



MUSLIM WOMEN'S NETWORK PILOT COUNSELLING SERVICE EVALUATION

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**Evaluation for this project and the summary report written by Christine Bell
from the Centre for Facilitation, an independent organisation commissioned by the MWNUK.**

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PROJECT BACKGROUND AND AIMS

Muslim Women's Network UK (MWNUK) is a national Muslim women's charity working on social justice and equality for Muslim women and girls. It conducts research, operates a helpline, deliver campaigns, runs training sessions, comments in the media, produces resources and does advocacy work through reports and by engaging with government officials and other public bodies. The national telephone helpline (www.mwnhelpline.co.uk) it operates is a specialist faith and culturally sensitive service that is confidential and non-judgmental. The Helpline offers information, support, guidance and referrals for those who are suffering from or at risk of abuse or facing problems on a range of issues. Further information about the work of MWNUK can be found on the website www.mwnuk.co.uk.

An application by the MWNUK was made in August 2015 to the **West Midlands Police and Crime Commissioner's Victims Fund** for funding for a **specialist culturally sensitive counselling service** for women of all Black, Asian and Minority Ethnic (BAME) backgrounds of all faiths / no faith, who were victims of crime.

AIMS

Aim 1

Provide a free culturally and faith sensitive accessible counselling service to support women who are or have been victims of crime (whether this crime has been reported or is currently unreported). The service would aim to give women the space to be able to heal from their trauma and be able to face the future with a positive mind-set.

Aim 2

Assess the demand for a culturally and faith sensitive counselling service (both face to face or telephone) by women of BAME backgrounds and identify any unique issues which would need to be addressed by such a service in the future.

Added Value of MWNUK Counselling Service

Muslim Women's Network UK was the contact point for referrals. The organisation is seen as a trustworthy and credible organisation by other agencies and by the clients. The organisation is recognised for their work dealing with issues such as forced marriage, domestic abuse, sexual violence and therefore clients were confident that they could share these "taboo" topics in a supportive, non-judgemental environment where their own faith and cultural background would be respected.

This important trusting relationship enabled the team to be able to quickly respond to referrals and to provide:

- Counselling to some of the most isolated women suffering from multiple disadvantage who would not usually access NHS or other third sector counselling services due to a fear that there would not be an adequate cultural and faith understanding and sensitivity to their situation.
- Counselling in South Asian languages such as Punjabi, Urdu and Mirpuri
- A responsive and flexible service that was able to prioritise clients and then respond to the needs of the client in terms of the counselling style, the location and timings of the session and the number of sessions on offer.

1. The MWNUK Counselling Service was established as a small scale pilot study to support victims of crime in the West Midlands area. The project funding of £7,5000 was for 5 months from December 2015 to April 2016 with the aims of providing a cultural and faith sensitive counselling service for women who have been victims of crime and to assess the potential demand for this type of service.
2. A total of **49 clients** were referred to the service and 37 of these referrals attended at least one counselling session. In total **269** hours of free counselling were provided to victims of crime. However, 29 of these could not be delivered due to non attendance). Of the sessions delivered, this was an average of **6.4 hourly sessions for each client**. This exceeded the target within the funding request of 240 chargeable hours.

One of the striking achievements of this project is how the team at MWNUK established a professional counselling service that quickly established a good reputation amongst clients and other organisations so that referrals were easily generated. Although a short term project the team at MWNUK are to be commended for the due diligence that they gave to all aspects of the process ensuring that there were adequate records kept and that appropriately skilled counsellors were recruited .

3. Referrals were received from respected external agencies, including Birmingham Women's Aid, which were confident in referring clients to the service because of the credible reputation of MWNUK and

there was no similar service offering faith and culturally sensitive counselling that they felt confident referring these clients to. As the service developed, use was made of Schools and Women's Centres as outreach locations and a relationship of trust was quickly established so that the workers there were able to recommend the counselling service to their clients.

4. The pilot study has demonstrated that there is a need for a counselling provision that is able to offer a cultural and faith sensitive service with **91%** of clients feeling that a faith and culturally sensitive service was important to them. The referrals were often from people who had never previously engaged with this type of provision, **69%** of the clients had never had counselling before and **76%** of the clients were either unemployed or on benefits. Many clients had a very low trust relationship with authorities such as the NHS and the police and said that they saw MWNUK as outside the system and were therefore able to trust them with their often raw experiences of crime. As a result of this trust many of them went back to mainstream services and were able to engage with these in a more constructive manner, an important step to social inclusion and to seeking further help.
5. The flexibility of this programme and of the selected counsellors helped to ensure that individual needs were addressed. The counsellors were highly skilled and worked in a flexible and responsive manner to support their clients. This included working at weekends, meeting the clients in outreach venues instead of their own location and offering sessions outside of normal working hours, including at weekends.
6. Client feedback demonstrate that significant progress has been made in overcoming the distress felt by victims of crime and positive steps towards making better life choices have been taken. Clients have reported having a number of coping strategies to help them move forward.

CASE STUDY 1: Meena

As part of the counselling sessions delivered in the community, Meena had been referred by staff at her children's school. Meena had never accessed counselling support and was really anxious about the counselling and what it would involve. She was particularly worried about the shame of sharing such a personal story to a stranger.

However, once she started her sessions, she felt she was able to relate to her counsellor who 'understands my culture and issues'. She disclosed that she had been forced into a marriage at 16, and continued to be pressured by family to remain in the unhappy marriage. Although she had managed to work, she found herself being financially abused by her husband. Her movements were also controlled, to the point that she would not go anywhere unless permission was sought. Her first breakthrough came after her first session when she found the courage to simply get in her car and drive.

For Meena, it was the first time she had been able to share honestly and openly her situation. She said "I did not feel judged, and you (the counsellor) gave me confidence to face my issues."

(pseudonym used in case study)

SECTION ONE: THE NEED FOR A CULTURALLY AND FAITH SENSITIVE COUNSELLING SERVICE

Black Asian Minority Ethnic (BAME) women who have experienced crime such as domestic violence, rape and abuse (whether reported or not) need specialist culturally sensitive counselling services. Currently there is huge gap for specialist counselling and therapeutic services for BAME women and waiting lists are extensive and growing even for mainstream counselling services.

Over the first year of operation the MWNUK Helpline service received a significant number of calls from women needing more support than is possible from the Helpline team. Many of the women contacting the helpline are isolated, lack confidence and are unable to seek help from within their families and communities. Many have multiple needs and complex mental health issues such as post-traumatic stress disorder, anxiety and depression. They may experience language, cultural and religious barriers and require specialist interventions to support their needs. They are also at increased risk of suicide and self-harm due to the abuse they experience from their partners as well as members of their extended family. The Helpline has handled calls from women who have been suicidal because of the abuse they have suffered. Such women need specialist counselling services, which can be lifesaving. Currently it appears the mainstream services are unable to meet this need.

The Helpline was established as a sign posting and advice service and the team have neither the capacity nor the skills to operate counselling services, are unable to support women with their mental health needs. The helpline team were struggling to direct women to appropriate specialist services and are often just left with advising them to contact their GP or a local MIND service. Although some specialist services outside of the region can be accessed by telephone, they usually charge a fee, which victims cannot afford. Many of the women indicated that they would prefer to receive support from an established and trusted BAME women's organisation where they would be able to get support and counselling in a non-judgemental manner from counsellors who were sensitive to faith and cultural issues.

The influential report [“A Suitable Space – improving counselling services for Asian people”](#) highlighted how there is a high prevalence of depression amongst Asian people. In particular young Asian women have very high levels of psychological distress. This shows in higher rates of attempted suicide, deliberate self-harm and suicide. It is a well-documented statistic that Asian women between the ages of 15-35 are two to three times more vulnerable to suicide and self-harm than their non-Asian counterparts (Soni-Raleigh 1996).

