



Outcomes Report April – September 2009

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1. Introduction:

Sunderland Counselling Services is a successful, effective and well respected local charity that has been established for over 20 years and exists to provide counselling, advocacy and support services for people in the City of Sunderland who are suffering from emotional or mental distress. This distress may be as a result of bereavement, loss, or other life changing events, such as trauma or family breakdown. We work with individuals suffering from depression, anxiety, stress and other conditions and with vulnerable adults at risk of abuse or exploitation.

1.1 Aims and objectives:

As defined in our charitable objectives Sunderland Counselling Services exists to relieve suffering and distress and thereby to improve the mental health and emotional wellbeing of people living, working or studying in the City of Sunderland through the provision of accessible and appropriate counselling and support services.

In pursuance of this mission Sunderland Counselling Services exists to:

- Improve mental health and emotional wellbeing for all adults in the City of Sunderland.
- Provide services which assist in relieving suffering from emotional and / or mental distress.
- Improve the lives of women who have experienced sexual abuse and sexual violence in childhood and adulthood.
- Improve the mental health and emotional wellbeing of adults with life limiting illness and their families or carers.
- Improve positive mental health and emotional wellbeing for children and young people in the City of Sunderland.
- Increase independence, wellbeing and choice for adults with learning and / or physical disabilities in the City of Sunderland.
- Maintain psychological support services in a state of readiness in anticipation of crisis or disaster in the City of Sunderland.
- Maintain and develop a professional workforce.
- Maintain services that meet the needs of our clients.
- Work in partnership with other services in the statutory and voluntary sectors.
- Work to provide any other relevant and related service for which there is a genuine demand and inadequate provision.

1.2 Activities and services:

In working to achieve these aims Sunderland Counselling Services currently provides the following services:

- **Adult (Core) Counselling Service:** provides individual counselling to adults living, working or studying within the City of Sunderland who are suffering from emotional or mental distress. Also provides a weekly bereavement support group.
- **Women's Service:** provides individual counselling to women who have experienced childhood sexual abuse or sexual violence in adulthood.
- **Caring Together Making a Difference:** a palliative care counselling service providing individual counselling for adults with life limiting illnesses and their families and carers.
- **Community CAMHS Counselling Service:** provides individual counselling to children and young people.
- **Sunderland Advocacy for Empowerment:** provides case advocacy, citizen advocacy and group advocacy for adults with learning difficulties and / or physical disabilities, including hearing and visual impairments.
- **Careline:** recruits, trains and maintains a pool of volunteers for activation to provide psychological support in the event of a major disaster in the area.
- **Supervision and Professional Development:** the service provides placement and volunteering opportunities and provides clinical counselling supervision, training and professional development to its staff and volunteers.

1.3 Philosophy:

Counselling and support services are informed by a person centred philosophy where clients set the agenda and pace of the counselling intervention. Key to counselling are the qualities of empathy, acceptance and congruence. The service adheres to the Ethical Framework laid down by the British Association of Counselling and Psychotherapy (BACP) which emphasises principles of fidelity, autonomy, beneficence, non-maleficence, justice and self respect. By providing a safe and supportive environment for clients to explore their issues, it is hoped that they will achieve a better ability to function individually and within society and achieve a greater degree of autonomy and resourcefulness.

Similarly, our advocacy service operates from a person centred perspective and adheres to the standards set out in the Action for Advocacy charter. One of its key aims is to empower partners to make informed choices that affect their lives.

Sunderland Counselling Services is committed to making its services accessible to those who need them. Therefore the service operates an Equal Opportunities Policy, which applies equally to clients accessing the service as well as to prospective employees and volunteers. We undertake not to discriminate against any potential client in ensuring that they receive services appropriate to their needs. Where clients are unable to access services within our own premises we will do our utmost to provide services in more accessible venues, including community venues or the client's home if necessary. We make no charge to our clients for any of the services we provide.

Sunderland Counselling Services is committed to the promotion of volunteering while ensuring safe professional practice and a productive working environment. Therefore, all volunteers are provided with the opportunity to access training and supervision appropriate to their role and which will assist them in their own personal and professional development. Volunteers are involved in all aspects of the service from Management Committee members, supervisors, counsellors and advocates to administrative workers. Evidence of the value of volunteering can be found in the number of volunteers who have gone on to secure paid posts, both within the service and externally with statutory and voluntary sector agencies.

1.4 Outcomes:

During 2008, Sunderland Counselling Services developed a comprehensive outcomes framework for the whole organisation which sets out:

- our aims and objectives.
- the outcomes that we hope to enable people to achieve.
- the indicators that will let us know whether those outcomes have been achieved.
- the data collection methods that we use to provide evidence of those outcomes.

The data collection methods typically involve clients completing an initial evaluation questionnaire when they first access our services and then another questionnaire when they finish. This allows us to evidence the progress and changes that clients have been able to make and the outcomes that they have achieved.

We also maintain “Magic Moments” books for all of our services where we can record ad hoc qualitative feedback from our clients, whether this is received in the form of comments during sessions, thank you cards etc.

This framework and the evaluation system were implemented on 1 April 2009 and this report is the first report based on this information. Further reports will be produced at six monthly intervals.

The overall aim of the organisation as defined in the outcomes framework is:

“To improve mental health and emotional well-being through accessible and appropriate services.”

