they want to work on. There is a danger sometimes that if you don't do that, you end up losing focus' (CT)

'You're going to need a good counsellor to hold those boundaries' (CT)

'I go back to that internal supervisor thing, it helps us develop that...you take it back to your supervisor, you bring it up in supervision, you have that conversation' (CT)

'It makes me take a little bit more responsibility for myself and I feel like that's quite important, because I feel like in the past I have relied on counselling just to, I suppose, fix me in a way. But I feel like with YOU counselling it was like, 'here are the tools you need, you will be fine', you know? That 6-month period is actually quite important.' (C)

'My counsellor was very clear...she didn't just drag out the sessions....'you can say if you feel like you've had enough now'...which I felt quite good about, because it is a service I pay for...they were very clear: it's about you.' (C)

In the ongoing demand for cost savings, it is important that community counselling services are understood to be an enhancement to specialist services, rather than a replacement for them. For the same reason, community services must be clear about their remit, and confident in turning away clients that they are simply not equipped to help.³¹ That said, where community services *are* able to fill identified gaps and address needs which cannot be met by statutory services, whilst retaining clear boundaries and recognising their own limitations, they perform an important function in our local

³¹ Tyndall (2003)

communities³². Whether relating to length of intervention, individual support needs, or the shape of the service being offered, the data obtained for this evaluation suggests that Counselling with You is filling identifiable gaps in local therapeutic provision.

Voluntary organisations have the freedom to be more pioneering and less risk-averse in their approach than statutory services³³ and in return, they have a role to play in ‘consciousness raising’³⁴, highlighting gaps in provision and encouraging action to improve these. Going forwards, Counselling with You should closely monitor the extent to which it is addressing unmet local need, particularly as it relates to those experiencing suicidal ideation and to those who would be otherwise unable to access alternative local support. This data can then be shared as appropriate with networks, funders, and commissioners, and used to inform the future shape of local provision.

Recommendations:

- 2. Undertake routine monitoring in relation to those clients who have been (or would be) unable to access alternative local therapeutic support, with a particular focus on suicidal ideation, ensuring this data is incorporated into funding and annual reports.**

3.4. Affordability

Cost is known to be a factor in an individual’s choice of counselling service³⁵, and Counselling with You was no different, with affordability being the most common reason for choosing the service, and a factor repeatedly mentioned by participants:

‘People can’t generally phone up and get, access counselling that’s £45 an hour. So it takes it right out of the bracket for a lot of people that need counselling the most’ (CT)

‘The fact that we’re affordable, we make it affordable for our clients, it’s just a shame that it’s not going further than PO6 because I feel like these kind of places need to be in Fareham, they need to be in Waterlooville, Southampton because people need affordable counselling. People can’t afford £45 or £50 for an hour’ (CT)

‘It’s very unique in terms of there is no affordable counselling locally, so we’re constantly inundated with phone calls from people saying ‘have you got this in Havant, have you got this in Fareham, have you got this in Gosport, we desperately need it in Petersfield, in Southampton’ (CT)

Within this, there was clear support from participants for the low-cost (as opposed to a no cost) approach, with the exchange of at least a nominal fee felt to be important:

‘Just that slight exchange in fees does put a value for the client into what they’re investing into...we would hope then, therefore, to see a lower DNA or cancellation. Because they’re investing.’ (CT)

³² Robinson (2003)

³³ Tyndall (2003)

³⁴ As above

³⁵ Manthei (2006)

'There's lots of arguments for and against....it shows value, so you get more attendance, you get less DNAs, because they're paying for the service' (CT)

'You value it more, when you're putting something in' (CT)

There was also widespread satisfaction with the way in which costs were calculated. Of the 76% of survey respondents who contributed to the cost of their sessions, 77% felt the contribution they made was 'about right'. No-one felt their contribution was too high. 23% felt the contribution they were asked to make was, in fact, too little:

'...as a student it is a way for to get what i need at an affordable price' (C)

'Although whilst not working it was wonderful to have access to very low-cost counselling, counsellors deserve to be paid more for the amazing work that they do.'(C)

'I would be happy to pay £20 a session, but £10 was affordable for me anyway.' (C)

'I was surprised at how inexpensive it was' (C)

Where clients did allude to the challenge of finances, they intended to continue to contribute on the basis of the benefit that they took from their sessions:

'The only thing I would change would be like...It is a struggle to pay for it. Again, it's not the end of the world, £5 a week, you know...That's the only thing that I would change, to have it like, for free. But I'm not complaining because, I'm paying for it and I'm making progress' (C)

On the basis that 24% of clients did *not* contribute to the cost of their sessions, there was also clear evidence that the service doesn't exclude for reasons of affordability, in practice as on paper. At the same time, those who did pay liked the idea that by doing so, they might be indirectly helping others to access support too:

'I feel quite, selfishly, good about myself, maybe if I pay a little bit more, then that might help someone else that maybe can't afford to access it. So...I suppose if they had reasoning to increase it and they kind of had that messaging and it was doable for me...that would be, I'd feel quite grateful that I was getting help but I was also helping someone else' (C)

With widespread support amongst both clients and counsellors, Counselling with You's 'low-fee' approach attracts clients to the service in the first instance and facilitates their ongoing engagement with support that might otherwise be inaccessible due to cost. The approach to payment was felt to be both fair and transparent by those using the service, with no participants feeling costs were too high. On that basis there is no suggestion that the current approach should change, at least in the short term.

