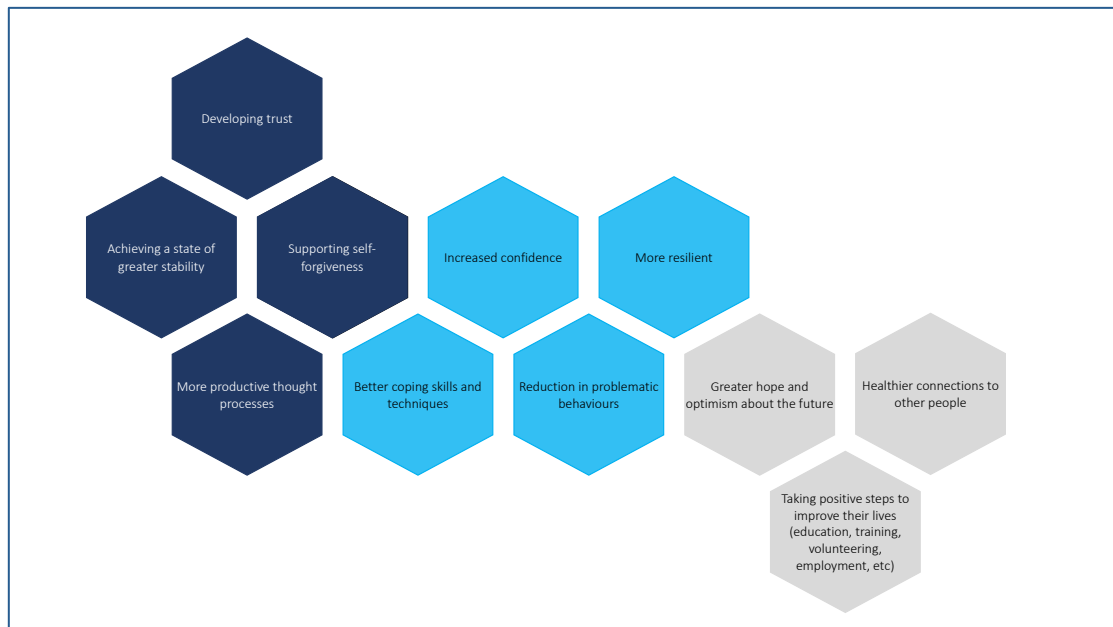




Independent Evaluation of the Reflections Network Project



Submitted by Mark Beynon & Llyr Roberts
PDR Cymru

December 2021

Table of Contents

EXECUTIVE SUMMARY	3
1. INTRODUCTION	7
2. PROJECT CONTEXT	9
3. PROJECT RATIONALE AND HEADLINE OBJECTIVES	13
4. PROJECT DELIVERY	15
5. PROJECT PERFORMANCE AND ACHIEVEMENT OF OUTCOMES	23
6. KEY LESSONS & SUCCESS FACTORS	33
7. CONCLUSIONS AND RECOMMENDATIONS	38
APPENDIX A - SERVICE USER CASE STUDIES.....	41

Executive Summary

Evaluation Brief

In September 2021, PDR Cymru was commissioned by The Wallich to independently evaluate the performance and impact of their Reflections Network project. The purpose of this exercise was to look at:

- Performance against the targets agreed with key funders
- Effectiveness of delivery and implementation arrangements
- Achievement of headline outcomes
- Overall impact assessment – what difference has the project made, what has been the impact for Service Users, The Wallich and wider stakeholders.

This report summarises the findings of the evaluation and addresses the research questions outlined in the original specification. We have also interrogated all available data to contextualise our findings, explore a range of key issues and provide a series of practicable conclusions and recommendations.

Evaluation Method

Based on the requirements and key themes outlined in the Research Specification, a detailed staged methodology was developed to meet the demands of the evaluation assignment. After an initial Inception Meeting with the client, a programme of desk research and stakeholder interviews was completed. Evaluation data was then collated and analysed (October-November 2021) to inform the findings of this report.

All contributions to the research have been anonymised and the data has informed the conclusions and recommendations set out in this report. The methodology included:

- A full desk review of project documentation and management information (MI)
- Semi-structured qualitative interviews with Wallich staff and external stakeholders
- Semi-structured qualitative Interviews with Counsellors & Support Workers
- Semi-Structured telephone interviews with a sample of Service Users
- Analysis of project performance data.

Due to the need to work in a COVID safe way over the course of the evaluation, all interviews were conducted using video platforms or telephone.

The research team would like to extend their gratitude to all participants who contributed to this evaluation, in particular service users who spoke with openness and candor about their experiences. We appreciate that it would not have been easy for individuals to share their stories with researchers that they didn't know, and we hope this report serves to capture their experiences and celebrate their achievements.

The Reflections Network project - Overview

The Reflections Network is a counselling service that was set up by The Wallich to support existing Service Users across Wales. The concept stemmed from a realisation by staff that services were increasingly having to tend to the day-to-day challenges and behaviours of Service Users, without being able to fully address root causes. The majority of Wallich Service Users face some form of mental health challenge, and without appropriate support, they can often get stuck in a cycle, where underlying issues repeatedly frustrate their efforts to make progress. It was also recognised that access to statutory counselling services was limited and often involved lengthy waiting times. The Wallich therefore set about developing a package of bespoke counselling provision to allow issues and behaviours to be explored and understood, as part of a wider support process.

The Reflections Network scheme is a reactive service that aims to connect people with a counsellor within 28 days of referral. The project has a team of 10¹ counsellors working across all areas of Wales where the Wallich has a presence. The number of sessions is not time-limited and an integrative approach is used to cater for the specific needs of each client. Counsellors are trauma and psychologically informed in their approach, which aligns with The Wallich's wider commitment to embracing PIE and trauma-informed working as one of their Strategic Priorities².

Headline Findings

The evaluation process has shown evidence of a project that is performing effectively and delivering a range of positive outcomes. The team appeared to adapt well to the challenges of COVID, and the model was able to quickly pivot to offer counselling support over the phone, which in some cases Service Users have preferred. Demand for the support has remained high and there has been a steady throughput of Service Users onto the project.

The project model is clear and well understood and interviews with both staff and Service Users indicated a strong rationale for the intervention, which is evidently meeting an identified need, as well as a significant gap in oversubscribed mainstream provision.

The set up and implementation of the project went well, and the appointment of a dedicated Project Manager to oversee delivery helped everything work effectively. A team of qualified counsellors was recruited to run the counselling support for Service Users, and their experience, approach and dedication to the model has been at the heart of what has been achieved. Service Users praised the quality of support provided, and the style in which it was delivered. Trust between Service User and Counsellors was clearly central to unlocking progress.

¹ The number of counsellors grew from 6, to 7, to 10, as additional resource was secured.

² Wallich Business Plan 2020-2025, Strategic Priority 5: Compassion.

<https://thewallich.com/app/uploads/2020/12/Business-Plan-2020-Short.pdf>

Performance against KPIs has been significant, albeit less than projected. This can in part be attributed to a delayed start and the disruption caused by COVID. In addition, at the time of writing, the project has over three months left to run, which should enable further progress against targets

Waiting times for Service Users have been modest and have largely fallen within the target of Service Users being offered an appointment within 28 days. Crucially, these waiting times have been dramatically shorter than would have been the case had Service Users sought support from statutory services. In addition, the project is evidently taking pressure off those statutory services, adding to the broader societal value delivered by the project.

The length of interventions has of course varied, and the model, by design, sticks with people until they feel ready to end counselling. This open-ended commitment is one of the key success factors of the project, and both Counsellors and Service Users see it as a key that helps unlock stronger engagement and better outcomes.

Another factor that has supported the success of the project is the way it interacts and works in parallel with other Wallich services. Support Workers told us they feel the effectiveness and impact of other Wallich services is enhanced when Service Users also access the counselling support. This provides a 'win win' situation for both the Wallich and Service Users. In Section 6, we identify a number of key success factors that appear to have enabled effective delivery and the achievement of positive outcomes for Service Users.

Project processes appear to be working well overall and the model has been able to scale up/down as the level of available resource has changed. Securing more resource over a longer period would clearly be beneficial, as would building in some level of administrative support for any future phase.

Strengthening the ability of the project to collect, capture and interrogate outcome data should be a priority moving forward. All stakeholders believe the project is making a big difference and the data collected through this evaluation has highlighted the sort of transformational stories that can emerge. Looking at how this evidence can be further improved should therefore be a priority.

Interviews with stakeholders and an examination of project data therefore suggest a project that has a clear rationale, effective processes and an offer that Service Users value. With pressures on the NHS likely to continue for the foreseeable future, this provision offers a much-needed route to support that has the potential to help them achieve lasting progress in their lives. Continuity and Progression should therefore be the focus for the project moving forward.

Most importantly, our interviews with Service Users confirmed the positive impact that the support is having on their lives. A range of positive outcomes were identified and the Service Users provided examples of how the support was making a real difference to their progress. Our report provides case study examples of all the different ways that the Counselling has

helped individuals, and we extend our thanks to the interviewees for sharing their stories and experiences so openly with the research team.

Key Findings

Based on our analysis, we would offer the following recommendations for consideration:

1. That every effort be made to secure additional resources to continue Reflections Network provision. Securing a larger sum of grant funding over a long period would give the team greater certainty and allow innovation in the model
2. By the end of the project period, collate and analyse all available monitoring data to help evidence the true impact of the Reflections Network intervention
3. Strengthen level of interaction and dialogue between Support Workers and Counsellors to improve understanding of the counselling process and fine-tune the referral process
4. Explore opportunities for Reflections Network Counsellors to come together as a group to share experiences and discuss best practice
5. Look at how Service Users can best shape and evaluate provision. The Service User group could be reinstated, and options for involving Peer Mentors could be explored.
6. Assess the viability of building some administrative capacity into the project model
7. Continue to provide a blended offer, whereby Service Users have the choice to access counselling face to face or over the phone
8. Strengthen monitoring and evaluation processes to allow effective capture of data on the progress and value of the support
9. Revisit KPIs/ outcomes to ensure they reflect what the support is trying to achieve.
10. Make every effort to retain and develop the network of Counsellors that have successfully delivered the support to date
11. Consider some of the detailed points outlined in this report on how systems and processes might be tweaked to deliver marginal gains.

1. Introduction

In September 2021, PDR Cymru was commissioned by The Wallich to independently evaluate the performance and impact of their Reflections Network project. The purpose of this exercise was to look at:

- Performance against the targets agreed with key funders
- Effectiveness of delivery and implementation arrangements – considering what has worked well, whether any challenges have been encountered, what lessons have been learned and identifying suggestions for strengthening the project model
- Achievement of headline outcomes
- Overall impact assessment – what difference has the project made, what has been the impact for Service Users, The Wallich and wider stakeholders.

This report summarises the findings of the evaluation and addresses the research questions outlined in the original specification. We have also interrogated all available data to contextualise our findings, explore a range of key issues and provide a series of practicable conclusions and recommendations.

The Reflections Network - Overview

The Reflections Network is a counselling service that was set up by The Wallich to support existing Service Users across Wales. The concept stemmed from a realisation by staff that projects were increasingly having to tend to the day-to-day challenges and behaviours of Service Users, without being able to fully address root causes. The majority of Wallich Service Users face some form of mental health challenge, and without appropriate support, they can often get stuck in a cycle, where underlying issues repeatedly frustrate their efforts to make progress. It was also recognised that access to statutory counselling services was limited and often involved lengthy waiting times. The Wallich therefore set about developing a package of bespoke counselling provision to allow issues and behaviours to be explored and understood, as part of a wider support process.

The Reflections Network scheme is a reactive service that aims to connect people with a counsellor within 28 days of referral. The project has a team of 10³ counsellors working across all areas of Wales where the Wallich has a presence. The number of sessions is not time-limited and an integrative approach is used to cater for the specific needs of each client. Counsellors are trauma and psychologically informed in their approach, which aligns with The Wallich's wider commitment to embracing PIE and trauma-informed working as one of their Strategic Priorities⁴.

³ The number of counsellors grew from 6, to 7, to 10, as additional resource was secured.

⁴ Wallich Business Plan 2020-2025, Strategic Priority 5: Compassion.

<https://thewallich.com/app/uploads/2020/12/Business-Plan-2020-Short.pdf>

The scheme aims to provide a range of benefits for Service Users and the approach has been built around some core tenets:

- Counselling with a neutral professional enables people to share difficult aspects of their lives without fear of judgement or being labelled.
- Subjects of conversation may be things that have never been spoken about and can be very challenging for Service Users to discuss
- It addresses trauma that has negatively affected a person's life.
- Counselling provides the opportunity to explore past and present events, to better understand and process what has happened
- The focus is to deliver substantial, positive, long-lasting changes for individuals.

Reflections Network Service Users are referred to the project through The Wallich's wider service structure. Support Workers can introduce the offer to any individuals they feel may benefit from the support. The service is a 'opt in' provision and it is entirely the choice of the Service User as to whether they want to access the counselling support.

Research Method

Based on the requirements and key themes outlined in the Research Specification, a detailed staged methodology was developed to meet the demands of the evaluation assignment. After an initial Inception Meeting with the client, a programme of desk research and stakeholder interviews was completed. Evaluation data was then collated and analysed (October-November 2021) to inform the findings of this report.

All contributions to the research have been anonymised and the data has informed the conclusions and recommendations set out in this report. The methodology included:

- A full desk review of project documentation and management information (MI)
- Semi-structured qualitative interviews with Wallich staff and external stakeholders
- Semi-structured qualitative Interviews with Counsellors & Support Workers
- Semi-Structured telephone interviews with a sample of Service Users
- Analysis of project performance data.

Due to the need to work in a COVID safe way over the course of the evaluation, all interviews were conducted using video platforms or telephone.

The research team would like to extend their gratitude to all participants who contributed to this evaluation, in particular service users who spoke with openness and candor about their experiences. We appreciate that it would not have been easy for individuals to share their stories with researchers that they didn't know, and we hope this report serves to capture their experiences and celebrate their achievements.

2. Project Context

The Reflections Network project has provided access to counselling support for a wide range of The Wallich's existing Service Users. The project was developed as part of The Wallich's broader effort to work in a trauma-informed way and address some of the underlying issues that affect the lives of people experiencing homelessness.

