

NIWE

**Evaluation of
Services**

2015-2018

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1. INTRODUCTION

1.1 Purpose of the Evaluation – The Brief

The evaluation was commissioned by NIWE with the purpose of reviewing its provision during the three-year period following a BIG Lottery funding award in August 2015.

NIWE'S brief for the evaluation was that it should address the following questions:

1. Has NIWE delivered against its objectives?
2. To what level has NIWE met the outcomes of its programme?
3. How effective has NIWE been in the delivery of its services?
4. Are there things that need to be changed?
5. Are NIWE's intentions and outcomes reflected in the voiced experience of our beneficiaries?
6. How is NIWE regarded by professionals working in the same field in terms of trust, credibility and competence?
7. What has NIWE excelled at?
8. Where could NIWE have done better and made more of a difference in the lives of its beneficiaries?
9. What difference did NIWE make to whom and why?
10. What worked well?
11. Did anything happen that was unexpected?
12. What would NIWE do differently if we did this again?

1.2 Methodology and limitations

The evaluation was carried out by an independent evaluator using primary and secondary research:

- Meetings with staff employed by NIWE – Chief Executive Officer, Therapy Services Manager, Training Officer, Office Manager and Counsellor – and freelance sessional counsellors
- Interviews with organisations that commissioned talks and workshops
- Interviews with beneficiaries of therapy services, talks and workshops
- Interviews with commissioners and professionals working in the field of ED
- A focus group and online survey with service users
- Examination of documentation – funding applications and reports to Big Lottery, delivery timetables, evaluation and participation data, financial information and promotional materials – that were made available to the evaluator by NIWE.

Limitations

The evaluation was commissioned in December 2017, towards the end of the Big Lottery funded period. Interviews relating to training services have therefore focused on organisations that most recently commissioned training. Staff interviewed were employed or working as sessional counsellors during the evaluation period.

Abbreviations used in the report

ED	Eating Distress/Eating Disorder
BACP	British Association for Counselling and Psychotherapy
UKCP	UK Council for Psychotherapy
HOPE	HOPE group - H appiness, O penness, P ositivity, E steem
HCNA	Health Care Needs Assessment
OSFED	Other Specified Feeding and Eating Disorder

2. PROJECT AIMS, OVERVIEW AND CONTEXT

With the support of a Big Lottery funding award, NIWE has sought to increase its capacity to address gaps in mainstream health provision by delivering specialist ED counselling and other services.

The geographical scope of the work is Tyne & Wear, County Durham and Northumberland.

2.1 Project aims

There are three overarching project outcomes relating to Big Lottery funding:

1. People with eating distress or disorders will have improved mental health and wellbeing, enabling steps toward recovery
2. People with eating distress will have reduced levels of social isolation
3. Organisations and families will increase their coping skills, strategies and knowledge about eating disorders to better support and assist eating distress/disorders sufferers.

Eight change indicators are attached to the outcomes. (See p8 and p14)

2.2 Overview of Services

2.2.1 Therapy Services

NIWE's aim is to provide services that complement and add value to NHS provision, offering choice and addressing gaps, including:

- Choice of a holistic, non-medical approach to working with eating distress/disorders and disordered eating behaviours
- Addressing the needs of people for whom other approaches have not worked or not been available
- Enabling people to self-refer to access specialist therapy aiming to prevent eating distress becoming more serious or entrenched
- Meeting increased demand for community-based specialist services and the increasing incidence of eating problems

Provision comprises:

- Initial assessment – sessions carried out by counsellors that also provide support to many applicants to the service who may choose not to access further services at NIWE
- Counselling – one-to-one sessions with qualified BACP/UKCP accredited counsellors
- Group counselling – group sessions for women facilitated by two BACP/UKCP accredited female counsellors

Counselling services are available to anyone over 16 years (formerly 18 years) living in Tyne & Wear, County Durham and Northumberland whose life is affected by eating distress.

2.2.2 Training Services

A programme of talks and workshops designed to raise awareness around ED and provide training, knowledge and information on recognising the signs of eating disorders. Targeted for professionals in health and social care, professionals working with young people, young people and carers. Delivered in partnership with organisations in the public, voluntary/community, education and health sectors.

ED training courses were designed, promoted and delivered as follows:

- Accredited Continuing Professional Development courses (2 hours and a full day) aimed at prevention through early identification and intervention
- Educational talks and workshops, designed for young people aged 11–19, delivered in schools, colleges and with community youth groups and aimed at prevention through early identification and intervention
- Services were promoted to professionals and organisations through bespoke leaflets distributed by email to a mailing list compiled for the purpose. Information was circulated in NIWE newsletters to 248 organisations including, eg Healthwatch and HAREF (Health and Race Equality Forum). A presentation at the Health Needs Care Assessment conference also resulted in bookings.

2.2.3 Psycho-education workshops

Designed to increase knowledge and self-awareness around topics such as self-esteem, anxiety and body image, that give perspective on confidence, wellbeing and self-regard and introduce strategies for improving mental health and resilience. Delivered to people with ED at NIWE and to foster carers through Gateshead Council.

2.2.4 HOPE group

A facilitated group that gives support to women who are recovering from eating distress, who may have participated in counselling and/or group counselling at NIWE. Originally set up in response to an idea by beneficiaries who identified a need, it is important in reducing isolation and enables participants to engage with others who understand their experiences of living with eating distress.

2.2.5 Carers course

Training and support for carers of people with ED – providing ED and skills training based on the Maudsley model, and Mindfulness for Health and Well Being.

2.2.6 Events

A launch event for the programme attended by 27 professionals from the NHS and voluntary sector who work with people with or at risk of developing ED.

Making Connections networking events for people with ED – health events that offer complementary therapies and arts activities for socialising and support.

2.2.7 Information and Signposting

Providing information about ED, NIWE's services and other services to enquirers. Signposting for people who do not meet NIWE's criteria for services and for clients moving on from NIWE who need other support.

2.3 Service delivery - context

During the lifetime of the Big Lottery funding award, demand for NIWE's services has increased and continues to rise.

People arriving at NIWE for support frequently report having found themselves struggling to get the support they need through mainstream health services.

Mainstream specialist health provision for people with ED in Newcastle, Tyne & Wear and Northumberland is generally only available to those who meet the criteria for inpatient or day hospital services.

Many of NIWE'S clients have found GPs to have limited understanding of ED and may not see ED as a manifestation of underlying issues. Emotional overeating, for example, is more likely to be recognised as a need for more exercise and improved diet, rather than a psychological problem. NIWE's clients have reported many instances of being referred to inappropriate services and many GPs continue to be unaware of NIWE.

Some clients receiving counselling from NIWE have found that community mental health services are unable to offer specialist counselling support with ED and waiting times are lengthy. Some who have engaged with CBT (Cognitive Behavioural Therapy) and counselling have self referred to NIWE for further support.

Others have had experience of being assessed and turned down by Community Mental Health Teams (CMHTs) or NHS eating disorder services for failing to meet service criteria; many have seen IAPT services at least once where they found some initial benefit before becoming unwell when they next encountered a period of stress.

Professionals working in NHS ED services have recommended patients to self refer to NIWE for counselling support for ED following discharge from hospital services.

Newcastle has seen a dramatic rise in student population over 10 years and the number of students seeking support from NIWE has increased. Newcastle University's Student Wellbeing Services have seen a steady rise in demand for counselling services – 2,310 students contacted the service needing counselling in 2016-17.

Some of NIWEs clients lived with ED for many years before seeking help, as evidenced in service users' responses to NIWE's 2014 evaluation.¹ Michael Cuthbertson, who provides supervision services for NIWE's group counsellors, appreciates that the people they work with often have extraordinarily disrupted and damaged lives. The consequences are complex problems that create a need for extended counselling support.

¹

Trapeze Consulting, 2014, NIWE: evidence of effectiveness, quality, impact and value, p33

3. THERAPY SERVICES

3.1 Therapy Services - Outputs

3.1.1 Counselling delivered

673 hours of counselling (year 1)

795 hours of counselling (year 2)

890.75 hours of counselling (year 3)

These were delivered across:

One-to-one counselling sessions

5 introductory sessions to therapy groups for 50 women (year 1)

5 x 1.5 hour therapy groups of 9 weeks duration for up to 20 women, completed by 10 women (year 1)

4 x 10-week therapy groups (year 2)

2 x 10 week therapy groups (Year 3)

Levels of engagement to 31 July 2018

642	people who had self-referred to the service registered in the database: 593 women, 48 men (1 chose not to specify)
426	people had attended an initial assessment session
251	people had received individual counselling (including 11 men)
66	people had received Group counselling

3.1.2 Counselling staff

All counselling staff are BACP or UKCP accredited and practice according to the standards, ethical guidelines and codes of conduct of those associations.

One-to-one counselling

Sessions have been delivered by two employed staff - the Therapy Services Manager (1 day), an employed counsellor (initially working 3, then 2 days a week) plus three sessional counsellors.

One of the sessional counsellors was recruited via the Northern Guild of Psychotherapy to work on voluntary placement for a year that supported her, as a qualified counsellor, to further her training as a psychotherapist. She has worked 1 day a week with 5 clients.

A second counsellor has worked a half-day each week.

A third counsellor joined the team in February 2018 and has worked with three clients each week. She has counselling and psychotherapy qualifications and experience of working with NHS groups with bulimia. Having attended one of the Training Officer's professional workshops she contacted NIWE about working with the organisation.

Group counselling

Delivered by two sessional counsellors who run the sessions together and also receive joint supervision.

3.2 Therapy Services - Delivery

3.2.1 Access to and allocation of Services

All clients attend an initial one-hour session with a counsellor when their needs are assessed and NIWE's offer is explained. Those assessed as being eligible and likely to benefit from services are able to access group counselling, one-to-one counselling, psycho-education workshops and events while they are registered with NIWE.

On first contact most clients have indicated preference for individual rather than group counselling and receive an offer of a minimum of six weeks therapy. Those whose issues are particularly complex or difficult are offered further counselling at the discretion of the Therapy Services Manager. Those seeking help with recovery can attend the HOPE group.

Availability of choice and flexibility of access supports those who are unsure about committing to services that require regular attendance.

People whose needs are best met by other services or organisations are signposted or referred on (see below).

All clients leaving the service are advised that they may return to the service for advice and support if and when needed. People who have left the service have said that knowing this has been important in supporting them to leave following counselling. Few clients return having left the service.

After a period of non-engagement with NIWE (6 months to 1 year) a second assessment is needed before a client receives further services.

3.2.2 Signposting and information

Enquiries are handled every week from people seeking support and from carers and professionals seeking advice and guidance. There is a peak in requests for support around Christmas and New Year. People asking for support with ED are provided with information about services and a form to register with NIWE.

Enquirers for whom NIWE's services are unsuitable, are regularly signposted to other organisations specific to their needs, including:

Recovery College, Rape Crisis, Mind Wellbeing Services, Talking Helps Newcastle, Mindful Therapies, Beat (for helplines and information), BACP/UKCP and Counselling Directory websites (for private practitioners); Northumberland Domestic Abuse Services; Tyneside Women's Health, Relate, Someone Cares, Cruse Bereavement, Streetwise, Anxious Minds, Mental Health Matters, WEYES counselling service for young people, North East Counselling Services.

Some people may need to be referred back to their GP due to more acute symptoms and/or physical risk.

Signposting is also offered to clients engaging with or completing counselling who may require additional support with other issues.

3.2.3 NIWE's Counselling approach

NIWE describes its aims and approach to counselling as follows:

NIWE counsellors are trained in humanistic modalities and offer a range of interventions to help people with disrupted eating patterns, eating distress and eating disorders.

Disrupted eating can start as a strategy to regain control in an unsafe or chaotic life, or to cope with difficult feelings and develop into an everyday struggle impacting work, health and relationships. As a

specialist eating distress service NIWE offers a deep understanding of eating behaviours and of the issues which underlie the distress this causes, using a humanistic approach.

Humanistic therapies seek to help individuals recognise their strengths, creativity and choice in focussing on self-development, growth and responsibilities. Encompassing a person-centred therapeutic approach of focussing on an individual's self-worth and values, NIWE's counsellors find that being valued as a person, without being judged, can help an individual to accept who they are, and reconnect with themselves.

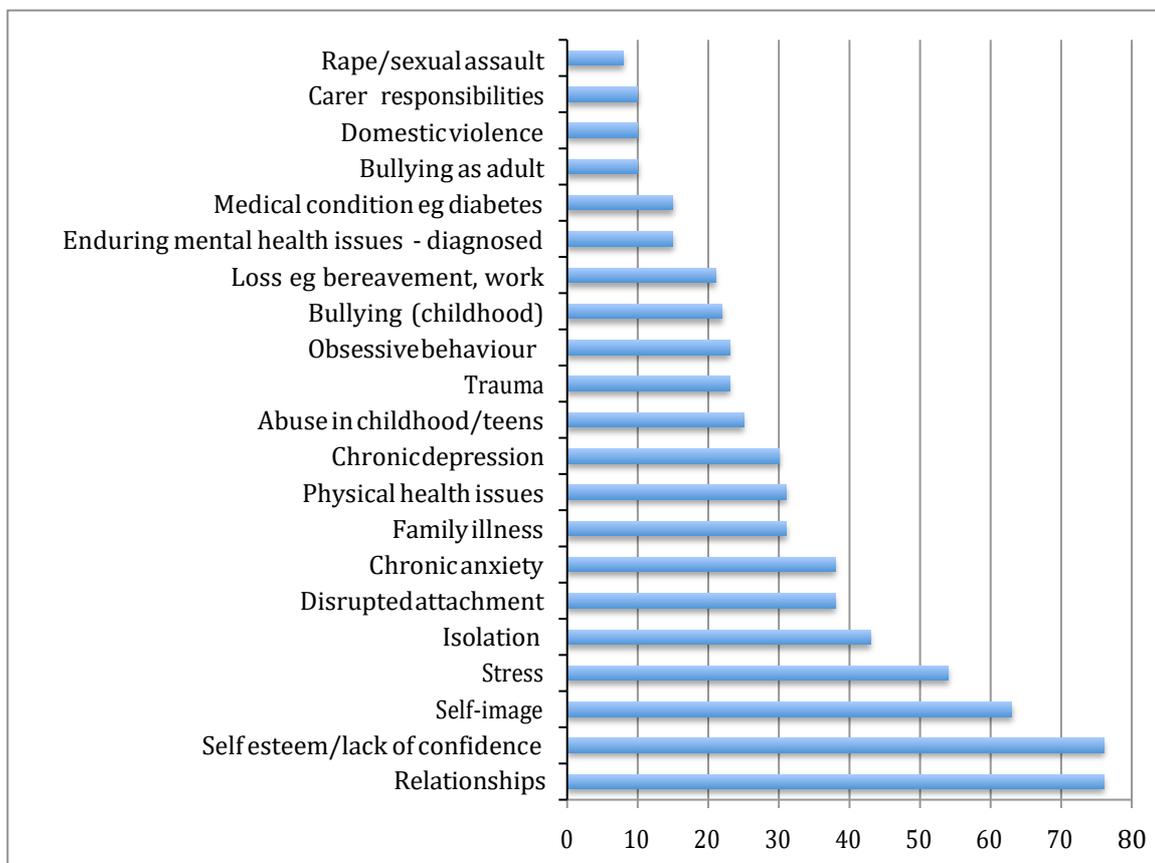
Counsellors may work integratively bringing in skills and strategies from a variety of approaches and aiming to promote healing and facilitate wholeness - ensuring that all levels of a person's being and functioning (mental, physical and emotional health) are brought into the work. Clients are encouraged to explore themselves and to identify the factors in their lives which are perpetuating problems, and/or are causing current concerns. This enables them to better focus on painful issues and to recognise specific triggers that may be causing disruptive patterns of eating behaviour.