3.5. Accessibility

On the basis that substantial gaps exist between those who require mental health support, including counselling, and those who seek out and engage with relevant services,³⁶ the accessibility of community services – both physically and otherwise – is of real importance. This is particularly true as it relates to marginalised groups, such as those from minority ethnic communities, where language

³⁶ Manthei (2006)

barriers, differences in understanding of mental health issues, and other cultural factors can result in delayed approaches for support and presentation at a later, more critical stage of need³⁷. For those with disabilities, physical accessibility may be an issue, whilst for those from the Lesbian, Gay, Bisexual or Transgender communities, there may be concerns about safety, heterosexism or fears that their sexuality or identity will be seen as part of the presenting problem.³⁸

Location and venue

Proximity to the community is one of the unique factors that enables voluntary organisations to 'know' their local community and its needs, making it more likely in turn that members of that community will use its services:

'Within the field of Counselling and mental health generally, they may feel less threatening to visit. They may be more accessible in a very physical way by being close by – located on a housing estate or community centre – but, more importantly, they can offer a different sort of 'closeness' by being less identified with the often intimidating setting of a hospital or other statutory service'³⁹

Counselling with You is based in a well-known, central location, close to local transport links and within reasonable walking distance of much of the City:

'It sits in the heart of, the middle of the Island. So very easily accessible.' (CT)

'It's right on the doorstep, there's a lot of public transport going on now. If you live in the City, generally you can walk everywhere if you are able to' (CT)

The building itself houses 3 counselling rooms, accessed via a set of stairs. There is a lift available, however the corridors are relatively tight, which can present some challenges:

'We have lifts...but I wouldn't say it's the most accessible building in the world, if you have a wheelchair, for example' (CT)

Whilst voluntary organisations enjoy close proximity to their local community, as Counselling with You does, their physical premises are often a limiting factor in service delivery. Challenges in obtaining core funding for property costs mean that expansion or modification is difficult, if not virtually impossible⁴⁰, and this can have a tangible impact available space and overall accessibility. While adapting premises might not be immediately possible, there are other ways to improve physical access. One of these is to offer the option of remote support, via telephone or video call, a mechanism which is now more normalised in the wake of the COVID-19 pandemic.

Hybrid sessions

Following the remote delivery which began during the COVID-19 period, Counselling with You has retained a hybrid model of provision, with both face-to-face and remote (telephone, video call) sessions available depending on client need. This offers increased flexibility and facilitates engagement for a wider variety of people:

³⁷ Loewenthal, Mohamed, Mukhopadhyay, Ganesh & Thomas (2012)

³⁸ King, Semlyen, Killaspy, Nazareth & Osborn (2007)

³⁹ Robinson (2003) p. 8

⁴⁰ Civil Society (2018)

'From my own experience, I managed to work with clients that maybe otherwise wouldn't have been able to come into the service...some people have that fear of leaving their home...working remotely.... and still keeping it in place has been very valuable for our client base.' (CT)

'As long as it is safe and you're in a confidential space...it made it easier for people who have got disabilities, they can't come here, you are still able to provide a service for them' (CT)

'...to have that option for them to wake up in the morning and feel comfortable in their own surroundings, if they can be, that has got to be valuable. I know it is valuable based on the people I have worked with' (CT)

'All I've got to do is just let them know [that I would rather do a session online] and they say 'no problem' (C)

'I probably wouldn't have done it [if they didn't offer telephone counselling,] I would have probably had to look at another service that would offer it to me, or something that would be, literally, within really quick walking distance from work, which I think would be quite difficult...if it was just face to face I wouldn't have accessed it' (C)

Whilst there are both advantages and disadvantages to online delivery, it has traditionally been viewed as less effective than face to face provision when this is not necessarily the case from a client's point of view.⁴¹ Remote delivery can also support clients to continue to engage where their attendance at sessions might otherwise have been sporadic for health or other reasons. That said, there will always be those who prefer a face-to-face intervention, as well as those who are unable or unsuitable to access remote sessions for reasons including technical literacy, internet availability, safety concerns, or their own presenting issues. For this reason a hybrid model of delivery, like the one adopted by Counselling with You, offers a sensible middle ground, and the data from this review suggests it is popular with clients and counsellors alike.

Marginalised groups

Voluntary services tend to be well-embedded within their local communities and have the potential to be accessible to a more diverse range of clients as a result. This is not always the case in practice, however, and certain groups such as older people, and those from culturally diverse communities can face particular barriers in accessing support regarding their mental wellbeing. On the basis that the COVID-19 pandemic has exacerbated existing inequalities⁴², it is crucial that community services understand who is accessing their services - or rather, who is not – and take steps to improve access wherever possible.