Another clear finding from the research was that GPs often do not detect psychological problems in their Asian patients and Asian women in particular find it difficult to seek help from GPs for depression and anxiety. Domestic violence will often be an underlying factor behind depression and anxiety and this will affect women's willingness to seek the help that they need to build their resilience and confidence so that they can make safe choices for themselves and their children. As Ann Keen commented, when she was Secretary of State for Health, “many Asian women will remain in abusive situations often because of cultural dynamics, pressures and issues around honour which not only impacts on their mental health but also on the way they disclose and seek help” ([Asian Women Domestic Violence and Mental Health Toolkit](#))

The first national census on mental health and ethnicity [“Count me In”](#) showed that 3% of inpatients for mental health services were Asian and of these just one third were women. Overall rates of admission of women from Indian and Pakistani groups were lower than average and the rate of their referral by a GP to hospital services was lower than for white British people.

Where women have accessed mental health services the tendency has been to offered medication rather than counselling even though studies on Asian women's health needs have shown that the key factor increasing the risk of depression was the absence of a "strong confiding relationship" (Donaghy, 1997 quoted in "A Suitable Space) Where counselling has been offered this has not been made culturally relevant. The findings from the research "strongly suggest that Asian clients, like many other clients, prefer access to services which are not biased by stereotypical views of what is appropriate." They want to have a counselling service that they can trust will be sensitive to their culture and their faith and there is currently evidence that GPs are either not referring Asian women to the existing services or the women are not willing to engage with these services which results in a lower take up amongst this group.

CASE STUDY 2: Kas

Kas was from Pakistan and had come to the UK on a Spousal Visa. When he started counselling sessions, he was suffering from severe depression and severe anxiety. His wife and mother in law had abused him over a number of years; physically, emotionally and financially, which resulted in his low self-esteem and mental health.

Initially Kas found it very difficult to talk about his situation and felt a lot of shame. However, he built a trusting rapport with the Counsellor and opened up. He spoke about the money he earned from work, which was taken by his wife and used by her and his mother-in-law, the constant derogatory verbal abuse, how he was not allowed to eat at home, and his wife's constant demands.

Kas initially did not share the abuse he had endured with his family, he tried to normalise it thinking it will get better. His turning point came when his wife reported him for sexual abuse as a way to end the marriage, and cancel his Spousal Visa, which would result in his return to Pakistan. His arrest, and the proceedings that followed left Kas suicidal, he avoided going out due to his concern for his family's reputation and honour.

Through the counselling sessions, Kas came to accept his experiences as abuse, something he found difficult to admit. He recalled his notions of a 'healthy relationship' before he got married, and accepted his marriage had been far from that. This was a big step in his recovery, and gave Kas the courage to seek legal representation.

(pseudonym used in case study)

SECTION TWO. SETTING UP OF THE SERVICE

The application for funding for a specialist culturally sensitive counselling service for women was successful, although for a reduced budget of £7,500 which meant some changes were required in the scope and advertising of the service. The funding was restricted to clients based in the West Midlands who were victims of crime (reported and unreported)

SELECTING COUNSELLORS

The team at MWNUK sought to recruit two counsellors to support the service. The team need to quickly establish the service and to ensure that it was appropriately culturally sensitive so applications were sought from two freelance counsellors who were already known to MWNUK, Khudeja Bi and Zaynah Plummer Jones from the [Muslim Counsellors Birmingham](#).

Both counsellors were recognised for their skills in counselling, were considered to be aligned to the MWNUK's beliefs about women's rights and were recognised for their abilities to provide a culturally faith sensitive service. They are both highly qualified and are registered members of the British Association for Counselling and Therapy and adhere to the ethical framework for good practice. They both practice an Integrative approach which means that they use a range of different theoretical approaches to inform their work and then apply the method which is best suited to the needs of the individual client.

The two counsellors were taken through a rigorous recruitment panel meeting to ensure that they were fully aligned with the values of the MWNUK. The recruitment panel involved two members of the board of trustees; one is a qualified GP who is a specialist in mental health. The panel asked questions and explored scenarios to verify that both counsellors were able to provide non-judgemental support to women from a variety of faiths and cultural backgrounds and would not seek to impose their own faith background onto others.

One of the counsellors is fluent in South Asian languages, Punjabi, Urdu and Mirpuri which was an important aspect of the service provision, giving women an option to communicate in another language, which may have been their primary language.

ACCOMMODATION FOR THE SERVICE

The initial plan was to rent an additional space within the building used by MWNUK. This room was acquired and prepared so that it made a comfortable and safe environment for some of the counselling the sessions.

ESTABLISHING A RECORDING SYSTEM

This was the first time that the MWNUK had delivered a counselling service so it was important to the team that the pilot project was properly monitored to enable the team to assess the use of the service. A bespoke database was created to capture the data to support the final analysis of the project and the counsellors were advised about how to capture the data after the counselling sessions.

PROMOTING THE SERVICE

One of the areas that had to be substantially cut back on, due to the reduced budget, was the advertising of the service. The promotion of the service was done with emails to MWNUK members and by making contact with other local service providers including Women's Aid and a range of women's groups who are active in the West Midlands region. The team were conscious that the limited funding and timescale of the project meant that it was important not to over promote the service and find that they were unable to meet all the requests.

TAKING REFERRALS

The counselling service was a referral only service, so all requests for counselling were handled by the MWNUK Helpline Team. A referral form was designed so that helpline staff could consistently record requests for counselling and provide the counselling team with all the required information before they started the counselling process.

CLIENT COUNSELLING AGREEMENT FORM

A client counselling agreement form was developed which set out the following terms and conditions of the counselling service:

- Code of ethics
- Purpose of counselling
- Theoretical approach used
- Counselling session allocation and duration
- Keeping records
- Cancellation policy
- Boundaries
- Complaints process

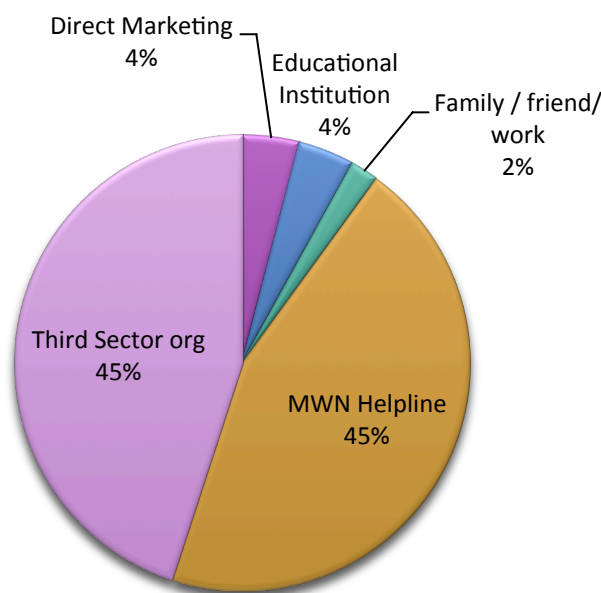
The clients and the counsellors (on behalf of MWNUK) signed the agreement prior to the counselling sessions commencing (usually at the first session).

SECTION THREE: USE OF THE COUNSELLING SERVICE

In total 49 people were referred to the counselling service. 48 were women victims of crime, mainly from the West Midlands area to fulfil the requirements of the funding. There was one male victim of crime who was referred to the service. This was an exceptional case and the crime was committed by women in his family and his shame over this experience meant that he needed counselling that would be extremely sensitive to the culture and faith issues involved in this complex situation.

A total of 37 people attended the sessions, and received 240 hours of counselling. This is an average of 6.4 hours of counselling per client. For some women only one session was attended, other women attended for the full commitment of 10 sessions. There were 12 clients who did not turn up to their first session. The problem of non-attendance at appointments is a wider service delivery issues and is further discussed in Section 5 (page 24 on attendance) of the report because 269 sessions were offered, but 29 could not be delivered due to non attendance.