Psychologically Informed Environments & Trauma Informed Working

The Wallich has a stated commitment to creating psychologically informed environments (or PIEs) to help Service Users successfully engage with their services. In their 2020-2025 Business Plan, The Wallich list 'Compassion' as one of their 5 Strategic Priorities. Under this Priority they set out their intent, "To become a truly psychologically informed organisation". The approach looks to take into account people's history and experiences prior to engaging with services, recognising that those experiencing homelessness disproportionately tend to have encountered adverse childhood experiences (ACEs) or trauma.

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being"⁵.

Unresolved trauma can shape someone's view of the world, and their behaviours, which are often a trauma reaction, are usually labelled as complex or multiple needs. Research indicates that people who are homeless are more likely to have experienced trauma than the general population⁶, and homeless people with the highest support needs are the most likely to have experienced multiple ACEs.

In 2015, Public Health Wales undertook the first Welsh Adverse Childhood Experiences (ACEs) Study⁷ amongst the Welsh population and results demonstrated that ACEs were associated with an increased risk of adopting health-harming behaviours and having poor mental health. The research showed that 47% of adults in Wales had suffered at least one ACE as a child, and 14% had suffered four or more. Evidence suggests that people with one or more ACEs are more likely to:

- Become homeless
- Experience poor mental health
- Have poor physical health
- Use substances
- Have involvement in the criminal justice system.

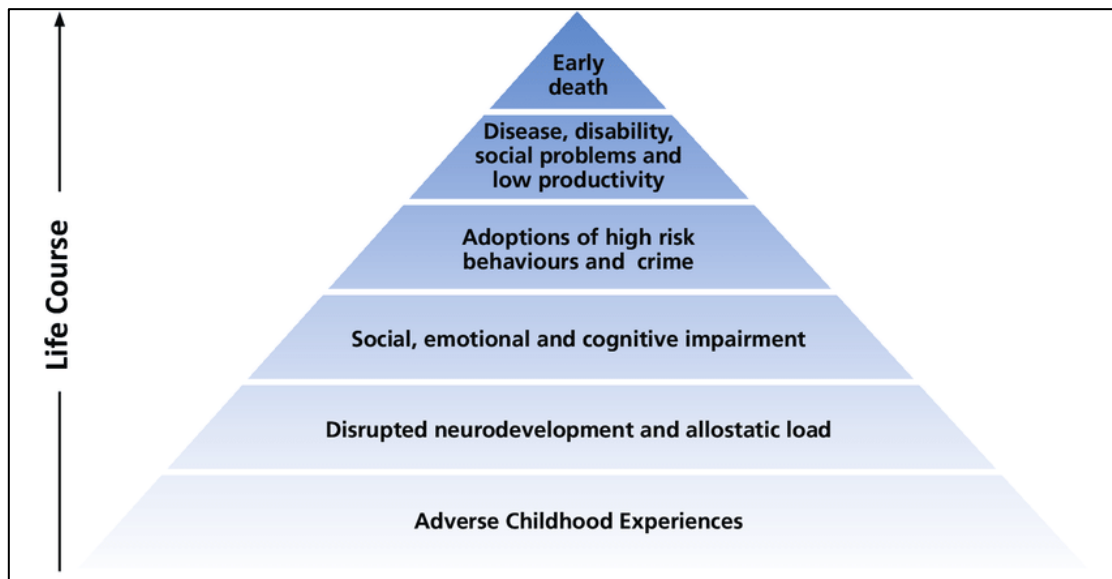
⁵ https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf

⁶ https://www.feantsa.org/download/feantsa_traumaandhomelessness03073471219052946810738.pdf

⁷

[https://www2.nphs.wales.nhs.uk/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](https://www2.nphs.wales.nhs.uk/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

The diagram below provides a Model for ACE Impacts over the life course⁸:



Understanding and addressing underlying trauma can therefore be an important part of tackling some of the issues that people experiencing homelessness face. Without help to overcome past traumas, people can become locked into a destructive cycle of repeat behaviour, that may ultimately frustrate them from achieving lasting progress in their lives.

The 2018 Prisoner ACE Survey 'Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales'⁹, further highlighted the level of ACEs amongst men who end up in the criminal justice system. The data showed that over 8 in 10 prisoners reported at least 1 ACE, and nearly half had 4 or more ACEs.

The Wallich have therefore been actively trying to remove any psychological barriers that might prevent individuals from accepting help and making the most of the support on offer. This trauma-informed care model is being applied right across their service provision, and the offer of access to counselling support through the Reflections Network is perhaps the most explicit example of this approach in action.

Access to Counselling via Statutory Services in Wales

The Mental Health (Wales) Measure 2010¹⁰ set out in law how the Welsh Government aimed to help people with mental health problems. Part 1 of the Measure placed statutory duties on LHBs and local authorities to provide certain services, known as 'local primary mental health support services' across Wales. The services provided in a LHB region must be recorded and agreed in written joint schemes between the relevant LHB and local authorities.

The intended effects of Part 1 of the Measure include providing more consistent primary mental health services across Wales, and earlier access to mental health services. The Welsh

⁸ Based on the US Centers for Disease Control and Prevention 'ACE Pyramid': <http://www.cdc.gov/violenceprevention/acestudy>

⁹ <https://phw.nhs.wales/files/aces/the-prisoner-ace-survey/>

¹⁰ <https://gov.wales/mental-health-wales-measure-2010-leaflet>

Government's aim was that services be designed to meet the needs of individuals experiencing mild to moderate and/or stable severe and enduring mental health problems - the aim being to lessen the risk of further decline in mental health, and in some cases, to reduce the need for subsequent inpatient treatment and possible compulsory detention.

In Section 5 of the Measure, Welsh Government set out five components to be delivered as part of local primary mental health support services, including: *"b) Short-term interventions (i.e. treatment), either individually or through group work, if the initial assessment has identified this as appropriate. Such interventions may include **counselling**, a range of psychological interventions including cognitive behavioural therapy, solution-focussed therapy, family work, online support, stress management, bibliotherapy and education"*

On the NHS website, counselling is defined as a talking therapy that involves a trained therapist listening to an individual to help them find ways to deal with emotional issues. Sometimes the term "counselling" is used to refer to talking therapies in general, but counselling is also a type of therapy in its own right. For the majority of people in Wales, their GP will be their first point of contact when trying to access counselling or other mental health support. GPs are able to make an initial assessment of a mental health condition, prescribe medications such as anti-depressants, and arrange referrals to other services and treatments, such as counselling if necessary.

The Welsh Government set out their commitment to improving access to psychological therapies in their 2012 'Together for Mental Health' strategy¹¹. This placed a greater emphasis on mental health and wellbeing (rather than simply mental illness) and viewed the provision of effective psychological therapies to be part of the solution.

Despite this commitment, evidence suggests that people are struggling to access support, face a lack of choice, and long waits to be seen. This situation is even more challenging for people experiencing homelessness, as their behaviours may further limit access to support (due to problematic alcohol or substance misuse for example), or may result in support is withdrawn if they miss an appointment.

The Matrics Cymru National Action Plan provides a clear framework for improving access to psychological therapies in Wales. Despite this however, a thematic review of community mental health teams conducted by Health Inspectorate and Care Inspectorate Wales in 2017-18, found that *"access to psychology or therapeutic services within secondary, primary and third sector is very limited and there are long waiting times in Wales; up to 24 months in some areas. This requires urgent action to address the shortfall in service provision."*

Impact of Coronavirus and ongoing levels of need

The pandemic has had a significant impact on access to psychological therapy and has further exacerbated pre-existing issues, with less people accepted onto the waiting list and more people waiting longer for support. The Welsh Government target within primary care

¹¹ <https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf>

mental health services for people with less severe mental health problems is that 80% of people receive treatment, if appropriate, within 56 days of referral. Recent research by MIND Cymru in their 'Too long to wait' report¹², suggests these targets are being routinely missed.

In this report, Mind make a number of recommendations for improving the provision of psychological therapy services, and emphasise the need to reduce waiting lists/times. In addition they specifically suggest, *“Review Part 1 Schemes under the Mental Health Measure and ensure greater provision of lower-intensity talking therapies within primary care, to intervene earlier and reduce demand on specialist support”*.

The full impact of the Coronavirus pandemic has of course yet to play out, but the consensus appears to be that it will generate additional demand for mental health support, and that those people who were already struggling may slip deeper into crisis. This will have a knock-on effect on a health service that is already feeling the strain. Access to GPs will also be further restricted. There have of course been efforts to innovate through the crisis, with a shift to online provision for example; and innovations such as the Silvercloud Online Therapy¹³ provision should not be overlooked.

The Welsh NHS Confederation, in its August 2021 briefing to the Senedd “NHS Wales – System Pressures Briefing”¹⁴, offered an update on the ‘state of play’ in relation to its services. On mental health, they stated, *“The pandemic has affected the population and staff in different ways but demand for mental health services is a key concern.... Not only are more patients seeking mental health support, but many are presenting with more advanced issues, often putting pressure on emergency and community services...”*.

The pressures being encountered by frontline NHS mental services were also a common theme in our discussions with Wallich staff, who felt the situation further justified the decision to set up additional counselling provision through the Reflections Network. The project was seen to offer a means of helping those that would otherwise struggle to access (or maintain) support through the NHS, as well as helping reduce pressure on primary and secondary mental health services.

Since its inception the Reflections Network project has established itself as part of the wider patchwork of third sector mental health/counselling support available across Wales; a provision that appears to be performing a vital role in absorbing some of the latent demand that unfortunately isn’t being met by NHS support at present. In this evaluation, we examine the effectiveness of this provision and consider what impact the support has had on those individuals that have been able to access counselling.

¹² https://www.mind.org.uk/media/7181/too_long_to_wait.pdf

¹³ <https://sbuhb.nhs.wales/news/swansea-bay-health-news/online-therapy-service-launches-in-wales/>

¹⁴ <https://www.nhsconfed.org/sites/default/files/2021-08/WNHSC%20Briefing%20-%20NHS%20Wales%20System%20Pressures.pdf>

3. Project Rationale and Headline Objectives

The Reflections Network project was developed by the Wallich in 2017, and became operational in March 2019. The project was funded under the Welsh Government's Section 64 Third Sector Mental Health Grant, with additional financial support from the Moondance Foundation, and Swansea County Council. The project was initially due to run until the end of March 2021, but two further 6 month funded extensions were secured from Welsh Government, which has allowed the project to continue delivery until the end of March 2022.

The development of the project had been informed by the experiences of The Wallich in delivering their earlier 'Counselling and Psychology Service' pilot scheme, which offered Wallich Service Users one-to-one counselling support. This pilot was seen as a success, leading to significant improvements in the recovery of Service Users. The intervention also complemented the broader trauma-informed approach being applied across Wallich services. Securing grant support for the project was therefore seen as a big step forward for the Wallich in terms of endorsing (and enabling) their ongoing journey towards becoming a more trauma informed service provider. One staff member recalled, *"This was a landmark project for The Wallich. The organisation had never received funding from Section 64 of the Welsh Government before. This project really took us forward with our therapeutic work."*

The Reflections Network offer was therefore seen to have the potential to meet an identified need and a significant gap in provision, offering access to support that was increasingly difficult to access through statutory services, where excessively long waiting times were being reported. Wallich staff could also see that the complex nature of Wallich Service Users lives, meant they often struggled to meet or comply with the rigid criteria set for NHS provision, leaving them unable to access/maintain support.

The aim of the project was to create a network of trained counsellors across Wales for Service Users already engaged with Wallich services. These Counsellors would help Service Users explore underlying issues, develop new skills, and hopefully increase their chances of staying engaged with the wider provision of care, treatment and support.

Interviews with Wallich staff and Counsellors indicated a strong and consistent understanding of the project rationale and widespread support for what it was trying to achieve. The project was seen to be a good fit with the wider Wallich provision, and staff valued the way it complemented other projects, allowing Service Users to be referred in/offered counselling when support workers felt that an individual might benefit from the support. In some ways, the project was seen to provide the missing link in the Wallich's provision. Whilst they already offered a range of practical support, the ability to assist Service Users with their mental health enhanced that offer. A staff member stated, *"The project was a perfect fit with the Wallich, as all the staff work in a therapeutic and trauma-informed way. The project has been received well and it is now another tool in our toolbox"*.

Reflecting on the original decision to set up the project, Wallich staff felt that the offer made sense on a number of levels. Staff had noted that large numbers of Service Users were struggling with the effects of trauma, ACEs and wider mental health challenges. This directly impacted their ability to engage with support and move on with their lives. Staff would find themselves constantly dealing with the behaviours of Service Users, instead of actually tackling the underlying issues driving those behaviours. In practice, this often led to the same Service Users coming back time and time again, effectively stuck in a 'revolving door', and unable to achieve or maintain positive progress. A team member noted, *"It became evident we needed to get to the root cause of why they were making these choices and presenting these behaviours. Counselling was the mechanism for tackling this challenge"*.

The Network Counsellors were all fully supportive of the core project rationale and could see a clear need for working with Service Users in this way. When asked about the objectives of the project and what it was hoping to achieve, the Counsellors gave a range of different descriptions, all of which broadly centred on helping people achieve stability, coming to terms with their past, dealing with feelings of shame or regret, regaining a sense of hope, and taking steps to move on with their lives. One Counsellor summed up the approach as follows, *"RN provides emotional support for Service Users who have experienced trauma and find themselves in a position they haven't chosen. People don't wake up homeless, so we need to look at their prior experiences and help them work through issues"*. Another stated, *"I aim to help Service Users manage their issues and become more resilient. The main objective is to help Service Users achieve stability. We support Service Users to stand on their own two feet. It's about learning to talk about what is going on in their lives"*.

The Counsellors had been given a briefing on the project when they were recruited, and it was made clear that it was an open provision, with no no constraints on who could access the support (within defined risk parameters). Staff and Counsellors endorsed this approach, albeit that they noted the project tended to work best for those Service Users who were ready to engage fully with the counselling process. In practice this meant that their most pressing needs had to be being met (housing, safety, access to benefits, etc.) before they could fully engage. *"If Service Users come to counselling and start talking about their accommodation, then clearly they have other needs that have to be addressed before they can focus on counselling. This is Maslo's Hierarchy of Needs in action"*.