Whilst an in-depth analysis of service demographic data is outside of the scope of this review, a glance at the data available for those referred in the 2018-2022 period indicates the following:

- 67% of clients were female and 32% were male
- 11% of clients were of an ethnicity other than White British
- 7% of clients had a disability
- 94% of clients were aged 18-64
- 6% of clients were aged over 65
- 12% of clients identified as Lesbian, Gay or Bisexual

⁴¹ Barker & Barker (2022)

⁴² Gillard et al (2021)

On the basis that there is a well-established gender imbalance in access to counselling, it was not surprising to see this also reflected in the breakdown of referrals to Counselling with You, with research indicating that men are more reluctant to seek help and/or disclose health problems to family, friends or professionals⁴³. With regards to strategies to engage men in counselling, the use of targeted awareness campaigns and signposting can prove useful⁴⁴, and this research indicates that peer recommendation might also have a role to play: this is further discussed at section 3.7.

The number of clients from ethnic minorities was lower than the local population average of 16%⁴⁵, albeit not significantly. A more in-depth analysis in this area would be beneficial, breaking the data down by different ethnicities and including ongoing review, particularly given early indications that the number of people from ethnic minorities seeking counselling support is increasing, post-COVID-19 and in the wake of the Black Lives Matter movement.⁴⁶ 12% of clients were Lesbian, Gay or Bisexual (LGB), which would seem to be above average based on current population estimates, although it should be noted that there is currently no widely accepted national estimate of the size of the LGB population in England.⁴⁷ Whilst data for clients identifying as transgender was not readily available, annual reports indicate the service has supported at least one client through the early stages of their transition.

Of particular note was the fact that only 6% of service clients were aged over 65, when compared with around 20% of the UK population who are of the same age. This is in keeping with recognised low take-up rates of psychological therapies by older people, in both the statutory and voluntary sectors⁴⁸. Clients reporting that they had a disability was also lower than average, at 7%, when compared with around 18% of the population who reported living with a disability at the last census.⁴⁹ This gap could exist for reasons of physical accessibility, a lack of awareness of the availability of hybrid/remote provision, or might point to the need for improved partnership working with relevant local services. Again, the service would benefit from exploring these potential barriers further.

Amongst the counselling team, there was an understanding of the variety of barriers that individuals might face in accessing appropriate support, and an enthusiasm to do more:

'There is the language barrier as well, that is there, so it will be quite difficult, but I would love to see our work expanding to a wider community' (CT)

'Now with the Ukraine situation, how do we reach out to that community...because they're coming in, they've got a lot of trauma...how do we as counsellors reach out to them and maybe have funding available to those who have just come into the country?' (CT)

'How does that feel, to live in that oppression? I think the disenfranchised and the marginalised communities are who we should really be trying to tap into' (CT)

As a starting point, it would be useful for the service to undertake regular reviews of client demographic data, comparing this with local population data and including the analysis in its annual reports. By monitoring existing or emerging gaps over time, the service can trial more targeted

⁴³ O'Donnell, Pybis & Bacon (2021)

⁴⁴ Ibid

⁴⁵ Portsmouth City Council (2019)

⁴⁶ Jackson (2022)

⁴⁷ Public Health England (2017)

⁴⁸ O'Donnell, Pybis & Bacon (2021)

⁴⁹ Office for National Statistics (2015)

approaches to its promotion or service delivery, identify 'what works' in relation to particular groups, and work towards embedding mechanisms for improved accessibility on a more permanent basis.

Whilst Hybrid delivery has already increased the accessibility of the service, an additional option for consideration is the provision of outreach counselling, whereby services make use of other suitable community venues to take the service to their clients. An outreach model of delivery offers the potential to increase accessibility, target harder to reach clients (such as carers, older people and minoritised groups) and build local partnerships, whilst adding value via expanded provision, without any expansion of premises. Recent service reports indicate that this is already under consideration, and on the basis of service data it would certainly be an avenue worth exploring.

Recommendations:

- 3. Undertake regular analysis of client demographic data and compare this with local population data to identify trends/gaps and monitor accessibility, developing action plans accordingly.**
- 4. Consider targeted promotion in line with the gaps identified – to include outreach counselling in the longer-term.**

3.6. The client experience

It was clear from the data that those who had accessed the Counselling with You service had benefited from it in a number of ways, and this was reflected in the client survey, with over three quarters (77%) of respondents stating that the counselling they received made a difference to them:

'Before I started counselling with YOU I was having severe panic attacks and agoraphobic difficulties due to not only my mental health but also the pandemic. Now I'm able to leave the house 3 - 4 times a week without panic attacks.' (C)

'My headset, my mindset, the way I think about daily things in life. Not dwelling or allowing things to overwhelm me like I used to' (C)

'I wouldn't have been able to talk like this before being with You counselling. So being able to talk about it, it's...it's still hard, but...I just go back to how I used to feel and how I used to think....it wasn't a life, I was just existing. Now, I feel that maybe now I will have a life...the techniques and the help that they have given me has really helped me...I can say hand on heart I will never go back to feeling as low as I was before.' (C)

'It made me better understand myself and the reasons behind my behaviour, which has led to an increase in self esteem and self love.' (C)

'I feel like I am able to communicate a lot better and address the problems have. Prior I was not coping with much and this service gave me the tools to be able to cope.' (C)

'I feel listened to and supported. I trust my counsellor and this has been a huge contributing factor to my overall progress. I have felt supported through some very difficult times that were happening in my life' (C)

Whilst it is not possible to reproduce each piece of client feedback received as part of this review, inputting this into a simple word cloud generator provides additional insight into the client experience:

'Maybe offering pluralistic counselling services rather than only person centred' (C)

Overall, there was clear evidence within the data of individuals who felt better able to cope, and better about themselves because of their engagement with Counselling with You. This was underpinned by improvements in client RADAR scores across a variety of outcome domains and sits within the wider context of a service routinely described as safe, welcoming, and supportive by those that use it.