REFERRAL CHANNEL



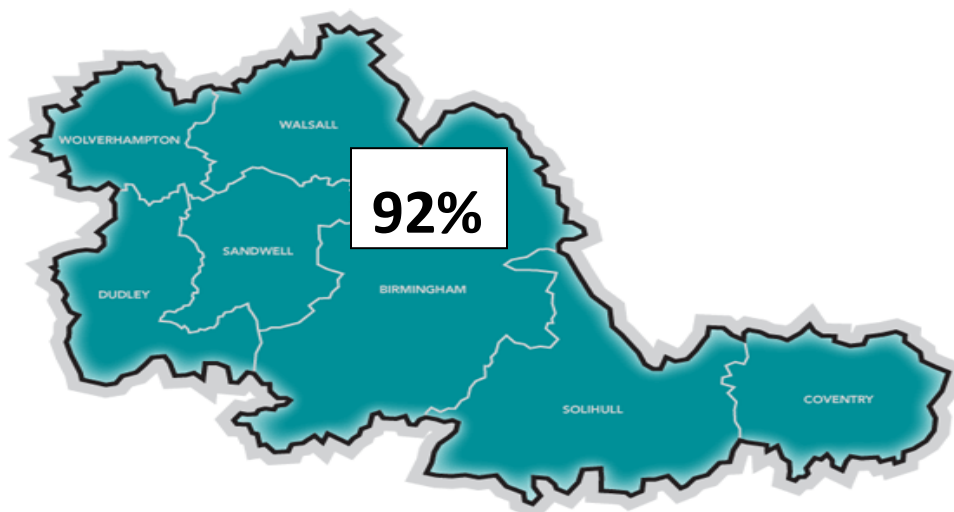
OBSERVATION

45% of the referrals came directly from the Helpline team which is to be expected because the reason for the pilot project was the demand from helpline callers for more in-depth support. The Helpline is a national service but the regional base in Birmingham and localised outreach work does give the Helpline a high profile in the West Midlands area with over a third of their calls coming from this region.

What did surprise the team was the large number of referrals received from other third sector organisations. This included Birmingham Women's Aid and other nationally funded groups who are clearly looking for a way of supporting women with a cultural and faith sensitive service. A small number of referrals were received from educational institutions, which are probably as a direct consequence of a parallel project run by MWNUK to raise awareness of Forced Marriage in schools and colleges in the West Midlands area.

There were no referrals made from GPs which was a surprise to the team but it is notoriously difficult to get communication to GPs and so the low profile advertising of the pilot project may not have been sufficient to translate into GP referral action.

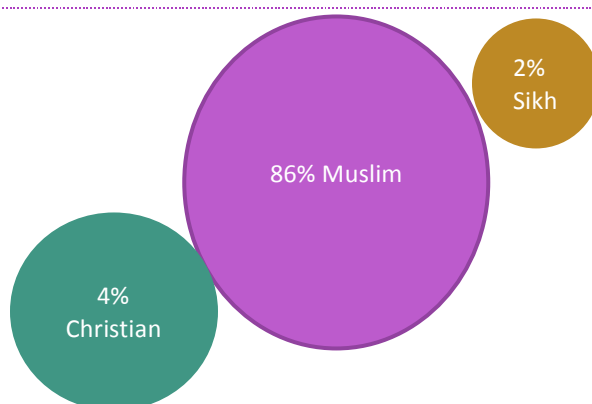
LOCATION



OBSERVATION

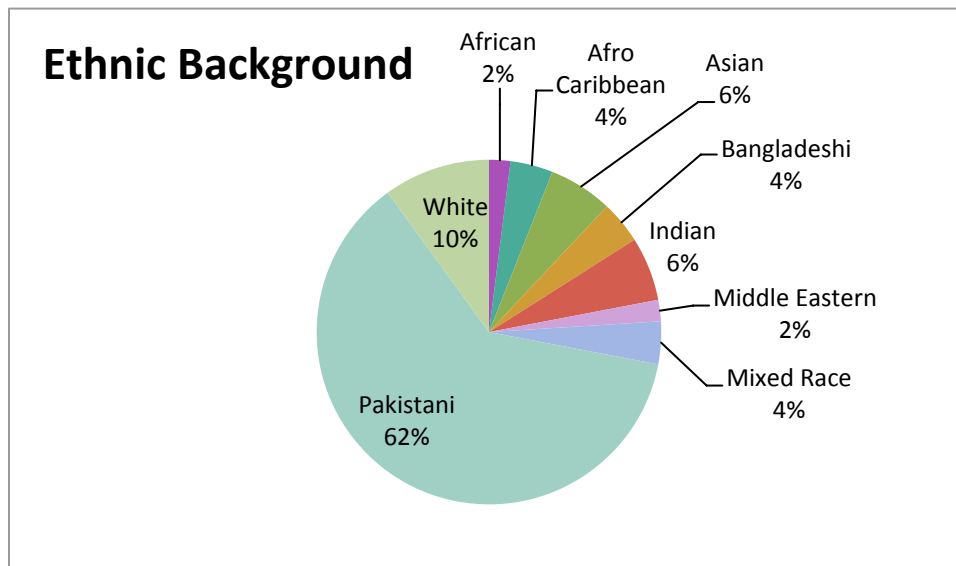
This project was targeted at victims of crime who lived in the West Midlands area. 92% of the clients lived in the West Midlands area with just 4 of the clients (8%) located outside of the area. These clients were considered to be in exceptional need as a result of being victims of crime and it would have been unethical to restrict access to the service.

FAITH



OBSERVATION

The counselling service was established as a specialist faith sensitive counselling service and was open to women of all faiths / no faith. The take up of the counselling service was mainly (86%) from people of Muslim faith. This is to be expected because the advertising of the service and referrals was through the Muslim Women's Helpline because the limited funding restricted a wider advertising campaign. Muslim female callers also expressed a need for a specialist faith sensitive service which they do not feel is available from other service providers.



OBSERVATION

The counselling service was targeted at Black Asian Minority Ethnic women (BAME) and the breakdown of referrals demonstrates that the take up of the service was largely by these ethnic groups. Over 62% of the clients were from a Pakistani background which reflects the large population of this ethnic group in the West Midlands area. The take up of counselling amongst these groups demonstrates the need for a culturally sensitive counselling service in the area.

The majority of the clients were British Nationals – 74% with a small number (2%) with spouses with immigration rights to stay in the UK. There were no recordings of anyone with refugee status using the service. The others were either not stated or refused to give their immigration status and more guidance needs to be given to the referral takers/counsellors next time to ensure more accurate recording of nationality is made in the future so that the recording is more accurate.

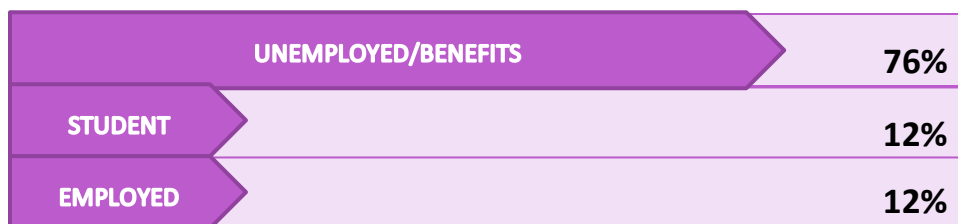
LANGUAGE NEEDS

The majority of sessions delivered (78%) were in English, with 11% in Punjabi/Mirpuri and a further 11% in Urdu, and it was an important element of the provision of the counselling service to offer clients the opportunity to discuss personal issues in their first language.

Khudeja Bi offers counselling in other South Asian languages and so when the Helpline team took referrals they would refer anyone wanting sessions in these languages to her case load. As she comments

“Being able to offer to speak their language was very important, because it made them feel at ease. It meant that they did not have to struggle trying to speak their second language when trying to describe very intimate experiences”

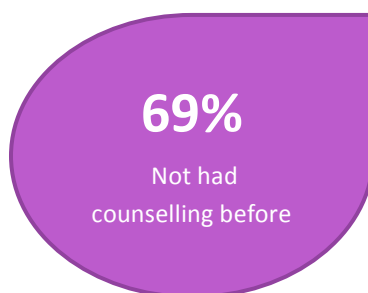
EMPLOYMENT STATUS



OBSERVATION

The counselling service offered by MWNUK in this pilot study was a free service and 88% of the take up was from women who were either on benefits or were students. The lack of fees made the service easily accessible to women who would not have been able to afford the usual counselling fees. These fees according to the [Counselling Directory Service](#) are between £35-£60 for a fifty minute session. As it is usually recommended that between 6 to 10 sessions are provided in a counselling intervention this would mean a total of cost of £600 for 10 sessions at the maximum price. The MWNUK pilot counselling service made a significant impact on women who would not have been able to afford to access this type of support otherwise.

