

Adult Counselling Service

Interim evaluation | May 2019



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RSVP adult counselling evaluation: interim report

The Rape and Sexual Violence Project (RSVP) has supported survivors of rape and sexual abuse for forty years. They provide 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 interim report provides a summary of progress in the 3rd year of the project.

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 focus for the interim evaluation was:

- a review of actions to reduce the waiting list for adult counselling
- feedback from survivors on the quality of the adult counselling service and suggestions for improvement
- a review of delivery against project change indicators to date

The final evaluation report will include research on the development of volunteer counsellors and the progress in organisational development that RSVP has achieved during the funding period.

Research methods

The main approach to the first phase of the evaluation was to engage in conversations with project staff and clients to listen to their reflections on the counselling service and to capture their insights into what works well and how people can be supported while on the waiting list. The findings have been analysed to identify common themes and evidence of delivery against the project outcomes.

The methods used were:

- Discussions with senior management team
- Desk review of contextual documents and project monitoring data
- Stakeholder interviews (x 2)
- Client focus groups (x 2 / 10 participants)
- Client survey (38 responses)
- Staff consultation session

The research was commissioned in October 2018 and by 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. It was agreed that the client focus groups and survey elements of the evaluation would also include questions on the possibility of changing the structure of the counselling service and the feedback informed the decision-making process.

The case studies presented in the report have been compiled by counsellors and are supported by the reported outcomes in wellbeing surveys completed with the clients.

Context

RSVP, along with all specialist providers, have seen an unprecedented rise in demand for their services in recent years. The recent 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. 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 which has, however, also created an environment where many have felt able to ask for support.

The APPG report found that waiting lists for specialist support services including counselling had risen sharply and organisations like RSVP were 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' will not be achieved¹. A stakeholder interviewed 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

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>

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.

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. National funding streams have been increasingly devolved to local commissioners and organisations are competing with other sectors for a share of constantly reducing budgets.

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. 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.

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. 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 co-ordinate 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 pathways².

RSVP has always provided person-centred support to survivors and 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. The National Institute for Health and Care Excellence (NICE) issued guidelines in 2018 for support to children and young people who have experienced abuse and neglect³ that might be offered by health or care practitioners, but also by families, carers and third sector agencies like RSVP. The guidelines summarise a trauma-informed approach and RSVP has reviewed all of its services to ensure they are consciously trauma-informed, including the adult counselling service.

² Victims Strategy Ministry of Justice 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746930/victim-strategy.pdf NHS England Strategic Direction for Sexual Assault and Abuse Services 2018 <https://www.england.nhs.uk/wp-content/uploads/2018/04/strategic-direction-sexual-assault-and-abuse-services.pdf>

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>

Figure 1: Elements of trauma-informed approach to supporting survivors⁴



⁴ 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>

Case study: Diane

Diane came to RSVP for support to cope with the abuse she had suffered through her childhood and teenage years. She had been abused as part of a paedophile ring.

Diane presented with several mental health issues, she had been diagnosed with Borderline Personality Disorder and PTSD. She struggled with over-eating and felt that over-eating kept her safe and kept men away from her.

When Diane started her sessions, she found it hard to talk about anything related to the abuse. She heaved when recalling some events and scratched herself a lot due to anxiety.

Through person-centred counselling, Diane was able to set her own pace and she built an excellent trusting relationship with her counsellor. They embarked on a painful journey, with Diane in control throughout. When the counsellor reflected her disclosures back to her, Diane often found these shocking. The work they did in the sessions revealed to Diane the 'traumatic bond' she had developed to the man who had introduced her to the ring and allowed her to see his behaviour for what it was – physical, emotional and sexual abuse.

Diane changed so much on her counselling journey. She became more confident in herself, and more assertive within her inter-personal relationships. She began to see a nutritionist to work on her weight and health.

Counselling also helped Diane to reach the decision to move out of the area, and away from so many triggers. She also reported the abuse to the police and felt positive that her experience had been heard and was recorded.

At the end of the sessions, Diane said:

*“I’ve learned so much,
RSVP have helped to change my life.”*

* name has been changed

Description of service

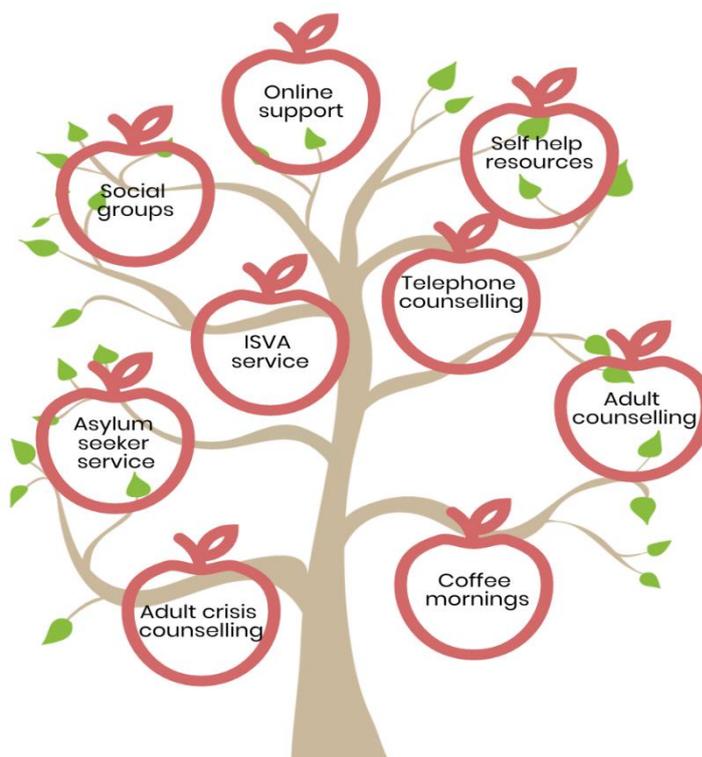
Adult counselling has been a core service at RSVP since the organisation was formed. Face-to-face counselling is provided by paid and volunteer counsellors who offer a range of therapeutic methods, tools and techniques. Counsellors are qualified in different fields of the discipline enabling RSVP, whenever 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 request further counselling at any time after they have finished their initial course of sessions; they are offered another assessment, can re-join the waiting list and are notified when a counsellor becomes available. It is not unusual for people to have 2 or 3 rounds of counselling at different times in their healing journeys.

