LEEDS BECKETT UNIVERSITY

Review of Counselling and Therapeutic Support in Bradford District and Craven

Executive Summary and Recommendations

Bradford District Care
NHS Foundation Trust

Bradford District and Craven
Health and Care Partnership

City of BRADFORD
METROPOLITAN DISTRICT COUNCIL

Executive Summary

Introduction

This report was commissioned by Bradford District and Craven Health Care Partnership, the purpose was to review counselling provision and therapeutic support. The review includes an evaluation of the scale and efficacy of current provision, an analysis of current and future population needs and the development of a good practice model for counselling and therapeutic support which complements the universal and more specialist support offers. Leeds Beckett University were commissioned as researchers to conduct the independent review.

The commissioning arrangements of local counselling services are complex, spanning the Council, Integrated Care Board (ICB) and Bradford District Care Foundation Trust (BDCFT). Many of the existing contracts or grant agreements have been in place for years, without a clear understanding of what is collectively being provided, to whom and the impact of the interventions on service users' lives. The main purpose of this review was to understand who was delivering what services and with what overall impact. With the understanding that any future therapeutic and counselling support model must complement and work towards easing pressure on specialist services and ensuring it will meet the current and emerging needs of the local population.

The review focussed on a total of sixteen non-statutory counselling and therapeutic organisations that provide a counselling and therapeutic offer. Their offer includes support for people experiencing anxiety, depression, bereavement, relationship issues and other adverse experiences. Interventions are delivered in a variety of ways including digital, one to one counselling (face to face or virtual) and a range of modalities including systemic family therapy, play therapy and group-based work. Funders of these contracts include Bradford District and Craven ICB; Bradford District Care Foundation Trust and Bradford Council, including Children Services[1] and Public Health. This group of providers is referred to throughout this report as the **core counselling services.**

The ICB also funds other therapeutic services that provide counselling as an element of their wider service offer. Whilst these services were not the focus of the review, they were still engaged in the process to provide some context to the therapeutic landscape in Bradford District and Craven. These organisations are referred to throughout the report as **other therapeutic services**.

Methodology

A mixed method approach was adopted by the Leeds Beckett University research team. The qualitative data was collected through semi-structured, online interviews with existing counselling providers, wider providers of services and key stakeholders. The quantitative data was collated utilising information provided in the quarterly monitoring information that each provider completes either for the Council, BDCFT or the ICB.

[1] During the course of the review, these children and young people's counselling services became the responsibility of the newly formed Bradford Children and Families Trust

The sample comprised:

- 32 professionals were interviewed
- 21 organisations represented (15 from the core counselling services and 6 from other therapeutic services)
- 8 Stakeholders were interviewed
- 4 focus groups, 2 with young people and 2 with adults (19 individuals)
- 28 members of the public
- 18 respondents from a survey sent to 20 organisations.

Understanding Local Provision and Need

The COVID-19 pandemic has had a significant impact on mental health worldwide. The various stressors associated with the pandemic, such as social isolation, fear of illness, financial difficulties and disruption of daily routines, have contributed to a rise in mental health concerns among the population. These fears have resulted in a higher demand for mental well-being services, which may include counselling and therapy, but also more general calls for help and support. These additional demands on services have been felt more acutely in the services on offer to children and young people. Although the pandemic is over it has had an impact on demand for services, but also the delivery of services now.

Overall, the pandemic underscored the importance of addressing mental health concerns and providing effective and integrated support services. It brought to light the need for a comprehensive approach that considers the complex needs of individuals and ensures coordination and collaboration among various stakeholders in the mental health landscape. Providers report that while they are not seeing different presentations of need as compared to previously, but the demand is now much higher and, in most cases, outstripping the capacity and resource available.

Various challenges were encountered relating to the analysis of service level performance and monitoring data. This was due to the differing monitoring and reporting processes across the Council, ICB and BDCFT, alongside the multiple contracting arrangements within many of the organisations. Data was often difficult to find or incomplete. Some reports also carry no information about how effective the services are in terms of the interventions. We recommend the introduction of an on-line tool, which captures monitoring data simply and effectively. We also suggest that there are on-going discussions with service providers about how this data is used to understand new and emerging need, to ensure services are delivering effectively.

Referral routes into counselling services are varied, most services are open to self-referrals, each with their own referral form and process, with some services offering online referrals. Digital services are anonymous and people can sign-up themselves. Many services operate waiting lists, for some services each referral will be considered prior to accepting on to the waiting list, for others, new referrals will join the waiting list and be considered when they effectively reach the top. The problem with such a flexible referral process means individuals are not necessarily directed to the most appropriate service. We suggest therefore that there is discussion around a single

point of entry and the adoption of a uniform assessment tool, enabling services to adhere to a consistent pathway.

A range of approaches and modalities of counselling are used by the counselling providers, these were self-reported within the interviews as Cognitive Behavioural Therapy (CBT), psychotherapy, play therapy, systemic family approach, solutions focused therapy, and EMDR (Eye Movement Desensitisation and Reprocessing) therapy. Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. We recommend adopting a trauma-informed approach across all services. The benefit of adopting a service wide approach is that the key principles can be built in across all services.