3.7. Changing perceptions?

As part of this review, perceptions of counselling were explored with participants. The counselling team felt that attitudes were gradually starting to change, and that the service had a role to play in this ongoing shift:

'I think COVID has changed the populations' view on mental health and actually that 'I'm not OK'...and then also coming out of COVID...and the fact is we're all doing it together' (CT)

'It features on people's map now in a more OK way' (CT)

'We try and say, if you had a bad leg you would go to the doctors, if you had a bad tooth you would go to the dentist. If you are struggling with your feelings and emotions, come and see a therapist...I think that it's getting a lot less stigmatised' (CT)

This mirrors findings from a 2019 BACP survey, in which 84% of respondents indicated they felt it was more socially acceptable to discuss mental health than previously, and 88% said they would seek counselling for a problem before it got out of hand⁵⁰. It was felt that there was still some degree of reticence, however, both generally and in relation to certain groups:

'There is stigma attached to getting counselling where people think you are not able to manage yourself, or you are not able to look after yourself'(CT)

'Guys generally, I think, are the ones that, if you say 'I'm a counsellor' or 'I've had counselling myself', they sort of...it's that stigma with them...'why do you need to go and do that?'....women are more happy to get counselling, they know where to look to get that counselling' (CT)

'They [men] don't take the opportunity to go and get counselling and seek counselling and seek...what's out there' (CT)

'They feel...it's not for us...how are we able to reach out to people that feel they don't need it?' (CT)

Importantly, there was evidence that Counselling with You was contributing to an ongoing shift in clients' feelings towards counselling, with 53% of survey respondents reporting that their experience with the service had changed their perceptions of counselling in general, something which might be seen as particularly impressive given that 94% of respondents had accessed counselling before, whether as an adult, young person or both:

'I'm not going to lie, I was sceptical starting...but now I mean, I wish I'd just found this place sooner. That's literally my only regret' (C)

⁵⁰ BACP (2019)

'...before I saw it as just a waste of time but now I'm seeing change and improvement in myself' (C)

'I ended up having an 'epiphany' when [counsellor] told me I could talk about things I've never spoken about with anyone before (internal thoughts), and that really changed a lot for me and how I viewed counselling' (C)

'I was impressed by the progress we made' (C)

'I have never gotten anything decent out of counselling before you and now I am making slow but steady progress' (C)

'I feel like they made me think about counselling in a new way and I feel like they gave me a bit more confidence to, I suppose, use the tools and...use those in my daily life and not rely on counselling to fix me I guess, so I found that really important, really helpful' (C)

Interestingly, these changing perceptions had a 'ripple effect', with 82% of respondents stating that they would recommend the service to others, and 30% in turn stating they had chosen the service because it had been recommended by a friend, family member or someone known to them:

'I've referred one of my mates.... he was pretty much the same as me, same mindset...he was kind of the same: 'oh it's not going to work' and I was like, 'yeah I thought that but it actually is working'' (C)

As well as contributing to a change in perceptions about counselling, therefore, there was evidence that engagement with Counselling with You was encouraging wider peer-to-peer dialogue about wellbeing and the benefits of therapeutic support. This is an additional area in which the service adds value, and a useful tool when it comes to engaging harder to reach groups or working with those who might ordinarily be more resistant to the idea of therapy.

3.8. The counsellor experience

Working to a low-cost model of delivery, Counselling with You relies on volunteers to be able to deliver its service. Whilst volunteer provision is not, by default, any lower in quality than professional delivery, the standard of service provided to clients will be intrinsically linked to the skill set of the volunteers in question and the support and development opportunities provided to them. For this reason, this review sought to explore the experiences of the counselling team, including the process of entry into the service, opportunities for training and development, and the provision of support and supervision.

An accessible placement

It was clear from the data that Counselling with You offered accessible placement opportunities in the local area, where these were not always readily available elsewhere, with almost all volunteer counsellors speaking about the challenges they faced in finding a placement provider:

'It was very challenging for me to find a placement...I was looking all over' (CT)

'I actually really struggled to find a placement that would fit around my job at the time...I'd been applying for placements all through the summer and not hearing back' (CT)

'I applied to a couple of other places first. Some of them got back to me and said they weren't taking any students on. Some never got back to me at all' (CT)

'I had a colleague at University that already had a placement there and I was looking for my placements...she highly recommended it to me...She said that she really enjoyed being there and everybody was nice, it was a nice environment to be in and everybody was very supportive very helpful... It was sold to me and I applied to them and they accepted me straight away which was good' (CT)

Participants also spoke highly of response they received on application, the process of inducting them into the organisation, and provisions for their ongoing training and development:

'They were so supportive from the offset. That was a big thing as well' (CT)

'It was really easy and the manager made me feel comfortable....it was only about 5 weeks before everything came back and I'd come in for my induction' (CT)

'The communication....it was good, so there wasn't any difficulty at all. So I didn't need to keep chasing them to say 'have you got my application'' (CT)

