

A Feasibility Study

Examining

**A Referral and Triage Model for Victims of Crime in
the Thames Valley Who Require Access to Counselling
Services**

**Commissioned by the Thames Valley Police and Crime
Commissioners Office**

And undertaken by

Circles South East

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Introduction

This feasibility study undertaken by Circles South East was commissioned by the Thames Valley Police and Crime Commissioner to explore the feasibility and options relating to a 'referral and triage' model for victims of crime (both adults and young people) in the Thames Valley who require access to counselling services.

Reason for the Study

To inform funding decisions in relation to psychological counselling for victims in the priority categories and/or victims who have been unable to recover from the impact of crime.

Method

The study consisted of two distinct areas. The first part was to examine the extent of unmet counselling need among victims of crime in the Thames Valley and secondly to undertake an exploration of a 'referral and triage' model as a potential means of meeting this need. To achieve this, the study used a mixed methodology consisting of;

- Research and mapping – using both internet and telephone enquiry in relation to existing service providers, referral pathways, and current gaps in service provision. Clarification was also sought as to knowledge relating to alternative models of service delivery.
- Literature review in relation to government guidance, victim needs and outcome measurement.

Further exploration was undertaken, using the techniques of;

- Discussion with service providers and a leading academic and expert in both Victimology and service delivery
- Information gathering surveys sent to over 300 service providers, referring agencies and other interested parties
- Two consultation events attended by service providers, referring agencies and other interested parties

Limitations

Whilst it is noted that the many professionals consulted with on this project have significant experience of working with victims of crime in a wide range of roles and are therefore well-placed to

make recommendations and provide opinion on what is in the best interest of victims, there has not been the opportunity to seek significant direct input from victims themselves in relation to this piece of work.

Given the complexity and volume of counselling provision in the Thames Valley it has not been possible to speak to or hear from all relevant service providers. The survey sought to reach all counselling providers and represent a wide-range of referral pathways however it is important to recognise that the information detailed below is only representative of those organisations who were able to participate. It is noted that the consultation event was attended by a range of professionals from various organisations details of whom are included at the end of this report.

Part One: An Exploration as to the extent of unmet counselling need among victims of crime in the Thames Valley area (both adults and young people)

An investigation as to the extent of unmet counselling need among victims of crime in the Thames Valley was undertaken through a geographical mapping of services via internet and telephone enquiry consolidated by direct consultation with service providers and referring agencies through questionnaires (see Appendix 1 and 2) and attendance at two separate consultation events.

Results were wide-ranging, however a number of key themes emerged which are explored below.

Summary of findings:

Unmet Need	Brief Description
Children and Young People	Lack of appropriate therapeutic interventions for children and young people
Single Sex Services	Only a handful of services available not offering mixed-gendered spaces and those that do exist subsequently having long waiting lists
Attrition	Disengagement of victims from support services due to a variety of reasons but most notably: long waiting lists, being referred into the wrong service, being referred at the wrong time
Hidden victims	Victims of specific crimes who are less likely to report to the police or access support services e.g. victims of domestic abuse, sexual abuse, some BME communities
Access	Barriers to accessing support including travel, childcare, work commitments etc
Thresholds	Those deemed to be victims of 'lower level' crime do not meet the thresholds/referral or criteria of many organisations and are often not prioritised for intervention

More detailed exploration of key areas:

Services for Children and Young People

This was a consistent theme emerging throughout the feasibility study. Agencies who highlighted a lack of service provision for children and young and people described significant difficulties in making referrals. Two of those difficulties highlighted were;

- Different referral criteria amongst organisations
- Thresholds to be met were particularly high for children to be eligible to access the support they required. This was specifically in relation to statutory services

One referrer spoke of a case in which she wanted to refer three siblings for support but was unable to find a suitable agency due to the age range of the victims. She described the process of sourcing support for these children as frustrating and time-consuming. A limited awareness existed amongst referring agencies as to who provided specialist support for children i.e. SAFE! / No.5 Youth Counselling Information Service but they also felt that there were not enough specialist resources of this nature and were less clear about the wider provision of support for children and young people. This often resulted in significant time being used to conduct the necessary research with fruitless phone calls and referrals. This was then mirrored with service providers stating the difficulty in recruiting counsellors who had the necessary experience and training to work with young people. Research undertaken in 2006 by Dr Jo Nurse estimated that 1 in 800 cases of child sexual abuse in the Thames Valley area reached the attention of child protection and of those only those displaying symptomatic behaviours are likely to be offered therapeutic services. This is despite the fact that asymptomatic children may come to manifest debilitating symptoms at later critical life periods. Therefore only a small minority of victims of child sexual abuse will have been offered any form of intervention during childhood.

Potential Action:

Funding of additional training for counsellors within existing organisations to build capacity and expand their services to work with children/young people.

Additional funding for specialist organisations to expand their counselling capacity in order to provide services for young people

Single Sex Services – attendees at the consultation event and respondents to the survey highlighted that mixed gendered spaces were not appropriate for all service users particularly victims of sexual and/or domestic violence.

For the male survivors of sexual abuse only one organisation offering specialised support was identified, 'Male Survivors Berkshire'. They offer individual and group counselling in central Reading and support survivors who are unable to access these services through various means including a message board, helpline and email support.

Women-only organisations were greater in number but it was felt that they still did not have capacity to meet the demand for their services and they reported a requirement to operate long waiting lists.

For organisations operating mixed-gender services, sensitivity to gender issues was prevalent for example victims being able to express preference for male/female counsellor.

It was also highlighted that there does not currently exist any specialist counselling service for LGBT survivors.

Potential Action:

Funding for single sex services to build capacity and reduce waiting lists

Training/awareness building of other organisations offering a mixed-gender service regarding sensitivity to this issue and best management

Attrition

This category encompasses victims who may initially engage with support services but then subsequently disengage. The reasons for disengagement are wide-ranging, some may be positive indicators of an individual's resilience or support structure and the decision that professional support is not required. However the converse is equally true with victim disengagement indicating failings in current service provision and highlighting areas for improvement. This could include timing;

- Individuals being pushed into specific interventions e.g. counselling before they are ready to commence
- Long waiting lists when they try to access support

Disengagement could also indicate inappropriate referrals;

- Into the wrong type of support
- Into the wrong type of counselling for the individual's needs
- Into the wrong organisation for the individual's needs

Inappropriate referrals can lead to delays in victims being able to access the relevant support or potentially complete disengagement

Potential Action:

Single point of contact for victim and referrers with overview of all the available services/options

Victim-led assessment process to ensure that victims receive the support they want/need as and when they want/need it

Hidden victims

This is an incredibly diverse category including:

- Those who are too ashamed/embarrassed/afraid to report
- Those who are too ashamed/embarrassed/afraid to access support
- Those who do not identify themselves as victims

There is wide range of people who may come under the above categories including but not limited to: victims of domestic violence, victims of sexual abuse, victims of hate crime, children and young victims, elderly victims, LGBT victims, victims from certain BME communities, asylum seekers, refugees and victims with learning disabilities. In order to reach these hidden victims and ensure that their needs are met outreach is a hugely important function for service providers.

Potential Actions:

Awareness-building as to the existence of a 'Hub' and its function

Access point for harder to reach communities/individuals

Funding for outreach services

Access

Specific access problems are again wide-ranging and some of the barriers for victims wishing to access support include: childcare (or other care commitments), work commitments and requirement to travel and associated lack of access to funds. In addition these barriers appear to be aggravated by inconsistency of provision across the Thames Valley area and a lack of knowledge of what is available.

Potential Actions:

Outreach

Creating ways of meeting the needs of these individual e.g. funding for transport, childcare etc. increased provision of helplines, email/telephone support etc.

Thresholds

Some professionals identified difficulties in obtaining suitable support and in particular counselling for victims of 'less serious' crime. Many referrers remarked that statutory services cater for complex but not lower level needs and that non-statutory organisations were increasingly applying higher thresholds which victims needed to meet in order to be suitable. This again made the process of finding suitable support for an individual complex, frustrating and time-consuming and resulted in long waiting lists for individuals who did not 'tick the right boxes'.

