



The Maya Centre
counselling for women

Developing a virtual model of counselling support

Feedback from staff and service users

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Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

We gather local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

<https://www.healthwatchislington.co.uk>

Introduction

The Maya Centre is a small community-based charity in Islington providing a free counselling service for women who have experienced mental health issues, trauma and gender-based violence, including domestic violence, physical abuse or childhood sexual abuse and harmful traditional practices.

It is a multi-ethnic women-only counselling service, managed and governed by a team of professional women. Their counsellors are all female, qualified and experienced, and are well-supported through supervision and professional development. They work with women whose mental health has been harmed by gender-based violence or abuse, trauma, neglect and deprivation; often complex, multi-layered experiences. Their counselling services are accredited by the British Association for Counselling and Psychotherapy (BACP) and the Accreditation Programme for Psychological Therapies (APPTS).

The Maya Centre run one-to-one and group therapy sessions. Through the Legacy Fund programme at local grant-maker Cloudesley they were funded to develop a virtual model of counselling support for women who may struggle to make face-to-face appointments for physical health, mental health, or practical reasons. This programme began in 2019. In 2020 with the need for social distancing, they were able to quickly transition to remote support for the women who use their services.

Service users are assessed for therapy and a decision is made on what format would be best for them. As such, some service users may be advised that face-to-face would work better for them.

The remote approach is offered by phone or on-line video-conferencing. By phone the Maya Centre use a VOIP (internet based) telephone service which service users can access via a landline or mobile. The Maya Centre use this service because it is secure and gives anonymity as staff do not need to share private numbers. The VOIP service is prepaid so there are no charges to the service users. For video-conferencing they use Zoom because it is used widely making it accessible to service users, and it is endorsed by the BACP.

This evaluation took place in January to March 2021 and related to service users who were supported, in part, during the lockdowns resulting from the Coronavirus pandemic.

Healthwatch Islington is an independent organisation that gathers local people's views on the health and social care services that they use. Healthwatch Islington was commissioned by the Maya Centre to undertake the evaluation.

What we did

Aims of the evaluation

This report is an evaluation of the practical elements of offering services remotely (by phone or video). We explore the experience of remote support from the perspective of staff and service users. It is not an evaluation of the clinical merits of different approaches.

The Maya Centre had sought their own feedback from service users as the service developed. Generally service users were happy with being able to access remote support. They didn't report a big difference in the outcome of being supported in this way, and highlighted technical interference as a slight issue. Healthwatch used these findings as a basis for our evaluation questions.

Method

Healthwatch Islington used a qualitative approach of semi-structured interviews by phone or video-call (based on the interviewee's preference). We spoke to staff and service users, using a similar topic guide for both.

In the interests of service user welfare, interviewers set clear boundaries about what the interview would and would not cover, and made it clear that responses were confidential unless there were safeguarding concerns. Service users were not asked to disclose anything relating to their health needs.

Findings are reported thematically from both the service user and staff perspectives.

Who we spoke to

We spoke to six staff across the organisation; therapists and the centre's Clinical Administrator. Although feedback was generally given anonymously, we discussed with the Clinical Administrator that their feedback would potentially be more identifiable. Some were used to using remote methods already, for some this was new. We will use the generic term staff in the report to keep identities as anonymous as possible.

We spoke to 13 service users who had accessed services during 2020. Some had started with face-to-face support and switched to remote support. Some started with remote support but had previous experiences of support with which they could draw some comparisons, although every experience is different. In the interests of anonymity we did not collect monitoring data.

I'm really grateful to have been able to offer people much needed support when they are in need during this difficult time. It's been an amazing experience.

Staff member, on services at the Maya Centre continuing during the pandemic

I prefer face-to-face. I can't hear well and want to see expressions and body language.

Service user, on remote counselling

My time was limited due to problems with insomnia so it was useful not to have to get somewhere. But I felt very nervous before the [video] call. I don't know if it was the issue, the counsellor, or being on screen.

Service user, on remote counselling

Findings

Being set up to offer remote support meant that services could continue during the pandemic for most service users. "It meant I did have access to the support during the pandemic, so it was very lucky."

Preconceptions about the remote approach

Most staff were already familiar with using phone-based or video-based counselling in some format and although one staff member had initially been a bit worried about not seeing service users face-to-face she thought it was brilliant to "see clients who wouldn't have made it to the centre".

Most service users had reservations about virtual counselling and were taking up the offer because of the 2020 pandemic rather than because it was their preferred choice. Worries included: building rapport, privacy and language barrier/ missing body language. However, one service user wouldn't have taken up counselling if it hadn't been offered in this way, it made it more 'discreet' for her. One service user who didn't have reservations had already used on-line counselling, one switched from face-to-face to on-line mid-pandemic and felt more comfortable as they'd already met the therapist in person.

