



CAMDEN, CITY, ISLINGTON & WESTMINSTER
BEREAVEMENT SERVICE

ANNUAL REPORT

2013

This report is dedicated to the memory of Neil Arnold (1958 – 2013), the Director of the Bereavement Service from 1992 to 2013, who worked with passion and commitment to grow the service, and who sadly died this summer.

INTRODUCTION

After a period of illness, Neil Arnold, our Director, sadly died in August. Neil led the service for over twenty years and over that time the service went through many changes, sometimes even threats to its existence. Through all this the service continued to grow and evolve.

'It is testament to Neil's passion and commitment that the service even exists today. Demand for our services is higher than ever and we now provide services to the NHS across three London Boroughs. I know that many people involved in the service were close to Neil and will feel his loss, but the service and its future are his legacy and everyone involved in the service – staff, trustees, counsellors – are committed to continuing this work.

This report not only covers the work that everyone has done over the last year in keeping the service going in difficult circumstances, but it explains the journey that we are now on to put it on a sustainable financial footing, through the introduction this autumn of a system of client contributions, based on ability to pay, alongside delivering free treatment under our NHS contracts. This is a major change to how we deliver our service, which will take time to bed in, but I am confident that this will help ensure that we can continue to offer an accessible counselling service to those who need it, across the three boroughs and the city.

Laura Noel, Chair of Trustees, September 2013

Our objective: to provide, high quality bereavement counselling to people who live or are registered with a GP in the catchment area

Founded in 1969 and an independent Charity since 24 March, 1998, Camden, City, Islington and Westminster Bereavement Service exists to provide, confidential bereavement counselling support to anyone of adult age, living or registered with a GP in the catchment area.

Bereavement

Our response to bereavement(s) is grief which might be mild or intense. Where the grief is intense it may, in simple terms, take one of two forms:

“Uncomplicated” where, over time and with the support of friends and family the feelings tend to abate and the bereaved person can come to accommodate the death of their loved one and move forward;

“Complex” where the person needs additional support in order to work through the extent of the loss. In the absence of such support the person is often unable to progress through the stages of the bereavement which may have significant adverse effects on their mental health leading to relationship break-down, loss of job, depression and even suicide. Examples of “complex” bereavement include a loss in violent circumstances, by suicide or of a child.

Where the grief takes the “uncomplicated” form, the Service may see people for a time limited period of up to ten weeks to offer support. Where the grief is more “complex” the Service offers a longer period of counselling, which is crucial in supporting someone whilst they seek to find their way through to a point where they feel more able and better equipped to manage their life ahead.

In undertaking this work the Charity supports people in working through and processing the many feelings arising as a result of their bereavement(s). Ultimately we hope to support people through to the point where they are able to have a more positive future and are less likely to face on-going mental health problems as a result of their bereavement(s).

Our activities: Each week the service provides counselling to around two hundred clients with some eighty five trained volunteer counsellors. We have three joint NHS & Local Authority contracts which are commissioned on behalf of the GP's & Clinical Commissioning Groups (which replaced PCTs on 1 April 2013) and we are working with a range of partners to deliver a high quality service.

The Charity works hard to provide professional, effective and accessible counselling to clients and at the most efficient price for those who commission our service, thus making greatest use of commissioners' and donors' funds and maximising the benefit for the clients.



Counselling services are provided by trained volunteer counsellors. Paid supervisors oversee the volunteers and provide formal supervision to ensure a high quality service.

The Service currently provides counselling support to around 200 clients each week. Over half of all clients self-refer to the Service with the remainder being referred by GPs, mental health teams (increasingly by IAPT counsellors), drug, alcohol and homelessness teams.

Like all charities, we have limited funds and therefore we limit the number of clients we can see at any one time, and we are currently restricting our client base to those who live or who are registered with a GP in the area (plus those who work in the city).

In 2011-12 two new 3 year contracts were won: Camden commenced in November 2011 and Islington commenced in January 2012. This was in addition to the existing 3 year contract with Westminster. We are pleased to be continuing in partnership with the Clinical Commissioning Groups (GP's) which have replaced the PCTs in these three areas.