Potential Actions:

Funding for key agencies representing the three key areas (domestic abuse, sexual abuse and children/young people) to build counselling capacity and potentially free up some of the statutory availability for other victims

Development of a volunteer counsellor base within the 'Hub'

Specific needs of BME groups

Although some of the issues relating to the specific needs of some BME groups are covered within the categories of 'Access' and 'Hidden Victims' the potential complexity of issues would appear to require a separate category of unmet need. Restricted access for BME groups, asylum seekers requires the need for more support, access to interpreters, and understanding of cultural issues, appropriate cultural counselling service, and increased cultural sensitivity.

Potential Action:

Additional resources for outreach

Increased access to interpreters

Additional training for service providers and potentially referring agencies to raise understanding of cultural issues/cultural sensitivity

Further investigation of appropriate cultural counselling services for specific client groups

Summary

No quantitative analysis of unmet needs was possible due to the limitations both in resources and timings of this feasibility study. However it is a fact that unmet need is an ever-changing landscape and this study has attempted through a process of geographical mapping to provide a snapshot of the areas of unmet need as identified by referrers and service providers. The authors of this report are aware of the limitations related to these methods of data collection and specifically the limitations of individual self-report as a means of providing an objective and unbiased perspective on where need exists. However it is the opinion of the authors that the range of opinion and information sourced, provided a representative sample and subsequently subjective overview of where need exists. This research has highlighted a number of key areas of unmet need and has started to facilitate the process of identifying and shaping potential solutions. Such an assessment is never finite and ongoing assessment is subsequently required to ensure that funding decisions can be responsive with the flexibility to direct resources appropriately and to where they are most needed.

The remainder of this report will focus on the ways in which a central model or 'Hub' could function in order to improve and increase provision for those victims of crime wishing to access counselling.

Part Two: 'Hub' – Options and Viability

The second part of this report explores the feasibility of a referral and triage model or 'Hub' as a means of meeting unmet counselling need and adding capacity, value and quality to counselling provision for victims of crime in the Thames Valley. As previously stated no quantitative analysis of unmet needs was possible and therefore consideration of the 'hub' as a model appeared to give a rationale and logic to address this deficit by informing the evidence for the size, scale and type of unmet need in a way that can steer the future allocation of funds and development work.

The study undertaken has allowed us to access service providers and referring agencies and ascertain the functions that they would wish to see such a model to provide. The study also accessed their concerns about such a system's feasibility. Referrers and service providers' shared different ideas about how PCC funds could be best utilised for victims of crime who required access to counselling and had contrasting opinions about the viability of a referral and triage hub.

However a number of key themes were identified and these findings have allowed us to put together a number of potential options for future service delivery.

Key Themes

1. Making the best use of available funds

It is fundamental to the whole process and the major driver behind the proposal that an appropriate mechanism is created and developed for ensuring that funding follows need in an appropriate way. Although ensuring that this mechanism is streamlined in a way to maximise the resources available for the direct provision of counselling remains an obvious concern, it would be impossible to address all the key themes in this report without committing some resources to the creation of an appropriate infrastructure. While acknowledging that this is a difficult balance to strike, it is a balance that holds the key to the success of a workable and efficient system.

2. Lack of current overview of victim services

Referring Agency: "We do not know where best to send people"

Consistently, referring agencies expressed the difficulties experienced in making referrals due to an inability to obtain any clear overview of what services were currently being delivered in the Thames Valley, who those services were designed to cater for and how to refer to said agency. They outlined their frustrations in frequently trying to make referrals only to find that organisations no longer existed or that funding had been cut to specific services. In addition they felt unqualified in terms of making decisions about where the specific needs of the individuals they were working with would be

best met. Similarly during the consultation events it was evident that organisations were not clear amongst themselves in terms of who was offering what and therefore this created missed opportunity for victims to be able to access the right service in a timely fashion.

For example: one agency delivering a specialist service for victims of sexual abuse reported that they were forced to operate a waiting list due to a lack of specialist counselling availability in their area. Another agency offering the same specialism attending the consultation event confirmed however that they had capacity in that area and would be able to take on referrals.

From the consultative process undertaken during this feasibility study plus the information collected by Refugee Resource during their PCC commissioned 2015 study 'Developing capacity for specialist counselling for victims of crime who are refugees, asylum-seekers, vulnerable migrants or from BME groups with little or no English across the Thames Valley' the number of counselling services identified in the Thames Valley is approximately 'Sixty', this in truth is likely to be an understatement.

One of the most important issue and questions that need to be addressed is; how do you put people in need of a service in touch with the enormous range of community resources available to assist. It is just the same in the world of social care. It is the sheer number as to the range of resources and the degree of specialisation which makes any solution so difficult. It is for this reason that the concept of the 'Hub' and the information system that would be an integral part of any such system is perceived as an effective tool in addressing these identified difficulties.

3. Network

Service providers highlighted that in addition to there being no overview of services available there is no established network for counselling providers in the Thames Valley. Potential benefits of such a network could include:

- Raising operational awareness of other services and what they are delivering
- Scope for partnerships to build capacity and be stronger in terms of funding applications
- Sharing of best practice/expertise
- Access to each other's resources e.g. interpreters, specialist counselling
- Support

4. Training

It was recognised that there is significant skill and expertise within the various counselling providers operating across the Thames Valley. The specialisms of certain agencies are vital to meet the needs of specific client groups, however the sharing of expertise through training and awareness events could help to strengthen organisations and ensure that victim needs are met.

Organisations expressed a preliminary willingness to provide free training to other members of the network in exchange for the training that they could in turn access for free.

Key Concerns

1. How to make the best use of available funds?

Understandably this was the major concern shared by those involved in the consultation. Opinions varied markedly in terms of what the function of a 'Hub' should be and how resources should be allocated. In essence service providers were keener to keep resources to a minimum so that the available funding could be maximised in terms of direct counselling provision.

Referrers were minded to put additional resources into the hub so that it was staffed and offered a 'human element' so that referrers could get advice and information on where to signpost victims or so that victims could access the hub directly

2. Avoidance of over-assessment

One service provider stated that the hub 'should not be about assessment' and this was echoed throughout the consultation. Service providers felt that on receiving a referral they would be required to undertake their own assessment and a requirement for individuals to have to re-tell their story was potentially traumatising. The consensus therefore appeared to be that the process within the hub would be about signposting rather than assessment. This would however need to be balanced against the requirement for information in order to make an informed judgment about what services will best meet the needs of the service user. Perhaps more importantly in a system which is designed to be a victim-led process, victims should be allowed the opportunity to identify what they want, utilising the advice of someone who knows exactly what is available and how it might meet their needs.

3. Danger of overcomplicating.

Concerns were raised not only about whether a 'Hub' would eat into funding needed for direct service provision but also whether adding another step in the process might mean longer waiting times for victims wishing to access counselling and the ramifications of this.

In addition service providers had some good links with referrers and had worked at building trust in the quality of their service delivery.

4. Triage

In addition to the dangers of over-assessment, providers raised concerns with regards to the potential triage element of the hub. Some voiced concerns about how need could be prioritised and if every referral was going through the same place whether 'lower level' crime victims would miss out.

5. Quality of service

Providers were concerned about how member organisations might be assessed as providing quality of service. There were specific concerns about the potentially onerous nature of evaluation of services and the ethicalness of expecting victims to complete questionnaires/be interviewed etc.

Hub Remit

The scope of this project is refined to looking at a model of counselling provision for victims of crime in the Thames Valley. The authors of this report recognise that counselling is not the right intervention for everybody and a victim-led approach to identifying the appropriate support is vital for the coping and recovery of victims. Similarly throughout the consultation period it was clear that whilst the funding was required for counselling provision, many of the potential functions for a 'Hub' would not benefit service users, referrers or service providers unless the remit was expanded to encompass an overview of all victim services.