The Counsellors did of course recognise that the complexity of the client group and open provision meant that progress would sometimes be slow and in some cases more limited than they might hope. Nevertheless, the flexibility and patience of the model were seen by both counsellors and Service Users as being key success factors in the model.

For their part, those Service Users that we interviewed as part of the evaluation reported being comfortable with their understanding of what the project was for, and clear about what it was supposed to achieve. This had been fully discussed with them before they engaged, and initial work with counsellors gave them the opportunity to set their own goals.

4. Project Delivery

Set Up Phase

After securing funding for the project, The Wallich sought to appoint a Reflections Network Manager to oversee the development of the model and recruit a team of qualified Counsellors across Wales. Delays in the initial award of the funding and the practicalities of the recruitment process meant it was November 2018 before the Project Manager was appointed. One of his first actions was to set a start date – March 2019; he then worked back from that date to set up project processes and recruit counsellors.

The Wallich turned to the British Association for Counsellors and Psychotherapists (BACP) Directory to find suitably qualified counsellors that met their requirements. Reflecting on this process, the Project Manager stated, *“We were looking for counsellors with experience of ACEs, sexual abuse, trauma-informed therapy. In addition, we needed experience of substance misuse, mental health, relationships, etc. So we had to ensure the team were equipped to work with our Service Users. We tried to tick as many boxes as possible”*.

In parallel to setting up the network, the Wallich also revisited and refined the proposed model and decided to move away from being solely CBT focussed and apply a more integrative model, where counsellors would have greater discretion to tailor their modalities to best meet the needs of the individual. The six-session limit was also removed to provide a more open-ended package of support. Finally, the client referral form was revised, as the original asked about past traumas, and on review, it was felt these sorts of conversations would be better handled directly by Counsellors. The revised form therefore focussed more on the risks, and looked at issues like suicidal thoughts, substance misuse, etc.

Once the project model was finalised, the Team spent some time promoting the Reflections Network offer to other Wallich projects and services, making them aware of how the support would work. Training was arranged for Support Staff on ‘How to get the most out of counselling’, so that they could speak to Service Users about Counselling and help identify people who might benefit from the support.

Wallich staff felt the set up phase went well, and the Project Manager credited this in part to the fact that he was able to focus 100% on the task, without any other duties or distractions. The offer was well received by Support Workers, who welcomed being able to offer Service Users additional support. Counsellors were also happy with the set up and spoke of how they were given the guidance and support they needed to begin supporting Service Users.

Client Recruitment/Referral

The recruitment of Service Users onto the project is handled by Wallich Support Workers. When they identify someone they feel would benefit from the support, they have a discussion to explain the offer and see if they would like to engage. The service is entirely optional, so the decision to engage sits squarely with the Service User.

Support Workers have been able to show Service Users the Biographies of each Counsellor, and answer any queries they may have in advance of referral. These initial conversations sometimes involve reassuring the individual that the support is different to services they may have accessed in the past. For example, one Support Worker noted, *“Often past experience of counselling have been negative, so we emphasise that this is different and is more geared to their needs. I use the biography to introduce them to the counsellor and talk about what he/she is like. This breaks down some of the barriers and we try to reassure them and give them as much information as possible beforehand”*.

Once an individual decides that they want to take up the support, a referral form is completed by the Support Worker. This contains basic details, date of birth, support worker name, project name, details of mental health concerns, medication, any known substance misuse, any suicidal thoughts, and any known risks. This form is sent to the Project Manager for review, before the client is placed on a waiting list/or allocated to a counsellor. Generally Counsellors are allocated six Service Users per Counselling day (based on BCAP ethical guidelines), and referrals tend to be allocated on a geographical basis. Sometimes Service Users are allocated out of area because of the risk assessment, which may say for example that they shouldn't/don't want to work with a female counsellor. There was also less of a focus on geographical boundaries when delivering remotely during the pandemic.

Counsellors notify the Project Manager once they have a space free in their caseload and the Project Manager then books a Counselling session for the next person on the waiting list. The Project Manager also emails the relevant Support Worker, so they can notify the client and encourage/support their attendance. At the beginning of the project, these sessions were run face to face, though the arrival of the Coronavirus pandemic meant that provision had to be adapted to allow counselling to take place over the phone.

The Wallich staff and Reflections Network counsellors felt that promotion/recruitment had run smoothly and that there had been plenty of demand to ensure a steady flow of referrals. Referral rates had varied between areas from time to time, but staff didn't feel that there was any obvious reason for these variations, and they seemed to change periodically.

The role of the Support Worker is clearly central to the overall process as they are effectively the sales force and gatekeepers to the service. They are also the people that Service Users tend to have developed trust in over the course of prior engagements. Therefore if a trusted Support Worker introduces the option of counselling, Service Users may be more inclined to engage. The Support Workers we spoke to felt the referral process worked well and they praised how quickly Service Users were contacted and how little they had to wait. This was in stark contrast to the sorts of waiting times Service Users faced with statutory services.

Counsellors were generally happy with the way the referral process worked and felt that Service Users arrived at the first session with a reasonable grasp of what to expect. They also stated that in the main, the right Service Users were being referred to the service, albeit that there were some cases where perhaps Service Users weren't really ready or in the best position to engage with counselling. This tended to be because they still had other needs

that hadn't been met (housing, benefits, etc.), or they were in a state of crisis or demonstrated risky behaviours (drug and alcohol use, risk of suicide, etc.). The Counsellors appeared to accept that this 'came with the territory', and worked flexibly to accommodate all Service Users referred. They also recognise that Support Workers are encountering Service Users with high levels of need. As such, there may be an understandable tendency (and pressure) to refer as that may be the only route to access support in the short term.

Case study 1 - Service user A attended two counselling sessions initially. The first appointment was for 45 minutes and although it was seen as helpful, service user A was unsure if it was something he wanted to pursue. At the start of the second appointment, he said that he was only going to stay for five minutes, but actually stayed for the full hour. Service user A felt 'lighter' after the session and decided to continue with the work because it helped him deal with childhood trauma and gave him a more positive outlook.

Case study 2 - Service user B had never previously thought of engaging with a counsellor. Following the first couple of sessions, service user B stated that he had started to feel better and that it helped him cope with the situation he was in. Due to child contact issues, service user C missed several sessions of counselling during the summer. The support worker noticed a change in him and after discussions, it became apparent that he was struggling emotionally. Arrangements were made to revert to his weekly counselling sessions once his children returned to school.

The counsellors suggested that the accuracy of the referral process could be further strengthened by providing Support Workers with more training on the Counselling process, and through additional opportunities for interaction and feedback between Counsellors and Wallich Support Staff. Reflecting on the recruitment process, one Counsellor commented, *"In general the recruitment works well. However, mental health provision in the community is failing, so support workers don't know where else to refer people. The support workers know they maybe shouldn't be referring these people, but what else can they do. There is a tidal tsunami of need, so that puts pressure on staff to refer more people"*.

Interviews with Service Users indicated that the referral processes worked well from their perspective, with no suggestions offered on how the process could be improved. A number of Service Users emphasised how grateful they were to have been offered the support in the first place, and that it had come at a point when they were in great need. To be offered a referral, that was then quickly converted into regular one to one support was something that was highly valued, and almost unbelievable for some, given their experiences of how limited similar support was through mainstream channels.

The Counselling Support Process

Once Service Users are referred into the Reflections Network, responsibility for coordinating ongoing sessions then falls to the Counsellors, who manage the care of individual Service Users as part of an overall caseload of approximately six Service Users.

The first session is an important opportunity for the Service User and counsellor to get to know one another and to develop a fuller understanding of need. Counsellors also use this

session to explain a bit more about how the process is going to work and to ask the Service User what they would like to achieve from the experience.

As part of the initial need assessment/diagnostic process, Counsellors work through a CORE 10 questionnaire with the client to establish a baseline against which their progress can be periodically measured. CORE stands for 'Clinical Outcomes in Routine Evaluation', and the process involves asking the client to respond to ten statements on how they have been feeling over the last week. When the questionnaire is administered periodically, a comparison of pre-and post-therapy scores offers a measure of 'outcome' (i.e. whether the client's level of distress has changed, and by how much). Counsellors stated that they often share these scores with Service Users, and that many seemed to find them interesting as an assessment of their current state.

The Counsellors themselves had mixed views on the utility/value of the tool, feeling that it merely offered a snapshot and that it was perhaps prone to being too easily influenced by how a client was feeling on any particular day. They also pointed out that the Counselling process often has a tendency to make people feel worse (as they work through their trauma and wider issues), before they show signs of positive change. As such the CORE model may suggest a negative trend, when in fact that is how the process is supposed to work. Counsellors therefore viewed the CORE Scores simply as one part of their wider armoury.

Ongoing support is then scheduled on a weekly basis, with efforts made to offer a regular slot on the same day/time each week, providing a structure to the process. Having this clear routine was something that all Service Users mentioned during interviews, and it appeared to provide them with a sense of stability and clarity around how the process was going to work. Indeed, some mentioned being better able to cope with challenges during the week, because they knew that they would have a chance to talk it through at their next session.

At the beginning of the process, Counsellors explain to Service Users that there is no set limit to the support and that counselling will continue until they feel they are ready to move on. They also explain that periodic reviews will be held to assess progress and to gauge when the counselling can be brought to a close. The review periods didn't appear to be fixed, and Counsellors spoke of using their own judgment to determine when the time was right to take stock. For example, one interviewee commented, *"You try to do the review when it feels right. It may be that session six or 12 is horrendous and they are disengaged, so that wouldn't be a productive time to have a review. The model gives us that flexibility."*

Case study 3 - The first session was all about getting to know each other and establishing boundaries. The Counsellor explained how she worked and reassured C that he was free to raise whatever issues he felt were relevant, and answer/not answer questions as he saw fit. *"I got her up to speed with how I was feeling, and what had got me to that point. She also encouraged me to think back to when those sorts of feelings had started."* The work with the Counsellor has become more specific over time, as they have gotten to know each other better. C feels he is now much better at talking about his feelings and his past experiences.

Case study 4 - The focus of the therapeutic work has been on building self-worth, teaching emotional coping skills and problem management approaches, and challenging unhelpful thought processes using the CBT seven-stage thought record in preparation for helping to assist Service User D to re-build the parts of life affected by epilepsy and resulting fear of going out. This has been made possible through offering a safe space and by providing every opportunity to build a safe and consistent relationship with the counsellor.

Both Counsellors and Service Users told us that they viewed the open-ended support as an integral feature of the project. It gives Counsellors time to get to know the Service Users and achieve meaningful progress. Once Counsellor stated, *"I really like the fact that the project can stick with people. These people are used to being given up on, so this shows them we are here for them"*. Service Users also valued this commitment and said that knowing that they're not going to be rushed off the project helps put them at ease, encourages them to develop trust with the counsellor, and commit to the counselling journey.

The provision is also kept in place after someone leaves the Wallich services, so that Service Users don't feel like they have been 'dropped' and left to fend for themselves. Counsellors therefore strive to continue offering support until it can be brought to a safe close.

The flexible and open-ended offer inevitably means that the length of support can vary significantly from one client to the next. For example, one Counsellor commented, *"My longest client had 50 sessions over the course of a year. Towards the end, something happened that tipped that person back into a state of anxiety, so we did another 6 sessions to get back on track. The ability to extend the support is key to the sustainability of progress. The person is now enrolled at college now, in sustainable accommodation, and managing their life well. This is a great outcome that is built on strong, sustained engagement"*.

The focus of ongoing counselling sessions is then decided by Service Users, who are free to explore any issues, thoughts or feelings they want to cover. Counsellors place an emphasis on listening and using a range of techniques to help Service Users work through past traumas, develop new skills, and arrive at their own conclusions. Whilst each practitioner naturally has a style of their own, the approach appears broadly consistent across the Network, providing support that is tailored to their needs and focused on their journey.

Case study 5 - Service user E attended 12 weekly sessions. He engaged well and achieved some positive outcomes by the end of the therapy. His original goals were stabilisation, developing self-soothing strategies, challenging unhelpful thinking patterns, building emotional resilience, managing stress, avoiding social isolation and improving his self-care.

Case study 6 - Service user F was really pleased when the staff offered to refer him to the Reflections Network. . As a result of the sessions, he feels that he has a better understanding of how to cope and problem solve. He also has a better understanding of how his behaviour affects others. He now knows that he needs to take responsibility for his own behaviour. Service user F also has a better understanding of his mental health and the support he needs to move on to supported living accommodation.

As with any counselling relationship, the particulars of each session remain confidential, and the Project Manager is only involved if someone is deemed to be in or represent a serious risk. Also if a client doesn't show up, the Support Worker will be notified and asked to follow up to see if there are any barriers stopping them from engaging. The following sessions are kept open regardless of any non-attendances, and the support offer stays in place until a decision is made that it is no longer productive. This flexibility was highlighted as a really important factor for Service Users. Knowing that support won't be withdrawn if they have a bad week, makes a big difference and helps ease some of their anxiety around the process.

When it is agreed that a client is ready to stop receiving support, the counsellor will close off the process and notify the Manager that they have a spare slot. One Counsellor described how this generally works, *"I try to leave the decision on when to end to the client. They need to say they are ready. A lot of Service Users come in with no hope, so when you see that hope returning, you know something positive has happened and they are ready to push on"*.

Service Users are asked for their feedback and many have completed a case study to share their stories on how the project has helped. Because of the nature of the process, the Counsellors noted that they rarely get to follow the progress of their Service Users (especially as many leave the Wallich service), and there is limited evidence of their onward progression. This was a source of frustration and is something we look at later in this report.

Face to face counselling sessions were run in neutral community venues that were booked directly by the Wallich. Some provision was also run in hostels, which Counsellors felt had been less productive. *"Working in hostels is hard, as they are noisy, there's a lack of confidentiality, and Service Users are surrounded by distractions. That's not helpful"*.

Engagement levels were seen to have been strong across the course of the project, albeit that non-attendance remained a stubborn feature of the process. The Counsellors didn't feel the level of 'no shows' had been excessive given the nature of the client group. That said, finding ways of reducing non-attendance would clearly be beneficial. One Counsellor noted, *"It's frustrating when you don't get a full house of Service Users in a day, as you feel it is a missed opportunity. On a good day, I would say that I see four out of five. On a bad day, it's probably more like one out of five"*. The COVID outbreak also had an initial impact on activity levels, but these quickly recovered as the team switched to telephone working.