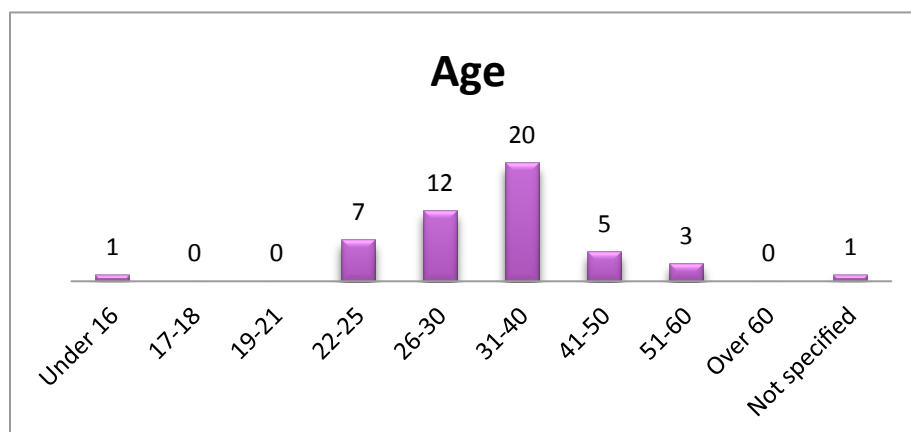
EXPERIENCE OF COUNSELLING



OBSERVATION

The clients making use of this new counselling provision were mainly people who had never had counselling before. This is highly significant because it indicates that the MWNUK were able to reach out to people who had no previous experience of counselling and give them the opportunity to access this service to see if it would help them. The lack of experience of counselling indicates that there is no other provision that these women, who were victims of crime, could or would access to gain the support they clearly needed.

AGE PROFILE



OBSERVATION

Most clients were in their 20s and 30s and almost half of referrals (42%) for the counselling service were clients in the 31-40 age group. With only one referral under 22 years old (a young woman under 16) This age profile is consistent with the finding in the [2014 Report from British Association for Counselling and Psychotherapy](#) which found that the average age group for consulting a counsellor or psychotherapist is between 35-44 years old, with a much lower average take up of these services for younger people. The age group and background of the clients is also significant as it was noted that Asian women in the UK between the ages of 15 to 35 are 2-3 times more vulnerable to suicide and self-harm than their non-Asian counterparts (Soni-Raleigh, 1996) This theme was further explored in the study [“Growing Up Young, Asian and Female in Britain”](#) which highlighted serious concerns about the unmet needs of this group of people and the benefit of providing specialist services, such as this pilot study by MWNUK to intervene earlier on in and help to address needs.

HEALTH NEEDS



OBSERVATION

The women referred to the counselling service already had health issues. 14% had a disability and 32% were already taking medication for mental health issues, including depression and anxiety.

In the [2013 Health Survey for England](#) 11% of adult women had taken some form of anti-depressant drug in the last week. In contrast almost a third of the referrals for the counselling service were from women who were taking a form of medication for mental health issues. It is possible that they were on this medication because specialist counselling services were not available and with this provision it could have an impact on their need for further medication.

SEXUALITY

90% of the counselling clients were heterosexual, with one client recorded as lesbian. There were 4 clients where the sexuality was not recorded so this is an area to maintain more consistent recording in future projects as it may be that assumptions were made about sexuality based on the content of the counselling rather than the self-reporting of the clients.

CASE STUDY 3: Jannah

Jannah had come to the UK to get married when she was just 16. She had no family here in the UK and very limited contact with her family in Pakistan.

From the beginning of her marriage she had experienced domestic violence but had never spoken to anyone about it because of the shame and her mistrust of the authorities.

Jannah attended all the sessions offered and shared her experience and started to explore options about what she could do.

The counselling was a trigger to her taking charge of her life and instigating a series of long term changes. In a follow up conversation with the counsellor she shared that “you have changed my life, it was really hard, I had to move out and start divorce proceedings but without the counselling I would never had thought that this would be an option for me”

(pseudonym used in case study)

SECTION FOUR: IMPACT OF THE SERVICE

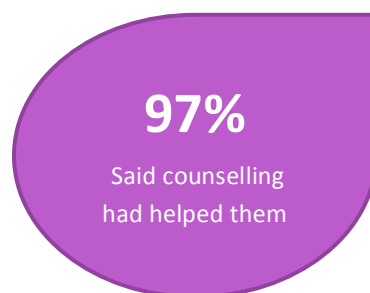
This pilot project was an opportunity to positively intervene in the lives of women who were victims of crime to provide support to help them to cope and recover. The intention of the project was to make a difference to the lives of victims of crime so that they would be able to:

- Cope with their trauma
- Use a range of coping strategies
- Explore alternative options and make better life choices
- Reduce risk of self-harm and suicide
- Reduce need for medication for depression

The majority of clients were victims of domestic violence, with **49%** of the referrals giving this as their main reason for requesting the counselling. **10.5%** of referrals related to experiences of childhood sexual abuse and **6%** of clients made contact for support following crimes of rape and/or sexual violence. **10.5%** of referrals were due to depression/mental health impact relating to these women's experience of crime.

During the counselling process the clients shared the issues which had triggered off their depression and mental health issues and this included issues such as forced marriages, honour based violence and child sexual exploitation. The process of talking therapy helped some clients to articulate what had been done to them, for one woman this was the first time she recognised that she was the victim of a forced marriage which had been the start to over 20 years of domestic violence and sexual abuse. The counselling helped her to realise that her marriage was not freely chosen and she could take steps to end this marriage.

By providing counselling it was anticipated that women would be better able to deal with the trauma of their experiences so that they can make more positive life choices in the future. The limited availability of counselling services made it highly likely that many of the referrals would be from people who were taking medication to help them cope with the emotional impact of the crimes they had experienced. Counselling was an alternative to the medication that many were taking and gave them an opportunity to make changes to their own mental health.



"So many things I have dreamed about doing....I have now moved into my own house, my kids are happy and I can now give them support. MWN have given me the wings to fly!"

MEASURING PROGRESS

The management team at MWNUK were conscious when setting up the project that self-reporting reactions to counselling will often be very positive. If the counsellors are professional and do their job well then you would expect the experience to feel positive and supportive to women who are victims of crime and have therefore experienced incredibly painful and traumatic experiences. The team wanted to explore ways of measuring progress that would be more objective and this was explored with the counsellors before the service started.

It was agreed to use two measurement systems: levels of anxiety and levels of depression. Measurements were taken by the counsellors of the levels of depression and anxiety before and after the counselling. This was done by a series of questions asked by the counsellors at the beginning of the first session and at the end of the last session. It was recognised that these types of measurement are “blunt” instruments to measure what can be small, complex changes in feelings during a counselling process however both counsellors recognised that it is important to find ways of measuring the impact of a counselling intervention and pragmatically these two tools were easily available and easy to use.

The two tools that the counsellors used to measure progress were:

1. PHQ9 – Depression

The Patient Health Questionnaire has 9 questions and is often used by GPs to assess and monitor depression severity. The questionnaire is designed to be easy to administer in a conversational format and was used by both counsellors in the initial and final sessions. The questions include:

“How often have you been bothered by feeling down, depressed or hopeless?”

“How often have you been bothered by feeling bad about yourself, or that you are a failure, or have let yourself or your family down?”