Through this awareness, integrative therapy helps to create a healthy alliance between mind and body – empowering clients to start setting goals and practising new behaviours that will enable them to move beyond their current habits and discover greater life satisfaction. These will all be tailored to the client's personal limits and external constraints.

3.3 Therapy Services - Outcomes

3.3.1 Client need

The following was drawn from a sample of NIWE's records by the Therapy Services Manager, to illustrate significant issues that have been encountered in counselling sessions (%). Clients may present with more than one issue.



3.3.2 Outcomes for people with ED

Data relating to therapeutic outcomes is collected using two scales – the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)² and Flower Power. At NIWE these are both completed by clients at the beginning and end of counselling.

WEMWBS uses a 14-item scale covering subjective wellbeing and psychological functioning, in which all statements are worded positively and address aspects of positive mental health. The scale is scored by summing up responses to each item that is completed on a scale of 1 to 5. Combined results provide an indication of the success of services in improving the mental health of their service-users. Flower Power uses a 12-item scale, with some statements relating to eating and ED, again positively framed, completed on a scale of 1 to 5.

Together these produce 26 indicators that are input to the Evide System.

See Appendix A for a list of the statements

See Section 10.5.6 – Data recording, management and analysis p33

The results translate into outcomes for Big Lottery, as follows:

Big Lottery Outcomes 1 & 2	Target Level	Year 1	Year 2	Year 3	TOTAL
Outcome 1 - People with eating distress/disorders will have improved mental health and wellbeing, enabling recovery from the disorder.					
<i>Indicators</i>					
People using the service will be better informed about eating distress/disorders their underlying causes and have better access to available support	400 by the end of each year	275	355	451	1,081
People using the therapeutic services will demonstrate improved mental health and wellbeing and/or better ability to cope with their condition and their lives	200 by the end of each year	200	158	129	487
Outcome 2 - People with eating distress/disorders will have reduced levels of social isolation.					
<i>Indicators</i>					
People using the service will report better engagement with services / in social, leisure or work activities	100 by the end of the project	30	32	35	97
People using the service will feel less lonely and isolated	100 by the end of each year	40	80	93	213
People using the service will report improvement in their relationships	90 by the end of the project	25	35	22	82

²Warwick Medical School - <https://warwick.ac.uk/fac/med/research/platform/wemwbs>

3.3.3 Beneficiaries' feedback on NIWE's Counselling Services

At the end of counselling beneficiaries are asked to complete a Reflective Feedback form that encourages them to reflect on what they have achieved. Forms were received from people who had one-to-one and group counselling.

a) Beneficiaries who received one-to-one counselling

❖ Before counselling ...

"Before the counselling I felt like I wasn't moving forward with my mental health. I felt like I'd be stuck in the same dark place"

"Not knowing who I am. Binge eating. Feeling guilty and undeserving. Depression and hopelessness"

"I felt stuck in a cycle of diet-failure-overeating-guilt-diet, etc and unable to break the cycle. I was not dealing with my depression about my redundancy and my relationship with my husband, overeating and drinking to avoid it. I had been in this rut for years and was desperate"

"Feeling alone in the midst of everything, despite having lots of friends around me. Unsure whether I had issues that were 'serious enough' to need help"

"Continued to use food negatively affecting my diabetes. Anxiety worse. PTSD taking over"

"Feelings of helplessness and guilt. Feeling very alone. Increased tension within the family home, affecting relationships between everyone. Lack of knowledge/understanding about eating distress. How do we live with this, never mind help/support each other? Did not know where to go, so little advice/support from NHS/statutory services." – Carer who received counselling

❖ After counselling – what changed most ...

"I'm very much more aware of why my behaviours and patterns have been the way they have for years"

"The biggest change has been my knowledge of the causes of my anorexia and being able to cope. When I first started counselling I could not cope at all, now I am able to mostly control my bad episodes"

"Better at coping with other people's behaviour towards me and my eating distress"

"I feel I have clarified and crystallised what it is I need to do. Whether I can do it is another matter, but I feel more positive and clear headed about my needs"

"Anxiety lessened, doing more, have more energy, feeling better, taking better care of myself"

"More detachment, more understanding and a kinder approach to myself, my efforts, my failures and successes. I am more cheerful, more relaxed, maybe even optimistic"

"I'm starting to challenge my fixed beliefs. It's really helped to have my feelings validated and to be encouraged to recognise my feelings in the present moment. The kindness and compassion I was shown made a world of difference"

"Huge relief that I/we are not alone. I have had a safe, supportive, knowledgeable place to go. I understand so much more about eating distress. I can deal better with my own emotions and am more skilled at discussing the subject with my daughter and family. I have better insight into my own response to my daughter's behaviours. I've been challenged – at times it has not been easy." – Carer

❖ Beneficiaries' realistic expectations for further change ...

"I hope to keep building my strength and continue coping as during the next year I am moving out and starting a new chapter of my life. In the past I was unable to cope and would restrict my food"

to feel in control, realistically I hope the things I have learned about myself will help me cope and not fall back into my old routine and ways”

“I seem to be more patient. My sense of humour is again getting the better of the gloom. My goals are more realistic and I think I’ve stopped nagging myself. This is going to take a long time and I have to enjoy the effort”

“I took counselling very seriously and knew I needed to focus on coping strategies. I know now my bad episodes don’t last forever and to use mindfulness and other strategies”

“Feeling happier, healthier and less anxious”

“Use my support networks and coping strategies”

“I have a long way to go but over the next year I hope to discover more about my true self and begin to find my identity”

“Better communication with my daughter. My own anxieties have prevented effective communication at times. To remain positive. Conversations, with husband also (around daughter’s eating distress) to be more productive. To know my limitations better.” – Carer

❖ Clients’ appreciation of NIWE’s counselling approach

“I’ve had counselling before, but the difference this time was the holistic approach – I was treated as a person and not a label. This made it easier to open up about what I really felt, knowing there was no ulterior motive to fit me into a diagnostic box”

“Right now I feel I am getting completely back on track after an awful few months of bingeing and restricting. There are times where I am proud of how far I have come. One to one counselling has been the biggest help and the counsellor has been amazing with her friendly laid back approach. She’s helped me stay calm, allowed me to understand why I might do things or feel. I feel more laid back with my weight and eating now”

“At times I had to push myself to attend sessions, but always left more empowered and less alone. I have had a friend, a confidante, an informed person beside me for 6 weeks. Eating distress/mental health issues affect every person in the household – counselling support has lessened the impact and given us all hope again.” – Carer

“NIWE provided a sanctuary” - Carer

See Appendix B for further reflective feedback

b) Beneficiaries of group counselling

❖ Before counselling ...

“Very isolated. I retreated into myself”

“Keeping myself safe with my eating. Staying in and not socialising”

“Overeating due to childhood sexual abuse and unable to control emotions”

“Very uptight – no self value at all. Feeling stressed and worrying about my mental health”

“Anxiety. Low mood. social isolation. obsessive exercise. disordered eating”

“I felt hopeless, lost, alone, different. It felt like I lived life behind a piece of glass. I blamed myself”

“Not in control of bingeing. Not in a good place”

❖ After counselling – what changed most ...

“I have been eating less in my binges. Also find talking has helped a great deal. Great group”

“I understand myself & my problems more. I am less ashamed. I feel less alone”

"More mindful. Don't beat myself up as much. Question even more. It's okay to be me. Lost weight"

❖ **Beneficiaries' realistic expectations for further change ...**

"I don't feel as alone"

"I will just keep moving along and ask for help when I need it"

"I have felt a huge amount of comfort from this group. The therapists are amazing. I have finally felt the release of some very heavy baggage"

"Try and take a step back and learn and put into action thoughts and challenges"

"I simply want to smile more. And I do"

"I feel with further help I could finally start to value myself"

"I personally think 10 weeks is not enough time, especially for this group"

"I'm not sure. I still worry about this and feel I'm still very early on a journey and wish the sessions were not ending. 10 weeks isn't long enough"

c) Feedback from interviews with beneficiaries:

What beneficiaries said they liked about receiving counselling at NIWE:

❖ **Staff at NIWE are non-judgmental and welcoming**

"Very welcoming, with understanding and non-judgmental"

"I was very emotional, it was the first time I'd said I had a problem with eating, I hadn't spoken about it before, it was hard to do"

❖ **Receiving counselling in a relaxing, non-clinical environment**

"I found counselling at NIWE was different to anything I'd had before – I'd had experience of counselling for depression with NHS therapy and CBT. At NIWE I benefitted from feeling relaxed, safe and in a non-clinical environment"

"Meetings were always in the same place and room. Great, comfortable, not clinical"

"I had experience of counselling in a GPs surgery and didn't like the clinical environment or that a different room was used each time"

"Counselling was nicer away from the GP's. There was no-one in the waiting room you could know"

❖ **That the initial counselling offer of 6 weeks is extended for those whose needs are assessed as requiring further sessions**

"I started with 6 individual counselling sessions, but felt at that time I hadn't started to get to the bottom of it. It takes six weeks to open up and start getting somewhere. I was definitely not at a stage to be discharged. I'd just realised what needed fixing"

"It was helpful that I wasn't expected to think about things between sessions. I didn't feel the need to be anything other than myself". "It wasn't about food all the time"

"I didn't feel like I had to make an improvement, there was no pressure" [compared to previous counselling in GP surgeries]. "It was more about taking steps, getting used to talking about it"

"Towards the end [of 20 weeks] the counselling came to a natural conclusion; there was less to talk about." "The improvement has been long term. I'm not putting myself under pressure but I'm unpicking things and finding things out." "I'm thinking about life again"

"Six weeks was enough for the time being" – "I felt I was on the right path to recovery and had exhausted everything to say and work on". "My problems had not gone away, but I needed time

to reflect following the counselling.” “It was important to be told I could go back to NIWE if I needed to”

❖ **That the counselling approach is adaptable to suit their needs and supports them to work things out for themselves**

“[The counsellor] was amazing, she let me work things out without realising I was doing it. The way she repeated what I’d said back to me made sense, whereas I hadn’t made sense of it myself”

“The counselling gave me the support to get my feelings out.” “The counsellor had a lot more experience and knew what she was talking about with ED and general problems [than other counsellors he had seen]”

“The counselling was well-structured. Me and the counsellor worked through a process”. “I felt there was more objectivity to the questions and I chose what to talk about each week”

“I started to realise the eating distress was linked to underlying issues, depression and lots of baggage”

“When I first arrived for group counselling I had no understanding of the context of how earlier problems in my life had led to ED as a coping mechanism.” “I was initially concerned about how I would find others in the group, but found the commonality of experience and mutual understanding of ED within the group highly supportive”

“It was important that NIWE understood and acknowledged my eating problem... my parents have been unable to see it as an issue.”

❖ **The option to return to NIWE after counselling if they need further support. This supports some to leave the service**

“It’s very important to me that, because it has taken me several attempts to engage, it’s possible to return to NIWE after an absence.” “The support is there whenever things are not so good.”

“Because I had more than 6 sessions it came to a natural end”

“It was reassuring that I would be able to go back to NIWE if I needed to. It made letting go a bit easier, otherwise I might have wanted to stay longer”

❖ **That NIWE services are there when nothing else is available**

“I felt I had fallen through the net of other services, there was no NHS support available, and it was good to be with people who understood. The staff are “brilliant, very skilled”

Beneficiaries’ experience of other services

“My GP had prescribed antidepressants to help with panic, but I was taken aback by not being referred to NIWE.” “I think that is due to a cultural service perspective.” “It was helpful to be able to talk to my GP and NIWE about the support each were providing”

“I had previously seen two other counsellors, including 6 sessions provided by MIND, but didn’t recognise the problem around eating at the time”

“I received counselling and CBT through student services when my life was a mess and I was suffering from anxiety and depression, the ED surfaced afterwards.” “I felt a sense there of being judged”.

4. TRAINING SERVICES

4.1 Training Services - Outputs

19 schools, colleges, Pupil Referral Units, community/voluntary organisations and charities commissioned talks and workshops for young people.

Professional workshops were commissioned by 23 organisations that included Gateshead Council, Newcastle YOT, Newcastle University, primary and secondary schools, colleges, educational CPD providers, community/voluntary organisations, charities and professional associations such as the Mental Health Nursing Society and North East Sessional GPs.

Gateshead Council commissioned workshops for foster carers.

Programme delivery took place across 37 locations.

Training outputs 2015-2018	Talks & Workshops (1-3 hours)	Full Day Training	Commissioners	Participants
Young people	62	n/a	19	3,262
Professionals	34	8	23	608
Carers	11	0	1	50
Total outputs	107	8	43	3,920

See Appendix C for a list of organisations that commissioned training

4.2 Training Services - Outcomes

4.2.1 Training Outcomes relating to Big Lottery funding

Excellent responses to training have been received from organisations and reflected in the level and continual demand for the work.

The training programme enabled NIWE to engage with more under-18s, female and male, through schools, colleges and youth projects, who were provided with talks and workshops tailored to their needs in terms of duration, content and approach. This was particularly important in work delivered with community groups and charities that engage with significantly disadvantaged and hard to reach beneficiaries, some of whom have been excluded from mainstream education.

Work in sixth form and FE colleges promoted discussion around ED between staff and students in a supported environment and enabled NIWE to promote its services to 16-18 year olds and enhance existing relationships with support and counselling services.

Training for foster carers provided knowledge about ED and psycho-education workshops to increase their understanding and support them in their caring role.

Training outcomes – 2015 to 2018

Outcome 3 – Organisations and families will increase their coping skills, strategies and knowledge about eating disorders to better support and assist eating distress/disorder sufferers					
Indicators	Target	Year 1	Year 2	Year 3	Total
People attending training sessions will report increased knowledge and understanding of ED and strategies to be able to help sufferers	320 by the end of the project (150 in years 1&2)	210	220	178	608
People completing training for carers will report having better coping skills and strategies to be able to support those they are caring for	50 in years two and three (25 per year)	N/A	25	25	50
People attending talks/sessions/groups/workshops will report increased knowledge and understanding of ED enabling prevention	3,000 by the end of the project (1,000 per year)	1,259	1,000	1,003	3,262

All feedback from workshops indicates that participants really enjoyed the trainer's approach – sensitivity around difficult topics, her integration with the group and use of humour, making people feel relaxed, welcome, free and able to participate in discussion and activities with others in the groups.

Participants have been impressed by the trainer's communication skills, the scope of her knowledge, empathy, understanding and skills in facilitating discussion on challenging subject matter where it has related to participants' personal experiences.

They comment on the flow of the workshops – the pace and variety of delivery – achieving learning in a memorable way that is uplifting and positive.

Written feedback was collected by NIWE from all groups that participated in training, apart from larger groups of young people who were asked for feedback by a show of hands. Gateshead Council Public Health also shared their evaluation feedback with NIWE.

4.2.2. Outcomes for Professionals

Professionals who took part in training were particularly impressed with the information provided, its relevance in relation to their client groups, the impact of hearing real life stories and situations, and the empathetic practical approach. Staff from 15 schools, colleges and voluntary sector organisations attended talks and workshops with their students.

