

# Adult Counselling Service

Evaluation report – phase one 2016-2020



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## RSVP adult counselling evaluation: introduction

The Rape and Sexual Violence Project (RSVP) has supported survivors of rape and sexual abuse for over forty years. It provides a range of trauma-informed services to meet the holistic needs of children, young people and adults.

The adult counselling service is part-funded by the National Lottery Community Fund through its Reaching Communities programme for 4 years (June 2016-20). The grant covers adult counselling provided at RSVP's city centre premises and at outreach centres.

RSVP commissioned an external evaluation of the funded adult counselling service to support formative learning during project delivery and provide an independent assessment of outcomes achieved. RSVP also provides telephone counselling, asylum seeker counselling, group counselling and children and young people's counselling which are all funded separately and therefore out of scope of the evaluation research.

This report provides a summary of learning and achievements towards the end of the initial funded period (referred to as phase one). The National Lottery has recently awarded RSVP continuation funding for adult counselling for another 4 years (June 2020-24) which will extend the evaluation period and enable rich data charting the development of the service over time to be compiled.

### Community Fund project outcomes

- People who have been sexually abused will more quickly begin their healing journey
- People who have been sexually abused will have an increased ability to cope with trauma
- People who have been sexually abused will have improved self-esteem and confidence
- Volunteer counsellors will have increased skills and knowledge in order to support sexual abuse and violence survivors
- The organisation will have increased its capabilities (knowledge/skills/confidence), acquired relevant supporting tools where/if appropriate and used these newly developed capabilities to deliver outcomes more effectively and sustainably to beneficiaries

The key areas for the end of phase one research were:

- a review of actions to reduce the time that adults waited for counselling
- a review of progress towards a more blended service approach
- an assessment of the project change indicators

Research for this report supplements the findings of the interim report (May 2019). The focus has been to evaluate the restructuring of the adult counselling service, a significant change in the service design required to effect positive change on the waiting times to access counselling.

### *Research methods*

The interim report presented the reflections of project staff and clients on the adult counselling service and captured their insights into what works well and how people could be supported while on the waiting list. This report explores how those primary research findings have informed the development of the service in the last year.

The approach has been to reflect on the consultation for service redesign, the planning and implementation of the changes and a 6-month review with staff on the impact, alongside the evidence of monitoring data.

The findings summarise progress and impact on waiting times for clients and evidence of delivery against the project outcomes.

The broader context within which RSVP operates has been updated, informed by interviews with strategic national and regional stakeholders and the Chief Executive of RSVP.

The methods used were:

- Discussions with senior management team and staff representatives
- Desk review of contextual documents and project monitoring data
- Stakeholder interviews (x 3)
- Staff reflection workshop and feedback

## Context

### *Increase in demand*

RSVP, along with all specialist providers, has seen an unprecedented rise in demand for their services in recent years. The report by the All-Party Parliamentary Group (APPG) on Sexual Violence (Dec 2018) recognised this to be due in part to the increased public profile of sexual abuse, rape, and all forms of sexual violence.<sup>1</sup> Campaigns such as #MeToo and Time's Up, high-profile cases of childhood sexual abuse and child sexual exploitation, and the Independent Inquiry into Child Sexual Abuse (IICSA), generated significant media attention and public debate. Many survivors of non-recent abuse have been re-traumatised by the publicity but it has also created an environment where people have felt able to ask for support, perhaps for the first time. The NHS England Strategic Direction for Sexual Assault and Abuse Services 2018-2023 (SAAS) acknowledges that this higher profile of sexual offenses 'is likely to have an impact on the uptake of mainstream services, and in particular, mental health services for non-recent victims and survivors of sexual assault and abuse.'<sup>2</sup>

This is the operational reality facing organisations like RSVP. The APPG report found that waiting lists for specialist support services including counselling had risen sharply and organisations were

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<sup>1</sup> 1 All-Party Parliamentary Group on Sexual Violence report into the Funding and Commissioning of Sexual Violence and Abuse Services 2018 <https://rapecrisis.org.uk/media/1914/appgreportfinal.pdf>

<sup>2</sup> Strategic Direction for Sexual Assault and Abuse Services – Lifelong care for victims and survivors: 2018 – 2023 <https://www.england.nhs.uk/wp-content/uploads/2018/04/strategic-direction-sexual-assault-and-abuse-services.pdf>

struggling to cope as they continued to rise. Some had to close their waiting lists to new clients. MPs were concerned that the Government's commitment in the 2016 Violence against Women and Girls (VAWG) strategy that by 2020 'no victim will be turned away' would not be achieved. A stakeholder interviewed for the interim report from The Survivors Trust, an organisation with 140 member charities providing counselling to survivors of sexual violence and abuse, confirmed that waiting lists of 6 - 12 months were common. Another stakeholder from a charitable trust that funds services for rape and sexual abuse survivors commented that more than half the charities they supported said they did not keep waiting lists at all and would only take a referral if they had the capacity to offer a service to someone. There was no indication of how many people were being turned away from those organisations.

### *Changing funding structures*

In addition, the economic climate in which RSVP operates has changed significantly. At the same time that demand has increased hugely year on year, the introduction of austerity policies by national Government from 2010 has changed the funding landscape for sexual violence and abuse support services across the country. In response to strong campaigning by members of Rape Crisis and other agencies, from April 2019 the Ministry of Justice committed to providing £8 million annually to services for survivors of rape and sexual abuse, including counselling.<sup>3</sup> In September 2019 this amount was increased to £12 million annually from 2020, meaning that existing providers like RSVP would receive a 50% increase in their annual grant. National funding streams have been increasingly devolved to local commissioners; elected Police and Crime Commissioners (PCCs) were allocated around £68 million in 2018/19 for commissioning support services for victims of crime, including victims of sexual offenses.<sup>4</sup> In 2017/18 PCCs reported spending £8.40 million in supporting victims of sexual violence and abuse and £4.86m supporting survivors of recent and non-recent child sexual abuse. Funding for specialist sexual violence and abuse support services is not ring-fenced within this, and the 2018 APPG on Sexual Violence report cautions that these resources could easily become 'subject to political whim and favour'. The Ministry of Justice began a pilot of full local commissioning of sexual violence services in five PCC areas (Greater London, Cambridgeshire, Essex, Hampshire and Nottinghamshire) in April 2019, which will be reviewed after 3 years. Member organisations like The Survivors Trust have concerns that funnelling funding streams through one commissioner undermines providers' stability as their funding base is less diverse.

The APPG report stressed the urgency of the economic picture for specialist services, which reported surviving on a 'hand to mouth' basis, compounded by the prevalence of short-term grants and contracts. Contracts are often issued on an annual basis which makes it difficult to develop long-term plans and many organisations are left trying to fill last-minute funding gaps each year. It should be noted that the Ministry of Justice extended the funding period for some grants from one to three years in 2018. However, PCCs still generally offer 12-month funding, hindering organisations' ability to plan and deliver effective services. Two stakeholders interviewed during this phase of the evaluation reported hearing of services in PCC pilot areas with fully devolved funding being commissioned with six-month review periods.

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<sup>3</sup> Ministry of Justice press release 2019, '£5m increase for rape and sexual abuse victims' <https://www.gov.uk/government/news/5m-increase-for-rape-and-sexual-abuse-victims>

<sup>4</sup> Ministry of Justice press release 2018, 'Government increases funding for rape and sexual abuse victims', <https://www.gov.uk/government/news/government-increases-funding-for-rape-and-sexual-abuse-victims>



One interviewee added that knowledge of the voluntary sector remained low among PCCs, who appear to prefer to commission larger organisations or to develop their own services. The drive to achieve ‘best financial value’ through economies of scale puts small, specialist organisations at risk of being outbid by large, generic providers with no track record of providing specialist support. Building partnerships with other providers and commissioners and evidencing the impact of services has become increasingly important to safeguard specialist knowledge and experience.

### *Co-ordination of services*

Part of the difficulty for survivors in accessing support they might need is that services are provided by different agencies – the Police, Sexual Assault Referral Centres, health, mental health and therapeutic support services. They are not always connected to each other and are funded by the Ministry of Justice, Police and Crime Commissioners, local authorities, the NHS and grant-making bodies. One stakeholder interviewed for this phase of the evaluation stated that this fragmented funding made it difficult for providers to offer a coherent, core service, instead building one based on a patchwork of funding from a range of sources. Another described this as a “convoluted and confusing funding picture”. Services struggled to engage some statutory partners at a local level, particularly in health, and in reality, 70% of counselling funding comes from charitable trust funders, according to the same interviewee. Specialist support organisations are often making applications to all of these funding sources, each of which has specific outcomes to be achieved and different reporting timelines to be met. It can take a lot of time and resources in a small team to coordinate and report on a number of varied funding contracts and gather the evidence required by each.

Recent strategies published by the Ministry of Justice and NHS England have identified the need for services to be more person-centred, joined up and with better referral pathways.<sup>5</sup> Core priorities within the NHS England Strategic Direction for Sexual Assault and Abuse Services (SAAS) include ‘driving collaboration and reducing fragmentation’, providing therapeutic care ‘that recognises the devastating and lifelong consequences on mental health and physical and emotional wellbeing’ for survivors. A regional SAAS co-ordinator has been appointed, hosted by the Police & Crime Commissioner (PCC) and funded by NHS England, to support partners across the West Midlands to implement the Strategic Direction. Both Birmingham and Solihull have recently committed to producing local Sexual Violence and Abuse Strategies, aligned to the Strategic Direction and this has potential to help join up services, as one interviewee stated: *“everyone is hoping that this much clearer picture will mean better collaboration (...) less duplication and a possibility to close those gaps, or at least identify them”*. Work is underway to map and align local organisations’ services against locally determined priorities. In addition, the West Midlands-wide Violence Reduction Unit, whose aim is to prevent violence and help to build safe and healthy communities, will be widening its remit in 2020 to include sexual and domestic abuse.

RSVP is an active partner working to further improve the local and national context. The Chief Executive currently sits on the Strategic Direction for Sexual Assault and Abuse Services national board; Victims and Vulnerability Priority Group; Birmingham VAWG Steering Group; Solihull Violence Reduction Group; PCC Victims Commission and the West Midlands Rape and Serious

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<sup>5</sup> 2 Victims Strategy Ministry of Justice 2018

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/746930/victim-strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746930/victim-strategy.pdf)

Sexual Offences (RASSO) Group. She works closely with other local providers as part of a West Midlands consortium for specialist support and RSVP is a delivery partner within Umbrella, a partnership that provides sexual health services and support across Birmingham and Solihull.

