



Counselling in Rose Hill - Littlemore Sure Start: New approaches to widening access

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Rose Hill – Littlemore
Sure Start

Working with families to give local children the best start in life



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Foreword

I believe that we need to find creative and innovative ways to ensure that vital services supporting adults and their children are made more accessible and relevant to families who may have high levels of need, but who do not traditionally access such services or think they are for them. Counselling is a prime example of this.

If we are really going to support vulnerable families then we need to radically change how we offer these services, and place counselling and therapeutic support at the heart of our public health agenda. The government Green Paper 'Every Child Matters' (September 2003) clearly identifies stress and relationship counselling as a key service to support families.

In order to achieve this goal and reach the most vulnerable families, we need to reshape our services - this means bringing those services into the heart of local communities rather than expecting all families to go to potentially intimidating and stigmatising places; it means understanding that counselling and therapy in themselves may not have relevance to some people and that this in itself is a barrier that can only be broken down by familiarity with the people offering the service so that it becomes 'a face not a service'; it means really understanding that complex issues around trust and relationship-building where people may have experienced and continue to experience extraordinarily damaging life events, take time, but are essential to overcoming barriers to access; it means that we have to be far more flexible, responsive and sensitive to a wide range of ways both of building those relationships and in planning how services are then offered. If we are to create a non-pathologising, meaningful and accessible approach then we have to do this in locations that have relevance to local people, and integrate them with a range of other services. Early intervention and support are key to supporting families and preventing longer-term problems and counselling services are vital to breaking those cycles of deprivation and improving life chances for children and their families.

I recognise this is a challenge to our primary care, public health and mental health services, but I believe we can learn a huge amount from the experiences of an integrated and locality-based approach to offering therapeutic services in the communities of Rose Hill and Littlemore in Oxford.

I would like to thank those services that have taken the risk of developing this model and demonstrating that therapeutic services are highly valued by and relevant to local people who would not otherwise have accessed this support.

Our immediate partners are OXPIP, Relate, the Ark - NCH, the Isis Centre, the Park Hospital, Oxford City Primary Care Trust, Oxfordshire County Council's Social and Health Care Department, and Oxfordshire's Child and Adolescent Mental Health Services.'

Tan Lea

Rose Hill – Littlemore Sure Start Director

1. Background

This report describes the delivery of counselling services in Rose Hill – Littlemore Sure Start (RHLM Sure Start). It has been produced by the local evaluation team as a result of a discrete project within a wider local evaluation that has been ongoing since 2000. It tells the story of the development of these services, identifies the features that make them different from the traditional approaches to counselling and documents both the benefits of this new approach and the problems which have been encountered in working in this new way.

Sure Start is a government initiative which aims to tackle child poverty and social exclusion. It is targeted at children aged 0–3 and their families, who live in disadvantaged areas. It aims to improve children's physical, intellectual, emotional and social development in order that they may flourish at home and at school, and to break cycles of disadvantage for the current generation of young children. Local programmes work individually to decide how they will meet government objectives and targets.

RHLM Sure Start was established in 1999 as a trailblazer site. It provides services to two distinct neighbourhoods divided by a busy ring road. Deprivation and ethnic minority composition in these areas are average for a Sure Start programme. Non-white residents comprise 10% of the local population; two-thirds are South Asian. 24% of families with children under 4 years of age had a weekly income of less than £125 in 1998. A total of 568 children under 4 were estimated to be living in the area when RHLM Sure Start was established in November 1999.

RHLM Sure Start is an independent organisation with charitable status governed by a Board on which most of the local statutory and non-statutory agencies with an interest in the 0–3's are represented. Its early development has been described in the full report 'Rose Hill – Littlemore Sure Start: The First Two Years'¹. RHLM Sure Start is based at a newly built Centre in Rose Hill (Sure Start Family Centre) on the site of the old Family Centre next door to the primary school and at two sites in Littlemore – the refurbished community centre, and the POD (Parents Opening Doors), a small building in the centre of Littlemore.

Counselling is an important component of adult mental health services and parental mental health is critical for children's social and emotional development. Family relationships also have a major impact on these aspects of development and counselling services such as Relate are important in the resolution of relationship problems between spouses or partners. The provision of counselling services was therefore viewed as critically important in the RHLM Sure Start development plan. Counselling services are also important for implementation of the new policies outlined in the recent Green Paper 'Every Child Matters' (DFES, 2003). In this paper, the government recommends building additional capacity to provide support to parents and carers through the development of increased levels of integrated services. It specifically identifies stress and relationship counselling as a key

¹ Rose Hill – Littlemore Sure Start: The First Two Years. A report of the local evaluation August 2000 – May 2002. (www.hsru.ox.ac.uk)

intervention and encourages the development of multidisciplinary teams based in local communities.

2. Development of counselling services in Sure Start

Counselling services were identified as a key component of the RHLM Sure Start programme in the initial delivery plan. However, Sure Start staff recognised that there would be a number of challenges to providing these services, particularly poor uptake.

Focus group participants (see methods section) suggested a number of reasons why families living in this local community might not access counselling services in the normal course of events:

- Previous negative experiences of ‘professionals’ that might have left people feeling disempowered – e.g. experiences of the education system, the benefits system, social services
- Family traditions of hiding feelings and not speaking openly about emotional issues
- Views of counselling – ‘not for people like us’, may be seen as something slightly ‘alternative’
- Low self esteem
- People find it difficult to ask for help
- Insecurity or difficulty in forming trusting relationships
- Financial implications
- Revealing things about you as a person or as a parent that you are not ready to think about
- Seen as interference
- Misgivings about privacy – who will know what I say?

RHLM Sure Start has been instrumental in trying to break down these barriers in order to demystify the idea of counselling.

Local provision of health services is limited. No health centre, GP surgery or clinic directly serves either the Rose Hill or Littlemore community, but both the Sure Start Family Centre and the POD were seen as having the potential to become a focus for health-related service provision. During the first two years of the RHLM Sure Start programme a wide range of health and social care services were established, including extra health visiting and midwifery services – a key component of RHLM Sure Start’s family support services. It was felt that counselling services that reached families who would not traditionally tend to use such services would add significant value to the existing services.

The development of counselling services in RHLM Sure Start has been a gradual and evolving process, initiated in the first instance through expression of interest during community consultation meetings which were part of the initial setting up process. From late 1999 onwards a series of informal discussions were instigated between the Sure Start Director, the lead Health Visitor, and service managers from a variety of counselling service

organisations.² Following this, detailed negotiations led to the establishment of service agreements through which individual agencies, both statutory and non-statutory, were commissioned to provide an agreed number of counselling hours per week. These agencies all work in slightly different ways and between them they employ a range of therapeutic approaches including non-directive counselling, representational approaches to psychotherapy, family therapy, play therapy, trauma therapy, art therapy and group work.

The first counselling services to be set up at RHLM Sure Start were provided by Relate in a low-key way in autumn 2000, followed by OXPIP early in 2001. Since then, the same pattern of informal discussions followed by the establishment of service agreements was repeated with the various other providers who now work as part of the counselling team at RHLM Sure Start.

Uptake and progress of each service were monitored through regular review meetings (every 6 months) between individual service providers and the Sure Start management team. Gradually it became clear that in order to take a more 'joined up' approach it would be necessary for service providers, practitioners and Sure Start managers to meet. The Counselling Strategy Group, as these meetings were called, first met in December 2002. They enabled counselling managers, counsellors and other Sure Start health professionals to meet other providers, to gain insights and share experiences, helping them to develop services and make strategic plans. As many Sure Start staff, including the counsellors are employed on a part-time basis, these meetings were the only place in which some of the key staff could meet each other. Since the instigation of this group, inter-agency working has increased and this has enabled the counselling team to develop new ways of working together. Sure Start aims to provide non-stigmatising, accessible local counselling services that are used by people who would not usually use such services, including families deemed 'hard to reach'. All services are free at the point of delivery and can now be accessed in a range of ways, from informal contact through to referral by Sure Start key workers.

3. The Agencies and their work within RHLM Sure Start

RHLM Sure Start commissions a comprehensive range of counselling services for families, drawn from both the statutory and voluntary sector.

3.1 Relate

- *An independent charity that provides relationship counselling for individuals and couples. Relate aims to empower individuals and couples to gain the awareness and skills to manage their relationships more effectively.*

Relate offers relationship counselling for either couples or individuals. In 1999 they participated in local community consultation meetings during the Sure Start setup phase, where the need for support for relationships was identified. Following consultations with the Sure Start management team, Relate began by providing drop-in counselling sessions at the Family Centre in Rose Hill

² All new RHLM Sure Start services are commissioned. All RHLM Sure Start staff (with the exception of the Director and Office Manager) are employed by the agencies for whom they would otherwise work and have dual accountability. .

and at the Littlemore POD. Initially drop-in sessions were underused, but time was spent networking informally³ within the Family Centre. Eventually in June 2001 'drop-in' services were discontinued in favour of a more flexible appointment system that took account of family needs and that was adaptable to suit child care arrangements.