See Appendix D for examples of professionals who attended training

“Good facilitator & the bit I liked the best in terms of ‘connection of feelings’ and how somebody felt” (NECS)

“Sharing information with others as wellness coach, sharing with staff”

“Lots of examples of practical activities/strategies”

“This will be important in my day to day work”

“Can use the knowledge and awareness in my practice”

Table showing information provided by Gateshead Council indicating how 22 professionals rated two ED workshops on 12 October 2017 and 8 February 2018

	Excellent	Good	Satisfactory	Poor
Overall quality of the training	19	3	-	-
Quality of the facilitator	22	-	-	-
Quality of course materials/resources	18	4	-	-
The extent to which the course objectives were met	17	5	-	-
Opportunities to participate and contribute	22	-	-	-

How professionals said they would be able to implement the course learning into their job role:

“Very easy to adapt interventions for our client group”

“Information will allow me to understand and support young people with Eating Disorders and identify signs early”

“When working with young women I know what to look out for and what support is available to them”

“Being able to advise foster carers about signs to look out for and where to go for advice”

“Recognise any signs/symptoms – assist staff/clients”

“Coping strategies, better understanding”

“Awareness and look for signs and symptoms and help support young people who may have ED”

“The course was relevant and current with today’s young people. Young people often use food in a way that causes self harm. This course will allow me to support young people regarding these issues.”

“[ED] will be identified in commissioning specifications”

“I will know signs to look for. I also learnt how to look after myself”

“Look for and handle any issues arising.”

4.2.3 Outcomes for Young people

Young people who attended ED talks and workshops said they particularly liked that the training was interactive and different, they appreciated having a NIWE volunteer there with experience of ED telling her story, and that serious subject matter was mixed with a fun approach.

“I loved the idea of getting someone who has recovered there”

“Learning about the reality of an eating disorder”

“Open discussions and games”

“Fun activities and how informative it was”

“Interactive and I felt I could talk openly”

“I loved and valued hearing the volunteers story”

“I could relate to the character’s experience”

“Everyone was involved in a relaxed way”

"I learned that things can change"

"There's a lot of support out there"

"It was different to anything I've done before"

4.2.4 Outcomes for foster carers

Foster carers were supported through workshops, commissioned by Gateshead Council, that equipped them with knowledge and understanding of ED, enabling them to recognise early signs, plus workshops to support them in a caring role.

Many foster carers face issues such as depression, but are afraid of going to their GP for help because of fears of being prevented from fostering. It was important to them that the Training Officer understood their difficulties, and could provide support to help them take care of themselves.

"The sharing of information."

"Open room for discussion."

"Getting to talk about our own problems."

"This course was interesting and a great get together."

"Absolutely thought provoking and interesting."

"Well presented really good practical information, self-esteem tips, really good."

"Realising you don't communicate as much as you can and should."

"Techniques on how to relax, eg breathing exercises."

"It's opened my mind to listen and communicate more effectively."

"I learned to listen to what is actually being said, not what I think is being said."

See Appendix E for additional feedback from professionals, young people and carers

5. HOPE GROUP

A group that meets on a monthly basis and provides structured support for women recovering from ED in the form of activities and opportunities to socialise. Known originally as the Staywell group, it was set up five years ago, by the NIWE development worker in conjunction with an NHS occupational therapist, in response to an idea raised by women who had received hospital services and experienced a gap in provision following their discharge.

The name-change followed consultation in 2016, carried out with the Staywell group and more widely through an online survey, which indicated that “Staywell” was perceived as a barrier to participation by women who thought they might not be sufficiently well to attend. HOPE was chosen to represent **H**appiness, **O**penness, **P**ositivity, **E**steem – aspirations for the group. Preferences for activities were also identified at that time.

OUTPUTS

2015-16 – 11 x 1.5 hour Staywell recovery group sessions for 6 people

2016-17 – 10 x 2 hour HOPE group meetings for 7 people

2017-18 – 10 x 2 hour HOPE group meetings for 7 people

Activities have included: Arts and crafts, Relaxation & breathing techniques, Journaling, Coping with Christmas, Mindfulness, Film Night, Meditation, board games, singing, guest speakers, yoga, self esteem and feeling good, Positive Stories of Hope, Gratitude Diary, and Stress Management.

Skills learned through working with a textile artist in 2014 enabled the Staywell group to enjoy the creative and therapeutic benefits of working together to produce a proggy mat wall-hanging, completed in 2016, that reflected their individual experiences of recovery.

OUTCOMES

Members of the HOPE group say they value the group because:

- ❖ **It's important to them be able to socialise with other people who understand them and are not judgmental**

“I always enjoy the people in this group, brilliant!!!”

“Spending time with others”

“Having a laugh”

“Being able to talk and bounce ideas off other people”

“Feeling accepted and understood”

“Thank you so much! Cannot overstate how much I appreciate this space and time and your good company”

“The informality”

“I'm glad I came to share concerns and learn from others”

“I enjoyed this ☺”

“It's good to go there and not have the challenges of looking like you're okay”

“It's important in decreasing isolation”

“It's a stepping stone to doing other things”

“After group counselling ... at first I misunderstood the group, not understanding why it wasn't issue based. I've attended for over a year now and I love it.”

❖ **They enjoy facilitated activities that stimulate group discussion**

Feedback from a Film night where they watch films together and discuss issues raised:

"A gentle stroll through some very tough issues, just enough to soften the edges."

"A restorative experience when we were able to examine issues without revisiting the sharp edges of the bad experiences and very helpful"

"I liked the variety of films and opportunity for discussion afterwards"

"Tough topics but good opportunity to share our experiences with others"

"That I could relate to the videos"

"Enjoyed this very much. Put things in perspective! "

"Learning"

"I feel so much better about everything"

"Safe environment, acceptance, reassurance, understanding and positive focus"

"Thank you so much."

6. PSYCHO-EDUCATION WORKSHOPS

A series of two-hour health topic workshops for women designed and delivered by the Training Officer, have provided resources and skills to increase knowledge and strengthen capabilities.

Psycho-education workshops may be accessed by beneficiaries at any time during their period of engagement with NIWE and have also been delivered to carers through Gateshead Council. A workshop planned specifically for men had to be cancelled due to low uptake.

OUTPUTS

2015-16 – 5 Psycho-education workshops

2016-17 – 5 Psycho-education workshops

2017-18 – 4 Psycho-education workshops

Topics have included:

Body Image and Self Esteem

Coping with Anxiety

Communication

Coping with conflict

Coping with Christmas

Healthier Relationships

Conflict Management

Assertiveness

Promoting Resilience A

Good Night's sleep

Challenging Negative Thoughts

Self Care

OUTCOMES

Factors that participants said they benefitted from and liked and about the workshops

❖ **Meeting others with similar experiences**

"Meeting others who share similar difficulties" 'I

liked feeling I wasn't the only one in the boat"

NIWE – evaluation of services 2015-18, Sept. 2018, Ruth Abbott

"I liked the interaction and being able to discuss with each other"
"I enjoyed being with likeminded people"
"Listening to other people's journeys"
"Meeting/listening to others new ideas"
"Being in a safe environment with people who understand"
"Meeting new people- community"
"The talking part of the group and listening to other women's experience"
"I liked the emphasis on being honest. [The Training Officer] put us in slightly difficult situations but it was beneficial"
"Learning new skills in a supportive social environment"
"Interaction with the group"
"Good to hear other people's feelings about things people don't really talk about."

❖ **The atmosphere and ease of being in the group**

"Relaxed, friendly atmosphere" "The trainer was easy to talk to"
"Light hearted" "Humour is a good ice breaker"
"The trainer put everyone at ease"
"The freedom to speak" "Open atmosphere"
"The lightness of touch and inclusion of us all."

❖ **The learning**

"Really good session. There is so much that we forget or just think about, so was good to pull it altogether – feel more confident now"
"I enjoyed how it covered a lot of my personal anxieties whilst keeping it relatively light hearted so I felt comfortable and not overwhelmed"
"I was initially anxious about come to the anxiety workshop (ironic) but am glad I did as it helped my understanding of coping mechanisms a lot more"
"Learning anxiety is normal" "Challenging my thoughts"
"I enjoyed the positivity and focusing on small changes"
"I'm looking forward to using the ideas"
"I am beginning to understand life a lot better"
"I learned so much and will take away strategies to help me be more assertive and increase my self-esteem"
"Timely reminder that needs constant reinforcement to pay dividend."

❖ **Delivery of the sessions**

"I enjoy listening to the style of teaching"
"[The Training Officer] was very open and easy to talk to" "Instructor very welcoming and great delivery"
"The positivity"
"The trainer and everything was brilliant. The examples, the changing thoughts, the understanding and explanations"
"I like how it was dynamic. I liked that even though I was late I felt very welcome"
"I enjoyed the partner work discussing difficult emotions in a safe environment and the 1-5 activity"
"Informal and friendly. Well-presented and enjoyable"
"Excellent workshop" "Invaluable."

7. MINDFULNESS-BASED LIVING COURSE

Two 8-week courses for women aged 16+ delivered in partnership with the Mindfulness Institute commencing April 2017 and April 2018.

Offering a set of strategies to support new ways of handling life challenges to support people to:

- Learn to cope more positively with the pressures of life
- Feel less stressed and achieving a greater sense of peace and balance
- Become less self-critical and non-judgemental
- Improve focus and concentration
- Improve physical health and emotional wellbeing
- Nurture kindness and compassion for themselves and others

People enjoyed relaxing together, and the opportunity to learn something new:

“The calmness”

“I always enjoy learning something new!!”

“Feel thoroughly indulged in being reminded of practices & techniques that really help”

“Great session, really enjoyed ☺”

“The meditation based on breathing“

“I loved the support offered by this training ... It helped me change negative daily habits to helpful mindful ones.”

“Learning to calm down, not letting problems rule my mind, allowing my mind to help with my problems.”

Learning new skills to use in the rest of life – find it helpful every day!”

“I learned so much and went from feeling poor at meditation to feeling quite confident. Lovely caring facilitator and lovely, supporting group of people.”

“Very easy to understand and very enjoyable. The difference is very noticeable already.”

“... fantastic tutor with a really lovely voice. It has been a wonderful group of people ... some will be lifelong friends.”

“Taking the time out to make me a priority.”

Two part-day Mindfulness-based Living courses were provided for parents and carers on 19th and 26th July 2018.

8. CARERS COURSE

A full-day training workshop with a group of 20 Parents/Carers, including 8 men, was held on 29 June 2017.

The full-day workshops were presented in three sections:

1. Eating Disorder training – to increase knowledge and understanding of Eating Disorders and strategies to be able to help sufferers
2. Skills-based training, based on the New Maudsley Model³ – delivered by Sue Hornsby (retired)

³

“The aim of the New Maudsley Model is to lower anxiety and distress in family members and to give carers some communication tools to help engage their loved one to improve their self-esteem and develop the resilience to embark on change.” http://thenewmaudsleyapproach.co.uk/New_Maudsley_Method.php

Specialist Eating Disorder Therapist/Family Therapist) – aimed to help carers develop skills and techniques to support their loved ones with the recovery process

3. Mindfulness for Health and Well being (with a focus on carers looking after themselves) – delivered by Louisa Taylor, Mindfulness Living Teacher – aimed to use mindfulness techniques to bring an improved sense of wellness in life for those supporting someone with an eating disorder.

The aims were to:

- provide clear definitions of the terms “Eating Disorder”, “Anorexia”, “Bulimia”, “Binge eating” and “OSFED”
- raise awareness of the link between emotions and food
- identify signs or symptoms of specific eating disorders
- explore emotions felt by people suffering with eating disorders
- identify potential triggers of an eating disorder
- dispel some of the myths relating to eating disorders
- identify coping strategies for caring for someone with an eating disorder
- identify types of internal/external support available for people who have issues around food

Feedback from the day:

❖ **What carers said they particularly valued about the training:**

“Meeting others in similar situation as me”

“Thank you, great to speak with someone that actually understands”

“A day for Carers. Useful that everyone was a carer and men attended as well as women”

“It was informative and easy to understand”

“Realising I can’t fix this”

“The fact that it increased my level of knowledge and understanding and reassurance”

“Sharing of experiences and gleaning more knowledge”

“Insight into eating disorder thoughts, video of effective caring styles, Mindfulness”

“All informative learning experience in all three sessions”

“You are on the right wave length – This is what Carers need”

“First experience as a “carer” of this type of help and it would be good to repeat the experience”

“Really appreciate all the help and support, it has been so worthwhile – It would have been difficult without this training”

“Would like to see professionals, patients and carers working together – Triangle of care”

❖ **Follow up feedback received after the training:**

“It made me realise that I have been the one trying to find “a cure” for my daughter, and she must be the one to engage and do this”

“I am glad I took the trouble to travel from York to Newcastle to be a part of the course”

“I have had excellent feedback from carers who attended the session. There is such limited resource in North Yorkshire, the carers were very grateful of the opportunity to attend this, so thank you very much.” – Annette Morgan, Specialist Practitioner in Eating Disorders, Gibraltar House, Northallerton

9. EVENTS

Making Connections

Events were delivered on 14 June 2017 and 30 November 2017 for anyone affected by ED. These provided opportunities for socialising and support, involving activities such as complementary therapies, singing, manicures, henna hand painting and arts and crafts, whilst addressing issues around health and wellbeing and social isolation. Members of the HOPE group helped plan and deliver activities.

The first event was attended by 36 people, the second by 31.

Evaluation was carried out by NIWE using a participatory research tool that involved sticky shapes and Post-it notes. Participants indicated the event “made me feel ...”

“Engaged with activities”, “Better about myself”, “Better with other people”, “Like I have achieved something”, “Relaxed”, “Supported”.

Responses collected on evaluation forms indicated that participants found the events enjoyable, relaxing, comfortable, therapeutic and that they could be themselves.

“Thanks again for a lovely, enjoyable event. Enjoyed the activities and spending time with lovely people – making new connections and being able to recommend the Hope Group and NIWE groups to new people. Thank you to everyone involved for all your hard work in organising this – MOREPLEASE!! ☺”

“Thank you so much, very relaxing and enjoyable. Feel less isolated and happier – very grateful”

“Really enjoyed the sessions – singing, aromatherapy, nails done and hands painted fantastic. Loved it all.”

“Friendly, Enjoyable, Fun, Relaxing ☺”

“Singing and Henna Fab!”

“Enjoyable, relaxing evening, good environment made to feel comfortable”

“Had a really good time, helped me forget my worries for a while”

“I had a lovely time with other people and with myself thank you”

“I absolutely loved it! I always love the happy warm vibe NIWE has. Top organisation ☺”

“Making a bracelet was very therapeutic, I loved it, helped with social anxiety Thanks!”

“Takes a lot to get me out and about but so glad I did it lovely, pleasant environment, safe, fun and positive experience. Thanks so much”

“Great Fun- thoroughly enjoyable I love the vibe at NIWE everyone can be themselves and great camaraderie and friendship”

“Lovely atmosphere very happy company. Will come again”

“Thank you so much! Really enjoyable and relaxing afternoon/evening ☺”

Really totally enjoyed the whole evening, the people attending were great.”

“Well written [evaluation] forms that are considerate of people’s personal information. A wonderful social event to feel happier.”

NIWE Project Launch event

In October 2015, following the Big Lottery Award an event was hosted to promote NIWE’s services where presentations were made by staff and sessional workers and the Chair of the Board of Trustees. The event was attended by 30 professionals working in the NHS and voluntary sector who work with people experiencing or at risk of developing ED.

10. OUTCOMES FOR NIWE

10.1 Commissioned services

NHS England – Health Care Needs Assessment

NIWE worked with NHS England on the 2015 Health Care Needs Assessment (HCNA) for adults with severe eating disorders needing specialised ED services in the North East and Cumbria, was represented by its CEO on the steering group and carried out research with service users.