Models/Options

The existence of a 'Hub' is a popular choice for some and for others signifies a move away from resources being directed into much needed counselling provision. Both support and opposition exists in varying forms and the authors have attempted to take into account the needs and concerns of both service providers and referrers, while attempting to ensure that it is the needs of the service user which are prioritised. Authors are very well aware of the large numbers of services users

requiring access to counselling in the Thames Valley and are subsequently mindful of the need to preserve as much of the available budget as possible for direct service provision.

The conceptualisation of the 'Hub', within this report is examined from two specific options. With the alternatives, it describes what the role of the "hub" should be, how it should be managed and staffed. The authors of the report suggest that research undertaken concludes that the development and maintenance of a managed directory of network members, holding up to date information of the services available to victims of crime in the Thames Valley is a necessity. Beyond this a number of options are explored in relation to the potential additional functions of the 'Hub' and the management options available.

CORE MODEL: Directory of Victims Services

Premise

Counselling provision for victims of crime in the Thames Valley presents a complicated and confusing landscape for those individuals/organisations wishing to make referrals and for victims looking to access support.

Referrers repeatedly highlighted the 'frustrating' and 'time-consuming' process of trying to identify the service which would best meet the needs of the individual they were looking to refer. Some also reported feeling 'unqualified' to make an assessment of the type of support which would be of most benefit.

Subsequently, some expressed concerns that service users were experiencing delays in accessing the support they required or were simply not being directed to the most appropriate support service due to a lack of oversight as to what organisations existed and the services they provided.

Referrers were therefore particularly keen on the concept of a single point of contact for anyone wishing to access support on behalf of themselves or a third party.

Potential Solution

A 'Virtual Hub' could fulfil this function by developing and maintaining a live directory of 'member organisations' containing the following information:

- Name of Organisation
- Contact Information

- The service(s) they deliver for victims of crime e.g. counselling, mentoring, support groups etc
- Geographical coverage
- Specialisms e.g. client group, specific type of counselling etc.
- Referral criteria
- Current capacity/length of waiting list

Crucially, this directory would need to;

- a) Ensure that it was kept up to date. Whilst many organisations have put together directories of services for referral purposes and throughout this research some of these directories were very kindly provided it was noteworthy that these directories differed significantly in terms of content and providers identified the impossible task of keeping up to date.
- b) Be accessible and be searchable in a variety of formats i.e. searches by location, specific counselling type etc

Development

A detailed mapping of all victim services in the Thames Valley needs to be undertaken building on the available work of Refugee Resource, Reading Voluntary Action and Circles South East. This information could then be compiled into directory providing information detailed above.

Maintenance/Human Element

The directory would need to be managed to ensure that it remained up to date. Monthly reminders could be generated by the directory requesting that ‘member organisations’ provided updates on changes in service provision and current capacity/length of waiting list. There would be a mutual responsibility on behalf of the ‘Hub’ and the ‘member organisations’ to keep the information up to date and providers would benefit from providing this information as a means of advertising their service and when they have capacity, however given the strains on providers the Hub would require a dedicated member of staff to chase and input the data.

It is however important to recognise that the creation of such a directory and its public – facing aspect is not feasible without considerable expense. The creation of a portal through which potential service users can research available care services is something that most local authorities are currently looking to do. Using their experience as a general guide a specialist company would have to be commissioned to facilitate this. Initial costs of at least £80,000 would be involved and ongoing

charges of at least £20,000 a year would be a conservative estimate. Equally important is the fact that the pressure on maintaining the accuracy of the directory is far greater if it is to be public-facing, and even, as suggested, counselling agencies themselves are 'mutually responsible' for updating it, the constant need for prompting, checking and maintenance is onerous and therefore expensive in staff time as well as software costs. There is clearly a balance to be struck, as directing enquiries to the hub-agency will also be expensive in terms of staff time rather than promoting the direct contact with agencies through a remote web-site. If the function of the hub is to record the use of counselling services through the collection of key usage and outcome data and/or to control the allocation of funds then investing in the expensive mechanisms to promote referrals that by-pass the hub is not particularly sensible (although the authors recognise that people may still go straight to counselling agencies and they obviously will continue to publicise their services directly by whatever means they think appropriate). Compiling the directory to support the operation of the hub and the ability to advise victims and referral agencies is still central to the creation of the Hub, even without the web front-end. This still needs designing which has a cost itself (but probably nearer £10,000) and the maintenance of its accuracy is still important and time-consuming task.

It is the concept of the hub as a centralised directory that is the central component of achieving a unified and responsive counselling service for victims of crime. The expectations of what it will be required to undertake and what it can and cannot achieve within the budget available is important. The feasibility study identifies those elements of the hub that are perceived as having a purposeful function and role, the execution of which will need further analysis and careful consideration.

Member Organisations

Authors are all too well aware that incompetent or inconsistent service provision can be at the very least unhelpful and at the worst a re-traumatising experience for the service user. Similarly referrers and service providers alike raised concerns about quality assurance and a need to have confidence in the organisations they refer into. The 'Hub' would therefore need to have a responsibility for ensuring the quality of service provision provided by the organisations detailed in the directory. The exact nature of this responsibility will need careful consideration. The setting of standards begs the questions; who will enforce these standards and how? If the hub is to have a regulatory role is it an expectation that it will be required to undertake some kind of inspection and review? A further question is such a role compatible with the networking and provision of support? There are many examples of agencies that perform such a regulatory role, i.e. The Restorative Justice Council, Circles UK, although the concept of working to a set of Approved Provider Standards may be the most cost effective and consummate level needed.

Membership could also be based on the explicit agreement to a commitment to using an agreed system of outcome measurement as explored later in the report. Whether these are a standardised set of outcome measures or a system that has to be agreed but may differ in certain respects, would need further consideration.

It would also be appropriate to adopt tried and tested practice in line with the Domestic Abuse Champions Network the 'Hub' could act as a Centre of Excellence managing a network of 'member organisations' or 'Champions'.

A means of doing this would be the requirement for all services whose details were to be included in the directory would need to apply for membership and in doing so agree to subscribe to a code of practice developed to:

- outline the standards for member organisations around quality of governance and service delivery which service users can expect of network providers
- clarify agreed requirements and specific practice that must be complied with in order to meet these standards e.g. BACP/UKCP membership/accreditation, relevant experience of working with victims of crime, commitment to ongoing training and professional development, supervision arrangements etc.

Access

The directory would need to be accessible by 'member organisations' who could use the information to identify other service providers who might better meet the needs of service users who had been referred into them either because of a specialism offered or due to current capacity and ability to provide the required service within a more desirable timeframe.

In addition the directory would also need to be to be accessible online to victims looking for information about available support in their area and to any individual/organisation looking for support for a third party.

Various search options would need to be available so that searches could be made by locality, type of counselling, client group etc. and then contact could be made directly with the service provider(s) to explore further the potential for referral.

Advertisement and awareness building of the 'Hub' would be vital to ensure that it was well utilised.

Networking

By becoming 'member organisations' a network of quality assured victims service providers in the Thames Valley could be established. The 'Hub' could have a responsibility for managing the network and undertaking the following functions:

- Facilitation of networking events/forums to promote organisational awareness of other services, sharing of best practice, anonymised case discussion etc.
- Assembling and distribution of a regular newsletter used by members to share information about their service(s), provide details of upcoming training events, advertise job opportunities etc.

An established network could increase organisational awareness and improve communication between providers which could in turn lead to better service for victims. This could facilitate increased scope for partnerships (e.g. organisations working together to bridge gaps in service provision or sharing of resources and/or expertise to build capacity/capability and scope for sustainability).

Organisations with long waiting lists would be able to look to the network as a means of meeting the needs of service users in a timely fashion through services they know and trust. They could establish links with organisations with specialist knowledge to access advice and guidance where required and also be called upon to share their own expertise in their specialist field(s).

