

COMMUNITY COUNSELLING

Pro bono publico

Chris Kell describes the evolution of a free community counselling service

In some respects, all counselling services are the same: they seek to provide an effective therapeutic intervention for a group of clients. But beyond the generalities, there can be huge differences – in ideology, resources and provision. This article is about a counselling service set up in a Hertfordshire market town, with the mission to provide free, long-term counselling to the people of Hitchin and its surrounding villages, where none of the staff would be paid but where the highest standards of any professional counselling service would be maintained. What follows is a condensed story of the 25-year evolution of Hitchin Counselling Service (HCS).

Beginnings

Many counsellors and psychotherapists see themselves as pioneers of social change. Like other caring professions in the 1970s and 80s, counselling attracted thoughtful, radical men and women who believed that self-actualisation and self-development could influence the psychological and social contexts in which they lived. Many had backgrounds in social work, youth work and human rights. The ideology and practice of the new therapies, of which counselling was one strand, posed an alternative to mainstream psychological thinking – a new humanism to add to the established professions of psychiatry, behavioural psychology and psychoanalysis. Counselling's philosophy of client self-determination and egalitarian therapist-client relationships would, it was hoped, put people back in charge of their lives and not just solve their problems for them.

By the late 1980s, a new government had cut many taken-for-granted public services and was changing the way people thought about themselves: no longer part of a society in which everyone had different gifts and different needs, but a place where only those willing and able to compete in the marketplace would be rewarded. Many of us working in the public sector knew that there were people in Hitchin who could not afford even the means-tested counselling offered by local pastoral counselling services and Relate; we wanted to remedy the inequity of access. It seemed wrong that money could buy indefinite counselling, but lack of money meant only six sessions with a GP practice counsellor.

It was this perception that brought together a group of friends – counsellors, psychotherapists and social workers – who all wanted to make a difference. We wanted to offer a free, professional counselling service, where clients could stay for as long as they needed and where no one working for the service would be paid. This was our way of saying 'No' to the new value system that was telling us, 'You only get what you pay for,' and 'Yes' to ideals of community responsibility and egalitarianism. Some of us had set up a Women's Aid refuge together a decade earlier; others were Quakers in the town, and several were in private practice as counsellors or psychotherapists and wanted to 'give something back'.

How then do you move from an ideology to a credible organisation? There needed to be a structure, some funding and a common aim. We agreed that the structure would be as democratic as possible,

the finances minimal, and the common aim simple. By the beginning of 1993, we had established these basics and were ready to get on with the practicalities of making something happen.

To gain the necessary clout in the outside world, we needed other groups to back the new enterprise. Three organisations offered early support: the Society of Friends (Quakers); the local social services department, and the University of Hertfordshire agreed to send us trainee counsellors on placement. With a Quaker steering group and a social services grant of £600, six experienced therapists agreed to work together as pro bono supervisors and take responsibility for finding other counsellors to deliver the service. The local NHS health clinic offered their basement rooms at no charge on weekday evenings and at weekends. With six supervisors taking two supervisees for fortnightly one-to-one supervision, HCS could see upwards of 24 clients a week. After the first round of publicity, GP surgeries were queuing up to refer patients. HCS was ready to launch by December 1993.

What we learned

While the early days were undoubtedly joyful, we also learned some hard lessons. The problems had to do with idealism, strong personalities and a general lack of experience in running a counselling service. We agreed that policies would be made organically, in response to need, and that everyone in the organisation would contribute to them. Policy decisions were discussed across the whole organisation, with the counsellors, supervisors, steering group members and administrator all having equal weight. However, the initial enthusiasm for meetings fell away quite quickly among the counsellors who were already giving two or three hours a week to clients, and didn't want another journey and another meeting. The friendships between us gave birth to HCS, but they could also deliver wounds when conflicts arose. When there were difficult decisions to make, too much introspection threatened to capsize the fledgling structures. That said, despite the arguments and pain of conflict, everyone appreciated the democratic way in which major decisions were reached.

