



## Parenting Project Counselling Service

### Report

1st November 2021 - 30th October 2022

The Parenting Project Counselling Service in partnership with  
Barnardos  
Offering Counselling throughout Warwickshire  
Funded for Leamington families By Leamington Town Council



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The Parenting Project counselling service is an organisational member of the BACP



## The Report

This report contains data for the counselling service which operates within the Leamington Town Council district within Kingsway and Lillington Children and Family centres (additional locations throughout Warwickshire also provide the service). We are an organisational member of the British Association of Counselling and Psychotherapy (BACP).

All data is held on Sgioba, this is a confidential and GDPR compliant system. Clients in counselling can transcend 1 or 2 or even 3 reporting periods therefore it can be challenging to report on individual clients, we have learnt that being able to show what takes place within a time frame to be more accurate.

## Context

We offer a safe, highly ethical and confidential service to parents/carers of children, from pregnancy through to 19 (25 SEND). We offer up to 18 weekly sessions using either Person Centred, or Integrative counselling / psychotherapy.

Our service considers Trauma informed approaches in our therapeutic relationships and reflects on the ACES (adverse childhood experiences) when working with adults in counselling.

We reopened our face to face counselling in September 2021. We have worked on rebuilding this aspect of the service over the past year alongside delivering an online and telephone service. Clients are able to choose which medium they would prefer to access counselling. When we first reopened our face to face referrals we noted that clients predominantly chose to access counselling remotely. As the year has gone on we have seen a gradual increase in the number of clients who are choosing to attend face to face.

Similarly to last year, we closed all referrals into the service between 18th July and 12th September to support us in alleviating our waiting lists. Demand for the service remains high across the county. The average number of sessions being accessed by clients remains at 15 sessions which is higher than previous years.

## Trauma informed service

Our service sees clients with different and varied issues, these can be multiple and complex. Studies show childhood experiences can have a profound effect on our adult well-being, both physical and psychological. As a result of these studies, and our own emerging data, we remain aware of the impact of adversity in childhood and work with parents to achieve better outcomes, not only for themselves but also their children. By holding the sentiment *'It is not what is wrong with you, but what has happened to you'* at the core of our work we learn that being 'Trauma informed' in our relationship with clients can facilitate better outcomes and help avoid the stigma which often comes when experiencing mental health problems.



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### **1, Centres and counsellors and funding**

Over the reporting period we have had 5 counsellors who have been funded by Leamington Town Council. We currently have 2 counsellors offering face to face sessions in Kingsway and 2 counsellors in Lillington. Alongside our face to face counselling we have been providing a telephone and online counselling service; as such this has meant we have not been restricted by location and any of our counsellors throughout Warwickshire have been able to offer appointments to those in the Leamington area.

We have received 56 referrals into our service for the Lillington and Kingsway areas over the reporting year, we have completed 24 assessments, 34 people are actively being seen by a counsellor and 18 have completed their course of counselling.

### **2, Referrals, assessments and Waiting times**

We use an online, GDPR compliant, system to store and record client information. The system uses email as the preferred method of communication. This is because we are able to generate appointments and assessments through this system. We still offer text and phone calls should this be stipulated in the referral.

Not all referrals result in counselling, this can be for various reasons; change of mind, change of circumstances and childcare issues can be a barrier to accessing counselling. We have found that our telephone and online service - being less restrictive - means that we are able to offer more appointments and therefore able to reach parents who have restricted availability and childcare issues.

On occasion, we have noticed that when parents are given the opportunity to attend an in depth assessment and share their struggles with a counsellor who is trained to listen can be all that is needed, for others the chance to attend up to 18 sessions of therapy feels essential.



### **3) Referrers and Partnership working**

56 referrals were received into the service in this reporting year. Not all referrals result in people accessing our service, this can be for a number of reasons, with the most prevalent being that, 1) referrers feel the client needs counselling more than the client, 2) the client situation has changed therefore they do not feel they need it, 3) client not feeling they are ready

Referrals into our service are from a wide range of organisations, agencies and professionals. We also receive self-referrals from clients themselves. Please see chart below for breakdown of referrers.