2. GAD7 – The Generalised Anxiety Disorder

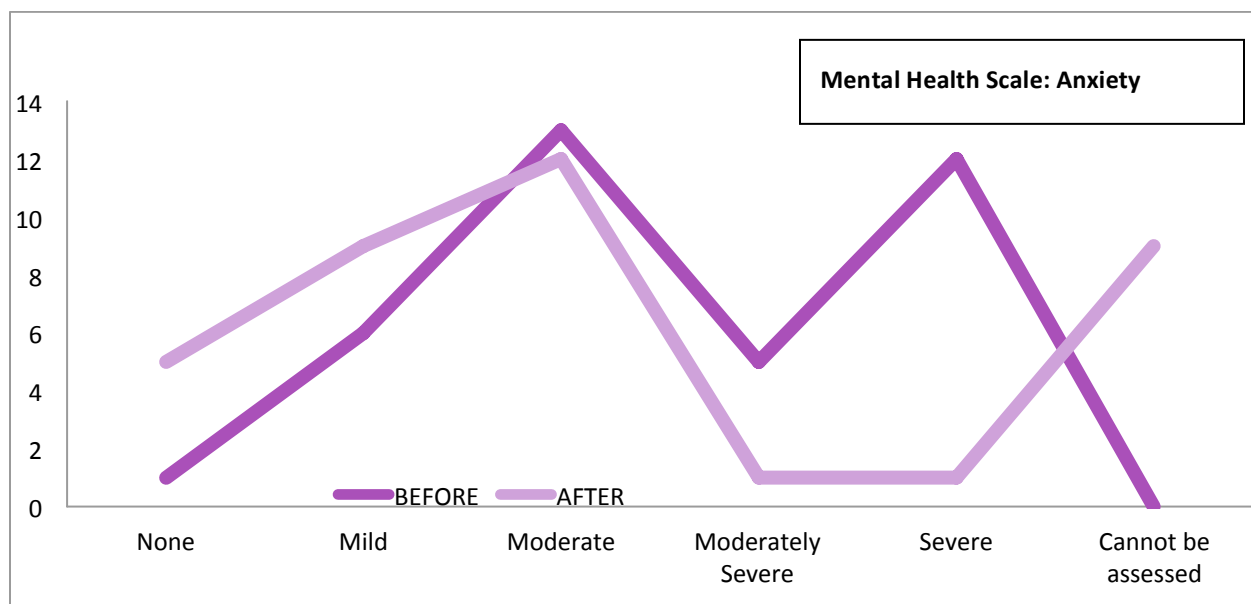
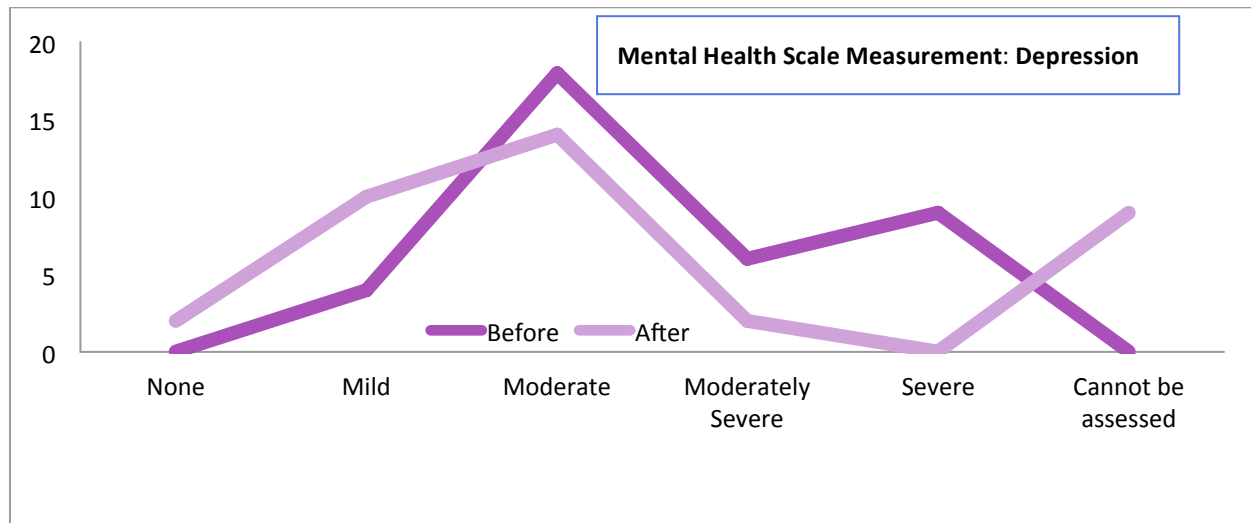
This has seven questions and is used to assess and monitor the severity of a person’s anxiety. The questions include:

“How often have you been bothered by not being able to stop or control worrying?”

“How often have you been bothered by worrying too much about different things?”

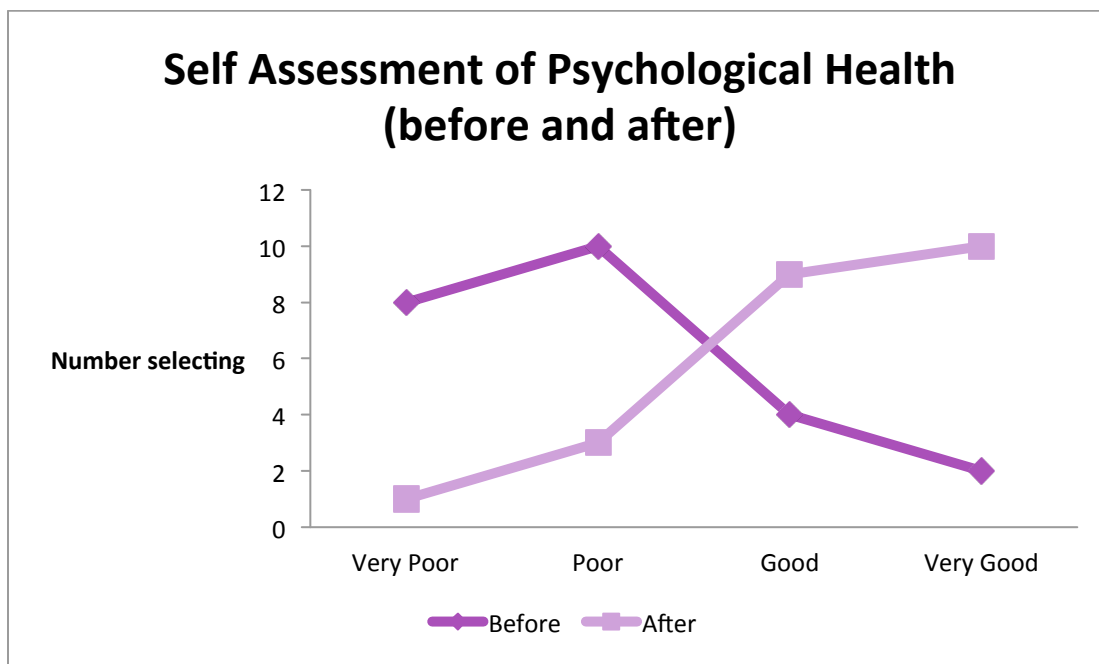
DEPRESSION AND ANXIETY SCALES (PHQ9 AND GAD7)

These scales show the changes in depression and anxiety levels for the 37 clients who attended the initial planned counselling session, following referral from the Helpline team.



SELF ASSESSMENT

In addition the 23 clients who completed their programme of counselling and were contacted about their experience of the counselling service were asked to give a self-assessment of their psychological health before and after the counselling, using a scale of 1 to 10 (1 being poor and 10 very good)



OBSERVATION

The graphs based on the GAD7 and PHQ9 show the overall pattern of levels of anxiety and depression for this group of women before and after the counselling. There is a clear shift in the levels so that by the end of the counselling process there has been a reduction from 24% of severely depressed to 0% by the end of the counselling process. A similar picture is shown on the anxiety scale with a dramatic reduction from 32% with extremely high anxiety to just 3% measuring as highly anxious.

On both scales there is a considerable rise in the numbers reporting just mild anxiety/depression. Impressively, given at the end of the counselling 5% of participants were reporting no depression and 14% reporting no anxiety. This indicates a very positive trend in the reduction of depression and anxiety which are significant elements in maintaining positive mental health.

