



THE SOCIAL IMPACT OF THE
NORTH WALES RAPE AND
SEXUAL ASSAULT SUPPORT
CENTRE
SOCIAL RETURN ON
INVESTMENT ANALYSIS

Counselling Service for victims of sexual abuse

"I've done things that I didn't know I was capable of." (Client)

Social Value Cymru

Mantell Gwynedd

E-mail: eleri@mantellgwynedd.com

Phone; 01286 672626

www.mantellgwynedd.com



Contents

Executive Summary	2
1.0 Introduction	5
2.0 Social Return on Investment (SROI) Framework.....	16
3.0 Stakeholder Engagement & Scope of the Analysis	20
4.0 Project Inputs.....	26
5.0 Outputs, Outcomes & Evidence	29
6.0 Monetisations of Value & Impact	47
7.0 SROI Results	48
8.0 Sensitivity Analysis.....	60
9.0 Conclusion.....	62
10.0 Recommendations	64
11.0 Appendices.....	71

Executive Summary

Through various funding streams, Rape and Sexual Abuse Support Centre, North Wales (RASASC), offers one-to-one counselling for victims of sexual abuse. The project was analysed using the Social Return on Investment (SROI) framework to understand the total value created for clients who access the counselling service as a result of very traumatic experiences in their lives. Where possible, existing data has been used to calculate the value of RASASC counselling service, and in other circumstances careful estimations and modelling of the potential impacts has been included to provide a conservative appraisal of the programme. The results demonstrate that significant value is created through the activities of RASASC.

The result of £3.73:1 indicates that for each £1 of value invested, £3.73 of value is created.

This service would not be available without the valuable contribution from the volunteer counsellors who provide their time, expertise and professionalism. During 2015-2016, 1,384 hours were volunteered which is an average of 51 hours per volunteer. By giving their time, the volunteers also experience positive changes by **increasing their confidence as a counsellor and feeling a sense of worth and satisfaction from being able to help others**, and in many cases seeing the clients progress in front of their eyes.

Outcomes experienced by clients include **improved mental and physical health, increased self-esteem and being better able to form or maintain relationships**. For many, counselling provided them with the reassurance and the tools to be better able to cope with what had happened to them and to deal with on-going challenges that they will be faced with when reminded about what happened.

The level of change experienced by those who were assaulted as an adult was more than that of clients who were assaulted as a child. In some cases, clients who were abused in childhood only experienced half the amount of change compared to those abused as an adult. This suggests that longer counselling is needed for these clients in order to experience the same level of change. However, further data would be required to fully understand if this is the case or will the same level of change still not be experienced.

SROI places the experiences of stakeholders at the centre of the analysis, and by understanding what has changed in people's lives, we are able to value those changes. **In total RASASC has created £787,426 of value in one year.** This report is not about putting a price on everything, but allows us to demonstrate the value that this charity creates for people and for other organisations and allowing us to see how we can create even more social value in the lives of people.



Acknowledgements

This report would not be possible without involving all those key stakeholders in order for us to understand what changes. For the individuals who spoke to us about their experiences with RASASC, clearly this is very sensitive and therefore we greatly appreciate their time in engaging with us to speak about their counselling experience. They were all eager for us to understand what had changed, or what didn't change for them, to ensure the best possible outcomes for others so therefore our admiration for them is enormous. Also, a huge thank you to all the volunteer counsellors who took part in this report, as well as all the trustees and especially the staff members who work so hard at RASASC.

Diolch yn fawr / Thank you

1.0 Introduction

This evaluation report will analyse the value of the counselling service offered by The Rape and Sexual Assault Support Centre (RASASC) in North Wales in 2015-16. The impact of this service on victims of rape and sexual assault will be considered but also the value to the volunteer counsellors who provide this service.

Through engaging with both individuals receiving the service, counsellors and RASASC staff and examining information and data where available, appropriate estimations have been made supported by secondary evidence.

The report will initially set out the background of this support service, followed by a discussion of the Social Return on Investment (SROI) framework used to evaluate the service. The SROI results will then be discussed in detail to explain the 'story of change' and value for key stakeholders.

The purpose of this report is not just to demonstrate the value of RASASC's activities, but also to provide the information by which improvements to service delivery are made possible. The measurement of social value should always be part of the ability to manage, and make even more impacts in the lives of clients and other important stakeholders.

1.1 Background & Context

Key Organisation(s)

The Rape and Sexual Assault Support Centre (North Wales) is a registered charity (1057159) and was formed in 1983 as the Rape Crisis Line but then changed to The Rape and Sexual Support Centre which better reflected all the services that they provided. They offer their

service to anyone over 13 years old and the service is continually evolving and changing as the needs are changing.

