



Annual Report, 2010/11

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Review of the year by the Counselling Service Manager

2010/11 proved to be a highly successful year for Ryedale Counselling Service (RCS) despite it facing a number of major challenges. In purely numerical terms, RCS:

- Received a record **536** client referrals (this includes **68** self-referrals)¹;
- Increased the number of assessment and counselling appointments offered by **7%**² despite a fall in income due the loss of Children in Need funding;
- Achieved excellent outcomes as measured by the CORE³ Outcome Measure.

As well as becoming more efficient, RCS also grew in terms of geography and scope:

- Signing a contract with ECHO Access Ltd to provide brief counselling at the Castle Health Centre thus giving RCS a second counselling venue in Scarborough;
- Offering longer-term counselling⁴ to people who have experienced domestic violence and making this service available at four surgeries across Ryedale⁵ and Scarborough where RCS operates a service as well as at Ryedale Community House, Malton;
- Reducing the rate of missed sessions, compared to the previous year; with a dramatic⁶ reduction during the last quarter compared to the same period in 2009/10.

It was also a year of innovation – which contributed to making RCS more efficient and helping counsellors to achieve excellent outcomes for their clients. For example, RCS:

- Introduced a new Client Record Management (CRM) system in January;
- Implemented a new standardised Assessment process;
- Increased the range of monitoring forms and revised the Client Evaluation form;
- Created the role of Volunteer Counsellor to help new counsellors gain Accreditation.

This success has been achieved despite uncertainty about NHS funding and the failure to secure funding from Children in Need in October. RCS staff and volunteers have remained positive and fully engaged in a process of change in order to equip RCS for the new harsh economic and fiscal realities which all voluntary organisations now face.

Mission Statement⁷

*Our purpose is to improve mental health for all by providing an accessible, professional and effective counselling service - as well as by providing other therapeutic activities. Our work is underpinned by **Our Values**⁸.*

¹ See **Table 2** in **Appendix 2** for chart showing the growth in client referrals over the past five years.

² RCS offered a total of **3,267** assessment and counselling appointments compared to **3,055** in 2009/10.

³ CORE stands for Clinical Outcomes for Routine Evaluation.

⁴ As part of the Specialist counselling service, which is funded by The Henry Smith Charity.

⁵ Derwent Practice, Pickering Medical Practice, Helmsley Health Centre and Sherburn Surgery.

⁶ See **Table 3** in **Appendix 2** which shows the drop in missed sessions in the final quarter of 2010/11.

⁷ In November, the RVA Board of Trustees approved a new Mission Statement, set of Values (see **Appendix 1**) and Strategic Objectives. These grew out of a RCS Team Away Day held in August.

⁸ See Appendix 1.

Funding

The **Big Lottery Fund** provided two-fifths of RCS income during the year.

RCS was pleased to be able to report to the Big Lottery Fund in July 2011 that it had exceeded the target set for referrals for Year 4 of the project by 33%⁹ as well as meeting all of the agreed Outcomes and Milestones for that year.

RCS received a further boost from the Big Lottery Fund when it was awarded £2,500 by Awards for All in January to develop a new website for the adult counselling service.

RCS continues to provide excellent value for money to **NHS North Yorkshire and York**: its grant provided only a quarter of our revenue yet 80% of clients are referred by NHS staff.

In October, the NHS gave a month's notice of a suspension of its grant. RCS had to suspend accepting new referrals for seven weeks during November and December as a result. At the same time, RCS consulted staff on a proposal to cut paid hours by 20% in order to avoid any redundancies, which was unanimously accepted by the team.

While the NHS withdrew its threat to suspend its grant for 2010/11, it announced in March that the grant for 2011/12 would be cut by 4% (with six months notice)¹⁰.

Uncertainty over NHS funding continues with two separate NHS reviews in progress.

The bid for continuation funding for rite2talk, the counselling service for children and young people aged 13 to 18, submitted in July, was rejected by **Children in Need** in October. As a direct consequence, RCS has had to withdraw from working in three local schools.

Due to a historic under-spend, RCS was able to continue the Specialist counselling service, which is made possible thanks to a generous grant from **The Henry Smith Charity** beyond the planned end of the project (December) until after the financial year end.



The **Voluntary Donation** scheme generated **£2,653** for the general reserve during the year. RCS aims to increase the value of donations by making all clients aware that it is a charity and to introduce a charge for missed appointments from October 2011.

⁹ RCS received **384** client referrals for the generic counselling service for the year ending 30th June 2010, compared to the Milestones of 288 client referrals agreed with the Big Lottery at the start of the project.

¹⁰ Despite this cut, RCS has not had to make any cuts in staffing so that it will be able to continue to provide the same level of service in 2011/12 as for the previous year.