Since January 2002 in response to the increased use of Relate services and requests from staff, Relate expanded their hours and based two counsellors in the Family Centre on a weekly basis. Each counsellor aims to offer informal contact time as well as counselling sessions. In addition they are contracted for an additional two hours per week by the local authority to enable them to extend the scope of their work to families using the centre with children who are aged over 4 years. Within Sure Start, Relate provides a service for the well-being of adults in their own right rather than primarily as parents, and many families using the service have emphasised the value they place on this. It is clear that the well-being of parents is of paramount importance to the emotional health of young children and in many cases by working with the couple dynamic, Relate are able to help change the dynamic of the family as a whole. Relate counselling also offers opportunities for individuals and couples to explore parenting issues and the impact of their current and past relationship experiences on their children. Much of the work which Relate are involved in within RHLM Sure Start is associated with family abuse – either related to current family circumstances or past childhood experiences. Counselling sessions are available for couples or individuals. Practitioners also provide consultation for Sure Start staff members to discuss possible referrals.

Relate views flexibility of provision as important to enable their counsellors to respond to the needs of individuals and to develop new ways of working with other staff. It recognises that parents develop a relationship with a person, rather than with the 'service' and that this relationship needs to be respected. They offer a broad range of contact methods: opportunities for informal chat, telephone support, flexible appointment sessions, consultation meetings, extended assessments and/or home visits.

3.2 Oxford Parent Infant Project (OXPIP)

- *A charitable organisation that provides a parent-infant⁴ counselling service to improve the mental health of mothers who are experiencing emotional or mental health problems during the transition to parenthood.*

OXPIP is a charitable organisation which was set up to provide therapeutic support for parents and babies during pregnancy and the first two years of parenting, using parent-infant counselling. OXPIP aims to promote and improve the emotional health of the mother and child. They work with parents (usually the mother) who are experiencing mental health problems such as

³ Informal networking strategies are described in more detail in 'contact methods' section of this report.

⁴ OXPIP counselling is directed at both mother and infant.

postnatal depression, or where there is evidence of significant attachment problems or developmental problems in the infant (e.g. failure to thrive).

OXPIP began working in RHLM Sure Start in spring 2001 in the same way as Relate, by offering drop-in counselling sessions. This was not found to be a successful method of accessing families and they now offer weekly counselling sessions in the Sure Start Family Centre that can be booked in advance. In order to meet Sure Start's need to support families with under 4's, OXPIP counsellors have extended the age range that they work with and now work with parents and children up to 4 years old. A range of contact methods are used to access individuals, including informal contacts made through the Family Centre, professional referrals through Sure Start key workers, and through word of mouth recommendations. Whilst OXPIP clients seen in other settings, for example through the nearby Healthy Living Centre, are asked to pay a contribution, this service is free at the point of delivery for RHLM Sure Start families.

3.3 Isis

- *Part of Oxfordshire NHS Mental Healthcare Trust, a counselling and psychotherapy service for adults with mental health concerns. It offers consultation for those contemplating therapy as well as ongoing counselling and psychotherapy.*

The Isis service is the newest addition to the counselling team. They have developed a weekly outreach clinic using Sure Start premises in partnership with Sure Start and the Local Education Authority⁵ at no cost to Sure Start. The Isis service offers consultation and therapy to any adult in the Sure Start area who has difficulty getting to its premises in the centre of Oxford and priority is given to Sure Start Family Centre users. The focus is on providing support to people with mental health problems who do not necessarily need or seek treatment from other statutory mental health services.

The Isis counselling service in RHLM Sure Start aims to work integrally with the Sure Start team in trying to offer a wide range of choices for families to support their overall health including discussing their use of their own GP services.

Individual counselling appointments are available at the POD and the Sure Start Family Centre. Isis also offers drop-in consultations to enable individuals to discuss whether counselling might be helpful.

“At the Isis Centre we offer a consultation, it's not really an assessment because it's a two way consultation, early on when somebody contacts us, if we're not sure we're the right service [...] and I find that though it's slow, that's being used. So that's the kind of model that came with me.”

Consultations may also involve liaising with key Sure Start workers to offer them help and advice in deciding on appropriate services for particular families that they are working with.

⁵ The LEA provides their regular services for families in the area and Sure Start provides additional services for under 4's. Both operate from the premises of the Sure Start Family Centre in Rose Hill.

At present Isis have one counsellor working at RHLM Family Centre. In 2003 they also benefited from an additional number of hours from another counsellor, who was male. Service uptake by male parent/carers has been slow, however the current counsellor has recently begun working with two fathers who use the Family Centre.

3.4 The Ark - NCH

- *A charitable organisation providing a therapeutic service for children, young people and their families who are coping with the consequences of child sexual abuse.*

In RHLM Sure Start, The Ark offers support to adults and children who have experienced sexual abuse. They use a range of therapeutic methods including play therapy, counselling, group work and drama therapy. The decision to provide services via RHLM Sure Start arose through a parents' group run by Sure Start that identified the need for a specialist group for parents who had been sexually abused as children. A key objective is to enable more parents and children to access specialist help relating to child sexual abuse by basing the service within the local community and to include a range of families who may feel socially excluded from existing services. The key aims of The Ark in providing services through RHLM Sure Start are:

- To enable parents to access help about past abuse
- To increase their self esteem as individuals and as parents
- To enhance relationships between parents and children, and develop parenting skills
- To increase their ability to provide safe care for their children

"The reason we very much wanted to come here was because we felt some families from this area would never get to the Ark for all sorts of reasons, the journey... the number of crises that these families often cope with day to day [for them] it's actually going to be quite difficult for them to focus on long term issues. People here are just as much entitled to help and we've got to try and think creatively about how, what is helpful... and maybe it has to come in fits and starts because that might be all that can be managed. But I think if you do a lot of supportive flexible work to start with then sometimes some people will be ready then to move into a more concentrated bit of work."

In October 2002 The Ark ran a ten-week pilot group for mothers who had themselves experienced abuse as children. Five women participated in individual sessions prior to the start of the group, the aim of which was to establish a set of aims or goals for the group to address. Two women attended the group called the Mothers and Survivors Group. Other potential participants who were initially referred to the group preferred the idea of individual work because they were concerned about issues of confidentiality and privacy. Despite the low uptake, this group was highly rated by the parents who attended and it is hoped that these two participants will assist with facilitating interest in another similar group to be run in the future. Three families have taken up individual counselling sessions. The Ark also provides consultation services to Sure Start professionals to enable them to gain

insights into this specialist area and to assess the needs of families they are working with.

“And it really took a long time for people to come to that group...it’s partly inevitable with sexual abuse, it’s very hard for people to talk about. And because of the nature of how Sure Start runs you’re expecting very much for people to seek out with some support their own source of help [whereas] with the social services when somebody’s on the register, maybe you would refer them to all sorts of agencies. So it’s much more a sort of organic process. And so it took a long time to identify people. [X] saw a lot of the people, potential people individually. And some of them weren’t ready and so she did some individual work ..But two people did eventually come, and the feedback from those people in the group, two people in the group, and one in particular, was quite significant.”

A change in personnel has led to a change in focus for the Ark at Sure Start with a more open remit designed to respond to the particular needs of parents, and widening the brief from survivors of sexual abuse to survivors of violence and other forms of abuse.

“Probably some direct work with children and families and we’re keeping it fairly broad in terms of not necessarily homing in straight on sexual abuse [...] because with very young children you’re not really sure about, you know, whether they have or haven’t been, but you [may] have some concerns that there’s issues about sexual abuse in the wider family, or inter-generation abuse that is having an impact on the children. So I think it’s trying to be quite flexible ...[the service] is mainly for the children”.

Because Sure Start works with families of children under 4, current arrangements limit the extent of work that the Ark can become involved with. This highlights a gap in provision of services in this area, since problems with regard to child sexual abuse are more likely to come to light in families where the children are over 4 years of age.

3.5 Community Psychiatric Nurse (CPN)

- *An NHS service normally provided through the Park Hospital, Oxford – Child and Adolescent Mental Health Services (CAMHS). The CPN works with children and their parents or carers dealing with mental health problems.*

The CPN focuses primarily on the mental health of children but this often involves working in conjunction with parents, or directly working on issues relating to parent/child relationships. The CPN began working in RHLM Sure Start in October 2002 and the post is currently in the early stages of development. She has a wide brief, which includes working individually with families, or in conjunction with other health professionals.

“...I think it’s been hard to – to think of me as someone that isn’t just for very serious problems. But it’s been...eight months, so it’s just beginning to get to a point where there’s sort of a more regular flow of work and my services being used I think.”

The role is flexible, working sometimes with an individual parent and child, and sometimes with whole families. Families are accessed directly through

informal contact (café, playroom, crèche, other Sure Start groups) and also through referral from key workers. Although the primary function is to work with children, very often the work involves direct work with parents who are experiencing difficulties.

“...and it’s taken a long time ...I think for staff to get to know me and to – and to sort of know about what I might have to offer. But that has changed now and staff do regularly come and talk to me about families. And I’ve done joint visits with either a Sure Start health visitor or an outside health visitor. And I think also professionals from outside, like health visitors, are getting more aware that I have a Sure Start role, so they might actually contact Sure Start knowing that I am a part of it [...] The families directly approaching me has been a lot slower.”