RASASC North Wales aims:

- To maintain a free and confidential service which is both therapeutic and educational
- To respect the rights of any person accessing our service
- To support clients in making decisions through counselling, information and support
- To raise awareness of issues related to sexual violence
- To maintain confidentiality within professional context, allowing clients to trust the service we offer
- To evaluate our service on a regular basis and develop the service in response to the needs of our clients where possible

They offer support to men and women who have experienced any form of sexual violence which includes, recent rape, historic rape, child sexual abuse and multiple assaults.

The organisation is funded through the Ministry of Justice, Betsi Cadwaladr University Health Board, Welsh Government, Police and Crime Commissioners Office, WCVA, Asda and other private donators.

Project Outline

Counselling Service

This is the main service that RASASC provides for victims of rape and sexual assaults. There is also support work available as well as a support phone line service but this report will focus on the one-to-one counselling service.

In 2015-2016, 583 referrals were made to the organisation with 88% of these being 18+ which will be the focus of this analysis. From these referrals, RASASA estimate that 264 individuals received counselling service within the year, however, this could also include clients already receiving treatment before the beginning of April 2015.

When a referral is made to the organisation, an initial assessment will be done by staff members or support workers usually. If they decide that counselling is the best action, then a suitable referral will be made based on their needs and request (gender, age, area, and language when possible.) All counsellors are volunteers and currently RASASC has 27 counsellors that are actively volunteering as well as 19 support workers, some of whom are training to become counsellors.

“All workers and volunteers who work for RASASC hope to provide a safe space for you to discuss your thoughts and feelings, free from judgements and advice giving.

We respect your right to arrive at your own decisions and work with you to find the path that best suits you and your values.”¹

The NHS defines Counselling as,

“Counselling is a type of talking therapy that allows a person to talk about their problems and feelings in a confidential and dependable environment.”²

There are various forms of counselling and all volunteer counsellors at RASASC will have different methods based on their experience and preference. Usually in the initial assessment

¹ Rape and Sexual Abuse Support Centre (North Wales) (2016).

http://www.rasawales.org.uk/?page_id=45&lang=en

² National Health Service (2016). <http://www.nhs.uk/conditions/Counselling/Pages/Introduction.aspx>

the counsellor might decide what form of counselling is best suited, and will discuss if they have previously tried a form of counselling which didn't work for the client so they are now able to try a different method.

Clients are usually offered 10 sessions, which is more than the usual 6 sessions offered through the NHS³. However, RASASC can offer up to 20 sessions and can go beyond this if they recognise a need following a review which usually happens every 6 weeks. They offer the service across North Wales in various community locations including Community Centres and GP centres and sessions will usually last an hour.

Due to the nature of the service, counselling offered by RASASC is much more specialised in the area than perhaps they would receive if they had counselling directly through the NHS. RASASC provides training to their volunteers and do continue to offer Personal development courses after their initial training.

The Board of Trustees commissioned Social Value Cymru to do an analysis of their counselling service in 2016 with the evaluation report ready in March 2017.

Sexual Abuse in North Wales

RASASC is an independent charity but does work in partnership with SARC (Sexual Assault Referral Centre) ⁴and Stepping Stones⁵. Many of their referrals will come from SARC which was set up in 2000 by the North Wales Police and the NHS as a way of giving abuse victims a confidential way of revealing the incident but also being able to access both the NHS and Police in one go if they need to.

³ National Health Service (2016). <http://www.nhs.uk/conditions/Counselling/Pages/Introduction.aspx>

⁴ Sexual Assault Referral Centre. https://www.north-wales.police.uk/amethyst_2012/english/index.html

⁵ Stepping Stones North Wales www.steppingstonesnorthwales.co.uk

In a Commissioning Toolkit prepared for services in Wales, a reference was made that 124,000 adults and children over the age of 16 in Wales have been victims of a Sexual Offence which was taken from the Overview of Sexual Offending Report 2013⁶. This forms part of the reasoning as to why this toolkit was developed by Lloyds Bank Foundation to support the government to look for an effective commissioning approach to support the need to react to the domestic and sexual violence rates in Wales.

There has been increasing publicity around historic sexual abuse in the UK in the last few years with the Jimmy Savile Scandal, and most recently the historic sexual abuse within Football Academies. In North Wales, there has also been enquiries into care homes for historic sexual abuse which also has been publicised and this could be reflected in the increasing referral rates seen by these organisations in the last few years. The Waterhouse Inquiry investigated abuse in care homes in North Wales including Bryn Estyn in Wrexham and care homes in Gwynedd and Clwyd since 1974. This was a 3-year investigation and cost £12 million. The findings were given in a report in 2000, Lost in Care – The Waterhouse report and resulted in many policy changes in England and Wales⁷.