### *Person-centred approach*

The National Statement of Expectations for Violence Against Women and Girls (VAWG) services calls on local commissioners to ensure victims are at the centre, building in access to mental health services including specialist support for survivors of sexual abuse.<sup>6</sup> National Institute for Health and Care Excellence (NICE) issued guidance in 2018 for support to children and young people who have experienced abuse and neglect that might be offered by health or care practitioners, but also by families, carers and third sector agencies like RSVP.<sup>7</sup> Problems in commissioning remain however; one stakeholder interviewed for this report stated *“there is reluctance to acknowledge the cost of lifetime care and support and reluctance to acknowledge role of the voluntary sector in providing that support.”* Another interviewee suggested that counselling, while more of a priority for many of those disclosing later in life, was less of a priority in funding terms, where the focus is on reporting and processes linked to criminal justice systems.

RSVP has always provided person-centred support to survivors. A previous Chair of Trustees, Sally Plumb, developed the Social/Trauma Model to make connections between the experience of childhood abuse and mental health problems and distress in adult life<sup>8</sup> and this model informed RSVP’s services for over 20 years. RSVP continues to review and refresh its approach in response to the wealth of thinking and research that has been generated by the increase in profile of sexual violence and abuse in society. NICE guidance advocates for a trauma-informed approach and the NHS England Strategic Direction pledges to ensure commissioning of services is trauma-informed. RSVP reviews all of its services to ensure they are consciously trauma-informed, including the adult counselling service, as Figure 1 below shows.

*Figure 1:*  
Elements of trauma-informed approach to supporting survivors<sup>9</sup>



<sup>6</sup> Violence Against Women and Girls: National Statement of Expectations [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/574665/VAWG\\_National\\_Statement\\_of\\_Expectations\\_-\\_FINAL.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF)

<sup>7</sup> 3 NICE Therapeutic Interventions After Abuse and Neglect 2018 <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides-for-social-care/therapeutic-interventions-after-abuse-and-neglect>

Plumb, S. The Social / Trauma Model – Mapping the Mental Health Consequences of Childhood Sexual Abuse and Similar Experiences in Tew, J. (ed) Social Perspectives in Mental Health – Developing Social Models to Understand and Work with Mental Distress. London, Jessica Kingsley Publishers, January 2005

<sup>9</sup> Adapted from Creating Trauma-Informed Services A Guide for Sexual Assault Programs and Their System Partners WCSAP 2012 <https://www.nsvrc.org/sites/default/files/publications/2018-04/Trauma-Informed-Advocacy.pdf>

## Description of service

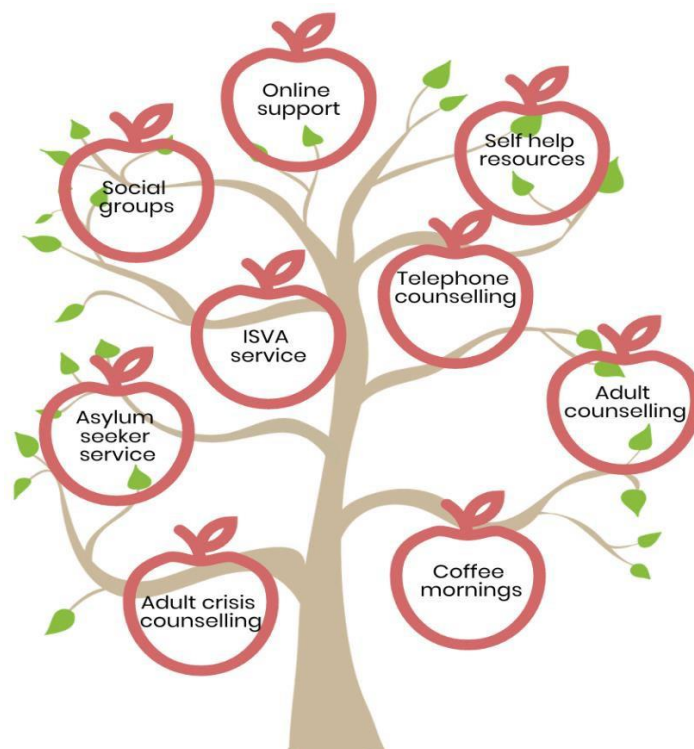
Adult counselling has been a core service at RSVP since the organisation was formed. Face-to-face counselling is provided by paid and volunteer counsellors who offer a range of therapeutic methods, tools and techniques. Counsellors are qualified in different fields of the discipline enabling RSVP, whenever possible, to match clients with counsellors who will best meet their needs. RSVP plays an important role in training new counsellors and provides opportunities for trainees to develop their practice with appropriate professional support and supervision.

RSVP invests in development opportunities for its staff. For instance, counsellors have undertaken additional training to support children and young people who have experienced child sexual abuse or exploitation as they have become an increasingly significant group accessing RSVP's services.

RSVP clients are assessed on arrival and, if needed, are offered an initial course of counselling. This will currently necessitate time on a waiting list.

Clients can access the full range of RSVP services, as appropriate, before, during and after they engage with counselling. It is important, therefore, to locate adult counselling within the package of RSVP's other services, which offer various options for support to adult survivors at different stages of their recovery. Clients decide when they are ready to exit RSVP services and they are welcome to return at any time.

*Figure 2: summary of RSVP's adult support services*





Adult counselling is provided at RSVP's Birmingham city centre location and in the following outreach locations:

- Castle Vale (North East Birmingham)
- Erdington (North Birmingham)
- Kings Heath (South Birmingham)  
(x 2 sites)
- Solihull town centre
- Chelmsley Wood (North Solihull)



## Changes in adult counselling service

This section summarises the process of redesigning the structure of adult counselling appointments during the period of the project.

### *24 sessions*

For many years, the adult counselling offer to clients was 24 weekly sessions, which could be taken over as long a period as people needed. The figure of 24 sessions was chosen as an average of what other providers were offering at the time the service was set up, so it was not linked to any evidence-based therapeutic rationale.

Sometimes an initial course of counselling could extend to 9-12 months due to clients cancelling sessions or not attending and re-booking sessions at a later date. This made it difficult to maintain therapeutic engagement and missed appointments could not easily be filled at short notice. Although it was custom and practice in RSVP to offer flexibility on appointments, it contributed to the waiting list as counsellors could have only a limited number of clients open at any one time.

### *24 weeks*

These factors were highlighted in an internal review and in July 2018 the allocation was changed to 24 weeks of counselling rather than 24 sessions. Clients could still receive 24 sessions if they attended every week, but any missed appointments would not be re-booked.

In January 2019 the demand pressures on RSVP's services had grown to such an extent that the waiting list for adult counselling was increasing rather than decreasing. The Trustees and senior management team initiated a consultation process with staff to explore what could be done to reduce waiting times, including changes in the delivery model.

Evaluators observed staff consultation meetings and agreed that client focus groups and a client survey for the evaluation would include questions on the possibility of changing the structure of the counselling service, with feedback informing the service redesign decision-making process.

#### *8+8 weeks*

Following the consultation, it was decided that counselling appointments would be re-structured again. Most staff supported a reduction in the maximum number of sessions (from 24) and various suggestions were made, e.g. 12, 14, 16 and 18 weeks. Internal analysis of the uptake of appointments showed that the average number of sessions clients actually accessed was 16, so it was decided to proceed with that figure as the maximum number of sessions to be offered.

From 1 April 2019, every adult referred for counselling is initially offered 8 weeks of counselling. Then, following trauma-informed principles of collaboration and client choice, at the 8 week appointment counsellors undertake a review with the client and make a joint decision about further counselling. If between the client and counsellor it is decided that further sessions are needed, more counselling can be offered, up to a maximum of 16 weeks. Some clients decide to finish before 8 weeks of counselling and others before 16 weeks. What is important is that there is a continual discussion with the client about their needs and that decisions about future counselling are jointly made.

A cancellation policy has been introduced which identifies limited circumstances in which clients can cancel a session and re-arrange without reducing the number of sessions, for instance for a holiday that has been booked in advance of starting counselling. There is some counsellor discretion in the use of the policy and reflections on this are included later in the report (p.22)

Previously, clients could request further counselling at any time after they had finished their initial course of sessions. Within the new service design, clients are recommended to take a break from counselling after their initial sessions, a period of 3 months before they can re-join the waiting list is suggested. This is also discussed later in the report.

## Service activity

### Adults supported in counselling over the last three years

Chart 1 shows all cases open in the adult counselling service for the first three years of the funded project. Please note that a client who joined the waiting list in 2016/17 and started their counselling in 2017/18 would be counted in both years. Figures are presented to show both the numbers of people accessing services and the numbers of sessions delivered. It is important to consider both sets of data to gain a fuller picture of service delivery. RSVP is seeing more people in both the city centre and the outreach service, and at the same time it has increased the number of services it offers (Chart 2). In particular, there has been an increase in counselling for children and young people that has reduced the number of appointments available at the Birmingham city centre location which has specialist facilities for children and young people (Chart 3)