Adult counselling service¹¹

RCS received a total of **405** client referrals in 2010/11 compared to 414 client referrals in 2009/2010. Of these, **287 (71%)** were referrals for female clients and **119 (29%)** for male clients, compared to 306 female (74%) and 108 male (26%) clients respectively in 2009/10.

When taking into account the suspension¹² of client referrals in November and December (due to the threat to the NHS grant and the historically long waiting lists) the number of referrals actually increased by **8%** on a like-for-like basis over the course of the year.

As mentioned in the **Funding** section of the report, the total number of referrals received for Year 4 of the Big Lottery Fund exceeded the agreed Milestone¹³ of **288** referrals by **33%**.

As a result of the suspension of client referrals (which allowed RCS to tackle the backlog of client referrals) and by increasing the number of assessment¹⁴ and counselling¹⁵ appointments, RCS was able to bring the average waiting time for assessments down from an average of **34** days at the end of January to just under **18** days by the end of March¹⁶.

RCS also continues to achieve good outcomes as measured by the CORE monitoring and evaluation system with **31%** of clients (but excluding ECHO clients) demonstrating reliable improvement and **53%** of clients showing reliable and clinical improvement.

The take-up of the **Telephone Counselling** service increased¹⁷ but remains low despite active promotion of the service.

No new paid staff joined RCS during the year. Some of the reserve was used to pay staff to provide extra sessions to tackle the waiting list on a sessional (zero contract) basis.

RCS increased the number of voluntary counsellors by expanding its **Trainee Placement** programme and creating the role of **Volunteer Counsellor** to enable former students to stay at RCS after qualifying in order to gain the required hours for BACP Accreditation.

As a result of such measures, and perhaps by making clients aware of the cost of missed appointments and their impact on waiting times on others (e.g. via the new **“What is Counselling?”** information leaflet) RCS increased the number of appointments offered by **7%** and reduced the number of missed appointments by **5%**.

¹¹ This comprises the adult generic counselling service and the Specialist counselling service but excludes the brief counselling service operated by RCS at the Castle Health Centre, Scarborough

¹² The suspension on referrals was lifted in January following the decision by the NHS to rescind its original decision to suspend the grant for the remainder of 2010/11.

¹³ RCS' performance against all 5 Outcomes agreed with the Big Lottery Fund is set out at **Appendix 3** below.

¹⁴ To pay counsellors on a sessional basis using some of the historic under-spend.

¹⁵ E.g. by expanding the Trainee Placement programme and creating the new Volunteer Counsellor role.

¹⁶ The separation of the assessment stage from the start of counselling also helped reduced the average waiting time for an assessment.

¹⁷ The number went up to **nine** clients from just four clients in 2009/10.



It was disappointing that RCS failed to achieve the target of 80 referrals for Year 3 of the three-year project and that it failed to secure continuation funding from Children in Need. RCS only received 56 referrals during the final year of the project. This might be partly explained by the temporary lack of a Counselling Service Manager for several months at the start of 2010 and the inherent difficulties of working with this hard-to-reach client group.

On a more positive note, the project was extended by six months by utilising a historic under-spend. RCS also developed a new website¹⁸ for rite2talk – www.rite2talk.org.uk – with input from young people themselves. The website continues to provide useful information about issues relevant to young people as well as sign-posting young people and professionals working with children to other sources of advice and support.

As a result of the failure to secure continuation funding, RCS stopped working in three local schools (Malton School, Norton College and Ryedale School) but continues to provide a service to children and young people aged 13 to 18 at Ryedale Community House, Malton.

Perhaps unsurprisingly, since RCS is no longer able to offer an accessible counselling service to children and young people, there has been a dramatic drop in the number of referrals received on behalf of young people: since the start of 2011 the percentage of young people as a percentage of all referrals has fallen from around **12%** to just under **5%**.

We are proud that the project succeeded in making a difference to children's lives including:

- Providing emotional and psychological support children and young people so they can better manage issues in their lives.
- Providing a safe, confidential and boundaried space to explore their concerns, pressures, worries and fears.
- Improving self-esteem and confidence, raise aspirations and reduce isolation.

RCS plans to submit a new bid to Children in Need in order to re-launch the service in April; 2012 following a root-and-branch review of existing Child Protection Policies.

With special thanks to: Lorna Smeaton, Lara Collins, Mandy Cooper, Deborah Powter, Geoff Warren, Liz Burnham, and Dawn Lilburn (Supervisor).



¹⁸ Which was funded by North Yorkshire County Council

Specialist counselling service

RCS was pleased to be able to report to **The Henry Smith Charity** in March that it had met the target of **150** client referrals¹⁹ for the three-year project. This success was achieved despite the temporary suspension of new client referrals during November and December.

The Project also achieved good Outcomes as measured by the CORE Outcome Measure²⁰ while RCS also received positive feedback from clients via Evaluation forms.