The Independent Inquiry into Child Sexual Abuse (IICSA) was established in 2015 to consider the growing evidence of institutional failures. The scale of abuse was discussed;

“The information and statistics currently available do not give a full account of the scale of child abuse across England and Wales, but estimates suggest that one child in every 20 in the

⁶ Tackling Violence against Women, Domestic Abuse and Sexual Violence: A collaborative commissioning toolkit for service in Wales. (2016). Lloyds Bank Foundation

⁷ Lost in Care - Report of the Tribunal of Inquiry into the Abuse of Children in Care in the Former County Council Areas of Gwynedd and Clwyd since 1974 Women’s Resource Centre (2011).

United Kingdom has been sexually abused. In 2014, police statistics show that there were over 28,000 recorded sexual offences where the victim was aged under 16.”⁸

As part of these investigations there have been consultations in North Wales where the Inquiry Chair, Hon. Dame Lowell Goddard, paid tribute to all organisations involved in supporting the victims.

Development Manager of the Amethyst SARC North Wales, Sarah Staveley said,

“North Wales SARC, Amethyst opened in 2010 offering a confidential service for men, women and children who have been sexually assaulted, either recently or in the past.

Together with partner agencies, Rape and Sexual Abuse Support Centre for North Wales, Stepping Stones and The Survivors Trust, we have been working with the victims and survivors of sexual violence, providing specialist support and counselling to help victims and survivors share their experiences and working together to ensure these services are secured in North Wales.

“It’s an important part of the Inquiry that victims and survivors of child sexual abuse have the opportunity to share their experiences - and be able to tell someone what has happened to them in the confidence that they will be believed. It is incredibly difficult for anyone to share an experience of sexual abuse - whether it happened recently or a long time ago.”⁹

Impact of Sexual abuse

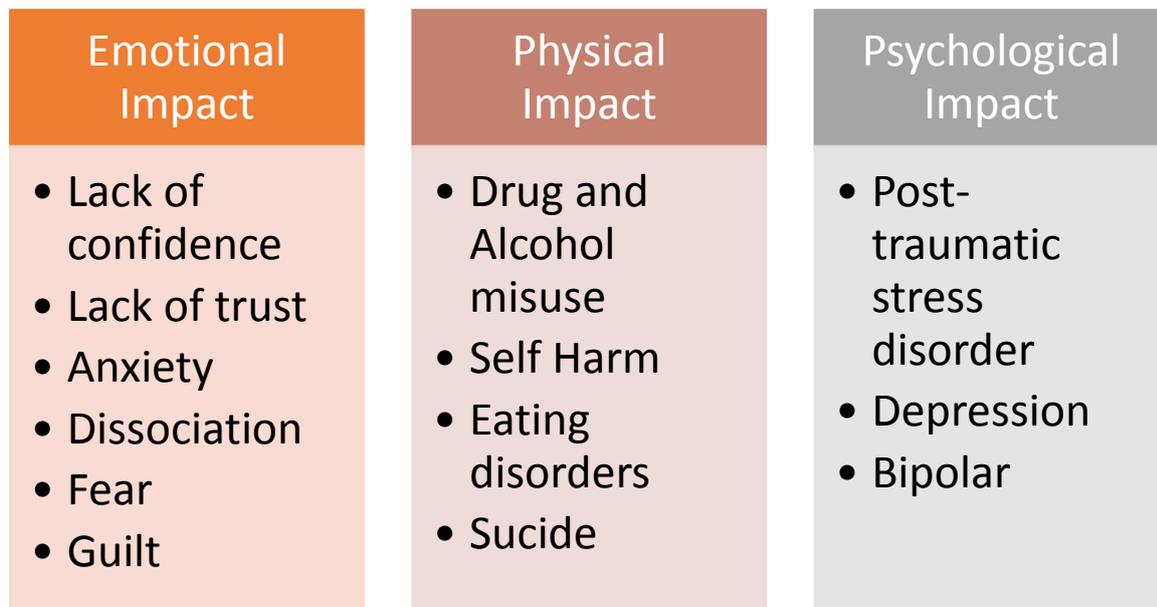
The impacts of rape and sexual abuse, historical or recent, is widely documented. For the victims, the long-term effects can be emotional, physical, or psychological. Every person will

⁸ The Independent Inquiry into Child Sexual Abuse (2016) <https://www.iicsa.org.uk/background>

⁹ The Independent Inquiry into Child Sexual Abuse (2016) (<https://www.iicsa.org.uk/news/inquiry-consults-welsh-victim-and-survivor-groups>)

deal with their abuse differently and there can be many different symptoms. Some of the possible symptoms are shown In Figure 1.

Figure 1 – Impact of sexual abuse



Survivors Manchester is a charity that supports male survivors of sexual abuse and they discuss on their website that all victims will experience different effects following abuse, either immediately or in later life.