Whilst most participants would prefer face-to-face support one felt that virtual support had been just as good, and another felt virtual was more practical given her current commitments. Respondents still reported that the support they'd been offered overall had helped them. This attitude of openness to remote supporting may well be changing over time as lifestyles change and we become more accustomed to using remote support in the aftermath of the pandemic. One service user who had phone support and would have been anxious about using video support had this been offered noted that she's "more comfortable with Zoom now".

Experiences of the remote approach

The medium

Most consultations had taken place over the phone. Staff generally had experience of video and phone-based support. Of the 13 service users, three had used video counselling and ten had used phone. Not all service users had been offered Zoom. Some would have had reservations about that option. (The lack of this offer was most likely because they received their support in the early days of the pandemic. The aim longer term is to offer all service users a choice of format.)

Staff reported that some service users were already familiar with digital platforms and it was easier for them to use Zoom than for those who do not have experience of using IT in their lives outside of the centre. It was noted that given the pandemic, this remote offer enabled service delivery to continue at a time when service users really needed it. One service user had talked about not knowing how to set up the room and camera, whether to use the camera to show her face more closely or to show her full body. And whilst service users were happy to access remote support during the pandemic, most felt they would still prefer face-to-face overall.

It was hard for service users to really unpick the difference between remote and face-to-face support. That is to say it was not always easy for service users to identify whether they were uncomfortable with remote support specifically, or whether their anxieties were related to their issue or the counselling process more broadly, regardless of medium.

It makes you listen more, you've got a voice going straight into your ear. The hardest thing is the distraction, you look at the kitchen tiles and avoidance is harder too [meaning it's harder not to avoid]. But the plus side is it's still your time to talk.

Service user, on how phone counselling differs from face-to-face

You could see it as easier on the phone. It's more anonymous when you're speaking but you don't know if the other person is listening, but you don't feel judged.

Service user, on how phone counselling differs from face-to-face

Face-to-face you get [body language]. You lose that on screen. Body language is a lovely addition. There's more visibility. They are actively visible to you. You read it as an openness.

Service user, on the importance of body language and visual cues

Advantages of the phone for staff included not needing to consider the aesthetics of the space you're working from, or think about as many technical issues (compared to video). Staff noted some service users found it freeing: "it's like a confession box, there's less embarrassment or shame".

Service users also reported possibly being able to talk more freely by not being seen, though one felt this made it harder for her to open up and trust an anonymous voice at the end of the phone-line.

Service users and staff noted that you lose something from the lack of body language and cues over the phone: "You can't always see if someone is laughing or crying remotely" and that it can be hard to understand the service user if the line is bad. Not being able to see body language and read cues came up in all conversations and was the thing people had most disliked about phone-based support. Using video-calling alleviated this to some extent, but service users felt you can't necessarily set up the IT to see faces clearly whilst also being able to see the body language.

One staff member reported "a lot of echoing and bounce-back over the phone". Whilst staff and service users both reported some technical issues relating to connectivity for video calls these had generally not got in the way. However one service user did feel that it made the flow of the conversation unnatural, and whilst this would do during the pandemic, you can't replace face-to-face.

Choice of platform for video-calling

Generally, respondents acknowledged that Zoom, the video-calling platform that the Maya Centre has chosen, is the most user-friendly. People use it in other contexts so it is familiar. Service users don't need to download anything, and can just click a link so there aren't issues with storage capacity on devices.

One service user opted not to use video-counselling as they were using the same platform for other things and wanted a distinction between the therapeutic space and their other uses of Zoom. One service user had not enjoyed having to see themselves on screen and had found it distracting. Perhaps users could be advised of the 'hide self view' function if this was considered appropriate.

Moving from one format to another

A small number of respondents had moved from face-to-face to remote. Feelings about this were varied. For some service users, and staff, it felt like "starting from the beginning again". Though one noted that they were glad to have met their therapist in person at the beginning as they knew who they were talking to when working remotely. Under more normal circumstances the approach would be to select a format and stick with that, so this may not be relevant to the future model.

Scheduling and administration

Maya Centre's Clinical Administrator is able to support service users to get set up, but only one had needed help. Although staff mentioned that there had been a few logging-on issues, and that not all service users have access to email, service users themselves stated there were no issues with being on time for appointments. They felt that the set up was well organised and clear.

It's great. It's all scheduled in, you get a notification, it goes into your calendar and we all use it now outside.

Service user, on video calling and the notifications they receive in advance of appointments

We rely on emailing and not all clients pick up email very regularly. It would be great if we could text instead.

Staff member, on the impact of not having a work mobile.

Face-to-face got me out of the house and it felt more private to me. It was my time. It's more than the 50 minutes of the session, I could walk a longer way on the way back if I wanted more thinking time. It [phone-based counselling] was less of an event and I mean that in a bad way.