Interviews with Wallich Staff, Counsellors and Service Users suggested that the delivery processes have worked well and been relatively straightforward. The model itself is observably simple, with relatively few 'moving parts', which has likely helped the smooth running of the project. Counsellors have been allowed to focus on their counselling, and they praised this approach. The Wallich explained that there had been a deliberate effort to *"leave the counselling to the experts"* and that this had been effective.

Impact of COVID

The arrival of COVID 19 meant that the project had to quickly adapt the provision to work safely within COVID restrictions. The team made a swift decision to switch counselling from face to face sessions to telephone, and staff observed that this process went very smoothly. One Wallich Manager commented, *"It was a smooth transition. We pre-empted the lockdown and made an early switch to telephone and video call counselling. The later hasn't really taken off, because of lack of devices/data, or people not wanting to show their surroundings. The phone contact has worked really well and feedback has been positive. Working over the phone offers additional anonymity, and means they're able to relax and speak freely"*.

Our client interviews confirmed that the shift to telephone support was handled well, and that many actually preferred counselling over the phone. For some this was down to practical reasons (travel, cost), however, others preferred speaking over the phone as it allowed them to feel more relaxed, less anxious and better able to open up.

The Counsellors also found the transition to phone support relatively painless and felt that it had delivered good results. They also noted that in some cases it had facilitated work with Service Users who were less stable, because they were more comfortable on the telephone. That said, Counsellors on the whole prefer working face to face, as it gives them a better sense of how Service Users are doing. One interviewee commented, *"Face to face is much better as you can read the room and observe body language. It is hard to judge risk over the phone, so I probably took my foot off the pedal as I didn't want to take them through anything too traumatic when I wasn't in the room It worked, but it slowed the process up"*.

The pandemic also understandably had an effect on Service Users, with those that were already struggling often experiencing additional challenges (heightened anxiety, lack of motivation, depression) due to the isolation of lockdown. This was not universal however, and some Service Users told us they enjoyed the peace and calm afforded by the lockdown. Counsellors observed that a minority of Service Users became harder to reach and engage over lockdown, especially those in hostels. One Counsellor recalled, *"We lost a couple of Service Users. Some lead chaotic lives and the lockdown knocked them off their stride"*.

The easing of lockdown restrictions meant that in-person counselling has gradually been reintroduced. Many counsellors have restarted face-to-face sessions, though Service Users are still given the choice of working over the phone, if they prefer. Overall then, the impact of COVID on the running of the project has been minimal, in large part due to the versatility of the team and their ability to quickly pivot to work over the telephone.

Project Management

The management of the Reflection Network project is undertaken by the Reflections Network Service Manager, who oversees the work of the counselling team, arranges the referral and allocation process, collects project data, and submits reports to funders. The work of the Network Manager is overseen by the Strategic Operational Lead at the Wallich, who hold six weekly supervision meetings with the Manager to discuss progress.

The Counsellors record and report basic management information on their work with Service Users. They collect details of who has attended/or not shown up, number of sessions completed, etc. They also keep their CORE scores, though at present the sharing of those scores with the Project Manager is limited. The team are looking at how outcome data can be better interrogated at project level to provide an assessment of 'distance travelled'.

The Network Manager also collects a lot of anecdotal evidence from counsellors about the progress and impact of the counselling support. He asks the team to provide case studies periodically and also receives feedback directly from support workers, who can see the changes that are taking place. *"I get phone calls from counsellors who tell me about a brilliant session they've had with a client, and similarly Support Workers give me first-hand accounts of how people are changing before their eyes"*. There is however no set feedback process when an individual's support comes to an end, in part because those people often leave the Wallich Services at that point and can be hard to reach.

The level of interaction between Counsellors and wider Wallich staff is limited and a number of Counsellors suggested that more regular dialogue with Support Workers might be useful to raise knowledge levels and facilitate more effective referral/feedback. The Counsellors have also occasionally met as a group to share experiences and discuss best practices, which they felt was beneficial. These meetings have fallen away since the arrival of COVID, and Counsellors suggested that reinstating them would help promote shared learning. It was also noted that a Service User group was set up at the outset of the project, but this faltered due to the Pandemic. Reforming the Service User Group was therefore flagged as an option.

The general consensus amongst the Counsellors was that the Management function works well. Processes are well established and the Manager is seen to go 'above and beyond' to make himself available to deal with issues, even out of hours. One Counsellor commented, *"The project model is effective and straightforward. The fact I can ask the Wallich for extra support is a strength and Support Workers are also available to help"*. There was some suggestion from Wallich staff that adding an Administrator to the team could help free the Manager up to undertake more strategic functions.

Service Users reported no issues whatsoever with the running of the project and were happy with the effectiveness of processes.

5. Project Performance and Achievement of Outcomes

The Reflections Network project has provided one to one Counselling support to a wide range of Service Users for over two years. The analysis of project monitoring information and our interviews with key project stakeholders, has allowed us to consider how the project has delivered against the original targets. We have also sought to understand how the support had benefitted participants and delivered outcomes at different levels.

Speaking with Service Users, it is evident how much they value being able to access the service, and they spoke openly about how the counselling process has helped them achieve positive changes in their everyday lives. Whilst we were only able to interview a small sample of project participants, we have also looked at wider project feedback and case studies collected by the Project Team, to try to build a broader picture of how the scheme is making a difference. The perspectives of Counsellors, Wallich Staff and Support Workers, have also been taken into account, as it is these staff that work with the Service Users on a daily basis, understand their situations, and observe their journeys as they access support.

In examining project performance, it is important to recognise the impact of two factors. Firstly, the project did not start until March 2019, meaning that the planned first year of activity did not happen. Secondly, the Coronavirus pandemic hit just as the project was getting into full stride. This forced an adaptation of the delivery model, and presented clients with additional challenges. The impact of this on performance against targets should therefore be factored into any analysis, and the wider issue of how the COVID crisis has affected the mental health and wellbeing of clients is something that is still not fully understood. It is also worth highlighting that the project is due to run until the end of March 2022 and that this evaluation report was prepared with three months of delivery remaining.

The original application to Welsh Government set out some headline targets for the scheme. Some of these were rendered void, due to subsequent changes to the focus of the project (for example, the shift away from solely using CBT techniques), however the project has largely remained consistent in its focus since the original approval.

The following set out the Key Performance Indicators developed for the project:

1. To identify and recruit a Reflections Network Coordinator (RNC) to establish and administer the delivery of therapeutic interventions to eligible Service Users across all LHB by 31st September 2018.
2. To identify and recruit 6 Network members to deliver therapeutic interventions to eligible Service Users across all LHB areas by 31 December 2018.
3. To design, develop, deliver and evaluate the Reflections Network project processes and procedures in collaboration with key stakeholders and attend relevant networks by 31st March 2021.
4. To receive 1,350 referrals from Service Users to access therapeutic interventions across 7 LHB areas by 31st March 2021.

5. To deliver crisis therapeutic interventions to 945 eligible Service Users across 7 LHB areas by 31st March 2021.
6. 743 eligible Service Users to receive a series of at least 6 therapeutic interventions across 7 LHB areas by 31st March 2021.
7. 473 eligible Service Users to receive longer term therapeutic interventions by 31st of March 2021.
8. All Wallich staff are educated about and trained to be able to work in line with PIE Principles across all Wallich projects in Wales and positive PR is promoted through the Reflections Network.

As you would expect, the project has met those KPI targets that relate to process elements of delivery (recruit a Manager, etc.). Our analysis has therefore focussed more on how the project had performed against its delivery targets

We have also had to take into account changes that have been made to the targets, since it was originally approved. Records show that changes were introduced to Year 3 targets. The correspondence between the Wallich team and Welsh Government suggests that the COVID restrictions implemented in March 2020 dramatically reduced in-person counselling support with sessions delivered remotely. The project also secured two further six-month extensions from the Welsh Government, which took project delivery through to the end of March 2022. These extensions came with additional targets attached, and the revised annual targets are set out in the table below.

KPI	Original Year 3 targets	Revised Year 3 targets	Year 4 targets
To receive 1,350 referrals from Service Users to access therapeutic interventions across 7 LHB areas by 31 st March 2021.	250	150	75
To deliver crisis therapeutic interventions to 945 eligible Service Users across 7 LHB areas by 31 st March 2021.	250	180	90
743 eligible Service Users to receive a series of at least 6 therapeutic interventions across 7 LHB areas by 31 st March 2021.	220	130	65
473 eligible Service Users to receive longer term therapeutic interventions by 31 st of March 2021.	180	150	75

Scale of Support Provided

The Reflections Network project monitoring information shows that **722 first appointments and 6,553 counselling sessions** were offered to Service Users by the end of November 2021. These figures will undoubtedly grow further by the end of the project.

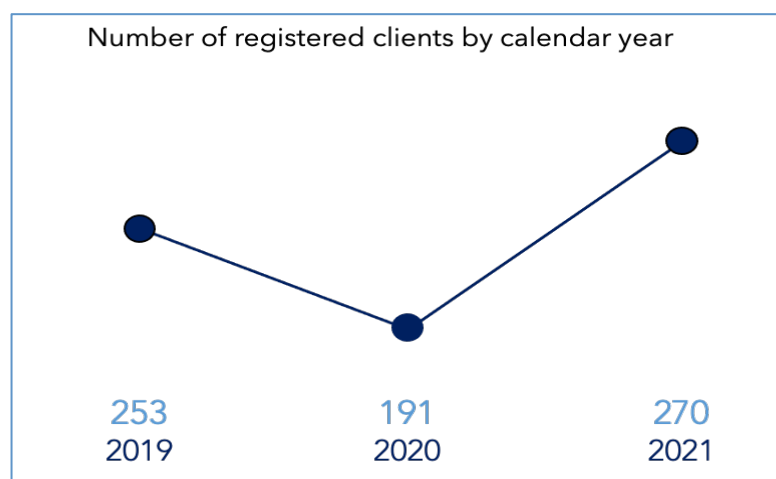


Unfortunately, the monitoring information did not allow the evaluation team to confirm the number of people that attended those first appointments and the extent of their ongoing involvement on the project.

The figures above do of course show that the project did not achieve the target of 1,350, referrals with 945 Service Users accessing at least one crisis therapeutic intervention and 732 receiving a series of at least six therapeutic interventions across seven local health boards by the end of March 2021. The delayed start to the project and the impact of Coronavirus can of course account for much of this shortfall.

Again, the data has not allowed us to verify some of the targets, for example we have been unable to confirm how many Service Users attended the 722 first appointments issued. Analysis of the data shows that 104 Service Users attended the first counselling session whilst 90 did not. There was no data for the other 528 Service Users however. Had we been able to fully verify the attendance at first (and subsequent) counselling sessions, then we would have been able to assess the levels of attendance/ 'no shows' across the provision

Further analysis of the data captured by the project team provides an overview of project activity for those referred for support. For example, the figures below show the number of Service Users referred by calendar year with the coronavirus pandemic and the subsequent lockdowns in 2020 clearly impacting the numbers.



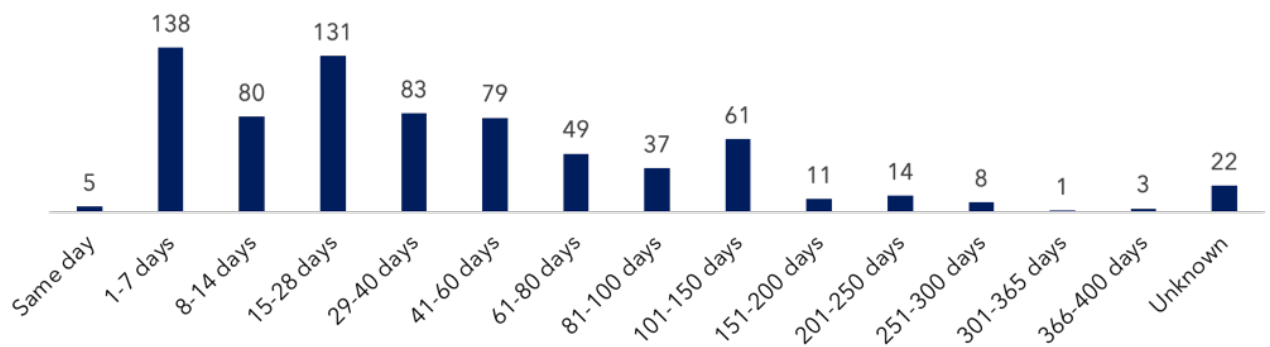
Waiting Times

We also looked at data on waiting times to see if the stated target of Service Users being seen within 28 days had been met. Whilst the data on the number of Service Users who attended first sessions was limited, we were able to look at the number of first appointments that were issued in this timescale. The following graph shows that half of Service Users were offered the first appointment within 28 days. Discussions with the team suggest a variety of reasons for those cases that exceed this deadline, including Service Users working with support workers in other ways or individuals not being in a position to take up the offer immediately.

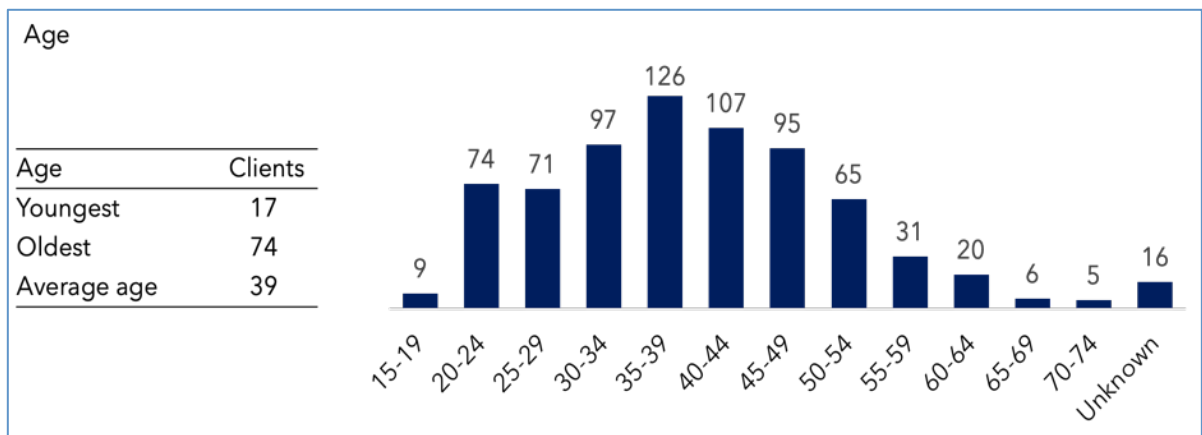
It is also worth noting that the project beat its own 28-day target in many cases, offering appointment within a week. This demonstrates the flexibility of the delivery model.