Training

Many service providers have specialist knowledge which is vital in terms of working with specific client groups/addressing specific needs. These specialist organisations are vital but many do not have the organisational resources to reach all those who would benefit from this expertise. Secondly additional training would be a way of building capacity within existing victim's services and can strengthen funding applications and the potential for sustainability. Another function of the 'Hub' could therefore be the administration of free training events available to network members. During the consultation phase a number of organisations expressed a willingness to provide free training to other service providers and highlighted topics that they would be able to deliver training on identifying that they held relevant experience and expertise which would be of use to other

organisations and that they too would benefit from new skills/knowledge in other areas to build capacity/increase quality of service provision within their own organisations.

Potential topics identified:

- Trauma focussed counselling
- Victim focussed training for non-specialist counselling organisations
- Current developments in the field of neuroscience and the implications for the field of talking therapies and treatment approaches
- Substance Misuse.
- Working with sexual violence
- Working through interpreters
- Working cross culturally with survivors of crime and complex trauma.
- Working from a psychosocial approach - linking counselling with mentoring/women's group/advice work
- Domestic violence
- Working with people from refugee backgrounds
- Additional options:
- Availability of grants where organisations can provide evidence of need/demand and apply for funding to undertake specific training to build organisational capacity e.g. EMDR or working with specific client groups which can be sourced either within or outside of the network
- Specialist training organised by the hub could also be a means of raising awareness and/or income generation. For example: training in managing disclosure, domestic abuse awareness etc. Similarly individual counsellors could be charged a fee to attend 'Hub' training events.

Model Variations

Information and Referral Hub

Premise

All of the above including the directory, network and training could be managed in a 'Virtual Hub' Model. Referrers would be able to access the directory and then make contact with the relevant organisation(s) directly in order to discuss making a referral. This model would give referrers the confidence that that they had an overview of the service available however multiple phone calls/enquiries might still be required if referrers were unsure as to the type of support required or

the organisation best suited to meet the needs of the individual they are referring. Similarly a 'Virtual Hub' whilst also accessible to victims of crime looking to access to support may be daunting in terms of the choice available.

Potential Solution

The human element of the hub could be expanded to be directly contactable as a single point of contact for referrers, providing information, advice and signposting to the appropriate service.

The 'Information and Referral Hub' could also provide victims of crime with a means of exploring their specific needs and finding the service that provides the best fit.

Key components:

1. Establishment of referral pathways for self-referrals, referring agencies and service providers

A variety of referral routes would need to be developed for those who wanted to make direct contact with the 'Hub' rather than simply utilise the information contained within the directory.

Key questions for consideration:

- Who would refer into this model?
- How might this referral take place?
- What would need to be in place for this to be possible?

Three key referral pathways:

1. Self-referral route

- Either as a source of information or as a means of collaborative assessment to identify the best support options available, the hub access for victims would need to be simple and be accessible through a variety of means including telephone, email and social media.
- Advertisement would be essential to ensure that all victims potentially requiring support could be reached including those who do not wish to report to the police and those who do not identify themselves as victims.

- Special consideration would need to be given in relation to reaching groups safely such as: children/young people, victims of domestic abuse, victims of sexual abuse, BME communities etc.

Relevant advertisement would therefore need to be innovative and in some cases discreet e.g. GP surgeries, public libraries, radio, social media

2. Referring agencies

- The first point of contact for victims looking to access support can be extremely wide-ranging from GPs to employers, police to housing providers. The hub would therefore need to establish key referral pathways with more traditional referrers such as Health, Police etc. as well as investing in advertisement, outreach and optimum positioning on internet search engines to establish themselves as the relevant first point of contact for those looking to make a referral.
- It is well known that there are some strong referral pathways already in existence between referrers and service providers. It would not be the remit of the hub to seek to override those pathways which are currently functioning well and delivering good outcomes. Effective management of the 'Hub' would therefore build upon existing pathways and expand the accessibility of victims service to ensuring that all referrers and potential service users can have access to a quality-assured network of service providers.
- Flexibility is key given the wide range of individuals/agencies that may be making referrals. Subsequently the 'Hub' must be led by the needs of the individual as to whether it would be more appropriate for the referrer to seek advice and information on behalf of a third party or whether direct contact with a victim is required to ascertain need and ensure accurate signposting.

3. Service Providers

Service providers highlighted that they may receive inappropriate referrals or feel that a victim's needs might be better served elsewhere either due to a specialist service being offered by another organisation or due to a current lack of capacity and inability to meet an individual's needs within a suitable timeframe. A mechanism would also need to be in place whereby service providers could source

an alternative support service for the individual they are working with. As 'member organisations', service providers would have access to the directory/directory and subsequently could find the information they require to make an onward referral. They would also have the option to make contact by phone or email with the 'Hub' to discuss support options.

Learning from TIARA:

Given the size and length of the project only limited work has been done to generate awareness of the project and subsequent referrals. The five participating agencies have used their own referral pathways to identify clients whose needs would be best served within TIARA and the most prominent referral route has been via Victim Support. In addition TIARA has advertised in the local press and has established referral pathways with a number of GPs and Thames Valley Probation Victim Liaison Units.

Referrals have been received into TIARA through a variety of means including completed referral forms, email and telephone contact.

Where a professional is working with a client who they think would benefit from TIARA services there is flexibility for them to;

- Complete the referral form with the client themselves
- Arrange to meet the individual with a TIARA representative to go through the available options, or;
- To provide contact details for a TIARA representative to make contact directly with the client

This flexibility has been crucial in terms of reflecting the differing referrer/referee relationships and ensuring that the potential service user feels comfortable with the referral and understands the process and options available.