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

24 sessions

For many years, the adult counselling offer to clients was 24 weekly sessions, although they 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. Although it was custom and practice in RSVP to offer flexibility on appointments, it contributed to the waiting list as counsellors can 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.

8-16 weeks

Due to a further steep increase in demand for counselling services and upward pressure on the waiting list, another internal review was undertaken in January 2019, followed by a staff consultation to discuss how the waiting list could be significantly reduced. Following analysis of consultation feedback, including from clients which is included in the findings section of this report, 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 accessed was 16, so that was

the decision. Unsurprisingly, clients did not support a reduction in the number of weeks available, but they did make other useful suggestions.

From 1st 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 8th 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.

Service activity

Adults supported in counselling over the last two years

The figures in Chart 1 include all people open in the adult counselling service for the first two 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 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

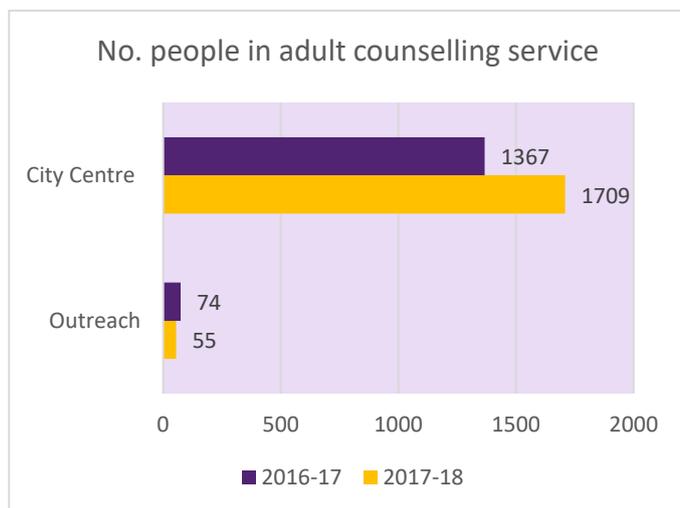
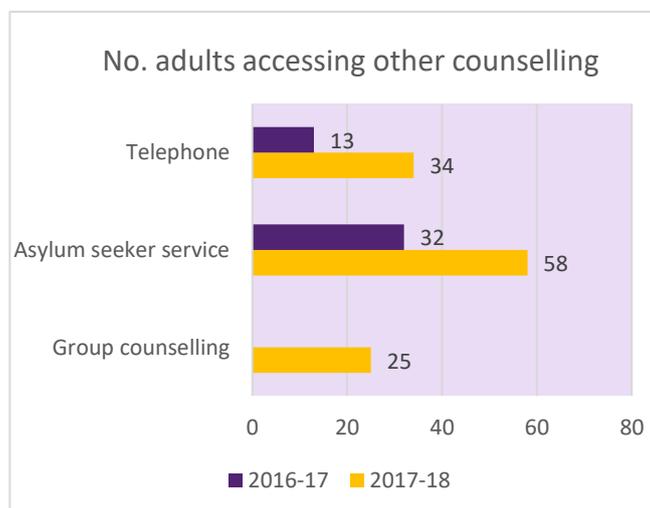
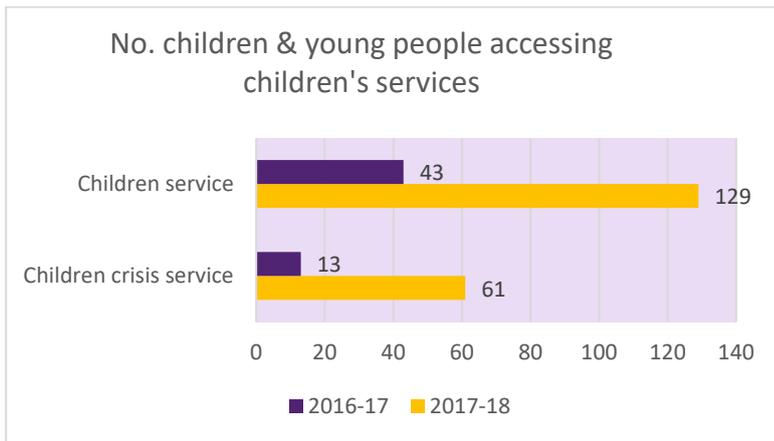


Chart 2



Although the number outreach clients decreased temporarily between years 1 and 2, the number of sessions increased by November 2017 (see Chart 4) and the figures show numbers will increase significantly in year 3.

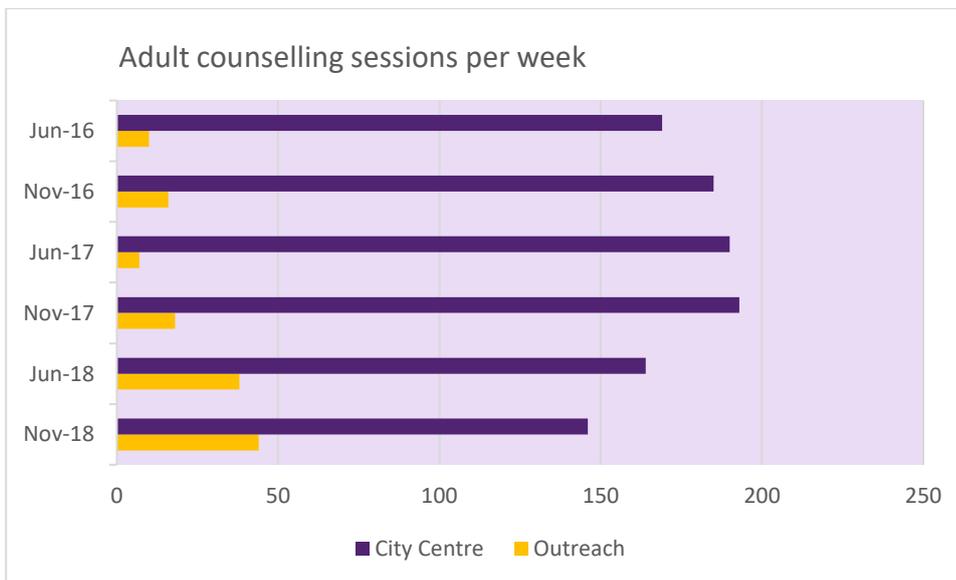
Chart 3



The following charts present snapshot data for key months in the period covered by the interim 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.