“Whenever the abuse happened the after-effects/consequences or ‘legacy’ can be exhibited in a wide variety of behaviours, emotions and feelings. Some people say that they believe the abuse they suffered as a child has not affected them as yet, or now. This may be true for those individuals, the important point we’re trying to make is that sexual abuse and rape affects us all in different ways... experience is absolutely unique to the individual.”¹⁰

¹⁰ Survivors Manchester (2016). <http://www.survivorsmanchester.org.uk/impact/>

Many of the child abuse crimes will be committed by family members and as discussed in a report on a similar service in London this can have long term impact,

“Rape and sexual abuse offences against children have long term impacts and much of the time these crimes are perpetrated by the people that are meant to care, nurture and protect them.” (p. 44 Hidden Value report)

This report also stated the cost to the state for each rape is £96,000 with the cost of sexual violence in 2003-2004 identified as £8.5 billion. Consideration will be given to the impact of sexual violence on statutory services without the support available to care for the victims, and to prevent further negative impact on their health and well-being.

A review was conducted in Australia on all international research available on “The long-term effects of child sexual abuse.”¹¹ It brings together a body of research to look at the impact of the abuse and considers any differences in impact depending on when the abuse happened in the victim’s life, gender, the relationship with the perpetrator and any other socio-economic factors.

“...there is a consistent picture of significant links between a history of sexual abuse and a range of adverse outcomes both in childhood and adulthood.” (p.2 The long-term effects of child sexual abuse. Cashmore and Shackel.)

This report demonstrates the possible impacts the abuse can have in later life and also if there are any differences based on other factors as mentioned above,

¹¹ Cashmore,J. & Shackel, R. (2013). The long-term effects of child sexual abuse. Child Family Community Australia.

“As a result of more rigorous research studies in this field our understanding of the impacts of childhood sexual abuse is becoming more nuanced and a robust body of research evidence now clearly demonstrates the link between child sexual abuse and a spectrum of adverse mental health, social, sexual, interpersonal and behavioural as well as physical health consequences.” (p.23)

The above will be discussed throughout this report and consideration will be given specifically to any difference in outcomes due to the nature of the assault and when it took place.

Legislative Framework

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 was developed from the ‘Right to be Safe’ 6-year strategy in Wales since 2010 which had some key priority areas that included providing support for victims. This Act provides a duty on local authorities and health boards to prepare a joint strategy to meet local needs and to ensure the prevention of violence and to support those affected,

“The overarching objective of the Act is to improve the Public Sector response in Wales to gender-based violence, domestic abuse and sexual violence. It is intended to provide a strategic focus on these issues and ensure consistent consideration of preventive, protective and supportive mechanisms in the delivery of services.”¹²

The Well-Being of Future Generations (Wales) Act 2015 and The Social Services and Well-being (Wales) Act 2014 provides impetus on being more proactive to improve people’s well-being and to ensure a local well-being plan prepared through a Population Needs Assessment. This also puts a focus on early intervention and prevention to ensure that

¹² Welsh Government (2015) <http://gov.wales/docs/dsijg/publications/commsafety/150501-explanatory-memorandum-vawdasv-en.pdf>)

people are supported and prevent deterioration of health and well-being. Counselling services for those who are victims of sexual violence can assist prevention from needing statutory care in future due to the traumatic nature and the well evidenced health conditions because of this violence.

Counsellors who Volunteer

Volunteers are essential to this organisation, and without the time and expertise given by the volunteers this service would not be available. Although some sessions are paid by a contribution fee by RASASC, 80% of the sessions are done through volunteers giving their time for free.

The role for the volunteer will be considered in this analysis as well as possible outcomes for them. In the report, 'Working for free: A fundamental value of Counselling'¹³, it is considered why counsellors donate their time to the voluntary and charitable sector and look at the pattern of paid counsellors who also volunteer on a regular basis.

“We identify and illustrate three overlapping reasons why large numbers of highly qualified counsellors give their time and expertise for free: because of their desire to support the work of agencies through which the accessibility of counselling is extended; because volunteer counselling constitutes personally rewarding and meaningful work; and as an expression of their commitment to give freely of themselves.” (Counselling and Psychotherapy Research, 2003, Vol 3, No 4 page 291).

¹³ Bondi, L. Fewell, J. Kirkwood, C. (2003). Working for Free: A fundamental value of counselling. Counselling and Psychotherapy Research, Vol 3, No 4.

By identifying the likely outcomes for the volunteers, it is possible for RASASC to influence future recruitment methods by understanding the important changes they gain from volunteering with RASAC, as opposed to somewhere else.