'The smooth and in-depth induction appeared to be superior to that which many of my peers from my counselling course commented they received from their placements.'(CT)

'I like the training because it is online...it's better because you are not having to do it here, you can do it at home' (CT)

'It made it easier for me to be able to balance my home life and Uni, and parenting and everything....it was quite straightforward'(CT)

The provision of support and guidance from the staff team was also a strong theme throughout:

'They're all really supportive with me...if I'm not 100% sure on things or...they're just there and they're supporting me, so I couldn't ask for any more really. It really eases my nerves when I'm in there.' (CT)

'I like being here...for me it was the support that I received here' (CT)

'The support, it was just so amazing' (CT)

Supervision was supportive, attentive, informative and challenging' (CT)

Within discussions about support and supervision, there was evidence that the RAG rating system was working well, supporting counsellors to grow and develop in a managed way, whilst honing their own professional instinct:

'You have a growing edge...you know what you can do' (CT)

'It felt very comfortable, because it was a discussion I had with my supervisor who said, 'yes you're ready now' (CT)

'I've got to the point now where I trust my own judgement' (CT)

'It's really pushed me, and I've grown a lot...it's been really empowering' (CT)

This personal development was further assisted by a culture which supported counsellors to identify – and hold – their own boundaries:

'I got given a client and I looked at them, at the assessment, and I thought...that's too much for me right now. I handed it back...they were brilliant about it...that's really helped me, we call it the internal supervisor, that helped me straight away really develop my own' (CT)

'I did have a client actually, a new client.... came in for [their] assessment...they disclosed to me something quite serious towards the end....I managed to speak to them [service staff] and say 'this has happened' and it was great, they really helped me and said 'right, we need to fill out a safeguarding form....it was really good, because obviously it came out of the blue and I wasn't expecting it. They were really helpful there' (CT)

With this training, development, support and supervision combined, the service produces experienced counsellors with a broad range of skills:

'They are so varied. They have got such a skill set, because they have worked with... they 've started to work with substance misuse, they've started to work with more varied clients. So they are very good...when they've qualified they've gone through that Stoltenberg and Delworth assessment tool, and they've flown through it' (CT)

'Because they can do that. And they can perform so highly, you can walk into a job''(CT)

'I'd love to work in the mental health sector, so maybe a hospital, or a doctor's surgery....and also private practice will be something I'd want to open at some point' (CT)

'The experience and knowledge has supported me to start my own private practice' (CT)

The supportive environment means, in turn, that the service has been able to benefit from maintaining the skills of the counsellors, with some moving into paid/sessional roles within the wider YOU service and others continuing to volunteer:

'It's rewarding. Giving up my time, I'm investing in myself, I'm investing in my career' (CT)

'We have STAR and Paragon and they do take on paid counsellors, so that is something I could look into' (CT)

'If the opportunity came up [to stay] I would' (CT)

The nature of volunteering

In the early stages of this review, a focus group had been planned with the counselling team in order to gather their feedback. In practice, this proved difficult, both due to participants' other commitments, and their ability to travel to the intended venue, which was out of the city. This raised some useful learning points about the nature of volunteering, which were explored further with participants during one-to-one interviews. These discussions centred on the limited time and resources that volunteers have available, and the need to balance these against the needs of the service in a way that did not feel oppressive. This was particularly true in relation to training requirements, whereby there were some challenges:

'If they're not on days that I can, necessarily take off my other job, I find that a struggle' (CT)

'There is lots of training that they offer, and they're really hot on the training and like you to get as much training as possible...I must admit it's more than I expected, but they understand that you've got a life outside of this and you are a trainee and there's things going on' (CT)

'I don't have a lot of time' (CT)

'It's not super-straightforward...it takes ages, and you think 'this stuff here is not necessarily stuff I need as a counsellor...I'd prefer it to be a little bit more focused' (CT)

'I do find the IT side of it quite difficult but...I've got the support there which is great' (CT)

There were also discussions about resources, with prompted the researcher to ask volunteers if they received any contributions from the service towards their travel costs, subsistence or similar:

'I've not seen that happen, but I think it would be a nice idea. Because even though we could say, 'oh five or six pounds to catch the train from Fratton to Fareham is nothing', if you are a student, or on a low wage, that's an awful lot' (CT)

'I must admit No, I've never had them say to me they can contribute towards fuel or anything like that...but, you know, that doesn't bother me at all really' (CT)

Training requirements and the payment of expenses are something that the service would be wise to keep under review, particularly given that attendance at training can mean the incurrance of additional expenses in terms of travel/food (including training that is online depending on where it is being accessed from.) Whilst individual circumstances vary, the escalating cost of living crisis, which includes increasing use of foodbanks amongst workers and struggles with the affordability of work-related transport⁵¹, has real potential to impact on the ability of individuals to volunteer going forwards or to engage with the training and travel requirements of that volunteering. There is a need for balance, of course, on the basis that sufficient role-related training is important in service quality, and the level of training offered by Counselling with you to its volunteer team is clearly a valuable aspect of the placement experience. However, in keeping this under review, and considering what adjustments might be possible the service can ensure it continues to support, value and retain its volunteers through challenging financial times to come.