As well as working with families in RHLM Sure Start, the CPN has also been able to provide a link between local families who have been referred to work with the mental health team at The Park Hospital⁶, to provide information and support.

“I’ve been able to be a link between that service [The Park Hospital] and families...some families have already been talked to about the Park or already had a referral made. And I’ve been able to talk to them about that and hopefully prepare them a bit better for what they might experience. So they can make the best out of that service rather than going with completely unrealistic expectations.”

3.6 Family Therapy

- *An NHS service provided through CAMHS. The family therapy service works with family groups to help them to deal more effectively with family problems.*

Family therapy services at RHLM Sure Start are targeted to reach ethnic minority families. The decision to prioritise this group arose because counsellors had observed that children and young people from ethnic minority populations appeared to be statistically under-represented within the specialist Child and Adolescent Mental Health Service (CAMHS). Sure Start’s Asian Families Liaison and Development worker had also drawn attention to the fact that many of the women she was working with seemed to be coping with postnatal depression and other family problems. The work aims to make closer links with the local ethnic minority population and to investigate alternative methods of service provision. To date the uptake of services has been low, and the therapist, who works a half day per week at RHLM Sure Start, has spent a significant proportion of time in networking activities designed to enable her to become accepted and known by the ethnic minority Family Centre users.

“...now I feel I’m pretty much accepted by the community partly because I myself was married into a Muslim family so I think that’s really helped more than anything. But actual referrals for family therapy from Asian families are very few and far between...I think that

⁶ The Park Hospital for Children, Oxford – Child and Adolescent Mental Health Services (CAMHS)

[the system used by other therapists in RHLM Sure Start] where each individual person goes in and sort of recruits their own families – from my point of view that’s very difficult. Because Asian families aren’t on the whole going to come forward and say they want to come to therapy.”

3.7 Service Provision

Service agreements have been negotiated with each provider for a fixed number of hours or sessions per week. Current provision is as follows:

Provider	Hours/sessions
OXPIP	4 hours
Relate	5 hours
CPN	Half day
The Ark - NCH	Half day
Family Therapy	Half day
Isis Centre	One session per week

4. Methods

A key feature of the national Sure Start delivery plan is its commitment to the evaluation of service development and provision. Local programmes are expected to evaluate their activities to enable them to understand how well their services are performing and to keep track of their progress in meeting their objectives and targets. Sure Start programmes include a great deal of innovative practice, and a further aim for evaluation is to capture the best of these service developments so that they can be shared with other Sure Start programmes and organisations delivering services for young children⁷.

The model of counselling provision within RHLM Sure Start is seen as innovative and significantly different from the usual model of service delivery in mainstream settings. The research team were therefore asked to provide a research report that would describe these new ways of working. The report provides an overview of the development and implementation of counselling service provision at RHLM Sure Start between 2000 and the end of 2003. It is based primarily on data gathered in focused group discussions with service managers, counselling staff and other Sure Start staff who are directly involved in this aspect of service provision.

Two focus group interviews were held with representatives from each agency currently involved in this area of RHLM Sure Start services. The groups included service managers, counselling practitioners, the lead Health Visitor, the Family Services Coordinator and the Sure Start director. A short interview was conducted with one service provider who was unable to attend the focus groups. Focus groups and the interview were tape recorded, fully transcribed, and analysed thematically. Quotations used in this report have been taken

⁷ Taken from Guidance on Evaluating Sure Start: Delivering Sure Start – 5th Wave Edition – August 2001

from the transcripts of the focus groups and interview. Researchers also kept detailed field notes, scrutinised records and attended strategy meetings.

5. Service Take Up

The data presented have been extracted from the current Sure Start monitoring database.⁸ They show the number of counselling sessions provided and the number of individuals who have used the service. The figures do not cover work undertaken either in preparation for counselling particular families, phone calls or other forms of contact with families. They also do not cover networking with staff and parents. Some organisations' service uptake data have not been recorded on the Sure Start database and it would appear that the data for the Isis Centre significantly under-represents their workload (see p.12).

Table 1. Data taken from Sure Start database detailing service usage over the time period Nov '02 – Oct '03.

<i>Counselling Provider</i>	<i>No. of individuals seen</i>	<i>No. of sessions provided</i>	<i>Average no. of sessions per person</i>
Isis Centre (figs.under-representative, see page 12)	1	3	3
OXPIP	12	90	8
Relate	9	62	7
Total	22	155	

[Providers began delivering services at different times in the year. Some providers initially worked on a consultation basis and these figures were not recorded in the database. Consultations with families whose children were all over 4 years of age are also not recorded.]

Table 1 shows the Sure Start database figures for the total numbers of families accessing counselling services (defined by children under 4 who access Sure Start)⁹ over the period November 2002 – October 2003.

Some providers have been able to supply more detailed information about their Sure Start services.

Table 2. Service user information on individuals seen by Relate counsellors over the time period June 2001 – June 2003.

Relate	
Men	5
Women	13
Couples	4 (8 individuals)
Total families helped	22

⁸ The monitoring database is currently being replaced with a new system that it is hoped will provide more robust statistical information. There are also some instances where families do not consent to information being recorded on the database.

⁹ Both ISIS and Relate also see families with children over 4 years of age, which is not reflected in these figures.

Table 2 shows that Relate has worked with 22 families to date since their service was commissioned in January 2002. In these 22 families, they have seen 5 men and 13 women on an individual basis, and 4 couples.

These 22 families account for a total of 42 children, 31 of which are in the Sure Start age range of 0–3 years, and 11 older children.

Table 3. Details of family size in 22 families seen by Relate over the time period June 2001 – June 2003.

Relate	
1 child	13 families
2 children	2 families
3 children	4 families
4 children	2 families
5 children	1 family
Total number of children accounted for	42

Table 3 provides a breakdown of family size, indicating the total number of children whose parents have received counselling help from Relate between June 2001 and June 2003.

Relate also provided detailed information on the length of time individuals are seen by Relate counsellors.

Table 4. Length of time 22 families seen by a Relate counsellor over the time period June 2001 – June 2003.

Relate	
<i>Length of time seen</i>	<i>no. of families</i>
1 consultation (1 session)	6
Brief focused (2 – 4 sessions)	5
2 months	2
3 months	2
4 months	2
7 months	1
20 months	1
Repeated use (service used, break, service used again)	3
Total	22 families

Table 4 shows the pattern of service usage over time for the 22 families using Relate services between June 2001 and June 2003. Relate estimate that the average family is seen 3 times a month and using this estimate we calculate that Sure Start families have received an average of 8.2 sessions, excluding the 3 'repeated use' families. By comparison, families in the rest of the city receive an average of 7.5 sessions.

Relate offered 19 anonymous consultations to individuals during the year whilst their service was in development, which are not included in these figures. They have also seen 8 families whose children are outside the Sure Start age range, accounting for an additional 20 children. This represents a total of 47 families helped over the time period June 2001 – June 2003,

accounting for 62 children. Clearly this is a considerable achievement for 5 hours of commissioned time per week.

The Isis counselling service has also kept detailed records since they began delivering their service through Sure Start late in 2002. Their records (in contrast to the Sure Start database records) show that Isis has received 33 referrals from a range of sources including the wider Sure Start team, and workers and organisations outside Sure Start.

Table 5. Source of referrals to Isis counselling service over the time period February 2003 – December 2003.

Isis	
<i>Referral source</i>	<i>no. of referrals</i>
Sure Start health worker	12
Sure Start family centre worker	10
Other counsellors in Sure Start	2
Non-Sure Start health worker	1
Refugee organisation	1
Via Isis Centre (self referred)	5
Direct to Sure Start clinic (self referred)	2
Total	33

Table 5 shows that the most common route into Isis counselling is through referral by a member of the Sure Start or Family Centre teams. In addition, Isis has provided detailed records of outcomes in respect of these 33 individuals.

Table 5. Outcome of referrals made to Isis Counselling Service over the time period February – December 2003.

Isis	
Completed counselling	19
Currently in counselling	5
Awaiting appointments	2
Other	7
Total	33

Of the 19 individuals who completed counselling, 10 attended between 1–4 sessions, 8 attended 5–10 sessions and 1 individual attended more than 11 sessions. We are unable to report an average from these figures so cannot make any comparisons with Relate’s averages of 7.5 sessions city-wide and 8.2 sessions within Sure Start. It is clear, however, that the majority of those seen by Isis attend between 1–4 sessions, which is similar to the pattern of provision by Relate (see Table 3).

6. Contact methods

A fundamental aim of the RHLM Sure Start counselling programme is to ‘normalise’ the idea of counselling by breaking down formal barriers. As part of this process, the words ‘therapy’ and ‘clients’ are avoided as far as is

possible. The programme aims to work flexibly in order to respond to the needs of individuals and to this end a range of contact methods have been set up with varying degrees of success. Informal networking, one of the most innovative approaches taken, enabled counselling staff to become known by Sure Start centre users. This approach is radically different from contact methods used in mainstream settings.

