A THAMES VALLEY POLICE AND CRIME COMMISSIONER-FUNDED PHASE 1 PROJECT

Developing capacity across the Thames Valley for specialist counselling for victims of crime who are refugees, asylum-seekers, vulnerable migrants, or from black and minority ethnic groups with little or no English

Produced on behalf of Refugee Resource (Oxford)
by Fiona Gell and Jane Shackman

Final Report April 30th 2015
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Acronyms

BAME – Black Asian and Minority Ethnic
BME – Black and Minority Ethnic
CBT – Cognitive Behavioural Therapy
CCG – Clinical Commissioning Group
DA – Domestic Abuse
ESOL – English for Speakers of Other Languages
FGM – Female Genital Mutilation
HBV – ‘Honour-Based’ Violence
IAPT - Improving Access to Psychological Therapies
IDVA – Independent Domestic Violence Adviser
ISVA- Independent Sexual Violence Adviser
PCC – Police and Crime Commissioner
PTSD – Post Traumatic Stress Disorder
RJ – Restorative Justice
RR – Refugee Resource
SARC - Sexual Assault Referral Centre
SV – Sexual Violence
TIARA – Therapeutic Interventions and Restorative Approaches

Acknowledgements

Firstly, we would like to sincerely thank the many people who gave up their time to be interviewed and share their views so willingly for this scoping project: the refugees, asylum-seekers and migrants who attended the three Focus Groups in Oxford, and the many service providers who we interviewed across the Thames Valley. Secondly, we would like to thank all the Refugee Resource staff, volunteers and trustees who supported us and patiently answered our many queries, particularly those who provided strategic direction for the project: Ray Fishbourne, Anthony Kingsley, Maxine Myatt, Amanda Webb-Johnson and Sushila Dhall. Many thanks also to Sujo Kingsley of IVISMEDIA for her expert IT and graphic support and considerable patience. Finally, our thanks go to the Thames Valley Police and Crime Commissioner for acknowledging the importance of supporting the refugee, asylum-seeker and migrant communities by funding this research.
Executive Summary

Background: The Police and Crime Commissioner (PCC) for the Thames Valley has expressed his intention for victim support services to be provided consistently across the whole PCC area. One of the six specialist services planned for commissioning from April 2015 was ‘Psychological counselling for victims in the priority categories and/or victims who have been unable to recover from the impact of the crime.’ Key principles of the service include that: it should enable victims to cope and recover; it should prioritise victims of serious crime, those persistently targeted, and the most vulnerable and intimidated; and that it should be available whether or not the crime has been reported. In preparation for this commissioning process, Refugee Resource was awarded a Phase 1 research grant (September 2014 – March 2015). This document reports on the outcome of that project. In parallel, Refugee Resource has been delivering trauma counselling as part of the TIARA consortium project (Therapeutic Interventions and Restorative Approaches) which received a PCC Phase 2 grant to deliver a range of services to victims of crime in Oxfordshire.

Refugee Resource aims to relieve distress, improve well-being, and facilitate the integration of refugees and asylum-seekers across Oxfordshire by providing psychological, social and practical support. More recently it has widened its remit to support vulnerable migrants.

Project aims and outcomes: The project aim was to develop the capacity and capability of sector specialist partners in the Thames Valley to respond to future funding opportunities for the provision of specialist post-trauma counselling for victims of crime who are refugees, asylum seekers, vulnerable migrants or Black and Minority Ethnic (BME) groups with little or no English. Although the focus was on these 4 client groups, the findings have wider application to any groups who face barriers to accessing counselling services. Revised outcomes were agreed in February as follows:

- A network of Thames Valley-wide partners organisations expressing concern for ensuring equality of access to counselling for the 4 key client groups
- A mapping of existing counselling services and gaps in provision
- An analysis of the barriers to access and ways they can be overcome
- Options for different models of counselling provision
- A set of common outcome measures and a common model of referral pathways (being piloted by TIARA)

Methodology: Interviews were carried out with service providers from both statutory and non-statutory sectors, mostly the latter. Those interviewed were selected on the basis that they either offered free or low cost counselling and/or that they supported victims of crime with emotional, social or practical support. 63 organisations were interviewed using a semi-structured approach and an emphasis on collecting qualitative data. Information was collected on the type of counselling or other service offered, numbers of clients seen from the key client groups, barriers to access for those groups and strategies to overcome them, referral pathways, and potential interest in working in partnership. Three small focus group discussions were also conducted with Refugee Resource clients.

Context of the Thames Valley: The Thames Valley comprises the two County Councils of Buckinghamshire and Oxfordshire, the six unitary authorities of Berkshire, and the unitary
authority of Milton Keynes (in Buckinghamshire). The large area and complex administrative structure makes for an equally complex partnership landscape in terms of establishing referral pathways across the region and planning for the provision of consistent services across the region. The population is diverse in terms of ethnicity, country of origin and relative wealth. Within an overall picture of affluence, there are significant pockets of deprivation, particularly in the large urban centres of Slough, Milton Keynes, Reading and Oxford. 15.5% of the Thames Valley population is from a BME group, the largest population being in Slough (54.5% of the population). It was not possible to source accurate number of refugees and asylum-seekers, but numbers are thought to be significant with best estimates for Oxfordshire alone during 2011-12 suggesting a minimum of 3,000, including 280 unaccompanied asylum-seeking children. No statistics on types of crime experienced by our 4 key client groups were found, but Thames Valley Police data shows that BME groups are slightly over-represented (16.9%) amongst victims of crime. This is particularly so for Black/Black British, and to a lesser extent for Asian/Asian British. A small percentage of these latter two groups will be made up of people from our 4 key client groups.

**Psychosocial approaches to meeting the needs of the 4 client groups:** The 4 key client groups are affected by a wide range of crimes which may have occurred in their home countries, on their journeys to the UK and/or in the UK. Asylum seekers and refugees in particular will have had their psychological and social worlds severely disrupted, and many may have suffered traumatic experiences of persecution, torture and loss. Together with vulnerable migrants, they may have undergone traumatic journeys to reach the UK and some will have been trafficked. On arrival, many face destitution, isolation and vilification by the media. Some will experience race-related crimes. Others are subjected to harmful cultural practices including Forced Marriages, ‘Honour-Based’ violence and Female Genital Mutilation. Many will be reluctant or feel unable to report crimes. It is widely established that the best way of assisting coping and recovery for asylum-seekers and refugees is a psychosocial approach, with its core principles of building resilience and promoting well-being. This model is at the core of Refugee Resource’s work which comprises counselling/psychotherapy, social support (mentoring, women’s group, men’s service, therapeutic knitting group) and practical support (advice/advocacy, ESOL classes). Its counselling approach aims to be culturally appropriate, and specialises in dealing effectively with multiple losses, traumatic experiences, psychosocial issues arising from cultural adjustment, and disempowerment due to social isolation and poverty.

'It was a relief to be listened to. It lightened the burden to be able to let it out. We don’t want to burden the family with our problems. We can’t tell our families back home... At Refugee Resource people have time. They care. Secrets are held. I just got a little happiness.’

(Client, female)

**Mapping of services, gaps and accessibility issues:** The report identifies the key services supporting victims of crime in the 4 client groups across the Thames Valley. Some of these are counselling organisations; others support victims of crime with a range of services that may or may not include counselling. A map in section 6 shows the distribution of these services across the Thames Valley. Gaps in services are also highlighted.

Findings indicate that there is a range of well-established counselling services across the Thames Valley. Most of these see some clients who have been victims of crime. Some see relatively high
numbers of clients from BME groups; others see a few; some see almost none. Refugees, asylum-seekers, vulnerable migrants, and those with no or little English are particularly poorly represented, and on the whole appear to be accessing these services very little. Many barriers were identified including services being inaccessible due to language barriers or being culturally inappropriate, lack of awareness about the nature of counselling and how to access it, and issues of trust and confidentiality. Specialist organisations providing counselling or therapy to the key client groups are only available in Oxford and Reading (Refugee Resource, Children’s Society, Mothertongue). There is a clear need for specific funded strategies to improve access and equality to appropriate (transcultural and trauma-focused) counselling services for the 4 key client groups across the Thames Valley.

The NHS service ‘Improving Access to Psychological Therapies’ in each county are aware of the barriers to access for BME groups, taking measures to improve access, seeing relatively high numbers of BME clients, and identify improved outreach work to BME communities and adapting services to cultural need as key issues.

In addition to counselling organisations, other services supporting victims of crime include the sexual abuse and rape crisis/support centres, domestic abuse services across, youth organisations, drug and alcohol support, and refugee services. Many offer counselling as one element of their service; others offer practical, social and emotional support. While some of these organisations see very few people from the 4 key client groups, others had specific strategies to reach BME communities facing barriers to access. In particular, most of the domestic abuse services have dedicated outreach staff and often innovative projects supporting BME communities, particularly Asian women, these communities being disproportionately affected by Forced Marriages, ‘Honour-Based’ Violence, and Female Genital Mutilation. Yet the need for this support is said to outstrip current capacity. There is less evidence of a strong youth focus on BME group needs. There are gaps in support for adult victims of sexual violence in Milton Keynes and Banbury. Also, while specialist support services for refugees and asylum-seekers exist in Oxford, Reading, Slough and Milton Keynes, there are keenly felt gaps in High Wycombe and Banbury.

**Recommendations to improve access and equality of provision:** Effective services take account of the diversity within our communities and have the flexibility to work with people’s different experiences, values, attitudes, understanding, behaviour and ability to communicate. Accordingly, for counselling services to meet the needs of victims of crime in the 4 key client groups, they need to be transcultural (culturally and linguistically appropriate), able to work with people’s traumatic experiences, flexible (short-term, long-term or episodic), and accessible to those in need. strategies to improve access are proposed as follows:

- Improved access to trained interpreters
- Specialist training for counsellors (transcultural, working with complex trauma, psychosocial approach)
- Increased spread of the few specialist counsellors across the region
- Translated material on services
- Outreach work with BME communities (to raise awareness, find pathways into isolated communities, identify client needs, and adapt services accordingly)
- Creating a more ethnically and linguistically diverse pool of counsellors
- Improved local networking and collaboration
- Learning from good practice
Optional models for a counselling service and pathways to the service: On the basis of the findings of this research, Refugee Resource proposes two alternative options for a PCC-funded counselling service and two alternative models for pathways into the service. These models are relevant for all victims of crime, not just the 4 key client groups. They were presented for discussion at the PCC counselling consultation workshop on March 26th.

The counselling service:
- Option 1: short-term time-limited counselling for all victims of crime that has caused significant psychological harm.
- Option 2: flexible (short or medium-term) service only for those most in need: victims of serious crime, those in complex circumstances, and those who face particular barriers in accessing counselling (these reflect the PCC priority categories)
For either option, there would need to be a well-resourced strategy to ensure accessibility and equality for all which draws on the recommendations in the previous section.

Pathways into the service:
- Model 1: A consortium of counselling organisations managing a service through local service hubs across the Thames Valley. Referrals are assessed in each hub and referred on to a consortium member or a specialist outside the group. This model is currently being trialled by TIARA for Oxfordshire.
- Model 2: A Preferred Provider Framework with a single budget holder. Clients are referred into one central hub and, on the basis of an assessment, a funding package is awarded, and the services of a Preferred Provider purchased. ‘This is a similar concept to the ‘central hub’ model that the PCC consulted on at the meeting to discuss the commissioning of a victims’ counselling service on March 26th.

Outcome Measures: In parallel to the above project, the TIARA consortium has been piloting the use of various outcome measures to assess the effectiveness of counselling support for survivors of serious crime and will report on this in due course.
Section 1 – Background

The Police and Crime Commissioner (PCC) for the Thames Valley has expressed a clear intention for victim support services to be provided consistently across the whole PCC area. Across the country, local commissioning is replacing the old system of grant-funding by the Ministry of Justice, and PCCs are now becoming responsible for commissioning the majority of emotional and practical support services for victims of crime in their local areas. This includes both a ‘non-specialist’ over-arching victim referral mechanism, now awarded to Victim Support in the Thames Valley, and more ‘specialist’ services for victims of crime.

In 2014 the Thames Valley PCC identified six types of service that he wished to commission from April 2015. One of these was ‘Psychological counselling for victims in the priority categories and/or victims who have been unable to recover from the impact of the crime’. Other services include Restorative Justice (RJ), Sexual Violence Advocacy, 3rd Party Reporting for Hate Crime, Young Victims and Domestic Violence.

Key principles of the commissioning framework include the following:

• The intended outcome is to support victims to cope from the immediate impacts of crime and recover from the harm experienced.
• Services should be targeted at those who have suffered the greatest impact from crime including the following:
  - Victims of serious crime
  - Those persistently targeted
  - The most vulnerable and intimidated
• The services are available whether or not a crime has been reported. In addition, the PCC in the Thames Valley has confirmed that this is so irrespective of whether the crime occurred in the UK or abroad.

The local commissioning process in the Thames Valley, during 2014-15, has involved 3 steps: a first phase of victims and RJ grants, a second phase of victims and RJ grants, and finally contract tendering for commissioned services. The PCC also carried out an in-depth victims’ needs assessment (unpublished) which we understand highlighted the need for appropriate counselling provision. As part of this process, in June 2014 Refugee Resource was awarded a Phase 1 grant to help build the capacity and capability of voluntary, community and social enterprise sector providers to support victims of crime. The project ran from September 2014 to March 2015. This document reports on the outcome of that project.

Refugee Resource is a charity which aims to relieve distress, improve well-being and facilitate the integration of refugees and asylum-seekers – mainly in Oxfordshire – by providing psychological, social and practical support. More recently it has widened its remit to support vulnerable migrants. Over 16 years it has developed a holistic and integrated psychosocial model of support in Oxfordshire, with most clients coming from Oxford city. It is concerned that many refugees, asylum-seekers and vulnerable migrants across other parts of the Thames Valley, including other

1 Victim Services Commissioning Intentions, Thames Valley Police and Crime Commissioner, April 2014
2 The MOJ have defined ‘capability’ as the skills to successfully bid for funding and ‘capacity’ as internal capacity to better fulfil an
parts of Oxfordshire, do not have access to the kind of psychosocial support from which they could benefit. The PCC grant has enabled Refugee Resource to explore this issue.

Subsequently, under Phase 2 of PCC funding, the TIARA consortium (Therapeutic Interventions and Restorative Approaches) was awarded a grant to deliver a range of person-centred services to those who are trying to cope with and recover from traumatic experiences of crime. Refugee Resource is one of five organisations delivering this project and has responsibility for delivering trauma counselling. On-going learning from the TIARA work has informed this research project.
Section 2 – Aims and outcomes

**Aim of the project:** To develop the capacity and capability of sector specialist partners in the Thames Valley to respond to future funding opportunities for the provision of specialist post-trauma counselling for victims of crime who are refugees, asylum seekers, vulnerable migrants or Black and Minority Ethnic (BME) groups with little or no English. The focus was on developing provision that would enable such victims to cope and recover from their experiences.

Although the research focused on barriers to access and strategies to overcome them for 4 specific client groups, the findings have wider application. Other groups, such as people with learning difficulties, face different barriers and require different strategies to enable them to access counselling services. However, whatever the group, all services should aim to reach the most vulnerable and those most in need, and achieving this will require evidence-based, specific and costed strategies. This report offers different models of how a counselling service could achieve this.

**Outcomes:** The original outcomes of the project were as follows:

- Network of Thames Valley wide sector consortia capable of meeting the needs of victims of ‘trauma’ crime
- Common sector Data Collection format across the Thames Valley for victims of trauma
- Thames Valley wide Referral Mechanism template agreed by partners
- Local Action Plans in place in Slough, Reading, Buckinghamshire, Milton Keynes, Reading and Oxfordshire
- Common Outcome Measures agreed

The above outcomes were identified at a time when it was thought that the PCC would be inviting tenders for a counselling service to support victims of crime in time for the service to begin in April 2015. Thus it was expected that well before March organisations would be forming partnerships and consortia to bid jointly for this commissioned service. The work planned to achieve the above outcomes would have taken place in this context. However, changes in the timing and nature of this commissioning process within the PCC necessitated amending the outcomes of this project.

As a result, the outcomes of the project were reformulated in February 2015 (Project Report Nov 2014 - Feb 2015) as follows.