Chart 1

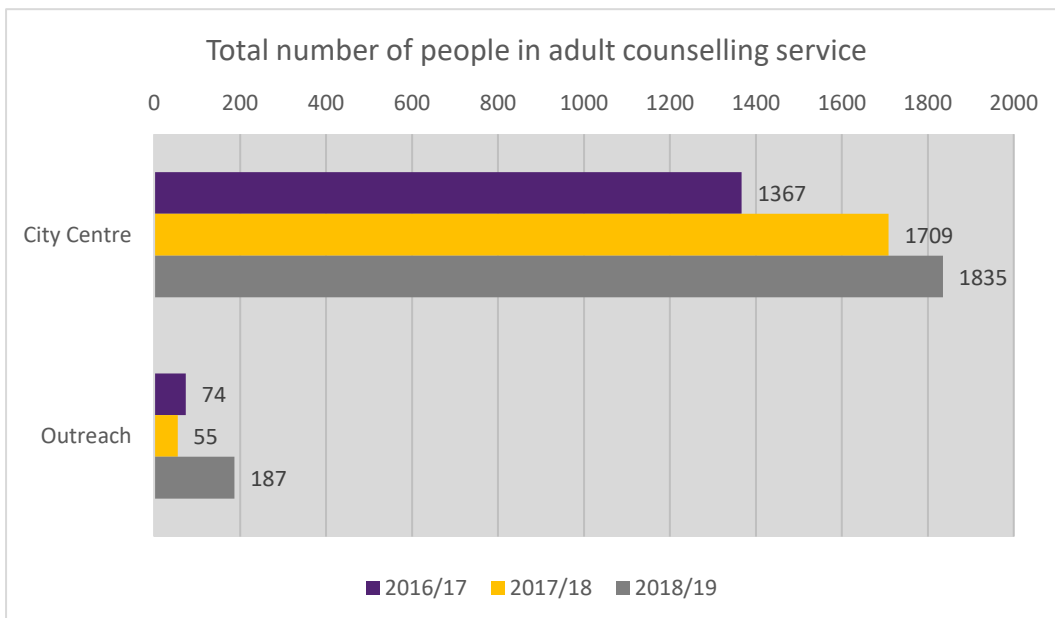


Chart 2

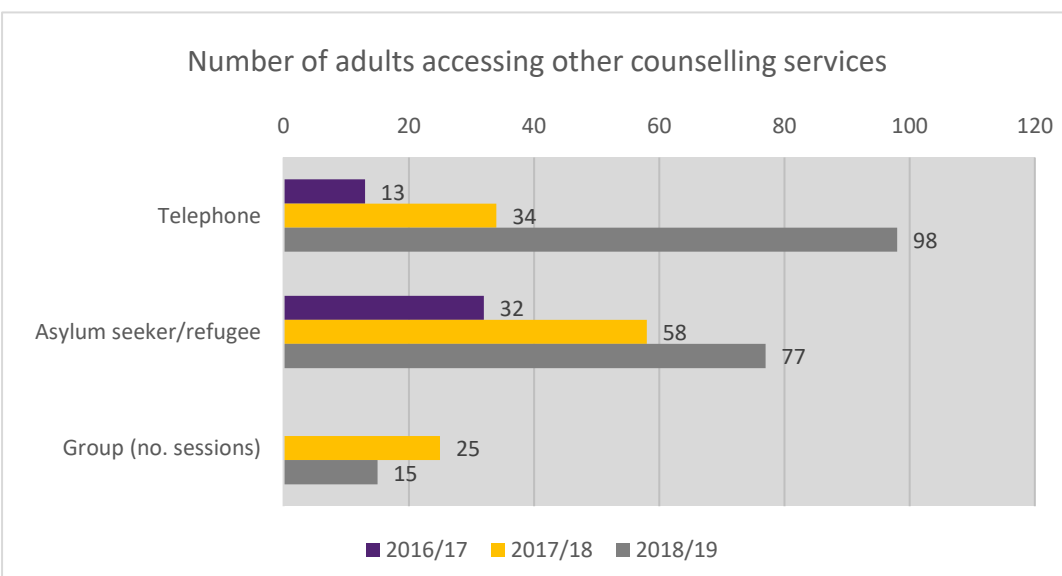
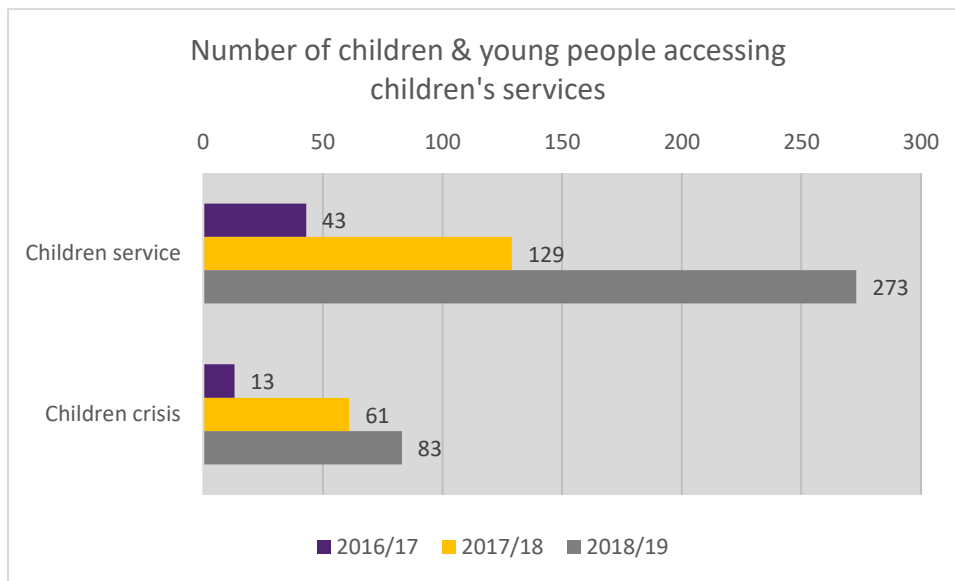


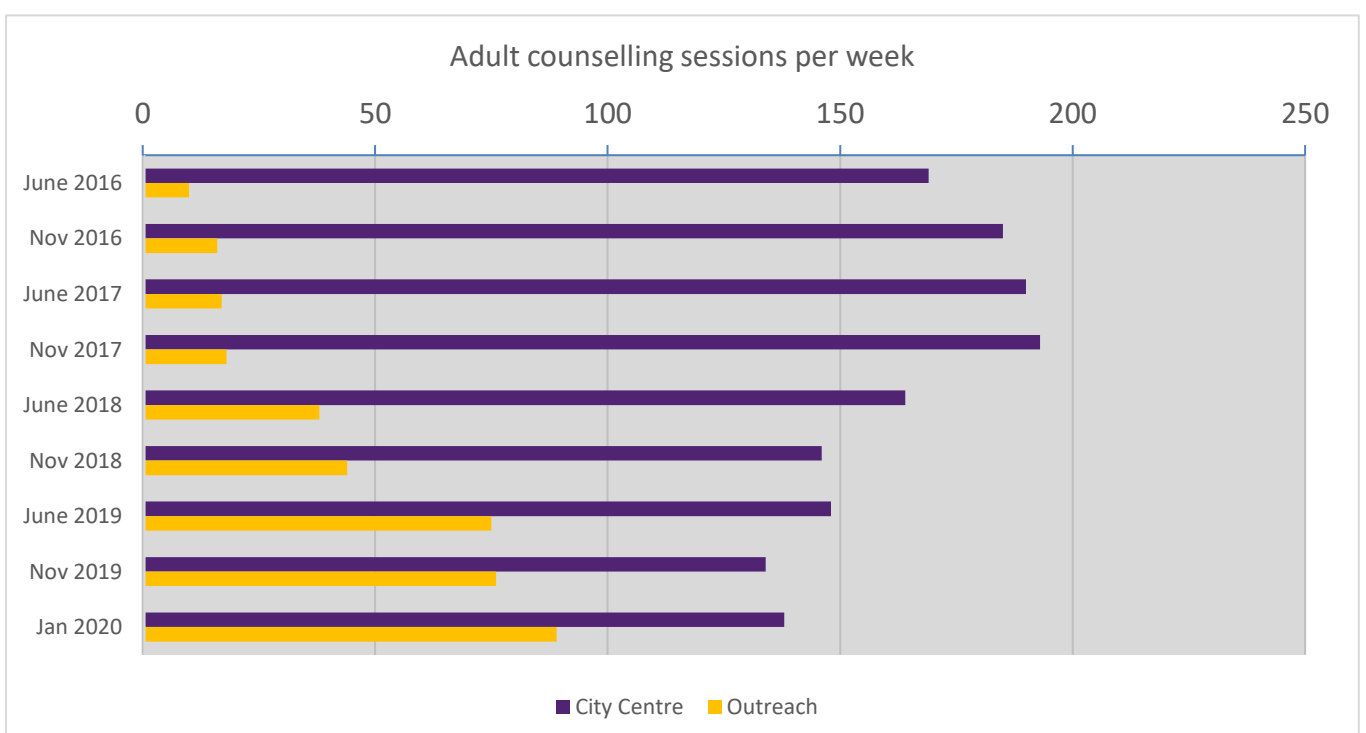
Chart 3



The following charts present snapshot data for key months in the period covered by the evaluation. Data has been captured in June, the starting month for the project, and November. It was decided not to use data from December as the logical 6-month data point as client engagement reduces significantly in December and the figures would be unrepresentative.

Chart 4 illustrates an increase in the number of adult counselling sessions offered in outreach locations, with a significant rise in 2018 when 2 new venues were added. This rise has continued through 2019, with outreach appointments accounting for just under 40 per cent of total appointments in January 2020.

Chart 4



In the research period, adult counselling at the city centre and outreach locations combined grew from 179 sessions per week to 227 per week. Chart 5 shows the rise in additional services available to clients over the period, highlighting that services for adults increased in addition to the significant increase in services for children and young people (CYP). Chart 6 shows the increase in adult appointments via other services from 9 to 37 per week in January 2020, with a peak of 41 in November 2019.