Service user, on face-to-face counselling giving her more time for herself

"I got emails helping me prepare and it was all very well organised with reminders."

"It was a benefit for me, I start things and I don't always see them through, I find excuses to not go. But they are persistent, they phone and leave a message and call back so I'd feel guilty and go. My attendance was a lot higher because it was harder to make an excuse. So although there isn't the benefit of face to face you're getting the benefit of more sessions".

One service user had had some technical issues with the VOIP system as her landline is fairly old. (VOIP is the name of a technology that allows a phone service to be delivered over the internet). Several service users had reported technical issues with headphones, with one feeling flustered as she hadn't been aware she would be expected to use headphones.

One service user had missed a session because a work call was over-running. The therapist called twice but because service users don't have therapists' numbers she couldn't call back.

"Their number comes up as private number. I understand why but when I missed their calls I couldn't ring back. They call you back but one time I was ten minutes late. She re-arranged the session for me but I felt like I wasted her time that day and if I'd been able to call back the session could have gone ahead".

Staff had also noted that not having a work mobile means relying on email communication and can slow down communication with service users.

Perhaps Maya Centre could consider offering staff SIM cards for work purposes. These start at around £6 a month (no fixed contract length) or can be bought as Pay as You Go.

Privacy

Staff were careful to make sure that service users were alone and able to talk freely during each remote session. Staff noted that depending on the service users' living arrangements privacy was sometimes an issue. Staff needed to remind service users of the importance of privacy but sometimes service users were distracted from sessions. In one case, where the service user's children kept coming into the room, the therapist used this to open a conversation about parenting so it allowed a different conversation/ type of support. Children of all ages were at home during the lockdowns. This wouldn't necessarily be the case under regular circumstances (depending on the age of the child).

For those service users living alone, privacy wasn't an issue. For those living with others, they made a quiet space for the time of their appointment, though two still felt conscious that other people were around. For those who used the phone, some remarked that it felt easier to be open about their feelings because they couldn't see the other person, whereas one felt this had made it easier for her to avoid more difficult topics, and another had said it made her feel more guarded. Most had received counselling support during the national lockdowns meaning that if they didn't live alone children, partners and/or flatmates were also around all the time. It might be easier to make a quiet time outside of this unusual situation. One service user had found that not needing to travel to her appointment actually gave her more privacy as she could just block out an hour in her work diary. She also felt this spared the awkwardness of interacting with reception staff and travelling home/ back to work when you might feel quite emotional.

In the flat, it was hard to have that emotional break. A different space and the journey there helps you think, whereas at home you don't have that emotionally.

Service user, on remote counselling at home

I'm on Universal Credit... going by train and bus would be £3 and then going by bus only would take a long time, so I guess it was good not to have to spend this but I prefer face-to-face and could have found the money.

Service user, on saving time and money by not travelling

I like the comfort of home therapy, I struggled with travelling. It's lots of effort to be able to do that (single mum). It was really really nice not to have to have that hassle. It was really important but if I didn't have those commitments I'd prefer face-to-face.

Service user, on remote counselling at home

A therapeutic space

Some had created their own sense of sanctuary at home, others found it harder to disconnect from family being in the next room, and some missed the privacy of a separate place, and the opportunity for reflection offered by the journey to and from the centre. One service user who would have preferred face-to-face did enjoy being able to “relax on the sofa with a cup of tea in their pyjamas” for the sessions.

One service user had re-created that break between the session and her next task by journaling her experience that day or calling a trusted person. Another felt that remote counselling was “yet another function for my bedroom in lockdown as well as home-office”.

Travel and costs

Although some service users noted that not travelling had saved them money, the financial saving was seen as less important than being seen face-to-face.

Normally, when the centre is offering service users the chance to be seen remotely it will be mutually agreed with the service user, rather than required because of government guidelines on social distancing.

Staff suggested that remote support could have benefits for some service users even when not in a pandemic. It can save service users time and money, remove the need to arrange childcare, and be beneficial for those who have mobility needs. However, some service users said that despite the cost they'd rather be seen face to face as they found it more engaging/supportive.

Convenience

For those that preferred the virtual method, it was overwhelmingly because of the convenience this offered; shorter time commitment as not needing to travel, not needing childcare (or needing childcare for a shorter time), being able to fit an appointment into the working day.

For one service user, not needing to travel was a benefit because: “Getting on the bus after a session, when you feel emotional can feel like an emotional overload”. This person also found it helpful not to have to engage with reception staff, other service users in waiting areas etc by being supported remotely.

The convenience of remote appointments had made attendance much easier for two of the service users. “If I'd got support before lockdown and then got the job, it wouldn't have worked with travel. So in hindsight it was better that it happened like this”.