Age Profile of Service Users

Number of days from referral to scheduled first appointment

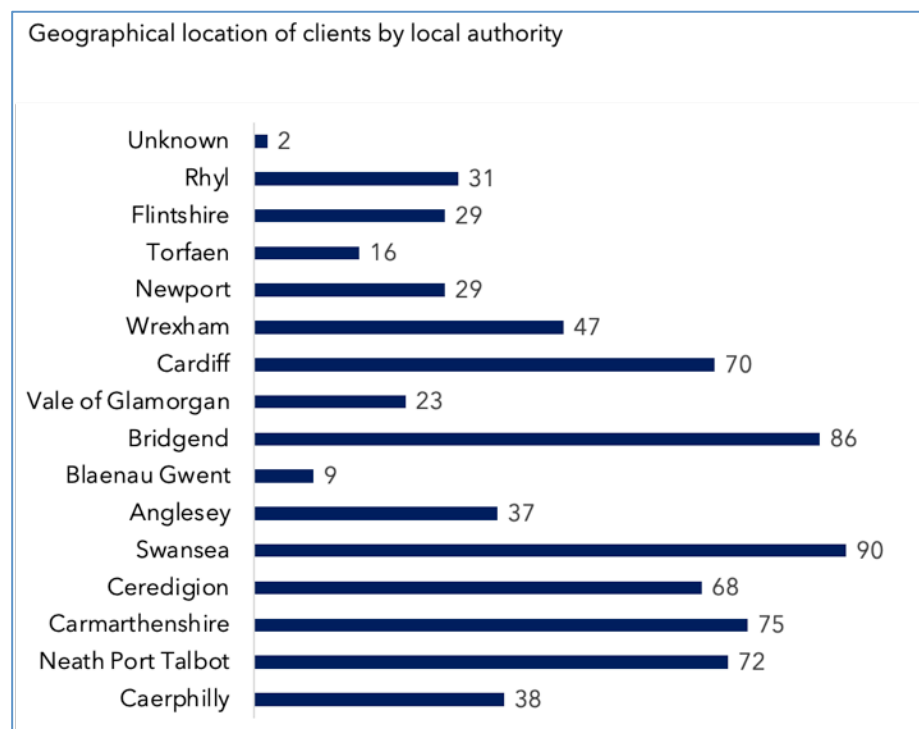


The figures below show that a third of those referred to the project were between the ages of 35 and 44 when the project team conducted the analysis at the end of November 2021. The figures also indicate that people of all ages have been supported by the project.



Support by Local Authority Area

The project monitoring information also provides a breakdown of referrals by local authority area with the majority coming from the Swansea and Bridgend areas.



The project has clearly delivered a significant amount of support to a large number of Service Users with complex needs. At the time of evaluation, there remained three months to run on the project, so figures will have further increased by the final end date. In addition, only partial data was available for analysis, so we have not been able to fully assess progress made. Our understanding is that all data currently sits with the Counselling team, and this could be collated to provide a fuller picture of what has been achieved. We would recommend this be undertaken as part of final reporting process over the next few months, so that the achievements of the scheme can be fully presented, analysed and celebrated.

Project Outcomes

The research and consultation interviews undertaken as part of this evaluation strongly suggest that the Reflections Network is achieving significant positive outcomes for Service Users. Wallich staff, Counsellors and Service Users were happy with what had been achieved and gave examples of how the support was helping people move from crisis to a state of stability, from which they could start to achieve progression. Unpicking the nature of these outcomes is not easy, as each client's circumstances are unique, however some common themes emerged that offer an insight into how the project delivers change.

Any analysis of outcomes must take into account the complexity and scale of the need that Counsellors have been working with. The project deliberately avoided setting any criteria to restrict access to the scheme, and as such Counsellors have supported people who in many cases would be excluded from other similar services (due to their on-going behaviours or

ineffective coping mechanisms). Indeed, Counsellors spoke of having had to adjust their own expectations (on the scale and pace of what could be achieved), because of the level of challenges faced by Service Users. *“The damage done by trauma is huge and you can’t overcome that overnight. Big changes can happen, but it takes time and patience”*.

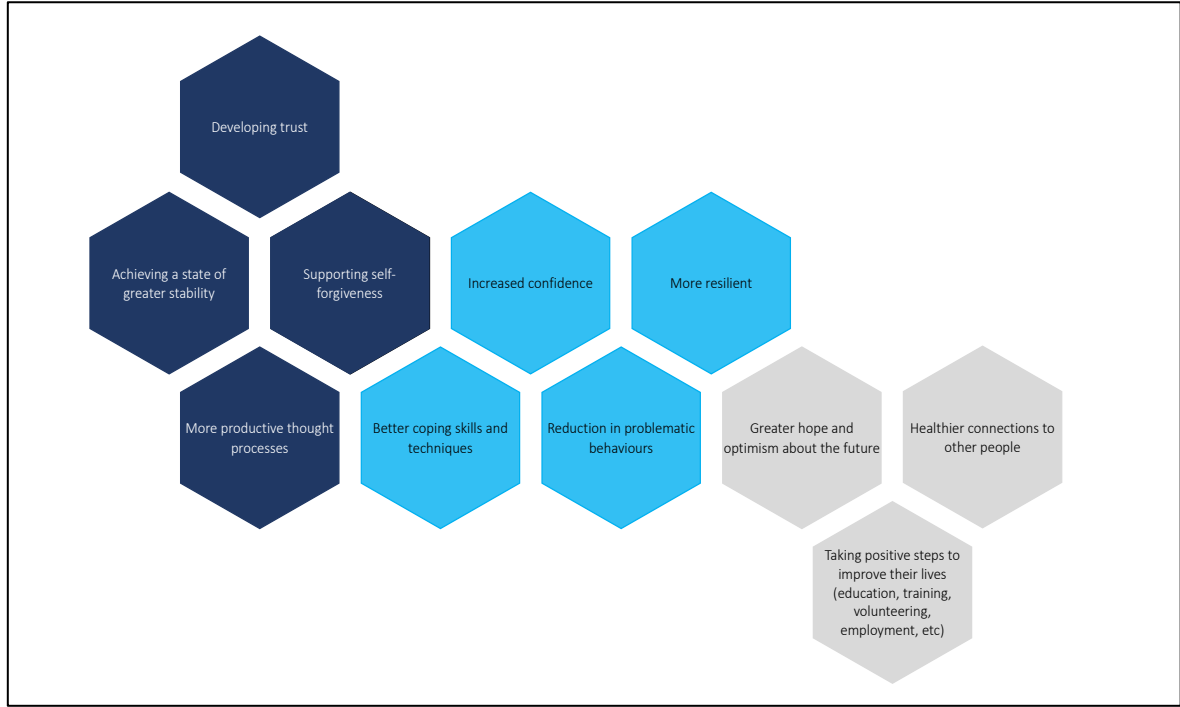
Counsellors noted that significant outcomes take time to achieve and that progress is rarely linear. Service Users often feel worse as they work through the process and will sometimes stumble. This makes the ability of the project to ‘stick with people’ all the more important.

It has also been hard for staff to capture clear outcome data. The nature of the support, which is protected by counsellor-client confidentiality, means The Wallich are unable to view or evidence a lot of what happens during counselling. Whilst CORE Scores and case studies provide some insight, they don’t paint the full picture. Staff also pointed out that at present, there remains little opportunity to track outcomes after the support ends. So whilst staff and Counsellors are happy with what’s being achieved, they accept there’s currently limited data to evidence this. The Project Team recognise the need to strengthen this aspect of delivery and we look at this in more detail in the next section of this report.

Analysis of Project Outcomes

The Reflections Network model sets out to help individuals who have underlying issues that have previously frustrated their ability to achieve stability and move on with their lives. Many begin the process from a state of crisis, and as such, Service Users often have a lot of ground to cover, before they start to feel better and achieve positive outcomes. Nevertheless, both Counsellors and Service Users described some of the changes that occur along the way, and gave examples of where positive outcomes had been achieved.

Reflections Network: Observed Outcomes



Perhaps the starting point for the changes that occur during the process is the relationship that is forged between client and counsellor. **Developing trust** was highlighted as being essential to the process, as it is only when a client feels comfortable sharing with their counsellor that other changes occur. The relationship and bond with the counsellor was therefore something that Service Users mentioned as being central to what they had achieved. As one client stated *“Why has this worked? The counsellor treats me as a real person. He actually cares, which makes me feel comfortable talking to him”*.

Counsellors also stressed the importance of this trust, and they felt the project was succeeding because it was **successfully changing people’s attitudes towards the counselling process**. Many Service Users arrive at their first session with negative prior experiences of counselling and a natural scepticism of what can be achieved. They also tend to have been asked to tell their story many times and are reluctant to ‘lift the lid’ yet again. One Counsellor explained how overcoming this attitude is key to progress, *“The Service Users have experienced a lot of rejection and received time-limited support from projects, where people have told them that it’s two strikes and out. Once Service Users understand this offer is different, they open up”*.

Once trust is in place, the counselling process starts to help the client reflect on past events and consider their thought processes and behaviours. This initial work is seen to move individuals towards a greater **state of stability**, which Counsellors see as an essential platform for achieving other significant changes over time. For example, in the short term, Service Users may settle into accommodation, reduce drug or alcohol use, or sign up with a dentist, which may not appear to be transformative at first glance. However, Counsellors view these steps as important indicators that individuals are achieving stability, starting to take care of themselves and looking to the future. One staff member noted, *“That just wouldn’t happen if they were in crisis. They start making plans and that shows something important is happening as they receive counselling”*.

Service Users also referenced the importance of achieving this stability in their lives. They spoke of how initial sessions helped them achieve a more **stable state of mind**, where they were better able to cope with emotions and challenges. By talking through issues and past traumas, Service Users finally felt able to start dismantling some of the problems that in the past had led to negative thought processes/ behaviours. One client reflected, *“It’s made a massive difference. It has almost cured my anger. I used to take lots of drugs to help me deal with issues, but I’m using different techniques now and have cut down. I’m much happier”*.

Case study 7 - According to Service User G, the Counsellor and the support worker helped her put the jigsaw pieces together. She said, *“I had never told other counsellors everything that was in my head. I did with the Wallich though. The Counsellor made me feel understood. She never judged me.”* Service user G is no longer receiving counselling support. She started the sessions just before Covid and has had approximately 40 in total. The support has helped turn her life around and she has since started her own charity. *“I had built my own prison in my mind. I now want to support others in similar situations.”*

Case study 8 - After working with Reflections, service user H started to find it easier to express himself and understand the reasons why his family asked him to leave the family home due to his alcohol dependency and them being pensioners. Service user H is now working with drug and alcohol teams and working to become abstinent from alcohol. He has moved into independent living and now has the skills to manage a tenancy of his own.

Low self-esteem, shame and guilt were seen to be common challenges for Reflections Network Service Users, with many feeling that they were not equal or worthy of a happy life. By tackling these emotions and helping Service Users develop **more productive thought processes and behaviours**, Counsellors had seen lives transformed. **Self-forgiveness** was highlighted as a powerful outcome that freed Service Users to start believing in themselves and look towards a better future. Describing this journey, one Counsellor commented: *"It is huge. Guilt and shame is a massive area, and we help people develop more self-compassion, so they can forgive themselves and learn to accept their past and they are not bad/evil, but simply flawed individuals who have made mistakes, just like everyone else. The difference then is absolutely huge. That shift can be dramatic – people go back to work, people stop having panic attacks, stop hating themselves, reconnect with family/stop seeing family".*

Being able to **forgive themselves** and ditch guilt and shame were also seen as key outcomes by many Service Users, who talked about how they had previously had very low self-worth and hadn't considered themselves worthy of a better life. The counselling helped them appreciate that they were not defined by past events, and that they could hope for positive change. One client commented, *"There's been a big change. I can deal with my past experiences better now and don't feel they define me any more. My counsellor has helped me think about those things differently and realise that things weren't all my fault, and were outside my control. My friends tell me I'm much happier and confident now"*

Case study 9 - Reflections Network gave service user 'I' the tools to deal with his childhood trauma. The support played a pivotal role in service user 'I' stopping self-harming and going in and out of the hospital. The support has also led him to think about getting back into work after getting back to the hobbies he enjoyed. He is no longer smoking cannabis or drinking to deal with his trauma. He enjoys a great relationship with his old foster carers and looking forward to his adult life instead of wishing he was no longer here.

As Service Users progress with the Counselling and start to enjoy the benefits of feeling more stable, they are then seen to develop **better coping skills and learn new techniques** to help them think about things differently and adapt behaviours. Service Users talked about Counsellors helping them recognise that past thought processes or behaviours had not delivered good results, and offering different techniques to use. One client stated, *"He tried to get me to think about things differently and see things from a different perspective. He knows what to say at the right time to help me understand and push further".*

Case study 10 - Service user J is still accessing the support but has noticed a massive difference in his behaviour since starting with the project. He said, *"It has almost cured my anger. I used to take a lot of drugs to deal with my issues. I'm using different techniques now and have cut down on how much I take."* He said that he needed help with anger management. *"I was waking up in a 10/10 anger range and even destroying things that cost me money"*. Counselling had helped him find more peace and he is far less angry.

Case study 11 - Service user K explained that counselling has stopped him from worrying and constantly thinking the worst. He said, *"The counsellor has helped me understand that I have a tendency to get ahead of myself and worry about all sorts of things that may not be true, or never happen."* He now looks forward to his sessions with the Counsellor and feels better able to keep on top of things. *"I now know that if I'm having a bad day, that's all it is – a bad day."* He is better able to manage his emotions and better understands the way he thinks about things and how he's behaved in the past. He feels good after each session, regardless of how heavy the discussions.