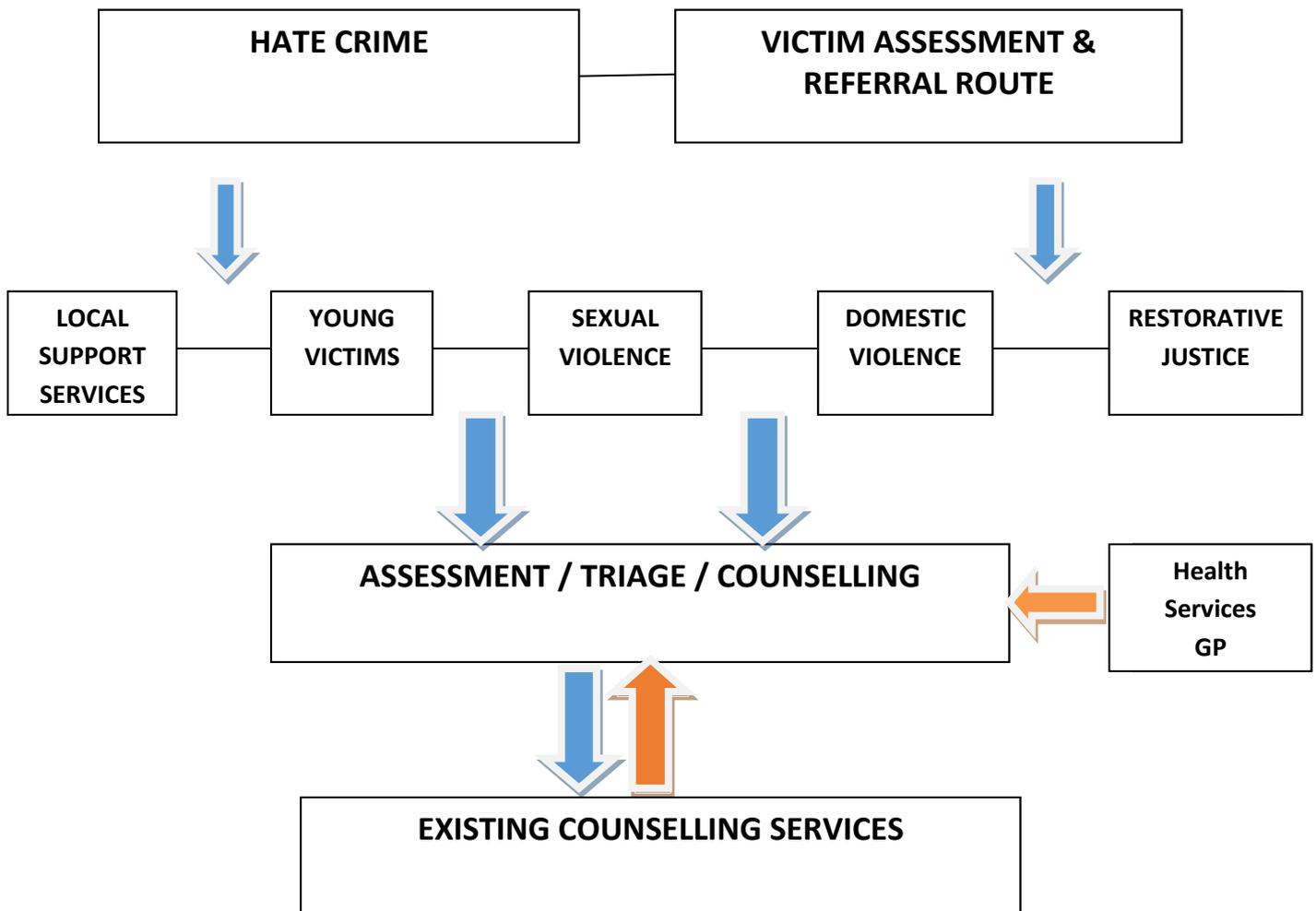
Critique & Summary of Referral

It was agreed by all consulted during the feasibility study that it would be far too bureaucratic to insist that any participating counselling agency can only accept referrals that have gone through the Hub, but that if the Hub is to control the access to PCC funding then it either has to receive the relevant referral in the first place or receive notification from the appropriate counselling agency

wishing to apply for the funding on behalf of someone. This report references the flow diagram contained in the Thames Valley PCC Victims' Commissioning Update (March 2014) which anticipates a standard referral route as being through the Victims Assessment and Referral Centre (provided by VS) and then onwards to the specialist services (which include the "Local Support Service") for those with additional needs such as those who have experienced sexual violence or domestic abuse. This model will make the process of managing the Hub simpler because the referral links are simpler. The main addition to this diagram is an arrow coming up from "Existing Counselling Services" to the "Assessment and Triage" box. There are also as is indicated within the report, reasons as to why someone will not come through the standard route or go straight to the counselling agency and come back up to the "Hub" – this is where for example there is a considerable delay between the victim experiencing trauma and the commission of the crime – in which cases a referral might be made direct by the GP or such an agency to the "Hub" – an additional arrow therefore comes in from the right-hand side. While it could be argued that this process is potentially time-consuming for the victim, it identifies, unifies, monitors and evaluates what is by definition, due to the number of different organisations that make up the box at the bottom of the flow chart, a complex and confusing array of services.

THAMES VALLEY POLICE AND CRIME COMMISSIONERS OFFICE

INTEGRATING SERVICES IN THE THAMES VALLEY



2. Flexibility of assessment/signposting function

The Victim’s Code 2013 sets out Government’s pledge that Victims of Crime ‘should receive appropriate support to help them, as far as possible, to cope and recover and be protected from re-victimisation.’

This requires the provision of a range of services to be available to those who want or need support as and when they require it and regardless of whether a crime has been reported to the police or how long ago it took place.

Delayed PTSD for example can occur when symptoms relating to the original trauma are either reactivated or have gradually increased over time often due to being exposed to a new ‘stressor’.

Walsh, Fortier and Dilillo (2010) found that 10-25% of known victims of child sexual abuse reported no psychological difficulties during childhood. However some may demonstrate a delayed effect which manifests in adolescence or adulthood as they begin to engage in their own consensual intimate relationships.

The scope of the term 'victims of crime' is extremely wide and it is accepted that no one service can meet the needs of all victims in the aftermath of crime but service provision for victims should include availability of and access to:

- Information
- Practical help
- Safety planning
- Emotional support
- Counselling
- Outreach

One of the biggest concerns of service providers was of the 'Hub' performing an assessment function. They highlighted that on receipt of a referral the service provider is required to undertake their own assessment and therefore the potential for 'over assessment' exists the result of which could be onerous and potential re-traumatising for the victim.

Clearly 'over-assessment' and its associated dangers must be avoided however this must be balanced against the need for a process that it is truly victim-led and where the potential service user is the one making the decision about the support they wish to access.

Victims who require and undertake counselling will present with widely differing needs in terms of the type of counselling or psychotherapy that would be of most benefit to them and as such the need for an effective assessment and referral system seems to be essential to ensure service users are receiving the correct form of help from the outset. This could also ensure a more efficient use of resources as well as an improved service user experience.

In addition, what can also not be underestimated is the potential value of the 'assessment' as a restorative process in itself. Professional judgement would therefore be paramount in finding a balance between offering an opportunity for the victim to be heard, believed and empowered to make informed decisions about the type and nature of support they require against the need to

avoid over assessment and the associated risks to an individual who is being asked to repeatedly re-tell their story.

The 'Hub' worker would need to have an understanding of the different types of counselling/talking therapies available and be similarly aware of the range of counselling options available so that client needs are leading the treatment approaches rather than victims being made to fit into inappropriate treatment approaches.

They will also need to identify when referrals are required into organisations equipped with the expertise and resources to deal with complex trauma. Whilst shorter-term counselling may be sufficient for an individual who is struggling with the impact of single trauma, access to longer term counselling would need to be available for complex trauma victims.

In addition to specific counselling need and assuming that counselling is indeed the right support service for the individual, consideration must be made of the additional support which an individual may require before, during and after counselling. Subsequently support packages would need to have the flexibility to be tailored and bespoke to the needs of the individual and have links into advice/advocacy/housing/benefits provision etc.

Learning from TIARA

As anticipated many of the clients referred into TIARA have had complex needs and have subsequently expressed a desire to take up a number of the support services available. In addition flexibility to meet individual need has meant that professionals working within TIARA have been able to tailor the support package and introduce relevant interventions as and when required.

Case example: Client R identified at the outset that she would like to receive counselling. At the conclusion of the counselling it was acknowledged that her support network was limited and she would benefit from ongoing social support from another service provider. Multi-agency working within TIARA meant that discussion could take place between providers to identify the most suitable follow-up support service based on need.

In addition, for a number of clients referred into TIARA counselling was identified as something to be worked towards and that which could be undertaken in the future once social support functions delivered by Victim Support or Circles South East had been established.

On a larger scale one hub with a full overview of the victim's services in the Thames Valley could offer clients access to a wide-range of services to best meet their individual needs without the need for re-assessment and arduous referrer paperwork.

Conclusions and Recommendations for assessment/signposting function

The method and content of the 'assessment' would need to be flexible and reflect the amount of information currently available to the 'Hub' and what is required to make an assessment of victim need and accurate referral into the right service(s) to meet that need.

Where appropriate the victim should have the opportunity to be involved in the process of voicing their need and being empowered to make informed decisions about the type and nature of the support they require.

Victims would not be required to go into detail about their experience and this victim-led process would crucially need to be balanced against the need to avoid multiple assessments.

The following options are available:

- a) Information received from the referrer clearly identifies the appropriate service provider for the individual. The 'Hub' therefore makes contact with the service provider and arranges for them to contact the victim directly and undertake their own assessment. No direct contact with the victim is required by the 'Hub'.
- b) Where the referral is received direct from the victim or where the information provided by the referring agency does not provide enough detail to signpost accurately, a conversation would need to take place between the 'Hub' worker and the victim to determine the level and nature of support they need. The 'Hub' would then liaise with service providers to put together a fully integrated package of support.

NB: A victim-led approach to the way in which the conversation between the victim and the 'Hub' worker takes place would need to be adopted with options available for face-to-face, phone call or via a third party. (Consideration about the benefits of face-to-face contact would need to be weighed up against the funding implications for the additional resources required and whether this might lead to a waiting list for assessment.)