Chart 4



In the research period, adult counselling at the city centre and outreach locations combined grew from 179 sessions per week to 190 per week. Chart 5 shows the increase in additional services available to clients over the period and Chart 6 shows the increase in appointments via other services from 9 to 38 per week.

Chart 5

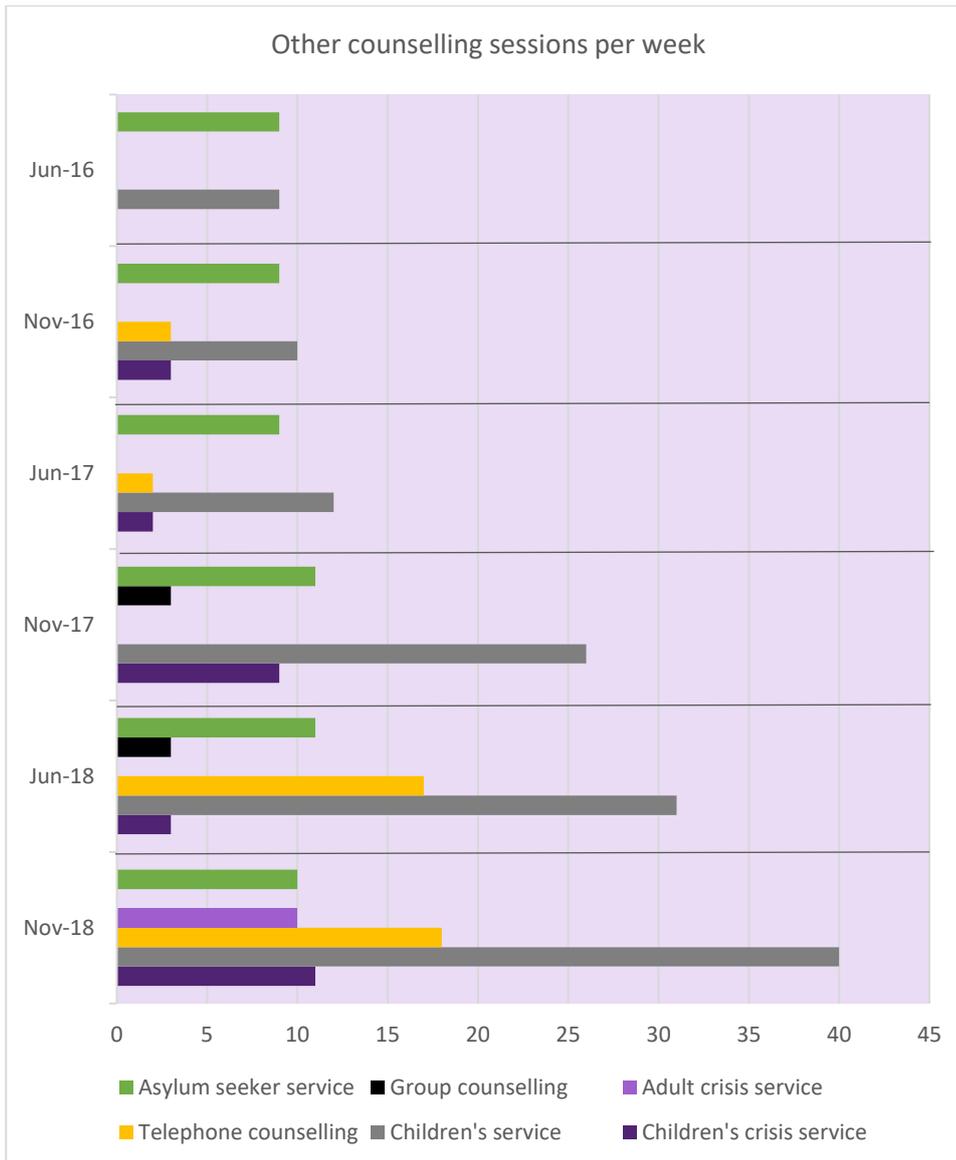


Chart 6

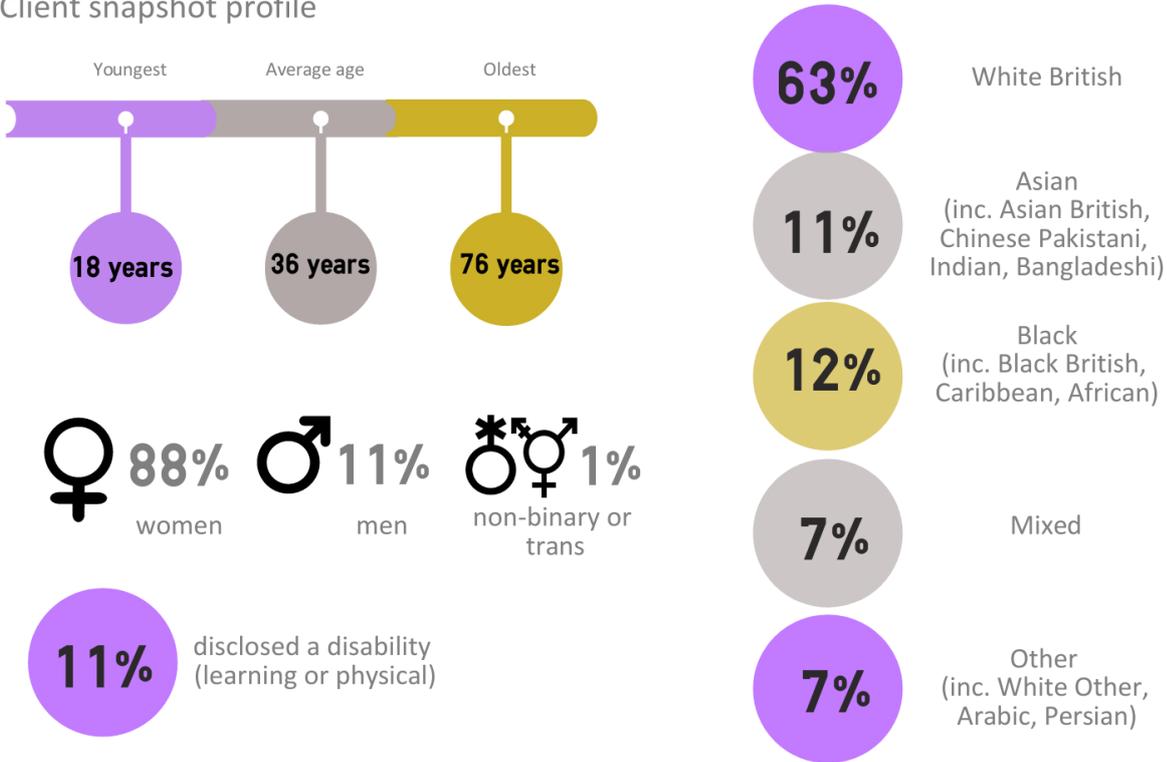


Profile of clients

Figure 3 provides a snapshot of clients accessing RSVP’s adult counselling service to give an indication of the reach of the service.