The weekly sessions were also seen to provide Service Users with a space in which to process issues or challenges in their lives, and many felt **better able to cope with everyday challenges**, because they knew that they would have a chance to "talk it through" at their next session. As such, the process seemed to become a mechanism that supported client resilience, as they progressed through their counselling journey. Developing this ability to cope was seen by Counsellors to be part of a broader push to **build the resilience of Service Users**. The support was seen to help individuals better manage their feelings, which often include anxiety, shame and anger. The counselling process helps individuals identify ways of dealing with these emotions, giving them the tools to better cope with the pressures that naturally occur in life and sustain progress and change.

Counsellors stated that Service Users **developing hope** for the future was another major outcome that often emerged. The stability, reflection and learning achieved through the support appeared to give individuals hope that their lives could be different and better. One Counsellor summed this up as follows, *"We see a huge difference in Service Users. They develop hope and aspirations for the future. Service Users show me pictures of a new baby, or their new flat, or tell me about a new college course or job. Progress isn't easy or always linear, but changes can be dramatic. Once people believe it's possible, everything changes"*.

Once Service Users **achieve this sense of hope and optimism**, then many go on to make major changes in their lives. The nature of these changes are of course specific to the circumstances of the individual, but have included examples such as enrolling in college, starting work, signing up as a volunteer, walking away from a dysfunctional relationship, or moving into stable accommodation. Counsellors also noted that whilst not every client went on to transform their life, even the most complex cases tended to benefit to some degree.

Counsellors observed support had helped Service Users develop better **connections with other people** (families, friends etc.) "When they come in first they think, "what's the point, I'm just a druggie. We help them move past that and be more positive".

At an organisational level, Wallich staff also feel the project has **helped shape its broader organisational therapeutic practice**. Because the project interacts with all other Wallich services, it promotes a better understanding of counselling and trauma-informed practice.

When asked where they think they would be had the support not been available, a number of the Service Users told us they didn't think that they would still be alive! This shocking statement serves to both illustrate the level of need of many Service Users, and the extent to which the support has helped move them to a better place. As one client summarised, *"I don't think I'd be here if I hadn't received this help. This is the only thing that's helped, and I'm genuinely not sure I'd be here talking to you today, if this counselling hadn't been there"*. Interviews provided a wealth of examples of how Service Users felt the support had helped them and many spoke with optimism about the future. Crucially, all the Service Users reported **feeling happier** after accessing the support, which in itself a notable outcome. Not all Service Users had completed the support at the time of interview, and those individuals told us they wanted to carry on working with counselling to achieve more progress. The summary below provides examples of how Service Users felt the project made a difference:



The consensus from interviews therefore was that the project is achieving significant positive impacts. Service Users are happy with the support and Counsellors believe the project offers an invaluable service at a time when limited alternatives are available.

6. Key Lessons & Success Factors

Over the course of the evaluation, we have sought to identify any notable lessons that may have emerged from the delivery of the project to date. Whilst the team noted that some minor adjustments had been made along the way, the project was seen to have worked fairly consistently since its inception.

The Reflections Network model was designed to be simple, with a limited number of 'moving parts' to its operation. The Wallich deliberately entrusted the counselling process to the experienced counsellors, and concentrated their efforts on setting up processes to ensure Service Users could be effectively recruited and referred onto the programme, and then supported as they worked their way through counselling.

This lean project structure appears to have delivered a successful and effective project, and our interviews didn't identify any issues that might suggest a need for significant changes to the project. The overwhelming consensus was that this project is achieving its aims and objectives, and that there remains an ongoing and sizeable need for support of this kind. As such, comments on lessons tended to be focused on offering ideas on how the project could be further improved, rather than suggesting any kind of major overhaul. It has also been possible to identify some key success factors that help explain how the project has delivered value to date. These are presented for consideration, so that further thought can be given to how the model can be sustained or developed moving forward.

The support offer

The core Reflections Network offer is seen to be working well and no major changes were suggested. Providing therapeutic support in a way that is open-ended and flexible is seen to be particularly effective, and both Counsellors and Service Users felt that it enables significant outcomes to be achieved. As such, there was very little to suggest that the focus of the project needs to be changed in any way. Most importantly, the Service Users we spoke with were happy with the support and made no calls for change.

At present, the offer is restricted to Wallich Service Users, and whilst staff and counsellors could see the potential benefit of opening up provision to external Service Users, they felt that expanding the provision at that scale would put the quality and accessibility of the counselling at risk. They pointed to other charities that run counselling with huge waiting lists, and argued that this wasn't the direction the project should be moving in. One staff member argued, *"We want to ensure everyone is sat in front of a counsellor within 28 days of referral. If we open it up, we couldn't ensure that was the case"*.

Whilst all stakeholders supported the commitment to offering an open provision, both Counsellors and Service Users stressed that people need to be ready to engage before they can achieve genuine change from the counselling process. This raises some interesting questions as to whether referrals need to be more closely vetted to ensure Service Users are in the right place before starting the project. This would be challenging given the natural desire of staff to support Service Users who are in crisis; however it might allow Counsellors

to focus their limited resources on those Service Users who are most likely to benefit from the process. Another option would be to build in some additional provision to help get Service Users ready for the support – so some form of light-touch therapeutic pre-counselling support.

Similarly, whilst the flexibility of provision is seen as a strength, some Counsellors suggested introducing a reasonable limit to deal with DNAs. At present, time is being lost chasing up Service Users who are no longer in a position to engage (gone to prison, left the Wallich, etc.). One solution might be that if Service Users miss 4 appointments that the Counsellor and Support Worker arrange to meet with the client to discuss their continued involvement.

Recruitment & Referral

The recruitment and referral process works is handled by Support Workers, and supported by the Reflections Network Manager. Whilst this process has worked effectively, and delivered a strong throughput of Service Users into the scheme, there were some suggestions that further improvements could be made on this front.

At present there is limited interaction between Support Workers and the Counselling Team and some Counsellors felt that this left Support Workers with limited knowledge of how the counselling process works. This may be leading to some referrals being made for Service Users that aren't quite ready to engage with the process. There were therefore calls for stronger dialogue between support workers and counsellors, with more training offered to Support Workers to help develop their understanding of the counselling process. It was suggested that counsellors could perhaps visit projects to meet with staff to explain their role, discuss the referral process, and look at how feedback could be best shared between staff. Counsellors felt this might deliver better referrals, strengthen relationships, and further embed knowledge and learning on therapeutic practice across the Wallich.

Some minor points were also raised around the referral form, with suggestions that they are refined to include details of the Service Users GP, whether the client has received a diagnosis (including details on medications that might impact on the ability of Service Users to engage) and the date of referral, so Counsellors could see how long Service Users have been waiting.

Shared Learning

The project has generated a wealth of learning around the effectiveness of the counselling process and how therapeutic support of this kind can best be combined with wider services to support Wallich Service Users. Both Counsellors and Wallich staff feel that there would be clear benefits to strengthening opportunities for reflection and shared learning both within the Reflections Network team, and with the wider stakeholders. One of the features of the COVID crisis has been that it has restricted the ability of staff to interact and take part in this sort of learning, so fixing this moving forward should be a priority.

It was therefore suggested that Counsellors meet more often as a group to discuss and develop good practices, and to offer a community of support. It was stressed that working

with Service Users who have complex needs can easily lead to burnout, so being able to talk things through with peers is important. It was also noted that to date, any such meetings between counsellors had happened 'on their own time'. Building in some resource to cover this activity was therefore seen as a common-sense measure that would encourage progress.

The project had also initially set up a Service User group to promote learning and peer support amongst Service Users. This group stopped meeting when COVID hit. Looking at how this group could be reintroduced was therefore suggested. In addition there were some calls to explore the potential of making greater use of Peer Mentors on the scheme. Peers could become champions for the project, helping promote and explain the offer to others. One Counsellor suggested, *"Maybe a buddy system where Peers accompany Service Users to the first session and meet them after to discuss progress and offer encouragement?"*

Monitoring & Evaluation

At present, data is stored and interrogated using standard spreadsheet software. Whilst this works, it limits the ability of the team to access accurate output data in a timely fashion. It also limits opportunities to integrate output data with other data around client outcomes, case studies, feedback, etc. The team are planning to migrate their project data over to their INFORM database, which they feel will enable better recording, tracking and interrogation of project data. This should be implemented at the earliest opportunity to give the team the best possible management information to inform delivery and evidence impact.

Interviews with staff and stakeholders also highlighted the need to improve the tracking of client outcomes. Counsellors expressed reservations about the utility of the CORE 10 tool, and the team already have plans to start using a different Outcome Measure Tool in the near future. Ensuring that effective processes are put in place to support the consistent use of this model, and to generate a regular flow of outcome data, should form part of this work.

Staff and counsellors also noted that to date they have had very little access to longitudinal data on the impact of the Counselling support. Whilst the shift to the INFORM database might help with this to some degree, it was also suggested that consideration be given to how more post-support research could be undertaken with Service Users. As one Counsellor noted, *"It's frustrating to not know what happens after the support ends. There is limited long-term research on Service Users who access these sorts of interventions. Investing in longitudinal work to see how Service Users are faring 6/12/18/24 months after the support could be really insightful. Just because it's hard, doesn't mean we shouldn't try".*

Resourcing

The project team feel the project has achieved a lot off the back of a relatively modest annual budget. As such they naturally feel that they could do more, if they had more. Securing a larger amount of money over a longer period of time would give the Wallich certainty and allow the team to plan more effectively and further develop the model.

The flexibility of the model has allowed the size of the Counselling to grow and flex with the amount of resource available. This has worked well, and the team already have plans for expanding the provision to strengthen offer in areas where the Wallich has a presence.

It was suggested that adding an administrative role to work alongside the Network Manager might help support the effectiveness and growth of the project. This could free the Network Manager up to focus on priority tasks, and help ensure that internal processes function effectively. Given the stated desire to strengthen the collection and interrogation of data, this is another area that would likely benefit from some additional administrative support.

The project currently uses external venues to run face-to-face sessions with Service Users. Whilst this has worked well (offering impartial and accessible spaces in each area), it does come at a cost to the project. Also, COVID means that provision is likely to include an element of telephone/online support for the foreseeable future, which will reduce the need for physical venues. As such there were some suggestions that counselling should perhaps be brought in-house and run at Wallich venues, thereby reducing costs and simplifying venue arrangements. There would of course be 'pros and cons' associated with any such move, so this is something that would need to be weighed up by the team.

Staff noted that it was a goal to one day have a set base for the project in the form of a Reflections Network Centre. Staff argued this would provide a designated setting for provision, enhance the visibility of the project, and offer a space for training counsellors.

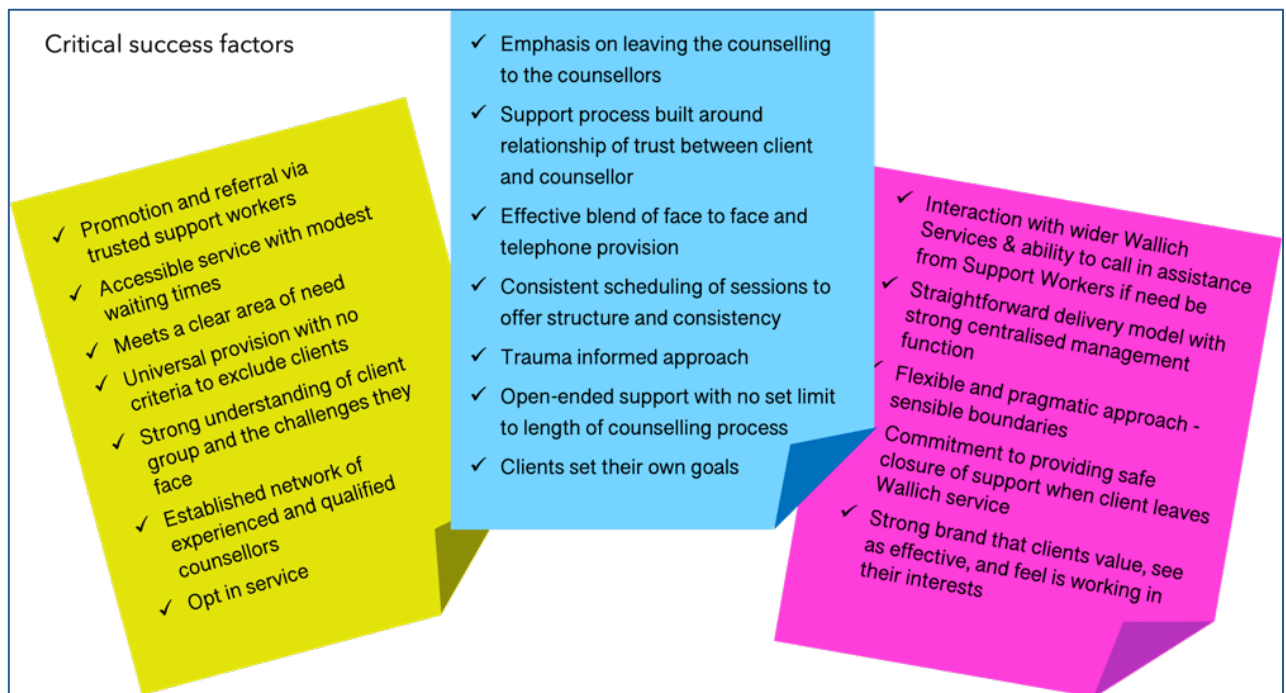
Both staff and counsellors raised the option of developing the offer through building a clinical psychologist or occupational therapist role into the model. This role could liaise with medical teams, and provide an effective bridge into other clinical services. One staff member commented, *"Support workers and counsellors lack the clout and capacity to do that work effectively. We are missing that link. The clinical arm is something that is of interest"*.

Some Counsellors did note that rates of remuneration on the project are modest in comparison to what can be achieved in private practice or as part of other services. They also have to cover the costs of their own supervision. Whilst all Counsellors accepted the financial constraints faced by a project like this, and viewed their work as part of a professional commitment to helping this client group; there would clearly be a benefit to considering what can be done to look after Counsellors, and ensure that the strength and quality of the Network team can be kept intact. One Counsellor noted, *"I know that many counsellors do this because they want to help and give something back, but you still need to look after them and support their development. Something for funders to consider maybe"*.