- A network of Thames Valley-wide partner organisations expressing concern for, and commitment to, ensuring equality of access to counselling for the 4 key client groups
- A mapping of existing counselling services and gaps in provision
- An analysis of barriers to access and ways these barriers can be overcome
- Options for different models of counselling provision
- A set of common outcome measures and a common model of referral pathways (being piloted by TIARA)
Section 3 - Methodology

The research approach used was to interview a wide range of service providers from both statutory and non-statutory sectors, with an emphasis on interviewing non-statutory agencies. A total of 63 interviews were carried out during September-March. See Appendix A for a list of those interviewed.

Interviews were conducted face to face or by phone. They were semi-structured, with interview guides being used to give broad direction to the discussions, but allowing flexibility to follow the concerns of interviewees. The emphasis was on collecting qualitative data, with some quantitative data also collected. See Appendix B for the interview guide.

The organisations interviewed were identified from those who attended PCC workshops, Refugee Resource contacts, recommendations from other organisations and web-based research. None of the organisations, other than Victim Support, defined themselves as offering ‘services for victims’ but, by the nature of their work, all see some clients who have been victims of a crime. The counselling organisations selected were those that provided low cost or free counselling, as any other would not be practicable for PCC to work with and fund.

The main areas of questioning included:
- Type of counselling or other services provided
- Clients: number seen, percentage from key client groups, range of issues they present with
- Counselling techniques and needs assessment tools used, outcome measures, training and supervision of counsellors
- Barriers to access for the key client groups, and strategies to overcome them
- Referral pathways
- Potential interest in working in partnership in this sector

The aim of the interviews was not only to gather information, but also to raise awareness of accessibility issues for our client groups, build relationships and explore potential partnerships. This had the added benefit of enabling mutual signposting to other services and potentially facilitating cross-referrals between organisations.

Because this research was not a client-based needs assessment, the emphasis was not on interviewing service users. The prime aim was a mapping of services and the focus was therefore on the views of service providers. However, in order to do a minimal level of crosschecking of findings, at the end of the research we conducted three small focus groups with Refugee Resource clients: two from the women’s group (7 women) and one from the men’s service (2 men). Three of the clients were, or had been, in counselling with Refugee Resource.

We also engaged in all the PCC consultation events which enabled us to identify interviewees, build relationships, and input ideas on the future commissioning of services.
Section 4: Context and demographic profile of the Thames Valley

4.1. General characteristics of the region

The Thames Valley comprises the two County Councils of Buckinghamshire and Oxfordshire, and seven Unitary Authorities. One unitary authority lies within Buckinghamshire (Milton Keynes). The other six make up the county of Berkshire (Reading, Slough, Bracknell Forest, West Berkshire, Windsor and Maidenhead, Wokingham).

These different local government structures work alongside a range of other organisations which configure themselves differently at local, county or Thames Valley level. Few organisations other than the PCC organise themselves at Thames Valley level. The recent restructuring of some services e.g. Victim Support and the National Probation Service, has meant that they now include wider geographical areas and are no longer coterminous with the Thames Valley area. In addition, while there are a few voluntary organisations with a remit for working across the Thames Valley, eg Thames Valley Partnership, most local voluntary sector organisations do not have reach across the whole region, and tend not to work across local authority boundaries.

Milton Keynes presents a particular challenge being the only unitary authority in Buckinghamshire, and with services often delivered in conjunction with those from beyond the Thames Valley eg in the statutory sector, the IAPT service and CAMHS are provided by Central and North West London NHS Trust; and in the voluntary sector Mind services are delivered by Mind BLMK (Mind in Bedfordshire Luton and Milton Keynes).

This complex partnership landscape in the Thames Valley means that establishing referral pathways across the region and planning for the provision of consistent services across the Thames Valley is a challenge. This complication was identified by both this research and in partnership discussions between those interested in working with the PCC on commissioned services for victims of crime.

The region also presents logistical challenges for working across the region on account of its size with over two hours of drive time between farthest locations. However, train services are good between some towns: between Banbury, Oxford, Reading and Slough; between Bicester and Oxford; and between Bicester, High Wycombe and Aylesbury. There is an express coach between Oxford and Milton Keynes.

The Thames Valley has a diverse population in terms of ethnicity, country of origin and relative wealth. Within an overall picture of affluence across both urban and rural geographical areas, there are significant pockets of deprivation, particularly in the large urban centres of Slough,
Reading, Milton Keynes and Oxford. Slough scores highest in the Thames Valley on the Index of Multiple Deprivation and ranks 93 out of 326 local authorities nationally. Deprivation has a well-documented impact on health.

### 4.2. Ethnic diversity in the population

15.5% of the Thames Valley population is from a BME group according to the 2011 census. This compares with 12.9% for the whole of the UK. The population of the Thames Valley has a greater ethnic diversity than other police areas in the south-east.

(The term ‘BME’ is defined here as anyone who registered on the 2011 census as non-white. It does not include Eastern Europeans who registered as ‘White Other’ as these figures are not readily available: ‘White Other’ is amalgamated with ‘White British’ and ‘White Irish’ in the publically available census figures. The distinction is important in comparing data sets as some organisations, such as the IAPT service, include ‘White Other’ in their definition of ‘BME’, and with a sizeable Eastern European population in some areas, this significantly alters figures).

Slough has by far the largest BME population (54.5% of total population) and is the most ethnically diverse local authority area outside of London. This is followed by Milton Keynes, Reading, Oxford and High Wycombe.

<table>
<thead>
<tr>
<th></th>
<th>Total population</th>
<th>Number of people from a BME group</th>
<th>% of population from a BME group</th>
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<tbody>
<tr>
<td>Slough</td>
<td>140,205</td>
<td>76,372</td>
<td>54.5</td>
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<tr>
<td>Milton Keynes</td>
<td>248,821</td>
<td>49,799</td>
<td>20.0</td>
</tr>
<tr>
<td>Reading</td>
<td>155,698</td>
<td>39,401</td>
<td>25.3</td>
</tr>
<tr>
<td>Oxford</td>
<td>151,906</td>
<td>34,041</td>
<td>22.4</td>
</tr>
<tr>
<td>High Wycombe</td>
<td>171,644</td>
<td>32,270</td>
<td>18.8</td>
</tr>
<tr>
<td>Thames Valley - all</td>
<td>2,269,772</td>
<td>352,537</td>
<td>15.5</td>
</tr>
<tr>
<td>UK - all</td>
<td>63,182,178</td>
<td>8,171,819</td>
<td>12.9</td>
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The BME population as a percentage of total population for each Local Policing Area is given in Appendix D.

The ethnic breakdown of the population by Local Authority across the Thames Valley is given in Appendix C. Of note is Milton Keynes where there is a very large sub-Saharan population, especially Somali, and where 127 languages are spoken. The BME population is growing fast. Although it is a thriving, expanding community with strong economic growth, there are a number of wards with high levels of deprivation, inequality and social exclusion.

### 4.3. Refugees and asylum-seekers in the Thames Valley

We were unable to source accurate estimates of the number of refugees and asylum seekers in the Thames Valley despite helpful conversations with the Migration Observatory in Oxford, the

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South-East Strategic Partnership for Migration, Community and Diversity Officers in Thames Valley Police, and Safeguarding teams in local Councils. No geographical breakdown of information could readily be found that was relevant to the Thames Valley.

The Thames Valley is not a dispersal area for asylum-seekers. Most are dispersed away from London and the south-east to areas in the north of the country. So the numbers in the Thames Valley are presumed to be much lower than in other parts of the country. Not being a dispersal area means that asylum-seekers living in the Thames Valley are less likely to be documented, and therefore identified, than those living in dispersal regions where they receive UK Border Agency support.

However, the best estimate we have suggests that the numbers are significant. A Refugee Resource research project in 2012 which collected data on refugees and asylum-seekers in Oxfordshire also found a complete absence of relevant data from census and administrative sources, and turned instead to community sources for information. Together with Asylum Welcome, they interviewed 69 asylum-seekers and refugee clients or community representatives in Oxfordshire, and asked them how many others refugee and asylum-seekers they knew of. Interviewees reported knowing just under 3,000 in Oxfordshire. Actual numbers will be higher. Interviewees were aware of 33 nationalities. Two-thirds were believed to have some form of status; one third were thought to be asylum-seekers. This was massively higher than the official data records: the South-East Strategic Partnership for Migration had recorded 19 asylum-seekers across Oxfordshire in 2011. The Refugee Resource research found that the most common countries of origin were thought to be Sudan, Kurdistan, Iran, Iraq, Afghanistan and Algeria. In Oxford, the majority of refugees and asylum-seekers lived in the areas of greatest deprivation in the city: Barton, Rose Hill and Cowley i.e. where deprivation is concentrated and education and skills levels are amongst the lowest 5% in England.

In 2011, Asylum Welcome estimated that the number of unaccompanied asylum-seeking children in Oxfordshire was 280.

The British Red Cross have been undertaking research into the location of refugees and asylum-seekers in the Thames Valley, the results of which should be explored in any further stages of this work.

4.4. Ethnicity as a factor for victims of crime

(i) Representation of BME groups amongst victims of crime for each county

In the absence of data on victims of crime who are specifically from the 4 client groups, looking at the wider BME community in relation to victims of crime is as close as we could get to an indication of the experiences of our client groups.

Thames Valley Police data on 82,031 victims of reported crime across the Thames Valley in 2013-2014 was compared with population data from the 2011 census. 16.9% of the victims were from a BME group which is slightly higher than the 15.5% of the population from BME groups. This

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indicates that people from a BME group are somewhat more vulnerable to becoming a victim of crime than White people. The following table shows that the same trend occurs in each county.

<table>
<thead>
<tr>
<th>Total Population (2011 census*)</th>
<th>Number of BME persons</th>
<th>% of all persons who are from a BME group</th>
<th>Number of victims of crime (TVP data 2013-14**)</th>
<th>Number of BME victims of crime</th>
<th>% of all victims of crime from a BME group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bucks</td>
<td>754,104</td>
<td>119,026</td>
<td>26,428</td>
<td>4,409</td>
<td>16.7</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>653,798</td>
<td>60,417</td>
<td>21,882</td>
<td>2,423</td>
<td>11.1</td>
</tr>
<tr>
<td>Berkshire</td>
<td>861,870</td>
<td>173,094</td>
<td>33,721</td>
<td>7,050</td>
<td>20.9</td>
</tr>
<tr>
<td>Thames Valley - all</td>
<td>2,269,772</td>
<td>352,537</td>
<td>82,031</td>
<td>13,882</td>
<td>16.9</td>
</tr>
</tbody>
</table>

**Note:**
*The population data is from 2011 whereas the victims of crime data is from 2013-2014. This should be taken into account when comparing data sets.
**7.8% of victims recorded by the TVP had no recorded/stated ethnicity. These have been removed from the data set.
(ii) Ethnic breakdown for victims of crime for the whole Thames Valley

The over-representation of BME groups amongst victims of crime is most marked for the Black/Black British population who represent 5% of all victims of crime, but only 3% of the population. This trend is also seen, though less markedly, in the Asian/Asian British population which represents 10% of all victims of crime but only 8.5% of the population. A small percentage of these latter two groups will be made up of people from the 4 key client groups. The following table provides further breakdown by ethnicity for the whole of the Thames Valley.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of persons in Thames Valley population (2011 census data)</th>
<th>% of population</th>
<th>Number of victims of crime in Thames Valley (TVP data 2013-2014)</th>
<th>% of all victims of crime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Asian British</td>
<td>192,541</td>
<td>8.5</td>
<td>8,235</td>
<td>10.0</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>69,013</td>
<td>3.0</td>
<td>4,108</td>
<td>5.0</td>
</tr>
<tr>
<td>Chinese or other ethnic groups*</td>
<td>34,997</td>
<td>1.5</td>
<td>1,059</td>
<td>1.3</td>
</tr>
<tr>
<td>Mixed</td>
<td>55,986</td>
<td>2.5</td>
<td>480</td>
<td>0.6</td>
</tr>
<tr>
<td>All White</td>
<td>1,917,235</td>
<td>84.5</td>
<td>68,149</td>
<td>83.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,269,772</strong></td>
<td><strong>100.0</strong></td>
<td><strong>82,031</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td>All BME groups (ie non-white)</td>
<td><strong>352,537</strong></td>
<td><strong>15.5</strong></td>
<td><strong>13,882</strong></td>
<td><strong>16.9</strong></td>
</tr>
</tbody>
</table>

*Gypsies and travellers are included under ‘Chinese or other ethnic group’ in the population data above. It is not clear how they are categorised in the TVP data on victims of crime.
Section 5: Psychosocial approaches to meeting the needs of the 4 key client groups

5.1 Client experiences and needs

The 4 key client groups are affected by a wide range of crimes which may have occurred in their home countries, on their journeys to the UK and/or in the UK.

Refugees and asylum seekers are likely to have suffered traumatic experiences in their home countries, having fled from human rights abuses and crimes against humanity during violent political, ethnic or religious conflict, or suffered imprisonment, torture, persecution or rape used as a weapon of war. Almost 50% of Refugee Resource clients have been subjected to sexual violence. Many, including unaccompanied children and young people, will have made difficult and dangerous journeys to reach the UK and seek sanctuary and safety. On the journey they may have been experienced abuse, exploitation, hunger, illness, debt, separation from family members, robbery, threats or assaults. On arrival in the UK, they face a complex asylum claims process, and are likely to experience destitution, poor and limited accommodation, vilification by the media, and isolation. Some may be held in detention centres. These experiences can lead to overwhelming psychological and social consequences, resulting in depression, anxiety, panic attacks, nightmares, hopelessness, sleeplessness, anger and extreme loneliness. Some suffer from Post Traumatic Stress Disorder (PTSD) as a result of their extreme experiences.

Vulnerable migrants – an assessment of the counselling needs of vulnerable migrants in Oxfordshire by Refugee Resource (2013) heard from service providers that ‘vulnerable migrants are often just surviving while their immigration is uncertain. This included those who have overstayed their visa, who are stateless and have never claimed asylum, or who were brought to the UK through sex trafficking. Then, in situations where there is a resolution, mental health issues start to come out. They never felt able to access any help before their immigration status was secure.’ In common with refugees and asylum-seekers, they may experience the same challenges of arrival in the UK, may have been trafficked and/or forced into forms of human exploitation such as domestic servitude, or may experience family-related issues resulting from migration such as difficulty adjusting to changing roles, loss of identity, and intergenerational issues.

People from BME groups who speak no or little English – this could include recent migrants who speak little or no English or people from the older generation in longer-established communities. Crime victims from these groups often have greater barriers to accessing counselling because of language, isolation, lack of awareness of services and inappropriate services.

All 4 client groups. The data in section 4 showed that people from BME groups in the Thames Valley experience a disproportionately high level of reported crime: 16.9% of victims of crime are
from BME groups, while BME groups only make up 15.5% of the total population. This is particularly true for Black/Black British people (5% of victims of crime compared to 3% of the population). In addition to the usual range of crimes experienced by those in the UK (assaults, anti-social behaviour, burglaries, domestic violence, sexual violence, childhood sexual exploitation etc), people from BME groups may also experience crimes perpetrated against them on account of their BME/migrant identity (ethnicity, faith, nationality) or their refugee/asylum-seeker status. Those that speak little or no English are likely to be even more vulnerable to this type of crime. They may also be vulnerable to Harmful Cultural Practices such as Female Genital Mutilation/Cutting,\textsuperscript{11} Forced Marriage or 'Honour-based' Violence.

In addition, people from the 4 key client groups may be reluctant to report crimes, leading to crimes being under-reported or not reported at all. Asylum seekers and vulnerable migrants, in particular, may fear getting into trouble regarding their status, be fearful of authority or have low awareness of their rights in the UK, including the right to unpaid police protection and the services of organisations such as Victim Support, refugee support organisations and other agencies. Women, whether refugees, asylum-seekers or vulnerable migrants, including those who arrive on spousal visas, may be particularly likely to under-report if they depend on their husbands or other male family members to report crimes and negotiate access to support services.

5.2 Psychosocial approach to coping and recovery

Asylum seekers and refugees have had their psychological and social worlds severely disrupted, and a psychosocial approach addresses both. This approach is one that is used by all the UN and other international organisations working to support refugees and displaced people: eg UNHCR (United Nations High Commission for Refugees) and WHO (World Health Organisation).

‘Psychosocial support is an integral part of the IFRC’s emergency response. It helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims’ (IFRC – International Federation of the Red Cross)\textsuperscript{12}.

Resilience and well-being are core principles behind the psychosocial support of vulnerable clients. Resilience is the ability of individuals and communities to anticipate, withstand and recover from adversity, including natural or manmade disasters and social crises. It refers to both the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their well-being, and to the capacity of individuals and groups to negotiate for these resources to be provided and experienced in culturally meaningful ways.