Figure 3

Client snapshot profile

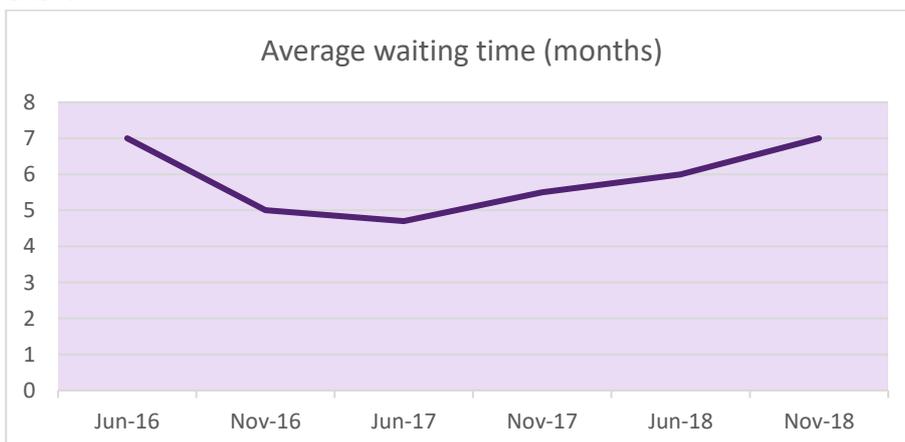


May 2019

Delivery against project outcomes

The increase in the range of services served two purposes: firstly, to increase the options for clients to access the right service to meet their needs and secondly to try to bring down the waiting list for face-to-face counselling. In practice, the rise in demand was too high and, despite the mitigation factors introduced and significantly more appointments being provided, the waiting list had returned to the same level by November 2018 as at the start of the project.

Chart 7



Case study: Lillian

Lillian is a woman in her 60s. During bereavement counselling she started to disclose a lifetime of traumatic events, including multiple sexual assaults, abandonments, and mental health issues. Lillian had made attempts to end her life. RSVP was recommended to her as a place to access counselling to help her with historic sexual abuse issues. At RSVP Lillian spoke about many of her experiences for the first time.

The early part of the work was in building trust as Lillian said she had been let down by people throughout her life. As the therapeutic relationship developed, the counsellor and Lillian used the Rewind technique to help with the symptoms of the vivid trauma flashbacks she repeatedly experienced. They explored what trauma is, how the body responds to trauma, and the therapeutic process used to work through trauma. They drew up a timeline of Lillian's life, and as she talked about traumatic events these were placed by Lillian, by age, on a page of flip chart. Throughout the counselling sessions Lillian would choose what she wanted to talk about, when they happened, and how they fitted into her life.

For the first time Lillian was better able to understand much of what had happened to her, and that she was not responsible for this. She was able to make sense of her actions and responses to trauma, which in turn helped alleviate much of the guilt and shame she felt. Lillian was, increasingly, able to be open about past events, and grew in confidence as she grieved for the many losses she had experienced.

The Rewind exercises helped Lillian contain the effects of some of her flashbacks, which made it easier to process her thoughts and feelings. The timeline enabled her to link several significant life events and recall others she had repressed and blanked out, some of them for more than 50 years. Towards the end of the work, for the first time for many years, Lillian wept for her losses.

Lillian made several significant changes in her life. She established better relationships with her daughters; more boundaried and mutually rewarding. She was looking to join a range of groups in her locality, from exercise classes to a choir and an art group. She decided that the apartment complex she had recently moved to was not for her and was looking to find a place to live which suited her better. At the end of counselling Lillian said that she felt ready for another personal relationship.

At the final review Lillian said she had taken control of her life, and was actively, and energetically, looking for new opportunities. She identified further issues she wanted to address and developed a plan on how to approach these.

* name has been changed

Activities to reduce the waiting list

In the period covered by available data, RSVP introduced the following changes to reduce the waiting list and offer more support to survivors while on the waiting list. The further change in the service offer to 16 weeks occurred from 1st April 2019 and its impact will be reviewed in the final evaluation report.

- Changed service profile from 24 sessions to 24 weeks
As described on page 7.
- 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 do not want to miss their session, thereby benefitting the client and helping to reduce non-attendance figures.
- Increased number of outreach locations and appointments
Two new locations 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.
- Increase in helpline support
Capacity of the helpline has increased, it is open for longer hours and more volunteers have been recruited.
- Wellbeing calls
Survivors can request a wellbeing call from a counsellor while on the waiting list.
- 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.
- Group counselling
Group counselling was tried as a separately funded pilot project in 2017-18 but did not evaluate well and was not continued.