2.0 Social Return on Investment (SROI) Framework

By explicitly asking those stakeholders with the greatest experience of an activity, SROI can quantify and ultimately monetise impacts so they can be compared to the costs of producing them. This does not mean that SROI can generate an ‘actual’ value of changes, but by monetising the value of stakeholders’ outcomes from a range of sources it is able to provide an evaluation of projects that changes the way value is accounted for – one that takes into account economic, social and environmental impacts. Social Value UK (2014) ¹⁴states;

‘SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is money, in order to give people a voice in resource allocation decisions’

Based on seven principles, SROI explicitly uses the experiences of those that have, or will experience changes in their lives as the basis for evaluative or forecasted analysis. Figure 2 outlines the Principles of Social Value.¹⁵

¹⁴ Social Value UK (2014). www.socialvalueuk.org

¹⁵ Social Value UK (2016). <http://www.socialvalueuk.org/why-social-value/the-principles-of-social-value/>

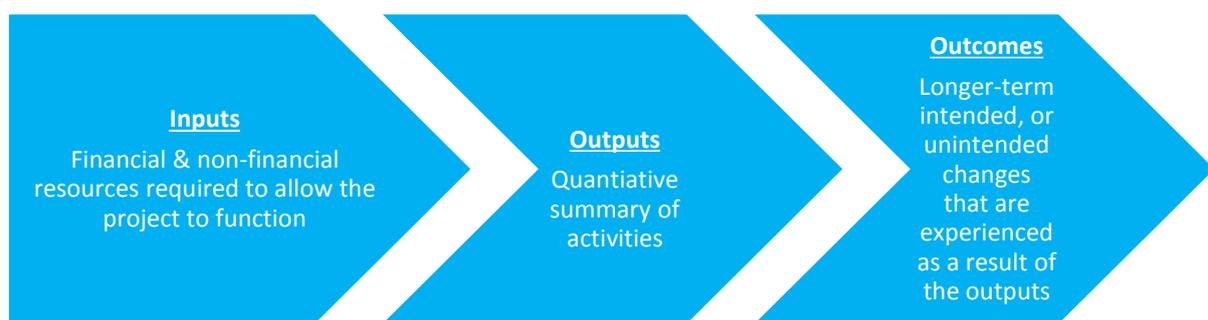
Figure 2 - Social Return on Investment Principles



The guiding Principles ensures that *how* value is accounted for remains paramount. To ensure a consistent approach is used, chains of change are constructed for each material stakeholder explaining the cause and effect relationships that ultimately create measurable outcomes. These chains of change create the overall Value Map (attached separately as

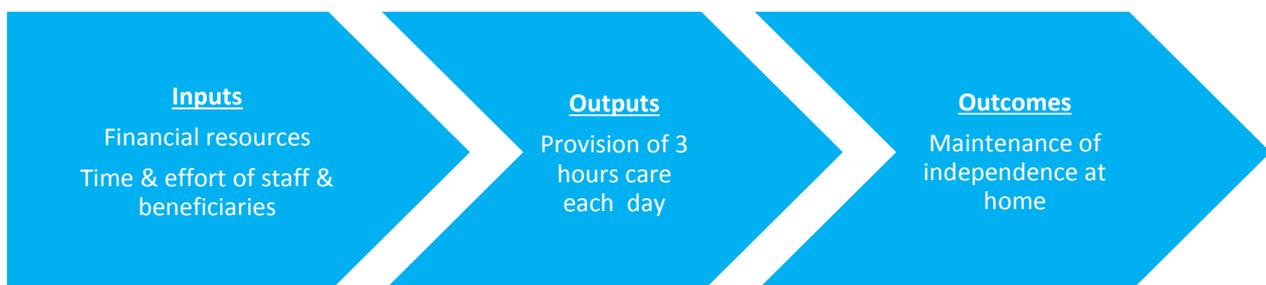
appendix 3), and these stories of change are equally as important as the result of analysis. In fact, SROI is best thought of as a story of change with both quantitative and qualitative evidence attached to it. Figure 3 summarises the different elements for each chain of change included within the SROI analysis (before the impact of outcomes is calculated).

Figure 3 – Outline of the Chain of Change



SROI is an outcomes-measurement approach, and only when outcomes are measured is it possible to understand if meaningful changes are happening for stakeholders. To illustrate this idea, figure 4 displays a brief chain of change for a domiciliary care programme to assist people to remain in their own home - only by measuring the final outcome, is it possible to understand the impact of the care-programme.

Figure 4 - Example Chain of Change



As will be discussed at the point of analysis, SROI also incorporates accepted accounting principles such as deadweight and attribution to measure the final impact of activities that are a result of each particular activity or intervention. Importantly, SROI can capture positive and negative changes, and where appropriate these can also be projected forwards to reflect the longer-term nature of some impacts. Any projected impacts are appropriately discounted using the Treasury's discount rate (currently 3.5%). The formula used to calculate the final SROI is;

$$\text{SROI} = \frac{\text{Net present value of benefits}}{\text{Value of inputs}}$$

So, a result of £4:1 indicates that for each £1 invested, £4 of social value is created

Overall, SROI can create an understanding of the value of activities relative to the costs of creating them. It is not intended to be a reflection of market values, rather it is a means to provide a voice to those material stakeholders and outcomes that have been traditionally marginalised or ignored. Only by measuring outcomes are organisations able to not only demonstrate their impacts, but also importantly improve them. This thereby strengthens accountability to those to which they are responsible, which in the third sector is fundamentally the key beneficiaries of services.