Each service or project within Sunderland Counselling Services has then defined its own overall aim, broken down into several more specific aims. Each of these aims is associated with one or more outcomes and outcome indicators that demonstrate whether these aims have been achieved. These can be found in more detail in the following sections on each individual project.

2. Core Service

The core service provides individual counselling to adults living, working or studying within the City of Sunderland who are suffering from emotional or mental distress. Referral reasons might typically include:

- Stress and trauma
- Depression and anxiety
- Bereavement, grief and loss
- Other forms of loss: relationship, employment, health
- Coping with injury or illness
- Life crisis and life adjustment issues e.g. divorce
- Victimisation and harassment

The overall aim of the core service is:

“To improve mental health and emotional well being for all.”

This overall aim has five subsidiary aims as follows:

- a) To reduce mental and emotional distress experienced by clients.
- b) To enable clients to feel in more control of their lives where possible.
- c) To enable clients to reach a better understanding of their personal circumstances.
- d) To enable clients to achieve a level of acceptance of their personal circumstances.
- e) To ensure clients receive appropriate and accessible services.

2.1 Outcomes achieved:

2.1.1 Aim: To improve mental health and emotional well being.

Related outcomes: Improved overall emotional well being.

Outcome indicators: Level of emotional well being reported by client.

Results:

- 57% of clients who completed an evaluation reported an improvement in their overall sense of emotional well being after completing counselling.
- 100% of clients who completed an evaluation demonstrated an overall improvement in their scores as measured by our evaluation document.

2.1.2 Aim: To reduce mental and emotional distress experienced by clients.

Related outcomes: Reduced mental and emotional distress.
Reduced use of GP / doctor time.
Reduced use of prescription medication.

Outcome indicators: Level of emotional distress reported by client.
Number of doctor visits reported by client.
Level of medication use reported by client.

Results:

- 57% of clients who completed an evaluation showed an improvement in their score when asked about how much their issues were upsetting them. This corresponds to a decrease in their level of distress.
- 57% of clients reported an improvement in their ability to cope with their issues.
- 71% of clients showed an improvement in their score when asked about the negative impact of their issues on their life. This corresponds to a decrease in the negative impact of their issues on their lives.
- 51% of clients reported an improvement in their score when asked whether they felt low or unhappy. This corresponds to a decrease in their levels of unhappiness.
- Of clients who said they had seen their doctor about their issues, 66% said they had seen their doctor less since coming for counselling.
- Of clients who said they had been prescribed medication relating to these issues, 22% said they had used their medication less since coming for counselling.

2.1.3 Aim: To enable clients to feel in more control of their lives where possible.

Related outcomes: Clients enabled to feel in more control of their lives.
Increased self esteem.
Increased autonomy.
Increased confidence.

Outcome indicators: Level of feelings of control reported by client.
Level of self esteem reported by client.

Level of autonomy reported by client.

Level of confidence reported by client.

Results:

- 57% of clients who completed an evaluation reported an increase in their feelings of control over their own lives.
- 71% of clients reported an increase in their levels of happiness with themselves. This demonstrates an increase in their levels of self esteem.
- 57% of clients reported an increase in their happiness with their own behaviour, suggesting an improvement in their levels of control and self esteem.
- 57% of clients demonstrated an improvement in their scores when asked if they felt they mattered. This demonstrates an increase in their levels of self esteem.
- 57% of clients showed an improvement in their scores when asked if they felt they were a bad person. This again corresponds to an increase in their self esteem.
- 57% of clients reported an improvement in their ability to say what they thought in most situations; this corresponds to an increase in their sense of autonomy.
- 57% of clients reported an improvement in their levels of confidence.
- 43% of clients reported an improvement in their levels of anxiety.

2.1.4 Aim: To enable clients to reach a better understanding of their personal circumstances.

Related outcomes: Clients enabled to reach better understanding of personal circumstances.

Outcome indicators: Level of understanding of personal circumstances reported by client.

Results:

- 43% of clients who completed an evaluation reported an improvement in their level of understanding of their personal circumstances.

2.1.5 Aim: To enable clients to achieve a level of acceptance of their personal circumstances.

Related outcomes: Clients enabled to achieve level of acceptance of personal circumstances.

Outcome indicators: Level of acceptance of personal circumstances reported by client.

Results:

- 57% of clients who completed an evaluation reported an increase in their level of acceptance of their personal circumstances.

2.1.6 Aim: To ensure clients receive appropriate and accessible services.

Related outcomes: Clients received accessible and appropriate services.

Outcome indicators: Number of people given information or sign posted onwards.

Number of referrals refused.

Number of onward referrals.

Number of home visits and outreach appointments.

Number of appointments with interpreter etc.

Results:

- From contact with other professionals, 19 were given relevant information and 32 were sign posted onwards.
- From contact with the public, 18 were given relevant information and 32 were sign posted onwards.
- 4 referrals were refused during this period; all were referred onwards to more appropriate services.
- 4 outreach appointments were carried out during this period; these appointments are offered whenever clients are unable to access our premises by themselves.
- No appointments were carried out with the help of interpreters or signers; none were necessary.

2.1.7 Comments from clients:

"(X) was a good listener ... my head was sorted out."

"It gave me time and space to focus and reflect ... a great service and (I) would have no hesitation recommending it to others - and have referred clients."

"I felt comfortable and was able to speak honestly and freely about all issues."