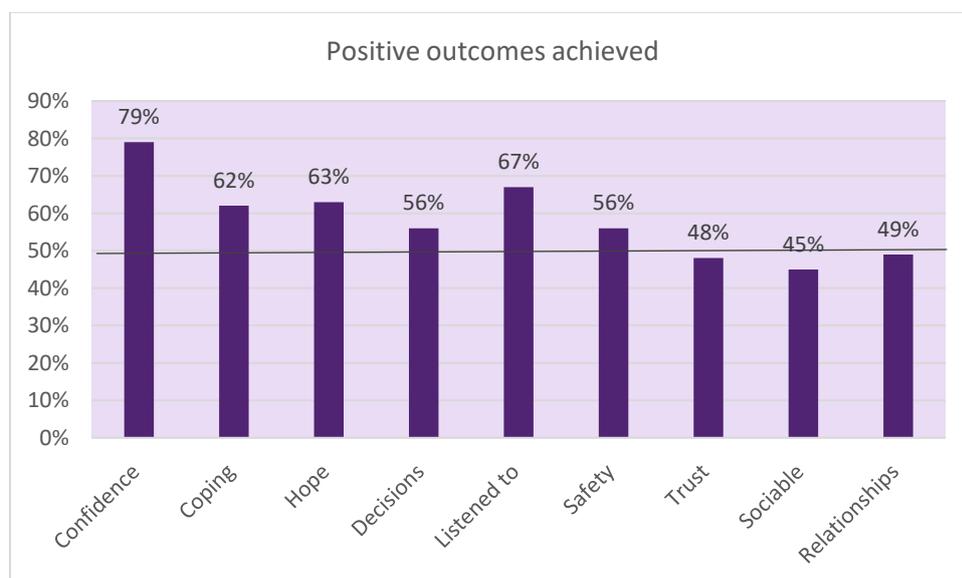
Impact of service for survivors

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 healing journey is individual to them, therefore all changes are discussed within the therapeutic relationship.

To measure if change has 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 2018 and further detail can be seen in Appendix 1.

Chart 8



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.

Evaluation research findings

About the data

RSVP clients were invited to complete one of two surveys; one for people who are currently in or who have completed counselling, and one for people on the waiting list. There were 38 respondents in total, although not everyone answered every question:

- 11 respondents were waiting for counselling
- 9 respondents were currently receiving counselling
- 18 respondents had completed counselling.

Respondents reported having started counselling between 2006 and 2018. People had most commonly started in 2018.

In addition, two focus groups were held, with a total of 10 people, at different stages in their RSVP journey. Six people were either in or had finished at least one round of counselling, and some were on or had completed additional rounds. Four people were currently on the waiting list and had been waiting for between six months and one year so far.

Monitoring data for participants is available in Appendix 2.

Supporting people while they wait

People were asked about services RSVP currently offers for people waiting for counselling, and what it might offer in the future.

- Six out of nine survey respondents had used practical support and advice from Independent Sexual Violence Advocates (ISVA), as had a small number of focus group attendees, in one case as a precursor to seeking counselling.
- About a quarter of people had used the telephone helpline.
- A few people had used self-help resources.
- A few had used coffee mornings.
- More people had used social groups.
- Only one survey respondent and two focus group members had used the online support tool Taste of Recovery, although five survey respondents and several focus group members said that they *would* find this useful to access.

Need for Promotion

There seemed to be a general lack of awareness in the focus groups of extra support available; a small number of people had accessed everything, but a larger number did not know about self-help resources, wellbeing calls or helpline support, RSVP's Facebook page or Taste of Recovery.

People had not heard of Taste of Recovery in particular, but the two people who had used it both found it very useful and used it in different ways.

“I would recommend [Taste of Recovery] to anyone who’s on the waiting list. I wish it had been there when I came through the process – I said in the feedback I wish I had known all of this years ago.”

Recommendation: promote RSVP’s other services, particularly Taste of Recovery, periodically while people are on the waiting list, as well as at first assessment.

The helpline, wellbeing calls and online support

There was mixed opinion and usage of the helpline; some people used it a lot, while others did not feel comfortable using it. This was more about the format, however, than the quality of support. A couple of people were aware of wellbeing calls or had had one, and those who had valued them.

“It [the wellbeing call] makes you think oh, they haven’t forgotten, somebody cares.”

“I found it really helpful. They were there to listen and answer any question that was concerning me.”

Several people, however, said it was not the same as face-to-face support, or were concerned about being too distressed to call. People were unsure when the helpline was open, whether they could access it if they had a bad signal, and whether it was free.

Those who had used Facebook all said it was useful for sharing resources, but it could not be a source of support because it was not a closed group. Some felt uncomfortable ‘liking’ it because that would be visible to their Facebook friends. One person used an alternative closed survivors group for support, but still enjoyed sharing resources and information on the RSVP page.

Social groups

The social groups were overwhelmingly popular. Survey respondents and focus group attendees all talked about how useful the social groups were, and some individuals also mentioned coffee mornings and the ‘Arts for Hearts’ group.

“It has helped tremendously to have the support of the social groups to go to, even though sometimes hard to even get through the door, I feel is there for me and RSVP is like my new home & these people are my family that sometimes give much better support than your own family who cannot get it at all.”

“It’s so nice to just laugh because I don’t do it outside.”
“I couldn’t manage without the groups now – especially if you’re waiting for counselling, I think it’s invaluable to have the groups there.”

There was some recognition that not everyone feels comfortable coming to groups. One person said that evening groups would not be possible for them. Some thought people might be put off by the average age of group attendees. Others felt that the groups could sometimes become too ‘heavy’, and wanted more of a split between social groups, where they felt they did not have to be defined by their experience, and a possible new peer support group. This is discussed in more detail below. Some people felt there was sometimes variation in the groups, because of changing facilitators, and that these might be better ‘matched’ to the group.

What other support could RSVP offer?

There was a mixed response from survey respondents about what other services they might use when waiting. Some would be interested in online support via Skype or other video software, online instant messaging support, wellbeing calls from counsellors and counselling preparation sessions. Only two people said they would be interested in walk-in sessions, and zero expressed an interest in group counselling.

Peer support groups

Despite the low interest in group counselling on the survey, focus group attendees did express an interest in some form of group support sessions for people at different stages in their journey. For some this was about providing a communal space, separate from the social groups, where people could talk about their experiences and get support from other survivors. One survey respondent also supported this idea. One person worried about this being too ‘emotionally charged’ but reflected that it could be useful providing people left feeling better.

“We’ve all been through, not the same thing but similar things. If you took away the activity [in the social groups] and based it more on a support theme, you could come in for a coffee, for a chat with somebody who’s been through similar things.”

“I think it would be very helpful if survivors could meet and support each other. It could be run by people who have successfully completed counselling. It would be good for these volunteers to attend training at RSVP and be monitored and helped by a supervisor who they could have regular feedback with.”

One focus group felt group counselling would be useful while on the waiting list, and there was some suggestion it might be an alternative for some people to one-to-one counselling. One survey respondent said they had received group counselling first, and that this had helped them make progress when they moved onto one-to-one counselling.