“I certainly always turned up at lunch time. I would sit at their tables in the café, went into the playroom, went into the crèche, and was really just seen around. And out of that began to come one or two clients¹⁰ who would come up to me, and not necessarily want a specific appointment, but would say ‘oh I wonder if I could have a word with you about such and such a thing?’ And that was often done in the playroom or the café. There was still a reluctance from their point of view to formalise it I think.” (Relate)

They have also offered regular drop-in sessions, telephone support, consultation meetings, home visits, or meetings jointly with other Sure Start workers who act as a link. Contact is achieved through professional referral, informal means and self-referral.

6.1 Becoming known by Sure Start families

At the outset of the programme, service providers viewed drop-in services as an important component of easy access. Counsellors made themselves available at advertised times for potential users to have an informal chat with a view to future counselling, or just for an informal discussion about events or issues of concern. The take up of this service was low and over a period of time drop-in services have been replaced with appointment times that can be booked in advance.

“Yes, I think for me that the work for me has definitely evolved. I have been with Sure Start for nearly three years I think, and in my first year had found it really quite frustrating because the clients just didn’t come. And I set up a sort of drop in centre both here at the POD and over at the Family Centre and waited, and nothing much happened.” (Relate)

The counsellors shifted their focus at this stage to becoming known and accepted by the local community. Practitioners from each agency have made strenuous efforts to ensure that they establish a visible profile within the Family Centre, adopting a number of informal strategies to establish contact with parents. They aimed to be seen by parents as approachable and friendly, and as a ‘face not a service’.

“And I literally brought my knitting; I sat and knitted. And knitted, and actually I felt like I was coming in as a granny! All sorts of people came and talked to me [...] And I know that I – when I go up to Sure Start I think of myself as ‘walking the walk’ I have a little kind of amble up to the notice boards...” (Isis)

¹⁰ As stated earlier above (p.12) Sure Start are striving to change the use of language relating to therapy, and this report has been written with this in mind, with the exception of direct quotes from focus group participants.

“Well I started off by just sort of spending as much time in different places and different activities...and I found the playroom, the sort of most used place and a place that I could make the most contact with families.” (CPN)

Some service providers have found that the nature of their work has meant taking a more low-key approach. The Ark, which provides counselling for parents or children who have suffered from sexual abuse, consulted the potential participants on their views of how their needs might best be addressed and set up a group session for women who were survivors of sexual abuse. They also offered a consultation service to staff, through which two or three individuals were identified as potential service users. It was recognised that there are often difficulties in identifying people who might be in need of these specialised services.

As well as informal networking strategies, families have been accessed through staff referrals (see next section) and now that more people have begun to make use of the services and have found them helpful, it is expected that new referrals will increasingly come through word of mouth. For example, the family therapist has spent a long period of time becoming known and accepted within the Asian community, and it is hoped that families who have begun to work with the family therapist will encourage, and perhaps introduce, other families who they know are experiencing difficulties.

Service providers have produced literature in the form of leaflets and flyers to advertise their services, and the lead Health Visitor is currently co-ordinating the production of a booklet which will encompass information about each service.

6.2 Staff Networking

Becoming known by Sure Start staff is an equally important aspect of service development. Some of the strategies that have been used to ensure that they get to know the counsellors and become familiar with the focus of their work are the same as those that have been used to make contact with parents. Staff who have already gained the trust of families they are working with are in a strong position to forge introductions and make referrals to the counselling services.

“[...]and just tried to sort of hang around – in kind of public places if you like, and sort of took the opportunity to go to as many meetings where I would be within a group, you know, with groups of other professionals.” (OXPIP)

Informal networking amongst staff members has resulted in increased knowledge and understanding of the kind of help that is on offer, and over a period of time there has been a gradual increase in referrals and direct work with families.

“It’s taken a long time to get to know – I think for staff to get to know me, and to – and to know what I might have to offer. But that has changed now, and staff do regularly come and talk to me about families.” (CPN)

To date it would seem that key workers (e.g. Health Visitors, Midwives, Family Services Coordinator) are now familiar with the counselling staff and have a

good understanding of their remit. This is particularly important since many of these workers have developed strong bonds with parents using the centre.

“Women around the time of having babies are quite hooked into the midwifery service or the health visiting service, you know. It’s about letting those professionals know that we exist. So that it might be [for example] that we pick up people in Sure Start because they have close relationships with their Sure Start midwife.” (OXPIP)

“By just being very open to anyone I bump into. I’m usually with my badge on so people can see who I am. Yes, just really if I see someone who I haven’t met before and I see them as a staff member I will attempt to go up to them and say ‘hello, I’m X, and I work for Relate, what do you do?’ You know, so it’s being quite sort of forward I think.” (Relate)

These members of staff are also in a position to continue the networking process, passing on information to other workers who have contact with particular families. Counsellors have described a gradual change that has taken place in the awareness of key staff members’ understanding of the counselling services. The aim is for staff working with families to make connections between problems individual families are experiencing, and possible solutions through counselling.

“Sometimes you need to – be working for example with a family before [a worker will] connect and think ‘oh, that’s the sort of thing I can see Relate would do, and help you with.’” (Health Visitor)

Family Forum meetings run by the Family Services Coordinator provide an opportunity for any worker to discuss issues or concerns they may have about families they are working with, and counselling staff have found that this has provided another ‘way in’ to connect with other RHLM staff. The forum offers an opportunity for reflective practice and peer support and maximises communication with Sure Start staff and colleagues from other agencies. It provides an opportunity for anyone working with Sure Start families to gain new perspectives and share information and experiences.

Counsellors have also taken opportunities to join support groups¹¹ such as the Challenging Behaviour Group to gain an awareness of the work of other Sure Start workers, and for other workers to see where counselling might be appropriate for the families they are working with.

There is general agreement that awareness of counselling services amongst staff has increased significantly over the period of time that counsellors have been working in Sure Start. The counsellors’ commitment to establishing a high profile is seen as an important part of this process. As well as networking activities, each provider has produced information sheets detailing the type of issues they can help with.

“We provided information for staff [...] and worked really hard at it and had that – shift where we suddenly felt we were on the mental map in relation to people. And then it feels as if key people like X (Family

¹¹ RHLM Sure Start runs a number of different groups which offer specialist support to families. The Challenging Behaviour Group is a support group for parents who find aspects of their children’s behaviour difficult to manage.

Services Coordinator) carry that forward and some of that gets passed on.” (Relate)

The importance of establishing contacts as ‘an individual not a service’ cannot be underestimated. Whilst this has been found to be highly successful as a means of engaging with other individuals, both service users and staff, there are drawbacks, particularly where there are changes in staffing.

“In three years we have had three different counsellors work here – the first year (X) [said] ‘how can I get to be known?’ And did very much the same thing...of sitting around, becoming a known and trusted face. And [X] left after a year and then [Y] came for the second year and she too started very quietly and then built up...at least OXPIP was a known name by now. And built up quite a big client flow. She left and [Z] started in [...] and again, it was as if we were a new organisation. What have we learned from this? That it’s not the name of the organisation, it’s the individual that’s important.” (OXPIP)

Because a high proportion of Sure Start staff (including counsellors) work on a part-time basis, it is not always easy to ensure that they can get to meet other part-timers who work on different days. Regular RHLM Sure Start ‘away days’ provide a useful forum for part-time staff to meet each other. Staff induction meetings also enable introductions to other staff and the provision of information about services on offer.

Whilst more senior Sure Start staff have become adept at recognising potential families or situations where a referral to counselling services might be appropriate, there remains untapped potential for other Sure Start staff to make links and informal referrals. For example, café and crèche staff often have informal contact with families during which they may well become aware of family issues or problems which might be helped through counselling. It would therefore make sense to brief staff at all levels on the remit and scope of counselling services, and for counselling staff to extend their networking activities to encourage as wide a range of staff members to provide relevant information to families at opportunistic moments.

7. Establishment of trust

The establishment of a trusting relationship is of prime consideration when working in a therapeutic setting with families. This is particularly challenging and important in Sure Start settings where families’ past experiences may make trusting relationships difficult to establish and where they are being invited to access types of support that they might not otherwise have thought suitable for them, or been aware were available.

“It’s the attachments I keep coming back to...a lot of the families that we are seeing have [had difficulties with] very early attachments in the family...and something has gone drastically wrong, perhaps with the second generation. So it isn’t surprising that if people begin to make some sort of trusted attachment to a Centre and places...that needs to be taken into account in building the capacity to work with them.” (Isis)

In such circumstances, it is likely to be more effective for families to establish a relationship with an individual rather than an organisation.

“And the whole thing that we had about building trust in the person rather than in the service has felt so strong and powerful for us. And the way in which people come through word of mouth feeling they should contact us for perhaps testing and then coming back, are very clear.” (Relate)

Whilst counselling services are integrated within the Sure Start framework, it is important that potential users recognise that these services are bound by rules of confidentiality and that issues that are discussed within therapy sessions are not shared with any other individuals. This can provide an important ‘safe space’ for individuals to explore their feelings about encounters they may have had with other professionals, and is an important aspect of breaking down barriers.