Critique & Summary of Assessment

All the key information should already have been completed by the Assessment and Referral Centre and/or one of the specialist intermediaries / agencies. What the system desperately needs is a structured approach to assessment which reflects a system of Triage;

Part one - completed at the first point of contact

Part two – completed at the specialist intermediary stage

Part three – completed at the ultimate service provider stage

This should be done in such a way that there is no repetition or repeating of the victim's story, and should mean that the Counselling Hub does not need to ask any extra questions, except where the referral comes from another agency (off right from the PCC flow chart / diagram). Where the Part one and two, referred to above should be a combination of what is included by the referrers (Part one) and what is undertaken by the Hub (part two). In order to avoid any requirement for the Hub to undertake assessment then there should be a possibility of the Hub paying one of the specialist counselling agencies a fee to carry out the Part two assessment referred to above, when referrals have not come through the standard route.

Measuring benefits/outcomes for service users

'The Government has stated its intention to develop an outcome-focused commissioning framework specifically for victim services with the aim of supporting victims to achieve two outcomes: to cope with the immediate impacts of a crime and to recover from the harm they have experienced. This is intended to increase the accountability of service providers and service commissioners to victims and the wider public' (Ministry of Justice 2012b)

In line with this strategy the 'Hub' and its member organisations would need to evidence outcomes whilst balancing the need to avoid being overly onerous for the service user.

The following means are suggested as means of evaluation:

Part 1

- Outcome evaluation – is there a measurable change following the intervention? i.e does the intervention work
- Design of an appropriate outcome evaluation needs to take into consideration the possible effects of various demographic variables including age, gender, race, religion etc.
- In addition where outcome measures are too narrow i.e. focussed on changes in presenting PTSD symptoms other measurable changes may not be captured.

Consideration is also required of when and how often to assess, too often is burdensome for the client and counsellor but too little could potentially result in the intervention going on longer than is necessary. Similarly is a follow up study required to ascertain whether effects are only present whilst the intervention is taking place?

Given the scope of counselling provision required to meet the widely varying needs of victims of crime the adoption of a universal tool to measure outcomes across a wide range of organisations is no simple task.

In addition, the adopted outcome measurement tool must be designed to measure benefits/outcomes for service users bearing in mind the following eight categories of need covered by the commissioning framework for victim's services:

Eight categories of need:

- Mental and physical health
- Shelter and accommodation
- Family, friends and children
- Education, skills and employment
- Drugs and alcohol
- Finance and benefits
- Outlook and attitudes
- Social interaction

For the purposes of the evaluation of the TIARA model a number of outcome measures were presented by the project evaluator Dr Nadia Wager for consideration and piloting by TIARA members. The five organisations within TIARA delivered five very different services to range of victims from wide-ranging backgrounds. There was no existing outcome measure which sought to satisfactorily capture relevant outcomes for all organisations and the decision was therefore taken to pilot an adapted version of the Mental Health Recovery Scale renamed the Moving forward from serious criminal experiences scale pre and post intervention.

This scale is in the process of validation and there are two versions available the second which in recognition of the inappropriate length for use with clients requiring an interpreter or with a learning disability is condensed 14 questions.

Exploration of other suitable outcome measure has been undertaken but the recommendation is that (subject to ethics approval and successful piloting within the TIARA project) this outcome measure be adopted for use by hub 'members' for the purposes of cases referred by the hub, either in conjunction with organisations own measures or on a stand-alone basis.

Part 2

Process evaluation – this focuses on more qualitative information including views and experiences of hub staff, referring agencies and service providers and includes interviews, surveys and focus groups.

The proposed process evaluation will consist of an auditing process of the referral documentation and interviews with hub staff to explore the assessment and onward referral process.

During the auditing process particular attention will be paid to:

- the number of people who are referred into the hub and those who are ultimately offered services
- The profile of the clients referred to and served by the hub
- The length of time between referral and engagement in a service
- Whether the clients received the services they requested
- The number of services from which the clients received support
- The number and which services clients selected/ were referred to, but they failed to engage with.

Interviews with hub staff will be used to review the decision-making regarding the suitability of clients for particular services to ascertain how well the process of referring clients has been.

In addition surveys for referring agencies and service providers will capture information regarding the methods and efficiency of the referral process, delivery of appropriate support function and the receipt of appropriate referrals

Evaluation will be an essential component in the hub's commitment to a continuing process of highlighting areas of unmet need and looking at ways of meeting that need and evaluation will also form part of the quality assurance process for member organisations.

Critique and Summary of Outcome Measures

As highlighted above the collation of information and intelligence has many aspects to be considered. The ability to log what is going on within the system, the profile of people accessing services, the profile of people who have difficulty accessing services, the profile of people completing their programme of counselling and feedback around the outcomes (at both a programme wide and provider specific level) is all critical to monitoring the effectiveness of the system established. All of the above requires a substantial involvement from the Hub if information is to be captured, as well as the need for an information system that can record data, produce analyses and aggregate statistics.

It is also important to recognise that evaluation and outcomes measurement are different, if not complementary. Evaluation can be carried out on a sample of service users whereas outcome measurement should apply to all. The capturing of meaningful data requires the separation of Individual Level and Service Level Outcomes. Individual Level Outcomes are crucial to case management and have to reflect the full range of issues covered by the service with individual users. Service Level Outcomes feed into an assessment of the impact of the service as a whole and should be related directly to the reasons as to why the service has been commissioned. In this instance the MoJ report quoted provides the context for this where upon two outcomes are highlighted; 'Increasing victims' ability to cope with the immediate impacts of crime' and 'to enable them recover from the harm that they have experienced'. Unlike other social programmes which have a greater degree of subjectivity in their core outcomes, dependent on the perception of the "victim". In this instance what the Hub could do is to rely on providers to submit the results of their Individual Level Outcomes monitoring on an annual basis but pursue directly the collection of service level outcomes by asking victims who have used the services directly one or two simple questions after their service

has come to an end. This would involve the Hub noting the means to communicate with the service user and doing so once they are notified that the service has finished.

HUB MANAGEMENT

The two Models explored above would require management and the options surrounding their management are explored in the following section. However it is important to note that for both options the Seven 'Potential Actions' identified in Part One of this report relating to the specific aspects of 'unmet need', all involve additional funding. Some of this funding would link into the role of the Hub to work with counselling providers to develop the market and their capacity with that market. This will require the PCC to take an overview which will inevitably involve the need to make choices and set priorities. The financial implications of the Seven 'Potential Actions' identified in Part One of the report have to be born in mind when considering the 'Hubs' role and the funding of the individual packages of counselling, assuming that money spent on developing provider capacity is money that cannot be spent on individual packages of counselling.

OPTION 1 - Multi-Agency Model

Evaluation of the Therapeutic Interventions and Restorative Approaches (TIARA) pilot is currently being undertaken but replication of this multi-agency consortium approach as a 'best practice' model of service provision is one of the options available.

The model would involve at least four multi-agency 'panels'/consortiums covering e.g. Oxfordshire, Buckinghamshire and Berkshire x 2 and consisting of four or five consortium members/service providers.

The consortium members would need to provide a range of services and between them hold relevant experience and expertise to meet the diverse needs of victims of crime in their locality. Importantly there would need to be one lead agency with an operational remit across the whole of Thames Valley with representatives in each of the four 'panels' who would hold an overall responsibility management of the budget, maintenance of the directory and facilitation of network and training events.

As with TIARA each service provider would have a specific support service which they would bring to the consortium. The model would then take referrals and make joint assessments of need to identify which service or services would best meet the needs of the client. Where possible the client need

would be met by the agencies operating within the consortium however there would be the flexibility available to refer into other network members where appropriate.

Funding of Counselling Provision:

The Counselling budget would be managed by the lead agency who would be responsible for allocating funds appropriately across the four 'panels' and for setting targets and allocating funds to those organisations making up the panels. There would also need to be additional resources available to access services from other service providers where the needs of the client would be best served outside of the limitations of the consortium.