Chart 5

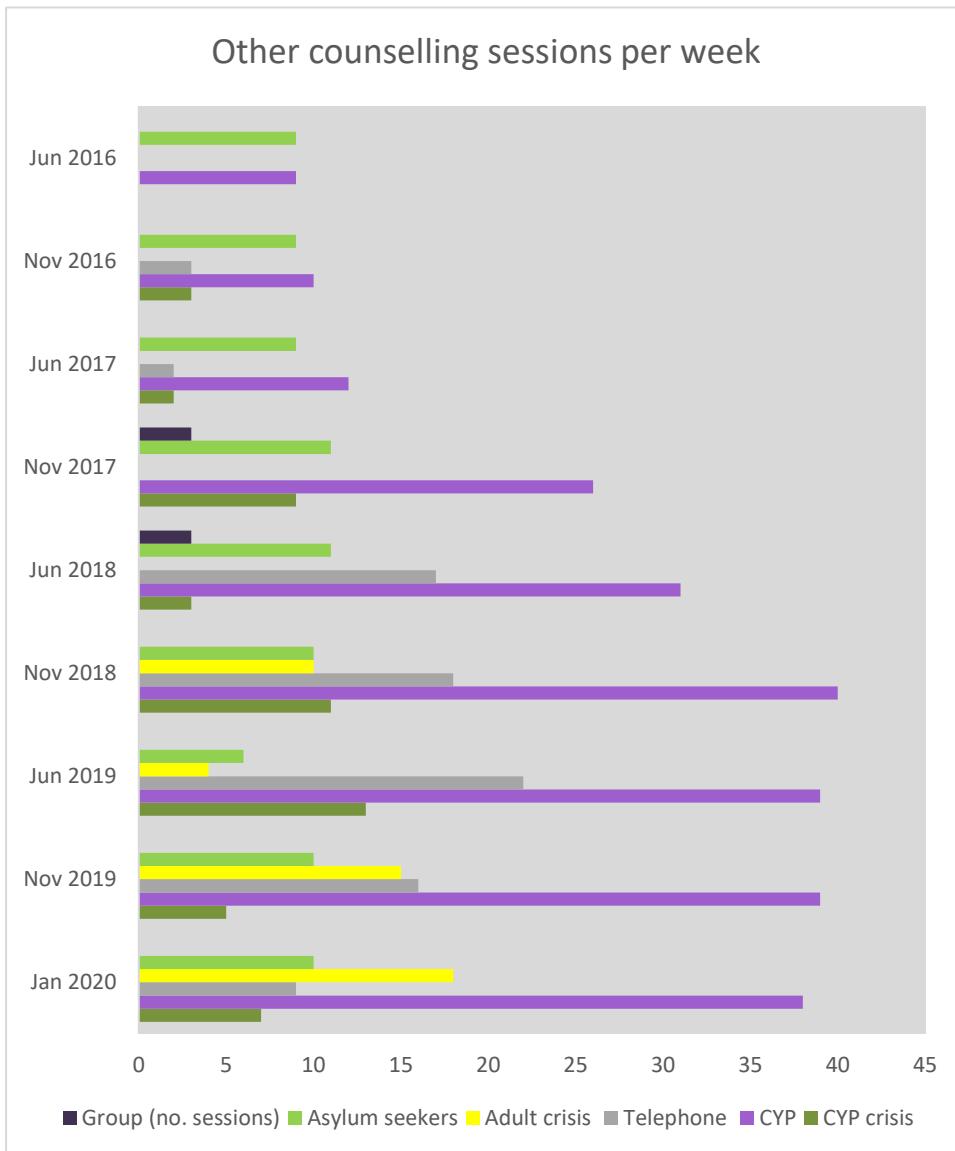
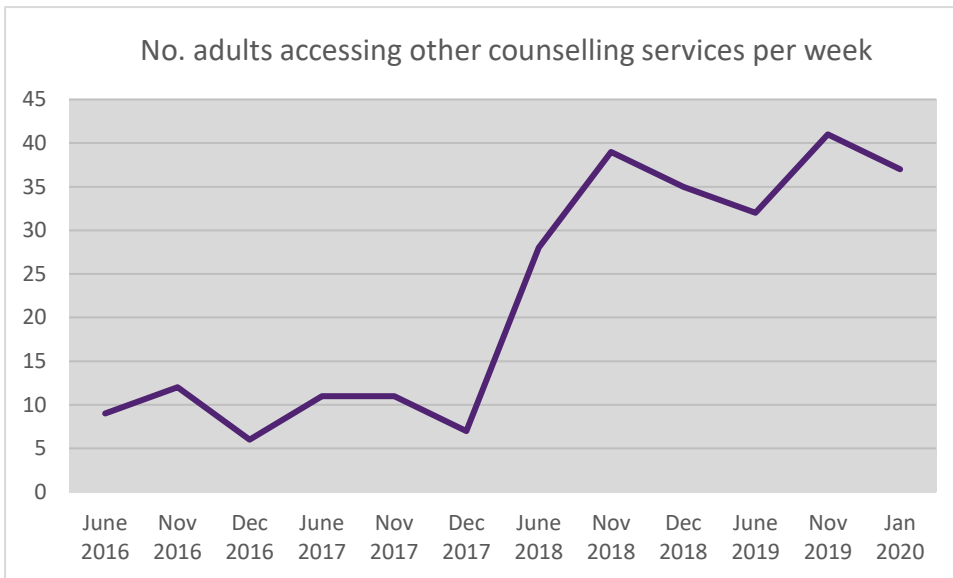




Chart 6

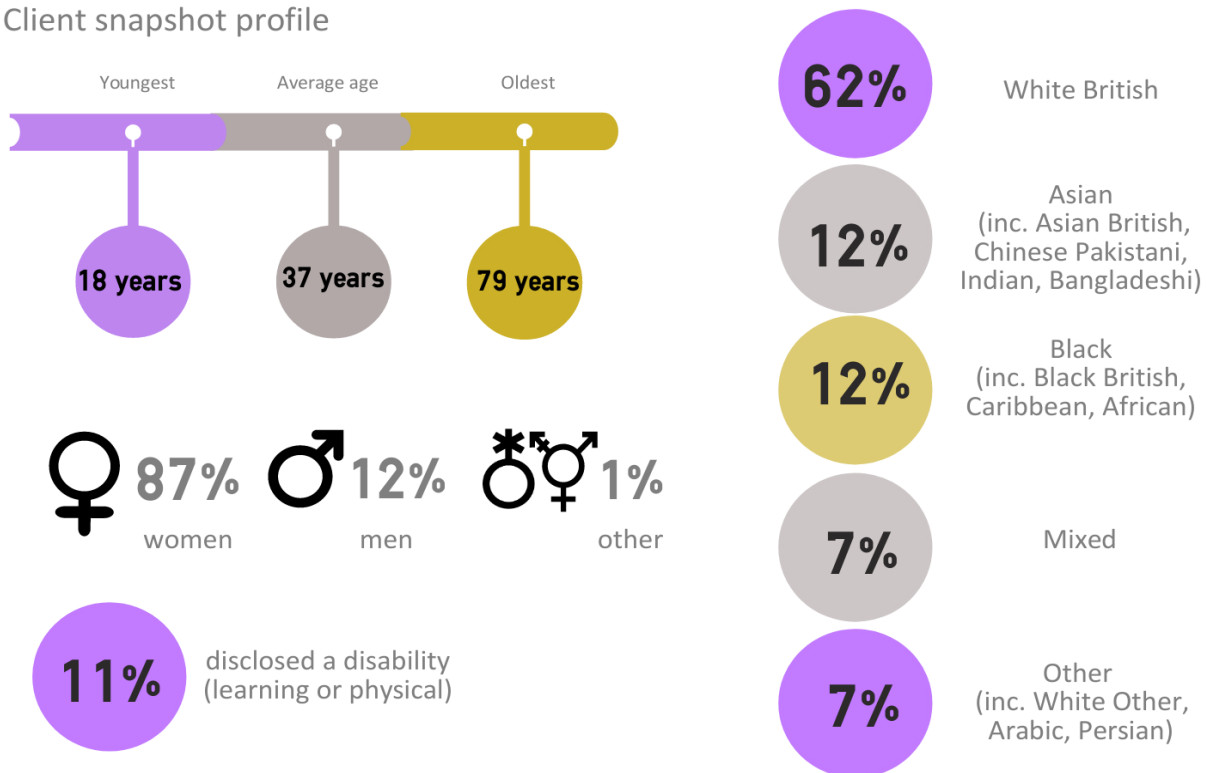


### Profile of clients

Figure 3 provides a snapshot of clients accessing RSVP’s adult counselling to give an indication of the reach of the service. Since May 2019 there has been a 1% increase in the number of men accessing the service and a 1% increase in the number of clients identifying as of Asian origin. The average age has also increased by a year as more older clients have accessed the service.

Figure 3

### Client snapshot profile



Feb 2020

## Delivery against project outcomes

Over the period of the phase one project, 2016-2020, RSVP has focused on achieving the first funded outcome, to enable survivors to begin their healing journey more quickly. A key priority from the start was to reduce the waiting time for people to access adult counselling.

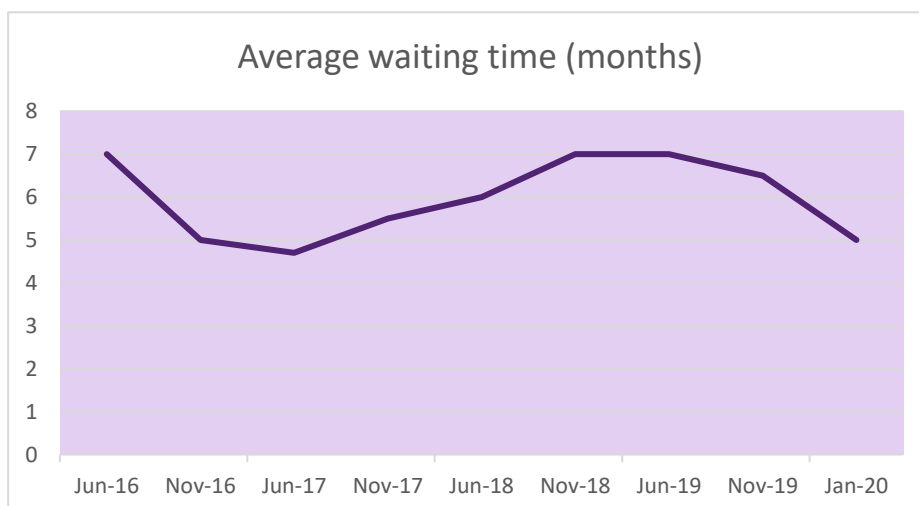
At first it seemed that the clear solution was to offer more counselling appointments, but that was not easy, counsellors needed to be recruited and supervised and the city centre site was limited for room to offer more sessions. RSVP was able to expand its centre offices to create more space, which initially had a significant impact on appointment availability. However it was also expanding its services to children and young people and asylum seekers and those were provided from the city centre location, therefore the number of adult counselling appointments could not be sustained at a higher level because capacity was soon reached.

RSVP expanded its outreach service into more sites across Birmingham and Solihull with a view to increasing choice for clients and signposting some to outreach centres rather than the city centre site. In practice, the outreach expansion has been very successful in extending the reach of the adult counselling service to people who were unable to access the city centre site, thereby enabling them to begin their healing journey. So although more appointments were offered, more people were coming into the service as a whole and the waiting times did not decrease as much as was hoped.

Alongside this, the rise in demand due to high profile media cases and public awareness of sexual violence and abuse, in particular non-recent abuse, meant waiting times, that had decreased considerably in the first year, rose again by the end of 2018 (Chart 7).

The direction of travel was clear in mid-2018 and at that point RSVP changed the adult counselling service design from 24 sessions taken over an undetermined period to 24 weeks of counselling, with missed sessions being counted. This change did not achieve a significant impact in freeing up more appointments by the end of the year and it was then RSVP decided to consult clients and staff about a more radical change in the service design, as described on p. 8. The new 8+8 session offer has had a demonstrable impact on waiting times overall.

Chart 7



It became clear relatively early in the funded period that increasing the number of appointments alone would not fully achieve the outcome of helping survivors to begin their healing journey earlier. The project provided RSVP with an opportunity to think how else people might be helped with recovery in addition to face-to-face counselling; how to increase choice for clients in support services while waiting for counselling and how to better match services to the presenting needs of clients to provide the most appropriate service at the time they need it.

RSVP already provided other support services such as ISVAs, coffee mornings, social groups and self-help materials, and clients often access more than one service, but their journey within RSVP was not necessarily joined up across its teams. As the organisation developed its consciously trauma-informed approach to client support, this project has enabled it to begin to build on the strong foundations of its existing range of services to create a more person-centred blended approach to services across RSVP. Progress in this area is discussed below and on pp.23-24.

#### *Additional activities to reduce waiting times*

In the period covered by the phase one evaluation, RSVP proactively introduced the following changes to reduce waiting times for adult counselling and offer more support to survivors while on the waiting list. This section provides an update on changes that have been tried.