“One of the things that we’ve raised [is] about our services being for the adults and both wanting to be integrated but to be seen as slightly apart – so people could have that space, and certainly in some of the initial work were raising that they did feel that we weren’t social workers – they could talk about their experiences with other agencies within this forum.” (Relate)

It has therefore been important in encouraging people to make use of counselling services to ensure that they have a clear understanding of where the boundaries lie, particularly as many families may be working with a range of other professionals and might feel wary about revealing aspects of their lives which they may fear will be shared with others. Working with a counsellor can provide individuals with a ‘safe space’ to think through encounters with other professionals. However, the issue of confidentiality can also present dilemmas for practitioners. (See section on confidentiality).

8. Breaking down barriers/changing perceptions

In order to normalise the use of counselling services, counsellors have aimed to break down stereotypical images of their services. The Relate counsellor explained that one of the difficulties she faced was Relate’s image, derived perhaps from the old ‘marriage guidance’ days.

“I certainly felt – to a certain extent I was carrying the burden of being ‘a Relate counsellor’ because unfortunately Relate do have this image – it’s not correct at all, but it does have this image of only being available for middle class people...and so you know, that was quite a hurdle for me to actually break that down a bit and to make it very clear that Relate was very much available to all.” (Relate)

The CPN has found that her ‘official’ title could be off-putting and does not reflect the user-friendly service she aims to provide. She has recently begun describing herself as a ‘Children and Families Mental Health Nurse’.

“I realised suddenly that I was called a ‘Community Psychiatric Nurse’ – and that hadn’t mattered so much in my other job because people knew that they were coming to this particular service whereas in Sure Start you – you could be anything. And so I became very aware of having to introduce myself, and you know, whether people might think that I thought they had a problem and that’s why I’m saying ‘hello’...so [I began] experimenting with how to describe myself. And I remember

one [staff member] saying 'well you know, how would I say to a family that they should go and see you or come and chat to you?' ” (CPN)

An essential aim therefore has to be in working to challenge established images of services such as that provided by a CPN, with the aim that families will eventually view the idea of taking advice and help from a CPN or a counsellor as a 'normal' idea in the same way as many people view the idea of seeking advice and help from a midwife or health visitor.

9. Referrals

Successful implementation of a number of formal and informal networking strategies has ensured that counselling services are now on the 'mental map' of a number of key Sure Start workers. This has led to an increase in the number of families who are now being referred to work with counsellors by Sure Start workers

“A lot of people that I've seen, I'm afraid a huge factor in their problems is that they have extremely low self esteem...a lot of people don't think they deserve to be helped – they cannot ask for help. But having somebody else at Sure Start point them towards it and say 'I think that would be useful' sort of takes away that barrier...because somebody else is saying it.” (Relate)

The referral process itself becomes less formalised because counsellors spend time around the centre and Sure Start workers are often able to make informal introductions to ease the transition. This is a very different approach to the traditional referral methods used by health professionals that can feel intimidating to many people, particularly if they are feeling apprehensive or unsure of what to expect. The formal referral process presents a number of barriers that this 'in house' referral system can bypass. (A notable example of this is the official referral letter that can feel very intimidating to some families, particularly where literacy is an issue). Sure Start workers can pass on a family's contact details directly to the counsellor, who can then make personal contact, often by phone, to introduce herself and give the parent an idea of what to expect. This informality gives the service a personal touch that helps to put people at ease, and can function to encourage a parent to proceed with the process.

“[The Health Visitor] has referred a few clients to me and she's actually introduced them to me, sort of casually in passing. And that's been quite valuable, you know, somebody that's very reticent about going to make contact – to actually have an introduction and to be able to say 'yes, I'll see you next week, and lovely to meet you'. I mean, just a brief contact matters a lot in these sort of cases.” (Relate)

“There have been referrals from other members of the Sure Start team, and that comes about by that referral coming with a phone number, perhaps a few details – not a great number. I will then phone the client and of course that's very very different from the way I would normally do it at Relate, but then I phone the client and really hear their problem over the phone.” (Relate)

Initial introductory phone calls have been found to be an invaluable method of giving the new family an opportunity to speak directly to the person who they

may be working quite intimately with in the future, to see how things feel. In many cases, particularly where women are depressed and are likely to have low levels of confidence or self-esteem, this first contact can be the determining factor in their decision to go ahead and try counselling.

Having initial contact with a referred family by phone enables the practitioner to establish an initial rapport with a family, giving them the confidence to take things forward.

“They’re really testing out – do you think I should be coming to you, am I worthy of being helped. Back to this low self-esteem bit.” (Relate)

Because each counselling service is currently at a different stage of establishing their service, there are variations in caseloads at the present time. Some counsellors have found that because of time constraints (number of hours contracted to work at Sure Start) they are now at the stage of having waiting lists.

It is anticipated that referral by word of mouth will become a more common referral route to accessing Sure Start’s counselling services as time progresses. As more individuals have positive experiences of counselling through Sure Start it is hoped they will discuss their experiences with friends and neighbours, which will increase the potential for others to think about utilising the services themselves.

“And that’s why word of mouth is so important because it demystifies the processes and it’s no longer the great unknown, but something that somebody you know has found useful.” (OXPIP)

“I now find that the clients that come to me, I would say a fair number have come through word of mouth, through their friends having come and found that it’s okay.” (Relate)

10. Working together

In addition to formal and informal referrals through word of mouth, networking, and staff referrals, structures are gradually being established to enable this group of practitioners to work more closely together as a team, as well as working alongside and in partnership with other RHLM Sure Start workers. This may involve cross-referrals between services (initial assessment may lead a counsellor to realise that another service is more appropriate, and referring on), and sharing workloads (where one counsellor has a waiting list it might be possible that another counsellor could take on a family). An example of this has been that the family therapist has found that her contracted hours are currently underused (see section on ‘hard to reach’ families) and in these circumstances other counsellors may be able to pass on work to her which they feel might be appropriate. Developing close working relationships with other RHLM Sure Start workers also provides them with opportunities to consult on an informal basis with counsellors. Staff are able to speak either directly with counsellors or by telephone, to enable them to help them with specific questions on referrals or suitability of services for particular families.

“Through telephone consultations that everybody [counselling team members] has made available to me...that’s so valuable. You know, if

I'm checking out the appropriate referral for example. So it's ideal, I mean I regard it as a fantastic resource." (Family Service Coordinator)

Counsellors working at RHLM Sure Start have had to adapt to working in the evolving structure of a new service. This has the potential to leave them feeling isolated from the team structure in which they have been accustomed to working within their parent organisation. It has therefore been important for the counselling staff in Sure Start to begin to build trusting relationships with each other to enable them to work successfully together as a group, with the added dimension of 'modelling' good practice.

"That's why our relationship with each other is so critically important because if we can go and trust each other then we're modelling something. It may be unconscious as far as the transmission of it is concerned, but Sure Start – the organisation, and the people who come to Sure Start, will pick it up." (OXPIP)

Although initially individual agencies were working on a separate basis, liaising with the Sure Start director and lead health visitor, since 2002 when the full complement of counselling agencies were working within RHLM Sure Start there has been a gradual move towards working more collaboratively as a team. In this way, although individual counsellors are removed from their usual group, they have begun to form a new cohesive team within the Sure Start organisation. This has led to the setting up of the Counselling Strategy Group, which to date has met four times. Counsellors, service managers, and other relevant Sure Start workers have attended this group. More recently, a separate practitioners' meeting has been set up (to meet around three times per year) to enable counsellors to meet on a regular basis to discuss day-to-day process issues.

"I think certainly through the meeting that we had in December I have very much more of an awareness as to what the various counselling agencies within Sure Start do. And I actually referred this client to X, and in fact Y and I have each, I mean I have had a client referral from Y and I [have] referred to her."(Relate)

"Here quite a lot of you are working as individuals without your team. It's how we can support each other in that – this is a very fragile plant. But it has powerful juices in its veins...and it's how we can stick together really to nurture this – because it is an unusual model." (OXPIP – service manager)

The two focus group meetings that were set up as part of this research project have also been viewed as a helpful tool to enable the counselling team to gain insights and understanding of each other's work and experiences and to discuss the development of services to date.

"[...] the process of ongoing sharing, this has been a very rich forum...what's been interesting is having someone slightly detached [Researcher] who has actually structured a series of questions...I think I've found that very helpful." (Relate)

"I think it's been very useful having this group [focus group] because things have occurred to me, or it's as Y said, it's good to hear other people who have similar feelings." (CPN)

11. Time Management

Each counselling agency is currently contracted for an average of half a day per week and there is agreement that this places limitations on the level of service provision.

At the time when services were first introduced counsellors spent a significant proportion of their time in informal networking activities that have been described earlier in this report. These strategies enabled counselling staff to both become known around the Family Centre, and also to get to know more about other activities and people working within the centre. However, commissioning organisations were sometimes uneasy about this use of counsellors' time.

“All sorts of people came and talked to me and I had time to see what was happening. I also had a slightly anxious [parent] organisation behind me who said ‘are you seeing people?’ ” (Isis)

The drive to maximise the use of potential ‘clinical hours’ has to be balanced against the need to engage in a number of different activities, within a fixed and currently limited space of time.