Well-being refers to the condition of holistic health and the process of achieving resilience. Well-being has physical, cognitive, emotional, social and spiritual dimensions. The concept includes ‘what is good for a person’ such as participating in meaningful social roles, feeling happy and hopeful, living according to good values as locally defined, having positive social relations and a

\textsuperscript{11} FGM/C is mainly practised amongst communities originating from Africa (28 countries; very high in Somalia, Egypt and Mali), a few Middle Eastern countries (Yemen, Kurdish communities, Saudi Arabia), and some Asian countries.

\textsuperscript{12}
supportive environment, coping with challenges through the use of healthy coping mechanisms, having security, protection and access to quality services and employment.\(^{13}\)

Isolation appears to be a key feature for many people in the key client groups and whilst counselling may meet their psychological needs and injuries, additional social and group support helps reduce isolation and build resilience. The need for social support in particular was mentioned by one respondent in relation to elderly asylum seekers and refugees, as some may have reduced contact with the younger generation due to ‘changed expectations and different ways of doing and seeing things.’ Socialising with other elderly people also gives opportunities for sharing memories with others and integrating past experiences with their present lives.

Refugee Resource adopts this psychosocial approach when supporting its clients, by offering a package of counselling/psychotherapy, social support (mentoring, women’s group, men’s service, therapeutic knitting group) and practical support (advice/advocacy, ESOL\(^{14}\) classes). Participating in the women’s group and ESOL classes was said to be invaluable to many newly arrived women, helped orientate them in their new environment, and is often a route into counselling for them. Counselling is culturally appropriate and specialises in dealing effectively with psychosocial issues arising from cultural adjustment, multiple losses and disempowerment due to social isolation and poverty. Two independent evaluations of their counselling and psychotherapy service and the focus groups in this study show that clients value this holistic and flexible approach. The latest evaluation found that in the minds of the clients there is little distinction between the practical help and the psychological help they receive: ‘this supports the idea that the strength of Refugee Resource’s psychosocial model is to provide clients with both the practical help they need to establish themselves in a new country and the mental strength to carry it through.’ (Refugee Resource evaluation, Jan 2015). Clients also talked repeatedly about the importance of a flexible approach that allowed for long-term, short-term or episodic counselling alongside the other services.

The social support offered by Refugee Resource is highly valued by clients:

‘Refugee Resource is very friendly – it is not everywhere people have the time to take a minute to talk to you like they do [here] …it’s an open place, for me it’s my second home …’

Male client

‘It’s good to talk and to hear each other, and if anyone is upset about something they can share … sitting at home can make you crazy if there is no one to talk to..’

Female client


\(^{14}\)English for Speakers of Other Languages
5.3 Terminology: emotional support, counselling and trauma focused counselling

This research focused on the counselling element of the psychosocial support package. This section explains the way in which Refugee Resource defines emotional support, counselling and trauma focused counselling. We acknowledge the complexity of this area of work and the wide variation in how these terms are understood and used by others.

**Emotional Support:** When assisting their clients, many organisations offer ‘emotional support’ to their clients as an integral part of their service. Emotional support is an important element in supporting all victims of crime, including the key client groups: it involves listening but not probing, thinking through options and choices, encouraging and making suggestions. A Victim Support report found that emotional support was important in the immediate aftermath of an incident ‘after the initial shock and immediate police response, most participants appreciated being given the opportunity to discuss with someone from Victim Support how they feel after the incident they were a victim of...sometimes it takes several days before the victim realises they would like some help’\(^{15}\).

**Counselling:** Those victims suffering psychological harm because of the impact of the crime may present with a wide range of issues including depression, anxiety or phobias, and may need counselling. This is deeper and more intensive work, with the emphasis on getting to what is underneath what is openly expressed. A reflective space is often offered through the counselling with an emphasis on healing, meaning-making and empowerment for the client.

**Trauma focused counselling** directly addresses symptoms of Post Traumatic Stress Disorder, for example, high anxiety or arousal states or one or more specific traumatic memories, in order to relieve the client of its impact on their present life. The focus is often more directive work around the particular incident/s and its impact. The counsellor may work in a particular way to help the client work with the memory of the incident to take the ‘heat’ and impact out of it so that normal pre-traumatic incident functioning can be resumed and the traumatic event(s) can be better integrated by the person. It might involve taking traumatic memories to pieces so they can be processed in small ‘bites’, linking past events with present reactions. This approach draws on neuro-scientific understanding about the processing of traumatic memories.

\(^{15}\) Coping and Recovering: being the victim of crime in Thames Valley, Victim Support, 2014
5.4 The value of counselling to clients

‘It was a relief to be listened to. It lightened the burden to be able to let it out. We don’t want to burden the family with our problems. We can’t tell our families back home. GPs are always in a rush. At Refugee Resource people have time. They care. Secrets are held. I just got a little happiness.’

Female client in Focus Group

What Refugee Resource clients said 16

Refugee Resource clients interviewed for the counselling service evaluations spoke of their views about counselling and how it had helped them. Initially some were sceptical - counselling is an alien concept to many people from cultures other than western ones, and some would not dream of talking to anyone outside of their family and religion about personal issues, often feeling that having a mental health issue in particular is shameful. Some clients described their initial scepticism:

‘[I thought] this is rubbish. How am I going to get better by talking? Am I going to sit in a room with this guy?’

Male

‘I couldn’t see the point – they don’t have psychologists at home’

Male

‘I didn’t know about counselling so wasn’t ready to talk or trust’

Female

Nevertheless, as they engaged in the process, often in combination with other Refugee Resource services, clients spoke of the benefits:

‘[I] was having nightmares ... [my counsellor] helped with that so I didn’t feel like I was fighting that battle on my own. After seeing [her] I feel free. I feel lighter than before I come into her room. It’s easy to be with [her] in a way that you can’t be with anybody else and show emotion.’

Female

Another male client said that before counselling he could “never go out, could not talk or compose (myself) and had no confidence” but after counselling he was now able to “open up – out of the darkness into the light”.
What professionals said:

The work of Refugee Resource is valued by mental health and other professionals in Oxford for meeting needs that they don’t always have the capacity to meet themselves:

‘If Refugee Resource had not been here I wouldn’t have gotten to know my mentor and gained the psychological help [from counselling]. You have to sustain mind as well as body, and when your mind is troubled your lifestyle deteriorates. You function, but you’re constantly stressed.’

Male

‘One client I referred [to Refugee Resource] was very hard to engage. She was coming with various ill-defined ailments and reading between the lines I felt she’d escaped quite horrific problems in her own nation and that some of her family had been killed. And that she wasn’t really expressing this to anybody so I referred her to Refugee Resource and I think that she began to talk – as far as I know – for the first time about it…’

GP, Oxford

‘Refugee Resource are the only organisation that offers psychological help for refugees and asylum-seekers without it being dependent on status. It creates a warm, welcoming, safe place which is important for people who have lost everything.’

Mental health professional, Oxford
Section 6: Counselling organisations, gaps and accessibility for the 4 key client groups

Sections 6 and 7 map out existing services that respond to the needs of victims of crime across the Thames Valley.

- This section looks at counselling organisations.
- Section 7 looks at organisations offering other kinds of support for victims of crime including domestic abuse, sexual violence, drug and alcohol, and BME/refugee services. Some of these organisations provide counselling as one element of their service. Others offer ‘emotional support’ which differs from counselling (see section 5).

Each section identifies the key organisations, the services they provide, the issues of accessibility that they face and any strategies they use to address this. It also highlights gaps in service provision. In each, an overview of the issues for the whole Thames Valley is provided, followed by details of organisations whose remit is Thames Valley-wide, and then those which work specifically in Oxfordshire, Berkshire and Buckinghamshire.

The map on the following page shows the distribution of the above services across the Thames Valley. Full names of these services are also given in the chart of organisations by service type and location in Appendix E. This map could potentially be produced as an interactive map including links to organisational websites.


The range of organisations across sectors and across such a wide geographical area means that this will not be a comprehensive picture of all of the relevant organisations, but we hope it will at least give an indication of the available services, gaps and key issues.
Map of key services across Thames Valley
Refugee Resource PPC Phase 1 project
For full names of organisations see Appendix E.
Some services may fall into more than one category.
6.1. Overview of counselling organisations for the Thames Valley

(i) What services exist

There is a range of well-established generalist counselling services across the Thames Valley. In the sections below we set out those organisations which work with a Thames Valley-wide remit, and then those which work in each of the 3 separate counties.

Most of these organisations see some clients who have been victims of a crime. These discussions often centred on those who had experienced sexual violence or domestic abuse: sometimes these clients were referred on to more specialist SV or DA organisations, some of which offer counselling amongst other forms of support.

In most organisations, counsellors use a range of therapeutic approaches depending largely on their training. For clients presenting with Post Traumatic Stress Disorder, some organisations are able to offer appropriate support, whereas others refer these clients on for more specialist support.

Many of the organisations offer free or low cost counselling. In many cases they are able to do this because their counsellors are trainees in their final year of study, or are fully qualified but offer their time voluntarily. Others employ fully qualified paid counsellors. All counsellors appear to be registered with a professional body such as the BACP\textsuperscript{17}. Counselling organisations have supervisory structures in place and use a variety of outcome measures.

For young people, counselling services are arranged differently in each county. In Bucks, a number of youth organisations offer counselling as part of their service across the county; whereas in Berkshire there are three main youth counselling organisations.

Gaps in services for the 4 client groups: For young people, two gaps were noted: counselling in Milton Keynes as the YIS Youth Counselling Service waiting list is closed; and long-term therapeutic support for young refugees and asylum-seekers who may need help beyond the short-term intervention offered by PCAMHS. Apart from this, and given the range of counselling services which currently exist across the region, the main need seems not to be for new services but for adapting existing services to make them more culturally appropriate and accessible. This issue is explored in the following section with recommendations for improving access identified in section 8.

(ii) Accessibility for clients from BME communities:

Although some organisations see relatively high numbers of clients from BME groups, others feel that BME groups are under-represented amongst their clients compared to the local population, and a few see almost none. Refugees, asylum-seekers, vulnerable migrants, and BME groups with little or no English are felt to be particularly poorly represented. Some organisations are clearer than others about the reasons for this. Some have specific strategies to improve access for people from BME communities – some are mentioned in the sections that follow - while others did not.
Barriers to access: Factors that appear to prevent the 4 clients groups from accessing counselling include the following:

- Lack of awareness about counselling services/organisations or not understanding what counselling can offer. Some don’t ask GPs for help as they see them as helping with medical issues only.
- Language barriers
- Client may assume service will not be culturally relevant, or be unable to access it because the family disapproves of their seeking professional psychological support; there may be a cultural preference to seek support from within the family or community; or women’s freedom of movement may be restricted
- Fear of lack of confidentiality. Many prefer a counsellor from outside of their own culture. Some women said it was their husbands who were most concerned about confidentiality and suggested counsellors talk to couples together initially to reassure them.
- Client’s family may not feel able to trust white professionals. In addition, some mentioned that abusive partners may tell women that there are no services to support them or that they have no rights
- Client may be unsure of immigration or legal status in the UK and fear possible consequences of being deported, sent home or loss of children
- For asylum-seekers, loss of trust as a result of the asylum determination process (amongst other experiences)
- Social acceptance of domestic violence in some cultures. Women may not feel they deserve or have a right to support.
- Lack of childcare or cost of childcare to free up women’s time for counselling (mentioned as a problem in refuges)
- Having too chaotic and unstable a lifestyle to cope with therapeutic work/ settings or to keep appointments

Interpreting: There were acknowledged challenges with interpreters: a lack of funding, awareness and capacity to train and supervise interpreters for counselling work, and difficulty sourcing them. Some services tried to use Language Line but most found this very difficult in the counselling context, as a person who has lost trust does not know who is on the other end of the phone and will protect themselves. Others used family members as interpreters even if they recognised the short-comings of this (the client can rarely be completely open in the presence of a family member), so that they could at least offer some help. Several organisations identified the need for more trained counsellors from diverse ethnicities and languages. It should be noted that, given adequate resources, interpreting can work well in a counselling context: Refugee Resource works to a model of using trained interpreters who receive robust support and supervision, with the same interpreter present for all the counselling sessions with the client; the NHS IAPT service is able to offer psychological therapy in different languages through interpreters.

Specialist trauma focused, transcultural counselling/therapy which responds to the specific needs of BME groups including refugees, asylum-seekers and vulnerable migrants, is only offered by the voluntary sector in Oxford (Refugee Resource, Children’s Society) and Reading (Mother tongue). There do not appear to be any such specialist services in Buckinghamshire, North Oxfordshire or East Berkshire.

Overall, there appears to be a clear need for specific and funded strategies to improve access and equality to appropriate – i.e. transcultural and trauma focused – counselling services for
victims of crime who are refugees, asylum-seekers, vulnerable migrants, or from BME groups with little or no English.

6.2. Counselling Organisations with a Thames Valley-wide remit

A few counselling organisations have a remit or presence across most of the Thames Valley. These include:

- **Relate.** Counselling focuses on relationship issues but that does not always mean working as a couple. They counsel families, including children and young people, and offer sex therapy. They see many UK-born Asian clients, including survivors of domestic abuse.
- **Circles South-East** support the perpetrators of harmful sexual behaviour, survivors and non-offending partners. In 2014, they set up a new counselling service in locations across the Thames Valley and Hampshire for survivors of harmful sexual behaviour and others affected.

In the NHS, psychological therapy is provided through the Improving Access to Psychological Therapies programme (IAPT). This provides psychological therapies for people with depression and anxiety disorders using a stepped care approach and includes trauma based counselling.

- **Step 1:** primary care and assessment
- **Step 2:** low-intensity interventions such as CBT-based courses and guided self help programmes
- **Step 3:** high-intensity interventions in groups or 1:1 sessions using CBT or interpersonal therapy
- **Step 4:** psychological therapy services offering combined treatments and more complex psychological interventions

The IAPT services in the Thames Valley are ‘Talking Space’ (Oxfordshire), ‘Talking Therapies’ (Berkshire), ‘Healthy Minds’ (Buckinghamshire) and ‘Talk for Change’ (Milton Keynes). They follow the ‘Guidance on providing NHS treatment for asylum seekers and refugees’ (2012) which entitles asylum-seekers to NHS services without charge, gives Trusts discretion over whether to provide free treatment to failed asylum-seekers, exempts victims, or suspected victims, of human trafficking from charge, and advises that the fact sheet ‘Introduction to the NHS’ be made available to them in an appropriate language.

**CAMHS (Child and Adolescent Mental Health Service), run by the NHS, provides support to children and adolescents where there is an indication of serious mental health issues.** Several organisations said they had difficulty referring clients into CAMHS because of long waiting lists and high thresholds. In Oxfordshire and Buckinghamshire, PCAMHS (Primary CAMHS) supports children and young people with short-term interventions at the early onset of emotional and mental health difficulties with short-term interventions. The Children’s Society in Oxford have successfully referred young asylum-seekers and migrants into PCAMHS but highlight the need for longer-term therapeutic interventions for these clients.
6.3 Oxfordshire counselling organisations

Non-statutory services

There are several generalist low-cost counselling services including:

- The Listening Centre in Oxford offers low cost counselling for up to 26 weeks, works through trainee volunteer counsellors, and aims for a 6-8 week waiting list.
- The Oxford Women’s Counselling Centre and the Oxford Men’s Counselling Service offer both short and long-term counselling, use a sliding scale of fees, and work through both trainee and fully qualified counsellors.
- The Banbury Therapy Centre houses a wide range of freelance practitioners some of whom offer a low cost counselling service. They see few BME clients.

More specialised services include:

- Refugee Resource provides psychological, social and practical support to refugees, asylum seekers and vulnerable migrants. The core service is specialist trauma-based and transcultural counselling which is offered on a short or long-term basis according to need. This is provided alongside its other services of mentoring, advice and advocacy, a women’s group and a men’s service. They also offer training to health, social care and education professionals, and others working with refugees and asylum seekers. This includes information about refugees and asylum seekers, meeting their psychosocial needs, working transculturally and working with interpreters. See section 5 for more details.
- The Children’s Society runs a school-based mental health service providing therapeutic work with young refugees, unaccompanied asylum-seeking children, and migrants who are suffering psychological distress and trauma.
- Safel delivers ‘a therapeutic service with the focus on recovery’ to children and young people and refers on if the young person needs longer-term counselling. They see few young people from the key client groups.