Examples of the benefits of the longer-term counselling provided by the project include:

- The ability to understand and come to terms with trauma of childhood sexual abuse;
- Increased confidence and self-esteem;
- Willingness to disclose history of abuse to health professionals;
- Greater understanding of abuse and attachment failure in childhood in later life;
- Starting to form healthier relationships;
- Improved sleep patterns;
- The ability to make better decisions on how to live life.

RCS is grateful to the Henry Smith Charity for its continued support for the Specialist counselling service and for agreeing to carry-over the under-spend into 2011.

The Henry Smith Charity also approved proposals to:

- Provide longer-term counselling to survivors of domestic abuse; and offer brief therapy to clients indirectly affected by sexual abuse or domestic violence e.g. parents or siblings of survivors under the Specialist counselling service;
- Provide longer-term counselling at all venues where it offers a service i.e. at the five GP surgeries - as well as at Ryedale Community House, Malton;
- Provide the secretariat to the Scarborough, Ryedale and Whitby Sexual Abuse and Violence Forum (SAVF) to help raise awareness about sexual abuse locally.

RCS is grateful to the Henry Smith Charity for approving our bid for continuation funding submitted in December, which will enable the project to continue for another three years.

RCS plans to actively promote the Specialist counselling service by means of a new leaflet – in addition to promoting the service via the new booklet, **“About our services”**²¹.

¹⁹ Including exceeding the target of **50** referrals for the Specialist counselling service in Year 3 of the project.

²⁰ Over the course of the project, **55%** of clients showed clinical change and **74%** showed reliable change.

²¹ This can be downloaded as a PDF document by going to www.ryedalecounselling.org.uk

Contracts, including ECHO Access Ltd (Castle Health Centre)

Employee Assistance Programme

The Employee Assistance Programme contracts with Ryedale District Council, Oasis School of Human Relations and Scarborough Sixth Form College were all renewed during the year while a new contract was set up with Racing Welfare in April.

RCS aims to provide an improved service to contract partners by offering an initial assessment appointment within 12 working days of having received a client referral.

ECHO

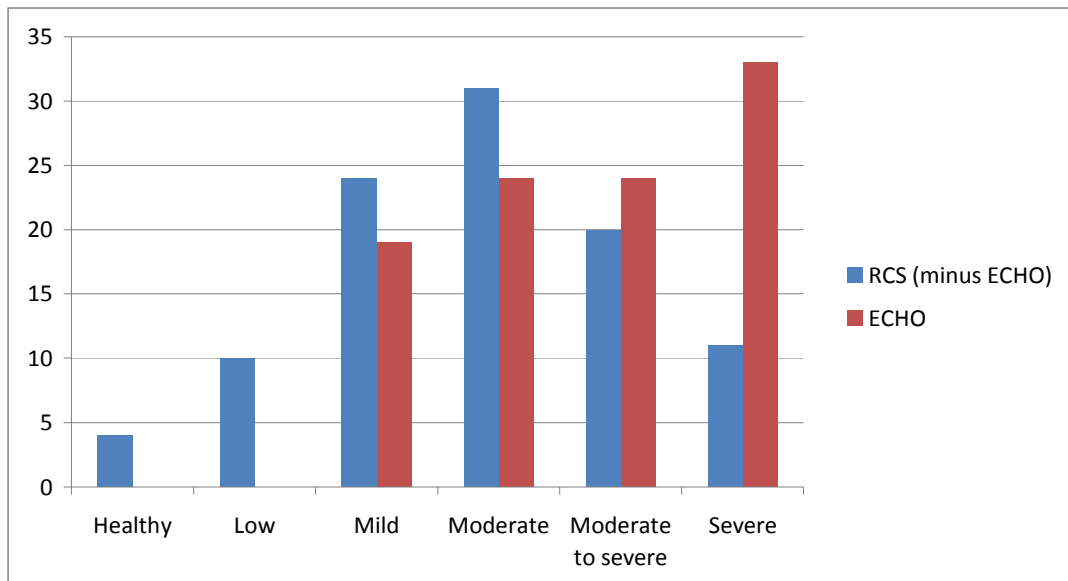
The brief counselling service provided by RCS at the Castle Health Centre, Scarborough under the contract agreed between RCS and Equitable Access Ltd (ECHO) last year has proved very popular after an initial slow start (the service started on 27th May 2010).

Two RCS counsellors (John Padley and Liz Burnham) provide a total of six²² sessions per week on Monday and Wednesday afternoons respectively.

As anticipated, this has turned out to be very challenging work: fully one-third of ECHO clients are assessed as having a severe level of emotional and psychological distress as measured by the CORE system compared to just 11% of non-ECHO clients.

Table 1 below compares the relative levels of distress of ECHO and non-ECHO clients.