A current issue that is being considered by counsellors is how to continue to link in to the world of the Family Centre when clinical demands are increasing. As user numbers increase counsellors are spending more time working with families and have less time to spend on networking and getting to know people. As services have become more established, the need to ‘be a presence’ has subsided to some degree, but it is important for the success of the service that both staff and parents continue to be able to access counselling staff on this informal basis.

For the counsellors working at RHLM Sure Start there are a number of competing demands on time.

- Direct face to face clinical work with families
- Informal networking within Sure Start
- Telephoning families and potential service users
- Managing waiting list
- Attendance at meetings (Sure Start meetings and specific counselling meetings)
- Thinking/reading time
- Administrative/organisational tasks

“I think the expectation is that if you are employed for four hours a week that ...I feel I need to be seeing four clients, particularly if you sit around for three months and you see maybe one a week...but then the balance of that is that actually you can't – you're not, you know, counselling isn't just about face to face contact with clients.” (OXPIP)

It is precisely because working in a community setting poses so many challenges to traditional working practices that the Counselling Strategy Group was set up and, in addition, arrangements have been set in place for a practitioners' meeting to take place to enable ground level issues to be

discussed; however, this in itself has created yet another pull on time which can be difficult to manage.

“It’s a real issue because we all keep saying ‘it’s so useful when we all get together – we can discuss how to work the service best for Sure Start, how can we integrate it?’ Yes, it’s really useful to go to these meetings where there are other members of staff – but hang on a minute...when you look at the figures – well why aren’t you seeing four clients a week?” (OXPIP)

As well as grappling with the challenges of managing time within contracted hours for RHLM Sure Start, most of the counsellors are balancing their commitment to their parent organisation. In some cases it is possible to work in a flexible way across the week in order to accommodate the needs of each organisation. In other cases where set hours are expected to be worked at the host organisation, or where counsellors have other working commitments elsewhere, it is less easy to balance competing demands upon time, and to ensure that service users and co-workers from each organisation are not let down.

12. “Hard to reach” groups

The counselling services are now supporting families with a range of different needs and backgrounds, but four different groups have proved hard to reach.

It has been difficult for counsellors from The Ark to establish their services because of the sensitive nature of their work, which presents difficulties in identification of potential service users, and also in finding ways to work with parents who may not feel ready to confront such difficult issues.

The Family Therapist has also found it more difficult to engage families, perhaps because of her specific remit to work with Asian Families.¹² She has worked for the past year on a low-key basis, with the aim of establishing links with the Asian community Sure Start users.

“That’s tricky on several levels. One, I think mental health interventions isn’t something that Asian families – Bengali families are that ‘au fait’ with. There’s all kind of myths and things about it being to do with the devil and evil spirits – mental health, so you’ve got to get over that. And then there’s the language difficulty, and then actually getting Dads to come to family therapy, I mean that’s pretty tricky in any community but in Asian communities specifically – these women will say ‘you’re joking! You want my husband to come?’” (Family Therapist)

There has also been a relatively low uptake of services by men. Relate have worked with five men individually, and Isis have had referrals for a small number. It is thought that the presence of a male counsellor at Isis may have encouraged the few male users who have accessed those services. The male Family Centre worker with a special remit for working with Dads has also been instrumental in referring a parent he has worked with to access counselling services.

¹² The Family Therapist’s brief is to give priority to Asian families, although she is also able to offer the service to other families if there are sufficient ‘slots’ available.

“[Also] because this was a male counsellor, and I’m very aware there are relatively few males working here. And it’s very interesting...since I talked about him coming we’ve had a couple of male referrals.” (Isis)

The Sure Start area contains graduate student accommodation and this community group have not so far made use of the services.

13. Waiting lists

Much of the early work involved in building a high profile for counselling services within Sure Start has paid off and the counsellors who began working at Sure Start in 2000 (OXPIP and Relate) have had times when they have been working at full capacity. At times there have been families waiting to access some counselling services.

Currently individual practitioners manage their own waiting lists. Following referral, an introductory phone call is usually made to make contact with the family, and at this point the counsellor has an opportunity to make a brief initial assessment of need. If there are no appointment slots available the parent will be given an indication of the anticipated waiting time. This level of personal communication is felt to be important in helping potential service users to feel that their needs have not been dismissed and that they have not been abandoned indefinitely, and practitioners try to keep up informal contact with waiting list families to ensure that they do not feel they have been forgotten. In cases where the clinician feels that it would be advantageous to see the parent more quickly it is sometimes possible to work flexibly with other families in order to fit in a high priority case e.g. by seeing existing families fortnightly rather than weekly. This system has the advantage of providing families with a direct personal interface with the service provider and gives them the opportunity to ask questions and begin to establish a rapport and relationship with the person with whom they will ultimately be working. The ‘holding’ of waiting list families in this way has a qualitatively different feeling for the practitioners themselves from the waiting list management systems that operate in the mainstream setting, where it is usual for waiting lists to be managed in a more formal and bureaucratic way.

“[At Relate] it feels that the office is holding all the waiting lists and it’s not our concern, and we’ll see people as and when...and in a way you can’t worry about all the ones that are waiting. And even the ones that you’ve done the initial consultation for, the chances of you picking them up are so remote that you don’t worry about them. Here it feels different because one of us will have sort of made contact at least by phone, if not have seen them briefly, so I sort of feel like they’re ‘ours’.” (Relate)

For the counsellors there are advantages and disadvantages of this level of personal involvement with the waiting list. Parents are provided with a level of contact that it is hoped will help reduce any anxieties they may have, and practitioners are able to begin to build rapport with the family at an early stage, to provide reassurance and information and to have an opportunity to make an initial assessment of the case. In addition, the practitioners gain a sense of ‘ownership’ of families – *“I sort of feel like they’re ‘ours’.”*

However, taking responsibility for people who are waiting to be seen in addition to those who are currently being counselled can place an additional emotional burden onto counsellors.

“Having been in touch with them – it could just be a phone call, I may not have actually met that client face to face. But I have heard their problem and that stays very much with me as thinking ‘oh, you know, we really must try and see this person’, whilst that doesn’t happen at Relate because it’s not our problem really, because it’s held very much by the organisation.” (Relate)

The Counselling Strategy Group have held initial discussions relating to waiting list management, and future plans include the possibility of developing a system of joint management of waiting lists to provide a more flexible and co-ordinated service. This issue has been flagged up as an agenda item for discussion at a forthcoming practitioners meeting.

“[At the therapists meeting] we will be talking about having a more centralised referral system so if someone has a lot of cases and we could deal with some cases, just divide them up more evenly, help each other out more. Which I think is happening naturally anyway, but say a new person comes in, say one of us left, they would have to start another year of settling in and getting known so if we could have a short cut to that position ...” (Family Therapist)

14. Confidentiality

Services have been developed within an evolving structure that has entailed experimenting with different methods of working. Tensions have emerged in a number of areas in respect of confidentiality.

14.1 Space

Services are offered at varying times on both sites¹³.

“I still find [it hard to create] that balance when you use the POD and when you use the Family Centre in terms of people’s capacity to be private in what is a very open space.” (Isis)

It is essential to ensure that families from both sites are able to access services and to date counsellors have experimented with using both spaces in order to see what works best. Difficulties have arisen at times where sessions have not coincided with the availability of crèche facilities, and where transport facilities are not readily available between the two sites.

“The crèche runs at certain [times] – I mean it’s partly to do with the time I’ve been available. If you’re from Rose Hill and you can come to the Family Centre, that’s great. In crèche hours – which I can go in. If you’re from Littlemore it gets more complicated. Or if the only time you can make it is the time I’m down at the POD – because I don’t work every day of the week, it’s not accessible. So I mean, it’s a practical problem.” (Isis)

¹³ RHLM Sure Start operates across a split site. There is a new Family Centre at Rose Hill, and a refurbished community centre and the Sure Start POD in Littlemore.

There is also a tension between the desire to be open and to demystify counselling services, and the expectation that counselling sessions will take place in a private space without intrusion. On arrival at the Family Centre, service users are asked to wait in the café area until the counsellor is ready to begin the session. Some parents who feel that this compromises their privacy have flagged this up as an area of concern. In addition, in many cases people who are using counselling services may not occupy the same 'state of mind' as regular Family Centre users; they may feel uncomfortable, sitting in such a public area. To a certain extent, this is dictated by the constraints of the building layout. Discussions have taken place regarding the possibility of utilising a side door, and using a separate space as a waiting area, and this issue has been highlighted as an area for development via the practitioners' meeting.