- **Adult counselling service design**

The service profile has been changed significantly twice, from 24 sessions to 24 weeks and then to 8+8 weeks, as described on page 8.

At a review with senior managers and counsellor representatives in November 2019, the group agreed it was too early to tell the impact of reducing the number of counselling sessions available, but data showed that waiting times were reducing.

The initial feedback was that 16 is enough sessions for people who are ready for it and prepared and able to do some work in between, but not others. The group identified more pushback about the change from some counsellors than clients at that time. It was recognised that part of the challenge was to change the culture and conversation among counsellors, such as thinking more specifically with clients about the work being done in counselling and agreeing a focus for the sessions. Additional feedback from counsellors on the service redesign (pp.21-22) was more positive, perhaps having seen more benefits of the changes over time.

- **Telephone counselling**

Clients can request to receive counselling over the phone. This option benefits people who find it difficult to travel or who are uncomfortable with face-to-face support. It can also help when someone cannot make a face-to-face appointment but does not want to miss their session, thereby benefitting the client and helping to reduce non-attendance figures. If someone wanted to switch permanently to telephone counselling, the review group noted, they would have to move to a designated telephone counsellor as they have a different set of skills to face-to-face counsellors.

It was suggested that this was an area additional resources could potentially be moved to if

there was demand for more telephone counselling as part of a blended service. However there is a waiting time for telephone counselling due to low numbers of trained staff counsellors.

Telephone counselling is not routinely offered at outreach locations. There are some restrictions in access to phones and the outreach counsellors do not always know if someone unable to attend would like a telephone session instead. Where they have contacts numbers they will call and offer telephone support.

- Increased number of outreach locations and appointments

Two new locations in Kings Heath were added to the list of outreach venues. Counselling in outreach locations has limited impact on the waiting list for the Birmingham city centre location as the outreach service actually extends the reach of the service to people who may have found it difficult to travel into the city. The success of the Kings Heath locations has enabled RSVP to look at widening the catchment area to reach more clients who might otherwise go into the city centre. In Erdington however, the waiting time increased as more people wished to go there, so RSVP limited offering that location only to people who could not access a different site.

In response to suggestions made during the staff consultation on the service redesign, RSVP decided to expand the counselling service in the Solihull borough so that more survivors living in that area could access support locally, rather than travelling to Birmingham city centre, although survivors can still choose the location that is right for them.

This expansion of the counselling service across the Solihull borough doubled what was previously offered there. It was expected that seeing more Solihull survivors locally would also free up some spaces at the central RSVP premises and reduce waiting times there too. There is now an expanded service in Solihull and Chelmsley Wood on Monday, Wednesday, Thursday and Friday. Solihull also now has access to an ISVA drop in. As at November 2019, the waiting list for the Chelmsley Wood site was 3 months. There appears to be some resistance to travelling to Chelmsley Wood from other parts Solihull, although the centre is modern and well-maintained. The review group suggested putting pictures of the Chelmsley Wood site on the RSVP website to promote it and encourage local people to access it.

Now that waiting times are beginning to reduce, the senior management team are looking to even out waiting times across the service as waits are considerably shorter in some of the outreach centres than at the city centre location. RSVP is keen to address what could be perceived as a postcode lottery and provide equitable access across all sites. This is an area for consideration in the next phase of the funded project.

In 2016, RSVP conducted research with outreach counsellors and clients to inform future plans for extending the service. This provided information on what to look for in a new location and venue. The learning has meant that more recent outreach locations are better equipped to support outreach counsellors and can provide, for instance, secure storage space and access to the internet. Counsellors working in the earlier locations still struggle with storage and access to equipment.

- Helpline support

During the period of this project the capacity of the helpline team has fluctuated. The helpline is staffed by volunteers and although recruitment is perpetual, numbers rise and fall. When numbers of trained volunteers increase, the helpline is open for more hours. In recent months (from end 2019) the helpline was depleted as volunteers had moved on. RSVP has recruited volunteers and is training them. However as at November 2019 the helpline was only running 3 days a week. It was noted by counsellors that it is important they keep updated about helpline availability when clients may need support between sessions.

Due to the low numbers of volunteers in this phase of the evaluation, it was decided to postpone an assessment of their increased skills and knowledge until the next phase when the new volunteers have been inducted.

- Wellbeing calls

RSVP aimed to offer survivors a wellbeing call from a counsellor while on the waiting list and a recommendation from the interim report was to also use it to promote other support from RSVP while people are waiting. It has not been possible to offer this service due to depleted telephone helpline volunteer numbers. Wellbeing calls do happen but are more likely to happen when a person calls in, rather than being initiated by RSVP.

- Taste of Recovery

Taste of Recovery is an online resource for survivors that was developed by ReConnected Life and offered in partnership with RSVP (<https://tasteofrsvp.co.uk/>). It is designed as a three-week course with daily video and workbook modules. It focuses on areas of response, rescue and resilience and survivors can access it at their own pace. It is provided free to RSVP clients.

Initial feedback from clients using Taste of Recovery was very positive and it was recommended in the interim report that it should be proactively promoted to clients waiting to see a counsellor to support self-help and preparation for counselling.

Access to Taste of Recovery has been secured on a longer basis, alongside a new MindBody Foundations online support, also by ReConnected Life. A one-page summary of what it offers was produced and mini sessions held with staff to familiarise them with course.

- Group counselling

Group counselling was tried as a separately funded pilot project in 2017-18 but did not evaluate well and was not continued.

During the period of the funded project, RSVP has significantly increased its organisational capabilities and capacity, with the expansion of services to support adult survivors bringing new people into the organisation with a wide range of skills and experience. RSVP has partnered with new organisations to widen its outreach services and to develop new self-help resources like Taste of Recovery. The organisation is providing support to increasing numbers of clients more quickly and in more locations and beginning to offer more co-ordinated support to people while they wait for counselling.



## Impact of service for survivors

RSVP has an organisational Theory of Change, developed with staff, Trustees, clients and volunteers, from which was devised a wellbeing survey tool to capture evidence of the changes for clients which result in positive outcomes from their engagement with RSVP services.

For the data presented in Chart 8, clients completed an initial wellbeing survey at an assessment session then counsellors completed wellbeing surveys with them at weeks 1, 8 and 16 and 23. Clients and counsellors discuss how the client is feeling at each data capture point, it is accepted that a client's sense of wellbeing may fluctuate between surveys as everyone's recovery journey is individual to them, therefore all changes are discussed within the therapeutic relationship.

To measure if a change taken place for the client overall, the survey responses at assessment and at the end of counselling are compared. Chart 8 summarises the percentages of clients who self-reported net positive responses, where their score is higher at the end than at the beginning, between their initial contact with RSVP and on exiting counselling. The data has been summarised for clients exiting counselling between June 2016 and December 2019. Chart 9 shows the average values from six-monthly data across the four-year research period.

Chart 8

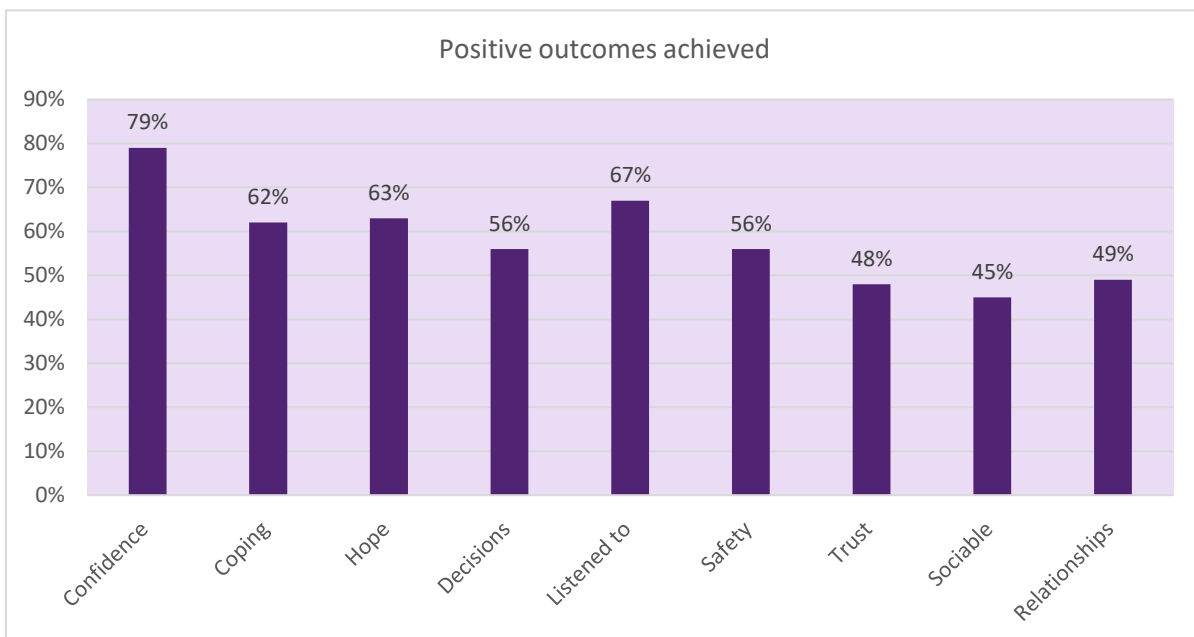
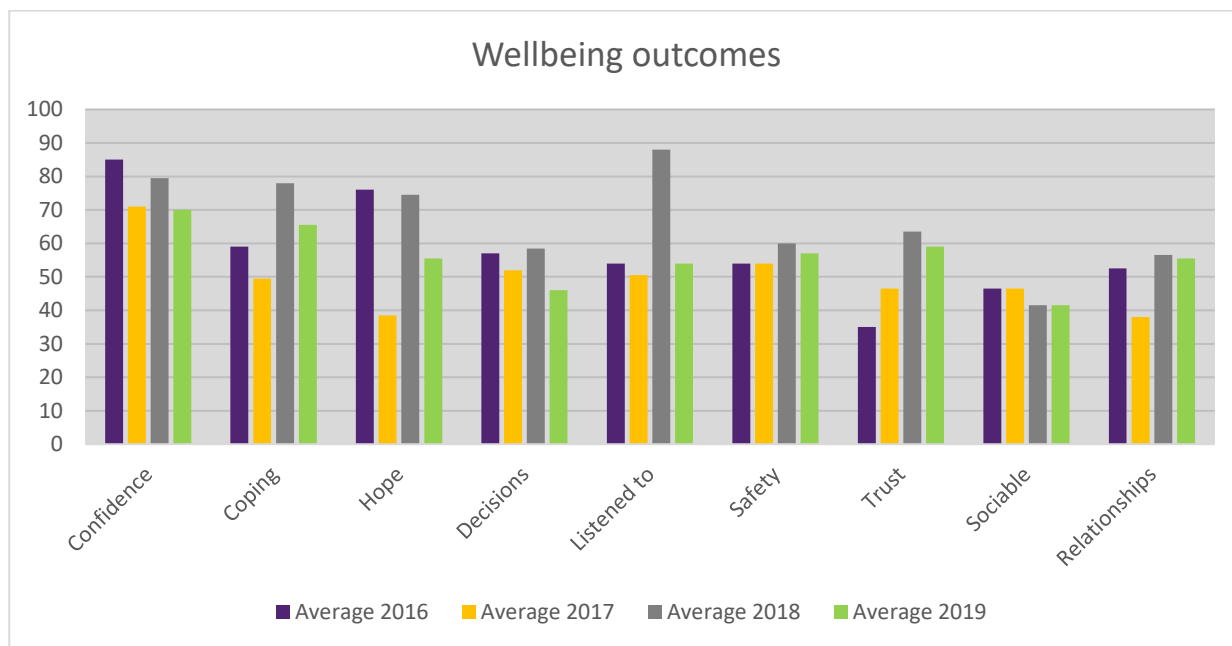