Statutory services

- The Oxford Rose Clinic at the John Radcliffe Hospital cares for women who have undergone Female Genital Mutilation/Cutting and is hoping to secure funding to enable it to offer psychological and psychosexual support to these women. Being in a psychological support setting often enables these women to break the taboo and speak about their experience of FGM for the first time. It can help them understand the links between the trauma and pain of having been cut, and the ensuing health problems. A priority is to train other health professionals to understand FGM.
- The Oxfordshire IAPT service is ‘Talking Space’. They have been working hard on increasing access for BME communities. In 2014-15, 4.8% of their clients (394) across Oxfordshire were from BME groups\textsuperscript{18} which compares with the 9.2% of the county population who are from a BME group\textsuperscript{19}. 8.7% of their clients were classified ‘White Other’ which includes the white Eastern European population\textsuperscript{20}. In Oxford city, where the BME population is 22.4%, Talking Space saw 243 people from BME groups ie 10.3% of its clients. Recent efforts to increase access for BME clients has included focused work with GPs on referrals, providing interpretation in any language through Language Line, translating all psychometric test

\textsuperscript{18} The term ‘BME’ is used here to include all non-white groups.
\textsuperscript{19} The IAPT service includes ‘White Other’ and ‘White Irish’ in their ‘BME’ category. So they present an overall BME figure of 14.5% which is made up of 8.7% White Other, 1% White Irish, and 4.8% non-white.
questionnaires into the major Oxfordshire languages, and ensuring GPs have access to IAPT service literature translated into the major Oxfordshire languages. In addition, Oxfordshire Mind, whose staff deliver the Step 2 service, are strong on building links with voluntary organisations that have reach into BME communities. A priority identified for improving the accessibility of the service was to invest in strengthening community liaison/outreach work with BME communities. Demand for the service means that waiting times are long with a 4-7 month waiting list for 1:1 therapy at step 3.

- Principal Medical Limited (PML) delivers psychological therapy in Primary Care alongside Talking Space as part of the IAPT service. They work in 60% of GP surgeries across Oxfordshire. They use a range of therapeutic approaches including CBT and see some cases of trauma and abuse. In 2014, 5.3% of their clients were from a BME group and 4.7% were ‘White Other’ (i.e. non-British).

- ISIS is an NHS service that offers 6 sessions of counselling and psychotherapy in Oxford.

One respondent pointed out that a reduction in funding and numbers of Community Development Officers in the health service since 2010 has made much harder the challenge of coordinating action between statutory and voluntary agencies across the mental health service to strengthen community engagement with diverse communities, and that this has led to patchy progress in recent years. Despite this, the IAPT service was singled out as one that was making significant progress in reaching a more diverse clientele.

6.4 Berkshire counselling organisations

Non-statutory services

- Mothertongue, Reading is a culturally sensitive service that ‘delivers counselling and practical language support in over twenty languages and can offer support in other languages through trained and culturally sensitive interpreters.’ This is the only specialist counselling service in Berkshire for the key client groups. Their holistic service also offers social, practical, educational and therapeutic support including an English language group, a knitting/craft group, art workshops in schools and a Mental Health Interpreting Project. A partnership with Reading Citizen’s Advice Bureau provides language support for non-English speaking clients.

- W&M – Windsor and Maidenhead Youth and Community Counselling Service (Number 22 Maidenhead and Youth Talk Windsor) offer counselling primarily to those aged 12-25 years, and although they have counsellors speaking different languages they see few people from the key client groups.

- No 5 Reading is a counselling service for those between the ages of 10-25 years. Their counsellors speak a variety of languages and they see clients from BME communities but few from the key client groups.

- Time to Talk, Reading is a youth counselling service

- Arcweb, Wokingham is a counselling service mainly serving young people but they also see adults. They have counsellors who speak a variety of languages.

- Initial scoping found two further organisations offering counselling: Berkshire Counselling Service (Slough, Pangbourne, Mortimer) and Berkshire Counselling Centre (Wokingham).

21 60 languages are spoken in Oxford city
Statutory services
The Berkshire IAPT service ‘Talking Therapies’ are aware of the importance of meeting the needs of people from BME communities, and use interpreters and employ therapists speaking different languages. Given its very mixed population, the Slough service in particular sees clients from diverse ethnic communities including refugees, asylum-seekers and vulnerable migrants. The highest proportion of IAPT clients from BME and ‘White Other’ (including Eastern European) groups in 2014-15 were in Slough (approximately 49%) and South Reading (23%). Clients with complex, repeat or prolonged trauma are referred to the Berkshire Trauma Centre in Reading for Step 4.

6.5 Buckinghamshire counselling organisations

Non-statutory Services

- Bucks Mind offers low cost counselling service to adults and children in High Wycombe and Aylesbury. This is the only part of the Thames Valley where they offer counselling. They see very few BME clients despite the large Asian population in High Wycombe. Clients need to bring their own interpreters. They work closely with the IAPT service ‘Healthy Minds’.
- South Bucks Counselling receive referrals for counselling from across High Wycombe, Marlow and Maidenhead.
- There are a range of youth services which include counselling in Buckinghamshire. These include ‘Time to Talk’/Adviza (Aylesbury), Way In (Chesham), Youth Enquiry Service (High Wycombe) and Youth Concern (Aylesbury). Since 2013 Adviza has had Bucks County Council funding to manage youth counselling services in Bucks. Adviza offers counselling as part of its extensive range of youth services across the Thames Valley and this includes 1:1 counselling in schools. As well as counselling, the other youth services in Bucks offer a variety of services such as drop-in, information, advice about housing and careers, and sexual health services.
- RU Safe? is a Barnados project in Buckinghamshire working with young people under 18 involved in sexual exploitation and committed to supporting the most vulnerable. They provide a holistic package of care delivered through outreach, one to one engagement, awareness raising and preventative groups/programmes. This includes a counselling service to help young people process difficult experiences and concerns in a safe environment.

Milton Keynes:

- MIND BLMK (Bedford, Luton and Milton Keynes) hold the CCG counselling contract for the city, provide a low cost service, and work in partnership with the IAPT service to whom they may refer clients with PTSD. They have a small number of BME clients (12/280 in one quarter), and two counsellors who work in Polish and an Asian language.
- West Bletchley Well-Being Counselling Service only take clients from the local area where there is a very low BME population. 2-3% clients are from BME groups.
- Relate offer individual, couple and family counselling
- YIS Youth Counselling Service provides counselling to those aged 11-21 in MK, Bletchley and Beanhill. However, the waiting list is currently closed due to the high numbers of referrals.
Statutory Services

- The Buckinghamshire IAPT service ‘Healthy Minds’ provides psychological therapies (not counselling) for clients from all areas of the county except for Milton Keynes. They see a few refugees and asylum-seekers and work through interpreters.

- In Milton Keynes, the IAPT service ‘Talk for Change’ is run by Central and North-west London NHS Trust. It works closely with Mind BLMK and they provide a joint triage and assessment process. Clients are referred to Mind for counselling, and to Talk for Change for CBT and most likely if they have PTSD.
Section 7. Organisations offering other kinds of support: services, gaps and accessibility for the 4 key client groups

7.1. Overview for the Thames Valley

(i) What services exist

In addition to counselling organisations, we interviewed organisations likely to be supporting victims of crime through a broader range of services. Many offer counselling as one element of their service, particularly some of the domestic abuse, sexual violence, youth, and substance misuse organisations. Others, eg Berkshire Women’s Aid and the ITAs, report that because they support women in crisis, referral for counselling is generally too early or not appropriate; they feel that more urgent practical and safety needs have to be met first and clients’ situation stabilised before counselling can be considered. Echoing this prioritisation of services, one DA organisation felt that the need for good interpreting is more critical for sorting out women’s practical needs (eg understanding legal rights) than for counselling, particularly in refuges.

Others organisations support victims of crime through practical, social and emotional support (emotional support differing from counselling - see section 5). As section 5 showed, counselling services for the 4 key client groups are likely to be more effective if offered within a psychosocial support framework where practical and social support can also be provided. Liaison between organisations offering these different services is therefore important.

Sexual Violence: there are four sexual abuse and rape crisis/support centres in the Thames Valley. Three of these are part of a national network of rape crisis centres under the umbrella charity Rape Crisis (England & Wales) which support women from 16 years: Oxford Sexual Abuse and Rape Crisis Centre (OSARCC), Aylesbury Vale Rape Crisis, and Rape Crisis (Wycombe, Chiltern and South Bucks). The fourth is Trust House, (the Survivors Trust Reading & Berkshire Rape and Sexual Abuse Support Centre) which supports men as well as women and children. Some, but not all, offer counselling. Male Survivors Berkshire supports and provides counselling to non-offending male survivors of sexual abuse and rape. There are two Sexual Assault Referral Centres (SARCs) commissioned by NHS England based in Milton Keynes (Bletchley) and Slough which provide specialist medical and forensic services. Finally, there are two new Independent Trauma Adviser projects supporting survivors of human exploitation, including sexual exploitation: the Elmore Community Services in Oxford and the Mustard Tree Foundation’s ‘Rahab’ service in Reading. Several interviewees highlighted a gap in Milton Keynes where there is no counselling for adult survivors of sexual violence.

Domestic Abuse: Recent research on domestic abuse services across the Thames Valley to inform the PCC commissioning of DA services (Morton, April 2015) has recommended the
development of a complex needs domestic abuse service supporting victims of DA who are unable to access emergency accommodation because of substance misuse and mental health issues (the ‘toxic trio’). The need for more consistent, specialised counselling services focusing on helping victims recover from the trauma of domestic abuse was identified. The research also found that “BME women are ‘disproportionately affected by different forms of domestic abuse, such as Forced Marriage, ‘Honour-based’ Violence, trafficking, and Female Genital Mutilation and that they can experience repeat victimisation through racism. BME women, and those without English as a first language, may additionally find it harder to access services due to unfamiliarity, lack of provision for cultural or religious needs, and poor translation services”. One respondent noted that while women with no recourse to public funds who are victims of domestic violence are now benefiting from the recent change in the law and are more able to access refuges, the challenge is that on entry to the UK many women do not know they have these rights.

Several DA organisations have BME specialists (IDVAs, outreach workers, refuge workers) - DASH, Berkshire Women’s Aid, Wycombe Women’s Aid, Aylesbury Women’s Aid, Sunrise Multicultural Project - and there is one Asian Women’s refuge run by BWA. However Morton concludes that ‘it is unlikely that this is sufficient. Without BME-led organisations, within BME communities, the experience and needs of BME victims may simply not be heard’. She recommends that a network of specialist DA workers is created including those able to work with BME women, especially those who do not have English as a first language and those affected by Harmful Cultural Practices. Many women, including those from BME communities, who are experiencing domestic abuse do not wish to seek help from statutory agencies, but it is crucial that they can easily contact someone, and that the first contact is helpful and supportive. Yet there are very few direct access locations (hubs) where a woman can receive informal support in the Thames Valley.

**Refugee/BME:** A very small number of organisations specifically support refugees, asylum-seekers and vulnerable migrants. There are only two Equality Councils left, in Reading and Milton Keynes. The Race Equality Councils in Oxford and High Wycombe have both closed down and left large gaps in support.

**Gaps in services:** it appears that the following warrant further investigation:

- Support for refugees, asylum-seekers and BME communities in High Wycombe and Banbury
- Counselling support for adult victims of sexual violence in Milton Keynes
- Counselling support for victims of sexual violence in Banbury (the small organisation Clean Slate, in Bicester, does outreach to Banbury but sees very few BME clients).

This rest of this section looks at issues arising around accessibility and appropriateness of the above services for the 4 key client groups, and then at organisations which focus specifically on supporting BME groups and refugees. It then identifies organisations whose remit is Thames Valley-wide, and those working in Oxfordshire, Berkshire and Buckinghamshire. For each county there are sections on domestic abuse, sexual violence, and BME/refugee services.

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23 The Destitution Domestic Violence Concession now allows a woman on a UK spousal/partner visa to claim public funds in order to find safe accommodation and support whilst applying for indefinite leave to remain on the basis of having been a victim of domestic
(ii) **Access to the above services for clients from BME communities**

A few organisations say that their numbers of BME clients are low. For example, in a study to scope services for young people across the Thames Valley (2015), Safe! found that few agencies had any particular views on the needs of BME young people or information about services working with them. Whereas almost all of the DA organisations we interviewed have focused work with BME communities, almost always including particular support for Asian women.

There are some innovative strategies that merit replication, particularly from those supporting survivors of domestic abuse.

- The Asian Women’s Outreach Service at Wycombe Women’s Aid provides emotional support to women who are victims of domestic abuse, including those in Forced Marriages, by skyping them in Hindu, Urdu and Punjabi. This is a discreet and simple way for these women to access help.

- A member of the Polish community in Banbury, concerned about the many Polish residents isolated because of their inability to speak English, and also concerned about the many Polish women suffering domestic abuse, has set up a website on local issues in Polish. This includes provision of information on where to seek help for victims of DA, and has an anonymous on-line discussion forum where questions are responded to by a female Police Inspector. Several women have accessed help in this way. www.oxfordshire.pl

(iii) **Organisations which focus on supporting BME and/or refugee communities**

There are a number of refugee and BME services that offer a wide range of support, advice, practical help, signposting and other services to refugees, asylum seekers, vulnerable migrants and BME communities. Some geographical areas are much better served than others, with services in:

- Oxford: Asylum Welcome, Refugee Resource, British Red Cross, Children’s Society
- Reading: Reading Refugee Support, Mothertongue, Reading Community Learning Centre, British Red Cross
- Slough/West Berks: Slough Refugee Support; Slough Immigration Aid Unit; All2gether.
- Milton Keynes: British Red Cross

High Wycombe is notable for the absence of any such support given its very ethnically mixed population.

Of the BME and refugee organisations listed above, only Refugee Resource and Mothertongue offer a counselling service, but all are important in gaining an understanding of the needs of BME groups, and acting as referral agencies (to/from counselling services). They have information about the BME communities in their areas, their issues, needs and concerns, and where the gaps in services are. They are well positioned for signposting and networking and for keeping BME issues on local agendas when needs and services are being identified. They invariably know about their local counselling and other specialist services (eg DA, SV) and refer clients to them. They are therefore key organisations to be included in partnership discussions about counselling provision across the Thames Valleys.

The British Red Cross Refugee Support Service provides destitution support (Tesco vouchers, assistance with travel, emergency accommodation) across the Thames Valley by working in
partnership with other organisations (Refugee Resource and Asylum Welcome in Oxford, Reading Refugee Support Group and Slough Refugee Support). In Milton Keynes they offer a fuller support service because of the high level of deprivation and low level of services. They also have a Family Tracing service.

Although most of the organisations we talked to are fairly well established, funding is frequently short-term putting their stability and ability to commit to longer-term plans at risk.

### 7.2. Organisations with a Thames Valley-wide remit

Three key organisations supporting victims of crime across the Thames Valley are:

- **Victim Support**, whose role is to help people cope with the effects of crime by providing free and confidential practical and emotional support, information and sign-posting. It delivers services and acts as a first contact point for many victims of crimes that have been reported and some that have not been reported. Victim Support has offices in Bicester and Bracknell but volunteers cover all of the Thames Valley.

- **The Thames Valley Partnership** works with statutory, private and voluntary sectors to tackle crime and social exclusion, protect victims, reintegrate offenders, and link the Criminal Justice services to voluntary sector and Local Authority providers. Services include supporting the needs of families of offenders, work in the field of domestic abuse, support for victims, restorative justice, community cohesion, mental health issues, early interventions & initiatives around young people and arts related projects.

- **The National Probation Service** operates across all of the Thames Valley and is in contact with victims of sexual or violent crimes for which the offender has received a prison sentence of one year or more. Their role is to ensure the victim’s voice is heard when decisions are taken about the offender’s progress through the prison system to eventual release including the consideration of licence conditions. They make contact with victims at the point of sentence and at various points later. They are often in a good position to identify that victims may need additional support or counselling and could therefore act as an important referral pathway to any new provision.