Other ideas for additional groups included skills-based groups, mindfulness and coping strategies, family and children’s groups, and other therapies and ‘body focused options’.

“I would love to learn to be more assertive, could RSVP run a set of group classes? I know I would feel safer learning this skill at RSVP as the staff and environment is very supportive and understanding unlike at [another service] who offered me the support to learn to be more assertive in group sessions but I just didn't feel safe enough to attend such classes there.”

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

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.

Online support

The idea of online chat got a mixed response: some people felt it would be useful particularly for people who might struggle to physically get to RSVP, and for people who need a more discreet option. Other people were worried about data protection, who would be listening in, or whether it would be recorded. Some people felt writing things (eg in email or a written chat function) would work for them, others did not. Some people also felt a closed Facebook group would help survivors to share their experiences and support one another.

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.

Case study: Andy

Andy was groomed by his football coach as a boy, leading to sexual assault and rape. His parents' relationship had broken down, his father was absent and he lived with an aggressive and abusive step-father. The perpetrator used Andy's distressing and isolating home life to his own advantage, acting initially as a caring and supportive father figure.

Andy grew up with a lot of anger towards the adults who had let him down so badly. He also really struggled with his identity; being a man and the expectations that come with that. He had learned to contain his emotions and not cry. As a result, he struggled with intimacy and relationships, particularly with his wife. Andy had a lot of sadness, anger and guilt around his marriage problems, that had led to acts of self-sabotage and feelings of self-loathing.

Andy had 24 sessions of counselling. Together, he and his counsellor looked at the dynamics of his relationships with adults, both when he was young and now as an adult. He felt he still had a very difficult relationship with his parents. Andy was a father himself and was very devoted to his child and being the kind of parent he never had.

Slowly, through the sessions, Andy built trust in his counsellor, he was able to release some of the emotions he had tightly contained. Once Andy had opened up to counselling, they looked together at trauma responses and the impact of trauma on the body. Andy was able to see that his responses to trauma were survival mechanisms, as a result he was able to understand his behaviour better, empathise with himself and reduce his self-blame.

By accepting himself more, Andy was able to share himself emotionally with his wife. Their relationship improved and became more intimate. At the same time, Andy was able to assert boundaries for himself within other relationships.

When Andy ended counselling, he described feeling empowered and confident.

* name has been changed

Emergency and crisis services

People talked about different types of ‘emergency’ or crisis services. For one person this was about accessing support when they needed it, which was usually in the middle of the night, when RSVP’s helpline does not run. Suggestions included an app, or something that plays noise or calming words. Someone had used Samaritans when in crisis and another person had used the Headspace paid-for app for mental health support. Another service, Reach, was mentioned too. It was said that, whether it was RSVP’s place to provide it or not, there needed to be something to help people in crisis, particularly if they are expected to wait for counselling for long periods of time.

“I remember when I was told it was a six months wait saying to somebody that I’m not going to be here in six months. There needs to be something for people who are in that situation.”

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.

Help to prepare for counselling

People talked about needing to be prepared for counselling. One group suggested pre-counselling calls from the counsellor with whom they had been matched, while on the waiting list, to get to know them and build a rapport (or see if it felt comfortable). Some people agreed it would be useful to have a wellbeing call every now and then to tell them where they were in the ‘queue’, to check in with them.

Another group suggested an element of peer support that helped people understand what would actually happen in counselling, what they could expect, and how to think about what they wanted to get out of it.

“I think the warming sessions to let you know what the counselling sessions are going to be like would be good because you don't realise how important it is to get to the point - or not avoid what you're afraid to talk about.”

“I have known people to say to me that they thought the counsellor would tell them what to do to put things right. If some people are thinking that there must be some benefit to saying to people you need to be thinking of this, these are the types of [support], why do you want to come to counselling, and what does happen in a counselling session?”

One person felt that being on the waiting list had actually given them the time and space to prepare themselves for counselling. Support for others to do this might help survivors to be more prepared to address and understand their trauma.

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.

Recommendation: consider expanding the wellbeing call service for people on the waiting list and use this as an opportunity to promote other RSVP support available.

The experience of counselling

RSVP clients were asked about their experience of counselling, including whether and why they had missed sessions, and their views on whether the number of sessions available could be reduced, in light of the long waiting list.

The RSVP Journey

The focus groups demonstrated that people's journeys with RSVP are not linear. Some participants had started counselling then stopped because they felt they were not ready, or they did not get on with their counsellor. Others had been through multiple rounds or felt they would need additional rounds once their current one had finished. People talked about how different rounds of counselling served different purposes; such as achieving stability, understanding feelings, or moving forward in life.

For several people there had been gaps of years between rounds of counselling. Different triggers would happen unexpectedly and bring up issues they had not thought of during the first round. It was clearly felt that people need to be able to access additional rounds if and when they need them, but also that they needed time to start applying the tools they had learnt in counselling and moving forward for themselves. One person had been invited to go straight back on the waiting list after their first round of counselling had finished; they reflected that this might not be helpful, and that having a break might give them space to move forward, rather than being in the mindset of being 'on the list' and waiting.

It was suggested in both focus groups that there might be a cap on the number of times a person comes back, although this idea was challenged by others. It was felt that having something in between rounds, on top of the social groups and coffee mornings, might help people to not need that second round, or to need fewer sessions; although a previous scheme called Cope and Recovery was not thought useful in this context.

Session Allocations

People who took part in the research generally felt that they needed the full 24 sessions. One person coming to the end of their sessions said they felt they would definitely need more. Both focus groups talked about the length of time it took to settle into counselling, to feel comfortable and able to open up – half the sessions might be used getting to this point. Both mentioned the NHS 6 sessions model and said that this would not help at all, they would have to go back on the waiting list straight away.

“I’d rather wait longer to get the proper amount of sessions.”

“It took me the first twelve [sessions] just to unload, then I’m thinking oh my god they’re finishing now in the next twelve.”

Two people who had had subsequent rounds of counselling said that they had not used their full allocation of sessions, as they did not need them. It was suggested additional rounds might be shorter than the first round. One focus group said there could be more flexibility in sessions, potentially having counselling once a fortnight or once a month instead of once a week if that worked better for the individual.

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.