We build relationships with local services to help us effectively meet the need of parents who do not meet statutory services criteria, such as IAPT, where difficulties may be rooted in childhood trauma, relational issues or perinatal mental health, where client's difficulties do not meet the threshold for their services.

<b>Doctor</b>	<b>2</b>
<b>Early Help team</b>	<b>6</b>
<b>Family Info Service (FIS)</b>	<b>2</b>
<b>Health visiting team</b>	<b>14</b>
<b>IAPT</b>	<b>9</b>
<b>Other County Council</b>	<b>2</b>
<b>Secondary School</b>	<b>1</b>
<b>Self-Referral</b>	<b>8</b>
<b>Social worker</b>	<b>2</b>
<b>Social prescribing</b>	<b>1</b>
<b>Strengthening Families team</b>	<b>1</b>
<b>Wellbeing Team</b>	<b>2</b>
<b>Attended previously</b>	<b>1</b>
<b>Other</b>	<b>3</b>
<b>Primary Care Mental Health</b>	<b>2</b>

### **Reasons for referral**

The main themes arising from initial referrals are parenting and anxiety. Depression/low mood, domestic abuse, relationships and stress are presenting issues that have been seen in initial referrals. Quite often, distress is not in isolation and whilst clients may present with a particular issue in referral, after assessment we hear about many other stressors and life events which may be impacting a person's life. Client distress is often multilayered, complex and intergenerational. The below chart highlights the main reasons for clients referring into our service over this reporting period.



#### **4, Statistics**

24 Assessments undertaken in this period;

Data is taken at each point of contact with clients. This gives us a clear picture of who is referring into the service, the type of issues people are seeking help for and other pertinent information which is useful to report on. We also collate data during therapy and at the last session to evaluate the service.

#### **Ethnicity**

Of the 24 people who have been assessed within this reporting year, 6 are of different ethnic groups to white British.

Asian/Asian British - 2

Black/Black British - 4

#### **Gender/Sexuality**

Of the 24 people who have been assessed within this reporting year, 4 were male and 24 female. All 24 clients identified as heterosexual.

#### **Disability**

Of the 24 people who have been assessed 1 identified as having a disability.

#### **Trauma, abuse and neglect and its impact on the next generation**

In this quarter we have noticed out of the 24 people assessed, 11 of them experienced trauma, abuse or neglect in their own childhood. Of those 11 adults they identified 12 of their children to have either a mental health diagnosis or that are awaiting a CAMHS appointment for suspected diagnosis or challenging behaviour.

As an organisation that is trauma informed, we look to make sense of distress and suffering by paying attention to intergenerational and social contexts. This is in line with current research which aligns with the social model of mental health rather than the medical one. In essence, this allows us to think about what has happened to a person and then how they have gone on to develop, the coping strategies they have put in place, the relationships they go on to have and how this may influence their parenting. We think about their life stress and how this has impacted them. More can be read on the subject at;