Overall, however, the data from this review indicates that Counselling with you provides an accessible, supportive and nurturing experience for volunteers and placement students. It adds value, by providing readily available placement opportunities and in producing skilled counsellors with a strong sense of their own boundaries and a broad range of experience. Volunteers are well-supported and - as other areas of this review have demonstrated - this translates into the delivery of a high-quality service and positive client outcomes.

The one potential downside of such a skilled and capable team is that post-qualification, these skills are often lost to private practice or other similar services. It is a testament to Counselling with You that a number of counsellors have stayed on as volunteers alongside their other roles, however an increase in the availability of internal retention opportunities would ensure the service continues to benefit from the skilled practitioners it has developed. This is heavily dependent on the availability of funding, and not set out as a recommendation in this review for that reason, however it is something for the service to consider in any future plans for growth and development.

Recommendations:

- 5. Undertake a brief review of volunteer training requirements, to ensure this remains relevant to the volunteer counsellor role and to high quality service delivery, without being excessive.**

⁵¹ The Independent, August 9th 2022

- 6. Review the provisions currently in place to support volunteers with travel and subsistence, whether via their academic institutions or otherwise. Plan for the potential impact of the cost-of-living crisis on volunteering via existing organisational risk management processes.**

3.8. Limitations of this study

The primary limitation with this study is its small scale. Survey responses represented around 8% of the number of clients engaged in counselling in the 2021-22 year, whilst the number of clients interviewed on a one-to-one basis was much smaller. This was difficult to remedy given the tight turnaround time for the review, and on the basis that that participation at every stage was entirely voluntary. The number of counsellors spoken to, however, was more representative of the team as a whole, with a participation rate of just over 20% of the those engaged in volunteering for the service.

The aim of this study was to understand more about the experience of those who use Counselling with You, and the value and utility of the service as a whole. Whilst the findings may not be completely representative of the client base, they are still informative, particularly given that there was a congruence amongst those clients who did contribute, and a number of common themes emerging from the participant feedback as a whole (clients, staff and counsellors). As such, even with its small scale, there are clear learning points for the service to take away from this evaluation.

SECTION 4 – CONCLUSION

A quarter of people will experience mental ill health at some point in their lives, with depression and anxiety being the most common presentations.⁵² With the COVID-19 pandemic exacerbating existing mental health difficulties, the ever-growing cost of living crisis, and with the pressures on mental health support services - and the NHS as a whole - at an all-time high, there has never been more of a need for affordable community counselling provision. This review has explored the value and impact of Counselling with You, with a particular focus on the client journey from referral through to exit, the utility of the service's volunteer-led model, and the experiences of its clients.

The data gathered demonstrates the value of the service that Counselling with You provides to the people of Portsmouth. Unique in the local area, and with referrals increasing year on year, the service demonstrates what can be achieved using well-supported volunteers, and how voluntary sector, community-based provision can produce results that are no less professional in nature than comparable statutory services. Counselling with You is clear about its generic nature, retaining this clarity of remit whilst being confident in the management of risk and prepared to support a wide variety of clients, including those with more complex or enduring needs. With a carefully managed waiting list, the service offers an early intervention to those seeking support, minimising the potential for the development of more complex or enduring issues over time, and reducing the resulting impact of this on statutory mental health services.

Feedback provided by participants provides evidence of an accessible and flexible service, delivering support that makes a clear difference and which the vast majority of clients would recommend to others. As a placement provider, Counselling with You provides valuable opportunities in the local area and invests a significant amount of time in the growth and development of its volunteers, producing skilled counsellors with a strong sense of their own boundaries and a confidence in their own professional judgement.

The data obtained for this review evidences a clear need for the service to continue to grow in Portsmouth, and for similar services to be available elsewhere in the local area and beyond. By working to engage more marginalised groups in counselling support the service can further embed itself in the local community, and the provision of outreach counselling offers the potential for increased accessibility and the building of new partnerships. Recent service reports indicate there are plans to expand into new areas of practice and, based on the findings from this review, there is no reason why this would not prove to be both successful for the service and impactful for the people it reaches.

⁵² Hartley (2017)