Table 1: Levels of distress at assessment



²² The number of session was increased to 10 sessions per week in May 2011.

Innovations, monitoring and assessment systems

New standardised Assessment process

A new standardised procedure for carrying out Assessments was introduced in November.

As part of this new procedure, new monitoring and evaluation forms²³ were introduced to provide more detailed client information. For example, the CORE Therapy Assessment form collates multiple presenting issues as well as breaking them down into 14 categories instead of the six categories used previously. **Table 4 (Appendix 2)** gives a breakdown of presenting issues for the last three months of the year from the new CORE forms.

This more detailed information means RCS is better able to understand clients' needs and to respond to these needs e.g. by addressing them in the annual Training Plan.

It also means RCS is able to make better informed decisions such as whether to notify the client's doctor about risk factors or which is the most appropriate service to offer the client. The assessment stage has been separated from the rest of the counselling process so that, on average, assessments are carried out closer to the date of the referral.

The new CORE forms also produce more detailed information about waiting times (broken down by surgery) which allow RCS to better manage waiting times.

The new Client Record Management (CRM) system can also track trends such as changes in the number and type of referrals received from individual GP surgeries, which again allow RCS to consider redirecting resources as appropriate.

Analysis of the information obtained from the CORE Outcome Measure from²⁴ pre and post counselling shows that RCS continues to achieve excellent clinical outcomes for clients.

Table 5 (Appendix 2) shows the improvements achieved with clients during the year.

Managing appointments

In addition to offering earlier assessment appointments, RCS is now booking appointments (both for assessments and for counselling) much further in advance than before.

RCS has also been making clients more aware of the need to commit to the counselling process by, for example, keeping appointments agreed by clients. RCS has achieved this by including key messages (e.g. the financial cost of missed appointments and their impact

²³ Such as the CORE Therapy Assessment form and an Assessment Notes form devised by RCS to gather background information about the client for the RCS counsellor who will eventually work with the client.

²⁴ Clients are asked questions before and after therapy relating to well-being, problems, functioning and risk of harm to self or others. This helps determine the level of emotional and psychological distress.

on other clients i.e. longer waiting times) in standard letters; a new Counselling Contract; and via marketing materials e.g. the “**What is Counselling**” information leaflet.

As a result of such measures, the number of missed appointments (due to cancellations and DNAs²⁵) fell from **776** to **741** sessions (down **5%**). Similarly, the number and rate of appointments attended²⁶ also went up from **1,904** to **2,069** sessions (up **9%**).

Despite the loss of funding from Children in Need, session numbers were increased by:

- Paying counsellors on a sessional basis to provide more client sessions, including two extra sessions at Norwood House surgery to address the lengthy waiting time;
- Expanding the Trainee Placement programme; and
- Creating the new Volunteer Counsellor role.

The outcome was that, overall, RCS provided **12%** more assessment appointments and **8%** more counselling appointments in 2010/11 compared to 2009/10²⁷.

Web-based appointment system

RCS ran a three-month pilot²⁸ of a web-based system for managing client appointments commencing in March. This system enables counsellors to access appointment details and client records across all seven sites where RCS operates: counsellors are able to see at a glance details about appointments and clients, rather than have to access a single paper-based diary and the (MS Access) Client Record Management system in the RCS Office.

Client Record Management (CRM) system

RCS took advantage of the temporary suspension on accepting new referrals to develop a new Client Record Management (CRM) system²⁹ for the service over the winter. At the same time, the physical filing system was reorganised and a new suite of standard client and GP letters developed to support the new CRM.

The standard letters are linked to the CRM via Mail Merge so that the process of notifying clients about appointment times and informing GPs about the progress of patients through the counselling process is much quicker and more efficient than before.

RCS is pleased to be able to report that the service has become more efficient while succeeding in maintaining consistently high outcomes as evidenced by the CORE system.

²⁵ DNA = did not attend.

²⁶ **Table 6** in **Appendix 2** shows the improvement in attendance for Counselling over the past two years.

²⁷ **Table 7** in **Appendix 2** shows the increase in the number of appointments (assessments and counselling) offered in 2010/11 compared to 2009/10.

²⁸ Having reviewed the pilot, RCS rolled-out the system to 3 GP surgeries across Ryedale over the summer.

²⁹ This is a single (Microsoft Access) Client Record Management database to replace four separate databases (for Norwood House, ECHO, rite2talk and the generic counselling service).

Client Evaluations

RCS welcomes and actively encourages feedback from its clients.

Information received from clients in the past has helped to shape the service e.g. the call for appointments outside normal business hours led to RCS opening up appointment times on Monday and Thursday evenings and on Saturday mornings at Ryedale Community House.

Another example is the call for a **couple counselling** service, which RCS will be piloting from January 2012 on Thursday evenings.