"The sessions were informal but effective in helping me confront my issues ... I found the sessions invaluable."

"I had always been sceptical about counselling. Overall, it has enabled me to make some very positive changes in my life."

"A lifesaver ... provided a way forward."

"Without help I would have gone mad."

"I feel able to enjoy life again."

"Everyone should have counselling."

"I felt (X) really cared."

"I now understand a lot about myself and how I am feeling."

"I felt at times 'pushed' into trying to 'solve' issues ... that didn't need solving just coping with!"

"After being apprehensive ... I found it very helpful to be listened to in a friendly non-judgemental situation."

"Made me feel a lot better about myself."

2.1.8 Conclusion:

From the feedback and comments from clients summarised above it seems clear that the Core Service has been both successful and effective in supporting and enabling many clients to achieve positive outcomes in several areas. Significant proportions of our clients have achieved improvements in their sense of overall emotional well being and in specific areas such as reductions in their levels of distress, improvements in their levels of confidence and self esteem and in their feelings of control and ability to cope. While all clients showed improvements in their overall scores as measured by our evaluation tool, corresponding to an improvement in their overall sense of emotional and psychological well being, the numbers reporting improvements in specific outcome areas may not have been as great as we would have hoped. This may be due to the fact that this is the first attempt we have made to systematically evaluate these outcomes. We implemented this framework in April 2009 when many clients were obviously already active with the service. We made a decision not to ask existing clients to complete an initial evaluation part way through their counselling, as we felt this would not be productive. Therefore many clients who completed counselling during this period had not completed an initial baseline evaluation and so we were unable to monitor their progress during counselling. With hindsight, this may have been a mistake and it is hoped that the second of these outcome reports, due to be completed in April 2010,

will benefit from more completed initial and final evaluations to draw on and compare and will therefore demonstrate more successful outcomes.

2.2 Activity summary:

During the first six months of this financial year, from April to September 2009, the core service recorded the following levels of activity:

Referrals:	274
Number of appointments offered:	1317
DNA rates (counselling):	3.7%
Number of clients entering counselling:	73
Number of clients leaving counselling:	149

2.3 Service evaluation:

In addition to evaluating the outcomes that clients have been enabled to achieve, we also asked clients to give us their views on the quality of the service they received from us. The results are summarised below:

- 60% of clients reported “Strongly agree” or “Agree” when asked if their first appointment was arranged quickly. This is actually surprising given the lengthy waiting times that we know we have for our service. Only 16% reported “Disagree” or “Strongly disagree” to this question.
- 96% of clients reported “Strongly agree” or “Agree” when asked if they had been received courteously at the service.
- 96% of clients reported “Strongly agree” or “Agree” when asked if the information they received about the service in advance was helpful.
- 100% of clients reported “Strongly agree” or “Agree” when asked if the building was suitable and comfortable.
- 100% of clients reported “Strongly agree” when asked if they felt heard and understood by their counsellor.
- 100% of clients reported “Strongly agree” or “Agree” when asked if they felt free to express how they were feeling.
- 100% of clients reported “Strongly agree” or “Agree” when asked if they were treated fairly and with respect.
- 92% of clients reported “Strongly agree” or “Agree” when asked if they found the service beneficial.

2.4 Comments and suggestions for improvement:

As shown in the evaluation data above, the vast majority of clients found the service beneficial. Several made comments about what was particularly helpful, which included issues such as the ability to talk to someone outside of their immediate family or friends, the independence and impartiality of the counselling service, the objectivity and lack of judgement that they encountered and the confidentiality that they were assured of. One client commented that what helped was “someone to listen to me without bias or previous opinions” which is representative of several similar comments.

Some suggested that they found support from other people in similar situations more helpful than formal counselling. This is entirely reasonable as one form of help or intervention will not be appropriate for everyone. While we are unable to offer support groups for every issue that clients may present with, we do recognise the value of such groups, which is why we have for many years provided a bereavement support group where people can come together and support each other. This group is not something that we have evaluated as part of this exercise but we may need to remedy this in future.

One client made a strong complaint to the Service Manager about the length of time that they had to wait for a counselling appointment. This waiting time was 5 months, which as a service we agree is not acceptable for people in distress. When the Service Manager heard and investigated the complaint he explained to the client that this was in fact a fairly standard waiting time at the moment due to the number of referrals we receive and the resources we have available. While we do everything we can to reduce the amount of time that clients wait, we need the resources to enable us to provide a speedy and responsive service to the needs of people in distress. This is something that the Service Manager will continue to pursue with partners and funders. This client also made specific comments about the wording of standard letters and the information provided about the service, which will be incorporated into our standard documents in future.

3. Caring Together Making a Difference (Palliative Care)

CTMAD exists to provide individual time limited counselling to patients with life limiting and life threatening illnesses, as well as for families and carers where necessary. Its overall aim as set out in the outcomes framework is

“To improve mental health and emotional well being for adults with life limiting illness and their carers.”

There are five subsidiary aims to this which are:

- a) To reduce mental and emotional distress experienced by clients.
- b) To increase acceptance of illness by clients.
- c) To increase the range of coping strategies available to clients.
- d) To increase the level of support available to clients.
- e) To increase the accessibility and timeliness of services.

3.1 Outcomes achieved:

3.1.1 Aim: To improve mental health and emotional well being for adults with life limiting illness and their carers.

Related outcomes: Improved overall emotional well being.