REFERENCES

- Barker, G.G., & Barker, E.E., (2021) Online therapy: lessons learned from the COVID-19 health crisis., *British Journal of Guidance & Counselling*. 50 (1), pp.66-81.
- Boden, M., Zimmerman, L., Azevedo, K.J., Ruzek, J., Gala, S., Abdel Magid, H.S., Cohen, N., Walser, R., Mahtani, N.D., Hoggatt, K.J., McLean, C.P. (2021) Addressing the mental health impact of COVID-19 through population health. *Clinical Psychology Review*. 85 pp.1-13
- British Association of Counselling and Psychotherapy (1999) *The public believes in counselling and its power to change lives, our survey shows*. Available at: <https://www.bacp.co.uk/news/news-from-bacp/2019/10-october-the-public-believes-in-counselling-and-its-power-to-change-lives-our-survey-shows/>
- Civil Society (2018) *Third of Charities 'struggling to get property funding'* Available at: <https://www.civilsociety.co.uk/news/third-of-charities-struggling-to-get-property-funding-survey-says.html>
- Gillard, S., Dare, C., Hardy, J., Nyikavaranda, P., Rowan Olive, R., Shah, P. ...Lloyd-Evans, B. (2021) Experiences of living with mental health problems during the COVID-19 pandemic in the UK: A coproduced, participatory qualitative interview study. *Social Psychiatry and Psychiatric Epidemiology*. 56 pp.1447-1457.
- Hartley, S. E. (2017) Service user's perceptions of an Outreach Wellbeing Service: a social enterprise for promoting mental health. *Community Mental Health Journal*. 53 pp.842-851.
- Hicks, C. & Hickman, G. (1994) The impact of waiting-list times on client attendance for relationship counselling. *British Journal of Guidance and Counselling*. 22 (2) pp.175-183.
- Hill, D. (2003) 'Clinical work, supervision and management'. In Stimpson, Q. (Ed) *Clinical Counselling in Voluntary and Community Settings*. Taylor & Francis, pp. 25-38.
- The Independent (2022, August 9) *One in five civil servants can't afford travel to work and a third skip meals due to cost of living crisis* Available at: https://inews.co.uk/news/politics/civil-servants-afford-travel-work-skip-meals-cost-living-1785312?ico=in-line_link
- Iob, E., Steptoe, A., & Fancourt, D. (2020) Abuse, Self-Harm and Suicidal Ideation in the UK during the COVID-19 pandemic. *British Journal of Psychiatry*. 217 pp. 543-546.
- Jackson, C. (2022). Riding the waves. *Therapy Today*. 33(3), pp. 20–24.
- King, M., Semlyen, J., Killaspy, H., Nazareth, I., & Osborn, D. (2007) *A systematic review of research on counselling and psychotherapy for lesbian, gay, bisexual and transgender people*. British Association for Counselling and Psychotherapy <https://www.bacp.co.uk/media/1965/bacp-research-relating-to-counselling-lgbt-systematic-review.pdf>
- Loewenthal, D., Mohamed, A., Mukhopadhyay, S., Ganesh, K., & Thomas, R. (2012) Reducing the barriers to accessing psychological therapies for Bengali, Urdu, Tamil and Somali Communities in the UK: Some implications for training, policy and practice. *British Journal of Guidance & Counselling*. 40(1) pp.43-66.
- Manthei, R. J., (2006) Clients talk about their experience of seeking counselling. *British Journal of Guidance and Counselling*. 34 (4) pp. 519-538.

Merriam, Sharan B., and Elizabeth J. Tisdell. *Qualitative Research : A Guide to Design and Implementation*, John Wiley & Sons, Incorporated, 2015. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/portsmouth-ebooks/detail.action?docID=2089475>.

Moore, S. (2006) 'Voluntary sector counselling: Has inadequate research resulted in a misunderstood and underutilised resource?' *Counselling & Psychotherapy Research*. 6(4), pp.221–226. doi:10.1080/14733140601045429.

O'Donnell, J., Pybis, J., & Bacon, J. (2021) Counselling in the third sector: to what extent are older adults accessing these services and how complete are the data third sector services collect measuring client psychological distress? *Counselling & Psychotherapy Research*. 2021;21 pp. 382-392

Office for National Statistics (2015, July 13) *Nearly one in five people had some form of disability in England and Wales*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/nearlyoneinfivepeoplehadsomeformofdisabilityinenglandandwales/2015-07-13>

Office for National Statistics (2021, September7) *Suicides in England and Wales: 2020 registrations*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations>

Phipps, A. B., Byrne, M. K. & Deane, F.P. (2007) Can volunteer counsellors help prevent psychological trauma? A preliminary communication on volunteers skill using the 'Orientating Approach' to trauma counselling. *Stress and Health* 23 pp.15-21.

Portsmouth City Council Equality & Diversity Strategy 2019-2022
<https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/equality-strategy-2019-22-final.pdf>

Public Health England (2017) Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England. Final Report.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf

Robinson, C. (2003) 'The place of community and voluntary organisations in society at large. In Stimpson, Q. (Ed) *Clinical Counselling in Voluntary and Community Settings*. Taylor & Francis pp. 4-13

Tyndall, N. (2003) 'The nature of counselling in voluntary and community settings'. In Stimpson, Q. (Ed) *Clinical Counselling in Voluntary and Community Settings*. Taylor & Francis pp. 14-24.

Vostanis, P. & Bell, C. A. (2020) Counselling and psychotherapy post-COVID-19. *Counselling and Psychotherapy Research*. 20(3) pp. 389–393.

Appendix 1 – Summary of recommendations

Number	Recommendation	Category
1	Plan for an increase in referral volume and complexity within existing organisational risk management processes (including provisions for waiting list management,) engaging with funders/commissioners accordingly.	Capacity/Risk Management
2	Undertake routine monitoring in relation to those clients who have been (or would be) unable to access alternative local therapeutic support, with a particular focus on suicidal ideation, ensuring this data is incorporated into funding and annual reports.	Data
3	Undertake regular analysis of client demographic data and compare this with local population data to identify trends/gaps and monitor accessibility, developing action plans accordingly.	Data/accessibility
4	Consider targeted promotion in line with the gaps identified – to include outreach counselling in the longer-term.	Data/accessibility
5	Undertake a brief review of volunteer training requirements, to ensure this remains relevant to the volunteer counsellor role and to high quality service delivery, without being excessive.	Volunteers
6	Review the provisions currently in place to support volunteers with travel and subsistence, whether via their academic institutions or otherwise. Plan for the potential impact of the cost-of-living crisis on volunteering via existing organisational risk management processes.	Volunteers