The Client Evaluation form was revised part-way through the year so that it:

- Asks clients for a mixture of quantitative and qualitative information to enable RCS to better understand how it is meeting clients' needs;
- Seeks clients' consent for RCS to contact them for research purposes; and
- Asks permission to quote client feedback, on an anonymous basis, in reports e.g to the Board of Trustees and in future RCS Annual Reports.

For the majority of the year, however, the old-style Evaluation form was still in use.

In response to the question: **“Overall did you find counselling?”**³⁰ on this form:

- **95%** of clients reported that counselling has been either helpful or very helpful;
- Of which **74%** said that it had been very helpful.

In response to the comparable question on the new form introduced at the end of the year, where clients were asked to score RCS on a scale of 1 to 5 on the question: **“my experience of counselling was helpful”** the average rating was **4.79**.

In terms of qualitative data, clients reported:

- Increased confidence and self-esteem;
- Improved relationships with partners and family members;
- Acquiring better and more appropriate coping mechanisms;
- Greater ability to express feelings and to build more intimate relationships;
- Feeling heard, accepted (not-judged) by the counsellor, which encouraged them to explore difficult thoughts and feelings;
- Counselling “way better than taking pills” and that counselling is saving the NHS money – this idea that counselling interventions is cost-effective to the NHS was expressed by a number of clients.

³⁰ Where the possible responses are:

“Very helpful, Helpful, Neither helpful nor unhelpful, Unhelpful or Very unhelpful”

Staff and Volunteers

Staff changes

- Stephen Robling took up post as Counselling Service Manager in May
- John Padley and Liz Burnham commenced work as counsellors at ECHO in May
- John Padley started work as counsellor at Community House on Saturdays in May and that of Mentor in February
- Mandy Cooper and Deborah Powter were appointed Volunteer Counsellors in July
- Lara Collins resigned her post as rite2talk counsellor in August
- Christine Bailey became Secretary to the SAVF³¹ in August and a Mentor in November
- Dawn Lilburn assumed the role of group supervisor in September
- Deborah Powter resigned as Volunteer Counsellor in October.
- Sarah Whitehead started her Trainee Counsellor placement in November
- Lorna Smeaton stood down as Development Worker for rite2talk in December
- Emmanuelle Dowsett started her Trainee Counsellor placement in February
- Stephanie Neilson-Clark started her Trainee placement in Scarborough in February
- Denise O'Connell took up the role of mentor in February

BACP Accreditation

- Christine Bailey gained BACP Accreditation during the year

Trainee Placement Programme

- Deborah Powter and Mandy Cooper both successfully completed the Post-Graduate Diploma in Counselling at *York St John University*.

Some examples of external training undertaken by RCS counsellors³²

- *Three CORE training modules*, CORE IMS, Leeds;
- *Basic Child Protection Training*, NSPCC, Leicester;
- *Working with adults who were sexually abused as children*, Andrew Sims Centre, Leeds;
- *Working with Trauma*", Leeds Counselling Service;
- *"Anger and Domestic Conflict"*, Alternatives to Violence Project;
- *"Understanding Attachment Failure Consequences"*, Attachment Difficulties Centre for Child Mental Health, London;
- *Essential Toolkit for Running Groups*, Skills Development Service Ltd, Uckfield;
- *Overcoming Roadblocks in Trauma*, Trauma Centre York;
- *Brief Solution Focused Therapy with Difficult and Complex Clients*, The Skills Development Service Ltd, London;
- *EMDR Workshops Training (Child Specialism)*, EMDR Works Ltd, Edinburgh;
- *Working at Relational Depth*, Leeds Counselling Service.
- *Dynamics of Attachment in Adult Life* (8 monthly sessions), University of York);
- *An Introduction to Couple Interaction* (4 day Summer School: Tavistock Centre for Couple Relationships, London) (RCS sponsored);
- *Self-Harm – a Psychotherapeutic Approach* (Leeds Counselling Centre).

³¹ Scarborough, Whitby and Ryedale Sexual Abuse and Violence Forum.

³² Where RCS either paid the full cost or a financial contribution made towards the costs.

Marketing

One of the planks of the new **Strategic Objective: Service Development and Support** is:

“Having an effective marketing campaign which raises awareness about mental health issues and promotes our services to the outside world.”

To achieve this aim, RCS has *inter alia*:

- Launched a new website for rite2talk- www.rite2talk.org.uk – to provide information about presenting issues which are of particular interest to children and young people and to direct them to other sources of professional help;
- Developed six new self-help and information leaflets, including **“What is Counselling”** which explains to clients what to expect from counselling;
- Campaigned against the threat to cut NHS funding grant e.g. via radio interviews;
- Made presentations to GP practices about the services that RCS offers to patients;
- Represented RCS on various fora e.g. the Scarborough, Ryedale and Whitby Sexual Abuse and Violence Forum, the Local Safeguarding Adults group, the East Area Health and Social Forum and the new Scarborough Counsellors Group.