This trend is mirrored in the self-assessment of psychological health with a clear improvement in psychological health being noted. Many of the comments from the women in their feedback questionnaires highlighted the significance of this intervention in starting a process of change within them:

“Through counselling I was able to share my story and this has helped me to look forward with hope and courage. I am taking away positive affirmations from the sessions. I feel empowered and free”

“The counsellor has helped me a lot to understand my emotions and to look at myself. My confidence and self-esteem has increased in myself and I know I can now do things (knowing that Allah is there for me)”

These figures are impressive because all the clients involved in this counselling process had been assessed by the MWNUK Helpline as victims of crime who needed significant levels of support to help them to process the crimes against them. The counselling intervention was a very short intervention which for many of the participants opened up very raw emotions and was for many the first time that they had faced the reality of the experiences that they had gone through. To make even a small impact on depression and anxiety levels with this intervention is significant as often the benefits of counselling are not fully recognised until months and sometimes years after the initial intervention.

CASE STUDY 4: Taabeer

Taabeer had been sexually abused as young child within her family. The abuse started when she was aged six and continued throughout her childhood.

In her late teen years she found Islam and converted to the faith. She was drawn to the values of family and support and saw this as a very different and more positive model for her future life and happiness than her own upbringing.

Unfortunately her marriage quickly became abusive and she was physically and sexually abused by her husband and other members of her family. Understandably she became distrustful of everyone.

The counselling helped her to take control of her life and look at the options that she had to make safer choices and move forward

“I realised that I have to go and I know that I need support and help to make this happen but there are organisation out there who I now know will help me to get what I want. I have got trust in people again”

(pseudonym used in case study)

SECTION FIVE: LEARNING FROM THE PROJECT

This was a pilot project and was designed to test the hypothesis that there is currently an unmet need for a specialist culturally sensitive counselling service for women of BAME backgrounds of all faiths. The target was to offer 240 hours of counselling in total (10 sessions a week over a 6 month period) and this target was exceeded by an additional 29 hours of counselling so that in total 269 hours were offered. To achieve this level of counselling in a very short period of time and with minimal advertising demonstrates that there is a level of need within the BAME community which is not being met by current service provision.

The levels of referrals from other, well established third sector organisations including Birmingham Women's Aid demonstrates that others trust service provision that is managed by MWNUK and that these existing services are unable to provide such a specialist form of provision for female victims of crime. There were a number of core themes from the pilot study which highlighted some very distinctive features of this pilot project when compared to existing counselling services that are on offer.

SUCCESSES

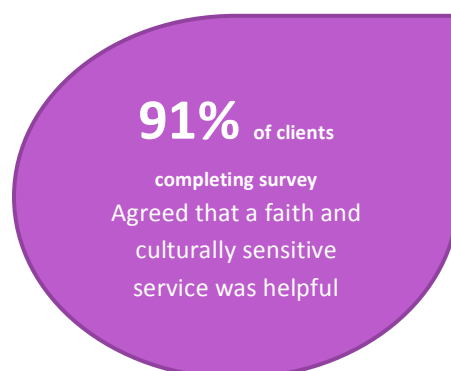
The project was a success on many levels, the four main success stories were:

1. Establishing the need for a culturally and faith sensitive service
2. Providing a way of victims of crime to get support and the opportunity to heal
3. Offering a flexible and adaptable service
4. Providing a professional referral and recording system

1. FAITH/CULTURALLY SENSITIVE COUNSELLING

The majority of the referrals (86%) were from a Muslim faith background. This was expected because the referral process and advertising was being managed by MWNUK whose main reach is to Muslim women. Other women were also clearly happy to use the service if they were referred to it with a small percentage of Sikh (2%) and Christian (4%) as well as women of no stated faith (8%) Many women commented that they had done their research on MWNUK before starting their sessions and saw that this was a professional and reputable service that would provide a truly non-judgemental faith and culturally sensitive service.

Both counsellors were selected because of their faith and cultural background in addition to their counselling skills. They both felt this was important to the success of the counselling.



69% of the clients had no previous experience of counselling before so having a counsellor that they could relate to helped them to build up trust and rapport because they knew their counsellor understood the broader context of their life. Some of the clients had been referred to counselling previously but had not taken up these offers because of their fear that the counselling would be given by someone who would not understand their cultural and faith background.

Some clients had previously accessed counselling elsewhere and had found that the lack of cultural and faith understanding had undermined the effectiveness of the counselling provision. In some examples what was described was a worryingly judgemental approach by some counsellors. They simply did not appreciate the cultural context which might be behind a client's unwillingness to leave a violent marriage, the cultural significance of honour and respect. This led in some examples to inappropriate directive advice being given with one client being told by a health service counsellor: "so if you have got all these issues with your family....why don't you just take off your head scarf and then be free?"

In other examples that were shared with the counsellors it was just a lack of cultural understanding which meant that previous counselling time had to be spent explaining things. One example was Aiza (not her real name) who had been referred for Cognitive Behaviour Therapy (CBT) by her GP. The therapist had not previously worked with clients from an Islamic background and had limited understanding so that Aiza found that "by the time I had explained Islam and my culture, I didn't have time to really explore my issues".

In comparison clients attending the MWNUK sessions could get straight into their issues, knowing that their counsellor "would get what I was talking about" and that the responses that they provided would never be judgemental. The feedback comments were highly appreciative of this aspect of the service:

"Allowed me to express my thoughts and feelings from an honest place, one which was completely understood by the counsellor"

"Because the counsellor understood my feelings and background this helped me to talk about things. Helped me to look at things in an Islamic way which gives me peace"

"Helped me gain a more complex understanding into my own faith and culture and how it affected my situation"

The counsellors observed that even when Islam was not directly discussed in the sessions the client still appreciated talking to someone who fully appreciated the wider faith context that they lived in and they appreciated the shared cultural/faith background with the counsellor.

2. HEALING FOR VICTIMS OF CRIME

For the team at MWNUK a real success of the service was that it gave victims of crime a service that would give them a real chance of healing and that was approachable and accessible to them. Counselling is not the right solution for everyone but many of these victims of crime found that counselling helped them to make positive changes in their life.

In the original application the team had sought funding to help victims of crime make a difference to their lives and a number of impact areas were highlighted including:

- Being informed about coping strategies
- Increase confidence in making safer choices
- Reduce risk of self-harm and suicide
- Reduce depression and less medication and need for further health service interventions

The counsellors were able to positively intervene with all the clients responding that counselling had made a difference to them, even if they recognised that they were in a process of change and the counselling was just part of that transition from victim to survivor, as one client commented

“I feel like I have just begun a very difficult journey but I now feel more prepared”

The counsellors were struck by how vulnerable their clients were compared to their usual caseloads. Many of their clients had come from abroad and were not well established in the UK when they became victims of crime. This was usually crime by the people that they had expected to love and protect them who became their abuser, with acts of domestic violence causing physical, mental or sexual harm. These victims only knew these family members, who were now abusing them. They often did not speak English and were completely unaware of the services that they could access to support them and help them to move from this situation of abuse. They often felt powerless to do anything about their situation, believing the stories that their abusers had told them about the consequences to them and their children of telling anyone in authority about the abuse.

The process of counselling was culturally unfamiliar to them and initially there was some hesitancy in talking to someone about the realities of what they had faced. Once this barrier was overcome the counsellors were both affected by the extraordinary resilience of these victims of crime.

“Their confidence to fight this, their resilience to overcome this....it blew me away, it was my privilege to be their counsellor and see them overcome all these challenges”

Through the intervention of the counselling they gained the confidence to fight for a better life for themselves and often for their children and made dramatic changes so that they were able to free themselves from the harmful situations they had been put in. Importantly many of the women commented that they now felt able to trust people in authority and to believe that organisations like the police and social services would be supportive to them so were more willing to reach out to others and take steps to move out of the situation where they were being abused.

3. PROVIDING A FLEXIBLE AND ADAPTABLE SERVICE

The limited time and funding for this project meant that there were some restrictions on the number of sessions, with most clients offered initially a series of six sessions. However there was some flexibility from the team because some clients needed less sessions and some needed more sessions so the counsellors could discuss and recommend a session plan on a case by case basis with the team at MWNUK. This is in contrast to the NHS provision which can only provide a limited number of sessions.

The team at MWNUK were able to prioritise the referrals so that clients who were most in need could be seen quickly. This responsiveness was a very valuable aspect of the service. Many clients reported that they had waited so long for counselling from mainstream services that they had lost confidence in counselling as an intervention. Being able to quickly get started on a positive intervention after an initial call to the helpline was a very valuable part of this flexible and adaptable service offered by MWNUK.

