



Evaluation of the Counselling and Support Services of Towards Healing

In September 2020 the Board of Towards Healing commissioned Dr. Finian Fallon (CPSYCHOL, MIACP, Dean of City Colleges, Dublin) to undertake *an Evaluation of the Counselling and Support Services of Towards Healing* to assist them in planning for the future of the service. Dr. Fallon carried out his research during the final months of 2020 and presented his report to the Board in January 2021. The Executive Summary of Dr. Fallon's report is reproduced here.

Executive Summary

Since its initial formation in 1996, Towards Healing (formerly Faoiseamh) has provided an array of services to survivors of clerical, religious and institutional abuse. This review was undertaken in the context of recent changes within Towards Healing and was based on Terms of Reference provided by the Board of Directors. The following Objectives of Evaluation were considered during the review and are detailed in the report:

1. Service Delivery Model: Client Journey and Outcomes

Document the model of service delivery to include the client journey and analyse the outcomes and outputs of the individual counselling, helpline counselling and advocacy services.

2. Effectiveness of Clinical Management Processes and Procedures

Appraise the effectiveness of the clinical management processes and procedures, including clinical oversight of outsourced counsellors, their experience, recruitment and training.

3. Impact of Services on Survivors

Evaluate the impact of the services for survivors of institutional, clerical or religious abuse in line with the mission of Towards Healing.

4. Challenges for the Service

Identify potential barriers/blockages/challenges that might impede the work of the service.

5. Good Practices and Comparisons with other Services

Highlight the good practice and lessons learned from the service and compare to best practice elsewhere

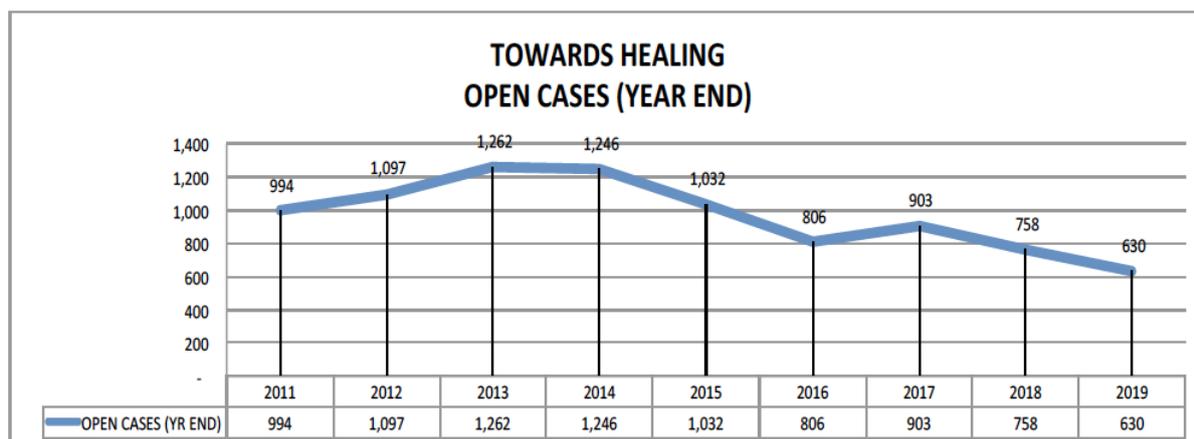
6. Optimising Limited Resources

Evaluate the efficiency of the services and how they optimise the use of limited resources.

In completing the review, the following tasks were carried out between the beginning of September 2020 and, initially, end-October 2020. After this, further consultation with staff members was undertaken which informed subsequent development and completion of this report:

- (a) Liaison with Manager and Board.
- (b) Confidential discussions with staff members.
- (c) Confidential discussions with sample of clients.
- (d) Creation and dissemination of three bespoke surveys for Clients, Staff and Counsellors.
- (e) Review of documentation and reports provided by Manager and Board.
- (f) Review of research literature into trauma and complex trauma.
- (g) Review of service provision in similar contexts.
- (h) Analysis of findings and report writing.

In relation to the number of open cases, the following chart was generated from information provided by Towards Healing:



The above graph shows a 37% fall in open cases between 2011 and the end of 2019. Between 2013 (the peak of open cases in this data series) the fall was 50%. Between 2011 and 2019, the fall equates to a reduction of 4.6% per year, averaged over the eight- year period. (Data Source: Towards Healing).