Clearly the benefits of the multi-agency consortium approach are many and some of the key advantages are highlighted below:

- Discussion of client needs by experienced professionals who subsequently put together bespoke support packages for clients
- Effective communication and good working arrangements between organisations provides 'joined up' service for clients
- Decision-making about client need is transparent and can be evaluated to ensure ongoing effectiveness and efficiency

However such a model would require additional funding, time and resources which would be need to be balanced against the desire to preserve funds for direct counselling provision.

OPTION 2: Single Agency Management

The other option would be the incorporation and management of the chosen model within the existing structure of a single agency. In the 'Virtual Hub' Model the single agency would be responsible for the design and maintenance of the directory, the management of the network of member organisations and the facilitation of the training timetable.

In addition to the above if the remit of the hub were also to include assessment/signposting as per the 'Information and Referral Model' it would need to be staffed appropriately to take referrals from victims, referrers and other providers.

This model has the primary advantage of being simpler and subsequently less-costly.

Funding of Counselling Provision

Available options:

- Where the client has been referred into a service provider (not via the 'Hub') the service provider can make a funding application to the 'Hub' to cover the cost of counselling or to cover specific issues which are preventing access to counselling e.g. travel, childcare, need for an interpreter. The hub reviews applications on a rolling basis and awards funding based on need.
- Where the referral comes via the 'Hub' and a suitable counselling provider is identified, upon completion of their assessment the service provider can provide the 'Hub' with a recommendation of the service required and its associated cost and the 'Hub' will fund the provision of the counselling

These options both involve the full cost of the counselling being paid out of the PCC budget which ensures that access to longer term counselling is available to those individuals with complex needs but means that the fewer individuals can access the budget.

- The PCC Counselling budget as managed by the single agency will cover a set amount of counselling hours (e.g. 12). If additional counselling is required then service providers would need to utilise funding from alternative funding streams to be identified prior to the commencement of the intervention.

This option would mean that more clients would be able to access counselling through the allocated PCC budget however there would be an onus on the service providers to ensure that they had the resources available to take on clients requiring longer term counselling.

The single agency would have full control of the budget and ongoing evaluation would be necessary to identify areas of unmet need and to inform strategies as to where the budget would be best spent to meet this need.

Examples:

- a) Evaluation highlights a lack of referrals received from certain BME groups

In this event the 'Hub' could allocate a specific part of the budget and invite funding applications from relevant organisations and their proposals for Outreach work to these groups.

- b) Evaluation highlights unmet need for those victims of 'less serious' crime whose needs are not prioritised.

In this event the 'Hub' could coordinate a counselling and talking therapy service that follows The Ethical Framework for Good Practice in Counselling, staffed by volunteer counsellors.

Key components

- Recruitment of a Counselling Coordinator with the relevant qualification, accreditation and experience or both counselling provision and of delivering clinical supervision.
- The Counselling Coordinator recruits and supervises a pool of volunteer counsellors who either have or are working towards a Diploma in Therapeutic Counselling (min 100 supervised practice hours)
- Victims are allocated to the most appropriate volunteer counsellor for their needs

Critique and Summary of Funding Arrangements

Control of access to the funding for individuals is crucial, without this the hub will frankly become somewhat superfluous and will have little impact. It is an imperative that the PCC ensure funding is closely allied to need. There is also the opportunity for the 'hub' to perform the vital role involving the collection of information and intelligence that will inform the evaluation of different counselling approaches and styles with an overview of the effectiveness and comprehensiveness of the provision as a whole.

The objective is to find a way of financing provision that is more directly related to service user need, and therefore involves some form of 'individual budget' attached to individuals that can then be used to best meet their need. This would then be co-terminus with the current social policy direction in relation to health and social care – as in entitlement to Personal Budgets for social care users and the introduction of Personal Health Budgets as well. Rather than limiting funding options to the dichotomous alternative of providing relatively small amount of money to a wider group of clients or alternatively a larger, flexible amount of money based on individual need for a smaller range of clients, a better option may be to have more than one standard allocation of budget related to closely defined criteria and a process by which application can be made for an extension / or further allocation again based on a transparent established criteria.

The process of assessment is also crucial to such structures of funding and a model that is defined on two different criteria for accessing the “grant” that is referenced above, may not be as different as it would appear i.e. are the numbers of victims meeting the wider criteria and those meeting the more targeted criteria actually that different? This inherently requires someone in the hub to make that initial judgement as to which category someone fell into and also administering the process of considering time frames and possible extensions.

Obviously this kind of system depends on as clear and transparent a set of criteria of who qualifies as possible. That having been said there will always remain a degree of subjectivity and interpretation e.g. it may be relatively easy to define what constitutes a “serious crime” but a phrase such as the “most vulnerable” will always escape close definition and in fact it is best to recognise this and build in a degree of flexibility and scope for individual judgement.

However at this point without having some notion of numbers and costs and using this to model alternative approaches a considered assessment cannot be undertaken. This requires a modelling tool in relation to the numbers requiring service and an element which looks at the average cost of counselling provision. The whole of this system could be modelled and the best balance found between infrastructure costs and what is possible as against the likely cost of individual packages.

Prioritisation of Need

Wherever possible victims of crime requiring access to support should be able to access it as and when it is required. However taking into account the large numbers of victims requiring access to counselling the in Thames Valley allocation of funds within the ‘Hub’ would be required to be ‘needs-based’.

As per pages 9-11 of the Victims Code 2013, victims who fit into the following three categories are eligible for enhanced entitlements:

- Victims of serious crime.
- Those who are persistently targeted.
- The most vulnerable.

The three strands prioritised by the Thames Valley Police and Crime Commissioner: Young Victims, Victims of Domestic Abuse and Victims of Sexual Abuse clearly fall into these categories and where resources are scarce may need to be prioritised for intervention.

The 'Hub' should always be able to signpost and where appropriate and depending on the model employed should have the resources to fund all or part of the counselling required. On this basis a clear strategy with regards to prioritisation of need will be required.

In addition, where organisations are running long waiting lists a valuable function of the 'Hub', via the directory would be to highlight agencies where capacity does exist and where individuals would be able to receive the support they need within a more reasonable timeframe.

Additional option explored but not put forward for consideration at this stage:

Private Counsellors – the potential to use private counsellors (funded by the 'Hub') on an ad hoc basis as a measure to reduce strain on waiting lists and as a potential means of reaching clients who were unable to access current services was explored during the consultation process. Concerns were raised with regards to cost-efficiency given the hourly rate charged by private counsellors and how quickly this could drain available funding. The short-term focus of this strategy was also of concern. In addition, a number of organisations stated that they would be unwilling to use a private counsellor who had not been interviewed by them and gone through their internal training and would therefore be unable to benefit from this. The opposition to this method was unanimous and has therefore not been explored further. However if the PCC does wish to create a model that is in line with current health care policy, in moving to greater personalisation as we think it is, a key element of this is around user choice on how to spend an allocation budget becomes a key principle and in direct opposition to the view expressed by those providers consulted as part of this feasibility study. People should have that choice even if it will consume a higher amount of their budget. The comments that are reflected above could be viewed as a provider sector that wants to maintain a closed shop rather than support service user choice.

Critique and Summary of Hub Management

In terms of the different options for managing the Hub it is important to consider the enormous number of agencies involved in the provision of counselling services. The weakness of having a multi – agency panel arrangement, required to provide a system of triage is who and how are these agencies selected? Time, resources and coordination are greater and how does the system monitor

the mitigation or aggravation of favouring their own provision and limiting the promotion of client choice. It is for these reason that an overwhelming consensus of user involvement related to the feasibility study agreed that the triage function i.e. the 'Hub' should be operated by a single agency and preferably an independent agency i.e. not one that makes counselling provision itself.

