

Community Counselling (North Yorkshire) Limited's strategy for addressing identified accessibility limitations

I. Issues identified via Equalities Monitoring forms¹

Age

Only **13%** of clients are aged 65 and over, compared to the figure of 23.5% of the population of North Yorkshire being aged 65 or more.

To address this issue, we will:

- 1. Highlight the low numbers of older people accessing our services, and encourage more older people to self-refer/agencies to refer more older people, via our marketing materials**
- 2. Pilot telephone counselling to address access issues that many older people face such as lack of access to private/public transport, physical impairment, and caring responsibilities**

Only 11% of clients are aged 20 or younger. However, this is explained by the limited range of services available to children and young people (Young Carers and Victims of Crime).

To address this issue, we will:

- 3. Seek new funding to provide more counselling to young people, including a Crowdfunding campaign in the Autumn for a child-friendly client room in Malton, which will also;**
- 4. Raise awareness about the services that we do provide for children and young people.**

Disability

Monitoring shows that **42%** (compared to 17% for the UK as a whole – from the 2011 census) of clients accessing our services have a disability, of which **37%** have a mental health issue, and **11%** have a physical impairment. We confirm that all our counselling venues are wheelchair accessible.

Whilst we are pleased that our services are being accessed by people with disabilities, we aim to:

- 5. Improve access to counselling via the telephone counselling pilot in 2019; and**
- 6. Seek new funding to open new community-based counselling venues.**

Caring responsibilities

A quarter of clients (26%) last year told us that they have caring responsibilities. None of our client declared on the Equalities Monitoring forms that they were pregnant or were breastfeeding. However, we have anecdotal evidence to the contrary.

A separate issue, identified by the Admin Team, is mothers with very young children who cannot attend counselling as they do not have access to childcare. **Please see recommendation 12 below.**

¹ CCL provides Equalities Monitoring forms to all clients referred to its services. The form is available in hard-copy and electronic versions. There is also a Survey Monkey version which is accessible via the CCL website. If clients do not engage, CCL Admin post or email a copy of the form to them.

We will consider how to:

- 7. Change the question re: caring responsibilities to ensure more accurate recording of how many women, who are pregnant or breastfeeding, are accessing our services.**

Gender

Only **24%** of people accessing our services are male. Whilst according to *Mental Health and Wellbeing: Adult Psychiatric Morbidity Survey, 2014*, women are more likely to have a common mental health disorder (one in five for women compared to one in eight for men), men are not accessing our services in enough numbers. It should be borne in mind also, that men in the UK are three times more likely than women to commit suicide.

We confirm that we offer a choice of male and female counsellors in Scarborough and in Malton but that at present we do not have any male counsellors available in Whitby or Filey. However, clients wishing to be seen by a male counsellor can access our service in Scarborough also.

- 8. We will encourage more referrals on behalf of men by highlight this disparity in our marketing materials generally, and by drawing attention to this disparity, when writing to referring agencies to announce the re-opening of the waiting list (January 2019).**

Marital status

Over one-third of clients are single (37%); just under a third (29%) are married; about one-fifth (19%) are divorced or separated; 9% are co-habiting; 3% are civil partnered; 1% are widowed; and the rest prefer not to say. We do not consider there is to an access issue reflected in these results.

Sexual Orientation

88% of clients identified as heterosexual; 7% as LGBTQ and 7% preferred not to say. We do not consider there is to an access issue reflected in these results.

Faith or belief

Two-thirds (64%) of clients said they had no religion; one-third (33%) said they are Christian; 1% said they are Muslim and 2% other (spiritual). This compares to the results of the last census which showed that 60% of the population of England and Wales identified as Christian. **See recommendation 9 below for response to non-Christian representation.**

Ethnic background

Most clients are White British (96%); 1% Any Other Ethnic and 3% not known/undisclosed. Whilst we serve areas which are predominantly White (95.5% in Scarborough and 96.7% in Ryedale), given that ours is a service providing accessible counselling services to vulnerable people, we should be reaching a greater number of the minority ethnic population. Language is undoubtedly an issue. Whilst we receive referrals on behalf of clients for whom English is not a first language, our ability to provide an effective service is constrained by lack of counsellors who can provide counselling in other languages and limited funds to pay for translators.

- 9. We will seek additional funding to pay for translators (for the initial assessment). Where non-English speaking clients are assessed as suitable for counselling, we will pay for 3rd parties to provide counselling in the relevant language. This is a more cost-effective solution than paying for a translator to attend sessions, which would mean the client would receive a less-favourable service i.e. there would be a third person in the room.**

We consider that such an approach is also likely to result in an increase of clients who identify as being from non-Christian faiths.

II. Issues identified via Client Evaluation forms²

The feedback generally closely mirrors what clients tell us about the accessibility of the service via the Equality Monitoring forms. Examples of issues raised include:

- Length of **waiting times**;
- [Limited] **number of sessions** available;
- Missed sessions due to **childcare issues** [children sick, school holidays];
- **Work commitments** (limited number of appointments outside normal office hours);
- GPs and other referring agencies not always aware of CCL services [**visibility**].

Waiting times

- 10. We shall continue to monitor waiting times with a view to closing them before waiting times become unreasonable i.e. more than three to four months**

Numbers of sessions

- 11. We will seek funding for projects providing longer-term counselling for people with more complex presentation as appropriate.**

Childcare issues

- 12. We will continue to offer sessions that suit people with childcare responsibilities**

Work commitments

- 13. We will strive to provide more sessions outside normal office hours within the resources available to CCL to meet the needs of people with work commitments, including the 'working poor'. However, we will also encourage clients to ask their employers to make reasonable adjustments so that they can attend sessions during work hours.**

Awareness of our services

- 14. We shall continue to raise the profile of our organisation and what it does via a range of means, including social media, local fora and through partnership work.**

² The form asks specific questions about the benefits of counselling but also has a box for clients to provide feedback about any aspect of the service that they have received. Of course, if a client has not been able to access the service at all, they will not be able to complete this form.

III. Issues identified by Admin/Counselling Teams:

- Clients presenting with **complex issues**, including trauma/abuse, where CCL is not funded to provide longer-term counselling appropriate to such issues. **We do not plan to broaden the scope of our work, rather to focus on what we do best.**
- **Inappropriate issues** such as Dual Diagnosis (misuse of alcohol and/or recreational drugs), Eating Disorders, Personality Disorders, Severe Depression or Psychosis, where CCL is not competent to work safely or effectively with these clients. **As per above.**
- **Childcare/other caring responsibilities**, including mother's with very young children with no access to childcare, and full-time carers with limited or no access to respite care.
- **Children and Young People** who do not meet the criteria for the Young Carers Service or the Victims Counselling Service and who are not old enough for the brief counselling service.
- Clients who do not have access to **private/public transport** which is a huge issue in this rural part of North Yorkshire where people have to travel large distances to access service. **This issue will be partly addressed by the pilot telephone counselling service in 2019.**

To address these issues we will:

- 15. Continue to work with other agencies, including Adult and Children's Social Care to address barriers to clients with caring responsibilities accessing our services.**
- 16. Seek additional funding to expand the services that we offer to children and young people.**

Stephen Robling, Chief Officer

For and on behalf of Community Counselling