Outcome indicators: Level of emotional well being reported by client.

Results:

- 100% of clients who completed an evaluation reported an improvement in their overall sense of emotional well being after completing counselling.
- 67% of clients who completed an evaluation demonstrated an overall increase in their scores as measured by our evaluation document, representing an improvement in their overall level of emotional well being. One client in particular almost doubled their overall score.
- 67% of clients reported that they felt more hopeful at the end of the counselling intervention, which has clear links to their level of overall well being.

3.1.2 Aim: To reduce mental and emotional distress experienced by clients.

Related outcomes: Reduced distress experienced by clients.

Outcome indicators: Level of distress as reported by client.

Results:

- Only 33% of clients who completed an evaluation reported a reduction in their level of distress. This seems understandable when working with clients who have terminal diagnoses.

3.1.3 Aim: To increase acceptance of illness by clients.

Related outcomes: Increased acceptance of illness by clients.

Outcome indicators: Level of acceptance as reported by clients.

Results:

- 100% of clients who completed an evaluation reported an increase in their levels of understanding and acceptance of what was happening in their lives.

3.1.4 Aim: To increase the range of coping strategies available to clients.

Related outcomes: Increased range of coping strategies available to clients.

Increased ability to cope for clients.

Outcome indicators: Range of coping strategies as reported by clients.

Ability to implement coping strategies as reported by clients.

Success of coping strategies as reported by clients.

Level of ability to cope as reported by clients.

Results:

- 33% of clients who completed an evaluation reported an increase in the range of coping strategies they had available to them. A further 33% were happy with the range of coping strategies that they had available from the start of the counselling intervention.
- 67% of clients reported an improvement in how their coping strategies worked for them, relating to their ability to implement coping strategies and their success.
- 67% of clients reported an improvement in their ability to cope at the end of the counselling intervention.

3.1.5 Aim: To increase the level of support available to clients.

Related outcomes: Increased level of support available to clients.

Outcome indicators: Level of satisfaction with support network as reported by clients.

Level of trust in support network as reported by clients.

Results:

- 33% of clients who completed an evaluation reported an improved level of satisfaction with their support network at the end of the counselling intervention. A further 33% were happy with their support network from the outset of the counselling intervention.
- 67% of clients reported an increased level of trust in their support network at the end of the counselling intervention. A further 33% fully trusted their support network from the outset of the counselling intervention.

3.1.6 Aim: To increase the accessibility and timeliness of services.

Related outcomes: Increased accessibility of services.

Increased timeliness of services.

Outcome indicators: Number of home visits and outreach appointments offered.

Attendance rates.

Number of clients seen within waiting times targets.

Timeliness as reported by client.

Results:

- 8 home visits / outreach appointments were carried out during this period.
- The DNA rate for counselling appointments during this period was 2.5%.
- 100% of clients were seen within waiting times targets during this period (2 weeks for patients, 4 weeks for family members / carers).
- 100% of clients reported "Strongly agree" or "Agree" when asked if their first appointments were arranged quickly.

3.1.7 Comments from clients:

"(My counsellor) helped me accept the panic attacks were OK and gave me strategies to deal with them."

"I found my counsellor very professional, warm and caring. (She) is a credit to SCS."

3.1.8 Conclusion:

From the feedback and comments from clients summarised above it seems clear that the Caring Together Making a Difference service has been both successful and effective in supporting and enabling clients to achieve positive outcomes in several specific areas. There are some areas where the outcomes achieved have not been as significant as we might have hoped. However it must be remembered that the client group for this service is made up of people who are facing very difficult circumstances, often terminal diagnoses, where improvement may sometimes not be a realistic possibility. However it seems that many clients who have used the service have been able to make improvements in their overall mental health and emotional well being and that the service has been reasonably effective in achieving its overall aim.

3.2 Activity summary:

During the first six months of this financial year, from April to September 2009, the service recorded the following levels of activity:

Referrals:	20
Number of appointments offered:	136
DNA rates (counselling):	2.5%
Number of clients entering counselling:	15
Number of clients leaving counselling:	11

3.3 Service evaluation:

In addition to evaluating the outcomes that clients have been enabled to achieve, we also asked clients to give us their views on the quality of the service they received from us. The results are summarised below:

- 100% of clients reported "Strongly agree" or "Agree" when asked if their first appointment was arranged quickly.
- 100% of clients reported "Strongly agree" or "Agree" when asked if they had been received courteously at the service.
- 100% of clients reported "Strongly agree" or "Agree" when asked if the information they received about the service in advance was helpful.
- 100% of clients reported "Strongly agree" or "Agree" when asked if the building was suitable and comfortable.
- 100% of clients reported "Strongly agree" when asked if they felt heard and understood by their counsellor.

- 100% of clients reported “Strongly agree” or “Agree” when asked if they felt free to express how they were feeling.
- 100% of clients reported “Strongly agree” or “Agree” when asked if they were treated fairly and with respect.
- 100% of clients reported “Strongly agree” or “Agree” when asked if they found the service beneficial.
- 75% of clients reported “Strongly agree” or “Agree” when asked if they were offered sufficient sessions.

3.4 Comments and suggestions for improvement:

Two clients commented that it was very helpful being able to talk to someone who was “outside of my situation” or “outside of the family”. This is obviously something that is perceived to be very beneficial about a counselling intervention.