On the other hand, one staff member noted that for service users with anxiety, having to come to the centre can help break patterns of behaviour and move them away from being so isolated.

I had a really good feeling from the centre. The stairs are a nightmare but it's wonderful. Light with plants, calming, I love being there. Everyone is lovely and kind.

Service user, on the value of the centre

I got to know myself differently in the space and on the phone. On the phone I avoided things. You're always learning about yourself in these processes but it felt deeper face-to-face. I'm more familiar with the person I was on the phone.

Service user, on how phone counselling differs from face-to-face

In the future I'd be really happy if all three options were available to me, so you could mix and it would give you more freedom, especially as everything is so busy. And I'm used to Zoom now.

Service user, on accessing face-to-face support in combination with remote counselling

The value of the centre

Some staff missed coming into the centre, the sense of team, the treats staff share with each other in the kitchen and the containment of the work. The virtual coffee mornings, training sessions and Christmas party were welcomed.

Most service users we spoke to were not familiar with the centre. Those who were familiar generally talked about how calming and welcoming the space there is; the lighting, the plants, the artwork and the feel of the place all contributed to a sense of well-being. Some hoped to attend other non-counselling support at the centre once it re-opens. Plans had been made for a phased re-opening in September 2020 but then the country went in to a second lockdown.

Service users valued having access to therapy during the pandemic including during lockdowns. "I was just so grateful to get help I would have done it either way".

For some, remote counselling could never compare to face-to-face. "It's like watching a film on the radio. You can't see if the person is damaged and needs support". Others found this delivery model more accessible. "I had reservations but I was so wrong, it was so much better than I expected".

Although most participants felt it was difficult to compare two methods of counselling with one another because of other variables (presenting needs, counsellor and the relationship with them), some had switched to remote support from face-to-face and noted that despite the loss of body language, the rapport was still there. However, one service user felt it was like starting again changing the method of communication. As such we wouldn't want to draw conclusions on this. Two respondents spoke emphatically about how much freer they felt speaking by phone. One spoke about how much easier it was to avoid certain difficult topics by phone, though this wasn't necessarily seen as a positive.

Staff training and service user support

Not all staff had undertaken the original training package. The original training had been extensive, and focused on all aspects of therapy, and was perhaps really aimed at newly qualified therapists. What was helpful was the practical tips about setting up. Generally, staff welcomed the idea of ongoing training, especially on issues such as Data Protection. Staff had valued having the support of the Clinical Administrator to help them with any IT issues and it seemed like the Clinical Administrator had to keep an eye on more channels of communication; texts, voicemails, emails, than when working in the office and colleagues could just pop over with a query.

Remote working had provided an opportunity to get clinicians more familiar with the organisation's database.

Those participants we spoke to hadn't needed support to get set up. One had an unusual phone set-up which created background noise but had asked a friend to remedy this.

Future development

"I'm feeling very hopeful. Lockdown tested our ability to adapt, our resilience, and now we can think about how to take it forward and make it future proof." [Staff member]

- 1.** Currently services are for women, mainly in Islington but also from neighbouring north London boroughs. The centre does not have a lift though alternative venues can be booked for those with mobility needs. The move towards remote appointments, potentially gives an opportunity to reach new audiences.
- 2.** There's often an assumption that on-line services can be delivered more cheaply, removing venue costs. However, Maya Centre would still need spaces for service users who need or prefer to be seen face-to-face and there may be additional costs for equipment and software subscriptions for staff, fundraising for kit and connectivity for service users. One staff member suggested large screens at the office would be good for when office-based staff are supporting service users in their homes. Maya Centre now offer a text service for clients, which is working well. The Centre could also consider offering staff SIM cards for work purposes.
- 3.** Team meetings and training sounded like they worked well on-line and so might use a mix of on-line and off-line methods going forward.
- 4.** Helping service users decide what method may be best for them:
Remote might be good for people with mobility needs, but might not work so well for those with sensory needs. It also might make attendance easier for those with lots of commitments. Although we wouldn't want to make assumptions, these are points to consider with each individual client. If not already done, it would be good to talk this through with the client when determining the format for sessions. Even for those choosing remote support, they might value the assessment being face-to-face or vice-versa.
- 5.** Preparing for the session:
Provide new clients with a short guide on what to expect from a remote consultation, including when headphones might be needed, considering the position of cameras, and seating and lighting (where practical). Healthwatch has shared additional thoughts with Maya Centre but it may also be useful to talk to other local partners and providers, such as Mind and Islington Bangladesh Association.
- 6.** We would really encourage the Maya Centre to share this learning within the borough to help make mental health services more accessible to more residents. The All Age Mental Health Partnership Board Inequalities Workstream would be a particularly appropriate channel through which to share learning and good practice.

Thank you to the staff and service users who made this evaluation possible.



The Maya Centre
counselling for women

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