Chart 9



The evidence shows that for three of the change indicators measured for the Community Fund grant (improved confidence, ability to cope and decision making) considerably more than 50% of clients reported positive outcomes. There was an overall dip in the figures for December 2017 which has slightly brought down the average for most indicators. The figures for increased sociability and improved relationships, the other change indicators, while a little lower reflect the complexity of the issues that survivors are dealing with and they often have to do a lot of work at the confidence and coping end of the scale before they are ready to look outwardly towards social activities and relationships.

There is a mixed picture across the four years, with some indicators showing percentage increases or stability in clients reporting positive outcomes, some with slight falls overall, and others with significant fluctuations from year to year. Again, this likely reflects the complexity of issues involved in RSVP's work, rather than necessarily demonstrating a positive or negative impact on the service as a whole.

## Progress from interim report

### *RSVP response to service change consultation*

During the consultation process in January and February 2019 a number of ideas emerged for reducing waiting times and improving services from staff members, volunteers and clients. The senior management team agreed the following actions as a result, in addition to increasing outreach services, and this section provides an update on progress against those actions.

- To routinely offer every adult requesting RSVP counselling a 'welcome pack'

The pack will include details of all of RSVP's services and outline how people can access support while waiting for counselling to begin. The aim was that anyone taking a referral should make sure that a pack is offered every time.

At the review meeting in November 2019 the welcome pack had not yet gone out. Work had been done to compile content for the welcome pack but it needed more work to ensure it sounded like a full blended offer, rather than individual services.

A welcome letter was being sent out to some clients but not all, and it was recognised that the approach should be consistently offered in all cases. One suggestion during the review meeting was to add a tick box on referral forms to prompt telephone volunteers and staff to send the welcome letter to every client. Reduced capacity on the helpline may have contributed to the issue.

- To set up two groups for parents, partners and friends who support survivors

One would be a 'Parents' Group' and one would be a 'Supporters' Group' for partners, adult siblings, friends etc. The idea was for groups to be open, on a rolling 6-week programme and based on trauma-informed and psycho education principles. Each supporter could also choose to have 2 one-to-one sessions with a group facilitator over a 6-month period to explore issues which they find too sensitive or difficult to share in group. One to one counselling to supporters would no longer be offered.

RSVP successfully applied to Awards for All through The National Lottery for a short term grant (1 year) to employ a specialist facilitator to support peer support groups for supporters and they appointed to the role at the end of 2019.

The peer support facilitator consulted with supporters on what they wanted the groups to do, for instance provide education on the impact of trauma and/or share experiences of supporting someone who has been abused and receive peer support. The new service started in January 2020 and it was too soon to include it in this report.

## *Evaluation recommendations*

This section provides an update against some of the recommendations made in the interim evaluation report in May 2019.

- *Recommendation:* trial an opt-in text reminder service for counselling appointments

A text service was discussed to help reduce Do Not Attends (DNAs). Use of texts had been rolled out to other areas of RSVP but not the counselling service, due to concerns about information accuracy (e.g. appointment times and dates). It was agreed that this could be a means of providing a wellbeing 'check in' and to draft a message with appropriate information. The question was raised of people without access to a mobile and it was suggested these clients could be prioritised for wellbeing calls, rather than texts.

- *Recommendation:* explore further with RSVP clients what other content, such as mindfulness, coping strategies, relaxation or assertiveness, would be welcome at social and other groups

During the review meeting with senior managers and counsellor representatives it was suggested that a written resource containing self-help techniques could be produced and kept in an accessible place in the reception area for people to use. It was suggested that it might be something a groups of clients could work on as a project.

The group also suggested making self-help sheets more accessible as they were being kept in an area clients could not access independently. Other suggestions were to include signposting links to help clients access support during the night and to include all self-help information in the welcome pack. RSVP does have extensive self-help material accessible on its website <https://rsvporg.co.uk/resources/self-help/>.

- *Recommendation:* consider establishing a facilitated peer support group, separate from social groups, where people can discuss their experiences and traumas

At the review meeting, the group discussed peer support for clients at length. They noted previous groups that had been successful, but also echoed points from the client focus groups about needing to find the right time and space (i.e. not loading these into social groups). Peer support could be an opportunity to empower clients to take charge of some aspects of support, and to further develop skills and assertiveness.

Ideas included a buddy system within existing structures, fitting a peer-developed session into coffee mornings (currently sessions are developed by facilitators) and space for practical advice sharing. It was stated that there would need to be a structured offer for clients to engage with, and that social groups were currently under review separately. There were some reservations about different ideas, but it was agreed to give more thought to peer support, and to discuss current provision with facilitators.

- *Recommendation:* consider whether RSVP should establish a closed Facebook group where people can share their experiences and support one another, or whether people could be signposted to existing groups

The review group agreed that a Facebook page was something RSVP did not have to do itself.

Group members did not feel Facebook was a secure platform and that there may be GDPR concerns if it were to be managed by RSVP directly. In addition it would need to be monitored and there was not the resource to do that. There are other closed groups that clients could recommend to each other, such as a Taste of Recovery group and NAPAC (National Association for People Abused in Childhood) group.

- *Recommendation:* signpost to appropriate mental health emergency or crisis services, including in-person, telephone and digital support so people have a range of options to meet their needs

The review group discussed signposting to other services, particularly crisis services. There was some consideration of how clients could be actively supported to access these, rather than only told about them.

- *Recommendation:* create a resource, such as a written guide or a peer support group, to help people understand what counselling is, what they can expect from it and to explore what they want to get out of it

The review group identified that one of the roles of the assessor who first meets a client is to explore some of these points. However there can be a long gap between assessment and the start of counselling. A suggestion was made to develop a pre-counselling worksheet, to give clients some means of preparation in between their initial assessment and their first appointment. The worksheet could be sent out again when people were invited to their first appointment. It was agreed that a pre-counselling worksheet should be produced, including FAQs and preparation work.

It was also agreed to develop a post-counselling worksheet for the final sessions and the period afterwards, when a client may be processing their journey so far and considering going back on the waiting list for more counselling.

- *Recommendation:* monitor the impact of reducing clients' allocation of sessions, and whether this results in more people returning to the waiting list after the first round

It was too soon to assess whether more people were requesting to go back on to the waiting list after 16 sessions. Feedback from counsellors suggests this may not be the case, partly because the culture of RSVP is changing. Counsellors are beginning to have different conversations with clients at the end of counselling, to reduce the risk of building dependency on counselling and empowering clients to be more active in their own recovery. Rather than saying 'you can go straight back on the list', clients are encouraged to take some time to digest and reflect on the outcomes of the counselling they have received and put some of the strategies and techniques they have learnt into practice before deciding if and when they might need more counselling.



## Feedback from counsellors' workshop

An evaluation workshop was held with a mixed group of counsellors in December 2019. There were counsellors based at the city centre locations and in outreach centres, including some who deliver in both. No telephone counsellors were present. This section summarises counsellor feedback on implementing the change to 8+8 sessions and the move towards a blended approach to support trauma-informed and person-centred services across RSVP.

*Reflections on service design change*

*“Quality not quantity.”*

In contrast to the sense of counsellor push-back mentioned at the November 2019 review meeting, there was no hostility to the service design change expressed at the counsellor workshop. People accepted reducing the total number of counselling sessions to the 8/review/8 if needed model.

There was general agreement that it made counselling more solution-focused and clients seem to value their sessions more. Counsellors described how they were having different kinds of conversations with clients and agreeing how to make the most of the time available. There was less dependence on the counsellor, more commitment and a more collaborative approach. Counsellors felt it helped to reinforce boundaries and the review enabled client and counsellor to take stock and re-focus if more sessions were needed. Counsellors reported that they liked that it gives them permission to end counselling at 8 sessions if that is right for the client.

It also helped counsellors to reflect on the need for clients to take a break after 16 sessions rather than going back on to the waiting list; to consolidate the work they had done in sessions and better understand what they needed next in their healing journey.

*“We are working more to what the client wants to work on. It’s a joint effort between clients and counsellors.”*

Counsellors could see a reduction in waiting times, and although there was variation across centres, this was recognised as a key benefit of the change.

The model includes processes for cancellations and non-attendance (DNAs) and counsellors report that the new system provides a framework for effectively managing relationships with clients. There was general agreement that the cancellation policy is has helped with client accountability and opened up the process to checking if counselling is the right service for a survivor at that time.

- Recording absences

With sessions limited to 8+8, counsellors and clients actively count the number of sessions that take place. If a client has DNA'd twice in a row, counsellors should get in contact and ask the client if they are ready for counselling, if they are not ready the case can be closed earlier.

*“The DNA system does work with people who aren't ready.”*

*“It makes the counsellor voice louder in terms of being able to close cases.”*

Counsellors reported some early inconsistencies with how the policy is being implemented across the counselling teams. Counsellors have some discretion to agree not to count a cancellation in an exceptional circumstance, for instance if someone has a holiday that was booked before counselling started. This recognises that holidays can be part of a healing journey. However, there was a lack of clarity for some counsellors about what was 'allowed' as an exceptional circumstance – illness or sick children, for instance. This has been fed back to the senior management team.

All clients call the city centre site if they need to cancel and this can sometimes mean that counsellors in outreach sites do not know if a client has cancelled or DNA'd. Also, the centre office may not know if a client has DNA'd before and this can create a loophole in the new policy, where clients can phone to cancel on a regular basis, but not have these counted as DNAs.