One client suggested that we send a map with the first appointment details and is something we will do in future.

4 Women's Service

The Women's Service exists to provide individual counselling to women who have experienced rape or sexual violence in childhood or in adulthood. Its overall aim is

“To improve the lives of women who have experienced childhood sexual abuse and sexual violence.”

There are four subsidiary aims to this which are:

- a) To increase understanding of self.
- b) To increase acceptance of self.
- c) To reduce shame, guilt and self-loathing associated with childhood sexual abuse and sexual violence.
- d) To increase the confidence of women who have experienced childhood sexual abuse and sexual violence.

4.1 Outcomes achieved:

4.1.1 Aim: To increase understanding of self.

Related outcomes: Increased understanding of self.
Improved self-esteem.

Outcome indicators: More understanding of self and past experience.
Greater self-esteem.

Results:

- 100% of women who completed an evaluation reported an improvement in their understanding of their experiences after completing counselling. 83% rated themselves as having the highest possible score for this question.
- 100% of women who completed an evaluation reported an improvement in their level of self esteem after completing counselling. 67% rated themselves as having the highest possible score for this question.

4.1.2 Aim: To increase acceptance of self.

Related outcomes: Increased acceptance of self.
Increased ability to take control.
Increased ability to make informed choices.

Outcome indicators: More acceptance of self.
More ability to take control.

More ability to make informed choices.

Results:

- 100% of women who completed an evaluation reported an improvement in their level of self acceptance after completing counselling. 67% rated themselves as having the highest possible score for this question.
- 100% of women who completed an evaluation reported an improvement in their acceptance of their past experiences after completing counselling. 83% rated themselves as having the highest possible score for this question.
- 100% of women reported an improvement in their level of control over their own behaviour after completing counselling.
- 100% of women reported an improvement in their ability to make informed choices about their own lives after completing counselling. 83% rated themselves as having the highest possible score for this question.

4.1.3 Aim: To reduce shame, guilt and self-loathing associated with childhood sexual abuse and sexual violence.

Related outcomes: Increased acceptance of self.

Improved self-esteem.

Outcome indicators: More acceptance of self.

Greater self-esteem.

Results:

- 100% of women who completed an evaluation reported an improvement in their level of self acceptance after completing counselling. 67% rated themselves as having the highest possible score for this question.
- 100% of women who completed an evaluation reported an improvement in their level of self esteem after completing counselling. 67% rated themselves as having the highest possible score for this question.

4.1.4 Aim: To increase the confidence of women who have experienced childhood sexual abuse and sexual violence.

Related outcomes: Increased confidence.

Increased ability to participate in relationships, work and society.

Outcome indicators: More confidence.

Ability to participate in relationships, work and society.

Greater optimism about their future.

Results:

- 100% of women who completed an evaluation reported an improvement in their level of confidence after completing counselling.
- 100% of women reported an improvement in the health of their other relationships after completing counselling.
- 100% of women reported an improvement in their degree of optimism about their future after completing counselling. 67% rated themselves as having the highest possible score for this question.

4.1.5 Other results:

We also asked women whether they had seen their GP as a result of their emotional and psychological distress and whether they had been prescribed any medication by their GP. If they answered “yes” to these questions, we then asked them whether they had seen their doctor less and whether they had used their medication less since coming to counselling. Of the five women who had seen their GP, all (100%) said they had seen their GP less since coming for counselling. Three women had been prescribed medication by their GP and two of these said they used their medication less since coming for counselling.

4.1.6 Comments from clients:

"When I first came to this service, I was as low as low could be. And now I feel as high and as happy as can be."

"I really felt that (my counsellor) understood how I was feeling. The fact that I wasn't being judged ... really helped me."

"I would and have recommended SCS to others."

"Without the help from the counsellor I would have still been in a bad place."

"Realising someone understood me and I wasn't alone helped me to understand my own feelings and thoughts and made me realise I am worth something."

"A great service. It has been hard but well worth it. Many thanks ... I can move on now."

4.1.7 Conclusion:

From the feedback and comments from clients summarised above it seems clear that the Women's Service has been both successful and effective in supporting and enabling clients to achieve positive outcomes in several specific areas. Taken together, these improvements suggest that clients who have used the Women's

Service have been able to make significant improvements in their overall psychological and emotional well being and that the service has been effective in achieving its overall aim.

4.2 Activity summary:

During the first six months of this financial year, from April to September 2009, the women's service recorded the following levels of activity:

Referrals:	35
Number of appointments offered:	341
DNA rates:	4.1%
Number of clients entering counselling:	13
Number of clients leaving counselling:	18

4.3 Service evaluation:

In addition to evaluating the outcomes that clients have been enabled to achieve, we also asked clients to give us their views on the quality of the service they received from us. The results are summarised below:

- 50% of clients reported "Strongly agree" or "Agree" when asked if their first appointment was arranged quickly.
- 100% of clients reported "Strongly agree" or "Agree" when asked if they had been received courteously at the service.
- 100% of clients reported "Strongly agree" or "Agree" when asked if the information they received about the service in advance was helpful.
- 100% of clients reported "Strongly agree" or "Agree" when asked if the building was suitable and comfortable.
- 100% of clients reported "Strongly agree" when asked if they felt heard and understood by their counsellor.
- 100% of clients reported "Strongly agree" or "Agree" when asked if they felt free to express how they were feeling.
- 100% of clients reported "Strongly agree" when asked if they were treated fairly and with respect.
- 100% of clients reported "Strongly agree" when asked if they found the service beneficial.