Overall, based on the survey data and feedback from staff and clients, and in the context of the Objectives of Evaluation of this review, the service is a very positive presence in the lives of its clients. Its staff and counsellors have significant and long-standing experience of working with this cohort of clients. Clients appear to like the service though they may be uncertain about its future. However, while there are identified and relevant processes related to the treatment and care of clients, it is not possible to establish an objective measure of client recovery based on the data produced by the organization apart from high-level throughput numbers referred to above.

The organisation needs to engage in more structured approaches to treating trauma and use outcome measures to ensure that these outcomes are clinically and organisationally reviewed, and are used to continually improve interventions.

For the existing cohort of clients, there may be a ten to fifteen-year requirement of resourcing supports for a gradually reducing number of clients, falling by perhaps 4-5% in number each year. This assumes that there is no significant take up of the service by new clients. It may be that the service has been advertised less widely than would be needed to reach potential clients in need of its services.

The reduction in client numbers (and, importantly, their recovery) may be improved by engaging in more focused attention to outcome measures and the type of interventions used. It may be more cost effective to engage employed counsellors for future clients, rather than paying hourly rates. Ongoing training of counsellors and more structured engagement with contemporary research insights are essential in support of this goal.

The following recommendations are made:

- Communication
 - Communication from the organisation with service users about the future of the service and outline of plans for proposed changes should take in the short term and organisational communication with clients should occur two to four times per year
 - Communication and discussion should also incorporate the views and experience of staff members
 - A group of current or former service users should be involved in the development of the service and should meet with the management team of the organisation four times per year to further encourage a participatory healing ethos in the organisation
- Counsellor Training:
 - Provide training in trauma and complex trauma treatment for all
 - Training should be provided on contemporary developments in trauma treatment
 - Provide training in body-orientated or somatic interventions
 - Provide training in perspectives on phases of therapy and therapy endings
- Treatment and Assessment
 - EMDR and Trauma Focused CBT should be available as an intervention for an appropriate cohort of newly assessed clients
 - A more structured, perhaps bespoke, model/protocol of therapeutic intervention based on client outcomes and feedback should be developed for use among a cohort of trained counsellors
 - The assessment phase of the client engagement with the service should include psychosocial evaluation and agree psychosocial goals with clients

- The assessment phase should include administration of a trauma screening questionnaire (PCL-5 is recommended) to facilitate tracking, treatment and assessing severity of presenting symptoms, including PTSD prevalence among clients
 - The use of regular outcome measures to evaluate client progress should be introduced
 - The assessment phase should provide psycho-education on trauma for clients. Options to engage with this learning should be offered to clients through video, hard copy documentation or via group training with peers. Formal feedback on this should be reviewed and monitored
 - The assessment phase should incorporate an evaluation of attachment issues among clients
 - Peer to peer supports should be developed for long-term, stable clients
 - Research collaborations should be established with relevant academic and therapeutic organisations to help drive these changes and enhance clinical oversight
- Online Services
 - Clients should be invited to participate in online or face to face group work during the assessment phase, and their responses and preferences recorded in the assessment form
 - The move to online provision of one to one therapy should be maintained and encouraged for one to one therapy
 - These online services may be cheaper to provide than face to face costs, given lower overhead for counsellors and potential cost benefits of group work
- Key Performance Indicators should be reported to the Board regularly (quarterly at a minimum). These would include:
 - Assessment of trauma symptoms for new clients (and ideally for existing clients) via use of validated questionnaire such as PCL-5 to quantify the severity of symptoms and measure changes in symptoms over time
 - Report on outcome measures for clients: again, this would involve completion of a relevant questionnaire which would provide quantitative information which can be collated, aggregated and reviewed by the Board
 - Rates of client non-attendance
 - Completion rates for initial assessment including number of clients dropping out
 - Analysis of number of sessions per client, measured across the client cohort
- Job descriptions (with appropriate performance metrics) should be provided for staff members
- A cost-benefit analysis of employing in-house counsellors for new client entrants to the service should be carried out

Dr Finian Fallon, January 2021.