In terms of the therapeutic interventions there is a commonality of offer in terms of the number of sessions. Most providers offer a minimum of 6 sessions, which usually last an hour in length, up to a maximum of 12. In the main, counselling is provided on an individual basis. Providers reported that services are well received by those who access them, from the feedback they receive in service.

There were some variations within the staffing models and qualifications of those providing counselling services, many services had BACP qualified counsellors, with some services stipulating Level 4 or Level 5 as the minimum qualification for staff providing counselling support. Many services had staff who were qualified to master's degree, post-graduate certificate and diploma level in counselling skills, psychotherapy and play therapy. All services had clear evidence of continued professional development opportunities and mandatory training requirements. Governance issues are an important concern. Counsellors need to practice in a safe, ethical, and competent manner. We recommend benchmarking standards of practice and BACP membership for all trained counsellors.

There is great variety on the use of students and volunteers. Whilst this can be a mutually beneficial practice it would be beneficial to introduce a best practice agreement on the use of students and volunteers within services. The use of students and volunteers also varied across the providers, with some utilising volunteers for administration roles, rather than direct support and others where student and volunteer counsellors formed part of their delivery model. At a time when demand for counselling appears to be rising, students and trainee counsellors are an effective option for many organisations. A clearly defined contract, with responsibilities and duties with clear arrangements for supervision will help to ensure transparency.

The underlying context of this work is the very high levels of poverty that exist across the Bradford District in particular, amplified by the current cost of living crisis which is impacting most local households in some way. There is a clear intersection between trauma, developmental issues and all neurodiverse conditions, especially in communities facing deprivation (Cox, 2013, Bambra 2020). In areas with high levels of poverty and trauma, there is also a greater prevalence of adverse childhood experiences. The evidence from the review suggests that providers recognise both the socio-economic and cultural contexts of their clients.

Services use specified evidence-based outcome tools for the work they do. Outcomes are measured both quantitively using various outcome measures including Core-10, GAD-7, PHQ-9. Services also adopt numerous qualitative outcome measurements based on service users' feedback, such as closeness to family, freedom to make decisions, less anxious, more confident and sleeping better measures. Capturing the impact of the intervention was more problematic. Services do not routinely capture data on the appropriateness of the intervention. A base tool could help measure impact and should be adopted by all the commissioned services. Service providers should be required to collect data on the immediate (at the end of the intervention), intermediate (6 months) and long-term (12 months) impact of their services.

Some, although not all, of the counselling providers collaborate with other organisations, professionals and community members who have a shared focus. These partnerships are important for fostering knowledge exchange, networking and the sharing of resources. Currently partnerships and collaborations appear to be organic and loosely based on professional networks, or at times specific need. This is an area that could be improved. As demand increases and the complexity of needs grows, there will be a greater need to collaborate and create more sustainability within services.

Several barriers impacting on current service provision were identified:

- Poor or fixed term funding, impacts on the type and duration of services that can be offered
- Staff retention issues due to funding and inability to pay a competitive salary
- Perceived lack of inclusion of minoritised ethnic communities within some service provision
- Culturally competent services
- Translation issues, some organisations do not have interpreters, and outsourcing for interpreting can be particularly challenging
- Transportation can be an issue for some service users, particularly those that live in rural areas
- Lack of access to technology and lack of privacy when services are delivered online to people in their own homes.

It is suggested that future commissioning arrangements seek to address the above issues where practical.

There has been a growth in discussions around mental health and therapeutic needs. As part of this review the team have developed a well-being pathway that distinguishes between therapeutic and well- being support. The pathway model was developed by integrating insights gathered from the research, including focus groups, surveys and market research. The model aligns with the National Institute for Health and Care Excellence (NICE), ensuring that the services provided are in line with the most current evidence-based practices. The model is based on principles of trauma-informed care, with a focus on service user/client empowerment. It is suggested that the pathway is considered locally as part of the future model discussions and developments.

There is a difference in both need and approach required for adult services and those for children and young people. Based on the different approaches we recommend a clear division between adult services and those for children and young people. After reviewing the services, it is clear when working with children and young people, often what is required is well-being support and increasingly family support. Counselling was not necessarily the 'right' answer to a lot of the presenting need. This is in part because of the individual nature of counselling and sometimes what is required more in terms of children and young people is a broader understanding of their environment, in which home and family play an important role. There is also a growing demand to understand neurodiversity, and how this impacts the whole family. Family support or a targeted youth support worker, may be more beneficial in terms of helping build the resilience and skills set that the young person will require moving forward in their lives.

Data from the review highlighted the importance of the role of community organisations and their involvement in efforts to improve mental health and wellbeing. Being part of a shared community helps those feeling anxious or vulnerable that they are not alone and that they can be helped, being in a group helps to break down feelings of isolation and loneliness. The focus groups and street surveys provided a timely reminder that mental health is something we all have and conversations about how to maintain it belong to everyone.