3.0 Stakeholder Engagement & Scope of the Analysis

Including stakeholders is the fundamental requirement of SROI. Without the involvement of key stakeholders, there is no validity in the results – only through active engagement can we understand actual or forecasted changes in their lives. Only then can SROI value those that matter most.

To understand what is important for an analysis, the concept of materiality is employed. This concept is also used in conventional accounting, and means that SROI focuses on the most important stakeholders, and their most important outcomes, based on the concepts of relevance and significance (see figure 5). The former identifies if an outcome is important to stakeholders, and the latter identifies the relative value of changes. Initially, for the evaluation of RASASC, a range of stakeholders were identified as either having an affect on, or being effected by the project – table 1 highlights each stakeholder, identifying if they were considered material or not for inclusion within the SROI analysis.

Figure 5 – Materiality principle

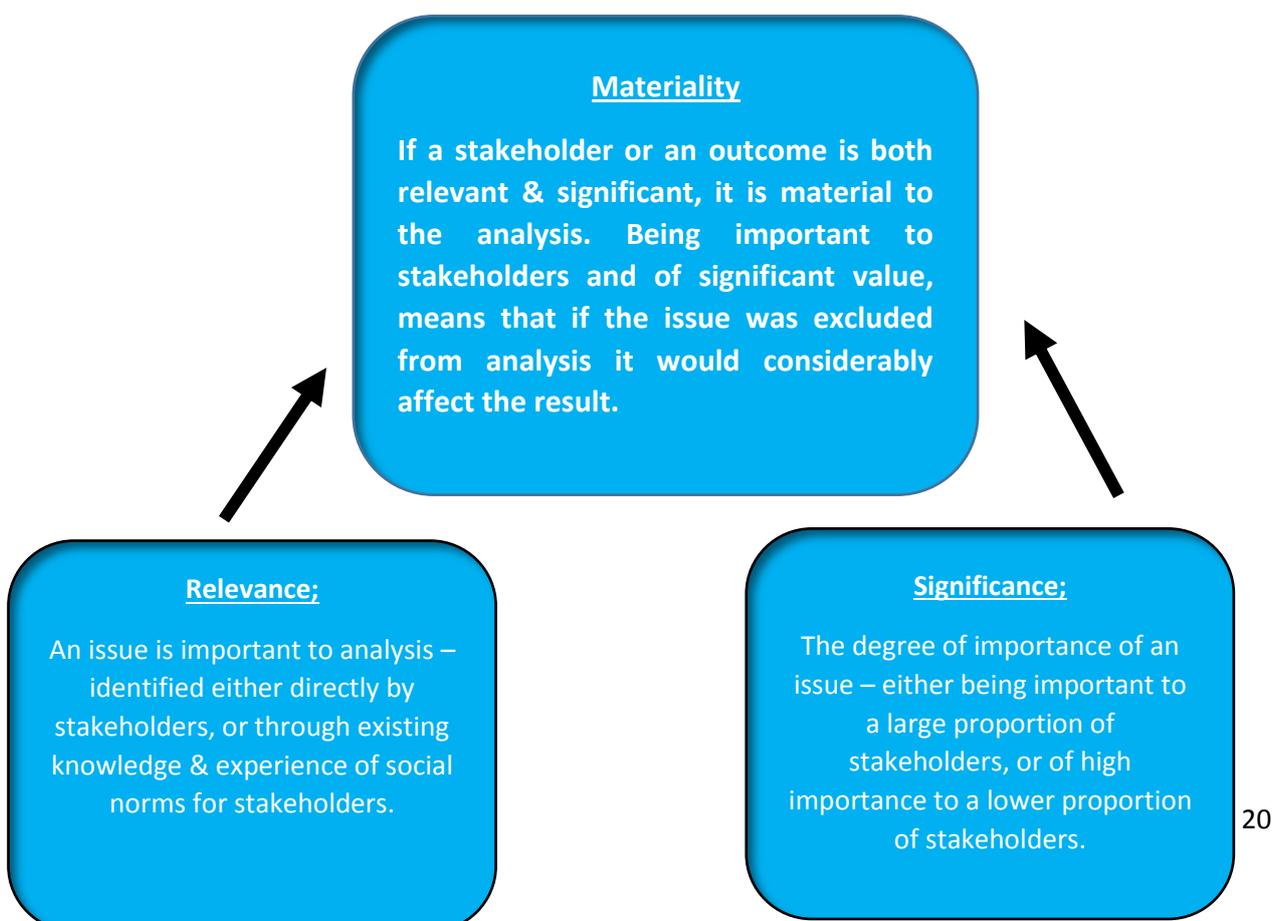


Table 1 – Stakeholder List & Materiality

Stakeholder	Material stakeholder?	Explanation
Clients – Clients will be segmented into those abused as children and those abused when an adult (18+) to see if there are differences in the outcomes or in how much change there is following counselling.	Yes	As key beneficiaries of the service these are the most important stakeholders and some changes experienced will be both relevant and significant.
Volunteer counsellors	Yes	Without the counsellors, this service wouldn't be possible. They also experience changes by being involved in the service and giving their time and therefore some of their outcomes will also be relevant and significant.
Wider family network	No	Although the changes to the clients must have an impact on other family members, unfortunately we were not able to engage with them for this analysis.
RASASC	Yes	The involvement of RASASC is essential for the creation of any changes. Therefore, financial resources and the inputs from key members of staff must be included. However, changes experienced by the organisation are not included as they are not relevant to the project.
Staff	No	They are key to this service but their changes are not

		relevant or significant.
NHS	Yes	Although they are not involved in the delivery of the service, the outcomes for clients are likely to have an impact on their services and demand. This is based on the engagement with the clients and secondary research regarding the health impact on those that have experienced some form of sexual abuse.
Ministry of Justice	No	Funded the activities, but their outcomes are not material.
SARC	No	As a key referral agent, they are relevant to this analysis, but the outcomes would fail the significance test.
Funders (other than NHS)	No	Funded the activities, but their outcomes are not material.
National Economy	No	Although many recognised that the improvements in their health meant that they were able to cope and therefore go on to work and do various things, this was not relevant to all and would fail the significant test.

The organisation receives several hundred referrals each year, with continuous service also being offered to clients who were referred from previous years. For this analysis, the focus will be on those who received counselling in 2015-2016, and the data showed that 264 individuals had received counselling and 1,994 sessions were provided which includes the initial assessment. Although the initial assessment is an essential part of the process, the focus is on the counselling, therefore it is 1,730 counselling sessions that is the focus of this

analysis, which provides an average of 6.5 counselling sessions per client. It should be noted that the average here is less than the 10 sessions which clients are usually offered, with some client's expressing they had between 12-20 sessions and in some instances more. This lower average could be as many leave the service early or do not turn up for appointments, a frustration expressed by some counsellors. It should also be noted that the figures above were given to us as an estimation, as exact numbers were unavailable.

It is possible to segment the clients to different categories based on gender and whether the incident was recent, historic or in childhood, and this can reveal important differences in the outcomes that clients experience. Consideration was also given to current age, nature of the assault, whether it was a multiple assault or not and to other socio economic factors. However, for the purpose of this analysis and based on the data available, clients have been divided to those who suffered abuse as a child, and those who suffered as an adult.

An initial conversation was conducted with the Manager at RASASC and the Chair of the Board of Trustees. Another meeting was then held with all the staff at RASASC which helped to draw a list of potential stakeholders as seen in Table 1.

A focus group was held with some of the volunteer counsellors on the 10th of August 2016. This was an opportunity to start to consider possible outcomes and the chain of change for the clients and to gain an understanding of what changes counsellors experienced through volunteering with this organisation other than somewhere else. A further 3 telephone interviews with volunteer counsellors was conducted to further understand the impact of the service on them, followed by a questionnaire on Survey Monkey to all 27 counsellors.

Interviews with the clients were conducted over the telephone and ensuring confidentiality was key. Staff at RASASC had previously asked clients to be involved in the research, and

dates and times were arranged with the staff who called them and then transferred the call. Only first name, age and nature of the incident were given to the analysts. Although some questions were asked, there was an emphasis on this being a discussion and allowing the freedom for clients to discuss the counselling sessions and how it had facilitated changes in their lives, if any. Leading questions were avoided and freedom was given for them to discuss any potential outcomes followed by a few more questions to further understand those changes they identified. To identify those final outcomes, questions were asked such as “what has changed?”, “do you do anything differently now?”, “what could have happened if the support wasn’t there?”. They were also asked if there were any negative outcomes.

As well as engaging with clients, available data from RASASC was assessed which includes Clinical Outcomes in Routine Evaluation (CORE)¹⁶ data and the Outcome Star¹⁷. This data allowed us to further consider if there was any change for clients, and if so, how much change they had experienced. The CORE data asks 10 questions about how they have been over the period since the last session and should see if there is any change. It should be completed before therapy, during, the last session and then a follow up. This will then give a clinical score which will assess if the client still needs therapy or not. As well as this, the Outcome Star considers any changes in other areas of physical health, mental health, self-confidence / self-worth, safety, high dependency / addiction, and support network.