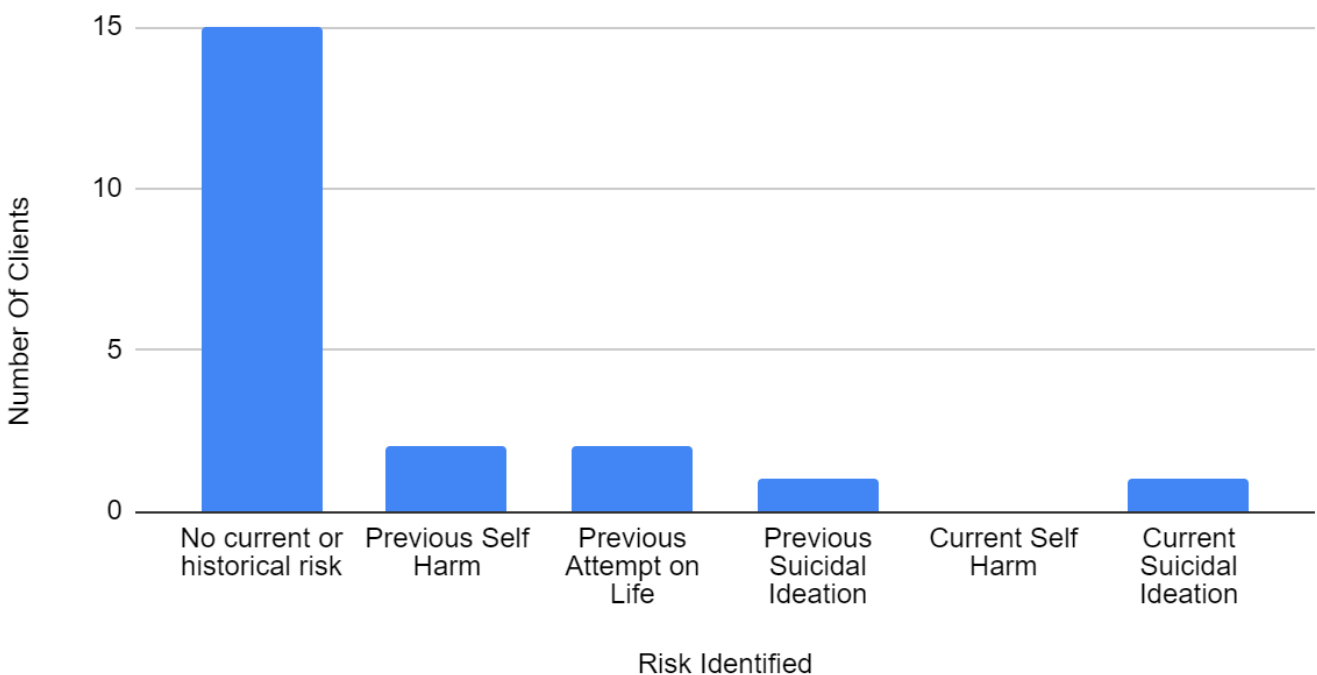
<https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>