Recommendations

There are a number of recommendations proposed throughout the report which have been consolidated here, these have been grouped together under key areas for ease of understanding.

Future Model of Support

1. There is a difference in both need and approach required for adult services and those for children and young people. Based on the different approaches we recommend a clear division between adult counselling and therapeutic services and those for children and young people.
2. There has been a growth in discussion around mental health and therapeutic needs. We therefore recommend adopting a well-being framework that distinguishes between therapeutic and well-being support.
3. In particular, for children and young people, often what is required is well-being support and increasingly family support. Counselling was not necessarily the 'right' answer to a lot of the presenting needs of the individual nature of counselling and sometimes what is required more in terms of children and young people is a broader understanding of their environment, in which home and family play an important role. We recommend a broader service offer encompassing enhanced wellbeing support and counselling and therapeutic support, with a focus on whole family approaches for children and young people.
4. Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma

experiences and supporting mental and physical health outcomes. We recommend adopting a trauma-informed approach across all services. The benefit of adopting a service wide approach is that the key principles can be built in across all services.

5. Recognising the importance of the role of community organisations and their greater involvement in efforts to improve mental health and wellbeing is required. We recommend that outreach work is a serious part of service delivery, this could include different strategies for engagement and plans for co-production.
6. There is no clear or streamlined referral mechanism, our recommendation is to adopt a single point referral framework and waiting list management approach. This in turn will support clearer navigation to the right support at the right time, and ease the complexity for referrers, including professional and self-referrals. A single point of referral framework will allow for promotional materials and pathways to be more easily communicated and understood.
7. Data in this review points to the benefits of group work and peer support. This is a proven and cost-effective method of delivering long term, on-going and sustainable support. We therefore recommend training group facilitators in all services, in both the core counselling services and the other therapeutic services. Participants in the review called for the right kind of support, at the right time and for as long as needed, this would be a way to offer this to those who needed it.
8. Interventions tailored to the unique needs and characteristics of a particular group, are more effective in addressing the specific problems that group faces. Targeted interventions work well in targeted services because of this narrower focus and allows for a more precise collection of information on trends, challenges and effective interventions. We recommend a clearer data-driven approach to provide bespoke services and interventions to better meet specific needs.
9. Cultural competency encourages the acknowledgement and acceptance of differences in appearance, behaviour and culture. Cultural competence in therapy also helps cross any cultural boundaries that may exist between a therapist and their client. We recommend that a commitment to cultural competency is made by adopting cultural competence as a framework across all services.
10. We recommend any future service model(s) take due consideration of the feedback we have received throughout the review process. Specifically, the following need to be considered when developing the future model: an understanding of needs around neurodiversity; a focus on whole family support for children and young people; connectivity with other ‘non-mental health and wellbeing’ support services; continuity of support from the same practitioner where possible and longer term support to maintain good mental health and wellbeing in the form of peer support groups.

Data and Insight

11. Data was often difficult to find or incomplete. We recommend the introduction of an on-line tool, which captures monitoring data simply and effectively. In future capturing consistent data on demographics, outcomes, interventions completed and re-referrals would be helpful.

12. Currently services capture quantitative data via the quarterly monitoring reports, whilst this proves base level data, there is very little information about the impact that the interventions have overall and no consistent recording or reporting of this. We recommend therefore that some work is done on developing a useful service wide impact measurement tool, including a consistent approach to outcome measures for those accessing services.

Workforce

13. Information about levels of qualifications was difficult to access. Our recommendation is that a service level agreement specifying level of qualifications for counsellors and therapists is introduced.
14. There is great variety on the use of students and volunteers. Whilst this can be a mutually beneficial practice it is recommended that a best practice agreement on the use of students and volunteers within services is introduced.
15. The adoption of SCoPEd provides a platform to enable a credible, diverse and thriving counselling and psychotherapy profession that is better understood, valued and trusted by clients, employers, commissioners and society.
16. SCoPEd is now in its implementation period and we recommend that these proposals are fully integrated into the core providers policies and processes.
17. Governance issues are an important concern. Counsellors need to practice in a safe, ethical and competent manner. We therefore recommend benchmarking standards of practice and BACP membership for all trained counsellors. Additionally, we recommend that counselling services have BACP organisational membership. Governance for trainees should be in place and documented in policies and procedures.

Partnership Working

18. Partnership working enables flexibility to offer support to clients that meet all their needs that often arise because of their intersectional identities. We recommend that partnership working be extended to wider community groups, which would help to bridge the transition between receiving counselling support, to a wider offer of therapeutic and well-being support to help build resilience. Thus, creating a comprehensive and interconnected system, with a greater level of sustainability.
19. Understanding the importance and role of community leaders, we recommend that health and well-being training is cascaded to community leaders.
20. GP referrals are influenced by their own knowledge and awareness of available organisations and services. If GPs are not aware of the full range of counselling services, their range of referrals will be limited. We recommend that there is a greater level of contact between providers and GPs, as this is an important access point for many people seeking mental health and wellbeing support.