Missing sessions

Half of survey respondents who had received counselling reported that they had attended all 24 sessions, the other half attended 12 or fewer. Generally there was a view that, after waiting so long, clients should be able to have all of the sessions, even if they have missed a few. People discussed how difficult it was sometimes to attend, how life gets in the way. They felt that RSVP should only count sessions where people repeatedly missed them.

Survey respondents were positive about the idea of discreet reminders about appointments – by text or email. Nobody said reminders would not be helpful at all. One person said an option to cancel via text would also be useful.

“Fantastic. It gives the person a boost to know they have support coming up.”

“It would be good to receive reminders as I sometimes can forget.”

However, several respondents suggested that caution was necessary in order to protect clients. As with online chat support, care needs to be taken to ensure that survivors are able to maintain their privacy.

“...by text but only if it is safe to receive them.”

“Need to be very sure with each client that reminders would not be seen by anyone else who may have access to their phone or emails!”

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

What difference does RSVP's counselling service make?

All research participants stressed the positive difference RSVP counselling and social groups had made to their lives. People said that the service felt 'safe', and that it had given them confidence they had not had before. For some this meant they could be more assertive or move around in public more easily. For others it meant they could move forward with decisions in their lives. One focus group attendee, for instance, said that they had been able to complete a 12-week university counselling course, which they previously would not have considered; they felt like they were *"as good as anybody else in the room"*, and they attributed this directly to the help they had received from counselling.

Client voices

"It's the first time you actually feel believed."

"You feel like you've got hope again for the first time."

"It's like they've given me a life, a life that I can live without being told what to do. They've given me respect for myself, I now like myself, I care about myself, a lot of things I never used to do."

"Before I couldn't go out in the street without thinking everyone could see what happened to me on the outside. When you start coming to counselling it does make you feel better, and it does make you think – yeah I am worth it."

"It's good to know that they don't close the door. That after you've had a certain amount of support, they don't just say that's it, you're on your way. It's knowing that people are here."

"It just feels safe. Nowhere [other services] has really felt like a safe space like this has."

"The minute I walked through the door I knew it was the right place to be."

"Without this I would've struggled to go to the police so, thank you."

"I received counselling and then support from an ISVA at RSVP. Both services were invaluable and have made significant differences to my life. The counselling allowed me to start to talk and face my abuse. And then the ISVA supported me through the process from reporting to trial."

People said they like the physical space at RSVP city centre location, and felt that the staff were supportive and understanding. One person mentioned that when you come out of a counselling session some people might not be ready to go into a public space like the reception area or the street, and could do with somewhere calm to be on their own for a while.

“If you’ve been in a session and unloaded a whole load of difficult things that you haven’t talked about and then your session ends... and you’re in tears. Is there not a room that you could sit in privately? Because you’re in bits and you need a drink and your mouth’s gone all dry and you need somewhere that you can calm down.”

Overall, there was a clear sense that RSVP’s services are needed and valued by clients. Focus group participants understood the need to reduce the waiting list, but there was a sense of unease about reducing session allocations. One person reflected that the growing waiting list might positively indicate a growing awareness of sexual violence, and of the good reputation of RSVP. However, research participants agreed that survivors continue to need support in the interim to prepare for and make the best use of the counselling service.

RSVP response to service change consultation

The findings of the client research were shared with RSVP’s senior management team who reviewed them alongside the feedback from the staff and volunteer consultation on ways to restructure the adult counselling service to reduce the waiting list. The following actions were agreed as a result:

1. **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. Anyone taking a referral should make sure that a pack has been offered every time.
2. **To expand the counselling service in the Solihull borough** so that survivors living there can 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 will double what was previously offered there. It was calculated that within 3 months of doubling provision, waiting times for Solihull outreach services could reduce to 9 weeks for survivors living in the Solihull borough. It was expected that seeing more Solihull survivors locally would also free up some spaces at the main RSVP premises and reduce waiting times there too.

3. **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 groups will be open, on a rolling 6 week programme and based on trauma informed and psycho education principles. Each supporter can 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; many staff had suggested that opportunities to talk to people in similar situations might benefit supporters more.

All of these actions will be monitored and reviewed for the final evaluation report.

Observations

Over the period June 2016-December 2018, RSVP tested a number of new ideas to help reduce the waiting list for adult counselling. In the first year there was an improvement and the funded project was on track. However, further national and international revelations about historic child sexual abuse, #MeToo and public debate contributed to a steeper increase in demand. As a consequence, by the start of 2019 more significant change in the adult counselling service was required to bring the waiting list figure down and to prevent the waiting list being closed completely.

Although, unsurprisingly, clients who took part in the research did not want the number of sessions to be reduced, they did come up with some good suggestions for how people could be supported in and around being on the waiting list. The idea for pre-counselling peer support is a useful one and will be more pertinent now people are offered fewer sessions.

A clear finding from the research is that once people find RSVP, they access their services in a non-linear way and are often engaging with several services at the same time, gaining support for different aspects of their needs. This finding supports RSVP's stated direction of travel to provide a range of inter-linked trauma-informed services in a blended approach that is centred on, and responds to, the needs of each individual person.

It is too soon to say what impact the change of service structure from 24 weeks of counselling to 8+8 weeks will make on either the waiting list or the healing journeys of clients. This will be a focus for the final report.

Summary of Recommendations

Recommendation: promote RSVP's other services, particularly Taste of Recovery, periodically while people are on the waiting list, as well as at first assessment.

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

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.

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.

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.

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.

Recommendation: consider expanding the wellbeing call service for people on the waiting list and use this as an opportunity to promote other RSVP support available.