The National Association of People Abused in Childhood (NAPAC) provide support nationally and are interested in working in the Thames Valley to provide training to professionals on working with people who have been abused in childhood.
7.3. Oxfordshire

Domestic abuse

- Oxfordshire Domestic Abuse Services offer emotional and practical support including helpline support, face to face support, safety planning, refuges, outreach and resettlement. A2 Dominion run the refuges in Cherwell, Oxford and Didcot. Oxford has a high proportion of BME women, many of whom who arrive from other parts of the country. There is usually one woman in the refuge at any one time who has undergone FGM. Interpreting is a challenge. No counselling is provided but some women have requested ‘someone they can talk to confidentially’ and counselling support may be appropriate.
- The Oxford City Council Domestic and Sexual Abuse Coordinator is committed to making DA and SV support services as culturally appropriate as possible through research, training and the DA champion network.
- Reducing the Risk of Domestic Abuse works with local authorities across the Thames Valley to collect and present local information on domestic abuse, train professionals and domestic abuse champions, and raise awareness of good practice. It also runs an IDVA service.

Sexual Violence

- The Oxford Sexual Abuse and Rape Crisis Centre (OSARCC) supports women through volunteers with a phone helpline, email, face-to-face, and group work. An ISVA service has recently started, and a counselling service is being developed. They have very few BME clients but want to begin outreach work to reach them.
- The new Independent Trauma Advice (ITA) service run by Elmore Community Service supports particularly vulnerable clients who have been involved in forms of human exploitation such as sexual abuse, trafficking, Forced Marriage and domestic servitude. Clients are mainly white British but have included a few refugees and migrants. The ITA’s role is to ensure their safety and onward referrals.
- Clean Slate support victims of childhood sexual abuse, domestic abuse and resulting mental health issues across the Cherwell district, offering 1:1 and group counselling within a supportive social setting. They work through counsellors, and survivors who are trained as listeners. They are a small organisation and the only SV support providers in the north of Oxfordshire. They see very few BME clients.

BME/refugee

- Asylum Welcome in Oxford supports asylum-seekers and refugees with information and advice, a destitution service, campaigning and advocacy. Their youth service supports 15-25 year olds including unaccompanied children. They also befriend detainees at the Campsfield Detention Centre, where they see the priority concern as health, particularly mental health, given the stress of unlimited detention and very limited counselling support.
- The British Red Cross Refugee Service provides destitution support. The partnership between Asylum Welcome, the British Red Cross and Refugee Resource is strong.
- The Sunrise Multicultural Project supports disadvantaged ethnic minority families who are mainly of Pakistani descent and some recently arrived Polish families in the most deprived areas of Banbury. They offer support on DA, rape and childhood sexual abuse through listening support in group sessions, and they are beginning to explore 1:1 counselling.
• In Banbury, other than the Sunrise Project, and the Ethnic Minority Business Unit which offers ESOL and educational courses to BME and migrant communities, there appear to be no other organisations specifically supporting BME communities.

Other
• The Oasis Partnership is a charity working in partnership with Oxford Health NHS to provide a Harm Minimisation Service in Oxford and Banbury for anyone affected by their own or someone else’s drug or alcohol use.

7.4. Berkshire

There are a range of services across Berkshire that offer support to all victims of crime, with some organisations offering counselling to their specific client group. There are some BME specific services in the county, in particular in Reading, Slough and West Berkshire.

Domestic abuse
• DASH (Domestic Abuse Stops Here) in Slough support both male and female victims of domestic abuse. A BAME24 IDVA and two BAME outreach workers, who speak a range of languages, provide culturally specific community based support to victims of domestic abuse from BAME backgrounds. They work with HBV, FM, FGM and intergenerational issues, offer advice about immigration issues, and work closely with their Children’s Services team. DASH previously offered counselling to their clients, but this service ceased when funding ended; it is a service they would like to reinstate.
• Slough Domestic Abuse Services is managed by Stonham, part of Home Group, and offers accommodation-based support, information, advice, advocacy and therapeutic group support for adults and children affected by DA. IDVAs and outreach workers provide support to those victims at risk through issues such as stalking, harassment, threats, HBV, FM or being subjected to abuse from a family member.
• West Berkshire Domestic Abuse Services (a2dominion) offer a full range of emotional and practical support to victims suffering or fleeing domestic abuse. The service is delivered in partnership with West Berkshire Council and they are affiliated to National Women’s Aid.
• FLAG DV provides free legal advice to people who are victims of domestic abuse and run a fortnightly free legal advice clinic in Newbury.
• Berkshire Women’s Aid (BWA) offer a wide range of support and advice services to victims of domestic abuse. This includes Sahara, a specialist refuge for Asian women and a specialist Asian outreach worker, both in Reading. If BME clients are assessed as needing counselling, BWA refers them to Mothertongue. They provide training on DA issues to other organisations.
• Slough Asian Women’s Information Network (SAWIN) is a free multi-lingual telephone information and referral line for Asian women in Slough who suffer from abuse and domestic violence.
• Slough Immigration Aid Unit is a small organisation and amongst their clients they see DA victims whose marriages have broken down and who now have insecure immigration status.
Sexual violence

- Trust House (Reading & Berkshire Rape and Sexual Abuse Support Centre) offers practical and emotional support to victims of sexual violence, where counselling forms ‘the backbone of the service’. Clients are both men and women, and include people from BME groups but not many from the key client groups.
- Male Survivors Berkshire in Reading offers counselling to male victims of sexual violence and abuse but sees few people from the key client groups.
- The ITA service in Reading, run by the Mustard Tree Foundation, supports particularly vulnerable clients who have been involved in forms of human exploitation such as sexual abuse and trafficking. The ITA’s role is to ensure the safety of the client and support their referral to other services.
- The Solace Sexual Assault Referral Centre (SARC) in Slough offers services to anyone who has experienced rape or sexual assault. They provide forensic examinations, crisis support, telephone advice, independent advocacy and support, and referral to other services such as Rape Crisis and Victim Support.

BME/refugee

- Reading Refugee Support Group offers support to refugees and asylum seekers, including advice, ESOL classes and a Homework Club.
- Reading ACRE (Alliance for Cohesion and Racial Equality) works to promote equality and community empowerment and cohesion, and is well connected to BME organisations in the Reading area.
- Reading Community Learning Centre aims to improve community cohesion in Reading through education and support for the most disadvantaged and socially isolated women. Many of the women have had little access to formal education and may not speak English, hence the main elements of the centre’s work are education, information and support, working with children and hosting cultural activities.
- Slough Refugee Support offers emotional, practical and social support through a variety of services and activities including immigration and asylum support, benefits advice, education, health, Job Club and English, sewing, life in the UK and citizenship classes.
- The British Red Cross Refugee Service based in Reading provides destitution support and works in partnership with Reading Refugee Support Group and Slough Refugee Support.
- Destiny Support CIC (Community Interest Company) in Slough support ‘hard to reach’ communities, including parents with special educational needs children, by helping them access social and support services to encourage independent living. Services include advice and information on health issues, housing and welfare benefits, translation and interpreting and a social club. Their services are accessed by members of BME communities but do not include refugees or asylum seekers at this time.
- All2Gether supports minority communities in West Berkshire through programmes of education and learning, dialogue and discussion and health and well-being activities.

Other

- PACT (Parents & Children Together) supports families across the Thames Valley on domestic abuse, housing, childcare, education, employment, training and debt. There are two community projects in Reading: Bounce Back 4 Kids (BB4K) uses therapy to support child victims or witnesses of domestic abuse; Alana House supports vulnerable and disadvantaged women with complex needs, including women involved in the criminal justice system and those at risk of offending (only a few BME, 30% affected by DA, 80% with...
mental health problems). There is a need for counselling within their service as the waiting list for Talking Therapies (IAPT) is 3 months. A smaller scale Alana House has opened in Newbury.

7.5. Buckinghamshire

Domestic abuse

- Wycombe Women’s Aid provides an IDVA service, counselling, a refuge, an Asian women’s outreach service to an ethnically diverse set of clients, predominantly Asian, including some asylum-seekers. 8-10% of clients are from BME groups.

- Aylesbury Women’s Aid hosts the Buckinghamshire IDVA service. Their priority is crisis management but they also offer a little counselling. They have an ethnically mixed clientele: 46% BME in the refuge and 30% in the outreach service, including some refugees and asylum-seekers. Interpreting is a major challenge, especially for newly-arrived migrants. One counsellor speaks some Asian languages, and outreach workers speak Urdu, Punjabi, Hindi and Arabic reflecting the large local Asian population. Other languages, mainly needed for urgent practical issues rather than counselling, are a problem

- In Milton Keynes, MK-Act are commissioned to deliver the DA service for the city offering crisis intervention, a refuge, counselling, and work with perpetrators. They estimate that 30-50% of their clients are from BME groups, including a few refugees; one third of their counselling clients in 2013 did not have English as their first language. They use Language Line or families for interpreting. They cross-refer with the British Red Cross. MK is said to be the highest repeat rates of domestic violence in the Thames Valley, and one of the highest call out rates for DV 25. The Council’s Community Safety Team believe the priority should be to invest in a much more coordinated and targeted approach to supporting BME victims in deprived communities (beyond translated leaflets). Particular concern about Somali women. There is no DV Champions network but interest in setting one up.

Sexual Violence

- Rape Crisis (Wycombe, Chiltern and South Bucks) offer face to face counselling an ISVA service, weekly self-help group, telephone support and counselling, befriending, support with attending court and the police, and support for non-abusing family and friends. They also cover Slough, jointly with Trust House. 12% of clients are BME, mainly Mirpuris, Sri Lankan Tamils, Eastern Europeans, some women trafficked from Romania, some asylum-seekers. Despite having some Asian counsellors, language is a huge barrier. An Asian Women’s Support Group is run by an Asian Outreach worker in High Wycombe and Slough. They use some translated materials.

- Aylesbury Vale Rape Crisis offers long-term counselling, a new ISVA service offering outreach and advocacy, and is developing a ‘moving on’ programme of practical and emotional support. They would like to be able to support clients in Milton Keynes. They are concerned that they have very few BME clients but have no provision for supporting clients with little or no English.

- Brook Milton Keynes provides a sexual health service which includes counselling for young people aged 12-25 years including in schools. As part of this, they support victims of sexual violence, rape and domestic violence. They offer 8 sessions of CBT. They refer cases of trauma or risk of suicide to CAMHS. They see few BME clients. They confirm a serious gap in services for adult survivors of SV in Milton Keynes.
• Solace Sexual Assault Referral Centre (SARC) in Bletchley offers services to anyone who has experienced rape or sexual assault. They provide forensic examinations, crisis support, telephone advice, independent advocacy and support and referral to other services such as Rape Crisis and Victim Support.

BME/refugee
The only part of Buckinghamshire where there appear to be organisations focused specifically on supporting BME groups/refugees is in Milton Keynes:
• The British Red Cross work with a psychosocial/empowerment model offering emotional support alongside destitution support, information and advocacy, a legal surgery, and referrals to other services. They have referred to Refugee Resource in Oxford and paid fares to help a client access counselling sessions.
• STaSS supports people affected by HIV/AIDS and has a large African client base with an outreach programme and a counselling programme.
• The MK Equality Council works largely on Hate Crime, and are contacted by many refugees and asylum-seekers, some of whom suffer from PTSD. They refer on to the Red Cross, and run empowerment courses for victims of Hate Crime. They have a strong research, policy and practice focus on Harmful Cultural Practices such as FGM, FM, “HB”V and ‘breast ironing’.

In High Wycombe and Aylesbury there are no support services for refugees and asylum seekers. The nearest service is Oxford. We therefore found no information on numbers in the population, but some respondents suggested they could be high. Rape Crisis go beyond their brief to provide practical support, eg court visits, to a number of their asylum-seeker clients as there is no other local support for them.

Other
• Wycombe Mind raises awareness of mental health and provides a Day Service and Advocacy for those affected by mental health issues. In particular, they advocate on behalf of Tamil communities and Asian women.
• In Milton Keynes, Open Door supports homeless people. They have few BME clients because of their location in the centre of the city (most BME communities are on the large outlying estates). They are well networked with organisations supporting vulnerable people.
• The Oasis Partnership is a charity offering recovery focused support services to anyone affected by their own or someone else’s drug or alcohol use. They offer a Structured Treatment and Recovery Service (STARS) from their main bases in High Wycombe and Aylesbury including counselling.

26 Breast-ironing is the pounding and massaging of pubescent girls’ breasts, using hard or heated objects, to stop them growing as a...
Section 8: Recommendations to improve access and equality of counselling provision for the 4 key client groups

For some people, one or more of aspects of their identity (age, race, religion or belief, sexual orientation or social economic background, whether or not they are disabled) can make it more difficult for them to seek and access help. Therefore, if services are to be effective, they need to take account of the diversity within our communities and have the flexibility to work with people’s different experiences, values, attitudes, understanding, behaviour and ability to communicate. They also need to have the capacity, resources and political will to change.

For counselling services for the 4 client groups in this research, this means, firstly, ensuring that services are transcultural (ie culturally appropriate and offered in the client’s own language or through well trained interpreters), can work with people’s traumatic experiences (if appropriate), and are flexible ie offering short-term, long-term or episodic interventions. Secondly, it means ensuring that they are accessible to those in need. In this section we look at the issue of accessibility.

Those interviewed in this study offered many ideas on ways to improve access and equality in counselling provision for the 4 key client groups. These fell into the following broad areas: improved access to trained interpreters, specialist training for counsellors, increasing the spread of specialist counsellors across the region, translated material on services, outreach work with BME communities, creating a more ethnically and linguistically diverse pool of counsellors, improved networking and collaboration, and learning from the good practice of others.

8.1 Improved access to trained interpreters

For effective counselling with an interpreter to take place, the interpreter needs to be well trained in working in a counselling setting, and the counsellor skilled in working with a third party. Both need to be clear and confident of their respective roles and aware of best practice in working together effectively. It is important for clients to be able to choose a male or female interpreter, and to have a say in whether the interpreter is from their own culture/community or not (some will prefer not, fearing confidentiality would be hard to maintain). Ideally, interpreters working with victims of crime from the key client groups need to have had training in working with relevant types of trauma, especially that resulting from persecution, war, trafficking and sexual exploitation. It is very important that interpreters are offered support and supervision when interpreting in counselling sessions with these clients. Continuity of the same interpreter throughout counselling is also a key issue for building trust.
8.2 Specialist training for counsellors

Different organisations across the Thames Valley have developed specialist counselling skills and expertise in supporting victims of different sorts of crime. In order to extend this expertise so that it can be accessed by victims of crime across the region, the idea of reciprocal/joint training between organisations was suggested. This met with widespread interest. Indeed some of it is already happening. Ideas included:

- Refugee Resource training counsellors from other organisations in transcultural work, working with interpreters, refugee rights, working with complex trauma (especially that resulting from persecution, war and trafficking), and the psychosocial approach of linking counselling with mentoring, advice/advocacy, and group support work. Those receiving training would preferably need to have had considerable counselling experience because of the complex needs in this area.
- Mothertongue expressed interest in providing training in their approach to transcultural counselling.
- Training could be offered by those with relevant expertise in supporting survivors of Harmful Cultural Practices (Female Genital Mutilation, Forced Marriage, ‘so-called’ “Honour-based” Violence)
- Those with counselling expertise in specialised areas such as childhood sexual abuse or young victims could train other counselling organisations in working with these clients, eg NAPAC could offer introductory training on working with and supporting survivors and/or a more intensive course training counsellors and therapists.

NAPAC also suggested that several organisations jointly run a series of training sessions to pool and share their respective expertise: this could be (1) as a ‘taster’ course covering work with survivors of different types of crime/abuse, including the key client groups, which then spins off into more in-depth courses for particular groups that counsellors wished to specialise in, or (2) a longer course on supporting people affected by different forms of abuse, with each specialist provider doing a full day.

8.3 Increasing the spread of the few specialist counsellors across the region

There are very few counselling services with expertise in transcultural work and the kind of trauma often experienced by the 4 key client groups in the Thames Valley. In order to make this expertise more widely available, organisations with this expertise could consider placing associate counsellors in partner organisations in other parts of the Thames Valley. The partner organisation could be a counselling service, a refugee/BME organisation, or one that provides services to communities that include the key client groups, such as advice centres. Associate counsellors could work for a half/full day per week out of these offices depending on need. They could either work under the clinical supervision and line-management structure of the sending organisation, who would be responsible for selection and training, or it might be more practical for them to receive local supervision (depending on local expertise). This arrangement could have the benefit of strengthening networks and referral pathways across the region. Several organisations were interested in exploring having a Refugee Resource associate counsellor work out of their offices to provide this kind of specialist counselling. One suggested that such a
A person could also help to assess the host organisation’s training needs for transcultural and trauma-focused work.

### 8.4 Translated materials on counselling services for clients

A priority expressed by the focus group of Sudanese Refugee Resource clients was to have information on services translated into Arabic. Translated materials widely distributed eg in GP clinics and schools, would increase awareness of available counselling services. This was not an area we explored in detail in interviews, but two examples of translated materials thought to be effective are:

- The Oxfordshire IAPT ‘Talking Space’ psychometric tests which are translated into all major local languages, as is the TS service leaflet which can be accessed by all GPs.
- Refugee Resource’s leaflet ‘What is counselling?’ is translated into different languages and sent, as appropriate, to clients before their first appointment.

### 8.5 Outreach work to reach BME communities

Many counselling organisations felt they were not seeing many clients from the key client groups, but did not always know the reasons why. Several suggested that outreach work was needed to enable them to investigate the barriers to access in different locations for different ethnic groups. It was often lack of resources that held organisations back from developing this work. Strategies for user engagement in these communities clearly need to be developed. These could focus on the following objectives:

(i) **Raising awareness of mental health issues, what counselling means, what counselling services are available locally, how to access them, and how to report crimes.** The Asian Women’s Well-being Project\(^\text{28}\) in Oxford has highlighted the need for education with the Asian community to reduce stigma, eradicate cultural myths, and promote understanding of mental health issues. A female Focus Group participant suggested that counsellors do home visits to speak to the husbands of women that sought counselling and build their confidence about the benefits and confidentiality of the service.

(ii) **Finding pathways into isolated communities and isolated individuals to reach those in need.** For example, the Asian Women’s Well-being Project call for resources for outreach work to support Asian women with experience of mental health issues so that they, in turn, can support women who are suffering from mental health issues and are isolated in their own homes, by giving information and signposting to services. Others suggest that counselling needs might be seen as more acceptable if offered in partnership with faith communities\(^\text{29}\).

(iii) **Identifying client needs and barriers to access, and adapting counselling services to meet the needs of the communities they serve in a culturally appropriate way.** IAPT Buckinghamshire highlighted the need for therapy services to find ways of adapting treatment to the cultural context and working not just with the individual but also with the family system and community to raise awareness and increase the social acceptability of receiving psychological support.


There was strong endorsement for prioritising such outreach work from those engaged in BME work within the Oxfordshire IAPT and Clinical Commissioning Group teams. With a limited pot of money for the whole Thames Valley, PCC investment in strengthening access for BME communities and others facing barriers would be much more cost-effective in terms of outcomes than simply funding more services to get waiting lists down. All statutory services that we spoke to were very aware of and concerned to increase BME access.

Outreach work would require building links with organisations supporting BME communities and refugees in specific localities. It may require dedicated projects, finance and staffing (liaison officers or outreach workers from BME communities). Some of the DA and SV organisations have BME outreach workers or teams, most often reaching out to Asian women. Examples of this are:

- Berkshire Women’s Aid have a specialist Asian outreach worker based at their ‘one stop’ shop in Reading, which provides an accessible and safe venue for victims to drop in or attend appointments to access a range of services.
- DASH in Slough have one Black Asian Minority Ethnic IDVA and two BAME outreach workers who support victims for whom English is not their first language. They speak different languages and have cultural understanding of the challenges faced by victims from BAME community groups including “Honour-based” Violence and Forced Marriage.
- The Sunrise Multicultural Project in Banbury are exploring the possibility of doing family based Restorative Justice work with families affected by domestic abuse, where solutions may need to be found within the family group.

8.6 Long-term strategy for more counsellors trained from diverse backgrounds

Several organisations pointed out the need for a long-term strategy to develop a more ethnically and linguistically diverse pool of counsellors. If counsellors were more representative of the ethnic make-up of their populations, they would be more likely to attract BME clients to the service, and would instil more confidence in the potential usefulness of the service. This is not to say that BME clients should always be seen by counsellors of their own ethnicity, indeed clients sometimes do not want this or request the opposite (especially refugees and asylum seekers due to fears around confidentiality, political or religious differences or sectarian threats), but that a critical mass of diverse BME counsellors are more likely to attract a more ethnically diverse pool of clients. Research is currently being carried out by Oxford City Council to find out what languages counselling is being offered in across the city. Barriers to recruiting more ethnically diverse counselling students were cited as the cost of training, length of time to qualify, and low pay when qualified.

8.7. Local networking and collaboration

In some locations there appears to be good networking and collaboration between organisations working with BME communities, refugees and asylum-seekers. In other areas it is less evident. Opportunities to pool intelligence and share experiences could help identify emerging issues that need to be addressed. It would also give the opportunity to share good practice, learning and skills. This might include sharing staff language skills between organisations. Good
communications between organisations supporting these clients also strengthens their psychosocial support network by facilitating referral pathways between counselling services and those offering social and practical support.

8.8. Learning from good practice

There are several organisations nationally which have developed expertise in therapy for diverse cultural communities, or support for victims of crime who are from BME communities. They are potential sources of learning and support. They include:

- Nafsiyat Intercultural Therapy Centre, in north London, has provided low cost community based ‘intercultural’ psychodynamic psychotherapy and counselling in many languages to people from BME and refugee communities since 1983. Therapists come from a wide range of ethnic and cultural backgrounds. www.nafsiyat.org.uk

- The Black and Asian Therapists Network hold a list of organisations which offer free counselling for the BME community. However, no organisations are listed for the Thames Valley. http://www.baatn.org.uk/free.htm.

- SARI (Stand Against Racism and Inequality) specialises in race and faith based hate crime (Bristol, Somerset, Gloucestershire). It is a pioneer of the multi-agency approach to tackling racial harassment and attack, and has developed strong statutory-voluntary partnerships. It coordinates a support service for victims of hate crime who are from BME communities or vulnerable migrants. It does not offer counselling but provides casework support for those who have experienced trauma and refers on to services such as Victim Support and women’s refuges. http://www.sariweb.org.uk/.

- Karma Nirvana is a national organisation supporting those affected by Forced Marriage and "Honour-based" Violence. Their research finds that Asian women are 2-3 times more likely to commit suicide and self-harm. Their advice states: “Do not underestimate that perpetrators of HBV really do kill their closest relatives and/or others for what might seem a trivial transgression”. They provide a variety of services, education and training. http://www.karmanirvana.org.uk

- BACP (British Association of Counsellors and Psychotherapists) have an extensive resource section and a research department that is helpful in accessing articles related to counselling in cross-cultural settings http://www.bacp.co.uk/ and http://www.bacp.co.uk/research
Section 9: Optional models for a counselling service and pathways to the service

The proposals in this section are the views of Refugee Resource. Other organisations were not consulted on these optional models during the scoping project, however they were presented at the PCC consultation on commissioning a counselling service (March 26th 2015).

This research focused on victims of crime from the 4 key client groups: refugees, asylum-seekers, vulnerable migrants and people from BME groups who speak no or little English. However, the findings have wider application. This section therefore proposes different counselling models to support the coping and recovery of all victims who have suffered significant psychological harm as a result of crime. Section 9.1. describes two alternative options of a service offer. Section 9.2. describes two alternative models of pathway into the service.

9.1. The Counselling Service

Option 1 is short-term time-limited counselling for all victims of crime that has caused significant psychological harm. Option 2 is a flexible (short or medium-term) service for victims of serious crime, those in complex circumstances, and those who face particular barriers in accessing counselling. These are proposed as alternatives.

9.1.1. Option 1: Short-term time-limited counselling for all victims of a crime that has caused psychological distress or harm

Available to all victims of a crime that has caused psychological distress or harm, and which emotional support has not been able to alleviate. The PCC would pay for an episode of counselling: between 6 -12 hours contact time with the client is proposed. The cost of counsellors’ time for recording and liaison work would be covered under an organisational overhead cost.

Harm caused by single event trauma could be included in this model (at the higher end of number of counselling sessions). However, those clients who have more complex needs, or have suffered more complex trauma, and require longer-term counselling could only be taken on under this service if the provider were able to offer further counselling under another funding stream i.e. money needs to follow the client. Opening up distressing issues and then stopping work too early could leave some clients more vulnerable and disturbed than before they started.

A similar model, offering between 9 – 12 hours of counselling, is being piloted by the TIARA consortium. A number of strengths, weaknesses, opportunities and threats have been identified by staff working on this pilot, which has yet to be formally evaluated. Those who face specific barriers in accessing counselling would be prioritised, supported and resourced accordingly (see 9.1.3.)
Strengths:
• More victims of crime supported as each one receives a maximum of 6-12 hours
• It is hoped that up to 12 hours would be sufficient to help many victims of crime cope and recover. For others it may at least help to stabilise the situation. The evaluation of the TIARA pilot will investigate whether this is so.

Weaknesses:
• Victims of crime who are most in need and least able to access other forms of counselling are not prioritised (and some of those benefiting from this service may have the financial capacity to access counselling services elsewhere).
• Does not reflect the PCC prioritisation of supporting victims of the most serious crime, those persistently targeted, and the most vulnerable and intimidated.
• Those with greatest need requiring longer-term support may not be able to access this service if the provider has no other funding available to offer longer-term counselling.
• Short-term support may not be sufficient to help some victims cope and recover fully

9.1.2. Option 2: A flexible model of short or medium-term counselling for victims of crime most in need.

This would be a flexible service that offers either short or medium-term counselling but only to those clients most in need. These are likely to be victims of serious crimes, those in particularly complex situations, or those who face most barriers in accessing counselling. This broadly reflects the PCC priority categories for targeting those who have suffered the greatest impact from crime which are i) victims of serious crime ii) those persistently targeted iii) the most vulnerable and intimidated. These could include the following categories.

• Victims of particularly serious crimes who are likely to have experienced psychological trauma and may be suffering from Post Traumatic Stress Disorder. These might include victims of:
  - violence
  - domestic abuse, sexual violence and child abuse for whom counselling is not available from DA and SV support services
  - bereaved by murder, manslaughter or road traffic accidents
  - trafficking and other forms of human exploitation eg domestic servitude
  - Harmful Cultural Practices including FGM, Forced Marriage and “Honour-Based” Violence
  - crimes relating to war and conflict including persecution, torture rape as a weapon of war, and which lead to flight from home country, and loss of family, livelihood, citizenship and culture. It should, however, be noted that survivors of genocide and massacres, and sustained abuse or terror may not be suitable for this service unless it can be provided alongside other robust social/ emotional support such as mentoring.
• Victims of lesser crimes but for whom the psychological impact appears to be particularly extreme, for example, due to the crime reconnecting them with memories of past traumatic or distressing experiences.
• Victims from groups who are either more likely to be victims of crime, are in particularly complex circumstances, or are least likely to have access to counselling services. These could include the following:
- vulnerable migrants, refugees or asylum-seekers whose lives may be unpredictable and severely impoverished (supporting asylum-seekers is challenging because of their unstable situation but they are likely to be amongst those in greatest need)
- those from BME groups who face language or other barriers to accessing services
- those with long-term mental health problems
- those who are misusing drugs and alcohol as a result of the impact of crime and do not have access to counselling through other means
- those with a disability, particularly a learning disability
- those who are lesbian, gay, bisexual or transgender
- those living in impoverished circumstances
- young men affected by violent or sexual crimes
- those who are either not able to, or not comfortable with, accessing GP services

- Children who have experienced trauma and whose cannot access CAMHS.

In this service, the number of counselling sessions would be flexible ie it could be longer or shorter according to need, but the PCC would pay for a maximum of 24 x 1 hour sessions i.e 24 hours contact time (or 16 x 1 ½ hour sessions if trauma focused). The counselling/ therapeutic skills needed to work with this group of clients would be more specialised than for Option 1, so consideration would need to be given to selecting counsellors/therapists who have appropriate training and experience, and ensuring they have appropriate regular supervision. Expertise in working with complex trauma and abuse would be very important.

**Strengths**

- Prioritizes victims of crime whose lives may have become extremely difficult given the trauma they have experienced including the three PCC priority categories. The service could make a real difference to their lives.

**Weaknesses**

- Fewer clients reached than in Option 1
- More capacity-building may be needed.

### 9.1.3. Ensuring accessibility and equality in both Options 1 and 2

There would need to be a well-resourced strategy in place to ensure accessibility and equality for all for both options 1 and 2. The service providers may need to further identify which groups face particular barriers to accessing counselling and other services, what the barriers are, and what strategies and resources would be needed to overcome these barriers.

This project researched accessibility for the 4 key client groups. Others groups facing particular barriers, were identified in 9.1.2. The barriers may include lack of understanding of what counselling is, not being aware of counselling services, the right to access them, or how to access them; language barriers; culturally inappropriate services; lack of confidence in the confidentiality of the service; lack of funds if a contribution is required; not being in a stable enough physical and social environment, or feeling too chaotic to be able to cope with psychotherapeutic work or setting and keeping appointments.

For the 4 key client groups, this research supports the following strategies for strengthening access and ensuring that services are delivered in a sensitive and culturally appropriate way (particularly to minimise possible risk of re-victimisation). See section 8 for more detail. Different
strategies would need to be developed for other groups of clients. Implementation of these strategies would require dedicated funding.

- **Improved access to trained interpreters:** more funding to employ and train interpreters to work in transcultural counselling settings with victims of crime who have experienced trauma, plus on-going support/supervision.
- **Specialist training for counsellors:** reciprocal/joint training between organisations to share expertise in supporting victims of different sorts of crime.
- **Increasing the spread of specialist counsellors across the region:** specialist organisations placing associate counsellors in partner organisations in other parts of the Thames Valley.
- **Translated materials on counselling services for clients** made available and distributed widely.
- **Outreach work to reach BME communities:** in order to raise awareness of mental health issues, find pathways into isolated communities, identify client needs and barriers to access, and adapt counselling services to ensure they are culturally appropriate.
- **Train more counsellors from diverse ethnic and linguistic backgrounds** (long-term strategy)
- **Local networking and collaboration.** Increased opportunities for organisations to share experience, identify common issues, and share resources.
- **Learning from the good practice** of other organisations nationally

### 9.1.4. Funding requirements

For both options, PCC funding would be required for the following:

- Provision of counselling sessions
- Supervision for counsellors
- Specific strategies to facilitate access for clients facing barriers to access, including provision of interpreters, supervision and support for interpreters, translation of materials, outreach work.
- Training for statutory and voluntary sector providers on working with trauma in trans-cultural settings and with groups who face barriers to access. In-kind reciprocal arrangements for training between organisations would be sought wherever possible in order to keep funding requirements to a minimum and thereby maximise funds available for the delivery of counselling.
9.2. Pathways into the service
Two alternatives models are proposed.

9.2.1. Model 1: A Consortium of counselling organisations managing a service through local service hubs

A small core group of organisations would manage the counselling service for the whole of the Thames Valley. This group would include organisations with counselling expertise and robust practice (strong supervision, training etc); commitment to and capacity for reaching out to those likely to have least access to counselling; and the capacity to operate across the Thames Valley (to offer infrastructure and networks). They would form a consortium with one organisation taking the lead. This core group would have the overall responsibility for strategy, delivery and quality assurance. The lead provider would be ultimately accountable.

A number of ‘service hubs’ would be agreed across the Thames Valley in key locations. The following are suggested on account of their high BME populations and/or lack of appropriate and accessible counselling services for these communities: Oxford, Banbury, Reading, Slough, High Wycombe and Milton Keynes. In each hub there would be a local management group made up of local representatives of the Core Group, alongside other local partners, who between them could offer a range of counselling services. Victim Support could be a core group member, and in each hub it could act as the central point into which referrals arrive and are logged (although not a counselling organisation, its role in providing emotional and practical support to victims across the Thames Valley makes it a key link in referral pathways). Referrals would come in from the referral pathways of all participating organisations.

The local management groups would meet regularly in one of the offices of the Core Group in each location to discuss referrals and assess which counselling service could be offered in each case. If they were unable to provide an appropriate service from within the group, the services of another counselling organisation could be spot purchased. This model is currently being trialled in Oxfordshire by the TIARA consortium - with close involvement and links to restorative justice interventions - for the PCC Phase 2 counselling delivery project and will be evaluated in due course.

**Strengths**
A holistic approach in which service providers with different specialisms would work together around a client’s needs, sharing expertise and perspectives, and offering clients a range of specialist services to meet their different needs. Preliminary findings from the TIARA pilot project (still to be evaluated) indicate the benefits to victims of crime in being able to access a range of different services and the collective specialist expertise of different service providers.