Conclusion and Recommendations

Taking into consideration both aspects of the feasibility study, the examination as to the extent of unmet counselling need among victims of crime in the Thames Valley and the exploration of a 'referral and triage' model as a potential means of meeting this need, the authors of this report conclude that system of Triage for Thames valley Counselling services for the victims of crime is best served through a centralised model, referred to in this report as a 'Hub'. Summarising what the suggested role of the Hub should be is as follows;

- Maintenance of information about the provision of counselling services and provision of advice about choices to potential referrers.
- Management of preferred provider list (membership) among counselling providers
- Promotion of networking and mutual support among counselling providers
- Management and allocation of PCC counselling grants for individuals
- Collation of usage data in terms of referrals, allocations, and outcomes

The limitations of this feasibility study have been the lack of tangible numbers involved and as has been made clear throughout the report the financial implications for the suggested roles of the 'Hub' as identified above cannot be properly calculated. A key recommendation of this report is to create a modelling tool that would calculate the average crime statistics for the key groups and then make an allowance for the proportion of re-victimisation (particularly in relation to domestic abuse), An allowance for the overlap between different categories would then be made (victims who will appear in more than one category), the proportion who are likely to seek any form of assistance and the proportion that are likely to benefit from counselling. A proper modelling tool would make all this transparent and allow the testing and challenge of each of these assumptions to see the impact of the change.

The statistics below give an idea of the scale that will need to be reviewed;

Average number of crimes of sexual violence recorded over last 4 years	1693 per year
Incidents of racially of racially / religiously aggravated fear or distress -	688 per year

Victim Support cases provided with face to face support by VS	946 (2013/14)
Domestic Violence Crimes recorded	8921 (2013-14)
Arrest for violent crimes 2013 -14	14,874
Proportion of victims who are under 18 (drawn from another Police area)	6.4%

These figures are not an accurate prediction of the numbers of people who might be processed by the proposed Hub in a year but if we based the calculations on these figures the numbers might be in the order of 3000 to 5000. This amounts to potentially between 58 and 96 cases per week. Based on these assumptions, a crude estimate of the staffing requirements to manage this kind of Triage / Hub Model would require around 3.5 wte staff – some of which may be admin time. Broadly speaking the liaising with counselling agencies, maintaining the directory and the preferred provider list might take at least 1.2 wte and the handling of allocations, maintaining stats and chasing outcomes make take at least 2.3 wte. This could amount to a cost of **£160,000**. To which would need to be added an allowance for management information systems, as well as specific funds to enable participant providers in terms of training and networking. The conclusion and recommendation of this report is not whether the above calculations and amount are considered too to be appropriate or too high a cost but rather, based on an agreement of the potential tasks involved (as in the approach to modelling costs) a modelling tool in relation to the numbers requiring a service, combined with an element looking at the average cost of counselling provision, the whole of this system could be developed and the best balance found between infrastructure costs and what is possible as against the likely cost of individual packages.

The conclusion and recommendation of this report therefore is that the above is not only possible but that such a model could and should be built to do this work far more accurately and that this should be seen as a high priority, not just to test the viability of the Hub and assess the likely costs but also to inform modelling for the levels of counselling budget that should be set for individual victims.

Circles South East
4th April 2015

VICTIM COUNSELLING 'HUB'

This short questionnaire is for individuals/agencies currently offering counselling services for victims of crime in the Thames Valley. Your opinions and the information you provide will be vital to inform the design of an appropriate model which best meets the needs of service users, referrers and counselling providers.

1. Name

2. Organisation (if applicable)

3. Position or role:

4. Are you accredited with a professional body e.g. BACP, UKCP?

No Yes If so, please provide details .

5. What type of counselling do you offer? You may select more than one option;

Humanistic Integrative or eclectic Psychodynamic

Cognitive Behavior Therapy Gestalt Hypnotherapy

Eye movement desensitisation and reprocessing (EMDR)

Other (please specify) .

6. Do you work with a specific client group?

No Yes (please specify) .

7. Which area(s) do you cover or work within?

Oxfordshire Buckinghamshire Berkshire

Other (please specify) .

8. Do you currently operate a waiting list?

No Yes

If so, what is the typical length of waiting time between referral and start of counselling?

.

9. Are you aware of any current barriers for victims of crime looking to access counselling in the Thames Valley e.g. location, language, specific client group etc.?

[Click here to enter text.](#)

10. Do you measure benefits/outcomes for service users?

No Yes

If so, please provide details of the ways in which you do so.

[Click here to enter text.](#)

11. What do you think are appropriate counselling services for victims of crime e.g. type of counselling, number and length of sessions etc.?

[Click here to enter text.](#)

12. Do you think there is a need to improve existing counselling provision for victims of crime?

No Yes (please give details) [Click here to enter text.](#)

13. Can you identify any area(s) of training that would be useful for counsellors working with victims of crime?

No Yes (please give details) [Click here to enter text.](#)

14. Would you or your organisation be able to offer training/consultancy to improve counselling provision for victims of crime?

No Yes (please give details) [Click here to enter text.](#)

15. What would be the benefits for counselling providers in being part of this model? E.g. sharing of resources, training, interpreters etc.

[Click here to enter text.](#)

16. What would be the potential problems for counselling providers in being part of this model?

No Yes (please provide details) [Click here to enter text.](#)

17. Do you have any other comments, questions or concerns?

No Yes (please provide details) [Click here to enter text.](#)

Thank you for taking the time to complete this questionnaire



VICTIM COUNSELLING HUB

This short questionnaire is for individuals/agencies who might refer into a Victim Counselling Hub. Your opinions and the information you provide will be vital to inform the design of an appropriate model which best meets the needs of service users, referrers and counselling providers.

1. Name

2. Organisation (if applicable)

3. Position or role:

4. On a monthly basis, roughly how many referrals would you make into counselling for victims of crime?

5. What individual and agencies do you refer to?

6. How do you refer?

7. Are there any problems when making referrals e.g. waiting lists?

No Yes (please specify)

8. Are there any gaps in counselling provision for victims of crime in the Thames Valley e.g. location, language, type of counselling etc.?

No Yes (please specify)

9. Do you think there would be any benefits in a central hub for victim assessment and referral?

No Yes (please specify)

10. Do you think there would be any problems in referring victims into a central hub?

No Yes (please specify)

11. Do you have any other comments, questions or concerns?

No Yes (please provide details) [Click here to enter text.](#)

Thank you for taking the time to complete this questionnaire

Moving forward from serious criminal experiences scale

Client's Name: _____

Date: _____

The goal of this questionnaire is to find out how you view your own process of moving forward following your victimisation experiences that lead you to this service. Moving forward is complex and different for each individual. There are no right or wrong answers. Please read each statement carefully, with regard to your own current moving forward process, and indicate how much you agree or disagree with each item.

1. I work hard towards moving forwards following the event(s)

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

2. Even though there are hard days, things are improving for me.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

3. I ask for help when I am not feeling well.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

4. I take risks to move forward.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

5. I believe in myself.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

6. I have control over my well-being.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

7. I socialize and make friends.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

8. Every day offers new opportunities.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

9. I still grow and change in positive ways despite the event(s).

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

10. Even though I may still have problems, I value myself as a person of worth.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

11. I understand myself and have a good sense of who I am.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

12. I try to eat nutritious meals every-day.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

13. I go out and participate in activities every week.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

14. I make the effort to get to know other people.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

15. If applicable, I am comfortable with my use of prescribed medications.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

16. I feel good about myself.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

17. The way I think about things helps me to achieve my goals.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

18. I feel at peace with myself.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

19. I maintain a positive attitude for weeks at a time.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

20. My quality of life will get better in the future.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

21. Every day I get up and do something productive.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

22. I am making progress towards my goals.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

23. My religious faith or spirituality supports me.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

24. I advocate for the rights of myself and others who have had similar experiences to me.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

25. I engage in work or other activities that enrich myself and the world around me.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

26. I cope effectively with any stigma associated with my experience

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree

27. I have enough money to spend on extra things or activities that enrich my life.

Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree