

Hope House Children's Hospices

Counselling Service Evaluation Jan – Dec 2012

Introduction

In order to assess the effectiveness of the counselling service provided by Hope House Children's Hospices, evaluation forms were sent to family members who had accessed the service during 2012. The evaluation form had been updated to incorporate best practice guidance from the British Association of Counselling and Psychotherapy. A total of 138 forms were sent out and a response rate of 41% was achieved.

Who accessed the counselling service?

During 2012 47% of those who accessed the counselling service were families who used, or had used, hospice services. The remaining 53% were referrals to the service from the wider community, usually following sudden and traumatic death.

Support was provided to various family members as follows:

Mothers	40%
Fathers	26%
Siblings	22%
Grandparents	3%
Other	9% (nieces/nephews/uncles/aunts/daughter/foster carers)

In some cases counselling was provided to just 1 member of a family and in others between 2 and 5 family members accessed the service. This can be broken down as follows:

Families with 1 individual supported:	24%
Families with 2 individuals supported:	37%
Families with 3 individuals supported:	28%
Families with 4 individuals supported:	7%
Families with 5 individuals supported:	4%

The ages of those supported ranged between under 10 years to over 65 years as follows:

Under 10	10-16	17-20	21-35	36-50	51-65	66-75
10%	24%	6%	7%	40%	11%	2%

Quantity

Counselling sessions usually last between 1 and 1 ½ hours. The frequency of sessions is discussed with clients and appointments are made to suit client needs where possible. In general sessions will be more frequent at the start of the counselling work. We aim to see clients weekly or fortnightly in the early stages of counselling and to gradually lengthen the time between sessions when appropriate. We do not have a specific limit to the number of sessions offered to clients but we hold regular reviews to monitor the progress of the counselling work and we decide together when the work is coming to an end.

At the time of this survey some of the respondents had only had 2 or 3 counselling sessions whilst others had received many sessions over a number of years.

When asked about the statement “I am satisfied with the frequency of sessions”, 60% strongly agreed, 38% agreed and 2% were neutral.

When asked about the statement “I am satisfied with the length of individual sessions”, 75% strongly agreed, 21% agreed, 2% were neutral and 2% strongly disagreed. One comment was made that although they found the session helpful, they felt rushed at the end and felt they had more to say.

Access

The majority of respondents had received counselling at the counselling centre/suite at the hospices (53%); 33% took place at home and 14% at school or college.

Referrals came from a variety of sources as follows:

- Self-referral 25%
- Family member 23%
- Health professional 23%
- Friend 7%
- Social worker 5%
- Other 10% (Police, Coroner, school)

Most respondents rated the ease of access to the counselling service very highly with no negative views expressed. Responses are summarised in the table below.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found it easy to contact the counselling service	82%	16%	2%		
The staff I made contact with were helpful	86%	14%			
I was able to have an initial assessment appointment within 2 weeks	70%	24%	6%		
I was satisfied with the waiting time for my follow-up appointment with the counsellor	78%	20%	2%		

Respondents were invited to comment on how they felt access to the counselling service could be improved. Many comments suggested that they had found access extremely easy and that no improvements were necessary. There was however concern expressed by 8 respondents that

awareness of the counselling services to non-hospice families needed to be raised. Some explained that they had been sent to other organisations first who did not seem able to help. Some simply said they wished they had been referred much earlier. The comments suggested that information via leaflets should be specifically targeted at GP's, Local Authority, hospitals, Police, community support and faith groups across the catchment area.

Relationship with counsellor

A series of statements were used to measure the quality of the counselling relationship; the responses are shown in the table below.

My counsellor:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
clearly explained the centre's Confidentiality Policy	83%	12%	5%		
understood my concerns and how I felt	79%	21%			
created a safe atmosphere in which to explore my concerns	84%	12%	4%		
helped to increase my self-awareness	74%	26%			
helped me to explore and express my thoughts and feelings safely	80%	18%	2%		
helped me to become aware of my own resilience and inner resources	74%	15%	9%	2%	
is/was sensitive to my race, sexual orientation, class, culture, age, gender and/or spiritual beliefs	76%	18%	4%		2%

Clearly the fact that 1 respondent strongly disagreed with the statement about sensitivity is concerning, however this particular respondent rated everything else very highly. It is possible therefore that the question had been misunderstood on this occasion.

Outcome of counselling

When asked about the statement "I feel I have benefited from counselling", 74% of respondents strongly agreed, 17% agreed and 9% were neutral. The statement "overall I am satisfied with the

counselling I received” showed 75% strongly agreeing and 25% agreeing. In addition 79% of respondents strongly agreed that they would recommend the Counselling Service to a friend, 17% agreed and 4% were neutral.

Free text comments describing the most helpful aspects of counselling for individuals were made by 84% of respondents. The most commonly expressed themes were:

- Having someone to talk to about feelings without upsetting other family members;
- Gaining an understanding of how grief affects the family;
- Relief at being made to feel that their feelings and thoughts were “normal”;
- Being able to share anything, safely, in confidence and without feeling judged;
- Feeling better equipped to face the future;

Respondents were also asked about what aspect of counselling had been least helpful. 74% made no comment or stated that they had found nothing negative about the support offered. Aspects that some clients had found unhelpful included:

- Difficulty in talking about themselves;
- The draining nature of counselling and how long it took to recover afterwards;
- The distance they had to travel to access counselling;
- The fact that there were no answers as to why things had happened;
- Would have preferred more activities, rather than just talking.

What would have improved the counselling support provided?

Suggestions for improvement included:

- Occasional offer of 1 to 1 support (client receiving couple’s counselling);
- Inclusion of other family member in counselling session to assist the whole family;
- More private area within the school to have counselling;
- Nearer to home;
- More frequent sessions at the beginning and during bad patches;
- Longer sessions;
- To have counselling at the hospice from the beginning rather than starting at school;
- Drop in service to access at “low” moments;
- Offer of more craft sessions/coffee mornings.

Comments

The end of the survey invited respondents to give any other comments about the service. This section provided a vast range of overwhelmingly positive comments which vividly demonstrate the depth of feeling clients had about the counselling they had received. Examples of these comments include:

- *Both of my children have, and are still, benefiting from counselling. They enjoy each hour spent and always look forward to the next. The fact they know they can say anything without upsetting anyone makes a difference.*

- *I would have been lost without Hope House's support. Thank you.*
- *I would like to thank Hope House for everything they have done in helping my family after our sudden bereavement, without our counselling sessions I doubt we would be dealing with our grief as well as we now are. It was difficult for me to accept that I needed help. I am now thankful for my sessions.*
- *Coming here and receiving counselling really changed my life for the better. Helped me and listened and cared when nobody else would. Don't know what I would have done without it.*
- *I cannot thank my counsellor enough. She has provided help and strength to me at the most desperate time in my life. I will be forever grateful to her.*
- *Having access to this service has been so important and beneficial. A big thank you to the counsellor at Tŷ Gobaith.*
- *Thank you to Hope House, the staff who all put us at ease and most of all to our counsellor for holding my hand on the first part of a very difficult journey.*
- *A lifesaving service for me which has supported me through the darkest, most traumatic time in my life. I can't imagine how it would have been without it.*

Summary

It is clear from the responses given in this survey that the counselling service is effective and is extremely important to those who receive this type of support. There are some very useful suggestions for improvement and these have been discussed in depth with the whole counselling team. Responses to some of the issues raised are given in the table on page 6. We are grateful to all those who took the trouble to participate in this evaluation exercise.

Kath Jones
Director of Care
June 2013

Responses to issues raised in the counselling service evaluation

Issue raised	Response
Raising awareness of counselling service to non-hospice families via GP's, Local Authorities, Police, Hospitals etc	Currently the demand on the counselling service is such that the service would be unable to cope with the additional referrals triggered by an increased awareness. Once we feel the demands on the service and the resources available are more balanced, an awareness raising programme will be instigated. We are acutely aware of the importance of families in need being able to access our service and our aim is to support all those we can, whenever possible.
Length of sessions	Evidence shows us that sessions that are too long can have a detrimental effect on clients and the session lengths are therefore based on best practice guidance.
Frequency of sessions	More frequent sessions are usually offered at the beginning of counselling work, however at times the frequency of appointments may be restricted due to the demands on the service.
Distance	Alternative venues are discussed with families when it is difficult for them to travel. When appropriate or necessary we will provide counselling in the family home, GP's surgeries etc.
More activities/coffee mornings/drop in sessions	Unfortunately it is not possible for us to provide such opportunities due to the need to ensure our resources are used as effectively as possible. However telephone support can be accessed from counselling staff during office hours and from hospice staff 24/7.
Inclusion of different family members in counselling sessions	Each counsellor will ensure this option is available if it is requested or felt appropriate.
More private area within the school to have counselling	The counselling team recognise that it can be difficult to find a suitable space for sessions in schools. Although we cannot influence the facilities available in schools, the team will now ensure they take their own "do not disturb, counselling in progress" signage to increase the awareness of school staff and promote privacy.