Success Factors

In analysing the data collected over the course of this evaluation, it has been possible to identify a number of key success factors that have contributed to the effectiveness and impact of the interventions. We also asked interviewees what elements of the model they thought helped make the biggest difference to Service Users. By mapping out these success

factors, we can better understand how the model delivers change, and the Project Team can reflect on how the model can be further developed in future



Whilst this list isn't exhaustive, it does capture elements that seem to have contributed to the effectiveness and impact of the scheme to date. Consolidating and building on these factors should help further develop the strength of the model moving forward.

Overall, the Reflections Network model has functioned effectively and delivery has gone well, despite the inevitable disruption caused by the Coronavirus pandemic. Whilst the project naturally doesn't achieve transformative results for every client, it appears to be benefitting the majority of Service Users in some way. Given the complexity of need the team is working with, this is no mean feat and should be a matter for celebration. It is also clear that there remains an ongoing need for this kind of provision, so the challenge for the team now is to look at how the Network can be developed and resourced moving forward.

7. Conclusions and Recommendations

The Reflections Network project delivers highly valued counselling support to Service Users that would struggle to access similar support from other sources. The Wallich set up the provision because they could see that their Service Users often struggled to make lasting progress because of underlying issues and their mental health more broadly. By bringing counselling provision into their support offer, the Wallich has sought to decouple Service Users from their past traumas, and help them develop the skills, resilience and hope they need to look towards a more positive future.

The evaluation process has shown a project that is performing effectively and delivering a range of positive outcomes. The team appeared to adapt well to the challenges of COVID, and the model was able to quickly pivot to offer counselling support over the phone, which in some cases Service Users have preferred. Demand for the support has remained high and there has been a steady throughput of Service Users onto the project.

Performance against KPIs is less than projected, though this can in part be attributed to a delayed start and the disruption caused by COVID. In addition, at the time of writing, the project has over three months left to run, which should enable further progress against targets.

Waiting times for Service Users have been modest and have largely fallen within the target of Service Users being offered an appointment within 28 days. Crucially, these waiting times have been dramatically shorter than would have been the case had Service Users sought support from statutory services. In addition, the project is evidently taking pressure off those statutory services, adding to the broader societal value delivered by the project.

The length of interventions has of course varied, and the model, by design, sticks with people until they feel ready to end counselling. This open-ended commitment is one of the key success factors of the project, and both Counsellors and Service Users see it as a key that helps unlock stronger engagement and better outcomes. That said, it does of course come with resource implications. Whilst there is nothing to suggest that introducing an upper limit on support is needed, keeping arrangements under continual review would be sensible to ensure the right balance is being set between the volume and depth of support provided.

One of the reasons the project has been successful is the way it interacts and works in parallel with other Wallich services. Support Workers told us they feel the effectiveness and impact of other Wallich services is enhanced when Service Users also access the counselling support. This provides a 'win win' situation for both the Wallich and Service Users.

The contribution of Support Workers to the project must be acknowledged, as they promote the project, explain the offer, and help broker referrals. Calls from Counsellors to strengthen opportunities for interaction/training with Support Workers should therefore be considered.

The project ultimately relies on the expertise and commitment of the Counsellors network. Being able to look after, retain and develop this pool of talent will therefore be integral to the ongoing success of the project. Comments on remuneration rates, access to supervision and opportunities for shared learning, should therefore be taken into account.

Opportunities for shared learning should be fully exploited. COVID has impacted the frequency of meetings between Counsellors, as well as the Service User group. Options for reinvigorating these groups should therefore be explored, COVID permitting.

Project processes appear to be working well overall and the model has been able to scale up/down as the level of available resource has changed. Securing more resource over a longer period would clearly be beneficial. Building in some level of administrative support would also seem to be a sensible option for any future phase.

Strengthening the ability of the project to collect, capture and interrogate outcome data should be a priority moving forward. All stakeholders believe the project is making a big difference and the data collected through this evaluation has highlighted the sort of transformational stories that can emerge. Looking at how this evidence can be further improved should therefore be a priority. Further work to collate all available project monitoring data before the end of the project period would support this effort.

Interviews with stakeholders and an examination of project data therefore suggest a project that has a clear rationale, effective processes and an offer that Service Users value. With pressures on the NHS likely to continue for the foreseeable future, this provision offers a much-needed route to support that has the potential to help them achieve lasting progress in their lives. Continuity and Progression should therefore be the focus for the project moving forward.

Based on our analysis, we would offer the following recommendations for consideration:

1. That every effort be made to secure additional resources to continue Reflections Network provision. Securing a larger sum of grant funding over a long period would give the team greater certainty and allow innovation in the model
2. By the end of the project period, collate and analyse all available monitoring data to help evidence the true impact of the Reflections Network intervention
3. Strengthen level of interaction and dialogue between Support Workers and Counsellors to improve understanding of the counselling process and fine-tune the referral process
4. Explore opportunities for Reflections Network Counsellors to come together as a group to share experiences and discuss best practice
5. Look at how Service Users can best shape and evaluate provision. The Service User group could be reinstated, and options for involving Peer Mentors could be explored.

6. Assess the viability of building some administrative capacity into the project model
7. Continue to provide a blended offer, whereby Service Users have the choice to access counselling face to face or over the phone
8. Strengthen monitoring and evaluation processes to allow effective capture of data on the progress and value of the support
9. Revisit KPIs/ outcomes to ensure they reflect what the support is trying to achieve.
10. Make every effort to retain and develop the network of Counsellors that have successfully delivered the support to date
11. Consider some of the detailed points outlined in this report on how systems and processes might be tweaked to deliver marginal gains.

Appendix A - Service User Case Studies

Service User A

Background

Service user 'A' has been involved with the Reflections Network for two and a half years after what she described as a very bad time in her life, where she has struggled with borderline personality disorder, PTSD, depression and mental health.

After her husband went to the hospital to receive treatment for mental health, service user 'A' found life difficult with her three children. She ended up with someone else who had a substance misuse problem. After a while, social services took her children away from her. Her boyfriend was also arrested for attacking someone during this time.

These issues led to financial difficulty. She was also told that she wouldn't be able to have her children back until they were 18. She really struggled during this period of her life. "I was smoking weed all day and bumped into my boyfriend. I felt alive again." After a while, her husband moved out and within a week, her boyfriend was imprisoned. The Council threatened to give her an ASBO when she refused to pay her bedroom tax. She ended up in thousands of pounds worth of debt. She said, "I got myself in such a muddle and a mess. No one would help me."

She worked with an estate agent to save money so that she could move into a bedsit. She then started living with someone else and joined the Reflection Network for counselling support

Support received through the project

Service user 'A' is no longer receiving counselling support. She started the sessions just before Covid and has had approximately 40 in total. This was all done over the phone and she could not praise the support enough.

How Reflections Network has made a difference

The counsellor and the support worker helped 'A' gain a degree of stability and make plans for the future. "They helped me put the jigsaw pieces of my life together. I had never told other counsellors everything that was in my head. I did with the Wallich though. She completely made me feel understood. She never judged me."

"They were there for me. It has completely and utterly changed the way I think. I couldn't fault them at all. They were brilliant."

She started her own charity in January 2021. "I had built my own prison with my mind. I now want to support others in similar situations." After receiving a small inheritance after her

grandmother passed away, service user 'A' invested it all into office equipment to take her charity work forward. She is also involved with Wallich's Wise programme.

Service User B

Background

Service user 'B' has been with the Wallich for almost four months and got involved with the Reflections Network around two months ago. He had issues with his flat and ended up sleeping in his car. He initially emailed the Wallich to explain his situation and started receiving support with his finances. He explained that he was heavily reliant on drugs and that he really needed help. He had tried different services but "ended up doing drugs all day" and didn't really get anywhere.

Support received through the project

He described himself as a wreck and a recluse when getting involved with the Wallich. He said that the staff were easy to get to know. He was eventually referred to the Reflections Network and has had around five to seven counselling sessions. This support has occurred over the phone.

He was extremely positive about the support he had received from the Wallich. "They got me doing a bunch of stuff." When asked to elaborate, Service user 'B' confirmed that he was now undertaking voluntary work. This involved helping with physical tasks, including creating footpaths, making signs, team building, etc. He really enjoyed being involved with others and felt good about the opportunity to keep busy. He has also participated in social activities with the Wallich. He's learning to play the guitar with a Wallich group from Aberystwyth.

Service user 'B' was really impressed with the support. The first session started with the counsellor telling him about herself. She also explained the nature of the support on offer and how it could help. Reflecting on his initial involvement, service user 'B' said, "She was very welcoming. I thought it would have been a lot harder. I almost felt as if I would have to lay down on a weird chair like they do in the movies. It wasn't like that at all." Service user 'B' stated that it was very easy to open up on the phone. He did add that he was sceptical at first however. These sessions are arranged at the same time every week.

Service user 'B' didn't experience any challenges in accessing the support. On the contrary, it was easy to get involved. He added that he had been waiting over two years for counselling support through the NHS but that he was offered an appointment after two weeks of being referred to the Reflections Network. He couldn't think of any aspect of the project that didn't work. He also struggled to think of any potential improvements. As he was referred to the project, he wondered if the team could advertise the opportunity a little more.

How Reflections Network has made a difference

Service user 'B' is still accessing the support but has noticed a massive difference in his behaviour since starting with the Reflections Network. "It has made a massive difference. It has almost cured my anger. I used to take a lot of drugs and would use this to deal with my issues. I'm using different techniques now and have cut down on how much I take." He said that he needed help with anger management. "I was waking up in a 10 out of 10 range and even destroying things that would cost me money. I would be completely chilled out after a while. I was taking a mix of weed, morphine and vodka." He also said that he "got rid of the cynicism" and "just started doing stuff" with the Wallich.

Service user 'B' described himself as still a work in progress. He added, "I probably will be for a while. I'm on the dole, under 35 and can't rent. I visit the Wallich office to use the shower from time to time." He found it difficult to talk about his plans for the next 12 months. "I honestly don't know. I can't give an answer. Realistically, sleeping in the car could be a longer-term thing."

Whilst he could not think too far ahead, he truly believed that he would have had an overdose or be in a really bad state had it not been for the support from the Reflections Network and the Wallich.

Service User C

Background

Service user 'C' wasn't quite sure when he got involved with the Reflections Network but he thought it would have been around four months before the interview.

He had received support from the Wallich and ended up with a room in a hostel in Cardiff before being referred for support from one of the counsellors. He had been involved with 10-12 in-person sessions after lockdown.

He mentioned the fact that he had PTSD but didn't want to discuss his challenges because the Police were still involved.

Support received through the project

He was really happy with the support and everything that came with it – he praised the approach from the counsellor and the support from the support worker. He couldn't suggest any improvements to the project. He even said that the Wallich accompanied him to court and helped him get money back from his fines.

He confirmed that he was still involved and that he had another year worth of counselling support from the project.

How Reflections Network has made a difference

'C' felt that he still has some way to go, but is happy that the Counselling is helping him manage his emotions and better cope with his challenges. He values having someone to talk with, and knows he won't be judged. He hopes the support will help him improve his life.

Service User 'D'

Background

'D' is 22 and when she broke up with her ex she went through a very bad period, which led to her seeking help from the Wallich. They then referred her to counseling through the Ref Net project. 'D' has been accessing counselling for about a year.

The Wallich Support Worker explained that counselling might be an option that could be helpful. "I was a bit iffy about it because I'd had counselling before and it hadn't helped much. I was in such a bad way that I just thought that I might as well give it a go to see if it could help me. I wasn't in a good place mentally, and was trying to harm myself"

'D' got involved because she wanted to get to a better place and I hoped to be able to talk about her situation, and that somebody would listen to me. "I wanted to try to be healthier and be more motivated".

"They explained it would initially be for 6 sessions, but that we could carry on as long as I needed help. This really helped as it put me at ease – puts me in control".

Support received through the project

Sessions have been taking place over the phone, as support started during Covid. The Counsellor calls every Thursday. It perhaps would have been easier face-to-face, but actually 'D' preferred accessing the support over the phone, as she is not very good with people and tends to open up better over the phone.

The initial sessions focussed on getting to know each other and the Counsellor asked 'D' what she wanted from the counselling." I gave him an overview of my life and what I was going through".

The support is still going on. 'D' decides what she wants to cover and the counsellor asks questions and refers back to things that have been covered in past sessions. "He'll ask me how things have gone with X or Y, and then we'll move on to other topics. He's really helped me and I know trust him enough to tell him things that have been happening to me. It takes time to build that trust".

'D' is really happy with the support. "I've had counselling before and they never understood where I was coming from and he helps me far more than any other counsellor has. He tried to get me to think about things differently and see things from a different perspective. He seems to know what to say at the right time to help me understand and push further into my counselling"

When asked why the project has worked, 'D' felt that it was because the counsellor treated her as a real person. "Other counsellors didn't seem to care about what I was going through. He actually cares, which makes me feel more comfortable talking to him".

Approach puts me at ease, because I know they are going to stick with me as long as I need them. Also, if I don't feel up to a session, I can just tell them and there's no problem. This means I don't stress as much and I feel in control of the situation.

How Reflections Network has made a difference

"Big change. I can look back at things and not feel so down about them. I can deal with my past experiences better and don't feel that they define me any more. I used to dwell on things and get very down, but my counsellor has helped me think about those things differently and realise that things weren't all my fault, and were outside my control, etc. My friends tell me I seem happier and more confident in myself".

When asked where she would have been without the support, 'D' answered, "I don't think I'd be here if I hadn't received this help. This is the only thing that's helped, and I'm genuinely not sure I'd be here talking to you today, if this counsellor hadn't been there".

'D' is now starting to think about her future, which is something she wasn't doing before. She is going to study psychology and counselling next year in Uni.

"It has been a positive experience. It is not for everyone. You have to be ready for counselling. If you don't acknowledge that you need help, you won't accept it. You need to be in that place to commit to this".

Service User E

Background

E lives in the South Wales Valleys and is in her 40s. She bought her own house at 21, but got into a violent relationship and she experienced a breakdown and had to sell her house. These events caused a lot of stress and anxiety for her and she turned to drink to manage her emotions. She eventually got caught drink driving and then turned to the Wallich for support. She has experienced a range of mental health challenges and until she went to the Wallich, very few support providers were willing to take her mental illness into account, preferring instead to blame her behaviour on her drinking.