#### *Reflections on the development of a blended approach*

Counsellors were asked to reflect on the development of a blended approach to service delivery across RSVP, recognising that clients may access a number of different services and expect their journey through the organisation to be joined-up, with staff in different teams knowing which other services and groups they were accessing. Counsellors discussed their knowledge and working relationships with other teams and considered how they could work together better.

Overall counsellors welcomed that RSVP is trying to join up services around clients but thought it was difficult in practice to improve communication between teams, especially for outreach counsellors. They suggested counsellors could be briefed about the other services during their induction, what they do, how clients access them, and where to find knowledge resources e.g. how to access Taste of Recovery (this has been done). RSVP has recently introduced an online 'Workplace' noticeboard which some counsellors thought could be used for service updates, although not all counsellors present were familiar with the platform and some outreach counsellors do not have access to computers, tablets or the internet in the centres where they are based.

- ISVAs

ISVAs are mostly based at the city centre location so it is not surprising that city centre counsellors are working more closely with them than outreach counsellors. City centre counsellors report better communication with ISVAs, they are sharing advice and

information, safeguarding information and the outcomes of trials. This is important information for counsellors and all would like to receive it.

Outreach counsellors would like better communication with ISVAs, to know when clients have an ISVA and receive updates on trials and other information that might emerge during counselling.

City centre counsellors reported that the ISVA message book and folder for referrals was working well. Outreach counsellors communicate with the ISVA team by email only.

- Helpline

Counsellors do not feel connected with the helpline volunteers. They did not know the current position in terms of opening days and times, or if the service is short staffed.

Counsellors were concerned helpline volunteers might feel isolated from the rest of the staff team. They suggested helpline volunteers could be invited to staff training and encouraged to mingle with other teams during breaks.

- Social groups

Overall, counsellors did not appear well connected to the social groups. They reported that they did not know who ran them and some had perceptions that established groups with regular members might not appear very welcoming, for instance to younger people. They stated that they did not know enough about the groups to refer clients into them with confidence. It was suggested that perhaps buddies or volunteers could meet and greet people new to groups and help them feel comfortable to join.

Counsellors suggested there could be a box on the assessment form to show if someone was attending a social group, to help inform and tailor their counselling support appropriately. They also wondered if a group specifically for young people would be useful.

Social groups have been reviewed in recent times, specialist facilitators have been brought in to support and manage them to ensure they are welcoming and offer a range of activities and support. Counsellors working in outreach locations may not be aware of the changes and that senior managers regularly review the social group offer to ensure it is appropriate and as widely accessible as possible.

## Observations

The change in service design for adult counselling appears to be having a positive impact for both counsellors and clients. People are able to access fewer sessions but this seems to bring a focus and energy to the counselling relationship to identify themes or objectives for the process for the time available.

It may be that counsellors were more able to engage positively with the service redesign as they had been fully consulted on the need to change and were able to make suggestions for how the high waiting times could be seriously tackled. Their experience as practitioners was taken on board and recognised in the proposed changes. There was a compelling reason to change and their ideas were listened to and incorporated into the service redesign. This consultative approach created buy-in for the new adult counselling model and enabled counsellors to implement the changes with a will to make them work.

This is reflected in the feedback that, within the shorter timeframe of 8+8 sessions, counsellors are actively adapting the way they communicate with clients to develop a collaborative relationship with more shared decision-making to make the most of the time they have together.

RSVP has successfully expanded its outreach services, children and young people services and telephone counselling alongside increasing access to adult counselling, together with bringing in new opportunities for people who support clients (supporters).

The recently announced 50% uplift in the Rape Support Grant and some possible additional funding for the ISVA service means that it is likely that RSVP's teams will be growing again soon. This is a good time for the Board of Trustees and senior management team to take another strategic look at the infrastructure needs of RSVP as a growing organisation. Management functions, internal communication processes, equipment, IT and other infrastructure all need to keep pace with the expanding staff and volunteer teams to ensure consistency in service delivery and to reduce the risk of overloading existing systems.

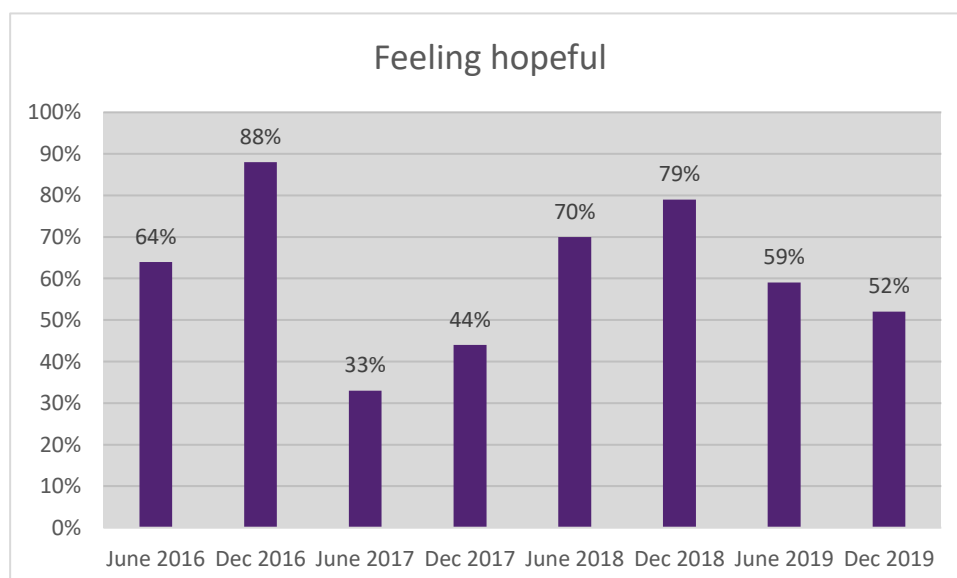
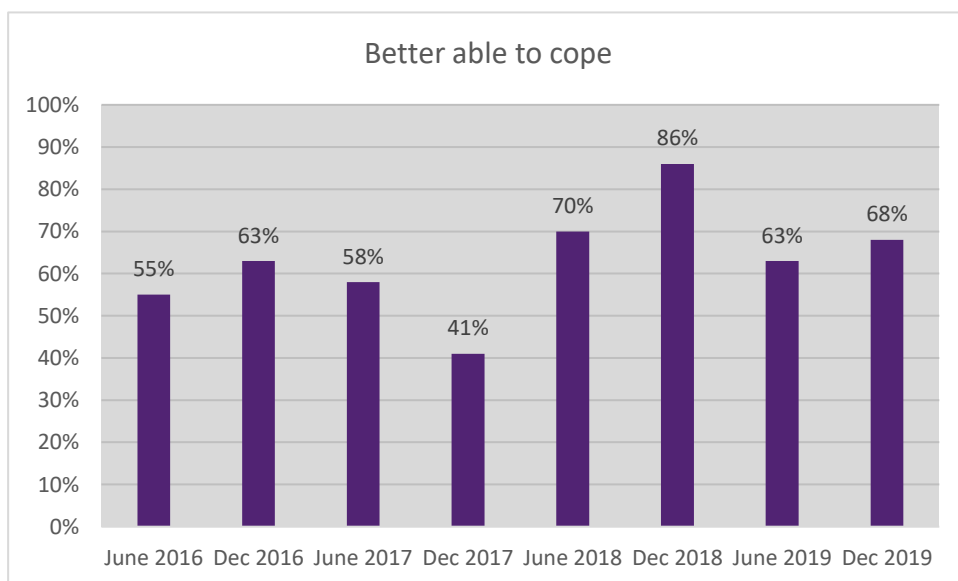
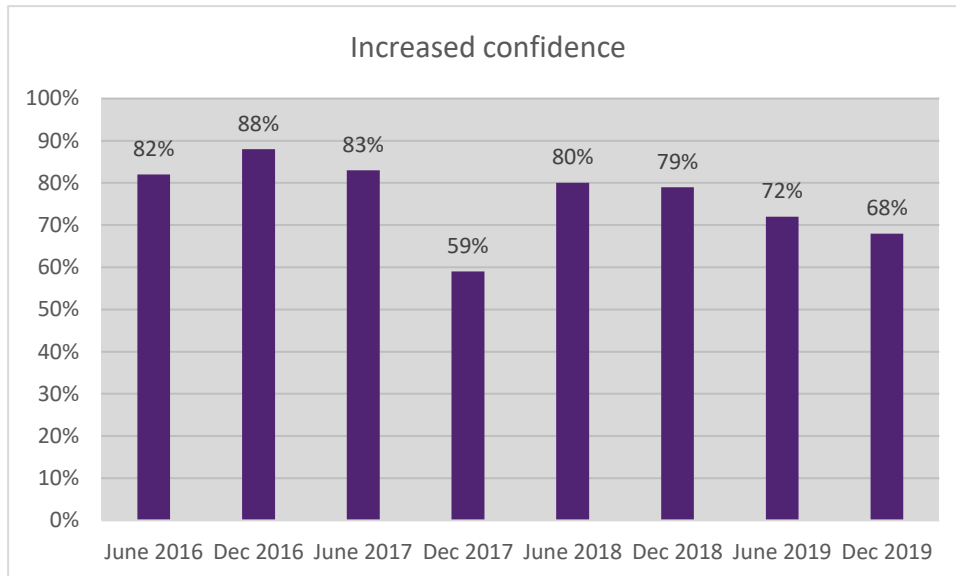
It can be difficult to provide ever increasing levels of equipment and infrastructure to support staff and volunteers as this is often not included in revenue funding streams. The goal of achieving consistent and equitable services in all locations should include looking at the infrastructure and communication needs of staff, and especially remote workers, and how they can be achieved.