The three contracts differ from each other in content and whilst Islington and Westminster fund both long term and short term counselling as

judged clinically appropriate, Camden only funds short term support of ten weeks (sessions) of counselling:

The Charity strives to work with all clients according to their needs, and not their postcode, and so the service has been remodelled to offer:

- Time Limited support, of up to ten weeks following the initial meeting.
- Separately the Service continues to use its funds to provide a longer-term bereavement counselling service where the grief is judged as clinically complex.

To win the bid for the Camden contract, the Service entered into partnership and continues to work with: Camden Psychological Therapies Service, Women & Health, Age UK Camden and Nafsiyat (<http://www.nafsiyat.org.uk/>). The Camden contract stipulates that all their clients be requested to take part in the national PCMIS weekly outcome measuring programme.

Our people: the service is delivered by a strong, committed team of volunteer counsellors, paid staff and overseen by a Board of Trustees.

The Board of Trustees heads the Charity and includes people with a wide variety of skills relevant to the charitable objectives (including health service, managerial, legal and financial). Both long term private funders and volunteer counsellors are represented within the Board. The Trustees met as a management group once each month during this year. None of the trustees receive payment.

The Trustees appoint a Director responsible for the day-to-day running of the Service. The paid staff (four, all part time) report to the Director and the Director reports to the Board of Trustees. Sadly, following a period of sickness the Director, Neil Arnold, died in August 2013, after twenty years with the Service. Trustees have worked with the staff and have put in place interim clinical and managerial arrangements, to ensure the continuity of a caring, high quality, professional service



The counselling is provided exclusively by over eighty unpaid volunteers.

The role of the paid staff is to run the service, plus recruit, train, and support the volunteer counsellors in the provision of bereavement counselling. All volunteer counsellors are supervised by highly qualified supervisors employed by the Service on a sessional basis.

CCIWBS is a member of the British Association for Counselling and Psychotherapy (BACP).

Our funding: We are funded from Trust and Individual Donations and through contracts with the Joint NHS / Local Authorities Commissioners on behalf of the Clinical Commissioning Groups (replacing the local PCTs) supplemented by Fundraising throughout the year. We receive no money from government grants.


Central London
Clinical Commissioning Group


Camden
Clinical Commissioning Group

Islington Clinical
Commissioning Group



The Service remains grateful for the support of the GPs and is committed to delivering a high quality, caring service in line with our contracts. In addition we are also very grateful to the private individuals and charitable trusts who support the Service in its valuable work. Both sources of funding are essential to the continuation of the Service.

Leading the commitment to the Service are our long-time funders and supporters: Michael Palin and the Jill Franklin Trust; their generosity has played a very significant part in making the Service financially viable through these very challenging times.

During the year the Service managed its financial affairs effectively and ended the year with a small surplus. The dedication of the staff combined with support from the donors and volunteers remains crucial to this long-standing community Service continuing to develop so as to meet the needs and challenges that lie ahead.

Our accounts can be seen on the Charity Commission Web Site:-
<TRUSTEES REPORT 2013.doc>
<2013 abstract acs.docx>

Our future Plans

The service adopted a new business plan in 2008 which led to the expansion of the service by 25% over the period up to 2011-12. An updated business plan was agreed in 2012 which sought to consolidate this expansion. A number of goals were adopted:

- Maintain high quality of service provision whilst remaining within financial constraints;
- Maintain accessibility to the local community;
- Achieve the targets set by the new contracts with PCTs;
- Develop our working relationships with local GPs;
- Develop the revenue streams, working to secure the future of the Service in the longer term



Following a detailed review of our service & business model, it was decided by the Trustees in June 2013 that the most effective means of assuring the future provision of our high quality, caring and accessible service was to move to a new model based on a system of client contributions as part of the funding mix.

The new model is being implemented at the current time. A revised business plan will be adopted in 2014, to reflect the changes in service delivery.

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