**Weaknesses**
Several organisations involved in the management of the service leading to greater complexity, staff time and cost, and greater challenges to sustainability.
9.2.2. Model 2. Preferred provider framework with a single budget holder

In this model there is a single budget holder for provision of counselling services for victims of crime for the whole of the Thames Valley. The budget holder would manage a personalised budget and allocate funding packages for each client on the basis of a funding application from a counselling provider. The budget holder would need to have some knowledge of counselling and excellent knowledge about local services. Part of their role may be to build local capacity by raising awareness of available services, and take on something of a central ‘information hub’ role for counselling. There are a number of agencies who could, potentially, be interested in taking on this kind of role.

There would be a Preferred Provider list for counselling organisations wishing to deliver services. The selection of Preferred Providers would be made by an independent group of counselling professionals commissioned by the PCC. Applications to this list of Preferred Providers would be invited against a set of eligibility criteria aimed at assuring quality of service. These could include: BACP membership, a track record of working with survivors of crime, expertise in trauma work, robust training and supervision arrangements, working with agreed outcome measures, and capacity to work appropriately with clients of diverse cultures and languages. Preferred Providers would be selected to include a wide range of specialisms (e.g., DA, SV, BME, young people, trauma counselling) in order to meet the different needs of victims of crime according to crime type and client type.

There could be several different pathways to the budget holder for victims of crime.

- The client contacts a counselling provider directly. The provider assesses their need. If they identify that the client has been impacted by crime and that some of the support they need could be funded by the PCC coping and recovery budget, they put a funding bid to the budget holder. This is more likely to be a route for specialist types of counselling eg rape crisis support, or refugee support, where the type of counselling specialism required is fairly clear, and where ensuring that the client doesn’t go through several assessments is particularly important.

- The client contacts a non-counselling organisation, such as Victim Support, when a crime occurs; or comes through the Criminal Justice System with a reported crime; or their status as a victim of crime is identified by an organisation whilst supporting them for another issue eg childhood sexual abuse coming to light as a result of support with substance abuse. Whichever route, the organisation recognises that the client appears to have been impacted by crime and may be eligible for support from the PCC coping and recovery budget, and refers the client directly to the budget holder. The budget holder then has two options:
  - If it is clear which service is likely to be most appropriate, s/he refers the client to that organisation and commissions them to do an assessment (i.e., the budget holder pays for this). The service provider then puts a funding bid to the budget holder who decides whether or not to offer a funding package.
  - If it is not clear which service is likely to be most appropriate for the client, the budget holder may need to do an initial face-to-face ‘light-touch’ assessment themselves to decide which provider to commission a full assessment from. The client is then referred on, the assessment done, a funding bid is made, and the budget holder decides whether to offer a funding package. For some clients who are particularly traumatised or insecure (for example, asylum-seekers or vulnerable migrants), this double assessment process may be inadvisable as it may risk losing the client from the system altogether. In that case
the budget holder may need to make a best guess as to the appropriate service provider and refer directly without having a face to face meeting with the client themselves.

Other considerations for allocating budget:
• In assessing funding bids, the budget holder would look at whether there might be opportunities for other financial support through the Criminal Injuries Compensation scheme. If so, they could possibly help to progress these applications, rather than allocate from the PCC fund.
• It may be worth considering a quota system for different counselling specialisms to ensure that the fund is used to address the range of client needs and to employ the services of smaller as well as larger providers.

Strengths:
• Simplest option as one budget holder holds the budget and has an overview of demand and referrals across the region. Cost and complexity kept to a minimum.
• Clients get access to a range of specialisms to best suit their needs
• The Preferred Providers list guarantees quality of service as experts in counselling set the eligibility criteria and make the selection
• More likely to result in higher quality of service than the risk of a ‘value for money’ commissioning model for counselling going to one sole provider
• Resources are allocated across the Thames Valley in the fairest way possible according to level of need
• Responds to the victim’s own choice of provider where possible ie where a victim has identified a particular service of choice, that provider is able to make a funding bid on their behalf.
• Budget holder would be in a position to drive improvements across the system and further identify gaps in provision.

Weaknesses:
• No collective decision-making by a group of counselling specialists on the needs and most relevant service for any one client (as in model 1)
• Budget holder may need to travel long distances to visit some clients to do initial ‘light-touch’ assessments with associated costs.

An elaboration of this central ‘Hub’ model was proposed at the PCC counselling consultation workshop on March 26th. The concept was similar: a single point of contact for the victim; equitable access; a referral list of quality assured providers. Further characteristics of such a model were developed as follows.

• It would be multi-agency rather than a single Thames Valley or national provider
• There would be specialisms within the multi-agency framework which could respond to the full range of victim issues and potentially create a ‘centre of excellence’ and possibly a champions network.
• It would provide a ‘live’ and comprehensive database of services available including location of services, waiting lists, referral pathways
• It would be a resource for professionals, a source of training and CPD
• It would have a quality assurance function with bench-marking and standards of service
• It would enable victims to have voice and choice in the services they receive
9.2.3. Offering counselling within a framework of psycho-social support

In forming partnerships to deliver counselling services, it would be important to consider what other services exist locally to provide accompanying social and practical support. Refugee Resource have found that that for many clients the most effective route to coping and recovery is to receive good psychosocial support i.e. social, emotional and practical support which may also include counselling when a client is too traumatised or suffering too much depression, complex grief or lack of trust to enable them to access the other services (see section 5). Other organisations have developed models of psychosocial support in other parts of the Thames Valley e.g. counselling alongside befriending, self-help groups, outreach work, support with courts and police offered by Rape Crisis (Wycombe, Chiltern, and South Bucks).

9.2.4. Links to Restorative Justice

Some victims of crime who are in counselling, particularly those who have suffered serious crimes, may benefit from also being part of a Restorative Justice process. There is evidence that participating in RJ has the greatest impact on recovery for victims of serious crime (less feeling of violent revenge toward the offender, fewer post-traumatic stress symptoms and less post crime impact on employment)\(^3\). Victims of crime sometimes find that receiving counselling support is an important step on the road to feeling able to participate in RJ work. The TIARA consortium is currently piloting work on offering this combined service to victims of crime.

Section 10: Common outcome measures and referral pathways

10.1 Common outcome measures for victims of serious crime

The PCC is concerned to develop a toolkit which will support quality assurance in any counselling service it commissions. In parallel with this research project, the TIARA pilot has been carrying out action research to develop and validate common outcome measures of the effectiveness of counselling support for survivors of serious crime. It is currently piloting use of an amended Mental Health Recovery Measure for these clients. Refugee Resource is piloting an adapted shortened version of this since the full MHRM would take too long with clients needing an interpreter (Appendix G). In addition, Refugee Resource is also piloting the Impact of Events scale for clients in trauma-focused counselling (Appendix H). The Valued-Living questionnaire is also thought to be a useful tool, but not necessarily for all victims of crime such as refugees. Preliminary findings indicate that any of these measures could be used as part of a toolkit of outcome measures for victims of serious crime including those who have suffered trauma as a result of the crime. By the end of the project, a toolkit will be produced with all three outcome measures, including the two new adapted and validated measures. The project will report in due course. See Appendix F for a fuller report on the above process.

10.2 A common model of referral pathways for victims of crime

The TIARA pilot project is developing learning around referral pathways and will report on the outcome of this work in due course. The most effective referrers to date have been GPs and Probation’s Victim Liaison Unit. The project is piloting a model of how to assess a client’s needs and refer on to an appropriate service within or beyond the consortium. It has developed a Referral Form for its Restorative Support Package (see Appendix J).
References

BACP information sheets on working with diversity and trauma:
C5 - What to expect when being counselled for post traumatic stress
G6 – An interpreter in the therapy room
G13 - Working with issues of spirituality, faith or religion
http://wam.bacp.co.uk/wam/Search.exe?SUJBECTSH=INFOSH

Clayton-Hathway,K: Evaluation of counselling and psychotherapy service, Refugee Resource, Jan 2015


Mind Oxfordshire: Commissioning mental health services for refugees, asylum seekers and vulnerable migrants: summative report of local scoping and initial consultation, NHS Oxfordshire, 2011

Morton, K: Commissioning Domestic Abuse Services: a report for the Thames Valley Police and Crime Commissioner, on behalf of Berkshire Women’s Aid, April 2015

Myatt, M: Developing services across Thames Valley: a scoping exercise and report. Feb 2015, Safe! (unpublished, for further information contact Safe!)


Appendix A: Organisations and individuals interviewed

Organisations working across the Thames Valley
Local offices of:
Adviza (youth services)
Age UK
British Red Cross (Refugee Services and International Family Tracing)
Circles South East
IAPT services in all 3 counties
NAPAC (National Association for People Abused in Childhood)
Relate
Thames Valley Partnership
Victim Support

Oxford
Asylum Welcome
Children’s Society
Domestic and Sexual Abuse Coordinator, Oxford City Council
Elmore Community Services (Independent Trauma Adviser team)
OSARCC (The Oxford Sexual Abuse and Rape Crisis Centre)
Oxford Clinical Commissioning Group, Asst Project Manager, Planning & Transformation
Reducing the Risk
Refugee Resource
Safe!
The Oxford Rose Clinic (FGM), John Radcliffe Hospital

Banbury
Banbury Therapy Centre
Cherwell Refuge
Member of the Polish community
Sunrise Multicultural Project

Bicester
Clean Slate

High Wycombe
Buckinghamshire Mind (counselling service)
Rape Crisis (Wycombe, Chiltern and South Bucks)
Time to Talk (Adviza)
Wycombe Mind
Wycombe Women’s Aid

Aylesbury
Aylesbury Vale Rape Crisis
Aylesbury Women’s Aid
Youth Concern
Milton Keynes
Brook Milton Keynes
Community Safety Team, MK Council
Mind BLMK (Bedford, Luton & Milton Keynes)
MK Equality Council
MK-ACT (DV)
Open Door
SARC (Sexual Assault Referral Centre), Bletchley
STaSS (HIV)
West Bletchley Well Being Counselling Service

Reading/W. Berkshire
ACRE (Alliance for Cohesion & Racial Equality)
Berkshire Women’s Aid
Male Survivors Berkshire
Mother Tongue
Mustard Tree Foundation, ‘Rahab’ (Independent Trauma Adviser)
No. 5 Counselling & Information
PACT - Parents & Children Together
Reading Refugee Support Group
Time to Talk (Adviza)
Trust House (SV service)

Slough/E. Berkshire
All2gether (W.Berks)
Berkshire Counselling Service
DASH (Domestic Abuse Stops Here)
Destiny Support
SARC (Sexual Assault Referral Centre)
Slough DA services (Home Group)
Slough Immigration Aid Unit
Slough Refugee Support
W&M Counselling (Windsor & Maidenhead)

Wokingham
ArcWeb
Berkshire Counselling Centre
Appendix B: Guide for agency interviews

- Who do you see – client base, stats, criteria? Which of the 4 groups do you see?
- What range of issues do clients present with? Are they victims of crime? Trauma?
- What services do you provide?
- What data do you collect on your clients?
- If counselling not provided, what, if any, are the unmet counselling needs for these clients?
- Are there any barriers that make it difficult for clients from the 4 groups to access your service? (eg language, cultural issues)
- What strategies have you used to try and overcome these barriers?
- If counselling is provided:
  - What types of counselling/psychotherapy are the counsellors trained in? CBT? Other?
  - Trauma specific techniques?
  - What training needs do your counsellors have before they can work with these 4 client groups (eg. transcultural work, working with interpreters, an understanding of the issues facing people who have moved to the UK as asylum seekers or vulnerable migrants)
  - What support/supervision needs do your counsellors have? What do you provide?
  - What needs assessment tool do you use?
  - How do you measure outcomes of your counselling?
  - What other services do you provide to clients who receive counselling?
- Which other organisations do you work with?
  - Who refers your clients to you?
  - Who do you refer them on to for counselling (if you do not provide this service)? How do you assess what kind of counselling people need, including trauma counselling? What referral mechanism do you use?
  - Which other organisations do you suggest we talk to?
  - What would you like to see happening (vision) if funding were available to meet the counselling needs of the 4 client groups?
  - Practical application of vision:
    - What would you be able/want to deliver?
    - What would you like to see other organisations deliver?
    - If you don’t have in-house counselling capacity, do you have the space to accommodate a visiting counsellor from elsewhere?
  - Are you interested in working in partnership with RR and other organisations in this sector? If so, and if an opportunity to bid for joint funding becomes available, we will need to work together on developing common data collection format, referral mechanisms template, outcome measures and local action plans. What part might you play in the partnership? (preliminary thoughts only at this stage).
### APPENDIX C: Population by Ethnic Group for Local Authorities in the Thames Valley, 2011

**Source:** 2011 Census, Key Statistics and Quick Statistics for Local Authorities in the UK, Office for National Statistics, Oct 2013. Extract from Table KS201UK.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>All categories:</th>
<th>White</th>
<th>Gypsy / Traveller</th>
<th>Mixed / Multiple</th>
<th>Asian / British</th>
<th>Asian / Asian British:</th>
<th>Asian / Asian British: Bangladeshi</th>
<th>Asian / Asian British: Chinese</th>
<th>Other Asian / Black British</th>
<th>All excluding 'White'. Categorised here as 'BME'</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>63,182,178</td>
<td>55,010,359</td>
<td>63,193</td>
<td>1,250,229</td>
<td>1,451,862</td>
<td>1,174,983</td>
<td>451,529</td>
<td>433,150</td>
<td>861,815</td>
<td>1,904,684</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>2,269,772</td>
<td>1,917,235</td>
<td>2,411</td>
<td>55,986</td>
<td>70,905</td>
<td>72,863</td>
<td>7,787</td>
<td>16,783</td>
<td>40,986</td>
<td>69,013</td>
</tr>
<tr>
<td>Berkshire</td>
<td>861,870</td>
<td>688,776</td>
<td>1,102</td>
<td>22,158</td>
<td>43,291</td>
<td>39,930</td>
<td>2,218</td>
<td>5,889</td>
<td>20,288</td>
<td>29,968</td>
</tr>
<tr>
<td>Bracknell Forest UA</td>
<td>113,205</td>
<td>102,436</td>
<td>118</td>
<td>2,303</td>
<td>1,989</td>
<td>518</td>
<td>134</td>
<td>556</td>
<td>2,189</td>
<td>495</td>
</tr>
<tr>
<td>Reading UA</td>
<td>155,698</td>
<td>116,297</td>
<td>90</td>
<td>6,514</td>
<td>6,967</td>
<td>695</td>
<td>1,603</td>
<td>5,382</td>
<td>10,470</td>
<td>1,500</td>
</tr>
<tr>
<td>Slough UA</td>
<td>140,205</td>
<td>63,833</td>
<td>220</td>
<td>4,758</td>
<td>21,922</td>
<td>24,869</td>
<td>549</td>
<td>797</td>
<td>12,115</td>
<td>3,582</td>
</tr>
<tr>
<td>West Berkshire UA</td>
<td>153,822</td>
<td>145,690</td>
<td>164</td>
<td>2,420</td>
<td>1,675</td>
<td>473</td>
<td>225</td>
<td>659</td>
<td>1,376</td>
<td>364</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>754,104</td>
<td>635,078</td>
<td>686</td>
<td>20,595</td>
<td>19,474</td>
<td>25,087</td>
<td>3,078</td>
<td>5,276</td>
<td>13,136</td>
<td>27,621</td>
</tr>
<tr>
<td>Aylesbury Vale</td>
<td>174,137</td>
<td>155,945</td>
<td>134</td>
<td>3,864</td>
<td>1,872</td>
<td>5,408</td>
<td>201</td>
<td>636</td>
<td>1,988</td>
<td>3,323</td>
</tr>
<tr>
<td>Chiltern</td>
<td>92,635</td>
<td>84,628</td>
<td>121</td>
<td>2,040</td>
<td>1,799</td>
<td>1,772</td>
<td>120</td>
<td>442</td>
<td>913</td>
<td>524</td>
</tr>
<tr>
<td>South Bucks</td>
<td>66,867</td>
<td>56,109</td>
<td>256</td>
<td>1,607</td>
<td>4,758</td>
<td>965</td>
<td>171</td>
<td>527</td>
<td>1,112</td>
<td>709</td>
</tr>
<tr>
<td>Wycombe</td>
<td>171,644</td>
<td>139,374</td>
<td>103</td>
<td>4,849</td>
<td>2,939</td>
<td>13,091</td>
<td>597</td>
<td>949</td>
<td>3,009</td>
<td>5,934</td>
</tr>
<tr>
<td>Milton Keynes UA</td>
<td>248,821</td>
<td>199,022</td>
<td>72</td>
<td>8,235</td>
<td>8,106</td>
<td>3,851</td>
<td>1,889</td>
<td>2,722</td>
<td>6,114</td>
<td>17,131</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>653,798</td>
<td>593,381</td>
<td>623</td>
<td>13,233</td>
<td>8,140</td>
<td>7,846</td>
<td>2,491</td>
<td>5,618</td>
<td>7,562</td>
<td>11,424</td>
</tr>
<tr>
<td>Cherwell</td>
<td>141,868</td>
<td>130,666</td>
<td>105</td>
<td>2,560</td>
<td>1,681</td>
<td>2,382</td>
<td>184</td>
<td>657</td>
<td>1,135</td>
<td>1,961</td>
</tr>
<tr>
<td>Oxford</td>
<td>151,906</td>
<td>117,865</td>
<td>92</td>
<td>6,035</td>
<td>4,449</td>
<td>4,825</td>
<td>1,791</td>
<td>3,559</td>
<td>4,203</td>
<td>7,028</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>134,257</td>
<td>128,858</td>
<td>135</td>
<td>1,801</td>
<td>814</td>
<td>194</td>
<td>179</td>
<td>443</td>
<td>775</td>
<td>768</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>120,988</td>
<td>114,715</td>
<td>109</td>
<td>1,574</td>
<td>842</td>
<td>350</td>
<td>185</td>
<td>649</td>
<td>936</td>
<td>1,230</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>104,779</td>
<td>101,287</td>
<td>182</td>
<td>1,263</td>
<td>354</td>
<td>95</td>
<td>152</td>
<td>310</td>
<td>513</td>
<td>437</td>
</tr>
</tbody>
</table>
## Appendix D: BME population for each Local Policing Area (LPA) in the Thames Valley

