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BACP EDI Grant Scheme

Final Report

November 2023



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Our offices

- Wales office: 21 Alban Square, Aberaeron, Ceredigion, SA46 0DB (registered office)
- West England office: 2-4 Park Street, Bristol, BS1 5HS
- North of England office: Milburn House, Dean Street, Newcastle, NE1 1LF
- London office: 2.16 Oxford House, 49 Oxford Road, London, N4 3EY

Contact details

Tel: 0330 1228658

Email: wavehill@wavehill.com

Twitter: [@wavehilltweets](https://twitter.com/wavehilltweets)

More information

www.wavehill.com

<https://twitter.com/wavehilltweets>

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Report authors

Sarah Usher, Beth Tweddell, Anna Burgess and Andy Parkinson.

Any questions in relation to this report should be directed to Sarah Usher (sarah.usher@wavehill.com).

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Client details

Jeremy Bacon

jeremy.bacon@bacp.co.uk

List of abbreviations

Abbreviation	Full term
ACAME	Autistic Caribbean, Asian and Minority Ethnic
BACP	British Association for Counselling and Psychotherapy
CNE	Children North East
CPD	Continuing Professional Development
CYP	Children and young people
EDI	Equality Diversity and Inclusion
N.E.S.T	North East Solidarity and Teaching

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1. Introduction

The British Association for Counselling and Psychotherapy (BACP) is the professional association for individuals engaged in counselling professions in the United Kingdom. As a membership body, it is entrusted with setting and upholding standards for therapeutic practice while also providing information for therapists, therapy clients, and the general public.

The Equality, Diversity, and Inclusion (EDI) Grant Scheme, as a pilot initiative, provided financial support to two BACP organisational members. The scheme facilitated the implementation of one-year projects aimed at improving access to talking therapy services for individuals from marginalised and racialised community backgrounds. Two grants of £30,000 have been awarded; one to **Children North East** and one to **Metanoia** to deliver counselling initiatives.

This scheme aimed to support BACP's charitable objectives, through the offer of effective funded, community-based provision of counselling and to increase awareness of the contribution counselling can make to those within society requiring psychological support. This evaluation report offers a detailed examination of the two pilot projects, **Children North East** and **Metanoia**. By scrutinising the strategies, motivations, implementation, participant profiles, support provision, partnership dynamics, and projected outcomes of these projects, this report aims to provide valuable insights into their achievements, challenges, and the lessons learned.

1.1 Understanding the Context

Ensuring access to services for the marginalised groups targeted through the projects funded by the scheme is important to further develop confidence and credibility of counselling service provision. This is in support of BACP's Equality, Diversity and Inclusion strategy, which includes increasing the number of supportive relationships with organisations delivering counselling to diverse communities and using knowledge and learning from funded projects to remove barriers to therapy for people from marginalised community backgrounds.

1.2 Evaluation Aims

Wavehill was commissioned by BACP to undertake an evaluation of the BACP EDI Grant Scheme in July 2022. The evaluation aimed to measure the extent to which both projects are:

- Increasing understanding of the stigma associated with mental health that prevents people from marginalised and racialised community backgrounds seeking help and accessing counselling.

- Addressing structural and cultural barriers that prevent people accessing ‘mainstream’ counselling services.
- Improving choice of service delivery models as a catalyst to making services more accessible and acceptable.

This evaluation provides insights on the knowledge and learning from the projects that support making therapy more accessible to people from marginalised and racialised community backgrounds. This final report builds on an interim report delivered to BACP in May 2023 and gives an overview of the scheme’s impact and key lessons learnt, looking at the projects’ process and impact and exploring possibilities for future similar grant-making by BACP.

1.3 Research Activities Completed

To evaluate the BACP EDI Grant Scheme and its impact on the **Children North East** and **Metanoia** projects, a series of methodical research activities have been undertaken. Please note that evaluators have reflected the terminology used by each project. As a result, the term ‘counsellor’ is used in the **Children North East** project and the term ‘therapist’ is used in the **Metanoia** project. For the purpose of this evaluation, the term ‘participant’ relates to clients engaging with counselling support.

Staff interviews: These online interviews built upon interim discussions with project staff around implementation, to understand outcomes, legacy and learning. Due to the small number of interviews from each project, evaluators have not quantified findings presented within this report. This provides a degree of anonymity for interviewed staff. A total of 10 interviews were completed; five with those involved with **CNE**, four with those involved with **Metanoia** and one interview with a BACP staff member.

Discussions with project participants: These online and in person discussions gave participants the opportunity to reflect on the best aspects of support and its impact on understanding their experiences and emotions. All five participants from **Metanoia**, and four participants from the **CNE** project were interviewed.

Analysis of monitoring data: Available monitoring data around demographics and exit-interviews of project participants were analysed, to support understanding of those engaging in both projects. This analysis helps to paint a picture of the diverse backgrounds of participants.

2. Children North East Pilot Project

This section of the report focuses on the impact of the **Children North East (CNE)** Pilot Project. This includes an assessment of project delivery, support provision, partnership working and the impact of the project on participants and organisations. This culminates in lessons learnt, outlined in section 2.8 and the legacy of the project.

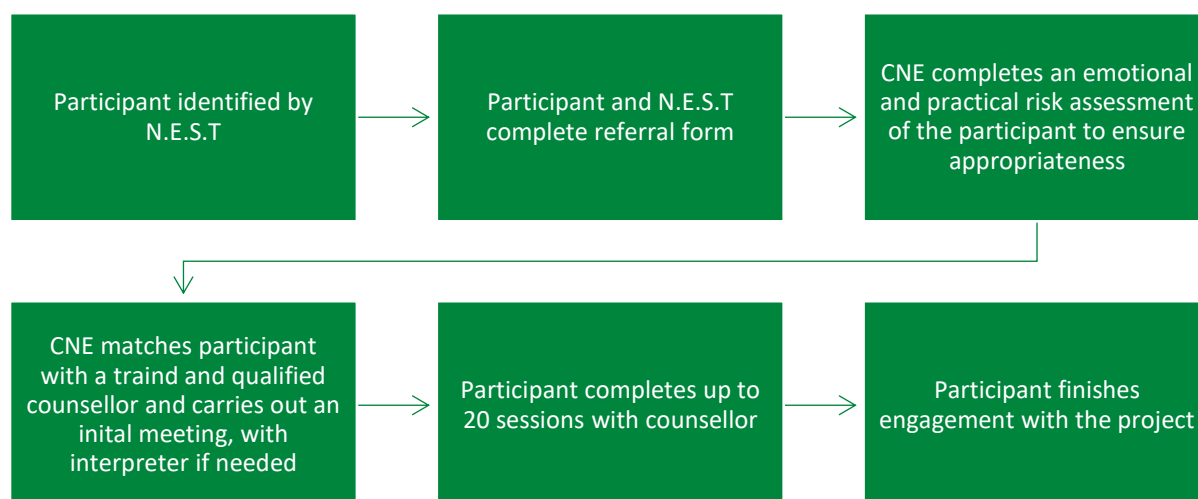
2.1 Children North East Model

Based in Newcastle upon Tyne, **Children North East** delivers a range of services supporting children, young people and families. These include therapeutic services, mental health support, youth work, family support, domestic abuse services, community-based support, consultations with young people and 'poverty-proofing'. **CNE** has a longstanding relationship with **North East Solidarity and Training (N.E.S.T)**, an award-winning service which specialises in engagement and support to young people from refugee and asylum-seeking backgrounds. In recent years **N.E.S.T's** work has predominantly been with children and young people from Syria and Afghanistan and more recently, from Ukraine.

N.E.S.T is a multi-award winning and internationally recognised student-led project at Newcastle University Students Union. **N.E.S.T** is facilitated by over 300 volunteers empowering the refugee and asylum-seeking community in the region through a variety of activities such as one-to-one English teaching, group English classes, sports, creative arts and trips into the local area.

The project was funded through the BACP EDI grant scheme to draw on the expertise and delivery of both partner organisations to improve access to counselling interventions to young people from refugee and asylum-seeking backgrounds. It aimed to deliver a programme of 1-2-1 counselling services, group sessions and resources to this group to support rebuilding their lives, integrating into new communities and overcoming trauma.

Figure 2.1: Participant Journey through the **Children North East** project



2.2 Context

Asylum-seekers and refugees who have experienced war, violence, torture or persecution are more likely to experience poor mental health than the local population, including higher rates of depression, PTSD and other anxiety disorders.¹ Thus, they are more likely to have a particular need for specialist mental health support. **The Centre for Mental Health** has reported that ‘mainstream mental health services often fail to understand or provide services that are acceptable and accessible to non-white British communities and meet their particular cultural and other needs’.²

Working with asylum-seekers is one of Children North East’s strategic goals and the project provided increased capacity and knowledge to enhance the offer of support.

2.3 Project Implementation

CNE, in partnership with **N.E.S.T**, identified eligible young people from refugee and asylum-seeking backgrounds to engage in counselling support provision. The **CNE** project team consisted of nine internal **CNE** staff members; a project manager, a counselling team manager, a participation manager, admin, and five clinical and participation staff.

Referrals were collected through **N.E.S.T** and involved information collecting about the individual’s mental health and an assessment of the extent to which they are able to address their feelings regarding their trauma experience through an emotional and practical risk assessment.

¹ Refugees and Asylum-Seekers: statistics, Mental Health Foundation (2023).

² Mental health for all? The final report of the Commission for Equality in Mental Health, Centre for Mental Health (2020).

CNE completed a literature review to understand the barriers to accessing counselling that young people from asylum-seeking backgrounds face, to inform its delivery model. This involved engagement with all organisations in Newcastle upon Tyne that supported asylum-seekers and refugees to understand the scope of support that was already available. In addition, **N.E.S.T** facilitated youth consultation sessions to understand how young asylum-seekers were currently supported in Newcastle, as well as the support which they feel is required for them. This informed the targeting of referrals to the appropriate cohort with an informed understanding to implement meaningful support and mitigate barriers to engagement.

The literature review highlighted four key themes:

1. **Understanding of mental health and counselling** in which those from other cultures may have different levels of emotional literacy and have less opportunity to focus on wellbeing and mental health in schools.
2. **Mistrust and fears around confidentiality** from asylum-seekers, such as mistrust of government systems that could prevent them from accessing counselling. They may be reluctant to disclose personal information and be reluctant to express themselves openly to a stranger, for fear of deportation or consequences for their family.
3. **Language and interpreters** are a key barrier, often making assessment more difficult and hindering access to continued support. This group may be reliant on interpreters and miscommunication could affect their experience or articulation of feelings.
4. **Counselling methods** may be a barrier as some prospective clients may favour activity-based therapy rather than sessions in a more formal environment.

Themes identified from the literature review provided the focus for the work of the project. The pilot has enabled **CNE** to work with **N.E.S.T** to identify solutions to address each theme. Making counsellors aware of the specific barriers identified in the literature review has supported the reported smooth transition between planning and delivery and encouraged safe and effective engagement.

None of the **CNE** counsellors work in the first language of the clients and more time than anticipated was required for the onboarding of interpreters, proving a constant challenge to delivery. **CNE** had to secure additional funding in order to provide the level of interpretation support required, as without it the therapy would have been limited to those who were able to confidently engage in English.

Staff members undertook additional training to better address the unique trauma experienced by refugees, which adds to the organisation's capacity to offer more effective support.

As anticipated in their funding bid to the BACP grant scheme, and frequently discussed in regular project meetings with BACP staff was flexibility around the location of sessions and support with travel has been important in encouraging participant engagement. For example, providing taxis to and from sessions, or meeting participants within their community or at school. This worked to mitigate disengagement, until the participant understood the value of attending the sessions on a weekly basis.

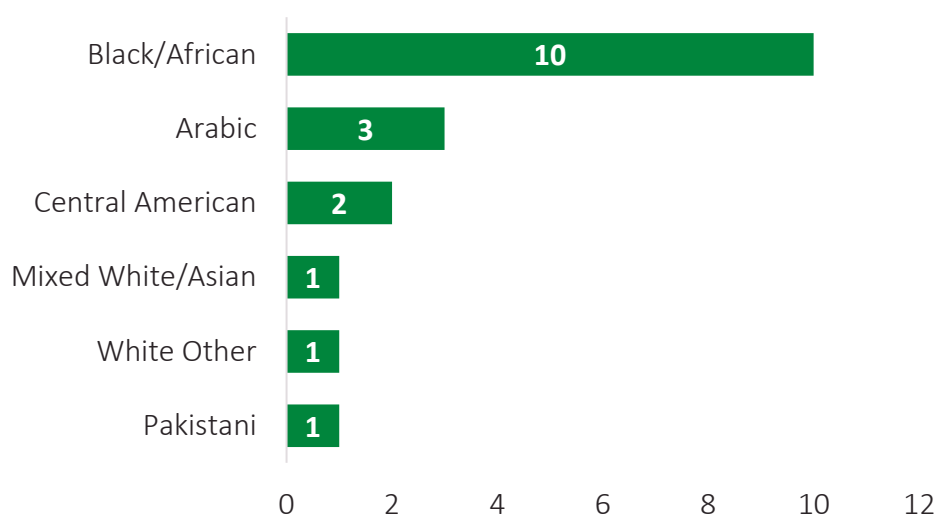
2.4 Participant Profile

CNE received 18 referrals to the EDI scheme funded pilot project, exceeding the target of 10 referrals. As indicated in the participant journey (figure 2.1), upon referral, a risk assessment was completed to assess the appropriateness of engagement. Delivery staff noted that sometimes the participant was not yet ready or willing to discuss their experiences, and thus it is decided that they would not engage at that time.

‘Sometimes it's not the right time for them to engage in that support, because it might actually do more harm than good, because they're not ready to talk about what's happened to them.’ **Staff member**

Of the 18 referred individuals, 13 were male and five were female. This split is in line with **CNE** referrals to all counselling provision, in which 61% were male in 2022/23. Figure 2.2 provides a breakdown of the number of participants by ethnicity, demonstrating the wide range of ethnic backgrounds represented within the participant group, with 10 identifying as Black/African.

Figure 2.2: CNE ethnicity of participants



Source: CNE Monitoring Data

Of the 18 engaging participants, nine were aged between 11 and 14, a further eight participants were between 15 and 18 and one was under 10. **CNE** delivery staff noted that the unique needs of the varied age groups, including early childhood trauma and adaption to new environments, should be considered when tailoring support services.

Participants presented with a wide range of issues. This fits with broader research highlighting the increased likelihood of refugees and asylum- seekers experiencing high levels of mental distress.

‘Presenting factors are so different depending on the trauma they've faced. We’ve really had to be flexible with appointments and they’ve sometimes not wanted their parents involved.’ **Staff Member**

Table 2.1: CNE presenting issues of 18 participants

Presenting Issues	No. times mentioned in 18 referrals
PTSD/trauma/fear/flashbacks	6
Grief/loss	3
Anxiety	11
Stress	8
Depression/low mood	11
Suicidal ideation	1
Neglect	1
Anger	1
Isolation	2
Separation anxiety	1
Domestic abuse/emotional abuse	2
Body image	1

2.5 Support Provision

2.5.1 Support delivery

A total of 74 counselling sessions were delivered throughout the project. On average, participants engaged in five counselling sessions, with the maximum number any one young person received being 15. The main activities delivered in sessions were one-to-one discussions, with the aid of play and art therapy where appropriate, as well as role-play. These sessions were kept as informal as possible, to support the creation of a trusted rapport, whilst ensuring the activity did not hinder or distract from discussions taking place.

‘We did a lot of work making the therapy as accessible as possible. In some instances, we have held therapy sessions in schools or organised taxis to take them from school or their home to our offices. We have had interpreters to reduce the language barrier.’ **Staff Member**

2.5.2 Project exit

The reasons for discharge from the project provide valuable insights into the dynamics of the support offered to young people from refugee and asylum-seeking backgrounds. Participants have engaged effectively for their desired level of need, with eight participants completing between 5 and 15 counselling sessions and two being referred into further provision with **CNE**. There has been minimal disengagement, suggesting that these young people found the counselling services to be valuable and beneficial in addressing their presenting issues. Their continued engagement in the counselling provision with **CNE** underscores the programme's ability to build a trusting and supportive relationship that encourages engagement.

2.6 Participant Impact

Feedback from participants shows confidence that the support provided has met their emotional needs.

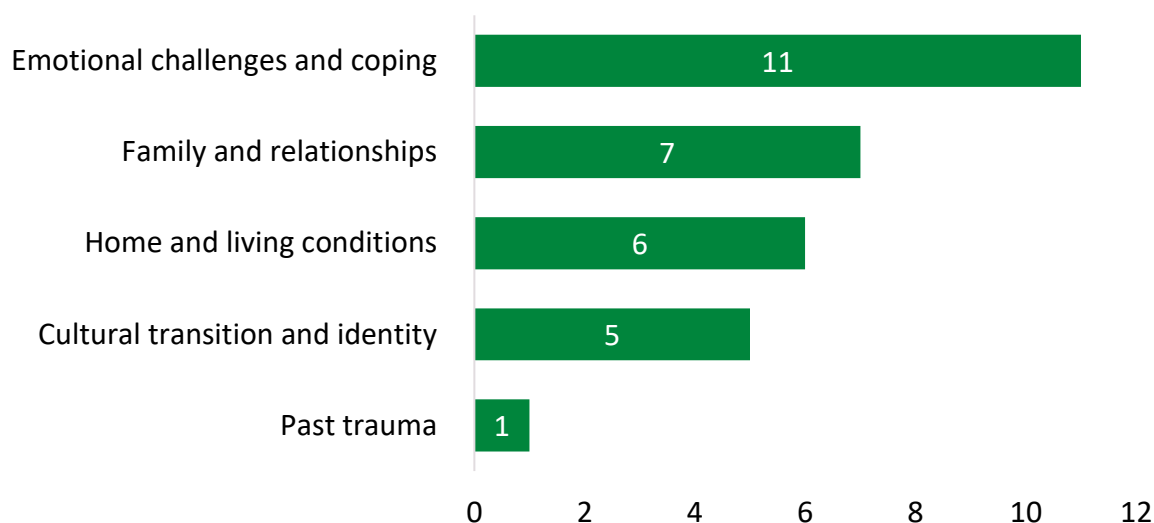
Staff reflected on the importance of building trust and rapport with each client to support engagement, and the value of appropriate interpreters to ensure that participants can communicate effectively and comfortably.

In interviews, participants noted struggles with expressing their emotions prior to their engagement with the project. In part, this was due to identified language barriers and subsequent lack of ability to express feelings in English, compounded by feelings of discomfort regarding sharing emotions with others. In addition, there was initially little understanding amongst participants around mental health and the benefits of sharing their experiences. This further highlights the importance of engaging interpreters to mitigate barriers related to language and vocabulary.

Participants in the project who received counselling support used the terms 'feeling free' and 'a sense of relief', suggesting the support is positively contributing to their mental wellbeing. Staff further noted reductions in the young people's social isolation as a result of engaging in the therapy, through better understanding of how to navigate day-to-day life and making connections with peers.

Participants felt they were able to engage in all activities they would have liked to within the sessions, with no participants reporting any activities they were unable to complete. Within their sessions, participants reported discussion of topics and issues related to emotional challenges and coping strategies and discussed healthy relationships and cultural transitions to life in the UK. Recognising that many participants experience mental distress, staff emphasised the importance of encouraging emotional regulation and building effective support systems, whilst improving communication skills. Such skills are an important legacy of the project, that participants can utilise in the future.

Figure 2.3: Content of sessions delivered



Source: CNE Monitoring Data

‘I’ve enjoyed it, I feel free after talking about my problems. It’s helped to know myself. Not fixed everything but it has helped so much.’ **Participant**

2.6.1 Access to mental health services

This evaluation found that participants developed an understanding of the value of engaging in counselling to safely discuss their feelings and learn to cope with them. In line with project aims, **CNE** has achieved improvement in access to counselling for children and young people from refugee and asylum-seeking backgrounds. Participants frequently noted the challenges and barriers they encountered in accessing mental health support prior to their engagement with the project. This included prolonged waiting times, language impediments, and the intricacies of the healthcare system.

‘Every person needs this; everyone has problems they need to talk about. It’s like talking to a friend.’ **Participant**

‘[It’s the] first time I’ve had the chance to express my feelings and talk about things. I usually don’t share anything with anyone about feelings if I have any problems.’ **Participant**

‘I didn’t realise it much at the start, but now I understand I need it.’ **Participant**

The project's commitment to providing a non-clinical, amicable, and welcoming atmosphere was also frequently noted by young people as mitigating the stigma around mental health support. Participants emphasised that these less-formal settings, characterised by casual conversations, meant they felt at ease to speak openly to their counsellor leading to more meaningful conversations.

2.6.2 Emotional wellbeing

Project support positively impacted participant wellbeing and mental health, with participants reporting feeling a boost in self-awareness and personal growth.

This emphasises that engaging in counselling sessions and open dialogue has enabled them to reflect on their emotions, life experiences, and self-identity. Through the act of sharing their life stories and experiences within counselling sessions, participants found a therapeutic outlet for their emotions, highlighting that the process of expression and storytelling was important in improving emotional wellbeing.

'Sharing the story of my life and what I've been through, including the good things. That's the most important thing for me.' **Participant**

'My brain is clear now before many things were in my brain and I was confused, now I can ask directly and I get the answers I need, the confusion has gone away.' **Participant**

Participants recognised that their prior knowledge of mental health support and how to cope with emotions was limited. However, through participation in the project, they have gained a better understanding of emotional wellbeing which has facilitated a change in their attitudes and perceptions, making them more receptive to the value of counselling support. Reflecting this, participants frequently noted the value they placed on support related to loneliness and/or depression often faced by refugees.

2.6.3 Ongoing support

Participants who were previously apprehensive about seeking support noted that they have grown more confident and open to the idea of ongoing mental healthcare, with two of the participants choosing to receive counselling from **CNE**. Similarly, staff also noted that participants now seem to be more aware that mental well-being is an ongoing journey, and that seeking support should not be thought of as a one-time endeavour but a continuous process. As a result of the project, participants have embraced the idea that maintaining good mental health is an essential aspect to their overall wellbeing. They reported feeling more resilient and better equipped to cope with the challenges of day-to-day life.

‘I think the project has removed barriers in accessing mental health support. Hopefully the stigma about talking about mental health has been challenged...Gradually they started seeing the impact it was having on them in terms of less anxiety, feeling happier and coping better.’ **Staff Member**

2.7 Organisational Impact

The project has significantly increased the organisation’s understanding of the needs of young people from refugee and asylum-seeking backgrounds. The insights gained extend beyond awareness of cultural nuances to include a deeper understanding of the barriers that refugees and asylum-seekers face in accessing mental health support and how service provision needs to adapt to meet their needs. Staff noted that this expanded knowledge has been important in terms of informing the organisation’s strategies for better serving the community.

The project was able to recognise challenges faced by people from marginalised and/or racialised community backgrounds in accessing psychological support. Specifically, staff noted the value of the literature review, as it highlighted the need for appropriate support methods and local referral pathways around adjustments to living in the UK.

It was reported consistently that through the development and set-up phase of the project, organisational knowledge has improved around asylum-seeker and refugee experience, as well as around the cultural differences and adjustments to living and growing up in the UK. Staff have continued to build on their knowledge and learning throughout the project.

‘I have learned about different cultures and how that can impact even just talking about mental health.’ **Staff Member**

‘We’ve all had our eyes open a little bit with regards to the sheer quantity of asylum-seekers and young people within their communities that need these kinds of services.’ **Staff Member**

The project has evidently played an important role in promoting EDI within **CNE**. Staff note that the project has shown the importance of ensuring that EDI principles are embedded into its mission and strategy. To better serve the target cohort, **CNE** has prioritised cultural competency and sensitivity by educating staff about the various cultural nuances and challenges faced by refugees and asylum-seekers. Staff have reported that they have been equipped with the knowledge to interact respectfully and effectively with diverse communities, resulting in a more inclusive offering.

Delivery staff noted that the most effective strategies for engagement included providing language interpreters, facilitating transport options, and conducting sessions within school settings, all of which streamlined access to mental health support.

Through the project, there has been significant learning around the needs of asylum-seeking individuals, creating wider opportunities for engagement. This is an important legacy of the project, affording wider opportunities and subsequently more effective support.

‘It’s really opened our eyes in different work we can do.’ **Staff Member**

2.7.1 Partnership Working

Overall, the delivery team expressed confidence that the project partnership had worked as intended. **CNE** has continued to solidify its relationship with **N.E.S.T** throughout delivery, collaborating on solutions to ensure effective provision. This has been supported by regular meetings that afford opportunity for information exchange. Engagement with the scheme has progressed the partnership from referrals to full collaboration, which it was felt would not have happened without the funded project. As a result of BACP funding, there is greater awareness of the **CNE**’s work with refugee and asylum-seeking children within local services and partnerships are forming with local council teams and West End Refugee Service. It is hoped that these new relationships continue, and result in support being offered to more young people.

An important partnership created throughout the project is that between **CNE** and interpreters, which have been paramount to the success of delivery. Strong communication pathways with interpreters are important to ensure all relevant information is shared as part of engaging participants. This includes understanding of confidentiality and the young person’s circumstances to ensure safe and effective support is provided.

2.8 Lessons Learnt

Project staff are committed to continuing delivery of the project beyond the funded delivery period, to meet a growing demand for the counselling among the targeted communities. Longer-term therapy sessions, focused on addressing the traumatic experiences of clients, has been identified as an important development.

Staff highlighted the importance of not underestimating the time required to build up trust between **CNE** and the interpreter, as well as between the interpreter and the young people. Alongside this, there has been learning around how crucial it is to have a one consistent interpreter engaging throughout an individual’s sessions rather than several interpreters being involved.

The uptake of counselling support has confirmed the necessity of expanding capacity to accommodate more sessions with young people from refugee and asylum-seeking backgrounds. Staff note that the expansion of the project would require not only financial resources but also additional staff and counsellors, especially those from diverse ethnic backgrounds or with language skills. The importance of staff diversity in terms of representing and relating to the target communities is highlighted by staff as crucial to ensuring an inclusive and culturally sensitive approach.

In working with the young people in the project, it was noted that they had needs and priorities beyond those being addressed in therapy. Given the complex situation many participants are in, it was noted that counsellors can provide signposting and referral on to practical support, such as information around benefits and accommodation. Similarly, the importance of detailed safeguarding protocols was noted, as several participants present a high level of need.

Whilst participants are assessed initially to ensure they can benefit from discussing their experiences, staff suggested that the ability to provide support for higher levels of need around safeguarding and crisis support would be beneficial to more young people.

Staff suggested that creating materials detailing the support on offer would improve understanding of mental health. This could build on the [ReciteMe](#) tools used upon referral to enable translation of all forms and information available on their website, to include visual aids appropriate for varied understanding, language and age.

2.9 Legacy

The pilot project delivered by **CNE** has positively contributed to the project aims around accessibility and acceptability of mental health services, specifically tailored to individuals from marginalised communities. The impact of the project on participants is a key legacy. As a result of support, participants are better able to process and discuss their emotions and are aware of safe spaces in which they can share their thoughts. Organisationally, the project has contributed to learning around effective provision and increased partnerships that can support future delivery.

While concerns about the funding to meet the resource requirements of delivering the service persist, **CNE** is exploring additional funding sources to maintain the project's long-term delivery. Participants expressed interest in engaging in further similar activities or projects, with recognition of the positive impact discussing their feelings and experiences can have.

‘I would like to take part in more things like this sitting and talking... would like to do it for a long time because problems don't end and it's good to talk about things like school and passing exams. This also helps with my English.’ **Participant**

In their feedback project participants indicate that other young people with similar experiences would benefit from the same counselling support, further evidencing the need for this service to continue and grow. There was recognition of the difficulties refugees face when moving to the UK, such as a lack of a network and control over their options compounded by an absence of clear information about available support. Participants noted that this support can aid their understanding and transition to life in the UK, particularly as it supports their English language skills and provides an opportunity to discuss their needs. The project's work in reducing the stigma of mental health is evidenced by participants' reported willingness to seek help and support in the future.

‘[Other people] would definitely benefit because refugees don't have friends when they come here, and they're moving around and have to follow rules. Makes them depressed so this help is so important.’
Participant

3. Metanoia Pilot Project

This section of the report explores the design, delivery and impact of the **Metanoia** Pilot Project. This includes an assessment of project delivery, support provision, partnership working and the impact of the project on participants and organisations. This culminates in lessons learnt and legacy moving forward.

3.1 Metanoia Model

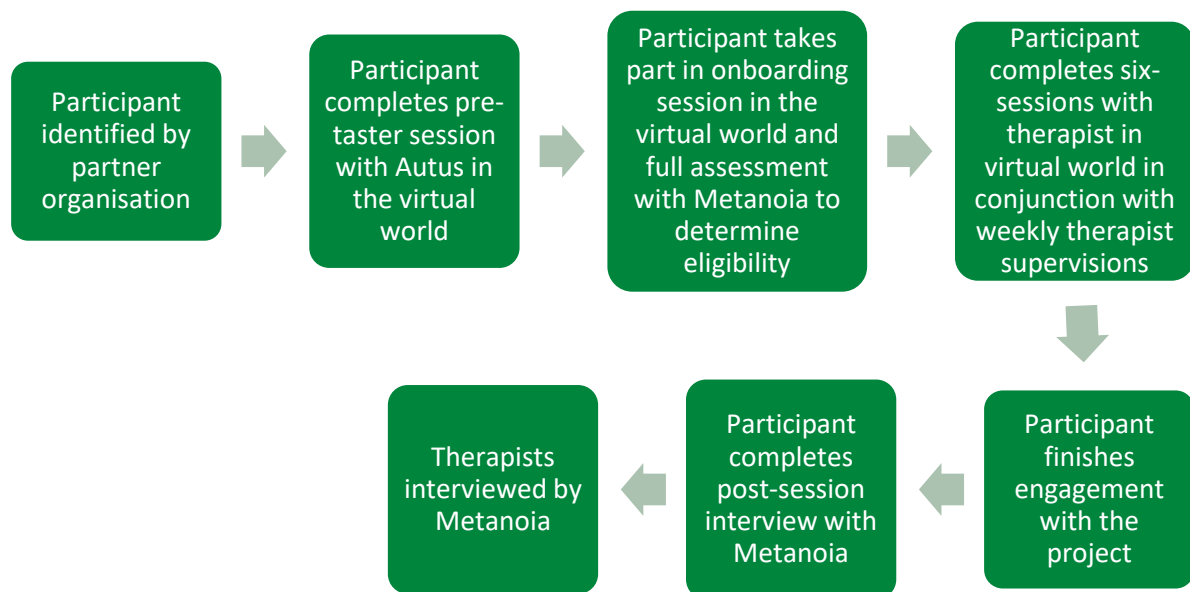
The **Metanoia Institute** alongside partners **Autus**, **3DNovations** and **A2ndVoice** were funded to deliver an avatar-assisted counselling intervention for autistic adults from minority ethnic backgrounds and to test its feasibility and acceptability to clients and therapists. The project aimed to explore perceptions and fears related to stigma associated with mental health with autistic African Caribbean, Asian and Minority Ethnic (ACAME) and Dual Heritage people and work with them to codesign novel resources and approaches to accessing counselling.

Autus is a multi-award-winning autistic user-led charitable organisation that creates opportunities for autistic young people and adults to develop social communication, digital and employability skills. **3DNovations** operates as a separate social tech start-up employing autistic people and provides **3DNovations** solutions and services to **Autus** and other organisations supporting autistic people. **A2ndVoice** is a not-for-profit organisation supporting the needs of autistic people and their families, raising awareness and understanding from different perspectives, outreaching to the Africa, Caribbean, Asian, and Minority Ethnic Communities (ACAME) and Dual Heritage Communities in tackling the taboos and myths around Autism. Each of the partners has distinct and unique expertise to contribute to the project.

The project used a **3DNovations** digital platform and 3D virtual environment in which participants were supported to create personalised avatars. The platform was codesigned by **Autus** with/for autistic people using inclusive design principles.

The support model used by this project is illustrated in Figure 3.1 over page.

Figure 3.1: Participant journey through the Metanoia Project



3.2 Context

Research indicates that people in ‘Mixed’ and ‘Other’ ethnic groups are less likely to experience improvement and recovery after Talking Therapies³ than those identifying as White British, Indian, African or Caribbean.⁴ In the UK people from marginalised and racialised community backgrounds are more likely to experience a poor outcome from mental health treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.⁵

Cultural stigmas along with a perceived lack of understanding within services of cultural needs can cause those from marginalised or racialised groups to experience a ‘triple barrier’ when accessing counselling services – being less likely to identify and seek help for mental health problems, less likely to be referred to appropriate support, and have poorer outcomes from support when it is provided. Research from the UK-based charity *Mind* suggests that people from Black, Asian, and ethnically diverse communities have preference to accessing therapy remotely (by telephone or online), thus presenting the rationale for providing a choice of new, digital methods of mental health support provision.⁶

According to the autism research charity **Autistica**, 7 out of 10 autistic people have a mental health condition such as anxiety, depression, attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD).⁷

³ <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/>

⁴ Mental health statistics: prevalence, services and funding in England, UK Parliament, 2021.

⁵ Centre for Mental Health: Black, Asian and minority ethnic communities, 2021.

⁶ Mind, Trying to Connect: The importance of choice in remote mental health services, 2021.

⁷ [Mental Health Foundation: Autism and Mental Health](#)

The partners involved in project delivery felt engagement afforded a good opportunity to learn from other specialists within the sector. The pilot was in line with their ambitions around breaking down barriers to accessing autism support.

3.3 Project Implementation

On award of the grant from the BACP EDI scheme, the **Metanoia** project partners took time to explore each respective partners' specialisms and knowledge. This allowed partners to collectively assess what they wanted to achieve and how they would go about it. The areas of expertise and priorities were as follows:

- **Therapeutic intervention requirements** – considering the requirements for ethics approval for the research element of the pilot and key questions to measure participant progress;
- **Cultural bias** – exploring how to ensure the virtual world felt like a safe space for individuals accessing it and the use of particular language e.g., 'intervention' which can be triggering and act as a barrier to support;
- **Virtual reality training** – to ensure that therapists using the technology would be able to navigate the world and support participants within it; and
- **Co-designing and hosting the virtual world** – assessing how best to create the virtual world to effectively engage participants.

Two separate risks associated with delivering a new therapeutic method were recognised as obtaining ethical approval and engagement with the virtual world by both participants and therapists. Ensuring therapists delivering the counselling had sufficient technical training to use the virtual space was an initial priority to address lack of confidence and digital skills.

Participants were recruited to the project through two of the partner organisations, **Autus** and **A2ndVoice**. Neither organisation had offered counselling support to the participants prior to involvement in this project and subsequently the format and focus represented wholly new activity for participants.

3.4 Participant Profile

The **Metanoia** pilot project received seven referrals to the provision, with five completing their full programme of support. This means that it has engaged fewer participants than needed to achieve its 10-participant target.

As illustrated in Table 3.1, participants in the project identify as Black British, with a varied age and gender.

Table 3.1: Metanoia project participants demographic breakdown

Category	Number of participants
Ethnicity	
Black British	4
Middle Eastern	1
Gender	
Male	3
Female	2
Age	
20-29	2
30-40	1
41-50	1
51-60	1

Source: **Metanoia** Referral Forms.

3.5 Support Provision

3.5.1 Support delivery

Upon initial enquiry, participants undertook a taster session in the virtual world with **Autus** before having the opportunity to create their own avatars which would become their presence in the virtual world and through which they engaged with their therapist.

Participants engaged in six one-to-one therapy sessions in the virtual world, aiming to achieve individually set goals. Activities delivered within sessions to achieve their goals included both practical and soft skills practice, such as writing official letters, preparing for interviews, working on self-esteem and confidence or practicing social skills.

‘By removing the face-to-face element, you remove the anxiety and barriers of going to your first therapy session. It allows you to build trust in an environment they feel safe and in control of.’ **Staff Member**

‘It adds another dimension to therapy, much more relaxed than traditional therapy. I think in future I'd choose virtual world over in person.’
Participant

‘Virtual spaces remove that need to go out in the world and the sensory overload and anxiety that causes for autistic people.’ **Staff Member**

3.6 Participant Impact

3.6.1 Access to mental health services

Throughout delivery, it has become clear that providing new, innovative methods of engagement enable wider participation, outside of traditional therapeutic methods. The project has positively contributed to removing structural and cultural barriers that prevent ACAME project participants from engaging in mental health support. Participants welcomed the opportunity to engage, appreciating the contribution they could make to understanding effective support for 'people like them', whilst engaging in therapy.

Some participants initially had difficulty accessing the virtual world, experiencing issues in sound quality and/or were unable to find others in the virtual world. In most cases, these were easy issues to fix but did result in some time allocated for sessions having to be used to troubleshoot technical difficulties. Subsequently, some participants noted that their support was completed later than expected. However, participants understood that this was a new endeavour for all involved and noted that they felt fully supported in learning to navigate the virtual world.

In final evaluation interviews, participants evidenced their positive experience, explaining that through the sessions they felt 'listened to' and 'understood'. This suggests that the project has contributed to a more positive perception of mental health provision.

'I could explore with a therapist more openly and authentically without the potential social and sensory overwhelm I sometimes feel during traditional face-to-face or video therapy.' **Participant**

'Has helped to create new ways to talk and I appreciate it more.'
Participant

Importantly, both therapists and participants identified the value of relatability, through engaging with those with similar demographics. This contributed to feeling listened to and supported, which was noted as something that had not been achieved previously by participants through their engagement in other therapeutic methods. Engaging through an avatar was seen to remove the image of a real person, subsequently removing the ability to judge based on race or other physical presenting factors. This degree of anonymity was perceived to support engagement, as a rapport is built without seeing the therapist/participant, encouraging open conversations about experience.

Participants noted an ongoing need for therapeutic services, with many having accessed other services prior to involvement. Whilst other services had been accessed, traditional methods were explained to often be less accessible to those with autism or other neurodivergent conditions, and this pilot project offered more dynamic opportunities.

Staff interviewed noted difficulties getting participants to engage with the project after the onboarding stage, explaining that participants require more time to engage. This is often due to a longer period of time required to adjust to the new setting and to the therapist.

This was evidenced through feedback from those that initially engaged but did not take part in the project. For example, some did not have access to the required digital equipment or abilities to engage, and others felt they did not have the time or would prefer sessions in shorter succession. Others who did not take part did not find the virtual world functionality would not challenge them or encourage engagement as they spend time online through activities such as gaming, which often have more advanced capabilities and graphics.

It is evident from participant and therapist interviews that the virtual environment and the control and choice that it offered to participants created a more comfortable and engaging experience than traditional therapeutic methods. Participants noted the benefit of being able to change their surroundings through the different background settings e.g., in nature-based environments. They also utilised the chat function which aided control around level of engagement through giving the opportunity for non-verbal engagement. Staff indicated that this enabled more bespoke delivery and removed the intimidating aspect of sitting face-to-face with a therapist with no distractions, which is something identified as a potential challenge to engagement.

‘Sometimes someone of your ethnicity makes you feel heard and believed as they've had similar experiences.’ **Participant**

‘[It] helped you to express feelings better because it's a different environment.’ **Participant**

3.6.2 Emotional wellbeing

Participants reported that the project created opportunities for them to engage with therapy in support of their emotional wellbeing. This includes learning skills around self-regulation and coping, supported by resources shared in their sessions. They report enjoying their participation and reported outcomes such as understanding themselves better as a result of the therapy. Additionally, some report that increased awareness of the support on offer will encourage them to advocate for others who can benefit from therapy.

‘We’ve been labelled and restricted and we can’t let them put us in a box. We have the opportunity to be a voice. We have a say in society, and we are capable.’ **Participant**

Therapists reported improvements in confidence of participants, positively contributing to overall wellbeing and ability to navigate day-to-day life. Participants similarly reported how they can translate the improvements in soft skills into their real life, for example giving their opinion and navigating their needs and progress around them.

Within the project, both therapists and participants were able to improve their digital skills, providing a legacy for those involved. Often, participants were more confident on the digital side than the therapists, which supported confidence and comfort of engaging as the perceived hierarchy was removed. Participants commended the support offered regarding technical difficulties such as navigating their avatar and did not feel this hindered their overall outcomes.

‘I’m now able to manage myself a lot better.’ **Participant**

‘It’s good to have people who have the understanding and knowledge [of autism]. I have felt more listened to through this support.’ **Participant**

3.6.3 Ongoing support

Participants reported a willingness to continue engaging in mental health support, with an increased understanding of how it can positively impact them. Participants consistently noted feeling ‘listened to’ and welcomed the ability to engage in the project’s fast-paced and creative format.

‘It’s changed their view of therapy and now they are able to talk about that openly and spread the word, which means that they can continue and expand our relationship with the Autistic community.’ **Staff Member**

3.7 Organisational Impact

A consistent impact of the **Metanoia** project has been the increased knowledge around cultural competence, for example understanding intersectionality of race and autism. Engagement with the project has afforded the partner organisations opportunities to gain transferable skills around effective coproduction, digital understanding and creativity, building organisational capacity to deliver impactful support.

Therapists expressed improved confidence in delivering relevant therapeutic methods, through greater understanding of the needs of participants. Through this learning, there has been opportunity for significant reflection on the support available and the resources required to deliver similar therapy in the long term. Additionally, partners have been able to add the learning from the project to their understanding of unconscious bias and diversity throughout their organisations.

Project partners are committed to continuing work to increase delivery of avatar-assisted therapy. Partners involved have worked to share their learning across the sector, delivering presentations at national events and engaging with other therapeutic research projects. This sharing of the project methods and outcomes contributes to the positive impact of the project and increases broader understanding of nuanced needs of autistic people from racialised community backgrounds.

‘We have learned so much from the partners not just about autism and the different ways it can impact on individuals but also the barriers from black and ethnic minority groups face in terms of accessing mental health support and being diagnosed correctly.’ **Staff Member**

‘I think I understand racism better than I did before and how different groups view mental health support and how we need to remove that stigma of asking for support.’ **Staff Member**

3.7.1 Partnership Working

When reflecting on partnership working, respondents were positive about progress made, and were confident that partnerships would continue. Partners involved in delivery have consistently reported that working alongside other organisations has benefited them through pooling of skills and specialisms and enabling reflection on their delivery. As a result of partnership working, staff also felt able to influence the range of services available within the sector. Staff described supporting other organisations' knowledge of digital and creative methods within therapy and understanding of autism and unconscious bias, for example.

‘I never imagined before I started this project that having project partners where you're working on a research project could be so fulfilling and so rewarding in a personal aspect as well as a professional aspect.’ **Staff Member**

‘We've got the foundation now to work on something bigger where we can offer this as a formal service in partnership and that then makes a real difference to the individuals that are referred to us...this is the beginning of something that's really good.’ **Staff Member**

3.8 Lessons Learnt

Partners and therapists interviewed, consistently reported that many lessons were learnt around what is required to support cultural competence and client preference in the virtual world. Participants responded positively to having the option in the virtual space to create avatars that looked like them and for some having therapist avatars which had a skin tone that matched their own was a positive factor.

As a new and innovative project, it experienced delays resulting from the time taken to gain ethical approval, the onboarding of participants and some of the technical challenges creating the virtual world delayed delivery. Future similar work would ideally be undertaken over a longer timeframe than the 12 months of the BACP pilot grant scheme, to account for the complexities of the innovation, in particular the implementation stage.

3.9 Legacy

The **Metanoia** project has contributed to an understanding of an innovative approach to removing barriers to therapy for autistic people from racialised community backgrounds. The positive impact reported by participants about their increased understanding of their emotions and accessing support that is appropriate to them, suggests that the virtual world and use of avatars is effective in delivering therapy.

The project builds foundations for further exploration of delivery of therapy through a virtual world. Staff felt that the project has successfully delivered a platform that can be used for therapy. **Metanoia** and partners are actively sharing this learning across the sector, to encourage wider take up of innovative support methods that work further to remove barriers to therapy for autistic people from racialised community backgrounds.

All project partners remain in discussions around developing further work on delivery of therapy in the virtual world. This includes ongoing referral from the partner organisations to similar ongoing projects. Partners aim to obtain further funding to enhance delivery and to meet the costs of refining and streamlining the software.

4. Conclusions

This final report indicates that both projects funded by BACP's EDI third sector grant scheme have achieved their overall project aims. Evidence of the positive impact both projects have had both individually and organisationally, reinforces the need for targeted mental health support to meet the needs of people from marginalised community backgrounds who face barriers to accessing therapy.

4.1 Progress Towards Project Aims

Both projects have increased access to mental health services through improved choice of service delivery method. An important aspect of this has been partnership working, whereby referrals were received from organisations trusted by the participants.

Structural and cultural barriers to therapy faced by people from marginalised community backgrounds are more widely understood within the lead organisations, and this knowledge has informed delivery and engagement methods to support the breakdown of stigma and increase accessibility.

'We need to be mindful of the importance of specialist services that understand the refugee context and can provide support in their language.' **CNE Staff Member**

'A few years ago, I wouldn't have thought that this kind of piece of work would have been possible just because of lack of funding and lack of capacity. But to be given funding for staff time to make referrals in, it felt like a really worthwhile piece of research.' **Metanoia Staff Member**

Both funded organisations indicated that the pilot projects have supported the provision of effective community-based provision of counselling and increased awareness of the contribution counselling can make to those within society requiring psychological support.

Both projects are using the pilot-project to support efforts to fund ongoing work.

4.2 Contribution to Wider BACP Aims

All those consulted felt it was important that BACP continues funding similar projects. Staff noted the benefit of having funding from a respected organisation such as BACP, as it instils trust in delivery from wider stakeholders and supports evidence for future funding applications.

The projects have both demonstrated that coproduction between counselling providers and trusted community organisations is effective in making therapy more accessible to people from marginalised and racialised community backgrounds in line with BACP's EDI strategy and suggests that further work, and the sharing of outcomes will be beneficial.

In order for successful delivery elsewhere, partners involved indicated that funding for a 12-month project limits delivery time and subsequently the ability to evidence impact. A longer timeframe would allow more time for setup and understanding of the cohort initially, whilst also giving ample time for participants to achieve meaningful engagement. The challenges encountered by the projects in effectively engaging interpreters and building trust with autistic participants indicate that, barriers faced by people from marginalised and racialised community backgrounds are complex and that short-term funding puts innovative projects seeking to remove them at a disadvantage.

4.3 Recommendations for BACP

The following recommendations should be considered for future grant-making activity:

1. The projects have demonstrated that co-production of support and activity are effective in removing barriers to therapy for people from marginalised community backgrounds. Future funding of projects should build on this model and encourage collaboration with trusted community organisations.
2. BACP should recognise the complexity of adapting service models and the time needed in the initial phases of delivery. Consideration should be given to offering longer-term funding to support effective planning, co-production and delivery.
3. Both projects identified value in having a workforce that is reflective of the communities being supported. For **Children North East** language barriers were a particular challenge whilst the **Metanoia** project highlighted the value that participants placed in having the choice of working with therapists who shared their identities and experiences. Consideration should be given to how future grant-making supports client choice in this respect.

Contact us



0330 122 8658



wavehill@wavehill.com



wavehill.com

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