4.4 Comments and suggestions for improvement:

One client suggested offering a cup of tea or coffee to clients to help them to relax. This is something that we do if a client does seem particularly anxious; however, it is

not something that we would do as a matter of course as we believe it can affect the boundaries of the counselling relationship and potentially send the wrong messages about what counselling actually is.

5. Sunderland Advocacy For Empowerment

SAFE provides case, citizen and group advocacy for adults who have learning difficulties and / or physical disabilities, including hearing and visual impairments. Its main aim as set out in the outcomes framework is

“To increase independence, well-being and choice for adults with learning and / or physical disabilities, including hearing and visual impairments.”

There are three subsidiary aims to this which are as follows:

- a) To reduce the effects of abuse in all its forms.
- b) To empower partners to make informed choices that affect their lives.
- c) To increase community participation.

5.1 Outcomes achieved:

5.1.1 Aim: To reduce the effects of abuse in all its forms.

Related outcomes:	Effects of abuse reduced. Incidence of abuse reduced.
Outcome Indicators:	Extent to which partners report more understanding of abuse. Extent to which partners report reduced effects of abuse. Less distress caused by abuse. Number of incidents of abuse reported by SAFE. Number of incidents actioned.

Results:

We are unable to provide any results as the evaluation tool has yet to be approved and signed off by the SAFE steering group.

5.1.2 Aim: To empower partners to make informed choices that affect their lives.

Related outcomes:	Partners empowered to make informed choices that affect their lives. Improved self-esteem. Increased confidence. Increased sense of control.
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Partners enabled to make changes that affect their lives.

Partners enabled to receive appropriate services.

Partners empowered to speak for themselves.

Outcome indicators: **Extent to which partners report:**

Improved self-esteem.

More confidence.

Feelings of control.

Understanding of choices open to them.

Ability to make changes that affect their lives.

Whether services they receive are appropriate.

Whether they feel empowered to speak for themselves.

Results:

We are unable to provide any results as the evaluation tool has yet to be approved and signed off by the SAFE steering group.

5.1.3 Aim: To increase community participation.

Related outcomes: More involvement in the community.

Reduced social isolation.

Outcome indicators: Range of community activities undertaken.

Reduced feelings of isolation.

Results:

We are unable to provide any results as the evaluation tool has yet to be approved and signed off by the SAFE steering group.

5.1.4 Conclusion:

While we as service providers are clear and confident about the effectiveness of SAFE in achieving its aims and enabling partners to achieve positive outcomes in terms of empowerment, independence, well being and choice we are currently unable to provide evidence from partners as the evaluation tool that we have devised has yet to be approved by the SAFE steering group. We hope that this will be achieved as a matter of some urgency.

5.2 Activity summary:

During the first six months of this financial year, from April to September 2009, the advocacy service recorded the following levels of activity:

Referrals:	57
Active cases at start of period:	125
Number of appointments offered:	1116
Number of partners completing:	50

More detailed activity reports are made to the SAFE steering group on a quarterly basis.

6. Careline

Careline's function is to recruit, train and maintain a pool of volunteers ready for activation by Sunderland City Council to provide psychological support to Sunderland residents in the event of a major disaster.

Its main aim as set out in the outcomes framework is

“To maintain a state of readiness in anticipation of disaster.”

There are three subsidiary aims relating to the preparation activities of Careline, which if achieved mean that the overall aim is likewise achieved. These are:

- a) To maintain a 'bank' of volunteers.
- b) To increase skills and knowledge base of team.
- c) To increase the volunteer bank in anticipation of disaster / trauma.

In addition there are two aims relating to the potential activation stage of Careline, which are:

- a) To reduce psychological effects of disaster and trauma.
- b) To reduce emotional effects of disaster and trauma.

We are obviously unable to report on Careline's success in achieving these aims until the service is activated, something we hope will never actually be necessary.

6.1 Outcomes achieved:

6.1.1 Aim: To maintain a bank of volunteers.

Related outcomes: Volunteer bank maintained.

Outcome indicators: Number of volunteers.

Results:

- From April 2009 the number of active volunteers within Careline remained constant at 9, with another member currently inactive for personal reasons.
- An additional volunteer was recruited in September 2009, taking the total to 10 active members.

6.1.2 Aim: To increase skills and knowledge base of team.

Related outcomes: Increased skills and knowledge of base team.

Increased confidence in role.

Outcome indicators: Range of training provided.

Range of training accessed.

Extent to which volunteers report confidence.

