

Parenting Project
Counselling Service
Kenilworth Town Council
January 2023-September 2023

The Parenting Project Counselling Service
Offering Counselling throughout Warwickshire



The Parenting Project
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Report by Eloise Jenkins, Jen Rivett, Mental Health Lead's and Jane Hunt Mental Health Operations Coordinator

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The Parenting Project counselling service is an organisational member of the BACP

Service Delivery and Therapeutic Context

We provide a safe, highly ethical and confidential service to parents/carers of children, from pregnancy through to 19 (25 SEND). Clients can access up to 18 weekly sessions of Person Centred or Integrative counselling/psychotherapy. Our service offers both remote and face to face counselling and clients can choose the medium following their initial assessment appointment. Being able to provide both a remote and face to face service means that we are not restricted by location and are able to meet the needs of those who may not have been able to access the service.

Our service considers Trauma informed approaches in our therapeutic relationships and reflects on the ACES (adverse childhood experiences) when working with adults in counselling.

We work with clients experiencing different and varied issues, these can be multiple and complex. Studies show childhood experiences can have a profound effect on our adult well-being, both physical and psychological. As a result of these studies, and our own emerging data, we remain aware of the impact of adversity in childhood and work with parents to achieve better outcomes, not only for themselves but also their children. By holding the sentiment *'It is not what is wrong with you, but what has happened to you'* at the core of our work we learn that being 'Trauma informed' in our relationship with clients can facilitate better outcomes and help avoid the stigma which often comes when experiencing mental health problems.

As a service we believe that the client is the expert in their own world, as such we do not have counsellors that specialise in particular areas or presenting issues. We prize the notion that a client can explore and work through their experiences, from their own perspective, drawing upon their own resources without the need for an external expert. As a service we find that when thoughts and realisations come from *within* this can allow for shifts and change.

Our counsellors are trained to facilitate the 'making sense' of thoughts, feelings and emotions and to support people to manage the external influences upon them. This enables individuals to grow their awareness and build their internal resources to improve confidence, self esteem and emotional resilience. This awareness promotes an ability to make choices, as such there is the potential for change. The experience of counselling can promote autonomy, agency and self power which become internal resources integrated into our way of being; these shifts and changes are lasting.

The funding received from Kenilworth Town Council was used to provide counselling to people living in the Kenilworth area.

Project delivery overview; January 23 - September 23

Referrals	16
Assessments	16
No. of Clients Currently in Counselling	2
No. of Clients Completed Counselling	11

1, Referrals, Referrers and Partnership working

We have received 16 referrals under this project funding.

As we collate data at different stages, and individual clients can transcend across reporting periods, it can be challenging to pinpoint exactly how many people we have processed within set time frames. Clients can be in the service for 6 months from initial referral to completing a course of counselling.

We use an encrypted online platform, Sgioba, to generate appointments and assessments for clients. Referrals are made to us through the system by using the counselling service's online referral link. The system uses email as the preferred method of communication however we still offer text and phone calls should this be stipulated in the referral.

Not all referrals result in counselling. This can be for various reasons, for example a change of mind or circumstances and childcare issues can create barriers to access. One way of attempting to address these barriers has been to offer more appointments, in turn reaching more parents who may have restricted availability or childcare issues. Sometimes the act of making a referral is *enough* for a client at that moment in time, through experience we have seen that if a client is held by the service through the referral process this can give confidence to engage when the time is right. On occasion, the opportunity to attend an in depth assessment, with a counsellor who is trained to listen, can be all that is needed. For others the chance to attend up to 18 sessions of therapy feels essential.

Data is taken at each point of contact with clients. This gives us a clear picture of who is referring in to the service, the type of issues people are seeking help for and other pertinent information which is useful to report on. We also collate data during therapy and at the last session to evaluate the service.

We build relationships with local services to help us effectively meet the needs of parents who do not meet statutory services criteria, such as IAPT, where difficulties may be rooted in childhood trauma, relational issues or perinatal mental health where clients' difficulties do not meet the threshold for their services.

The chart below shows the referrers within this project to date;

IAPT	5
Health Visiting Team	2
Self referral	6
GP	1
Homestart	1
WCC Children with Disability Team	1

All enquiries and referrals into our service are signposted to their local children and family centres to register for further support. All enquiries and referrals are also provided the contact details for Family Information Service.

2, Demographics and Statistics

Ethnicity/Gender

Of the people who were assessed 13 are white females and 3 are Chinese females.

Age Range

The clients assessed within this project are aged between 27 and 51.