When the service was established it was planned to be a face to face counselling provision in the central Birmingham location where the MWNUK are based. When initially asked about preferences for contact

65% of people expressing a preference requested face to face, **20%** requested telephone counselling and **15%** requested the counselling in an “outreach” facility. Where possible the counsellors responded flexibly to the requirements of their clients.

Face to face sessions were offered at the counsellor’s base, the MWNUK office in central Birmingham or a Women’s Centre and School in Birmingham were also used. These latter places were valuable resources because there was often additional support from the parent liaison workers in these facilities that encouraged people to keep the appointments. These venues also provided a “cover story” for the counselling. People were able to attend their counselling session whilst attending the facility for other activities and for those clients still living in challenging domestic situations this was a welcome relief from having to explain why they were travelling into central Birmingham for an appointment.

Telephone counselling also provided a valuable option for some clients, for some it was a mix and for some the majority of their sessions were conducted by phone. This was not ideal for the counsellors as you miss the connection that you get from face to face counselling, being able to see reactions and assess body language however both counsellors recognised the importance of their clients being able to determine which form of communication best suited their needs. Some of the telephone counselling sessions were difficult as there were too many distractions from children and other family members. Many of the clients did not have sufficient privacy in their living situations to make this type of call and therefore preferred to come to a safe neutral venue.

4. PROVIDING A PROFESSIONAL REFERRAL AND RECORDING SYSTEM

The MWNUK are a highly professional organisation. They began this project by carefully setting up a process to evaluate the impact of the counselling provision and by selecting appropriate counsellors to support this pilot project. They established a detailed referral system and then a client management process using Trello. The referral data includes demographic information and information about the nature of the referral and whether the client has previously had counselling. It also records the reason for the request for counselling and gives insight into the types of issues where counselling is felt to be an appropriate and helpful intervention.

All the information about the clients from the referral process was logged onto a data base so that it is easy to track the impact of the pilot study and for the team at MWNUK to receive feedback on progress. If longer term funding is found then this database will continue to develop and will in time provide MWNUK and potential funders with a real insight into the use of this service, showing patterns of who is using the service and where the service seems to be having most impact.

Both counsellors were freelance practitioners and they commented positively about the overall support they received from the management team at MWNUK as well as the quality referrals which were taken by the

Helpline staff. All of the referrals received were felt to be appropriate and even where clients who did not start or complete the counselling it would have been very difficult to predict this in the initial screening.

The way that the funding was set up meant that although individuals may have dropped out fees were only charged for the sessions that they did not attend where insufficient notice was given so the funding for this project was managed with integrity, with most of the funding being used for the counselling of victims of crime who were in need of the service.

For future projects it would be useful for the counsellors to explore if the clients have other needs (for example for legal advice) and have a clear process for referring these back to the helpline and to record these transferred referrals.

CHALLENGES

As with any new project there were a number of challenges faced by the team and many of these were anticipated and responded to during the lifespan of the project. The very nature of this project which was aimed at victims of crime underlies all the major challenges that the team faced.

1. VULNERABLE CLIENT GROUP

This project was designed to provide support for victims of crime. The implication of this is that all the clients who were referred were traumatised by a crime committed by others (often members of their own family). During the counselling these clients shared stories of their abuse which even the experienced counsellors found unsettling. Many of the clients shared stories of patterns of abuse that went back to childhood; one client was just six years old when she first became a victim of crime. The culmination of these experiences made these clients very vulnerable and sensitive and this made the counselling project very distinctive from other counselling provision.

2. ATTENDANCE

240 hours of counselling were provided to victims of crime as recorded output from this pilot project. A further 29 hours of counselling time had to be charged to the project but was not actually delivered due to the nonattendance of the client.

12 individuals who were referred to the project did not attend their first scheduled counselling session. Others missed scheduled sessions. The team at MWNUK and the counsellors themselves encouraged the clients to attend appointments and sent text reminders and would encourage clients at the end of a session to write the next appointment into their phones/diaries.

Non Attendance is a challenge for all providers of services, in both the public and private sector. Within the NHS the average Did Not Attend rate for initial [Outpatient Appointments is 8.5%](#) For the MWNUK the non-attendance at initial appointments was 5.8% which slightly lower the average for another “free at the point of use” service, however it is just as concerning. So too were the number of appointments that were missed, during the counselling process, (excluding the initial non-shows) 6.6% of appointments with clients were classified as Did Not Attend.

This was frustrating for the team at MWNUK and for the counsellors because there was limited funding for the sessions available and these DNA represented funding that could have been given to someone else who

could have made better use of it. The funding for these missed appointments was covered by existing MWNUK funds so that the funding from the crime commissioner was used more effectively, but MWNUK are a voluntary funded group with limited funds so this financial support will have an impact elsewhere on service delivery.

Exploring the issue with the counsellors neither felt that the DNA were significant in comparison to similar types of projects. As described earlier the project was only focused on victims of crime. These were by definition people whose lives were often very challenging as they confronted the trauma that they had experienced. Sometimes this meant that the counselling sessions were simply too emotionally challenging for them, and they retreated from the process.

For others the counselling came at a stage when their lives were in chaos, they may have moved from their home because of the abuse they had experienced or in some cases were still in situations of domestic violence and unable to get away to attend the counselling. One client was finding the counselling of real benefit but she was moved to another refuge in a different city and could neither afford the time/cost of travelling into Birmingham and did not have a space in the refuge where she could talk privately to the counsellor for the sessions to continue so regretfully she had to discontinue with the process.

3. SUPPORT AND SUPERVISION

The team at the MWNUK provided professional support to the counsellors and were available to review any particularly difficult cases. Both counsellors spoke on the importance of this ongoing support.

Individuals working with victims of crime as their primary caseload will often take away memories of some of the experiences that the victims have described. Some of the stories that were shared were described by both the counsellors (who were highly experienced professionals) as harrowing and leaving a lasting impression. Listening to experiences of child sexual abuse and domestic violence and seeing the impact of this abuse on clients who are already very vulnerable is not an easy thing to be able to do, particularly when this forms the majority of your caseload.

Both of the counsellors had their own private supervision in place as part of their existing professional practice and this provided them with an essential support mechanism to process some of the experiences they were described to them. Had this project operated over a longer term then it would have been essential to review the supervision and support both for the counsellors and for the team managing the project at MWNUK. Additional funding may need to be sought to cover the costs of group supervision and occasional one to one supervision for the most challenging cases. This would help the counsellors and management team to continue over a long period of time to cope with the impact of hearing such distressing experiences without the risk of professional burnout and stress.

4. FUNDING LIMITATIONS

The funding for this project was limited to victims of crime in the West Midlands area. This provided a very valuable resource for the MWNUK to support some individuals however there were many individuals who needed a faith sensitive counselling service who did not meet the criteria and this was difficult for the team to manage, for example one woman who called the Helpline desperately needed counselling to support her in overcoming her alcohol addiction. The team were unable to offer counselling to her because alcohol addiction would not be seen as a crime; however her tendency for addictive behaviour may have been a response to situation such as domestic violence or long term sexual abuse, and these would both be

considered crimes. Unless these underlying reasons were disclosed to the helpline worker they were unable to refer individuals for counselling, even if it felt like the most appropriate intervention for their situation.

One of the limitations of the funding was that it was specified for women. Most of the calls to the MWNUK Helpline are from women (91%) and as a consequence most of the counselling was offered to women. However one referral was a man. His situation was critical when he phoned the Helpline and he was distressed and talking about option of suicide as a way out of the problems he was facing. He had been a victim of domestic abuse for many years and was at a point where he felt he had no other option but to take his own life. A decision was quickly taken by the team to accept him as a referral. The intervention was positive, he is now away from the situation of harm and talking positively about his future life, having re-connected with members of his extended family and gained their support. Had the funding criteria been strictly applied this could have been a very different outcome.