Appendix 2 – RADAR counselling monitoring

Counselling Monitoring Radar						
Client ID:		Staff:		Date: / / 202		
Session No:		Score Key: choose a number from 1 to 5 that best describes where you are at today: 1 is the LOWEST score – I feel / think it is at its WORST 5 is the HIGHEST score – I feel / think it is at its BEST				
		1	2	3	4	5
1	Ability to cope					
2	Able to keep safe					
3	Family/home life					
4	Isolation					
5	Making choices/control					
6	Managing anxiety & stress					
7	Managing Depression					
8	Other					
9	Personal safety & self-care					
10	Positive attitude & Optimism					
11	Quality of relationships					
12	Quality of Sleep					
13	Relationship with Self					
14	Self Esteem & Confidence					
15	Thoughts of self-harm/suicide					
16	Trauma symptoms					
17	Use of drugs and alcohol					
18	Work/Education					
19	Health and Wellbeing					
Subtotals						
TOTAL SCORE						




Appendix 3 – Survey results

Counselling with You - Feedback Survey



1. We are conducting an evaluation of Counselling with You (Portsmouth) and would like to know about your experience. This survey is for anyone who has used the Counselling with You service. This includes those who are still receiving counselling as well as those who have now completed their sessions. The survey should take around 10 minutes to complete. Your answers will be completely anonymous and you are not required to provide your name or other identifying details, unless you wish to do so. To begin, please tell us how you found out about Counselling with You?

Answer Choices			Response Percent	Response Total
1	Internet search		11.76%	2
2	Social media (Facebook, Instagram, Twitter)		0.00%	0
3	Recommended by a professional (e.g. a GP, support worker, social worker)		47.06%	8
4	Recommended by someone else I know (e.g. a friend or family member)		29.41%	5
5	Told about it by another member of the YOU/Paragon team		5.88%	1
6	Leaflet or poster		5.88%	1
7	Other (please specify):		0.00%	0
			answered	17
			skipped	0
Other (please specify): (0)				






2. Have you accessed counselling before?

Answer Choices			Response Percent	Response Total
1	Yes - as an adult (18+)		76.47%	13
2	Yes - as a child or young person (under 18)		0.00%	0
3	Yes - as both a child/young person and an adult		17.65%	3
4	No		5.88%	1
			answered	17
			skipped	0



3. Had you tried to access any other counselling services before you decided on Counselling with You?

Answer Choices			Response Percent	Response Total
1	Yes (please go to question 4)		70.59%	12
2	No (please go to question 5)		29.41%	5
			answered	17
			skipped	0

4. What made you choose Counselling with You over other counselling services on this occasion? Please indicate the main reason for your decision.

Answer Choices			Response Percent	Response Total
1	Shorter waiting time/shorter waiting list		13.33%	2
2	Cost - cheaper than other counselling services		33.33%	5
3	Timely response to queries		0.00%	0
4	Felt more comfortable with this service		20.00%	3
5	I didn't meet the criteria for other services/other services couldn't meet my needs (please use the comments box to tell us more about this if you can)		26.67%	4
6	Other (please specify):		6.67%	1
			answered	15
			skipped	2



5. Did you contribute financially to the cost of your counselling?

Answer Choices			Response Percent	Response Total
1	Yes - I paid for this myself (please go to question 6)		76.47%	13
2	Yes - someone else paid it for me (friend, family member, support service) (please go to question 6)		0.00%	0
3	No (please go to question 7)		23.53%	4




5. Did you contribute financially to the cost of your counselling?

answered	17
skipped	0



6. If you contributed financially to the cost of your sessions did you feel this contribution was:

Answer Choices			Response Percent	Response Total
1	About right		76.92%	10
2	Too much/too expensive		0.00%	0
3	Too little/too cheap		23.08%	3
			answered	13
			skipped	4

7. Has the counselling you received made a difference to you?

Answer Choices			Response Percent	Response Total
1	Yes		76.47%	13
2	No		17.65%	3
3	Not sure		5.88%	1
			answered	17
			skipped	0



8. Has your experience with counselling with You changed your perceptions about counselling in general?

Answer Choices			Response Percent	Response Total
1	Yes		52.94%	9
2	No		47.06%	8
			answered	17
			skipped	0

9. If there was one thing you could change or improve about the service, what would it be?

Answer Choices			Response Percent	Response Total
1	Open-Ended Question		100.00%	8
			answered	8
			skipped	9

10. Would you recommend Counselling with You to others?

Answer Choices			Response Percent	Response Total
1	Yes		82.35%	14
2	No		17.65%	3

10. Would you recommend Counselling with You to others?

answered	17
skipped	0

11. Please use this box to record any other comments or feedback you may have

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	7
		answered	7
		skipped	10

12. Would you be happy to give us your feedback in more detail by taking part in a one to one interview? If so, please leave your name and preferred contact details in the box below. Alternatively you can contact Zoe Jackson (lead researcher, Aurora New Dawn) at zoe@aurorand.org.uk directly. Thank you for taking the time to complete this survey.

Answer Choices		Response Percent	Response Total
		answered	3
		skipped	14