NIWE continued with NHS England and partners to work on the HCNA implementation group review and implementation of third and fourth tier eating disorder services across the North East and Cumbria to support NHS Commissioners to develop a recovery-focussed ED pathway.

In 2016-17 NIWE was commissioned to carry out a 2-year regional service user and carer consultation to feed into and inform the actions of the implementation group. Focus groups were undertaken with NIWE service users, ex-service users and carers, and online surveys with service users identified by heads of service around the region.

Research included a regional service user survey relating to experiences of transition between CAMHS (Child and Adolescent Mental Health Services) and AMHS (Adult Mental Health Services) and the effects of varying models of provision and pathways between community, day patient and inpatient services between geographical areas.

NHS England Clinical Commissioning Groups

NIWE continues to deliver services under a contract with Newcastle-Gateshead and North Tyneside CCGs to provide a specialist support and recovery service at primary/secondary care level for people whose lives are affected by ED. The current contract is in place until 31 March 2021.

Newcastle University

NIWE's CEO has sought to negotiate a partnership with the university to better respond to the level of students needing the support of counselling for ED.

From April 2018 a trial of counselling for students with eating problems has been delivered by NIWE at the university under a Service Level Agreement. This forms part of a drive by Student Health and Well Being services to increase their provision for students in partnership with a number of specialist services, including Rape Crisis.

Commencing with three sessions on one evening a week, NIWE's input was increased to two evenings from week commencing 14th May. The pilot will be reviewed by the university after it ends in June with a view to mainstreaming. NIWE will also evaluate outcomes for beneficiaries and the organisation.

10.1.1 Feedback from NHS commissioners

Jane Walker, Manager, Provider Management, NECS (North of England Commissioning Support)

Jane Walker has found NIWE to be a very willing provider in terms of meeting, talking about their service and the wider mental health landscape of eating disorders. They take their work very seriously, have been in place for a good while and have good links with NHS England, all of which is of "huge value".

When she looked after NIWE's contract Jane was pleased, as a commissioner, to be invited to an event that she found *"illuminating and really helpful in terms of raising awareness of eating disorders and also making their work more tangible for people."*

She thinks that going forward NIWE will have a bigger part to play than they currently do in respect of the NHS Five Year Forward View that refers to eating disorders and early identification amongst young people, so issues do not become so entrenched that they follow a young person into adult life.

Voluntary sector organisations like NIWE can provide a level of illumination for some statutory services such as secondary care services around what it's like to manage an eating disorder in the community, whether caring for someone at home or an adult living alone.

NIWE has *"a real part to play around provision of eating disorder services"* and commissioners will be looking for more collaborative work across tier 4 services, secondary care services and community and voluntary sector services.

"NIWE are incredibly committed ... I would like to see an increase in funding, not just for secondary and care services [working in eating disorders] but in the community".

Jane is happy to support NIWE with any bids they are trying to make. *"This is something that I am quite passionate about."*

Suzanne Thompson
NHS England, Northern England Clinical Networks

Suzanne Thompson has many years of working with NIWE in a professional capacity and as a Trustee. She was a member of the NHS England Health Care Needs Assessment Steering and Implementation Group for Eating Disorders in the North East and Cumbria.

Suzanne believes NIWE's philosophy is really important – as a charitable organisation NIWE is very clear that it will work with anybody who has eating distress, but not bound by the label of an eating disorder.

Services are flexible around service users' needs and providing a safe place is part of NIWE's rationale. In her experience [prior to BLF funding] NIWE did not have enough resources to provide the services they thought were needed – more counselling support and therapy, and were unable to carry out the level of awareness raising and training they would have liked until the Lottery funding.

NIWE had an important function related to the Health Care Needs Assessment on eating disorders within adults, both as a provider and an advocate. They played a part in the assessment, then the implementation group that looked at how to address some of the recommendations from the HCNA. From Suzanne's perspective the most valuable thing was that through NIWE the group had been able to work with service users from outside the NHS.

NIWE provides a *"brilliant complement"* to NHS services. They play an important role in providing early access to services but *"it's notoriously difficult to fund that kind of work"*.

10.1.2 Feedback from organisations that commissioned training services

All commissioners contacted for further evaluation reported being very happy with the training services received. All were supported to meet their objectives in terms of increasing the knowledge of staff likely to come into contact with people with ED in their professional lives, and increasing their understanding and ability to talk to and work with people with ED.

Professionals who work with young people learned how to recognise signs of eating distress and ways to approach young people about it. The workshops with young people opened up

discussion about eating distress, they learned what eating distress is, and support that is available to help with concerns.

Alan Ross, NE Public Services Academy, Gateshead Council

Training commissioned: 6 x 3-hour professional workshops.

Alan has worked with NIWE in the past and is aware of demand for its provision. He was present for part of the training and is very happy with the quality and content – *“it covered the subject area very well and was altogether very positive”*. He observed people *“participating, becoming very engaged, talking and sharing, the time seemed to go very quickly.”*

NESPA’s evaluation of NIWE events had been 100% positive with all work delivered. Alan noted people having conversations about how the training was engaging and different from much of what NEPSA otherwise provides.

Rachel Taylor, NESG (North East Sessional GPs)

Training commissioned: 2-hour professional workshop at the Freeman Hospital Education Centre.

Rachel booked the training during her time as Chair of NESG. *“It was very well received by the GPs who attended.” “Worthwhile, really helpful.”*

There were plenty of facts, strategies and information to help people who present with eating disorders and it was also important in raising awareness of ED not being just a problem of young women, but men and boys also.

Since the workshop she has signposted a patient to NIWE.

Ian Black, Public Health, Gateshead Council

Training commissioned: 8 professional workshops – 3 full day, 2 x 2-hr and 3 x 3-hr workshops.

Gateshead Public Health is currently working with the community and voluntary sector to take forward the Making Every Contact Count agenda for mental health and public health in the borough. Ian sees the importance of providing training around eating disorders because they are increasingly common and because of the link between that and poor and good mental health.

Ian previously worked with NIWE in his earlier role in Workforce Development, where he was involved in commissioning a mental health training programme for council staff across the borough.

NIWE’s offer was identified during the procurement process as being by far the best, in terms of content, flexibility of the organisation and the outcomes sought for staff. *“They are recognised as a specialist service in this region.”*

An evaluation of services commissioned by Gateshead Public Health rated NIWE as one of their best services providers.

Paula Hegarty, Alliance Psychological Services Ltd, Stockton on Tees

Training commissioned: full day professional workshop

Training was booked for counsellors, specialists in CBT and Psychological Wellbeing Practitioners. Paula took part in the training herself.

“It was delivered really well, was very engaging, with lots of exercises to keep people talking and thinking about it, it was excellent”

She found, in terms of cost, it was very good value with nearly 30 attending. Everybody got something from it.

“Participants felt they would be more able to work with people with eating problems with more empathy and more understanding”

“It demystified it... people [previously] thought I can’t work with that because I need to know loads of stuff, and it came down to the relationship and building that up, and understanding”

“[The Training Officer] was so good at what she did, she was excellent in her approach and how she handled people. We enjoyed it immensely.”

Catherine Hardman, Workforce Development, Gateshead Council

Training Commissioned: full day professional workshop and a series of 7 workshops for carers.

Catherine attended a professional training day and workshop November 2016 – *“It was brilliant, really, really good”*.

During an initial workshop for ten carers, she saw the approach worked well with the audience – *“Everyone was really engaged and interested”*. A series of psycho education-workshops was then commissioned to follow on.

“It was very interactive, lots of activities got people up and about and involved. They really enjoyed it.”

Rachel Parker, Intensive Family Support Key worker, Barnardos, Byker

Training commissioned: full day professional workshop.

The training was delivered to Family Support Workers and Intensive Family Support Workers. Approach and content were very appropriate. Very interactive, with different activities, small group discussions and DVD clips. Responses from staff had been very positive.

“It was really good training, I can still remember the DVD being really powerful and the case studies that we did and the staff talking afterwards about how positive it was.”

Lucy Whibley, Tyne Met College

Training commissioned: 2 x 1 hour talks for young people

Lucy was previously aware of NIWE and booked the course as part of a “Stretch and Challenge” week for students studying Entry Level 3 Health & Social Care and Childcare & Early Years courses. She considers the subject matter important to students in respect of both the client groups they could be working with and in getting the students to talk about ED in a safe environment where any concerns can be picked up afterwards.

The workshops were *“Genuinely absolutely brilliant”*. [The Training Officer] had delivered work at the college previously, which was *“so good we asked her back.”* *“The students thought very highly of her, [the work was] very engaging, and accessible.”* *“They learned a lot and were very happy to talk about it later on. It stimulated a lot of conversation and discussion as well.”*

Lucy was particularly impressed at the approach to the presentation for the students, which worked very well for their learners. *“The volunteer who came with her gave a very realistic account of how she was feeling that impressed the audience.”*

All organisations that commissioned workshops said how straightforward and easy it had been to work with the Training Officer to arrange the services.

10.2 External stakeholder feedback

Dr Caroline Reynolds

Consultant Psychiatrist in Eating Disorders; Royal College of Psychiatrists Regional Specialty Representative for the North East of England

Dr Reynolds says she has always been aware of NIWE and has met staff at meetings and forums, so feels *“they understand ED and know what they are doing”*.

She tries to ensure she is up to date with what NIWE offers, has never hesitated to make patients aware of the organisation, and suggests to patients that they self refer.

Working with patients from across the North East and Cumbria, means that options for those leaving the service depends on where they live. Teesside currently has a complete pathway where the NHS treats people through community, day patient and in patient services.

The current situation in Newcastle and Northumberland is that, in most cases, unless patients need inpatient or day hospital services there is nothing. Levels of re-admissions to those services are increasing. Dr Reynolds is now directing more people from those services to NIWE because there is nothing else.

She believes NIWE is a good organisation but that the people she is signposting, who have significant problems, need a multi-disciplinary team approach and should be treated within mental health services.

Recently she has advised patients who were discharged and did not meet the criteria for the day hospital, but who were still significantly unwell and receiving CMHT services, to self refer to NIWE for therapy on the basis that if they remain stable they may be able to access treatment.

She feels it is unfair to expect NIWE to plug the gap that exists within the mental health services for people who still need quite complex treatment.

Dr Melanie Bash

Consultant Clinical Psychologist; Psychological Services Lead for Eating Disorders

Dr Bash has known NIWE for some years through meetings and forums.

Most of the patients she sees have not engaged with NIWE because of the different functions hospital services and NIWE perform.

She says that sometimes patients get *“fed up with the NHS”* and go to NIWE because of their different approach. The Eating Disorder Services' focus on trying to get patients to gain weight, along with the psychological work, is something patients don't want to do.

She thinks patients going on to NIWE either haven't done very well on the NHS or don't want to see the NHS.

NIWE's services are very different, in that they exclude people who are very unwell, whereas *“we exclude people when they are not very unwell, so it is a very important role.”* Patients haven't given specific feedback about NIWE but *“you generally pick up a positive vibe about them, NIWE will get the opposite about us”*.

Dr Bash asked whether NIWE is still providing group work, and went on to say she has found groups can be very helpful, but that patients have to be persuaded to accept a group. She thinks NIWE will probably be inundated with people wanting individual work because the NHS is currently *“not doing very well on that for the less severe cases, so NIWE is plugging that gap.”*

“They’re not trying to replace the NHS, it genuinely complements it, it’s much more accessible and flexible.”

Michael Cuthbertson

Michael Cuthbertson is a BACP registered therapist with 30 years’ experience of working in education, health and private practice. His counselling practice includes working with people with eating disorders and supervision for counsellors, including NIWE’s group counsellors.

He understands that the people NIWE works with have extraordinarily disrupted lives, that damage takes place over 10-50 years for some people, in a variety of ways. *“NIWE gives them the courage to trust, so something else can happen.”*

Michael considers that NIWE’s group counselling offers *“a very firm holding experience, a gentle determination”* that is indicative of NIWE’s approach. *“Their process is about holding somebody long enough so they can start thinking about their lives.”*

He sees that community/voluntary sectors organisations share common difficulties in trying to achieve things that are often incompatible with funding, and how difficult it can be difficult for NIWE to convey the kind of damage and growth clients experience, and translate how their work helps them, when preparing funding applications.

“It would be difficult to find another organisation that has been as consistent in delivering the services that NIWE does.” “The important thing is that ... they have [always provided services] without judgement or a pre-determined model of someone’s mental health issues.”

10.3 Learning and development from delivering services

There have been many outcomes from delivering the work over three years that have brought positive benefits to NIWE and a number of challenges.

10.3.1 Demand for Therapy services

Shortly after the Big Lottery award in August 2015 ongoing changes within wider mental health services created an impact for NIWE in terms of increasing demand.

The service also began to see people with more complex underlying health issues, such as personality disorders and dual diagnoses, such as alcohol and drug use.

This was managed in three ways:

- a) recruitment of two qualified trainee psychotherapists (through the Northern Guild of Psychotherapists) who provided voluntary counselling services for a year
- b) adopting a more rigorous approach at assessment and putting criteria in place that ensure, as far as possible, that clients are only accepted for the service within NIWE’s parameters of “mild to moderate” eating distress and no serious other mental health issues
- c) The introduction of psycho-education workshops open to everyone who is registered for services and an option for people waiting for counselling or who may be uncertain about committing to services that require regular attendance.

There has been an ongoing shift over the 3-year period of Big Lottery funding, of client preference away from group towards one-to-one counselling.

Demand for group counselling dropped significantly so a decision was taken not to offer a daytime group. Attendances have tended to decline over the 10-week term of delivery – the last group was attended by five – which, with two counsellors, provides a low client to counsellor ratio.

Counsellors facilitating the groups find low levels of attendance affect how well the groups work – the current group has two new members plus three who have attended before, with a wide age range – between early 20s and 70s.

Increased demand for one-to-one counselling has presented a challenge for NIWE in terms of the constraints of available counselling space.

NIWE is considering a trial of paid-for counselling, which some service users have requested.

10.3.2 Working with men

The number of men accessing the service has increased. Forty eight are recorded as having self referred to NIWE, of whom 11 received counselling and 8 attended carer training. Two men attended the Staywell group shortly after the BLF funding award 2015, although it has since functioned well as a female only group.

A psycho-education session planned for men had to be cancelled due to poor uptake.

10.3.3 Counselling services – management of attendances and DNAs

Issues with people failing to attend for assessment or scheduled appointments, resulted in unacceptable loss of counselling time.

This was reduced by the introduction of text messaging and reminders for appointments. Clients are also now informed when receiving their first appointment that if they fail to attend on two occasions without giving notice, they may be required to re-join the waiting list.

The introduction of an electronic registration form and a new service information leaflet that are downloadable/emailed/posted to enquirers improved handling of enquiries and reduced staff time on phone calls.

The system for processing appointments was revised to eliminate an early problem with double booking.

10.3.4 Training Services

The Training programme has significantly extended NIWE's reach to people who may need its support, including young people, and vulnerable groups.

The work with carers has extended NIWE's area of benefit geographically and in respect of access to groups. Extensive gaps exist in services and support for carers, evidenced by the fact that some travelled from Yorkshire to take part in training in Newcastle.

The programme has been highly successful in terms of generating and reinforcing positive regard for NIWE and enhancing its reputation as a service provider.

10.3.5 Counselling services – feedback from staff

❖ One-to-one counselling:

It is important to counselling staff, in terms of health and safety requirements, that procedures, particularly around assessment of clients are in place that support them in the workplace. Assessments carried out during first sessions assess the risk in clients of self harm and suicide ideation, which may be repeated at any time if a client poses a risk.

