

Supporting young people to evaluate a counselling service for children and young people who have experienced abusive relationships: a pilot project.

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Introduction

We would like to provide an overview of a pilot project which received BACP seed-corn funding research in 2013. In this project a group of young people were encouraged to consider how they would evaluate the effectiveness of a counselling service. We will explain why we wanted to do this project, the practicalities of carrying out such a research project and what we learned from the process. We hope this overview will provide a good insight into what is entailed in doing research *with* rather than *on* young people and service users.

Measuring Outcomes

It is hard to imagine working in mental health services without some awareness of evidence based practice (e.g. guidelines from National Institute of Clinical and Health Excellence) and practice based evidence (e.g. guidelines from Improving Access to Psychological Therapies). As professionals we are encouraged to refer to the evidence base to inform our practice and what we deliver and in turn collect our own evidence to demonstrate the effectiveness of our own services. In addition, commissioners of services have become more interested in outcomes as well as outputs. However, there is a substantial gap between research and practice, particularly in terms of how to best measure outcomes, wellbeing and the effectiveness of a service.

Consequently there is a great deal of cynicism around measuring outcomes. We can all feel manipulated by statistics and personal accounts. Personal accounts provide a snapshot of an

unfolding story and statistics raise awareness rather than explain complex interactions and between personal, social and cultural factors in an individual's life. The extent to which service evaluation and research projects raise questions and encourage reflection or are reductive and involve some deception or perhaps a mixture of the two is open to debate¹

Participation research

As professionals working in both statutory, voluntary and private practice we have increasingly become aware of the importance of evaluating our practice and being able to demonstrate that what we do makes an important difference to people. However, we have also felt constrained by how we gather evidence for our practice which is very much determined by scientific models for acquiring knowledge and set ways of carrying out research. We both worked for a charity (CLEAR) that provided counselling and therapy to children and young people who have experienced abusive relationships and this charity regarded itself first and foremost a service for children and young people. We began to wonder what children and young people would consider important if they had more input into the evaluation process, beyond completing standardised questionnaires and feedback forms.

The Department of Health's report, 'Your Welcome': Quality criteria for young people friendly health services² refers specifically to 'young people's involvement in monitoring and evaluation of patient experience.' Again the focus is on capturing young people's experiences and collecting their views of the services they have received. However, professionals and services tend to remain in charge of the evaluation process and there is less attention as to whether the evaluation process itself needs evaluating.

We were aware that therapists who were worked within CLEAR were not always very positive about the outcome measures used and they too had some reasonable reservations about outcome measures and their strengths and limitations. This resulted in us considering what the alternatives may be, particularly if young people were involved in the selection and development of measures and more involved in the evaluation process

There are a number of useful guidelines, produced by charities, on how to best involve young people in research, development and evaluation.^{3,4,5} Distinctions are made between **actively** involving young people as **partners** or **participants** rather than the subjects of research. There are different levels of involvement in research from consultation to collaboration to user-control or ownership of the research, with the former being the most frequently applied and easily arranged and the latter the least frequently applied and most challenging.

These guidelines raise important questions, not only in terms of asking an organisation how committed they are to user empowerment, but how best to train young people so that they are able to carry out good quality research themselves and complete a project within time and resource restraints. It is recognised the involving service users and the public in research can improve the quality of the research itself in terms of making research more relevant and robust but there are power, development and resource issues that frequently hinder such involvement⁶.

This project entailed a collaboration between young people and therapists who were involved with CLEAR and a Clinical Psychologist who worked independently of the organisation and was involved in the evaluation of the service as a whole. The project invited therapists and young people representing CLEAR to reach a consensus on in-house evaluation procedures, with the aim of testing these out in the next phase of the project. It was also hoped that the

participatory aspect of this project would help to empower children and young people and further develop their confidence, knowledge and skills.

Overview of the project

The young people who participated in the project were young people who were part of CLEAR IDEAS, a consultation group made up of members aged between 10 and 18 years. These members were young people who had experienced therapy with CLEAR or a member of their family had connections with the service. Membership for this group varied but generally involved between 6 and 12 young people aged between 11 and 16 years.

Initially it was anticipated that participation in the project would involve attending two hour meetings on a monthly basis. However, arranging regular meetings of this frequency proved to be problematic. Consequently, meetings tended to be bi-monthly, during school holidays or on Saturdays during term time and either lasted two hours or a whole day (10am to 3pm). Participants were paid in vouchers of their choice for attendance at each of the workshops (£20-£30 equivalent) as an acknowledgement that they were making a valuable contribution to the running of the organisation and its development.

During the course of the project, young people received some training in research methods, were involved in evaluating a number of standardised measures routinely used in children's and young people's mental health services, including those used by CLEAR and were encouraged to think what outcome measures they would use themselves to demonstrate the effectiveness of therapy.

The development of a new questionnaire

The young people compared their preferred questionnaires with those used by CLEAR in order to consider current practices and how they might be improved. The young people were then encouraged to think about the strengths and limitations of these questionnaires.

Although the young people were aware that each of the questionnaires captured a different aspect of wellbeing and experience of services, it was felt that all the standardised questionnaires were limited in terms of measuring the direct benefits and drawbacks of counselling and therapy, which they had explored at the beginning of the research project.

The measure that best captured this aspect of effectiveness within CLEAR was the Feedback Form which consisted of three open-ended questions which asked clients to comment on what had been helpful about counselling and how it could be made better.