Results:

- Five Careline meetings took place during this period. All members who attended reported finding the meetings helpful and useful.
- Induction and organisational health and safety training was provided for all Careline volunteers.
- An introductory training session was offered on Military Mental Health and PTSD via the core service, attended by Careline members who reported that they found it very useful.
- A two day training course on working with women who have suffered sexual violence was offered via the core service, again attended by Careline members, who reported finding it very useful.
- One volunteer successfully completed a certificate course in counselling supervision.
- When asked if they felt practically prepared for activation in June 2009, 67% of volunteers who completed the evaluation reported “Strongly agree” and 33% reported “Agree”. When asked the same question in September 2009, 100% reported “Strongly agree”.
- When asked if their understanding of their roles and responsibilities was clear in June 2009, 67% of volunteers who completed the evaluation reported “Strongly agree” and 33% reported “Agree”. When asked the same question in September 2009, 86% reported “Strongly agree”.
- When asked how confident they felt in applying their skills in June 2009, 67% of volunteers who completed the evaluation reported “Strongly agree” and 33% reported “Agree”. When asked the same question in September 2009, 100% reported “Strongly agree”.
- When asked if they felt emotionally prepared for activation in June 2009, 83% of volunteers who completed the evaluation reported “Strongly agree” and 17% reported “Agree”. When asked the same question in September 2009, 100% reported “Strongly agree”.
- When asked if they felt psychologically prepared for activation in June 2009, 83% of volunteers who completed the evaluation reported “Strongly agree” and 17% reported “Agree”. When asked the same question in September 2009, 86% reported “Strongly agree”.

6.1.3 Aim: To increase the volunteer bank in anticipation of disaster / trauma.

Related outcomes: Volunteer bank increased in anticipation of disaster / trauma.

Outcome indicators: Number of *new* volunteers recruited.

Results:

- One new volunteer was recruited during this period.

6.1.4 Conclusion:

From the results summarised above, it is clear that Careline has achieved its overall aim of maintaining a state of readiness. This has been accomplished by achieving the subsidiary aims of maintaining and increasing the pool of volunteers involved with the service and by increasing the skills, knowledge and confidence levels of the volunteer team.

This activity will be maintained and built on in the coming months, with plans already in place to recruit further volunteers and provide additional training sessions specifically for Careline volunteers.

7. Community CAMHS Counselling Service

The Community CAMHS Counselling Service exists to provide individual counselling for children and young people affected by a wide range of issues. After many years of positive partnership working with Community CAMHS services in Sunderland, the CCAMHS Counselling service is now located within Community CAMHS locality bases throughout Sunderland and is fully integrated into CCAMHS operational structures.

A similar outcomes framework to that developed for our adult services was developed for the Community CAMHS Counselling Service and while this has not been fully implemented, we are still able to report on several outcomes achieved by the service.

7.1 Outcomes achieved:

Some of the aims identified by the CCAMHS Counselling Service are as follows:

- a) To reduce mental ill health for children and young people.
- b) To improve emotional well being for children and young people.
- c) To raise self esteem for children and young people.
- d) To improve children and young people's ability to cope with their issues.

7.1.1 Aim: To reduce mental ill health for children and young people.

Related outcomes: Mental ill health reduced for children and young people.

Outcome indicators: Level of mental ill health as reported by client.

Results:

- 91.7% of children and young people who completed Goodman's Strength and Difficulties Questionnaire (SDQ) at the start and end of counselling show an improvement in their overall score after the counselling intervention.

7.1.2 Aim: To improve emotional well being for children and young people.

Related outcomes: Emotional well being improved for children and young people.

Outcome indicators: Level of emotional well being as reported by client.

Results:

- 58% of children and young people who completed an SDQ at the start and end of counselling show a reduction in their levels of emotional distress after the counselling intervention.

7.1.3 Aim: To raise self esteem for children and young people.

Related outcomes: Conduct problems for children and young people decreased.

Pro-social behaviour of children and young people increased.

Outcome indicators: Decrease in conduct problems as reported by client.

Improvement in pro-social behaviour as reported by client.

Results:

- 75% of children and young people who completed an SDQ at the start and end of counselling show an improvement in their conduct score after the counselling intervention.
- 67% of children and young people who completed an SDQ at the start and end of counselling show an improvement in their pro-social conduct after the counselling intervention.

7.1.4 Aim: To improve children and young people's ability to cope with their issues.

Related outcomes: Children and young people's ability to cope improved.

Outcome indicators: Children and young people report improved ability to cope with their issues.

Results:

- 100% of children facing difficult life changes and events who completed evaluations reported an improved ability to cope after the counselling intervention.
- 100% of children facing ongoing mental / emotional distress who completed evaluations reported an improved ability to cope after the counselling intervention.

7.1.5 Conclusion:

From the evidence presented above from children and young people who completed Goodman's SDQ before and after counselling, it is clear that the CCAMHS service has been very effective in helping children and young people to achieve positive outcomes in terms of their overall mental and emotional well being and in terms of their ability to cope with the issues that brought them to the service in the first place.

8. Supervision and Professional Development

As well as direct service provision for people in need, Sunderland Counselling Services also provides placement and volunteering opportunities for counsellors, advocates, finance and administration workers. We provide clinical supervision for those staff and volunteers whose role requires it and ongoing training and professional development for all staff and volunteers.

The overall aim of this aspect of the organisation is:

“To maintain and develop a professional workforce.”

There are three subsidiary aims, which if achieved mean that the overall aim is likewise achieved. These are:

- a) To maintain reflective, ethical and safe practice of paid staff and volunteers.
- b) To develop skills and knowledge base of paid and volunteer team.
- c) To maintain bank of volunteer counsellors, advocates and others.

8.1 Outcomes achieved:

8.1.1 Aim: To maintain reflective, ethical and safe practice of paid staff and volunteers.

Related outcomes: Reflective, ethical and safe practice maintained.

Outcome indicators: Provision of group and 1-1 supervision sessions.