## Current or Historical Risk

### Risk Identified in 24 Client Assessments

Can be Multiple



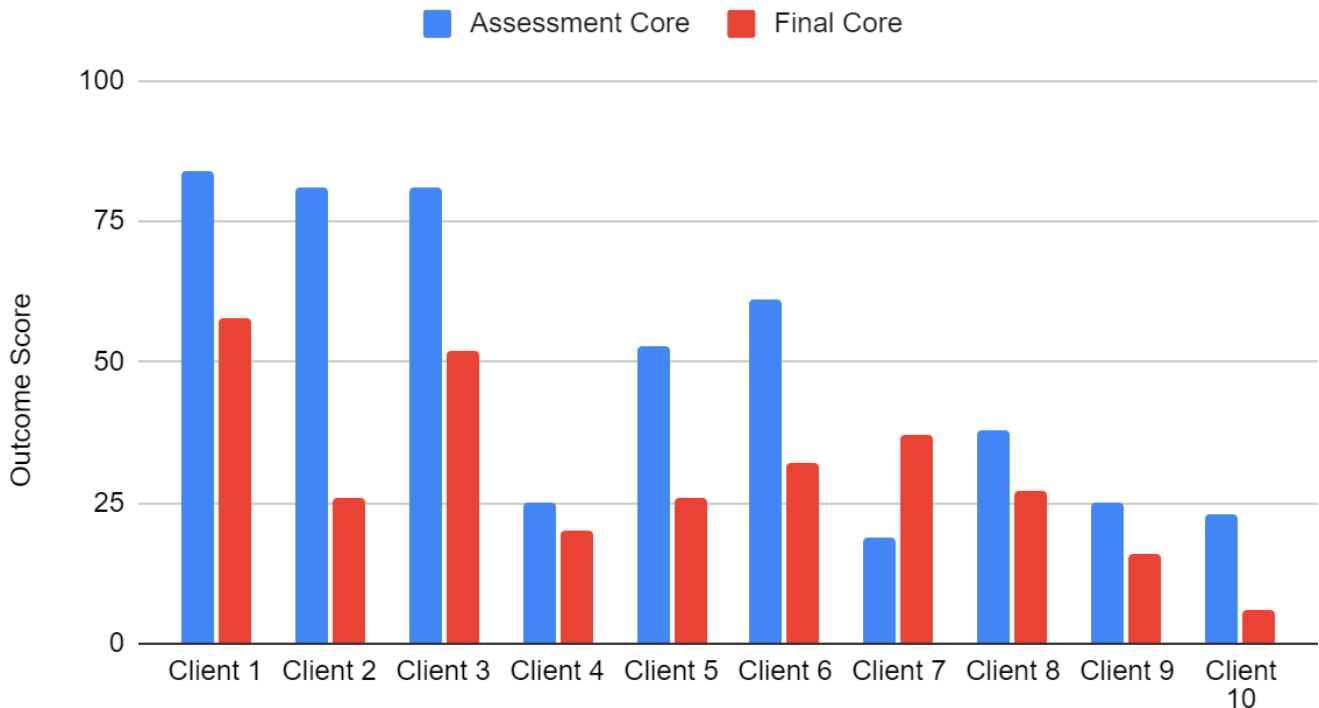
## 5, How we measure outcomes

We currently use the 34 CORE outcome measure to evaluate the service. This allows us to measure a client's Functioning, Problems, Wellbeing and Risk at assessment, halfway through and then in the last session. The questionnaire stipulates the client reflects on how they have been over the last week rather than over a wider time frame.

Of the clients who have finished a course of counselling and who completed final core forms, overall improvement rate is 90% (so where the score is lower at the end than at the beginning). The following data has been collated from a sample of 10 clients who have completed a course of counselling. The aim is to achieve a lower score over the duration of counselling, this would indicate an improvement to overall mental health.



## Outcome Measures for a Sample of Completed Clients



### **Core Summary**

It is important to remember that different clients will react and behave differently to the questions on the form. Some may feel overwhelmed and this may signify a higher score. Others may internalise emotions and therefore minimise their needs. Clients can also refer back into the service should they feel more sessions would be of benefit. Counselling can also raise issues, so it is not uncommon for clients to experience more unrest whilst they go through this process.

For more information about CORE measurements: <http://www.coreims.co.uk>

### **6, Risk on Core Forms**

Where risk is present, counsellors will do a risk assessment with clients, enabling them to explore additional means of support and help available. Risk is assessed each time a client is given the form. Counsellors attend regular supervision, mentor sessions and safeguarding courses to ensure safe practice. They also complete session concern forms to monitor the wellbeing of clients.

Of all the clients who showed risk when they were initially assessed, all showed a reduced score on completion of therapy.

### **7, Client Evaluations completed in the final session of therapy**



Clients can comment on the counselling they have received. This enables us to evaluate how we are doing and make improvements along the way. It is also helpful to see how the service helps those who access it.

Comments which have been given are included below;

“Has found support and having someone to listen valuable”

“Helped to be able to talk and come to terms with some of the things that happened”

“Found it really helpful to talk about everything that happened in the week, to clear my thoughts And reflect on things and feelings. It gave me the confidence to see that I am doing the right things”

“The number of sessions has been really helpful. I was initially sceptical and thought that we wouldn't need as many sessions as we did, but in hindsight some of the difficulties I needed to explore only came out in session 12 onwards.”

When asked what felt relevant to them, clients also included the following comments off of our evaluation

- Helped me to make personal changes
- Helped me to have better relationships
- Helped me to be more confident
- Had a positive effect on my parenting
- Helped me to understand myself
- Been a positive experience
- Helped me to understand my child better
- Helped me to consider work/education for my future
- Helped me to understand my own childhood better

All clients who completed an evaluation form at the end of their counselling said that they would use the service again and would recommend it to others.

## **8, Reflections**

The level and complexity of need, both on a societal and individual level, is demonstrated in a higher demand for the service and an increase in the number of sessions accessed compared to previous years; this is also seen across our service as a whole. Through discussion with other agencies and organisations this seems to be reflected across the county and highlights the level of need within the community.

We wonder how the cost of living crisis may impact individuals and families. The British Association of Counselling and Psychotherapy (BACP) Cost of Living crisis survey recently found 60% of therapists are seeing clients cutting back on therapy sessions due to money concerns and 47% reported clients pausing or cancelling sessions as they can no longer afford them. This is of particular interest to us as a third sector counselling service. If people can no longer afford private therapy, and the NHS waitlist for mental health care was recently reported at 1.2 million with many more millions not meeting the threshold for support, we need to consider how this will impact on the demand for our services.

<https://www.independent.co.uk/news/health/nhs-mental-health-waiting-list-b2145432.html>





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