The year ahead

RCS has identified two themes for 2011/12: **Innovation and partnership**: RCS aims to:

- Secure new funding for rite2talk in order to launch a new service in April 2012;
- Launch a new website for the adult counselling service by the autumn – this will have the ability to offer Online assessments from early 2012;
- Develop a (chargeable) couple counselling service in Malton from January;
- Set up a Trainee Placement at the Castle Health Centre in partnership with local training providers and **ECHO Access Ltd** by January;
- Improve access to counselling by working in partnership with organisations such as **Whitby Underground, Scarborough & Ryedale Carers Resource** and GP surgeries to develop innovative solutions such as home visits by counsellors and offering counselling at community-based venues (within the resources of RCS).

In August 2011, RCS launched a new booklet, **“About our services”**. The booklet provides information to clients and referrers alike about the services provided by RCS and how to access them. Feedback has been positive. In particular, clients appreciate the information provide about RCS Confidentiality Policy and the reassurance this provides.

Appendix 1: Our Values

Our work is also underpinned by our values, which are:

- Accessible
- Assertive
- Creative
- Equality of Opportunity
- Innovative
- Integrity
- Learning culture
- Local
- Non-judgmental
- Nurturing
- Open to change
- Reflective
- Resilient
- Respectful
- Responsive to needs
- Safe (environment)
- Supportive
- Tolerance
- Valued
- Working collaboratively

Appendix 2: Statistical Report (Tables)