## Recommendations

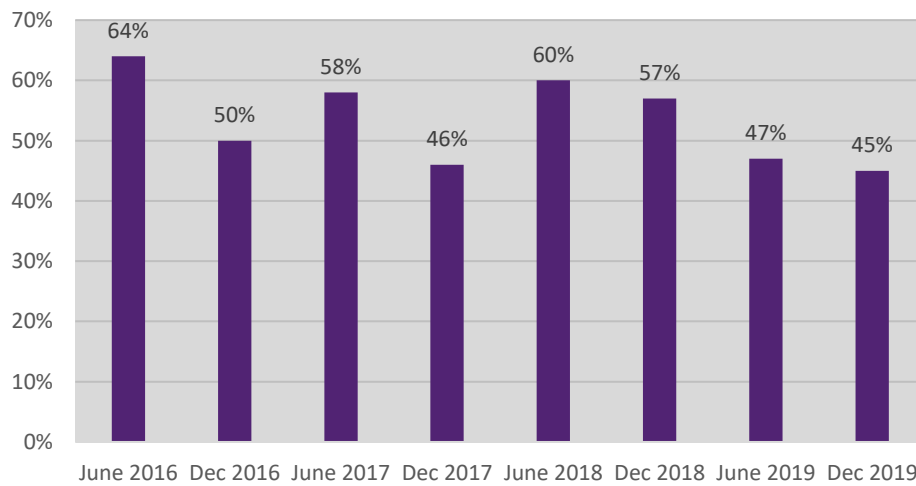
- During the period of the phase one evaluation, senior managers, staff, volunteers and clients have come up with a range of good ideas to support people while they are waiting for counselling or if they are not yet ready for counselling. Progress on some of the ideas appears to have stalled therefore it is recommended that a small time-limited project group made up of staff, volunteers and clients is formed to create an action plan, implement and monitor the implementation of some of these ideas e.g.:
  - Welcome letters and packs
  - Pre-counselling information on preparing for counselling and post-counselling information to support implementing strategies and reflecting on the impact of counselling, to help decide if more counselling is needed
  - Wellbeing calls for people waiting for counselling
  
- Recommendations emerged from the reflection workshop with counsellors:
  - Provide clarity on the implementation of the cancellation and non-attendance policy for counting sessions so that a consistent approach is used by all counsellors and an unintended loophole is closed. Counsellors need clarity on in what circumstances they can employ discretion
  - Confirm the recommended period before a client has the option to re-join the waiting list e.g. 2 or 3 months
  - Explore ways in which everyone who calls to cancel is offered telephone counselling to prevent losing a session, including for outreach services.
  - Review communication links between the centre and outreach services to support remote workers and the blended approach to services.

## Appendix 1: Change indicators

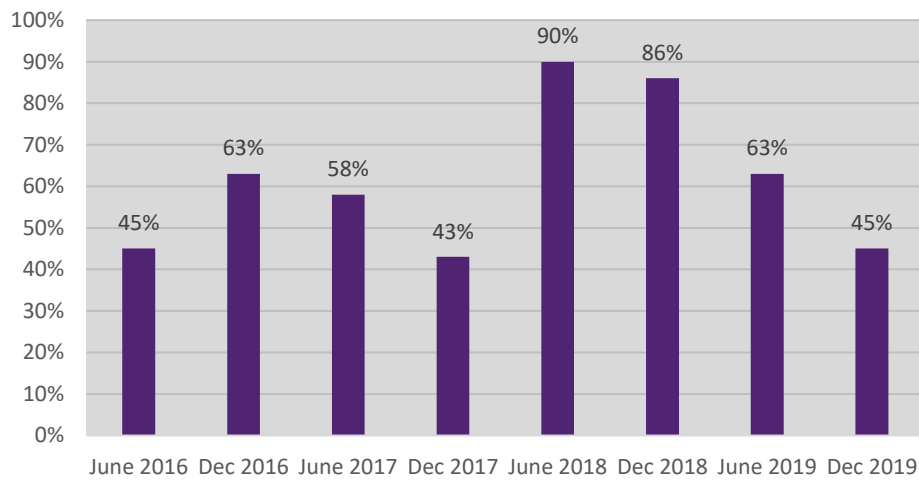
The following charts show the net positive outcomes recorded for all people exiting the adult counselling service in the snapshot months indicated. A bespoke wellbeing survey tool is used to capture outcome changes in review discussions between clients and their counsellors.



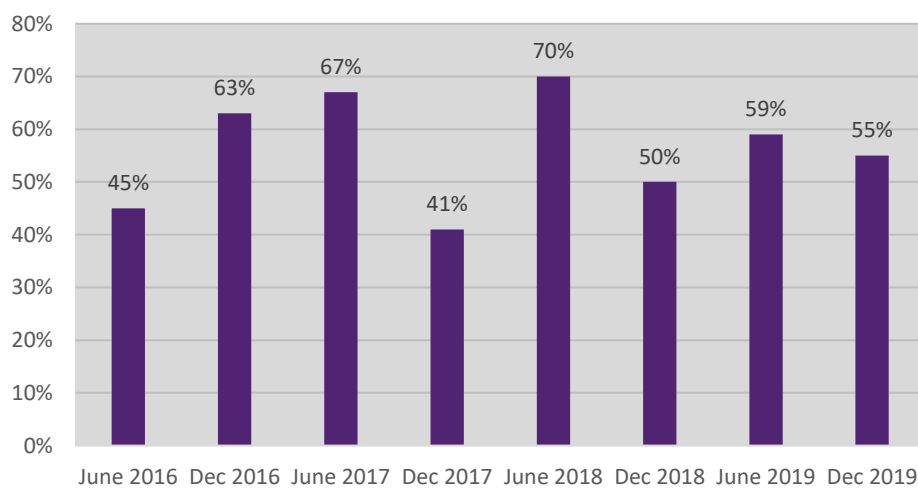
### More able to make decisions

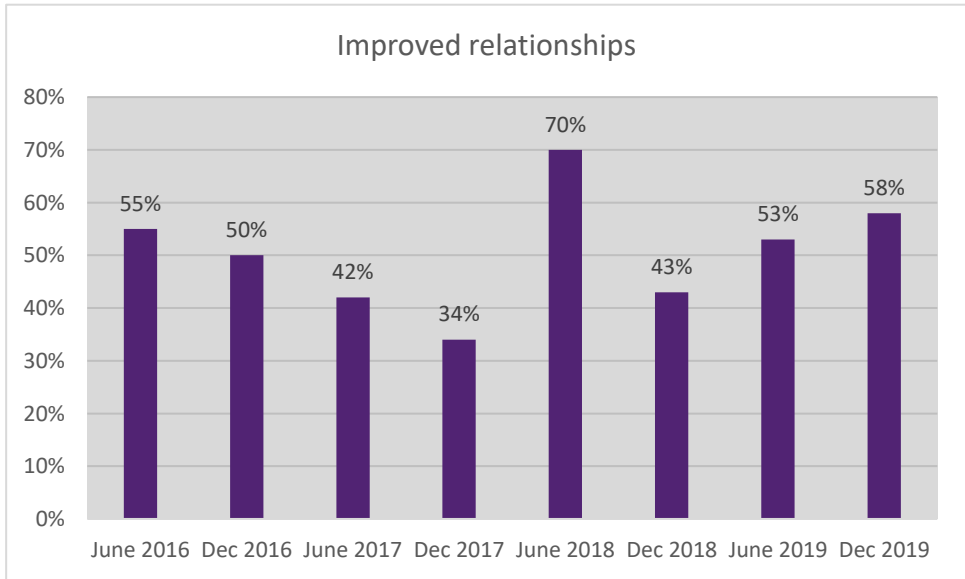
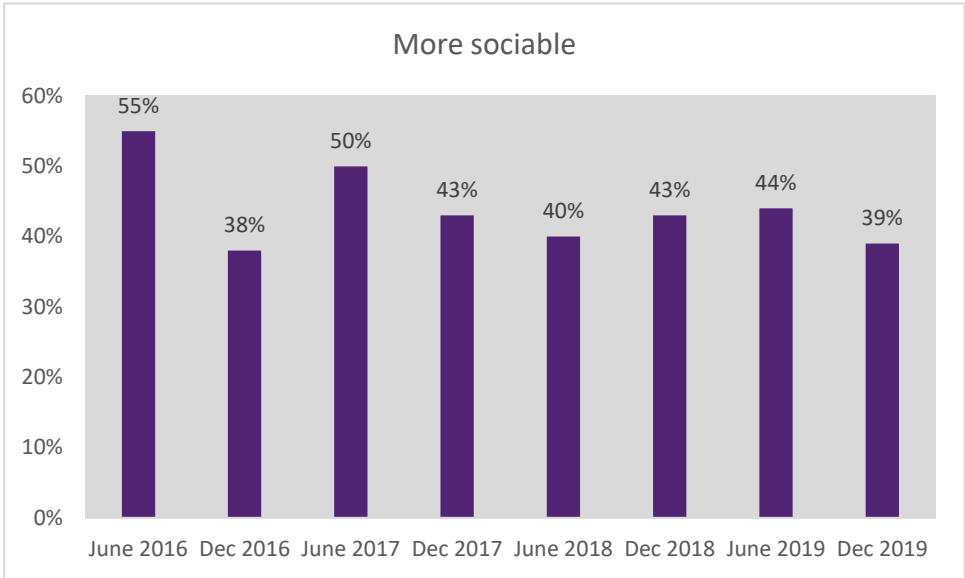
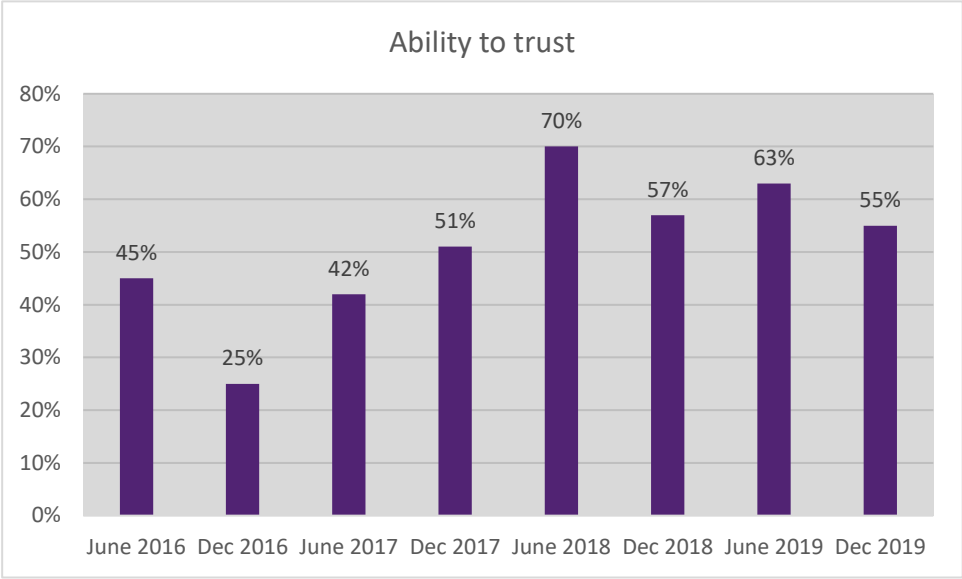


### Feeling listened to



### Feeling safe







## Acknowledgements

Merida Associates would like to thank everyone who contributed to the research.

Special thanks to the external stakeholders who gave their time and shared their knowledge and experience.

We are grateful to all the staff members who contributed to the research - thank you for your time, reflections and insight.

### Report prepared by

Karen Garry and Ellie Munro



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