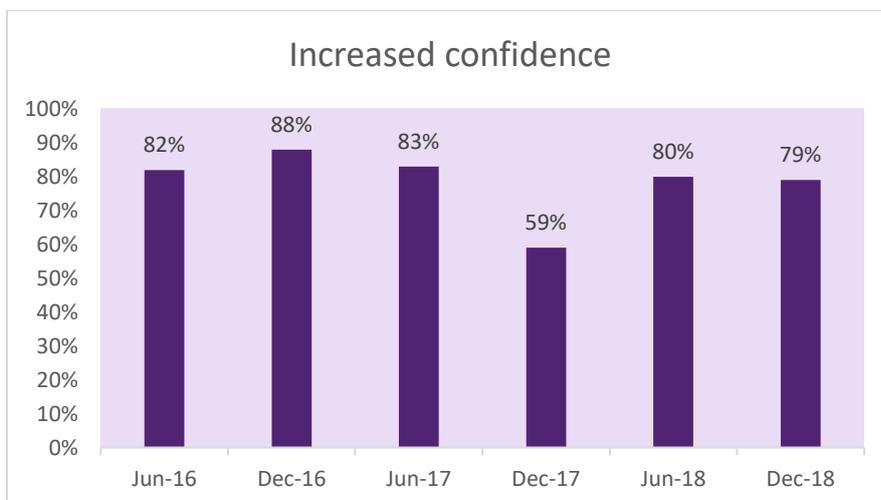
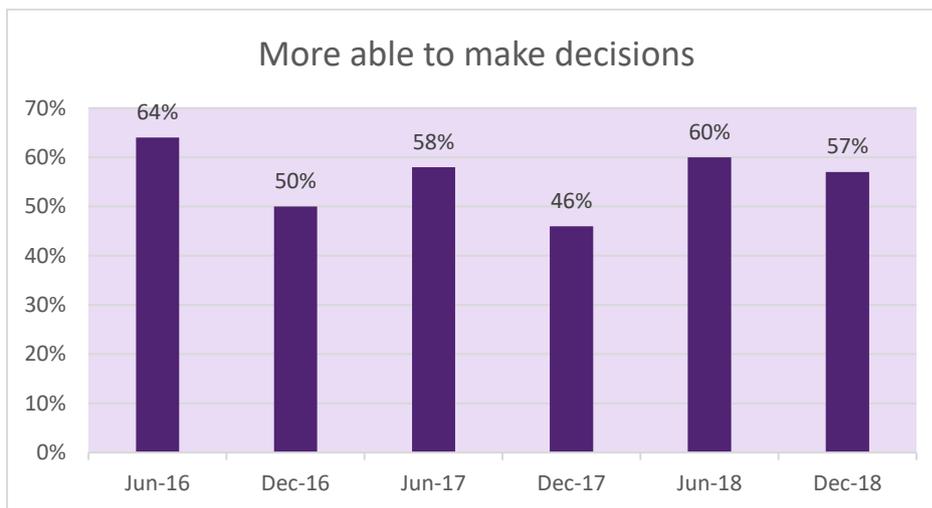
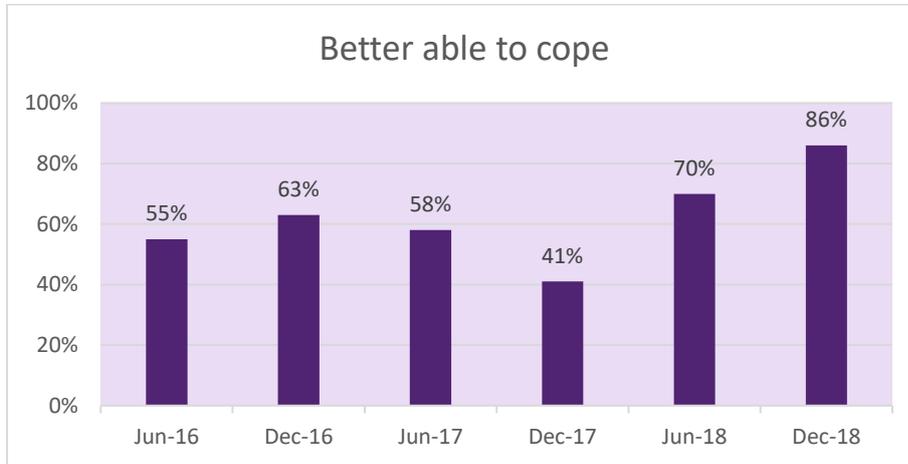
Recommendation: trial an opt-in text reminder service for counselling appointments.

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.

The recommendations were presented to the senior management team at RSVP and it was agreed to action some of them immediately, such as introducing text reminders for appointments. As previously noted, the idea for a welcome pack had also come out of the staff consultation on the change in service structure, and action was underway to create one. The team also agreed to explore the possibility of some kind of peer support service, either for sharing stories or to help with pre-counselling preparation.

Appendix 1: Change indicators

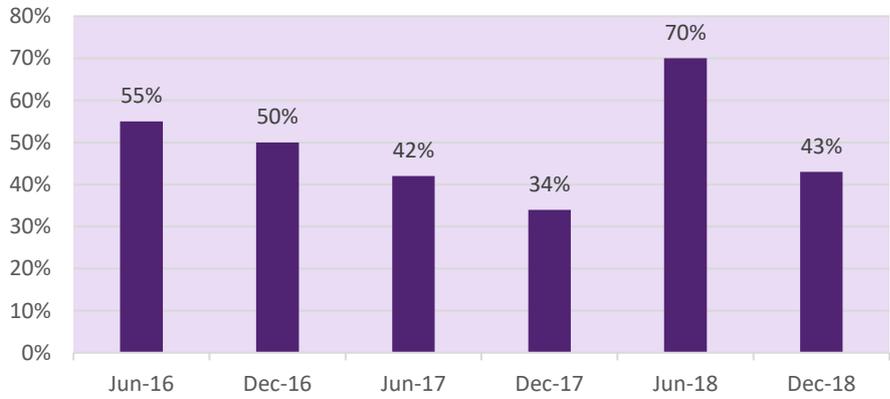
The following charts show the net positive outcomes recorded for all people exiting the adult counselling service in the snapshot months indicated. A bespoke wellbeing survey tool is used to capture outcome changes in review discussions between clients and their counsellors.



More sociable

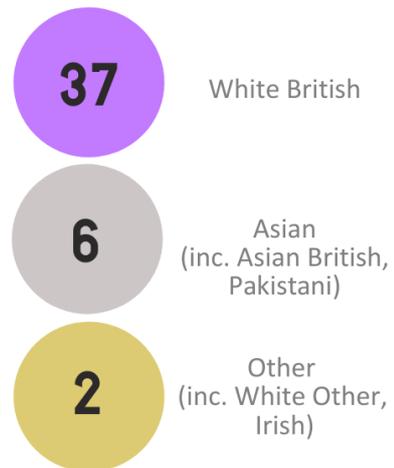


Improved relationships



Appendix 2: Research participants profile

Monitoring data for survey respondents and focus group participants



No. = 45

Acknowledgements

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Report prepared by

Karen Garry and Ellie Munro



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