Table 2: Growth in terms of client referrals over the past five years

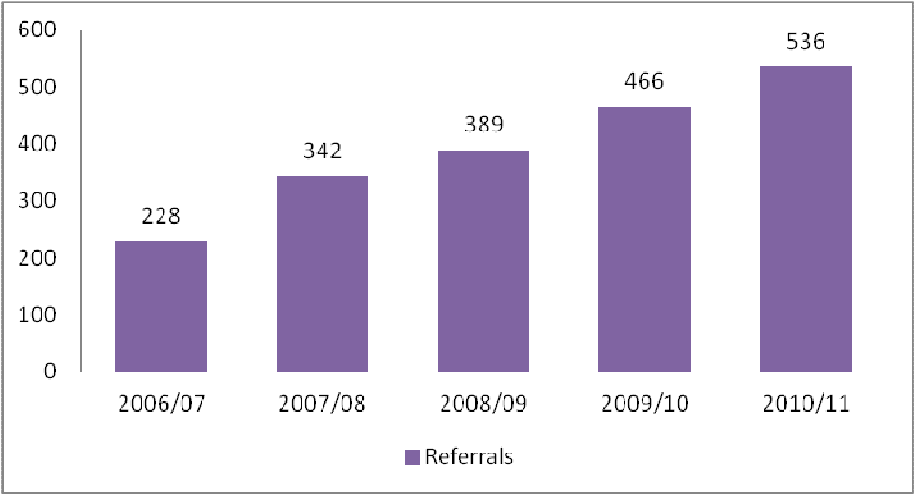


Table 3; Missed sessions, final quarter of 2010/11, cf previous year

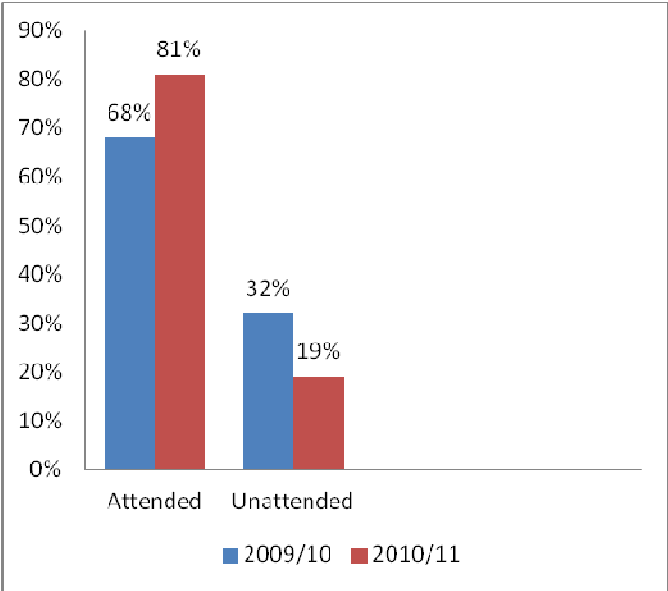


Table 4: Breakdown of presenting issues³³, ³⁴ for final 1/4 of 2010/11³⁵

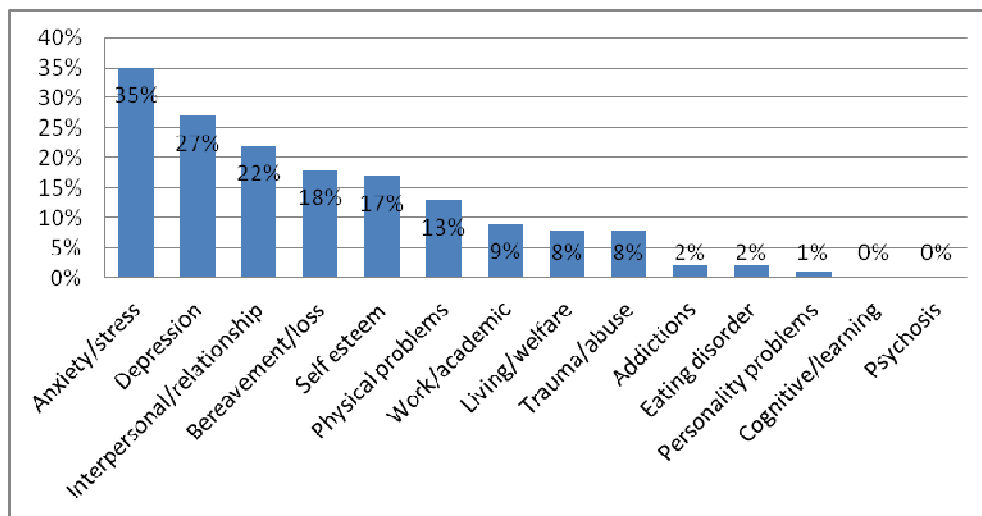
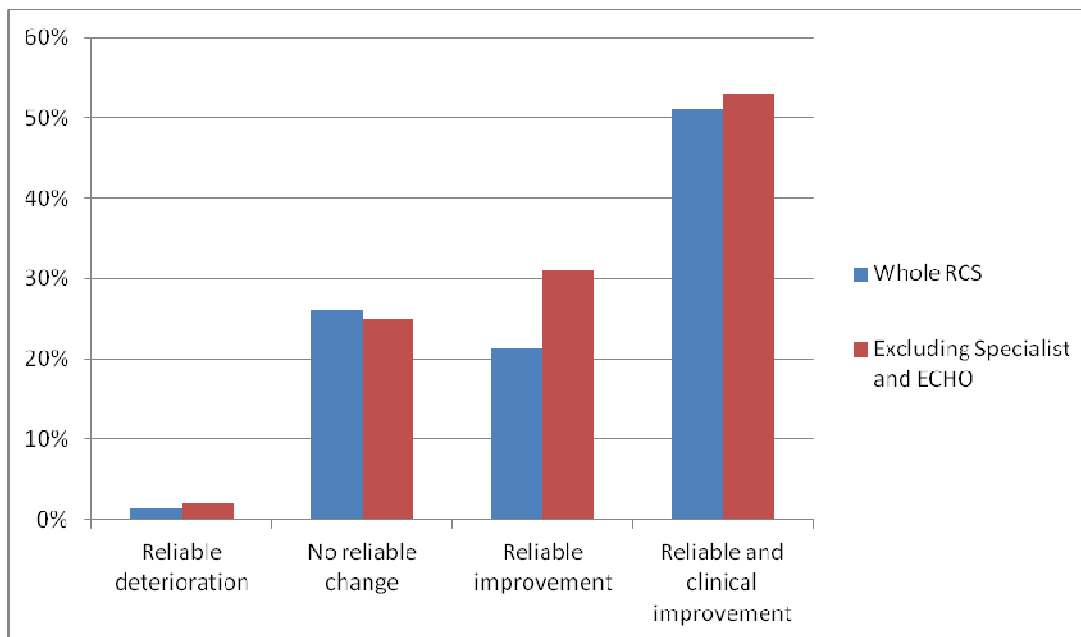


Table 5: Clinical improvement as measured by CORE



³³ Figures exclude ECHO clients

³⁴ N.B. an individual client may have multiple presenting issues, which is why the total exceeds 100%

³⁵ This is when the information from the new CRM first became available.