E had been working with BAROD, and one of the workers there recognised that she needed to get away from her flat, as she was experiencing domestic violence issues from an ex partner. They referred her into a refuge in Pontypridd, which was the best thing she ever did. The staff there were able to see her 24 hrs. a day and observe some of her challenges. She was eventually referred into the Wallich (BOSS project) and they then suggested she consider doing some counselling as part of the Reflections Network.

E has some prior experience of counselling, but she'd never been able to form a proper bond with them. She's found the counsellors quite robotic and they didn't seem to care that much. "With past counsellors it didn't feel right and I didn't want to speak. I was also still in a violent relationship, so I probably wasn't ready". Despite this, she was keen to engage with the counselling because she wasn't happy with her life, couldn't get any lower and had nothing to lose. "I wanted something to change".

Support received through the project

All of 'E's support has been provided over the phone. "He rings at the same time every week, so I know where I stand. He also explained that if I wasn't feeling up to it, that wasn't a problem. That took the pressure off and put me at ease"

The initial sessions saw the counsellor explain what would be involved. "He checked that I was happy and it was a good introduction, as there were so many things that needed to be talked about, it would have been too much to just jump straight into it"

The counsellor didn't put a timeline on the support. "Had he done that, I probably wouldn't have engaged or trusted him. If they say we are only going to do 5 sessions, then makes you think what's the point. There was no way he was going to be able to work through all my issues in 5 or 6 sessions. That has happened to me in the past and it really made me think "you don't really give a shit", as my problems stemmed back to my childhood, when my father got killed, so how on earth can 6 sessions unpick all of that. I won't engage with that sort of support – what's the point".

'E' has decided what was covered in each session. "Whatever I wanted to cover was fine. If I wanted to have a cry or say very little that was fine. It was led by me. The counsellor doesn't offer an opinion – he makes me work it out for myself. He makes me step back and think about things in a different way".

The process has helped 'E' deal with challenges that have occurred. For example when she left refuge and moved into a 3-bed house on her own, she was very anxious – but the counselling kept her on track and allowed her to react differently than she otherwise would.

"I look forward to my session on a Friday. If something happens to me on a Monday, then I'm already thinking ahead to how I'm going to talk it through with him on a Friday"

'E' noted that she had missed 2 sessions a while back, which was out of character for her. The counsellor followed up to see whether she was ok, which meant a lot – showed he cared about her progress. "X has strong professional boundaries, but it shows he cares and worries about me. I didn't think anybody gave a shit, but it was lovely that someone was looking out for me".

How Reflections Network has made a difference

'E' stated how she now looks forward to her counselling every Friday. "We have a great relationship and he challenges me to think about things differently. Helps me overcome my natural tendency to think negatively".

"I'm in a really good place now. I'm happy in my life. Some days I struggle, but I don't go to the dark places like I used to. Knowing the sessions are there helps me stay focussed and I don't feel the need to turn to drink or anything. Knowing I'll be able to talk it through with X helps a lot. I stop and take a step back now and focus on the good things in my life. Counselling helped me see that my experiences have made me a strong person".

'E' is now on the waiting list for a home and she is on a Peer Mentor Programme. She has made some big changes in her life, and she feels that it has been really helpful to have the counsellor there to walk her through it.

"The Wallich is the best organisation I've ever worked with. Other providers didn't care and they just pushed me from pillar to post. They didn't seem to care. I have 2 weeks left on my course before I start an 8-week volunteering placement. I would never have done that before. I just want to help other people now and show them that you can get through tough times.

"Massively recommend this project to anyone. Until you talk about your issues and find someone who is going to listen to you, you're not going to get anywhere".

Service User F

Background

'F' is 22 and started working with the Wallich when she was 20. She has received counselling for over 2 years. She was homeless at the time and was living at the Foyer in Swansea. She moved out of this residential facility and started working with a support worker. When she then experienced something traumatic, she was then referred into the project for 1 to 1 counselling.

She was told that it would initially be for 6 weeks, but that if it needed to go on for longer, it could. "My support worker attended the first session with me. I had anxiety, depression and agoraphobia at the time and hadn't left my house in ages, so having her there was a big help".

Support received through the project

'F' has been attending weekly sessions for almost 2 and half years. The sessions moved to the phone over lockdown, but before then they used to meet in Swansea town centre. This meant that 'F' had to get a lift, as she doesn't drive and isn't good with public transport. The venue was good however and it was a welcoming building. 'F' noted that phonecalls didn't work as well for her and she would have preferred face to face. Sessions over the phone tended to be much shorter.

Going to counselling has been quite an anxious experience. She had previously tried CBT and group counselling, but didn't find them helpful. Nevertheless she was keen to give this a go. The waiting lists on the NHS were very long, so she was just relieved to be given this support.

Initially, the Counsellor explained himself and how things would work. "He told me that I could be as vocal or silent as I wanted to be, and that I'd get out what I put in. He didn't push me and let me go at my own pace, which was a really helpful. I've tried lots of other things and this is the only support that's really worked".

From that point on, the progress has been gradual and didn't happen overnight. "The harder you worked, the more you got out of it. The good thing was he helped me deal with bad patches. He encouraged me not to take it to heart and to see set backs as part of the learning process. I'd think through why I'd had a bad day and what was causing it – so there was a lot of self-reflection. It wasn't smooth sailing; there was a lot of shit to get through. You'd look back after a few months and then you'd realise how far you'd come".

The goal setting was down to 'F' and she felt it had been very subtle. "He'd ask me what I wanted to cover and we'd set some general goals, but then he'd ask me what I thought the best way of dealing with a situation was. We'd work in bite sized chunks – I realised early on that long term goals freaked me out, so it was done at my pace and tailored for me".

How Reflections Network has made a difference.

'F' finished the support a couple of months ago and is really happy with her experience. She noted that it had been a hard decision to finish the support. She'd already stopped accessing Wallich support, so the Counsellor continued to work with 'F' until she felt she was ready to stand on her own two feet. "We talked it through and we both agreed that by the end I was capable of handling things on my own, and the time was right to bring it to a close. I really appreciated the support, and it felt crappy to stop, but by the end it was a comfort blanket and the time was right. It was fine".

"F' feels that it has completely changed her life. "Before I couldn't leave me house or speak to people, phone calls used to terrify me, so I've come a long way. I had no confidence before, I was shut down. I'd left an abusive relationship and my partner went to prison for it. Left me unable to talk to anyone. . I made the decision – I'm not having this, I'm going to do something about it. The counselling has changed all of that, and whilst I'm not fully there yet, I'm much more confident and can talk to people again. Amazing support. Changed my life. Couldn't recommend it more".

"My friends can't believe I'm the same person. I'm completely different. I'm not 100% and trying to get there, but I focus on the positive and prefer to think about how far I've come"

'F' is far more optimistic now. "That's why we didn't make a detailed plan at the start as I couldn't think about the future at that point – I didn't even want to be here. But now I'm making plans for the future again, and booking things, so I'm much more positive and looking forward to things again. It's nice and a bit of a weird feeling".

When asked why the support had worked, 'F' pointed to the skills and style of the Counsellor. "It was the person. He was patient and put me in charge. He'd assist you to find the answers yourself. He would help you find the answer to a problem, rather than tell you himself. He gives me all the credit for my achievements, so that boost my confidence and makes me feel proud of how far I've come. He was down to earth and it was never too serious. It put you at ease. It was relaxed, and it was easier to deal with serious issues when you can have a laugh about it. Helps make the problems seem a little lighter. I really trusted him. Even we covered difficult topics, it never felt too heavy, and I never felt like it was too much (which I have felt in the past)".

"The approach allowed me to process things in my own time. The lack of a limit on sessions was a big help. "If you need it, we are here for you".

'F' is on her own for the first time in her life, in terms of not accessing support services. It's a bit scary, but she's feeling good. "I've had support all my life. I left home when I was 13, then went in to care, then went to housing, and then to counselling, etc. So this is a big step. I'm 22 and I'm trying to figure it out. Got my own flat and working towards employment now. I'm going to take things as they come. I need to pluck up the courage to get on a bus, and then I'll be able to travel to get work. I'm almost there. The Wallich deserve massive credit. They are brilliant at what they do".

Service User 'G'

Background

'G' is 30 and lives in a flat in a town Centre in South West Wales. He made contact with the Wallich back in September at a time when he was really struggling with his mental health and drinking. His doctor and mother had initially suggested he get in touch with the Wallich to get some help with his mental health, especially as his issues meant he was at risk of being made homeless.

'G' has returned to his hometown after a period at University and struggled with his mental health after not finding a job. Lockdown made his situation much worse and he started drinking a lot more. This, coupled with being isolated from others, including his family, sent his anxiety levels sky high and his mental health deteriorated. He lost his job in September and had to seek emergency funding through Universal Credit.

When his situation got really bad, he went to his GP to see if he could get some help. Unfortunately they were unable to refer him for mental health support, because he was

drinking a lot at the time. They initially were going to refer him into DDAS, but when he asked them about other mental health support, they suggested the Wallich project.

After working with a number of support workers and discussing his predicament, 'G' was then referred into the Reflections project to access weekly counselling support. "This counselling has been the biggest help for me I think". Prior to accessing this support from the Wallich, 'G' had been trying to work through his issues on his own.

Support received through the project

The sessions have been taking place over the phone, which has worked really well for 'G'. He suffers badly from anxiety, so it is much easier for him to handle a conversation over the phone, than having to leave his flat and travel to an appointment. "I'm not great around other people, so I prefer the phone. If I had to go to see my counsellor in person I'd have to really get myself worked up and I'd probably struggle to be as open and honest".

The first session was all about getting to know each other and establishing boundaries. The counsellor explained how she worked and reassured 'G' that he was free to raise whatever issues he felt were relevant, and answer/not answer questions as he saw fit. "I got her up to speed with how I was feeling, and what had got me to that point. She also encouraged me to think back to when those sorts of feelings had started". This immediately put 'G' at ease and he was told that the provision would be open ended, with occasional reviews to check in on how he was doing.

The work with the Counsellor has become more specific over time, as they have both gotten to know each other better. 'G' feels he is now much better at talking about his feelings and his past experiences. "She knows a bit more about me now, so she is better able to read the runes and steer things in the right direction".

Generally, 'G' enters the session without a clear plan of what he is going to discuss. However there will usually be something that will have happened in the week that will inform the discussion, and he is then free to lead the direction of the session. For example, he has recently been experiencing a lot of stress within his family after his brother split up with his wife. His brother argued with his parents and came to stay with him, which led to them spending a lot of time indoors drinking, which in turn had a detrimental impact on his state of mind. "X will ask me how my week has gone and then I'll start talking about something that has stressed me out or concerned me, and we'll take it from there".

'G' really values the support and tends to feel a lot better after each session. He sees the sessions as his main opportunity to talk to someone about how he is feeling and his concerns. He looks forward to the sessions and the fact that they are in the diary, helps him manage his mental health throughout the week, without resorting to alcohol or getting really down.

'G' discussed his goals with X at the beginning of the process and he recognised that he wanted to get over his reliance on alcohol and start to address his underlying health problems of depression, anxiety, catastrophic thinking, etc. The team at The Wallich have helped him work towards a Mental Health Assessment, which he will be having shortly. He is really pleased with this, as he has wanted to get a proper diagnosis of his issues for some time. Unfortunately in the past his alcohol intake meant that his GP was reluctant to recommend an assessment. However the counselling has helped him get to a better place and he has been able to abstain from drink for 7 week. "This will be my third attempt at getting this assessment, so this is a big step for me".

Part of the reason why getting this assessment is so important for 'G' is because not knowing has been a big source of anxiety and stress for him. This led to him spending lots of time on the internet "doing his own research", which wasn't healthy. Sue has helped steer Wayne away from this behaviour and constantly thinking the worst. "I'm so glad that I'll be able to get an assessment from people with a mental health background. It will really put my mind at ease. For example, one of the things I read was how people with undiagnosed ADHD were prone to anxiety and depression. I tend to get ahead of myself and imagine the worst all the time".

The counselling is going to be in place until he is happy that he has made sufficient progress to stop. MIND have since been in touch to see if he wanted to access their counselling, but when he explained that he was already working with the Wallich, they agreed that it would be better to just work with one service, rather than muddy the water.

How Reflections Network has made a difference

'G' has really appreciated the support and it came at just the right time for him. He is a firm believer that you have to be ready for counselling. "100%. The last time I went to counselling it was something my mother booked for me. I didn't really want to go and was more interested in trying medication from my GP, which didn't work. When you to GP, they give you a tablet, but don't have the capacity to talk with you to address the underlying problem. This just didn't work for me. So when the chance came round this time to work with a counsellor, I was more willing to commit to the process and tackle my problems".

In terms of how it has changes his life, 'G' feels that it has stopped him from worrying and spending so much time on the internet and thinking the worst. "The counsellor has helped me understand that I have tendency to get ahead of myself and worry about all sorts of things that may not be true, or never happen". 'G' now looks forward to his sessions with X, and feels better able to keep on top of things as a result. "That's my chance to talk through the things that are bothering, and that stops me from worrying too much about them the rest of the week. I now know that if I'm having a bad day, that's all it is – a bad day. I no longer feel the need to spend hours on the Internet doing research on all sorts of ailments to try and explain why I feel the way that I feel".

He is better able to manage his emotions now and better understands the way he thinks about things and how he has behaved in the past.

He feels really good after each session, regardless of how heavy the discussions have been. I usually have 10 minutes after each session where I'm really pleased with what we have covered.

'G' feels that the counselling has been absolutely crucial to his progress. It has helped strip away a lot of the stress in his life and given him the tools to manage things better. Reflecting on why it has worked, he felt that trust had been a big factor. The fact that 'G' has been working with X for a while means he feels comfortable opening up. Also the open ended offer means that he hasn't had to constantly repeat his story and get someone new up to speed every couple of months. The continuity of the relationship has been a big help. "Having someone reliable who knows my story is reassuring".

He now hopes to continue working with X to build on the progress he has made to date. His Mental Health assessment will also ensure that he has the right diagnosis for his situation, which will be a big weight off his mind. He also wants to continue managing his alcohol intake.

He wants to get to a point where he isn't so anxious all the time, and doesn't turn to drink as solution. The progress he has made with not drinking has also meant that he's sleeping a lot better, which is a huge help. From there, he hopes to be able to go back to work after Xmas.

"Staying on top of things is the main thing. Things are looking good at the moment and I have been making steady steps in the right direction".