<table>
<thead>
<tr>
<th>Local Policing Area</th>
<th>Total Population</th>
<th>Number of people from a BME group</th>
<th>% of total population who are from a BME group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUCKINGHAMSHIRE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aylesbury Vale</td>
<td>174,137</td>
<td>18,192</td>
<td>10.4</td>
</tr>
<tr>
<td>Chiltern and South Bucks</td>
<td>159,502</td>
<td>18,765</td>
<td>11.8</td>
</tr>
<tr>
<td>Wycombe</td>
<td>171,644</td>
<td>32,270</td>
<td>18.8</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>248,821</td>
<td>49,799</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>OXFORDSHIRE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cherwell</td>
<td>141,868</td>
<td>11,212</td>
<td>7.9</td>
</tr>
<tr>
<td>Oxford</td>
<td>151,906</td>
<td>34,041</td>
<td>22.4</td>
</tr>
<tr>
<td>South and Vale</td>
<td>255,245</td>
<td>11,672</td>
<td>4.6</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>104,779</td>
<td>3,492</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>BERKSHIRE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bracknell Forest</td>
<td>113,205</td>
<td>10,769</td>
<td>9.5</td>
</tr>
<tr>
<td>Reading</td>
<td>155,698</td>
<td>39,401</td>
<td>25.3</td>
</tr>
<tr>
<td>Slough</td>
<td>140,205</td>
<td>76,372</td>
<td>54.5</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>153,822</td>
<td>8,132</td>
<td>5.3</td>
</tr>
<tr>
<td>Windsor &amp; Maidenhead</td>
<td>144,560</td>
<td>20,274</td>
<td>14.0</td>
</tr>
<tr>
<td>Wokingham</td>
<td>154,380</td>
<td>18,146</td>
<td>11.8</td>
</tr>
<tr>
<td><strong>THAMES VALLEY - ALL</strong></td>
<td>2,269,772</td>
<td>352,537</td>
<td>15.5</td>
</tr>
</tbody>
</table>

Source: 2011 census
### Appendix E: Organisations across the Thames Valley by type of service and location

<table>
<thead>
<tr>
<th>Counselling</th>
<th>Sexual violence</th>
<th>Domestic abuse</th>
<th>Youth</th>
<th>Refugee/Asylum-seekers/BME</th>
<th>Equalities</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oxford</strong></td>
<td>-Relate - ISIS - Oxford Women’s Counselling Centre - Oxford Men’s Counselling Centre - Listening Centre</td>
<td>-OSARCC (Oxford Sexual Abuse and Rape Crisis Centre) -Elmore Community Services (ITAs) -Oxford Rose clinic (FGM), John Radcliffe Hospital</td>
<td>-Reducing the Risk - Oxfordshire Domestic Abuse Services</td>
<td>-Safe! -Children’s Society</td>
<td>-Refugee Resource -Asylum Welcome -British Red Cross</td>
<td>-Age UK -OASIS Partnership (Open Access Social Inclusion Support)</td>
</tr>
<tr>
<td><strong>Banbury</strong></td>
<td>-Banbury Therapy Centre</td>
<td></td>
<td>-Cherwell Refuge</td>
<td>-Sunrise Multicultural Project</td>
<td></td>
<td>-OASIS Partnership</td>
</tr>
<tr>
<td><strong>Bicester</strong></td>
<td></td>
<td>-Clean Slate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High Wycombe &amp; Chesham</strong></td>
<td>-Relate -Buckinghamshire Mind -South Bucks Counselling</td>
<td>-Rape Crisis (Wycombe, Chiltern and South Bucks)</td>
<td>-Wycombe Women’s Aid</td>
<td>-Youth Enquiry Service, High Wycombe -Way In, Chesham</td>
<td></td>
<td>-Wycombe Mind -Oasis Partnership</td>
</tr>
<tr>
<td><strong>Aylesbury</strong></td>
<td>-Time to Talk (Adviza) -Buckinghamshire Mind</td>
<td>-Aylesbury Vale Rape Crisis</td>
<td>-Aylesbury Women’s Aid</td>
<td></td>
<td>-Youth Concern</td>
<td>- OASIS Partnership</td>
</tr>
</tbody>
</table>
### Milton Keynes
- Mind BLMK (Bedford, Luton & Milton Keynes)
- Relate
- West Bletchley Well Being
- SARC (Sexual Assault Referral Centre), Bletchley - Brook MK
- MK-ACT
- British Red Cross
- MK Equality Council
- STaSS (HIV) - Open Door

### Reading/West Berks
- Relate
- Time to Talk (Adviza)
- Mothertongue
- No. 5
- Mustard Tree Foundation 'Rahab' (ITA)
- Male Survivors Berkshire
- Trust House
- Berkshire Women's Aid
- FLAG DV (legal advice)
- West Berkshire Domestic Abuse Services
- Reading Refugee Support
- British Red Cross
- All2gether
- Reading Community Learning Centre
- ACRE (Alliance for Cohesion & Racial Equality)
- PACT (Parent & Children Together)

### Slough
- W&M Counselling (Windsor & Maidenhead)
- Berkshire Counselling Service
- SARC (Sexual Assault Referral Centre)
- DASH (Domestic Abuse Stops Here)
- Slough Domestic Abuse Services
- Slough Refugee Support
- All2gether, W. Berkshire
- British Red Cross
- Slough Immigration Aid Unit
- Destiny Support

### Wokingham
- ArcWeb
- Berkshire Counselling Centre

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**Remit for Thames Valley: Victim Support, Relate, Thames Valley Partnership, Circles South East, IAPT service, National Probation Service**

**National: NAPAC (The National Association for People Abused in Childhood)**
Appendix F: Report on development of Common Outcomes Measures (TIARA Phase 2 pilot)

The PCC wishes to develop Common Outcome Measures for survivors of crime so as to provide tools to support quality assurance in any counselling service it commissions. The proposals in this section draw heavily on the action research of the TIARA Consortium’s pilot project from October 2014 – March 2015 (extended to September) of which Refugee Resource has been a core member. The consortium employed Dr Nadia Wager and her research team at the University of Bedfordshire to evaluate the project and develop appropriate outcome measures for survivors, family members and witnesses of serious crime.

An overriding value for all the organisations in the Consortium was that the use of outcome measures was based on a primary concern for the client’s well-being.

Further research indicated that there are no standardised outcome measures specifically developed for survivors of serious crime. Dr Wager examined many well and lesser known validated outcome measures and concluded that three possible scales were the most appropriate for this client group:

- the Impact of Events (revised) Scale (Weiss & Marmar (1997) which assesses symptoms of posttraumatic stress disorder (PTSD)
- the Valued-Living Questionnaire (Wilson et al. 2002) which assesses quality of life and examines the extent to which the individual’s current engagement in different life domains matches his/her values
- a modified version of the Mental Health Recovery Measure (MHRM) (Young & Bullock, 2003)

After approval of the use of these measures by the University of Bedfordshire’s Ethics Committee, four organisations in the Consortium agreed to pilot one of these, the Mental Health Recovery Measure. These organisations provide a range of services encompassing restorative justice, trauma focused counselling, and emotional, practical and advocacy support. Refugee Resource are piloting an adapted shortened version due to the fact that the measure would take too long with clients who need an interpreter (Appendix G). In addition, Refugee Resource decided to pilot the use of the Impact of Events (revised) scale for clients in trauma focused counselling as this tool also has therapeutic value in the counselling work (Appendix H).

Learning so far from the pilot
- Outcomes measures need to be negotiated and introduced with care. Staff need to be comfortable using the adopted measure and the needs of clients can determine the timing of the practical application.
- Any of these three questionnaires could be used as part of a toolkit of outcome measures for survivors of serious crime and also for survivors of crime for whom the crime resulted in a traumatic experience.
• The Impact of Events (revised) scale is widely used by mental health professionals and can be effective in assessing the impact of interventions (eg trauma focused counselling) on symptoms of PTSD.

• The Mental Health Recovery Measure can be helpful in assessing the impact of interventions on wider determinants of well-being. It is very long and may be difficult to keep the client engaged throughout the questionnaire.

• The shorter MHRM adapted by Refugee Resource for this project, the ‘Measure of Wellbeing’, once validated, could be considered as an alternative option.

• The Valued-Living questionnaire could be used but with great care as it may not be appropriate for all victims of crime, eg for refugees.

By the end of the project a proposed toolkit will be produced with all 3 outcome measures including the two new adapted and validated measures.

Amanda Webb-Johnson
Refugee Resource
April 2015
Appendix G: Measure of Well-being

An adapted and shortened form of the Mental Health Recovery Measure being piloted by Refugee Resource during 2015.

Client's Name: __________________________________Date:____________________

The goal of this questionnaire is to find out how you view your own well-being following your experience of serious crime that led 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, and indicate how much you agree or disagree with each item.

1. I believe my life can get better.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

2. I am able to ask for help when I am not feeling well.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

3. I try to socialise and make friends.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

4. I feel good about myself.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

5. As far as I can, I try to eat nutritious meals.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

6. I go out and participate in activities.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

7. I am comfortable with my level of contact with others.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

8. If applicable, I am comfortable with my use of prescribed medications.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

9. If applicable, my religious faith or spirituality, or my belief in life supports me.  
   **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

10. I have something meaningful to do regularly.  
    **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

11. Even though things have gone badly I recognise that there is still good in life.  
    **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

12. I can make choices in my everyday life.  
    **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

13. I feel safe.  
    **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**

14. I can trust other people.  
    **Strongly Disagree / Disagree / Not Sure / Agree / Strongly Agree**
Appendix H: Impact of Events Scale (revised)

Being piloted by Refugee Resource during 2015

<table>
<thead>
<tr>
<th>Revised - Impact of Events Scale</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Below is a list of difficulties people sometimes have after stressful life events. Please read</strong></td>
<td></td>
</tr>
<tr>
<td><strong>each item and then indicate how distressing each difficulty has been for you during the</strong></td>
<td></td>
</tr>
<tr>
<td><strong>past 7 days or other agreed time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>0 = Not at all, 1 = A little, 2 = Moderately, 3 = A lot, 4 = Extremely</strong></td>
<td></td>
</tr>
<tr>
<td><strong>a</strong> any reminder brought back feelings about it</td>
<td>0</td>
</tr>
<tr>
<td><strong>b</strong> I had trouble staying asleep</td>
<td>1</td>
</tr>
<tr>
<td><strong>c</strong> other things kept making me think about it</td>
<td>2</td>
</tr>
<tr>
<td><strong>d</strong> I felt irritable and angry</td>
<td>3</td>
</tr>
<tr>
<td><strong>e</strong> I avoided letting myself get upset when I thought about it or was reminded of it</td>
<td>4</td>
</tr>
<tr>
<td><strong>f</strong> I thought about it when I didn’t mean to</td>
<td>0</td>
</tr>
<tr>
<td><strong>g</strong> I felt as if it hadn’t happened or it wasn’t real</td>
<td>1</td>
</tr>
<tr>
<td><strong>h</strong> I stayed away from reminders about it</td>
<td>2</td>
</tr>
<tr>
<td><strong>i</strong> pictures about it popped into my mind</td>
<td>3</td>
</tr>
<tr>
<td><strong>j</strong> I was jumpy and easily startled</td>
<td>4</td>
</tr>
<tr>
<td><strong>k</strong> I tried not to think about it</td>
<td>0</td>
</tr>
<tr>
<td><strong>l</strong> I was aware that I still had a lot of feelings about it, but I didn’t deal with them</td>
<td>1</td>
</tr>
<tr>
<td><strong>m</strong> My feelings about it were kind of numb</td>
<td>2</td>
</tr>
<tr>
<td><strong>n</strong> I found myself acting or feeling like I was back at that time</td>
<td>3</td>
</tr>
<tr>
<td><strong>o</strong> I had trouble falling asleep</td>
<td>4</td>
</tr>
<tr>
<td><strong>p</strong> I had waves of strong feelings about it</td>
<td>0</td>
</tr>
<tr>
<td><strong>q</strong> I tried to remove it from my memory</td>
<td>1</td>
</tr>
<tr>
<td><strong>r</strong> I had trouble concentrating</td>
<td>2</td>
</tr>
<tr>
<td><strong>s</strong> reminders of it caused me to have physical reactions</td>
<td>3</td>
</tr>
<tr>
<td><strong>t</strong> I had dreams about it</td>
<td>4</td>
</tr>
<tr>
<td><strong>u</strong> I felt watchful and on-guard</td>
<td>0</td>
</tr>
<tr>
<td><strong>v</strong> I tried not to talk about it</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
</tr>
</tbody>
</table>

Avoidance subscale (total of e, g, h, k, l, m, q, v divided by 8) =

Intrusion subscale (total of a, b, c, f, i, n, p, t divided by 8) =

Hyperarousal subscale (total of d, j, o, r, s, u divided by 6) =

Appendix J: TIARA referral form – Restorative Support Packages available to victims, witnesses and family members affected by serious crime (condensed into one page for this appendix)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>AGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NUMBER:</td>
<td>IS AN INTERPRETER NEEDED?</td>
</tr>
<tr>
<td>GENDER PREFERENCE?</td>
<td></td>
</tr>
<tr>
<td>OK TO LEAVE A MESSAGE?</td>
<td>DATE OF ASSESSMENT:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>REASON FOR REFERRAL:</td>
</tr>
</tbody>
</table>

What are your current problems?  
How do you think we can support you?

Our agencies are working together to provide a collection of services (as detailed below), which aim to meet some of the needs reported by people who have experienced crime. Since everyone’s reactions are different, it is important for each person to be able to choose the services that they feel they need. You may choose just one service or a combination of services.

<table>
<thead>
<tr>
<th>SERVICE PROVIDED</th>
<th>YOUR CHOICE &amp; thoughts on how this might help you</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma Counselling</strong></td>
<td>We will offer you 1:1 counselling with an experienced, specialist counsellor with the aim of relieving distress, building confidence, and enabling coping and recovery from traumatic experiences resulting from serious crime.</td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td>You will be allocated a specially trained volunteer who can help you by providing information, emotional support and practical help.</td>
</tr>
<tr>
<td><strong>Restorative Intervention</strong></td>
<td>An opportunity to address harm caused to you through direct or indirect contact with the person who harmed you.</td>
</tr>
<tr>
<td><strong>Forums of reconciliation</strong></td>
<td>You will be allocated a group of specially trained volunteers to support you to build stability into your life and to feel confident to access other services.</td>
</tr>
<tr>
<td><strong>Residential Workshop</strong></td>
<td>For those wishing to make positive changes to their lives following a murder or manslaughter of a loved one.</td>
</tr>
</tbody>
</table>

Your choices will now be passed to the relevant agency/ies and they will contact you to discuss this further.  
Do you consent to this information being shared with the agencies who will deliver the services? YES/NO

Signed: ___________________ Assessor: _______________ Date:___________________

Signed: ___________ Agency: __________________ Date:___________________