Feedback from a counsellor working a day each week indicates she feels safe and happy in the workplace and is reassured by knowing that all clients have been assessed before she begins work. Another says she appreciates the work that goes into creating policies and procedures and that whenever issues have arisen she has been readily supported by the Therapy Services Manager.

Compared to working in GP practices where rooms are clinical with no dedicated counselling space, having access to a clean and tidy counselling room equipped with objects, books and a well-maintained supply of pens and paper is valued.

Counsellors also value the supervision they receive, either from a supervisor with whom they have an established relationship or, in the case of group counsellors, the joint supervision they receive from NIWE's external clinical supervisor.

❖ **Group counselling:**

The counsellors who have delivered group therapy say they work well together. Both use a person-centred approach, so are both *"coming from the same direction"* – a significant advantage.

Early approaches with the groups, such as themed workshops (eg life stories) were abandoned when they saw it put pressure on participants. They asked the group what they would like to do. Suggestions included creative work, such as collage and drawing, using images that they could then talk about. People now discuss how they are, where they're at and what they're stuck with, which provides others with opportunities to give support. *"They feel it's the only place they can say the things they say."*

The work is *"about acknowledging the problem [ED] and the benefits to them of it. The participants receive some "acknowledgement of why they do what they do, and how things would change if they didn't do what they do".*

Joint fortnightly supervision enables the counsellors to examine the dynamics of the groups, their interactions with the groups, and also the interactions between themselves as facilitators. It supports them with work that they find enjoyable, although challenging and stressful at times, and helps reinforce their skills and approach.

Both group counsellors have limited contact with other NIWE staff as they work evenings, but are happy with the support they receive and are invited to team meetings.

10.3.6 Staff team meetings and team days

Part-time working results in some staff not seeing each other during the week. Staff meetings help compensate for this and are valued by staff as an opportunity to meet, debrief, update, and share information.

A team day that enabled staff to get to know each other and share working practice, theory and methods, was beneficial and well received.

10.4 Challenges

10.4.1 NIWE – staff

NIWE's core staff works a full time equivalent of 3.4 as follows:

Chief Executive Officer – 4 days
Therapy Services Manager – 3 days (including 1 day counselling)
Training Officer – 3 days
Office Manager – 3 days (previously 4)
Administration Assistant (1 day)
Counsellor – 2 days (previously 3)

Sessional counsellors provide 2 days one-to-one counselling per week, and 2 hours of group counselling.

The workload involved in delivering the project has been substantial and affected by a number of challenges that have had an impact on delivery schedules.

The retirement of a long-serving Therapy Services Manager in March 2016 created a significant gap until mid-May 2016 when NIWE was able to recruit a suitable replacement.

Three extended periods when key staff were absent due to illness had a significant impact on the work and resulted in raised levels of stress amongst core staff.

These issues, together with time constraints within the Board of Trustees, precluded a team away day in 2016-17.

10.4.2 Accommodation

NIWE's base is located in close proximity to Newcastle's central railway station, bus routes and Metro station, which clients say is a benefit.

The space is accessible, all at ground floor level, comprising an office, a small dedicated counselling room and shared kitchen. A neighbouring organisation grants NIWE the use of an additional room out-of-hours that is suitable for small group work. A larger room, suitable for groups and gatherings, is available at a charge.

Availability of counselling space limits the number of clients and counselling sessions. NIWE has been able to work around this issue during the trial with Newcastle University that is providing accommodation for counselling.

10.4.3 Online Therapy

Planned but never implemented due to the software for the selected platform going out of licence. Alternatives were researched by consultation with colleagues in networks and Silver Cloud, a company providing online interactive programmes, was consulted about its eating issues module. This was tried by NIWE staff and found unsuitable for the needs of its clients. NIWE has not yet been possible to identify a suitable platform and achieve progress in this area.

10.4.4 Board of Trustees

From August 2015 NIWE has been supported by ten trustees.

- Lyn Boyle, Chair, long-standing trustee of around 20 years, who has 30 years management experience in local government and previously as a family therapist
- Shellan Moody, working as a human resources manager and recently MBA qualified

- Natasha Walmsley (retired August 2017) joined the board as a medical student, serving for eight years
- Polly Washington (Treasurer, retired October 2016) a chartered accountant
- Katie Linden (retired September 2015) stepped down after seven years as a trustee to provide counselling services for NIWE
- Jessica Lowry (retired September 2015) a research psychologist
- Kathlyn Cain (retired Jan 2017) a fundraiser working for a North East hospice
- Andrew Scott (joined October 17) has experience in corporate responsibility for a national company
- Samantha Jones (retired January 2018) has management and implementation skills in the voluntary sector and mental health
- Michael Garry (joined 18 June 2018) has experience in business and management, and as a carer

Lyn Boyle's long-term commitment as a trustee and Chair has provided valuable continuity within the Board that helped mitigate the effects of eight retirements and five appointments between August 2015 and July 2018.

A small board (four in July 2018) is a disadvantage to NIWE in limiting the breadth of expertise currently available to the organisation, in particular the need for a treasurer that precludes support with financial planning and management. NIWE is working with Project North East to recruit a trustee with suitable skills for the post.

In common with many small charities, NIWE finds recruitment of trustees a challenge, particularly in respect of financial and legal expertise. The organisation has tended to attract younger trustees for whom changing personal circumstances – having families, career changes, relocation – have affected the duration of their engagement.

10.4.5 Evaluation

The interim evaluation work that NIWE planned to implement with the support of trustees was unable to take place because of pressure on staff and trustees' time. An independent evaluator was commissioned to carry out the work in December 2017.

10.4.6 Monitoring and evaluation of services

NIWE encountered a number of challenges with data and processing systems.

See Section 10.5.6, Data recording, management and analysis, p33

10.5 Quality Assurance

10.5.1 Staff – CPD

All staff have qualifications and experience to support them in their roles. NIWE is keen to encourage staff to undertake CPD and arranged additional training as follows:

- A whole-team day training day that covered service evaluation, training in therapeutic methods and risk assessment
- Senior counselling staff have been trained in sexualised trauma work
- The core team have undertaken distressed caller training
- Eating disorders training
- Mental health
- Equality & diversity training

- Adult & Child Safeguarding training
- Domestic abuse in same sex relationships
- Focus group delivery
- First Aid
- Mental Health First Aid
- Quality Assurance

NIWE staff participated in and also delivered training to clinical ED practitioners at REDS Educational Forum.

Supervision for counselling staff is provided at monthly or fortnightly intervals by external consultants.

10.5.2 Staff communication

Fortnightly meetings support staff communication and are particularly important in an organisation where a part-time and sessional workforce have limited opportunities and time to meet on a day-to-day basis.

10.5.3 Client pathway and procedures

Operational and clinical procedures for initial assessments, individual counselling and groups were revised and put in place by the Therapy Services Manager on taking up the post. These provide a reference for administration and governance of counselling services, ensuring that people who self-refer are offered the most appropriate services, and that risk is assessed.

Forms were designed or updated, including an equality & diversity monitoring form. Risk procedures were written along with an action flow chart. These apply to all clients, including groups, and are kept in the counselling room for easy access by staff.

Suicide and self-harm risk assessments, and Health & Safety procedures are in place.

10.5.4 Accreditation of training

NIWE's professional training programme and resources are accredited through membership of the CPD certification service.

10.5.5 Consultation with service users

NIWE has formally consulted service users through online surveys and focus groups and welcomes feedback from service users at any time. *(See section 10.6, p35)*

10.5.6 Data recording, management and analysis

All outputs relating to participation in services and outcomes for beneficiaries are monitored through implementation of Flower Power and WEMWBS and entered by staff into the Evida social impact tracker. The database is overseen by the Office Manager who received training at the time of installation.

Evida was bought by NIWE as a platform to process all client data, outputs and outcomes and as a support to case management in storing and accessing information about individual service users.

It has proved useful for dealing with higher levels of participation in services, certainly over previous paper-based systems that were unsustainable with increased and diversified services, but has not been without significant drawbacks.

Uploading data is time-consuming and over-complicated and the system offers options for input that are open to error. It does not support the level of analysis the organisation anticipated and does not reflect differences in time and resources involved in working with those who need 6 or 20 counselling sessions, or who engage with more than one type of intervention.

As a supporting measure, the Office Manager has extracted data into an Excel spreadsheet-based system that has simplified and improved access to this information.

The following analysis, undertaken in May 2018, illustrates areas where resources were expended, where collection of outcomes data was problematic, and where it was not possible to calculate or generate outcomes. The data relates to 549 female beneficiaries to 28 February 2018, and was processed using Excel.

It is important to note that these figures reflect the extent of issues that people with mental health problems face, making it difficult for them to engage with services.

- 12 out of 46 women who received group counselling left early (leading to additional work in collecting final evaluation paperwork, or no final paperwork)
- 38 out of 147 women who received one-to-one counselling left early (leading to additional work in collecting final evaluation paperwork, or no final paperwork)
- 306 women attended an initial assessment
- 2 women did not attend an appointment for an initial Assessment
- 5 women did not attend for group counselling
- 19 women did not attend for one-to-one counselling
- 33 women did not respond to a registration form sent or to a request to attend an initial assessment appointment
- 23 women received support from a counsellor via a phone call or email

WEMWBS and Flower Power are used to evaluate outcomes from counselling using scales that together generate 26 outcomes to be entered into the system for each client. There has been debate within the organisation about ways of reducing the number of indicators.

WEMWBS and Flower Power rely on self-assessment data collected at the commencement and end of counselling. This has proved problematic where clients have left the service without completing their final evaluation and has been managed, to a degree, by discussions between the Therapy Services Manager and counsellors to establish outcomes where a client may have attended just one or two counselling sessions.

Both WEMWBS and Flower Power data may not accurately reflect distance travelled, as moving towards the end of a period of support can adversely impact on wellbeing when clients feel anxious about leaving the service.

A score that does not increase over time may reflect a maintained level of wellbeing that, for some clients, represents a positive outcome. Data is checked monthly by staff to assess its accuracy in reflecting progress.

Flower Power has an advantage over WEMWBS in providing a visualisation (in the form of a 12-petal flower) that can support counsellors at any stage during the counselling process as a means of opening up conversations about clients' concerns and feelings.

All users engaging with full therapy services complete an equality & diversity monitoring form. This has not been possible for groups receiving other services who have accessed single, short-term interventions.

Training Services data collection and processing has been less complex and based on participation and the increase in participants' of knowledge of eating disorders and coping strategies as a result of the work. Gateshead Council has provided some additional supporting feedback from their evaluation.

10.5.7 Data Protection

Information collected and stored to support delivery of services involves highly sensitive personal data that is handled according to procedures developed by the Therapy Services Manager. Counselling clients are allocated individual identification codes that are assigned to clinical notes. Clinical information is separated from monitoring and evaluation data and accessible only to authorised counselling staff.

10.6 Consultation with service users

NIWE's approach to its work ensures that service users' opinions and preferences feed into delivery of services. Consultation with service users has taken place more formally using focus groups and online surveys.

NHS-commissioned research undertaken by the Training Officer with beneficiaries, provided added benefit of insight and learning for NIWE that has fed into development of services supporting recovery.

Focus groups have been found to work well with longer term service users who have experience of different aspects of NIWE's services. These are more readily convened with those who are part of an established group, such as the HOPE group. Feedback from wider client groups, including those who have received counselling services only, has been captured using online surveys.

10.6.1 Focus group - April 2018

Undertaken with members of the HOPE group.

❖ Things they said are particularly good about NIWE:

- Being able to self refer to the service
- The absence of clinical criteria for admission to services
- That staff are non-judgmental
- Being able to meet and socialise with people who understand their issues reduces isolation
- That counselling is not restricted if people need longer term counselling support
- That counsellors support clients to look at what drives their eating patterns
- Psycho-educations sessions had been very helpful

❖ They identified a need to widen education so more people understand about ED:

- *"Not necessarily just talking to young people in schools, but a lot of people make blasé comments without understanding anything about eating disorders"*
- Perhaps using YouTube as a platform to stream videos of people talking about their experience (while hiding their identities)
- An online platform for sharing stories and poems written by people with ED

❖ Things they would like to change

- Some members spoke about difficulties they had experienced with counselling groups:

The counsellors' attention had been focused on participants who were in crisis leaving the remainder of the group feeling left out

Those that had attended more than one counselling group found a lot of duplication in the sessions. They suggest a second tier group for returners could work better

- A suggestion was made that the group should be referred to in some way other than 'group therapy' due to some having bad previous experiences of group therapy elsewhere. It was thought that a new name could reduce people's anxieties about attending a group, but no suitable alternative was suggested
- A service user said she had found the idea of group therapy "scary"; three others agreed. She also acknowledged that she got more out of the group than she anticipated. Her impression before going to the groups had been to question why people with different eating disorders were bundled together, "*but I realised that because the underlying reasons were the same it was okay*".

❖ **Further services they would like:**

- Longer term counselling for people with longer term ED:

"After nine years in and out of mental health services at every level ... I've had one year of private counselling and suddenly its completely different ... which has to be cheaper than allowing people to reach crisis point"

"I saw a psychologist at the ED clinic and ... I saw an improvement, but when it stopped I just fell back"

- A monthly social group where people go out together eg to see a film, go to the theatre, or attend a workshop, "*so we feel alright about going into a building so we can go back*"
- Regular news and information bulletins via email and social media (see 10.8 *Communications with service users and promotion of services, p 41*)

❖ **Other support NIWE could offer to people with ED:**

The group said they appreciate the choice NIWE provides and suggested additional services they thought could make a positive difference to people with ED:

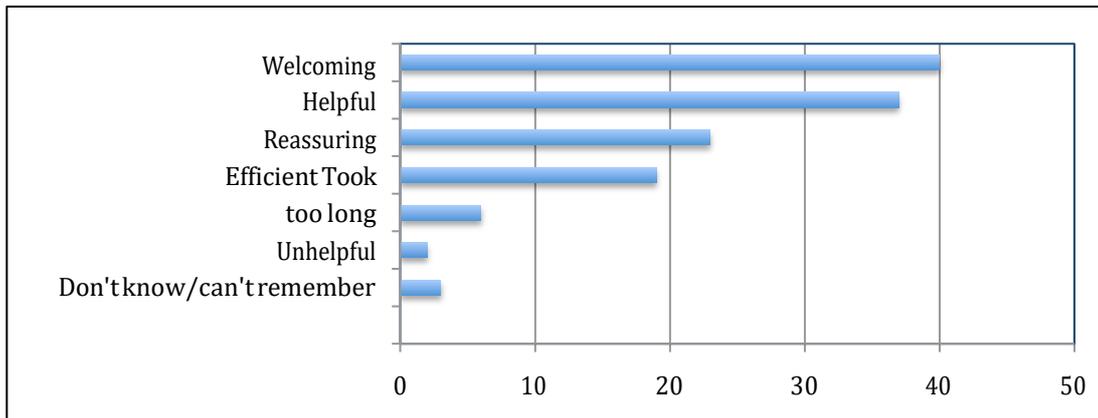
- Access to a dietician or nutritional information
- Alternative therapies, perhaps access to team of therapists who could deliver EMDR (Eye Movement Desensitisation and Reprocessing), DBT (Dialectical Behavioural Therapy) and CBT
- A 12-step programme similar to Overeaters Anonymous could be helpful as a support to people to overcome habitual behaviours
- Support with other issues – such as housing, student loans, abuse, benefits, PIP – that they might struggle to access elsewhere, possibly with an advisor from Citizens Advice Bureau attending NIWE on a regular basis

10.6.2 Online Survey of NIWE Service users – May 2018

A link to the survey was emailed to 586 service users. 55 responses were received. All charts indicate number of responses.