"There's the problem of people sitting in that 'goldfish bowl'...where people have told you about their dark problems. I think that's bound to happen in a community setting, but if the facilities were different it wouldn't happen so much. Because you have to go and collect your clients from the coffee place, you walk through there to get people to go to the office to talk, so everybody, especially [in] the café, they see everybody's business and it's quite a sort of an efficient gossip network in the community. If there was a separate entrance and people could choose if they chose come in more discreetly [it would be better]." (Family Therapist)

A key feature of counselling service provision has been for individual counsellors to develop a high profile for themselves within the Family Centre to develop the 'face not the service' concept. Now that practitioners have built up their practice, tensions can arise when current or previous service users are seen in and around the centre. Although counsellors have reported having less time available than they had initially to sit in the café and mix with members of the community, there continues to be an ongoing need for them to maintain a profile within the centre to provide families with opportunities to meet them informally and for them to let people know who they are and what they do. Counsellors have reported sensing feelings of discomfort from some current service users or previous service users who may not wish for it to be common knowledge that they have been to see a counsellor. Since the services are known in terms of specialities e.g. X helps with relationships, Y helps if you have suffered from sexual abuse, it can become immediately obvious if the 'relationship counsellor' were to sit at a café table and chat to someone that they may have been to see that person at some point for counselling sessions. The prevailing culture of secrecy that surrounds counselling and therapy can exacerbate the problem. It is not easy to see how to change this but it might be worthwhile discussing such issues with parents during counselling to find out their views on how they would prefer to deal with such issues. This might provide an opportunity for practitioners to begin to open a dialogue on this topic with a view to challenging and changing existing preconceptions. Since a main aim of service provision and development has been to demystify counselling and to normalise use of these services, the challenge is to find ways of overcoming this kind of discomfort and encouraging service users to feel more at ease about their use of services. As there is an expectation that 'word of mouth' will become an

increasingly common route into take-up of counselling services, it is important to create a climate of openness. However it is also important to be mindful of the fact that many service users will feel vulnerable and to acknowledge that some families will only come forward for help if they feel that their right to privacy is guaranteed and that they will be provided with a 'safe' and discreet therapeutic space within which to access services.

Office space is limited within the Family Centre. Arrangements have been set up for each practitioner to 'hot-desk', sharing desk and telephone facilities with other staff in open plan office areas. This sometimes poses difficulties in terms of privacy. Sometimes valuable time is taken up in trying to locate a private space with telephone in which confidential phone calls may be made during contracted hours.

"I have to say that I think that's a difficulty sometimes. I can't find a phone to make a – a confidential phone call from. I mean, some phone calls I can do from the [shared] office, but sometimes it has meant, you know, ten minutes trailing round looking for somewhere."
(Relate)

"Phoning from home, you might do it on some occasions, but it doesn't feel comfortable at all." (Relate)

14.2 Inter agency referrals.

The model that has been developed in RHLM Sure Start has been to commission services from a diverse range of providers in order to offer high quality, specialist local provision within the community setting. Emphasis has been placed on collaborative working within a multi-professional team setting. With an increasing move towards cross-referrals between practitioners, and the proposal to jointly manage waiting lists, the issue of maintaining confidentiality needs to be addressed.

"Coming from Relate, confidentiality is so important. And if a client went to another agency there would be no details given whatsoever. But [here] I do think in fairness to the other counsellor – say if I've been seeing a client who I have referred on to OXPIP, who I'd been seeing for a long time, it's not terribly helpful I feel to the onward counsellor if he or she is given no details of that client. But I have in my mind 'how much can I say?'" (Relate)

Since therapists aim to work within a partnership model, this problem can be overcome in most instances by consulting directly with service users.

"[...] if we are referring – thinking about referring on, because I mean that would be something we would do anyway, would be discussing it with the person we're working with – 'would you like me to talk a little bit about the issues with X?' And check if they're okay with that. And I think if they've got enough trust with you, then I think it could be very helpful and facilitating, if you're engaging with someone else because otherwise they feel they've got to tell the whole story." (OXPIP)

14.3 Partnership working with other RHLM staff

Similar issues can arise through the work that is undertaken in collaboration with other RHLM workers.

“I think it’s something we struggle with all the time don’t we? You’re always walking a tightrope aren’t you, when you’re working within a big organisation with a lot of different professionals coming into that. But I think it’s good to raise it as a potential problem and something that always needs to be talked about.” (OXPIP)

Family forum meetings provide a good example of the way in which these tensions can play out in practice. These meetings are open to all Sure Start staff, and provide an opportunity for collaborative discussions about issues of concern regarding work with families. The issues discussed within this meeting are viewed by all contributors as confidential. However, in the case of counselling staff, an added layer of ‘client/practitioner’ confidentiality means that counsellors can sometimes find themselves unable to divulge potentially helpful information about a particular family under discussion at the forum. Counsellors also have to distinguish in their own minds, when discussing families with other staff, how they came across particular pieces of information – whether it was through a confidential counselling session, or through some other means.

15. Examples of work

Because of confidentiality issues it is not possible to provide a detailed illustration of the kind of work that is taking place through the counselling service provision at Sure Start. However, the following two examples do give a flavour of the spectrum of work that is going on, ranging from an initial introduction that provided a woman with ‘food for thought’, to a family accessing more than one counselling service to take full advantage of the range of specialist provisions available.

- ❖ The health visitor spoke about a home visit she and a Relate counsellor had made to a parent who was having relationship problems. Nothing much happened for some while, the woman did not take up the suggestion that she might benefit from attending counselling sessions. However, clearly this visit had provided the woman with the opportunity to begin to think about the problems she was experiencing, and almost a year later she made an arrangement to see a Relate counsellor.

Health visitor: “We shouldn’t underestimate a cup of tea or an introduction because actually it’s important.”

Relate counsellor 1: “People take time sometimes don’t they?”

Relate counsellor 2: “ Sometimes you just hold the door open don’t you? It’s about them judging what is the right time for them.”

- ❖ The OXPIP counsellor was working with a parent suffering with post-natal depression. During the course of this counselling a number of the issues relating to her husband emerged. OXPIP referred the couple to work with the Relate counsellor. Although initially the woman had accessed help for her own post-natal depression, it became clear that there were a number of issues within the couple relationship that were

causing tensions and which were hindering her ability to address her depression.

“(She was) taking the role of being the depressed person and the husband (was) taking the role of being the one who was supporting her. But through (Relate) counselling it has emerged that he himself has issues – which he had actually been able to cover up by saying ‘oh well, she is the person who is so depressed’ but by opening that bit out and through counselling it’s emerging that they both hold quite a lot of issues themselves. One, it’s meant that the two of them can discuss it between themselves...and it appears to be slowly lifting the depression that the female client presented with [...] But you know, that to me – I think I will look back on that as being quite a successful bit of counselling really, and you know, if they hadn’t have come it may have been that the sort of dynamic between them would have become very stuck.” (Relate)

16. Counsellors’ perspectives

The successful development of these services reflects the commitment and enthusiasm of the team. Initially the project began with a set of individuals working in collaboration with the RHLM Sure Start director and lead health visitor, but this has gradually evolved into a strong team of counsellors and service managers who are working collaboratively at times in order to provide a diverse range of specialist services within a community setting.

“I’m really delighted that, you know, coming from the initial kind of overtures and conversations where we might go to more individually [...] we are actually getting more and more of a strategic perspective on it and thinking about referrals and confidentiality and accessibility in a connected way. [...] I feel from my point of view we are going along a long difficult road. But actually it feels very exciting.” (RHLM Sure Start Director)

There is a strong sense within the team that the work that they are involved in through RHLM Sure Start is exciting and different, and that it provides them with opportunities to put new ideas into practice – to develop new ways to work with families and to extend the reach of their services. During the focus group interviews, participants were asked to think about whether they felt that the current diversity model of service provision was the best way to proceed, or whether they felt that it might be more appropriate to set up a ‘filter’ model whereby one counsellor would be employed to carry out assessments of potential service users with a view to referring on to appropriate services. There was general agreement that the current model provided a number of invaluable opportunities for both parents and practitioners. Great value was placed on the opportunities which practitioners gained to work autonomously, to draw on individual strengths, and to be able to think laterally about how best to work within this particular community.

“Well I appreciate this model – because although it’s been a struggle in some ways to begin with, as we’ve talked about, that’s forced me to think very hard about how to work and how to get over those obstacles. And I think if I joined the other sort of model, then I could

very easily just sort of carried on working in the same way as I always had and not really...because someone else would have just called on me...I'm free to make use of my individual skills and what I as individual have developed rather than just simply being a CPN – you're able to very much draw on each individual's skills and interests and ways of working [...] in another way you are several steps away from the Sure Start people, or you start to get very removed from the individual people you actually have to work with in the end.” (CPN)

Focus group members reported that the development of the new team approach provided them with opportunities to work collaboratively with other counselling agencies in a way that they had not previously experienced.

They also expressed appreciation of the opportunities which working with Sure Start had provided them in terms of their own professional development, including experiencing a range of issues with parents, adapting their service to a community setting, and gaining an opportunity to work as part of a larger organisation.

“I have learned an enormous amount myself from counselling the clients here, where there is a very high incidence of domestic violence, sexual abuse, and I must say, when I came into it I did on several occasions – I was very conscious of my own perhaps lack of competence in being with those clients, but I did stay with it and I must say my own personal learning has been enormous. And is far more worthwhile to me than I think a whole library of books.” (Relate)

“I think working with Sure Start as opposed to working within OXPIP not in Sure Start is so different because of the fact that you are working within a very large organisation within Sure Start. And I think that is so helpful because it's terribly – it can be very isolating for us in the Healthy Living Centre because we are a very small organisation – it feels quite unique and quite different [here].” (OXPIP)

Most counsellors felt that it was important to maintain their independence from Sure Start to some degree, through the dual management structure that is in place.