It was decided that it would be useful to look at the confidential comments written on the Feedback Form over the last three years from children and young people. The young people cut out each of the comments and then arranged them under themes in order to capture the main ways in which clients felt counselling had helped, as recorded at the end of counselling.

There were a number of recurring themes, indicating improvements in a number of areas:

- Feelings (e.g. happier, calmer, relaxed)
- Self-confidence (e.g. feel better about myself, talking about things and what I do)
- Understanding (e.g. of self, others and situations)
- Communication Skills (e.g. better at expressing myself and managing difficult feelings)
- Relationships (e.g. can connect with others, share experiences, confidentiality)

The young people selected the comments that they felt best reflected these themes. They decided that they did not want to lose the young people's voice and thus developed a questionnaire which included 16 verbatim statements alongside a rating scale in which young people could indicate how much they agreed with these comments, based on their own experience of counselling. Example of these statements are as follows:

Therapy makes me feel like I'm not alone.

I was able to express myself more than usual

It has helped me to forget all the stuff that's happened and kept it from the front of my mind

It helped me to open up more about my past and feel more confident when speaking about it.

They decided that they would also like to include three open-ended questions to ensure that children and young people were still able to feedback in their own words what their experience of therapy had been.

They gave this questionnaire a name, *It's Hard to Put Into Words*, based on a comment made by a client, which they felt captured how young people often felt when talking about difficult experiences. They felt the questionnaire would be suitable for young people aged between 11 and 16 years. The young people were also responsible for designing the questionnaire (i.e. how it looked). They felt it was different from many other questionnaires because it was based on young people's views and experiences and focused explicitly on how therapy might help.

The questionnaire was then shared with CLEAR's counsellors and therapists, some minor amendments made and it was agreed that it would be piloted for 4 months. To date 25 young people have completed the questionnaire and responses to it have been encouraging. The next

phase of this project will entail further amendments to the questionnaire, taking into account the quality of data collected.

Young people's feedback on being involved in the project

The young people were positive about the research project as a whole, and the comments below were typical of those made during the final session of the project:

"This project helped me to view therapy in an unbiased way. Looking through feedback of children's views of therapy, we were able to notice how therapy helped and which elements helped the children the most. It was nice to see the progress of the project at our monthly meetings and how everybody's input had come together to produce the final questionnaire."

"Being a part of this project has been really interesting as it has helped me to understand how therapy can help a child/young person. The sorting of all the feedback and comments gave me an insight into how young people feel after therapy. The questionnaire we have made is quite easy to understand and to complete for the age range we have chosen, and the method of answering (smiley faces) makes it accessible to everyone."

Professionals' reflection on being involved in the project

We wanted to involve young people in service evaluation as active participants in the research process. Although the focus on the project was to improve on service evaluation and practice-based evidence procedures within CLEAR, it is hoped that the lessons learned will be of wider interest and encourage other services to consider how children and young people may be more involved in the research process rather than simply consulted and asked to rate more aspects of

their wellbeing and levels of satisfaction. In this way, service evaluation models may become more relevant and sensitive to children's and young people's experiences of therapy.

There were difficulties and limitations with doing participatory research, primarily in terms of resources (time and funding) to carry out such projects and to respectfully consider young people's own priorities, commitments, abilities and goals. For example, attendance over the course of the project changed from workshop to workshop. It was important to build on learning from previous workshops as well as have the flexibility to adapt to changing interests and goals without losing sight of the focus of the project.

The different uses of young people's 'voices' in action research (i.e. authoritative, critical and therapeutic) have been identified⁷ and these were explored with the young people and therapists within CLEAR.. The young people who were part of the CLEAR IDEAS consultation group were generally very supportive of the organisation and may therefore be regarded as having less of a critical or objective voice. Their motivation to be a part of the research project was often altruistic and based on wanting to give something back to an organisation they valued and trusted. Indeed at the outset the group wanted to know how this project would help children and young people. They also wanted to know how they would benefit from the project themselves and reiterated the importance of learning new skills, being more knowledgeable and meeting new people.

It often difficult to do justice to the principles of action and participatory research when there are constraints (e.g. resources and commissioning or funding arrangements) that both support and discourage creative practices. For example, the authors of this report took a lead in both

instigating and writing up the project. In hindsight more consideration would have been given to making this a more young person owned project than a collaborative enquiry from conception to presentation of findings.

For CLEAR IDEAS then, reciprocity appeared to be important motivator, whereby there was an opportunity to both give and receive something in return, ensuring everyone benefitted from the project. These sorts of arrangements can make the development of evaluation procedures even more complex as the ownership of procedures, limits around making changes and making compromises were explored (e.g. recognising the sometimes competing needs of service users, therapists, Trustees and funders). It was appreciated that this project encouraged a dialogue between therapists and young people about how they best evaluate a counselling service and this will need to be continually reviewed to ensure the voices of young people remain central to the organisation. The development of a new questionnaire was one option for ensuring the experiences of young people were not lost and achievable within the resources available.

References

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³ Save the Children (2000). *Young People as Researchers.* London: Save the Children.

⁴ Kirby, P. (2004). *A Guide to Actively Involving Young People in Research: For researchers, research commissioners, and managers.* Eastleigh: INVOLVE.

⁵Shaw, C., Brady, L-M., & Davey, C. (2011). *Guidelines for Research with Children and Young People*. London: NCB Research Centre.

⁶ Stayley, K. (2009). *Exploring Impact: Public Involvement in NHS, public health and social care research*. Eastleigh: INVOLVE.

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(2480 words, including references)

Biographies

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