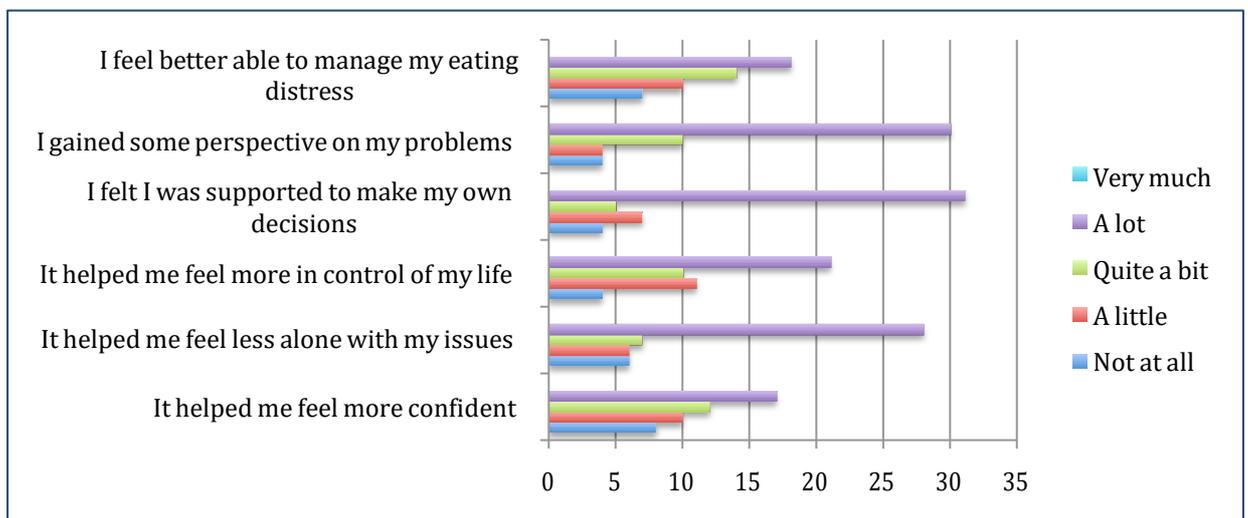
1. How would you rate the response you received when you first contacted NIWE?

Total respondents: 55



2. How much do you feel you benefitted from NIWE's services?

Total respondents: 49



3. Is there anything you particularly benefitted from or liked about specific services you received?

"The counsellor was quick to see issues lying beneath the surface of my problems and has recognised that they need addressing. She realised that I needed extra time to work through issues and reassured me I would get it. 5 or 6 weeks would not have been nearly enough to work through the deep rooted issues and I feel that now, I am just beginning to make sense of it all to move forward. Very person centred."

"Art therapy really helped me understand how deep the issues effecting me ran."

"Art therapy was very beneficial to me. It was also extremely interesting. Group talking therapy has also worked for me, as well as the group art therapy. They have both allowed me to meet other people with the same or similar problems. And know I am not alone."

"I found the counsellor very supportive and really took an interest, making me feel like I actually deserved some support. This 1-2-1 environment really helped me, as this was the first time I had engaged in support."

“The centre is welcoming and I thought the posters that were up with mindfulness techniques were a nice touch. As were the cups of coffee!”

4. Are there ways NIWE could improve or change about those services to make them work better?

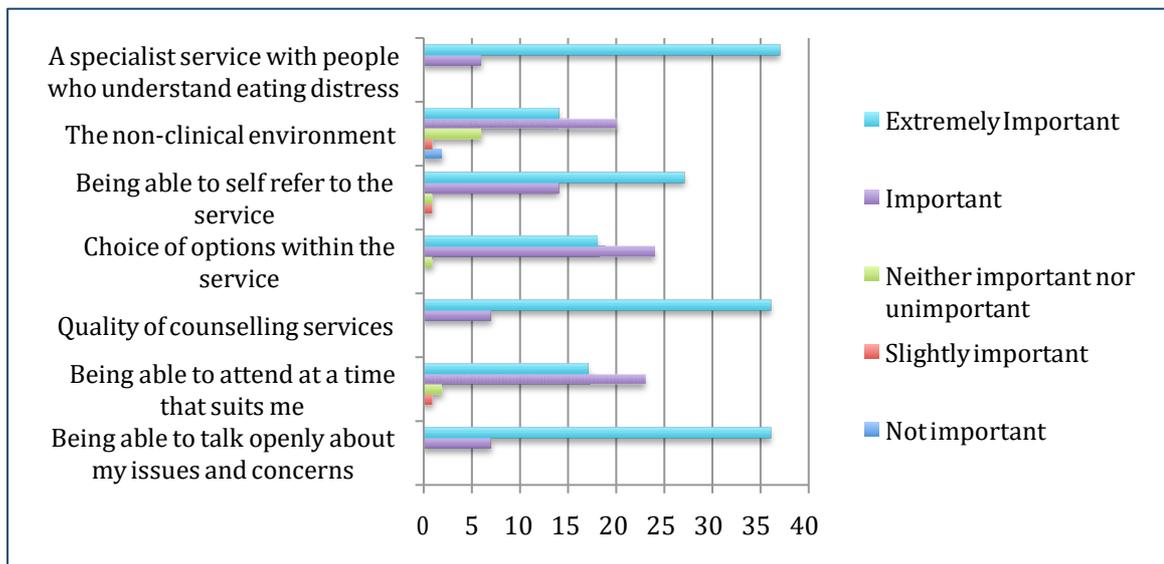
“One or more weekly drop-in session(s) would be great and (I think) well attended. People who are not confident using the phone could refer themselves this way or a friend/ family member could bring them. An employment adviser would really help for those looking for work/ whose work is badly affected by their eating problems, as would help with interview skills and CV writing, etc.”

“The one to one counselling was good. I think maybe some teaching on what a healthy balance of food is would be useful. Also, my counselling didn't know much about other forms of help eg; literature like Brain Over Binge, overcoming Binge Eating, or services like ABA and Beat Online support groups.”

“I work with vulnerable women & was disappointed to hear you could not take referrals due to your work load. I realize you are aware of this & that you are the only service in the whole of the North of England. A lot of our volunteers have listening & counseling skills maybe you could offer them training to take up some of your many services in house at Aspire.”

5. Please rate the importance of the following aspects of NIWE’s services to you:

Total respondents: 43



6. If you have not been happy with any aspect of our services, please tell us what it was and how you think NIWE could have done better

“My counsellor kept looking at the clock(!), perhaps a timer would be a better method of keeping track of the session?”

“Again, the wait time for an appointment. When I requested an appointment I wanted help and was motivated to get better, but by the time my appointment came around I didn't want the help as much, or couldn't see a way out of the disorder. My mindset changed completely in the time I had to wait, and where I was when I had the appointment I wouldn't have asked for help at all.”

7. Is there anything else you would like to say about NIWE’s services?

“I am extremely happy with the service I got. on my second round of counselling I felt the counsellor wasn't right for me. This was handled in a sensitive way without causing me distress.”

"Not necessarily unhappy with this just maybe for group therapy if one person in the group is more struggling or at a different point of the healing process eg. extremely skinny, it can be overwhelming and upsetting for them to be put with a group of people still struggling but who have managed to control the weight loss. May not be helpful for them to be exposed. Maybe finding similar people at similar places in the healing process."

"Difficulty accessing them but I understand that is mainly due to funding considerations beyond Niwe's control. Also greater diversity in professional approach and style etc. I mean that not as a criticism of any individual, just that a range of types of people is good. I hope it is not inappropriate to single out [the Training Officer] for praise because she is a real breath of fresh air and I value how she brings in her own experiences etc."

"I did not benefit at all from your service. I actually felt worse after the sessions finished than I did in the beginning. I felt that if a specialist service can't help me then nobody can. I felt like a failure. The lady was nice but didn't seem experienced enough and seemed just as lost as me with regard to how to actually help me."

"NIWE offered me help and advice when I was at a very difficult time."

"I think it's fantastic that you guys exist and will be attending HOPE in the future!"

"I am very happy with where I am now in my mind thanks to NIWE."

"It has changed my outlook on life significantly."

"Everyone I met was incredibly kind and offers constructive help and advice."

"Thanks to everyone in the team; from my welcome at the door, my 'american tan' tea and the support from (the counsellor)."

"THANKYOU! I have been hugely helped and really benefitted from counselling."

"I don't know if I would be alive today without NIWE as I don't fit NHS criteria for specialist eating disorder services. You can see the value and the need for these services by the long way most clients travel to attend groups/ counselling as for so many of us there is literally nothing else out there for us, e.g. Tyneside Recovery College is currently closed to new clients and does not offer any groups for people with eating distress."

"The only thing I have thought I would enjoy is speaking to someone with similar issues to see their perspective and be on the same wave length as someone."

"It has the potential to be life changing. I feel like I am finally being given the chance to take some control of the issues I have been suffering with my whole life and a perspective I would not have come to on my own. It is still a process I am going through and am so grateful for this opportunity."

8. Are there any other services you would like NIWE to provide?

"Perhaps some home visits could be useful"

"Open-ended counselling, regular drop-ins, an employment advice service, dieticians, more social opportunities and groups such as crafts and creative writing/ a newsletter."

"Motivational talks with people who successfully came through the journey of weight loss...with advice, resources or guidance. Invites to be sent by email so that all registered people are informed. It would be amazing!!!"

"A variety of therapies e.g. DBT, EFT etc"

"Nutritional help!! People with eating distress sometimes have no clue where to start when preparing meals!"

"More groups. Coordination with other services. Support for carers and relatives. Redecorate building!!!"

"Couples groups"

"Possibly outreach services with other Women's support centers"

“Groups about body image. Feminist informed discussion about how women are conditioned to feel about our bodies and eating habits”

“More support on food/nutrient and HAES/intuitive eating would be good. And support groups for those specifically not in low bmi bodies.”

9. How do you prefer to receive communications from NIWE?

Total responses: 47

Email	40	Text	3
Facebook	2	Phone	1
Twitter	0	Letter	1

10. Are there ways in which NIWE could improve its website and make it more useful?

“Regular tweets (i.e. a bigger social media presence with a bigger reach,) more testimonials, staff & clients’ reviews of self-help books, etc, podcasts from clients and facilitators, videos of rooms so prospective clients can see how welcoming and non-intimidating it is.”

“Regular updates of events/services”

“Podcast recommendations”

“More self help info”

11. Profile of respondents

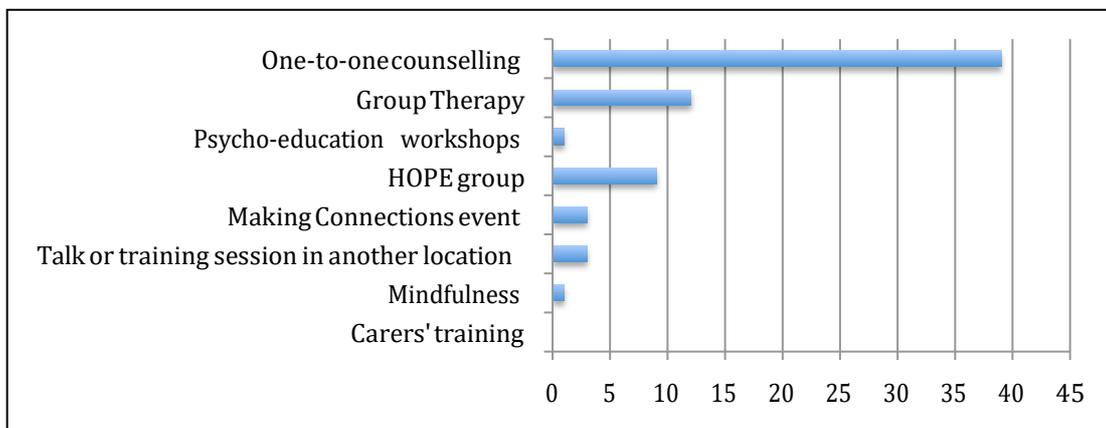
Total participants in the survey – 55

Age of Respondents	
43 responses	
Under 18	0
18-24	11
25-34	12
35-44	9
45-54	6
55-64	4
65 or over	1

Gender
43 responses
All female

The services respondents had accessed

Total respondents: 49



10.7 Involvement of service users in delivering services

Service users have supported NIWE in a number of ways. A former service user who is a graphic designer helped NIWE produce the new service leaflet.

Service users have taken part in fundraising with trustees and other volunteers – a supermarket fundraising-token scheme and bag-packing, sponsored runs, cake sales (with the support of Greggs), a coffee morning (with the support of Halifax Building Society), a match donation from Price Waterhouse Cooper and a sky dive by a service user.

One of the longer-term and healthier members of the HOPE group has supported the Training Officer in training workshops by delivering a monologue. Young people and older participants have commented on the powerful message conveyed by hearing a person telling her story and appreciate the journey she has undertaken to reach that point.

The Staywell recovery group involved volunteers in giving presentations and leading activities in which they had a particular interest. A former (founder) member of the group said being involved in organising activities for the group had been a positive benefit to her.

Involving service users in delivery is difficult for NIWE to achieve at scale. Service users either leave the service after a period of counselling or continue through engagement with the recovery group. People engaging with that service tend to experience fluctuating levels of health and wellbeing that can limit the extent of their involvement.

Services users who took part in this evaluation were keen to do so as a way of giving something back to the organisation for the help it had provided.

10.8 Communication with service users and promotion of services

Communication with service users is through newsletters, a service leaflet and information and support leaflets, by email, NIWE's website and Facebook.

Service information updates are circulated to NHS and training commissioners.

Promotional leaflets for training services were distributed to schools, professional, community and health networks using a mailing list compiled for the purpose and via other NIWE networks.

A revised service leaflet, designed with the support of a former service-user, is emailed to applicants for services with registration forms. Printed copies are distributed by the Training Officer during training visits, all staff at health events and network meetings, and circulated to GP practices, hospitals, other mental health organisations and services.

Training services have proved successful in building NIWE's profile and reputation as a specialist service provider. One of the sessional counsellors wanted to join NIWE after being impressed by seeing what the organisation could offer during a training event.

Three newsletters were emailed to 400 people in September 2015, Jan 2016 and Dec 2016. Coping with Christmas support leaflets went out in November 2016 and December 2017.

Groups, events, and focus groups are promoted to service users on NIWE's Facebook page and Twitter feed.

Ad-hoc information relating to external opportunities and events is passed on to NIWE's client groups via email.

Service users who took part in the evaluation said they heard about NIWE and came into contact with the organisation in different ways:

- A male service-user had looked at the website for information at the time when NIWE was a service for women only, and returned to it later when he was looking for support. He said he had been shocked that his GP had not signposted him to NIWE
- Two service users had heard from friends or family
- Several service users accessed NIWE's services having attended a professional training event about ED and spoken to the Training Officer. *"The more I heard, the more I recognised myself"*
- One had picked up a leaflet at Crisis Skylight several years ago.

Service users who participated in a focus group for the evaluation expressed a preference for news and information bulletins from NIWE via email and social media, and are keen to receive information about external services and opportunities to participate and socialise, such as:

- Volunteering opportunities
 - Social activities, particularly around Christmas and other difficult times of year
 - Social activities that can be attended without the need to commit to regular attendance, such as lunch clubs
 - Adult education opportunities in community locations, such as computer and art classes, and Tai Chi
- The idea of learning was very popular: *"When you go on a course and learn something, it makes you feel better. Nobody can take that away from you"*
- Recovery College prospectuses
 - Information about support from other organisations that provide other forms of support could be useful to some service users – such as those relating to domestic abuse, mental health, etc.