Results:

- All paid staff have monthly line management sessions with their immediate line manager.
- All paid counsellors have 1.5 hours clinical supervision per month.
- All volunteer counsellors have 1 hour monthly individual clinical supervision and 2 hours monthly group supervision.
- During this six month period 185 individual clinical supervision sessions have been provided for volunteer counsellors.
- All volunteer advocates have 1 hour monthly individual clinical supervision and 2 hours monthly group supervision.

8.1.2 Aim: To develop skills and knowledge base of paid and volunteer team.

Related outcomes: Increased skills and knowledge of counsellors, advocates and other staff and volunteers.

Professional development of staff and volunteer team maintained.

Effective services maintained.

Outcome indicators:

Range of courses provided.

Retention rates of counsellors with appropriate skills and knowledge.

Number of volunteers going on to paid employment.

Level of complaints.

Extent to which clients report satisfaction with service.

Results:

- A residential weekend was provided for the new intake of 12 core service volunteer counsellors in September 2009.
- Two days' training on working with bereavement and loss were provided for the new intake of 12 core service volunteer counsellors in September 2009.
- All who attended stated that the aims of these training and development events were met or exceeded and that they were effective in promoting self awareness and in developing skills and techniques.
- A week's training was provided for the new intake of 6 CCAMHS volunteer counsellors on techniques and issues involved in counselling children and young people.
- An introductory training session was offered on Military Mental Health and PTSD attended by 27 staff and volunteers.
- A two day training course on working with women who have suffered sexual violence was offered attended by 2 staff and 14 volunteers.
- One volunteer counsellor successfully completed a certificate course in counselling supervision, paid for by SCS.
- Four CCAMHS counsellors successfully completed the certificate course in counselling supervision, meaning that all 5 counsellors in this team are now qualified supervisors.
- The office manager undertook a "Certificate in First Line Management" which is due to be completed in December 2009.
- One of our admin staff has almost completed an NVQ level 2 in Business Administration.
- Our volunteer receptionist completed an NVQ level 2 in Business Administration.
- Our finance officer has begun an intermediate AAT certificate in accountancy.
- We retained 22 of our pool of existing volunteer counsellors in the core service once they had completed their counselling training course this year.

- We retained 3 of our pool of volunteer counsellors within the CCAMHS service.
- Three counselling volunteers have gone on to paid employment within statutory and voluntary sectors during this period.
- Both counsellors within the Women's Service achieved BACP accreditation.
- Two complaints were received regarding the advocacy service during this period; both were investigated and no further action was taken. The complainants were both happy with the responses they received.
- One complaint was received and dealt with regarding the core service as described above in section 2.4.
- The high levels of client satisfaction with our services are described above in sections 2.3, 3.3 and 4.3.

8.1.3 Aim: To maintain bank of volunteer counsellors, advocates and others.

Related outcomes: Bank of volunteer maintained.

Outcome indicators: Number of volunteers within the service.

Results:

- The number of volunteer counsellors within the core service currently stands at 34. This is an increase on previous years' totals of 30, as we were able to recruit additional volunteer counsellors due to a small amount of additional funding.
- We retained 22 of our pool of existing core service volunteer counsellors once they had completed their counselling training course this year.
- We recruited an additional 12 volunteer counsellors for the core service during the summer of 2009.
- The number of volunteer counsellors within the CCAMHS service currently stands at 9. Of these, 3 were retained and a further 6 were recruited during the summer of 2009.
- There are two volunteers working within the Women's Service.
- There is one volunteer working within the palliative care service.
- We recruited 6 volunteer advocates into the SAFE service.
- Careline recruited an additional volunteer and retained the existing 9 volunteers, meaning its total is now 10.
- We recruited a volunteer to support our finance officer.

8.1.4 Other activity:

In addition to the internal training and professional development activity described above, our lead supervisor provided 3 training days to staff at Sunderland City Council's Telecare Contact Centre, training a total of 23 of their staff in active

listening skills and responding to distress. This training was very well received and is something we would hope to repeat in the future.

8.1.5 Conclusion:

From the activity described above, including supervision and training provided for staff and volunteers in all areas of the organisation, it should be clear that Sunderland Counselling Services has continued to work very hard so far this year to maintain and develop the skills, practice and professionalism of our entire staff and volunteer team. We have provided a wide range of training for staff and volunteers in all aspects of the organisation and their increased skills, knowledge and effectiveness will translate into more effective services for clients.

9. Conclusion

This document sets out the achievements of Sunderland Counselling Services and the many projects and activities that it runs in enabling clients to achieve positive outcomes in both broad and specific areas. From the evidence presented here, it is hoped that SCS's success in "improving mental health and emotional well being through accessible and appropriate services" can be seen. In addition to the outcomes achieved in terms of work with clients, we have also achieved success in ensuring the safe practice of our staff and volunteers and in developing their levels of skills and knowledge relating to their various roles within the organisation. These improvements will in turn lead to improved services available for our clients.

In addition to this, client satisfaction with our services is high and clients have been helpful in providing feedback on what was helpful and what could be improved. This feedback will be acted on and included in future service developments where appropriate.

This is the first report based on our outcomes framework, so many clients who left our service during the period from April to September 2009 had entered before April. Therefore we had no baseline evaluation to measure any progress they had made. We hope that future reports will benefit from higher numbers of completed initial and final evaluations providing evidence of outcomes achieved. The SAFE service has not yet received approval for its evaluation document and we hope to be able to include information on the outcomes achieved by SAFE in future reports.