The other challenge with this type of short term funding is that it meant that clients felt that they needed to start the counselling whilst it was available, although it may have been beneficial for them to resolve some of the other issues in their lives first. As one client commented sometimes this just was not the right time for counselling:

“I need some help with my housing and schooling for my children so I can work and help myself I feel no amount of talking can help me at this point!”

The funding limitations meant that each client was offered up to 10 sessions, for many this was sufficient but for some they needed much longer so that they could process the issues. Only 35% of clients completing the final questionnaires felt that they had had sufficient sessions, with most requesting a more open ended arrangement.

In one example a client was referred but was so anxious about the counselling that she did not attend the first two sessions. She was encouraged to attend by the family support team at the local School and eventually began the counselling but by this time there was only enough time to provide her with four sessions. The counsellor was very aware about the risk of starting a process that would bring up a lot of raw emotions and issues when there was insufficient time to process this fully. This client would have benefitted from a more flexible and open ended type of counselling contract so that she could gradually start to face some of the issues she had experiences and find a way to overcome her experience of crime.

5. CULTURAL AWARENESS OF COUNSELLING

For many of the clients (69%) this was their first experience of counselling and they were both apprehensive and uncertain about the counselling process. Many of the clients had never accessed any type of supportive service and they found it took a bit of getting used to that the counsellors were there just for them and that they could guide the process. This lack of awareness of what counselling could offer to them made some of the clients a little wary of the process. Sometimes this meant that they back off from the process saying that *“I am not ready, there is too much going on in my life right now”* and this may have been the reality but could also be a reaction to being in an unfamiliar situation exploring issues that they may have hidden deep in their emotional core.

The skilled and experienced counsellors providing the service did an excellent job at helping to create a safe environment and many clients overcame this hesitation to really engage in the process. In the follow up evaluation **78%** of respondents felt very satisfied with the counselling and the remaining **22%** were satisfied with the counsellor which given the lack of experience of counselling is a very positive outcome, particularly in an initial reaction type of questionnaire.

It would be interesting to assess further the impact of the counselling longer term; one client in a follow up conversation was really enthusiastic about how the counselling had “changed my life” and had helped her to realize that she had far more options that she thought were possible. Much of this realisation came after the initial counselling sessions had completed. It may be with more information about what counselling was about it would have been possible to increase the earlier engagement of clients with the process.

SECTION SIX: RECOMMENDATIONS

The recommendations in this report are based on the feedback from the clients, the counsellors and from the team at MWNUK so that future counselling projects build on the success of this small scale pilot project.

1. CONTINUE TO PROVIDE CULTURAL AND FAITH SENSITIVE SERVICES

The high level of referrals from other agencies such as Birmingham Women's Aid indicates that this faith and culturally sensitive service offers something, which is unique and fills a gap in the current provision. The ability to provide this service in a number of community languages helped some of the most isolated individuals, who are suffering from multiple disadvantage (e.g. victims of abuse, homeless, overcoming addictions) to access the service and these were some of the clients who had experienced long term abuse and were victims of crime in a variety of ways.

Having professional counsellors provide the service was vital and due diligence was used in recruiting these counsellors to the service. Both of the chosen counsellors were able to understand and identify with the issues being faced which helped the clients to build rapport and trust with the counsellor and make the use of this service. For many this service will be a turning point in trusting "authorities" in the UK and will support them to talk to other service providers in the future because they now realise that (contrary to what their abuser told them) they will be listened to and respected by others.

2. SEEK FUNDING THAT OFFERS MORE FLEXIBILITY

Funding will always have some kind of restriction and end point. Ideally this type of counselling would benefit from a more flexible offer, so that clients can access the number of sessions that they need to reach the appropriate resolution to their issue. For many clients this will be under 10 sessions, but for a few clients additional sessions could be of huge benefit and would have helped the counsellor to really support the clients to work through the issues and take positive steps forward.

Importantly future funding sources should be found to support potential clients that live in a wider geographical area and who may not be direct victims of a crime and may need counselling for a range of other issues.

Geographical Area

MWNUK are a national organisation and over 15% of calls in the first year of operation were for mental health issues (usually anxiety and depression) A large number of referrals to the current counselling service (45%) were from calls to the national Helpline this demonstrates that further funding is needed to support those callers who lived outside of the West Midlands area

This will involve either directly recruiting counsellors in other locations (as for the West Midlands), continuing to use the West Midlands counsellors to offer a national telephone counselling service or consider establishing a screening process to find and assess counselling services which can offer a faith and culturally sensitive counselling provision so that the Helpline team can directly refer to these services.

Victims of Crime

There was a need to provide support and counselling for victims of crime, however calls for the Helpline cover over 39 different types of issues so there were also requests for counselling where no crime was involved. Counselling was needed in situations including bereavement, debt, addiction, low self-esteem and

marriage problems but the funding restriction for this project meant that the Helpline team were unable to refer these women for counselling.

3. CONTINUE TO MAINTAIN A PROFESSIONAL INFRASTRUCTURE FOR THE SERVICE

The professional infrastructure for this pilot project is particularly impressive given the extremely tight timelines from agreement of funding to the submission of the final invoice for the funding. The team at MWNUK made sure that the referral process and case monitoring process was established correctly from the beginning of the project so that progress could be easily tracked.

The referral form used for this project is highly commended by both counsellors and ensured that they had sufficient detail to work with and also helped to screen out any inappropriate referrals.

Consideration should be given to encouraging and recording referrals from the counsellors back to the Helpline Team for advice and support on other issues e.g. for further legal or financial advice.

4. BUILD MORE AWARENESS OF COUNSELLING

There was no publicity budget for this project which limited the information that could be supplied to explain what was on offer. Funding should be sought to explain what counselling can offer, how it can help and to help to manage expectations of the counselling provision – both for the clients and those referring them.

An option to consider is to build relationships with other third sectors groups to encourage them to make referrals, this could include groups that deal with discrimination and hate crime as well as those organisations where there is already a positive working relationship (e.g. the local Women's Aid organisation).

Consider providing a "try for free" session to help potential clients to explore whether counselling would be helpful for their needs or not.

5. INTRODUCE MORE STRUCTURED FORMAL SUPERVISION AND SUPPORT

The case load for this type of project will often be highly emotive and this will have an impact on all those involved in providing the service. To avoid professional burn out and to encourage the sharing of best practice it is recommended that future project funding allows for professional one to one and group supervision for the counsellors and members of the team at MWNUK who are involved in the project.

6. CONTINUE TO DEVELOP THE USE OF OUTREACH CENTRES

The Outreach Centres – Schools and Women's Centre offer an additional option for clients to attend face to face session in a place that would not arouse suspicion in their home environment, one client would drop her child off at the school and then attend her counselling session and her husband just assume she was attending a ESOL class or similar at the school.

These outreach centres also support the wider awareness of the counselling service and how it can help. Within the Outreach Centres the staff became engaged with the counsellors, got to know more about the service and positively encouraged service users to attend. Some clients reported that they had finally decided to go ahead with the counselling because of the encouragement of the Outreach staff and their recommendation about the benefit of the MWNUK Counselling Service.

An option to consider is whether these venues could also provide an option for clients to access telephone counselling if they are out of the geographical area. Many clients could not use the telephone access for the counselling because they did not have the private space to make the call from. The advantage of the outreach centre is not only the privacy that these venues offered clients but the support many of them offered clients but before and after their counselling sessions.

7. CONTINUE TO MONITOR ATTENDANCE

There was a challenge with attendance issues, fortunately very few of the non-attendance resulted in a direct cost due to the flexibility of the contract with your counsellors and their willingness to accept cancellations up to 24 hours' notice without a fee. The level of "Did Not Attend" is very similar to other free service so is not an immediate area of concern and given the nature of the client group for this project the non-attendance is surprisingly low. Continuation of text message reminders will help to remind clients of their appointment and you may want to explore automated services for doing this to avoid the counsellors having to remember to do this.

Consideration could be given to imposing a charge for non-attendance or requiring a deposit to be paid however the concern is that this may present a barrier to participation from the most vulnerable of your client group. It also presents administrative issues in holding client money, which will require you to set up a client money holding account. This level of complication along with the barrier to participation means that this is not a recommended course of action for now, although it could be considered in the future if non-attendance issues increase.

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