10.9 Income generation from Services

Training Services

In planning its training services NIWE opted to levy a moderate charge with the aim of incentivising organisations to optimise attendances and to enable reinvestment in its own services. Commissioners said the training provided good value.

Counselling Services

NIWE continues to give consideration to paid for counselling services. The Board of Trustees are keen to progress, as this would increase accessibility of services and provide unrestricted income for NIWE to reinvest in services.

10.10 Dissemination

NIWE circulates Annual Reports to colleagues through health forums and other networks.

Information exchange takes place at forum events eg: Health and Race Equality Forum, Clinical Commissioning Group Community Forum, VOLSAG (Voluntary Sector Advisory Group), Gateshead Health and Wellbeing Partnership.

NIWE carried out research with service users for the NHS England Health Care Needs Assessment 2016, which was co-presented with service users at two NHS events on Transitions and Service Users and Carers.

NIWE was represented on the NHS England steering group for ED service review across the North East and Cumbria until the group drew to a close in 2017.

A service user and carer consultation, undertaken over two years, was later commissioned by NHS England as a follow up to themes from the Health Care Needs Assessment.

11. KEY FINDINGS

11.1 Need and demand for services

- NIWE is a unique community-based service that provides a range of specialist support for people with ED
- High and increasing demand exists for services from people who need support with ED
- NIWE fills a significant gap for people with ED in Newcastle, Tyne & Wear and Northumberland – between community mental health services offering time-limited CBT and counselling support with problems such as anxiety and depression; and specialist ED services for patients needing inpatient or hospital day services
- Responses to this evaluation, and NIWE's 2014 evaluation, indicate that many clients arrive at NIWE having experienced long term, complex problems with ED
- Over the three-year period since the Big Lottery funding award, there has been a shift in client preference towards one-to-one counselling services over group counselling. Demand for the latter has dropped with falling rates of attendance
- The number of men accessing the service has increased
- Public and voluntary/community sector organisations have been keen to take up the ED training opportunities provided by NIWE. There is clear scope for further CPD with professionals in health, social care, education and community services who need knowledge and understanding about ED in order to support people they work with and to support early intervention

11.2. Accessibility of services

- NIWE's counselling services are valued by service users for their accessibility – the only criterion being that to self refer, people must be experiencing problems with eating. People who contact NIWE have frequently struggled alone for years with ED and get in touch when they can no longer cope without specialist support. They feel isolated – from friends/family who cannot understand, or by feeling unable to speak to anyone about their issues around eating
- The number of men accessing the service has increased
- The trial of evening counselling sessions commissioned by Newcastle University's Student Health & Wellbeing service provides a means of increasing the level and reach of NIWE's counselling services. Delivering work at the university makes informed counselling for ED accessible to students during evenings
- In response to clients' enquiries about availability of paid for counselling, NIWE has been considering how this might be implemented to increase accessibility, make best use of funding, and provide earned income to reinvest in services

11.3 Registration and assessment

- An overhaul of systems, procedures and criteria for registration and assessment has enabled NIWE to ensure that, as far as possible, people with mild to moderate ED and no serious other mental health issues are accepted for the service. This enables the organization to target those whose needs are most appropriate to the service and can best benefit from its services, and manage risk
- Additional outcomes are a reduction in time spent dealing with enquiries and processing applications, and reduction in loss of counselling time through the expedient of text messaging reminders to clients

11.4. Therapy services

- Feedback from beneficiaries indicates that NIWE is held in high regard and its services are valued and appreciated
- Factors that beneficiaries say are important to them:
 - NIWE's counselling approach, where counsellors support clients to work out for themselves what is driving their eating distress, understand the underlying issues, and work with them to find healthier ways of coping
 - Being treated as an individual and without the need for a formal diagnosis (*"not having to fit into a box"*) has helped clients open up to the counselling process
 - Being able to self refer is seen as a considerable advantage that removes a barrier to accessing services, together with the absence of criteria for self referral other than experiencing problems with eating
 - The staff at NIWE are non-judgmental and welcoming
 - The non-clinical environment where clients say they feel relaxed, safe and free from the anxiety of meeting someone they might know in the waiting room (as in a GP's surgery)
 - That NIWE's counselling services are flexible to accommodate service users whose needs are complex and require further sessions
 - The option to return to NIWE after completion of counselling or take advantage of other services (group counselling, recovery group or psycho-educational workshops). Clients said knowing they could return if they needed to made it easier to leave the service at the end of counselling
 - Group counselling offers opportunities for clients to work together to understand the reasons for their ED and supporting them to see how things could change for the better. Being able to talk freely in a group with people who understand and are not judgmental is beneficial and reduces feelings of shame and isolation.
- Reflective evaluation completed following counselling indicates clients have:
 - better knowledge, understanding and clarification of factors around their eating distress
 - increased self- awareness
 - become more objective and honest with themselves about their problems
 - felt better able to cope with their problems and with other people's behaviour towards them
- The choice of services offered is important to beneficiaries. Monthly and periodic activities through the HOPE group, psycho-education workshops and events are advertised to registered clients and offered to new members who may be anxious about how they might fit into an established therapy group.

11.5 Additional support services

- The HOPE recovery group is important in providing opportunities for people to socialise with and support others who understand the experience of living with ED – where they feel accepted and enjoy facilitated activities, chosen by them, that stimulate group discussion
- Psycho-education workshops have been very well received, provided resources and skills to increase knowledge and strengthen the capabilities of people with ED, and were welcomed as a support by foster carers. Meeting others who share similar experiences was a significant additional benefit to all participants
- Two 8-week Mindfulness Training courses, delivered in association with the Mindfulness Institute, have benefitted women with ED by offering strategies for handling life challenges

- Health events, open to anyone affected by ED, have provided opportunities for volunteering, socialising and support. Complementary therapies, singing, arts and crafts were enjoyed whilst addressing issues around health, wellbeing and social isolation.

11.6 Support for families and carers

- The challenges of trying to support a family member with ED cause high/extreme levels of distress within families and for carers who find themselves fearful of making the situation worse, unable to understand and cope
- Carers who are desperate and feeling isolated by the struggle to keep their families together have welcomed the counselling, information and Mindfulness training received from NIWE
- Counselling received by carers has proved important in increasing understanding of the effect of ED on the person they care for, siblings, other family members and themselves, and has supported them in their role as carers and with communication within families
- Meeting others in the same situation and being able to share experiences is an important factor underlying the success of this training
- Carers travelled from Yorkshire for a training day, as there are no services of the kind available in the area where they live
- There is clear need for more work of this kind to help carers cope with the challenges of supporting people with ED while caring for themselves and other family members.

11.7 Training services

- An exceptionally well-received and highly rated accredited training programme has significantly raised levels of awareness, knowledge and understanding about ED with professionals working in health, education, social care and voluntary/community services
- The work has enabled NIWE to engage with many new organisations and consolidate existing relationships with schools and colleges
- Work in schools, sixth forms and colleges and with community youth services has raised awareness of ED and increased NIWE's contact with 16-18 year-olds
- Professionals have been particularly impressed with the information provided, its relevance to their client groups, and the impact of hearing examples of real life stories and situations
- Foster carers were keen to participate in the ED training and psycho-educational training services commissioned by Gateshead Council to give them support
- Feedback in respect of the Training Officer's knowledge, approach, empathy and skills in facilitating discussion around challenging subject matter has been 100% cent positive
- Charges for training services have provided NIWE with earned income to reinvest in services. Feedback from organisations that commissioned training indicates that services received were considered good value.

11.8 Commissioned services

- NIWE worked with NHS England and continued to be represented by its CEO on the HCNA implementation group following the 2015 Health Care Needs Assessment. In 2016-17 NIWE was commissioned to carry out a 2-year regional consultation with service users and carers to feed into and inform implementation.
- NIWE continues to deliver services under a contract with Newcastle-Gateshead and North Tyneside Clinical Commissioning Groups to provide specialist support and recovery services for people whose lives are affected by ED.
- NIWE commenced a trial of counselling for students with ED at Newcastle University under an SLA in April 2018. The university and NIWE will evaluate outcomes after its conclusion in June.

11.9 Feedback from commissioners and external stakeholders

- Professionals working in NHS commissioning, specialist ED hospital services and counselling supervision, have acknowledged NIWE's commitment to its work as a service provider, its links with NHS England and reputation as an organisation that understands ED
- Clinical Consultants working with REDS Newcastle and the Northern Centre for Eating Disorders have recommended patients to self refer to NIWE when discharged in order to access counselling support for their ED that is not available through mainstream services
- A BACP registered therapist who provides supervision for NIWE group counsellors understands the level of need that NIWE's clients present with and the way that NIWE's approach works to support people with ED, particularly those with long term issues
- A former commissioner believes NIWE's philosophy as a charitable organisation is very important in that it provides services that are flexible, and will work with anyone who has eating distress, but not bound by the label of an eating disorder
- Professionals consider that NIWE's services for people with ED are complementary to and filling a gap in NHS services.

11.10 Consultation with service-users

- It is important to NIWE that its services are developed on the basis of feedback from service users and in response to their needs
- Consultation on services has been undertaken NIWE through focus groups and online surveys, and informal consultation is inherent and ongoing within service provision – counselling, group counselling and the HOPE group – where service users' suggestions are acted upon wherever possible
- NIWE's approach ensures that counselling services are closely aligned with individual clients' needs, wishes and priorities. Group counsellors are sensitive and responsive to the needs and preferences of service users within the groups, to enable them to work constructively as a unit and support each other to find ways of discovering what drives their ED and ways of changing behaviours around food
- The HOPE group was changed in response to service users' feedback – resulting in a new name and a programme of structured activities. The group is a positive option for those who have gained understanding of their eating distress and improved their levels of confidence to enable them to engage in this way with others. Group members make decisions on activities and see the group as a stepping stone towards recovery
- Service users are best placed to understand problems that people with ED may encounter in accessing information and support from different agencies and suggested bringing advisors into NIWE on a regular basis to help with issues around issues such as housing, debt and benefits.
- An interest in accessing external opportunities was expressed in a focus group convened with members of the HOPE group, and is indicative of how the group benefits from being encouraged and supported to look outwards for self-actualising activities and opportunities
- Feedback from an online survey circulated in May 2018 indicates that service users have found NIWE's staff welcoming, counsellors supportive and interested in their clients, and they like the counselling approach and environment. Their suggestions for improvements/additions to services include: updates on waiting times, regular drop-in sessions, more groups and outreach services.

11.11 Involvement of services users in delivering services

- One of the longer-term HOPE group members has supported the Training Officer in training workshops by delivering a monologue. Participants of all ages have commented positively on the powerful message this has conveyed

- Service users have taken part in fundraising activities with trustees and other volunteers and have been involved in planning and delivering events
- Involving service users in delivery is difficult to achieve at scale as most leave the service after counselling or continue with the recovery group. The latter experience fluctuating levels of health and wellbeing that can affect their ability to be involved in this way.

11.12 Use of technology and communication with service users

- NIWE was unable to implement online therapy due to the software going out of licence for the selected platform. An alternative programme was tested but found to be unsuitable for NIWE's clients. Further research is planned
- NIWE communicates with service users primarily through email, Facebook and Twitter
- Feedback from a focus group convened for the evaluation indicates that service users would prefer regular, timely communication about events and opportunities in the form of social media and email bulletins rather than occasional newsletters
- There is particular interest in receiving information about external social and volunteering opportunities
- NIWE is aware of the need for an improved website and intends to fundraise for this.

11.13 Staff and accommodation

- NIWE's part-time core staff of six works a 3.4 full time equivalent. Four sessional counsellors provide group therapy and additional one-to-one counselling. The availability of a single room for counselling restricts the number of counsellors who can work at the same time.
- Some activities, including group work, are accommodated in a room within the same building on loan from another organisation. This helps with keeping costs in check, although availability is limited
- A whole team day enabled staff to meet and share working practice, theory and methods, and was beneficial and well received.

11.14 Quality assurance

- NIWE's day-to-day operations are supported by operational and clinical procedures that provide a reference for the administration and governance of counselling services
- An overhaul of registration and assessment systems has supported NIWE to work with people whose needs are most appropriate to the service, reduce time spent dealing with enquiries and processing applications, and reduce DNAs
- NIWE's professional training programme and resources are accredited through the CPD certification service.
- Staff are well supported in terms of CPD and health and safety procedures
- Fortnightly staff meetings support communication and are particularly important for part-time and sessional staff who have limited opportunities to interact on a day-to-day basis
- Counsellors receive support from qualified supervisors.

11.15 Data management and evaluation

- The use of both WEMWBS and Flower Power scales provides a thorough approach to evaluating outcomes from therapy. Together they produce 26 indicators for each client who receives counselling

Each has different advantages:

- WEMWBS is a clinically validated wellbeing scale that was introduced by the CEO as part of the BLF project implementation after researching suitable evaluation methods
 - Counselling staff like Flower Power and use it during the counselling process to open up conversations about clients' concerns and feelings. It contains statements relating specifically to ED in terms of causes, knowledge, support and coping
- The Evide system bought by NIWE to process data has supported case management but has been found to have significant drawbacks. Uploading data is time consuming and open to error and the system failed to meet needs and expectations in terms of reporting outcomes
 - The inability of the system to produce data that represents the level of activity and resources involved in generating outcomes with clients, particularly in respect of multiple interventions, is a concern that has been addressed by use of Excel spreadsheets to analyse those outcomes.

11.16 Promotion and profile building

- Dissemination of NIWE's work has taken place through engagement with a range of forums, presentations at events, some with the support of services users
- NIWE'S representation by its CEO on the Mental Health Programme Board and HCNA steering group has promoted NIWE's work, raised the profile of the organisation and increased its reputation
- The training programme has significantly extended NIWE's reach and profile as an information and service provider for people with ED and enhanced its professional specialist reputation
- All have supported the organisation in becoming more outward facing and accessible.

11.17 Service development

- Big Lottery funding has enabled services to be put in place that have worked well to support people with ED. NIWE's qualified and experienced core staff and team of counsellors provide a range of services that offer choice to service users. People coming into the service are offered other relevant types of support while they are waiting for counselling
- High and increasing demand for one-to one-counselling services is creating pressure on services, and there is a need for further development of counselling services in response
- The current counselling pilot with Newcastle University under an SLA provides financial and accommodation support for NIWE to provide additional work with students, an area of increasing demand
- The sessional and part-time workforce results in some staff seeing very little of others, which generates a sense of disconnection. Not all view this as a problem, although it clearly restricts levels of interaction that support a team to flourish. Pressure on management and trustee time unfortunately precluded a Board and staff awayday in 2017
- The level of staff hours available to manage and deliver services leaves limited scope for staff to consider and develop services. Staff capacity has also presented challenges at times of extended sick leave within the core team
- Core staff roles are specialised, but in areas where skills are transferable – such as bid writing – there is little time available for this to happen
- An outcome of successful awareness-raising through the training programme may be increased demand for NIWE's services as people know where to go for support and are able to recognise the signs of ED
- Challenges relating to staff retirement and extended sick leave, and difficulties with data processing, combined with a need to focus on delivering services have drawn attention away from development of forward strategy for the organisation. This has been augmented by turnover within the Board of Trustees that has limited its capacity to support development.