There were other lessons. HCS was initially dependent on trainee counsellors and it was disconcerting to discover that not all of them were scrupulously honest and not every training course had done a good job. It was also a surprise that some clients, and some counsellors, wanted to manipulate the service to fulfil other agendas, and that the good intentions of supervisors didn't necessarily translate into professional rigour. It soon became clear that we needed disciplinary, grievance and complaints policies and procedures, and to institute some hierarchy of authority within the organisation. There were a couple of internal complaints from counsellors in the first years that set steering group members and supervisors against each other and that, alarmingly quickly, threatened to destabilise us. As time went on, new people joined the organisation, rescuing the founder members from introspection and providing a subtle change of culture, but in the initial years we were probably too much of the same mindset – a bit anti-authority, a bit messianic about psychotherapy and counselling, and a bit too convinced by our own mission statement.

Changed by the external world

In the early days, funding was needed for paper, phones, stamps, BACP membership and insurance. This expenditure list has barely changed, although paper and stamps have been replaced by a computer and printer ink. In addition, HCS now puts on two training events a year, free of charge to anyone who works for the organisation, although we ask for a minimal donation from those who don't. You might think that it would be easy to attract £1,500 to £3,000 a year for administration costs, but it is still as necessary for us to fundraise as it is for any other voluntary group.

The need to engage with external agencies like GP practices, community organisations, colleges and grant-giving authorities helpfully shifted the focus away from internal preoccupations and onto considering the needs of others. But, as time went on, colleges became more insistent that HCS should provide reports on our counselling placements (something we resisted for many years), and grant-giving authorities wanted some kind of evaluation of the counselling work to account for the money they were giving us and how it was spent.

These demands meant that HCS has had to tighten up its policies and find a way to evaluate its work. Steering group members and supervisors argued a great deal about this, and gave in reluctantly, but in the end, those demands have enabled HCS to grow and become an organisation with a more substantial framework, while still doing what we intended it to do. What did evolve was a focus on providing a viable organisation with which other bodies could safely interact and within which HCS members could use their shared ideology to provide a secure base for the counsellors to work with their clients.

The bulk of client referrals has always come from the NHS. Originally, almost all of HCS's referrals came from GP surgeries, some of whom also had their own practice counsellor. Then the community mental health team began to send us clients they had assessed as neither suitable for psychiatry nor responsive to their own short-term interventions. (There sometimes needed to be conversations with the mental health team about whether such referrals were appropriate for the counselling service, but this was always mutually respectful.) Then IAPT became established locally, GP practice-based counsellors all but disappeared and now referrals come from the local NHS 'Wellbeing Service', which triages all mental health referrals in the area. We are aware that, because we provide free long-term counselling in the town, HCS is used by the NHS to help clients ('patients') for whom they have no provision. There has been no noticeable difference in the kind of clients originally sent by well-informed GPs – the only difference is that GPs now refer first to the Wellbeing Service, who then refer on to HCS – another step in the access process for clients. As time goes on, we are getting more self-referrals directly from our website.

Where are we now?

HCS has gradually become something that looks a lot like any other organisation today. We have taken on more and more counsellors as the years went by, not just trainees but counsellors wanting to work towards accreditation. Many counsellors have wanted to stay with HCS long after they have qualified or become accredited – some have stayed for as long as 10 years with the service. The supervisors' group has become the clinical management group, taking responsibility for the overall

standard of counselling and working alongside the steering group to create, as well as respond to, policies and strategy. It is no longer expected that the counsellors will want to work with us on organisational imperatives, and many now join HCS just to do their counselling hours and go home, although they are still encouraged to be involved at all levels of the management of the service. The steering group has developed into a trustee body, with a treasurer, and maintains financial, administrative and legal probity. HCS is a steadier and more experienced organisation, providing approximately 1000 hours of counselling per year from a group of 13 counsellors, seven supervisors, six steering group members and two administrators, none of whom are paid. By comparison, in 1996 we provided just 575 hours of counselling.