Trauma, abuse and neglect and its impact on the next generation

25% of clients who were assessed had experienced trauma, abuse or neglect in their own childhood.

50% of clients identified their child/ren to have a mental health diagnosis or awaiting a CAMHS appointment for suspected diagnosis or challenging behaviour.

As an organisation that is trauma informed, we look to make sense of distress and suffering by paying attention to intergenerational and social contexts. This is in line with current research which aligns with the social model of mental health rather than the medical one. In essence, this allows us to think about what has happened to a person and then how they have gone on to develop, the coping strategies they have put in place, the relationships they go on to have and how this may influence their parenting. We think about their life stress and how this has impacted them.

3, How we measure outcomes

We use the Core-34 outcome measures to evaluate the service. This allows us to measure a client's Functioning, Problems, Wellbeing and Risk at various stages throughout their counselling. The questionnaire stipulates the client reflects on how they have been over the last week rather than over a wider time frame. The aim is to achieve a lower score over the duration of the counselling, this would indicate an improvement to overall mental health. Clients will complete a core form with their counsellor at various points during their counselling journey.

100% of clients who completed a final core form showed an improvement in their overall wellbeing by the end of their counselling.

4, Client Evaluations and Feedback

Whilst we acknowledge the usefulness of such wellbeing measures as the CORE-34 form, as a service we value the voices of clients in order to really hear their experience of counselling and the impact that this has had on their lives. Clients can comment on the counselling they have received which enables us to evaluate how we are doing and make improvements along the way. It is also helpful to see how the service helps those who access it.

Amazing that it is a free service. Turnaround time is really good compared with the NHS and weekly, regular sessions have been more beneficial. Grateful for the quality of therapy and relationship.

It was how I expected, a positive experience

I like that I felt heard. I liked that you remembered what was said. You showed me a different way of seeing things. I felt accepted and all my feelings felt valid. I felt safe.

My counsellor was incredibly kind, compassionate, thoughtful and considerate. I felt that she really understood how I was feeling even at times when I couldn't articulate how I was feeling. She also gave me strength and helped me realise that my feelings were valid. I gained a great deal from our sessions, tools I'm currently using in my current phase. Thank you X for helping me find strength.

5, Case Study

Joanna (pseudonym) is a 40 year old mother of 2 who was referred into the service via her GP for feelings of low mood and isolation. During her assessment Joanna shared that she had recently separated from her husband of 12 years and whilst this was an 'amicable' separation she was feeling 'under pressure' being the main carer for their 2 children. Joanna divulged that she was struggling with her children's behaviour and was feeling anxious and isolated. This was Joanna's first counselling experience. Joanna completed an initial CORE-34 form with the assessor; Joanna shared that within the previous week she had often been *disturbed by unwanted thoughts and feelings*, she only sometimes *felt able to cope when things go wrong* and had felt *terribly alone and isolated* for most of the week. Joanna scored 63 on the initial core form.

Joanna was allocated to a counsellor and attended a total of 16 sessions. During counselling Joanna explored her story and her difficult relationship with her mother. Joanna remembered that as a child her mother, who had a diagnosis of depression, would quite often spend long periods of time in her room; this meant that Joanna took on the caring responsibilities for her siblings and father. Joanna felt 'on her own' and 'lonely'. Joanna spoke about struggling at school and within friendships.

As we can see from Joanna's story, there are elements of her childhood and her experiences of relationships that can be seen in her adult life experiences. Given the opportunity to explore her patterns of relating, experience of relationships and the impact of her experiences can facilitate a growing awareness and sense of self and allows for change in intergenerational patterns and cycles.

During Joanna's final session of counselling she completed a Core-34 form with her counsellor. Joanna shared an overall improvement in wellbeing from 63 to 20. Joanna reported that she had not been *disturbed by unwanted thoughts and feelings* in the same way that she had been before beginning counselling. Joanna felt more *able to cope when things go wrong* and felt that she had people to turn to when she needed.

During the final session Joanna completed an evaluation form; Joanna identified that counselling had had a positive effect on her parenting, had helped her to have better relationships and be more confident. Joanna felt that her childhood had had an impact on her current life.

Commenting on her experience of counselling Joanna shared; *"I found counselling scary at the beginning but this was only for the first few minutes then I noticed after meeting my counsellor I felt comfortable enough to explore my thoughts and feelings. I noticed that what I was holding onto from the past was impacting on my parenting and feel that having a place to process these feelings enabled me to move forward"*.

We would like to thank Kenilworth Town Council for their support over the year which has allowed us to provide this service to parents in the Kenilworth area.

Eloise Jenkins & Jen Rivett - Mental Health Leads

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