12. RECOMMENDATIONS

12.1 Therapy services

Increasing NIWE's ability to meet demand for counselling services:

- Evaluate the pilot of counselling services with Newcastle University in terms of outcomes and accessibility for clients the university, and NIWE
- Explore other delivery models for increasing levels of counselling and other support, looking at those used by other organisations providing mental health and associated support services
- Build partnerships with organisations and projects that could provide access to people needing support with ED in communities, space and support for counselling, and where the service could contribute to their aims and objectives
- Consider ED training for counsellors working independently or with other services – to increase access to counselling for people with ED
- Consider additional services to increase choice and support for clients, such as CBT, EMDR and DBT as suggested by service users
- Continue to consider how charges may be implemented for counselling services, in terms of increasing access to services for those who want to pay, impact on existing funded counselling services, and the benefits of earned income to reinvest in services.

12.2 Work with families/carers

- Build on the success of the work with carers supporting family members with ED, widening the scope to work with more carers
- Meeting others in the same situation has been acknowledged as a significant benefit by carers. Consider how carer networks/support groups might be established to facilitate mutual support independent of NIWE.

12.3 Training services

- There is clear scope for continuation of the training programme with young people and professionals. Consider how the service could be developed through training new sessional staff to deliver workshops and free up time for the Training Office to focus on management and development of services
- Consider how ED training could benefit young people at Key Stage 3 and younger, and how psycho-education around self-esteem and body image could support groups of young people considered vulnerable to developing poor mental health and ED.

12.4 Recovery group

- In response to service users' feedback, consider supported external activities/visits for clients attending the HOPE group as a means of confidence building and personal development while encouraging them to become individually/collectively independent of NIWE.

12.5 Information and support

- In response to service users' feedback, consider bringing information and support agencies into NIWE to provide help and advice around, for example, finance, housing and debt management. Sharing access with neighbouring organisations could support viability of such a service.

12.6 Use of technology - communications with existing/potential service users

- Consider how information and news of internal and external upcoming opportunities and events may be provided by email and social media on a regular, timely basis as requested by service users during evaluation.
- Seek funding to develop a new website to increase NIWE's accessibility, support and appeal to younger people and men.
- Investigate ways of developing NIWE's services through the use of technology, apps and online services such as counselling/mindfulness programmes.

12.7 Data management

- Investigate the need for and use of monitoring and evaluation information with a view to reducing time spent on uploading data and improving access for reporting on outcomes
- Reconsider the use of WEMWBS and Flower Power to assess scope for simplifying and streamlining data collection and processing
- Consider data collection and processing implications when setting outcomes for work, particularly in respect of funding applications.

12.8 Development of staff and trustees

- Carry out an analysis of key staff roles to explore working hours needed to support development as well as maintenance of services
- Consider the need for an Operations Manager to enable other managers to focus on service development and delivery
- Team days are particularly important in an organisation where some staff see very little of others. Plan further team days to support cohesion and development
- Keep as priority the search for new people to join the Board of Trustees, looking for expertise in financial/organisational management, fundraising/bid writing, and voluntary/community and health sector development.

12.9 Promotion and profile building

- Continue to engage with forums, networks and events to disseminate information about ED and NIWE's work
- Capitalise on the benefits of the training programme in raising NIWE's professional profile when targeting training services for professionals.

12.10 Forward strategy

- With the aim of developing a 3-year forward strategy to support the organisation to meet increasing need, key staff members and trustees are recommended to carry out a strategic analysis of the organisation, where possible with the support of an external consultant who has skills and experience in developing voluntary sector organisations providing health/social support
- Continue to review funding strategy on an ongoing basis and keep on the agenda at every meeting of the trustees.

APPENDIX A: WEMWBS and Flower Power Statements

Warwick-Edinburgh Mental Well-being Scale (WEMWBS) – 14 item

I've been feeling optimistic about the future
I've been feeling useful
I've been feeling relaxed
I've been feeling interested in other people
I've had energy to spare
I've been dealing with problems well
I've been thinking clearly
I've been feeling good about myself
I've been feeling close to other people
I've been feeling confident
I've been able to make up my own mind about things
I've been feeling loved
I've been interested in new things
I've been feeling cheerful

Flower Power – 12 item

Knowledge – I know about eating disorders or eating distress
Causes – I know about the causes and issues that contribute to my eating problems
Support – I know where to go for help and support
Help – I do use available help when I need it
Coping – I feel able to cope with my eating problems
Life Issues – I feel able to cope with other issues in my life
Involvement – I am involved with work/learning/volunteering
Activities – I am involved with activities outside of home, going out, seeing friends, walking, gardening, etc
Enjoyment – I take part in things I enjoy
Open/alone – I feel I can be open about my issues around food
Connected – I feel connected to other people
Relationships – I feel happy about relationships

APPENDIX B: Additional reflective feedback from clients following counselling

Before counselling ...

"Blaming myself and listening to other opinions that I was just fat and lazy

Continued to use food negatively affecting my diabetes. Anxiety worse. PTSD taking over"

"Issues around gender, body dysmorphia, loss, PTSD and anxiety"

"I had just told friends for the first time about my eating disorder and I think I felt overwhelmed and shocked that I did that after keeping it to myself for 8 years and now it was out I had to gain some help"

"Restricting food then bingeing on a daily basis. Feeling out of control around food. Using food as a way to avoid facing my emotions. Obsessing over my weight"

"I had overeaten since a teenager and I wanted a way out of the cycle of it"

"It was hard as I never talked to anyone about this and how it made me feel. I felt I was the only one doing this and anyone who knew would make me feel ashamed. I felt I was constantly living a lie"

"Struggling to cope with my thoughts and feelings with my eating disorder and anxiety"

"Wallowing in self denial... drinking and eating it away"

"Not able to continue to communicate with others about my eating distress. Self blame.

After counselling - what changed most ...

"Better understanding of eating issues and starting to understand reasons behind them. Knowledge of who I can turn to for help and support"

"Greater understanding of the factors contributing to my eating distress"

"My feelings/lack of feelings continue to challenge me on a daily basis but I'm learning to sit with those feelings – I'm learning that it's ok to be sad – and I'm learning to cry. I need to keep in mind what I've discovered so far"

"I am more confident in myself and honest with my partner about overeating. He supports me with this. I am not in the cycle of overeating and listen to my body more and its needs"

"I realised that people care about me. Being honest with close family members and friends about my issues with food"

"Counselling gave me the strength to carry on."

Clients' realistic expectations for further change ...

"Not to feel so guilty when eating out or eating things out of my comfort zone. Not too get too hung up on the scales. I know I will have a better relationship with food (e.g. eat when I'm hungry). I feel slowly I will begin to accept who I am, how I look and be comfortable with that. Just because I've had one bad day eating doesn't mean I've gone off track. It's life and getting better is an everyday process for the rest of my life"

"I hope I can continue to be more positive about myself and improve my sense of self worth, which may let me get control of my eating. It will be difficult and not instant, but I'm at least realistic about that"

"I seem to be more patient. My sense of humour is again getting the better of the gloom. My goals are more realistic and I think I've stopped nagging myself. This is going to take a long time and I have to enjoy the effort"

"Perhaps be able to see issues before they become as bad and know where to turn for support"

"I am at the largest I have every been currently which is a worry so need to focus on not beating myself up and not ... worrying and focus on getting my health back through losing weight"

"I will review my notes and also keep in touch with NIWE."

How easy/hard it was before counselling for clients to talk about their eating problems and other issues ...

Clients report feeling isolated, sometimes despite having friends they could talk to:

"Felt very alone, despite having very supportive friends around me and people to speak to about it. Friends didn't really know how to help me move forward as they didn't feel they knew enough about eating distress"

"It was easy, I was talking to anyone who would listen! But it was not helping, friends just gave me platitudes"

"I was very alone and isolated. It was only when I came to NIWE that I felt people really understood everything I had been dealing with for years"

"Before attending NIWE I felt very misunderstood and unable to talk about my eating disorder which made me feel very alone"

"I would isolate myself from society as I was embarrassed and ashamed ... eating in public and being public with my struggles was something I would never do or talk about."

Since counselling ...

"Since counselling I have told more friends and have been very open and not hid anything from those that know ... it is good to know that so many people care and are willing to help me every day"

"When I first came to a group session a few years ago I don't think I really understood I had an eating disorder. I just felt fat and lazy and entirely to blame. The counselling has moved me to a very different place. I'm spreading the blame and celebrating the achievements. I feel more comfortable and confident."

APPENDIX C: Organisations that commissioned Training

Young people's talks and workshops

Blue Flames
Newcastle Falcons, Hitz Project
WEYES (Children North East)
Barnardos, Newcastle Community Family Hub
DePaul Resource Centre
VODA, North Tyneside
WEYES (Children North East)
Changing Lives, Byker Women's Hub
Linhope PRU
Sunderland PRU
Seaton Burn College
Newcastle 6th Form College (including Psychology students)
Wyndham Primary School, Newcastle
St Robert of Newminster School, Washington
Sacred Heart Catholic High School, Newcastle
Kings Priory School, Tynemouth
Tyne Metropolitan College, North Tyneside
Askham Bryan College, Newcastle
Deaflink North East (1 hour talk)

Professional training workshops

Launch event - NIWE (professionals)
Places for People, Newcastle
Newcastle YOT
Educational Psychology Service, Gateshead
Newcastle University, Medical School
Places for People, Newcastle
Tyne Metropolitan College
Mental Health Nursing Society, Northumbria University
Kepier School, Houghton le Spring, Durham
North East Counselling Services
Barnardos, Newcastle Community Family Hub
Changing Lives, Oaktrees, Gateshead
Carers Trust, Gateshead
Washington Mind, Sunderland
Teaching Schools, Newcastle
Mental Health Nursing Society
Wyndham Primary School, Newcastle
Gateshead Council (Educational Psychologists)
NESG at Freeman Hospital (Sessional GPs)
Alliance Psychological Services Ltd, Stockton-on-Tees
Gateshead Council, Gateshead Public Health
Gateshead Council, Workforce Development
Vision for Education Ltd
NE Public Services Academy, Gateshead

APPENDIX D: Examples of professionals who attended training

GPs

Medical Students

Educational psychologists

Mental health professionals

Teachers and pastoral staff

Youth leaders/support workers

Social workers and student social workers

Social Work Auxiliary staff

Reablement Officer

Wellbeing Co-ordinators

HR Specialists

Workforce Development Managers

Community Engagement Managers

Project Managers, Voluntary Sector

Counsellors

Day Centre staff

Youth Offending Team staff

Residential Care Officer

Family Support Workers

Family Group Conference Co-ordinator

Housing support staff

Child & Family Social work Practitioner

Enterprise Advisor (Economic Development, Gateshead Council)

Operations Support Officer (Development & Public Protection)

Library Assistant, Corporate Resources

Workforce Development Officer, Human Resources

Commissioning Officer, Health & Social Care Commissioning and Quality Assurance

Making Every Contact Count Development Lead, Public Health Gateshead

Foster Carers

Police Constable

APPENDIX E: Additional feedback from participants in the training

Professionals who attended ED training

❖ Content of the workshop:

“Covered a huge range of issues in a 1 Day course”

“Great to hear first-hand experience from [the volunteer] she was amazing”

“The humour, the knowledge and the realness. Loved that it was based on personal experience”

“Fantastic course thoroughly enjoyed it and has helped me with my own recovery and what I can do. Also made my passion greater to become an ED specialist”

“Knowledgeable trainer who went above and beyond what was expected”

“Excellent delivery- Lots of time for discussion, questions and clarification. Very positive and professional”

“The training was delivered at a good pace; it was delivered in a light hearted manner”

“Good to hear specific definitions of each disorder”

“Hearing real life situations and stories”

“[The Training Officer] worked very hard to inform us”

“2 hours on one topic and all relevant”

❖ Specificity for Audience:

“A lot of focus on the client perspective”

“I can use the information and techniques gained directly with the young people I work with”

“Delivered well. Used current terminology and kept the training prompt start and finish”

❖ The Training Officer’s approach and skills:

“I love [The Training Officer]’s delivery and the way she made everyone feel immediately at ease. The course was fun and interesting and it flew over ”

“The fun and relaxed atmosphere when tackling a serious subject

“Humour, pace and variety”

“The humour & integration of the trainer and the trainees”

“Lots of practical tips, open discussions, good pace”

“I really enjoyed yesterday it was definitely the best training I’ve been on!”

“Really enjoyed the training today. I felt even though it was intense there was humour which makes training more enjoyable”

“Very dynamic “interactive” training. [The Training Officer]’s knowledge and experience made for great learning. It’s wetted my appetite for more”

“An excellent presentation – Sensitive treatment of a sensitive subject”

“[The Training Officer] was good at encouraging everyone to participate. Plus, she had loads of experience in this field”

“The empathic and practical approach to eating distress”

It was interactive without anyone feeling put on the spot

Trainer was lovely and inspired me to ask questions if I needed

“Uplifting way of approaching the subject”

“[The Training Officer] delivered an excellent course. Her knowledge was great and she controlled the course very well. The day went very quickly”

What participants disliked or would like to change about the training?

Comments were few, but included:

"More time, but this is not a criticism. It was very good" – Washington Mind

Memorable learning exercises. Would have liked longer to go into more depth on coping skills and resources" – Washington Mind

"Perhaps you could relate it to schools more or what are experiences of working with children age". – Wyndham Primary School

"Perhaps to give some suggestions for how we would deal with issues that present at lunchtimes in school" – Wyndham Primary School

Young People

"I liked that it wasn't all serious and we had fun"

"I could relate to the character's experience"

"I learned that things can change"

"There's a lot of support out there"

"It was different to anything I've done before"

"All lessons should be like this"

"I loved and valued hearing the volunteers story"

"I wish it was longer"

"I loved the idea of getting someone who has recovered there"

"I loved how interactive it was. Everyone was involved in a relaxed way"

"Fun mixed with serious subjects so not depressing"

"Really informative, enjoyed it"

"Learning about the reality of an eating disorder"

"Open discussions and games"

"Fun activities and how informative it was"

"Loved it"

"Interactive and felt I could talk openly"

Foster Carers

❖ Being with others in a similar situation and sharing experiences:

"Everyone was involved and listened to"

"Sharing experiences"

"Light-hearted way of discussing a serious topic"

"Excellent training course, lots of parts I can use at work and in my personal life"

"I enjoyed the group talk"

"I enjoyed everything; the honesty, participation, the way it was pitched, knowledge of the trainer"

❖ The learning:

"Really enjoyed this training. Understood the subject a lot more"

"Very relaxed, well presented, really good practical information, self-esteem tips, really good"

"Brilliant course, definitely recommend this session"

"Absolutely thought provoking and interesting"

"Was very interesting and very useful"

"Everything, food for thought"

"Very good presenter and knowledgeable. Thank you"

❖ **The way the sessions were delivered:**

"[The training officer] was good at encouraging everyone to participate. Plus, she had loads of experience in this field"

"Relaxed, informal way of delivery"

"Light hearted approach. Info given for support"

"Very informative and enjoyable"

"Pace, informal feeling, topic given in an interesting way"

"Brill, very interactive, well paced, kept it interesting, good examples. Well done!"

"It was interactive and not desk/paper based"

"I enjoyed the whole way it was delivered"

"A really enjoyable and informative session with an extremely pleasant and cheerful trainer"

"Trainer very good"

❖ **The atmosphere:**

"Friendly and relaxed"

"Interesting and relaxing"

"How relaxed Trainer made us feel"

"I enjoyed this course"

"Very enjoyable course. Relaxed atmosphere"

"Well presented course and information delivered well"