There are different demands made on counsellors coming into the profession now, but many of them still have the same sense of missionary zeal for offering an intervention that changes lives. It is not viable to be a professional counsellor and work for free if you cannot earn an income elsewhere. In an environment where there are so few paid jobs, we understand how many counsellors must feel when an organisation like HCS asks its supervisors and counsellors to work for free. We know that trainee counsellors need placements and we offer them the best supervision we can provide, free of charge. We also provide two training events a year on a topic chosen by the counsellors, also free of charge. Our counsellors tell us that HCS is a good organisation to work for – that they appreciate our egalitarian values, even if they don't want to add to their workload by serving on working parties and meetings. The supervisors bear a heavy load in providing individual supervision to two counsellors each and together sharing the responsibility for the quality of the client work. However, supervision can be lonely work, and the supervisors say they get a lot from communicating with each other both about the client work and the running of the service. They all have other work and know that their pro bono HCS work brings them clients they would never see in the private sector. It is more usual for trustees of an organisation to work without payment, but they get no expenses either.

From time to time, we have wondered if we should pay people other than external trainers for a particular piece of work, but this has always been met with resistance because it creates inequities in the system. There have also been internal arguments about whether some clients who might be able to afford to pay should be allowed to make use of the free service. However, we have not found that the counselling is valued less because the clients are not asked to pay a fee. HCS seems to work best on the mutual trust that everyone contributes what they can without financial reward, and that includes trusting that the clients are using the service in good faith.

Democracy is hard work and often tedious and time-consuming. These days, when policies are drafted and sent around to everyone for comment, we are delighted when two or three people respond. There used to be whole-service meetings twice a year, where a lively debate would ensue on issues such as supervisors' reports or evaluation forms. Now it seems that most members of the organisation are willing for others to take decisions – provided always that avenues for direct participation are kept open. Indeed, writing this may be tempting another fierce debate.

Whether you are trying to raise £100,000 or £3,000, fundraising is a chore. The best time was when, thanks to the hard work of a treasurer, we attracted a five-year Big Lottery grant. Not having to fundraise for five years was bliss. Originally, of course, when most of the first steering group were Quakers, we would not have accepted funding that came from gambling revenue. The Quaker ethos

in the organisation has now reduced, as founding members moved on, although we still hold a short silence before steering group meetings. This is an example of where the hard reality of the organisation's financial needs has over-ridden particular moral objections. We have learned that it is one thing to be committed to a view about life, and another to have to keep an organisation going. Every now and then, a grateful client makes a donation – something that is so unexpected and delightful that it gives everyone a lift.

The future

HCS is still committed to providing a free service. Some 25 years after it was founded, the inequity of living standards in our country and of service provision requires all of us to think about how we can reach those who need what we offer but cannot afford to pay. The HCS waiting list is sometimes unbearably long and some clients who can only come at particular times may have to wait six months to start. But when they do, they know that they can continue until they are ready to leave. This can be as much as a four- or five-year therapy but is more often one to two years. The DNA rate is consistently between one and two per cent, indicating that the counselling is just as important to our clients as it might be if they were paying the going rate of £50 a session.

These days counsellors coming off training courses must think primarily of where they will find paid work and, if a CBT qualification makes that more likely, then of course they will need to be able to work in a time-limited, evaluation-driven way. But organisations like HCS can still offer an experience of the kind of long-term, deep therapeutic work that is normally only available to those at the top of the income scale – a therapy built not on quantifiable outcomes but on the power of a slow, skilful connection between human beings, through which both people will feel they have been changed. HCS continues to provide its service, in spite of the odds and a changing world, and counsellors tell us that it is an inspiring and heart-warming organisation to be part of. Clients tell us that they would not have resolved their difficulties if the counselling had been time-limited. Those involved with running the organisation still feel passionate about the service. Even though there is greater access to NHS psychological services than there was a couple of decades ago, demand always outstrips resources, and HCS is as much in demand as it ever was.

Voluntary organisations have long trod a line between bolstering inadequate state services and providing a viable alternative for little money. In 1993 HCS was able to offer free long-term counselling to those who would not normally be able to access it. So today, in 2019, perhaps the best thing a group of like-minded friends could do is find a way to form a counselling organisation that pays every one of its staff a decent salary without having to charge the clients. I hope that the profession will continue to question the status quo and keep their nerve and their verve for more radical ways of thinking.

About the author

Chris Kell was a counsellor and supervisor in the NHS and in private practice from 1986 - 2018. She was a founder of Hitchin Counselling Service and for many years its Chair. She was awarded the British Empire Medal for services to the community of Hitchin.