“We also are all outside agencies coming in and for some clients that's very important. The fact that they know we don't have to share everything with the other Sure Start staff. Sometimes they want to bring things, that they haven't been able to, haven't wanted to bring up with somebody else.” (Relate)

The diversity model was also felt to provide parents with the best possible opportunities to gain access to a full range of specialist services.

“The counselling agencies that are represented here are actually, have their own specialisms...[They] have a very specialist training really which is going to be geared into a particular difficulty that a client might present.” (Relate)

Some concerns have been expressed about the overall efficiency of the diversity model. However, there is general agreement that evolving management structures and groups are now being set in place with a view to coordinating activities and ensuring that accessing service users, assessment practices and waiting list management will be approached more collaboratively in the future.

“What’s developing now are the relationships in this group and with the staff group at Sure Start. And I feel we just need to stick with this, you know, this is – this is a new service...in that it’s changed so much from the original start with all the chaos, but that’s when Sure Start was beginning and we just need to hold with this and see where we’re going because there’s a feeling of trust, and it’s very good.” (OXPIP)

“I feel very comfortable with the way it is at the moment. I feel it is a model that seems to have evolved. I feel very comfortable with the way that the Relate service is being run in Sure Start.” (Relate)

17. Future Plans

Through joint agency meetings of the Counselling Strategy Group, and the newly formed Practitioners’ Meeting, counselling providers plan to continue the development of their services in a number of areas.

- ❖ *Strategic development of services*
To continue to develop service provision strategically in order to streamline and coordinate services, and to simplify processes.
- ❖ *Team development*
To continue to develop the team and to work collaboratively and in partnership with RHLM management team and workers.
- ❖ *Preventative focus*
To begin to develop ways to focus on preventative measures such as ‘Emotional Fun Days’ – working on early intervention and health promotion issues, in collaboration with other Sure Start workers.
- ❖ *Reaching the ‘hard to reach’*
To continue to find new ways to reach ‘hard to reach’ groups – in particular ethnic minorities, those coping with the consequences of child sexual abuse, fathers, and residents of local graduate accommodation.
- ❖ *Development of new community services in other locations*
To pursue opportunities to develop new community counselling provision of a similar nature in other locations. Currently Relate are developing similar services in Banbury, and OXPIP are developing a new outreach service in conjunction with a health centre in Didcot.
- ❖ *Dissemination of new working practices*
To communicate new ideas and working practices to a wider audience within the health services with the possibility of taking a consultative role in future service development, e.g. Children’s Centres.
- ❖ *Further research*
To seek to secure funding opportunities for further research to take place. In particular there is a need to explore counselling service provision from the perspective of service users’ experiences, and also

to find out the extent of other RHLM Sure Start workers' understanding of counselling provision at Sure Start.

18. Overview

The discussions we held with practitioners and managers of the counselling services and key staff within RHLM Sure Start provide a clear picture of a very different approach to the provision from that which they normally use. All those involved were clear that the new approach was very important in meeting the needs of parents within a community that had no history of use of such services and practitioners were able to illustrate the way in which the new approach to delivery was helping. We did not speak to people who had made use of the services, nor to Sure Start staff who were not in 'key' positions with regard to counselling services, who might have provided a different perspective, and it was not in the remit of this evaluation to attempt any analysis of the impact of the counselling services on the parents' lives. With these provisos, however, the results of this project demonstrate an innovative and apparently effective way of working that those involved are keen to roll out to other areas of the county and to recommend to other Sure Starts.

A range of counselling services are currently offered through RHLM Sure Start. Distinctive differences in service delivery from mainstream settings include the use of more informal methods of accessing service users, the offer of telephone support, working alongside and collaboratively with Sure Start workers, working jointly where appropriate with the whole team of specialist counselling service providers, the 'holding' and management of waiting lists, providing flexible appointment systems, and varying the therapeutic approach that is used according to individual needs.

Over the three years since counselling services were first introduced a number of different strategies have been used to raise the profile of counselling within Sure Start. Counselling staff have worked creatively in order to address the particular needs of this community. Individual services are currently at different stages of development, but each agency has experienced some successes in accessing families who might not otherwise have utilised such services, with some providers now working to full capacity at times.

Services were commissioned individually over a period of time with each agency working separately, in conjunction with the Sure Start Director, to develop their particular services within this community setting. Over time there has been a gradual move towards more collaborative working, with service managers and counsellors increasingly working together as a team in order to jointly manage the strategic development of the service. By sharing ideas and experiences the team have begun to work together to find solutions to a number of challenges. The setting up of the Counselling Strategy Group and the more recently formed Practitioners' Group enables the team to continue to work jointly to ensure that services are developed efficiently and effectively. These groups are currently addressing some key issues that have been discussed over recent months.

Great importance was initially placed on informal networking strategies (sitting in the café, being around in the playroom) in order to establish services, and this has been felt to be a successful method of gaining a high profile within the Family Centre and becoming known as a 'face not a service'. Becoming known and trusted within the community has been identified as a key ingredient of working successfully within this community setting, and the continuation of such informal practices will help towards demystifying counselling/ors. As services have become more established and counsellors' time is spent increasingly in working with individuals, there has been an inevitable drop in the amount of time they can spend in networking and administrative activities. One challenge they now face is in finding ways to continue to link in to the world of the Family Centre as clinical demands increase.

Links have been made with Sure Start workers who play a critical role in working with RHLM Sure Start families. Through these links families have been referred to work with appropriate specialist counselling services. Whilst it is clear that key senior staff (e.g. Health Visitors, Midwives, Family Services Coordinator) are playing a significant role in the referral process, there is still potential for a wider range of staff to become involved in the referral process in an informal way; staff such as café workers, crèche workers and receptionists have daily contact with a wide range of Family Centre users and are therefore in a good position to mention the availability of counselling services informally through conversation.

With the increase in families accessing each service, the team are also working on the possibility of developing a jointly managed central referrals process, along with other strategies that would help to simplify processes.

Confidentiality is an ongoing concern that counsellors continue to grapple with. Working collaboratively with the Sure Start team as well as with other counselling providers presents challenges at varying levels. Confidentiality has also been raised as an issue with regards café networking and where parents are waiting in public areas to attend counselling appointments. Some of these problems may be overcome by working towards challenging existing public preconceptions about the nature of counselling in order to create a climate that would encourage individuals to be open and frank about their use of therapeutic services, rather than feeling that it is something they should keep private. However, the balance needs to be struck between new ways of working, and maintaining respect for individuals' rights to privacy and discretion, particularly as many service users may be in a vulnerable state, and may only be in a position to address such issues once a trusting relationship has been developed with a counsellor.

The challenge for counselling service providers has been to find new ways to offer their services within the local community that would encourage traditional 'non-users' to make use of such services. The increasing service uptake numbers indicate that they have begun to make progress. There are still some groups who remain 'hard to reach'. The work that is being undertaken with ethnic minority families (Family Therapy) has been slow to take off, but is ongoing, and there are signs that the therapist has gained trust and acceptance within that community. Most services have been accessed by

women although there have been some successes with a small number of men. RHLM Sure Start workers have begun to address the needs of men/fathers in a variety of ways (a recent Away Day focused on the problems of attracting Dads to use Sure Start services) and the counselling team are mindful of the need to continue to seek ways to encourage more men to use their services.

The successful development of these services has been achieved through the commitment and enthusiasm of the whole counselling team, key RHLM Sure Start workers and the programme Director. There is great optimism about the possibility of sharing the ideas and practices that this team have developed with a wider audience. Two providers are already working in partnership with other organisations in order to develop similar services in other communities within the county. It has also been suggested that this team might form a consortium to offer an integrated counselling service to other organisations that are seeking to establish multi-disciplinary health teams in community settings.

This research report is based largely on focus group interviews with service providers and is therefore limited to providing a practitioner perspective. We would recommend that further research is undertaken which would encompass the perspective of service users. It would also be valuable to evaluate the extent of RHLM Sure Start's staff's knowledge of counselling services.

19. Summary

Service delivery

- *A range of specialist services on offer within a community setting using a range of theoretical approaches*
- *A 'joined-up approach' to service delivery. Benefits of multi-disciplinary team working as well as individual specialities*
- *Distinctive differences in methods of service delivery successful in encouraging traditionally 'non-users' to engage with services*
- *Aiming to demystify and de-pathologise attitudes towards the use of counselling services*

Key aspects of services

- *Informal methods of accessing service users, the offer of telephone support, flexibility of appointments, varying therapeutic approach according to need*
- *'Word of mouth' referrals increasing*
- *Breaking down traditional barriers to service use*
- *Becoming known as a 'face not a service' and the development of trusting relationships within the Sure Start community*
- *Strong links forged with key Sure Start workers*

Challenges

- *Management of increasing workloads*
- *Working to maximise joint management strategies across the team*
- *Aspects of confidentiality, particularly with regards physical space and team working*
- *Continuing to find strategies to access 'hard to reach' groups*
- *Incorporating preventative strategies within the work remit*

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Reports are also available to view or download at www.hsr.u.ox.ac.uk