Table 6: Attendance rates, including rate for final quarter of 2010/11

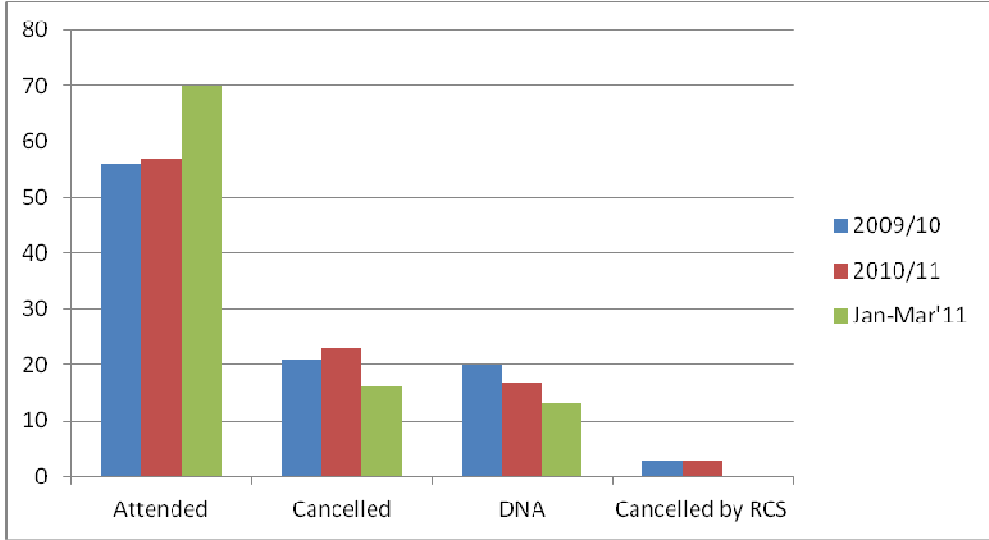
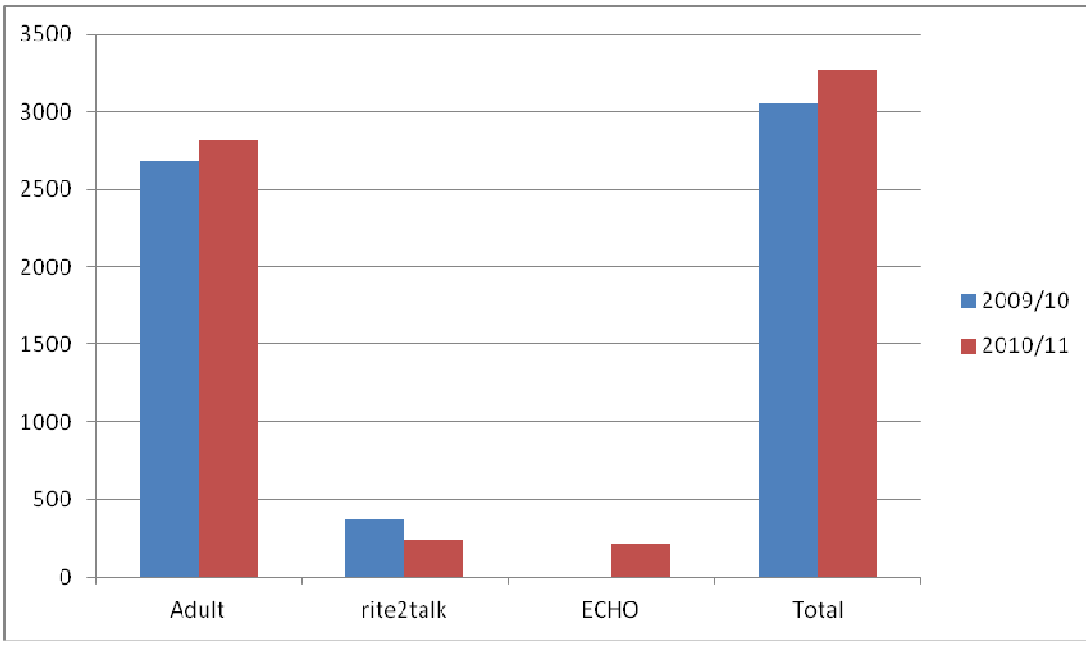


Table 7: Increase in number of appointments offered



Appendix 3

RCS performance against Big Lottery Fund Outcomes, Year 4

Outcome 1

87% of clients showed an increase in confidence and self-esteem against the target of 75% (based on client feedback surveys and analysis of CORE data) for the 12-months ending 30th June 2011. This compares with 76% in Year 3 and the target for this Outcome of 75%.

Outcome 2

75% of non-working clients reported that they were able to make positive decisions about accessing education, training or work opportunities via feedback forms. This compares with 17% in Year 3 and the target of 50% by the end of the project.

Outcome 3

84% of clients showed a reduction in isolation post counselling (based on client feedback surveys and analysis of CORE data). This compares with 66% in Year 3 and the target of 75% by the end of the project.

Outcome 4

RCS confirms that it promoted the availability of the Telephone Counselling service in all its marketing materials, including the rite2talk website launched in September 2010 and via the two new self-help leaflets and four new information leaflets. We believe this promotion has contributed to the continued growth of the face-to-face counselling service.

Outcome 5

81% of clients showed improved working and/or personal relationships within family units (based on client feedback surveys and analysis of CORE data). This compares with 57% in Year 3 and the target of 75% by the end of Year 5.