Having identified the material stakeholders for analysis, table 2 highlights the size of the populations, the sample size engaged with and the method of engagement.

Unlike quantitative methods, qualitative interviewing does not have a statistical method for identifying the relevant number of interviews that must be conducted. Rather, it is important

¹⁶ Clinical Outcomes in Routine Evaluation. <http://www.coreims.co.uk/index.html>

¹⁷ Outcome Star <http://www.outcomesstar.org.uk/>

to conduct sufficient number until a point of saturation is reached – this is the stage at which no new information is being revealed.

Table 2 – Stakeholder Engagement

Stakeholder	Population size	Method of engagement
Clients – Those who are victims of rape or sexual abuse <u>as an adult</u>	93	5 x Phone Interviews Looked at data already available (Outcome star and Core)
Clients – Those who are victims of rape or sexual abuse <u>as a child</u>	171	11 x Phone Interviews Looked at data already available (Outcome star and Core)
Volunteer Counsellors	27	1 x focus group (4 present) 3 x phone interviews 11 completed survey
RASASC	1	Meeting with Manager and Deputy Manager Attended AGM with staff, trustees and volunteer counsellors Meeting with all trustees.
NHS	1	Direct contact with NHS departments was not possible for this analysis. However, the information collected from those directly involved in the service and data from RASASC provided sufficient information to arrive at reasonable estimations of impact.
SARC	1	Phone interview with the SARC Manager.

4.0 Project Inputs

This section of the report describes the necessary inputs from multiple stakeholders. Some inputs are financial, whereas others are not – yet where possible inputs are monetised. Without the necessary complement of inputs from various material stakeholders the project would not be possible.

Clients

Due to the nature of this service, the clients input is vital for any impact. For those who have experienced the abuse years ago, especially those in childhood, this may be the first time that they are discussing what happened to them, or as many said “opening the box” where their secrets have been kept for so long. For many, trust is also an issue, therefore the ability to trust the counsellor and willingness to open up is also an input needed. This is a voluntary service and they can be referred by SARC, Police, GP or self-refer.

Their time will not be monetised here and although some may need to travel to their appointments, the service is available in various areas within the community so we will not be including this either.

Volunteer Counsellors

The counsellors give their time to ensure that this service is available and without their contribution the service wouldn't be available. Although their time is donated without charge, it is still reasonable for this to be monetised as it represents the opportunity cost to the volunteers. Potentially, if they weren't volunteering their time, they could offer their expertise elsewhere and be paid. Many do some paid counselling work as well as volunteering for RASASC. Therefore, the standard hourly wage for a counsellor is used as a

suitable approximation of value for each hour of time volunteered. RASASC do occasionally pay for some counselling sessions to assist them in reducing their waiting lists, and pay a contribution fee of £25 an hour, so this will be used as a standard hourly wage for this analysis. A total of 1,730 counselling sessions were provided which means 1,730 hours given by counsellors. An estimate was given of 20% of counselling sessions as being paid a contribution fee by RASASC, therefore 80% of the counselling sessions as being done voluntarily which means 1,384 hours volunteered. Therefore

1,384 hours volunteered @ £25 per hour = Value of the input by volunteers is
£34,600

RASASC

RASASC is a charity and this service is funded by various sources and managed by the organisation. The total amount of funding invested into RASASC's counselling service from various sources is £175,735.

The staff is available to support the volunteer counsellors and provide mentoring, training and personal development opportunities and general support and guidance. For the volunteers to continue giving their time they need to feel supported which is something that was overwhelmingly demonstrated in the interviews and surveys. RASASC are already taking steps to further this support by introducing new Supervisor Roles to the organisation to support the volunteers.

National Health Service

In 2015-2016 the Betsi Cadwaladr University Health Board gave RASASC £40,000 funding which accounts for 23% of their total funding in 2015-2016.

Total monetised inputs

The total inputs for the project over the 2015-2016 period have been calculated as £210,335 created by both financial and non-financial inputs from the range of stakeholders above. This information is displayed in table 3, and is compared to the costs per individual client or stakeholder.

Table 3 – Total Monetised Inputs for RASASC

Stakeholder	Financial input	Non-financial input	Cost per key stakeholder
Clients	N/A	Time and willingness to engage with the service and trust given to counsellors.	N/A
Volunteer Counsellors	(£34,600)	£34,600 given by volunteers' time. Time, skills, determination	£1,281 per volunteer counsellor
RASASC (different funding streams managed.)	£175,735 minus £40,000 from NHS incl. below = £135,735	Skills and determination of staff and Board of Trustees	£135,735
NHS	£40,000	N/A	£40,000
Totals	£210,335		

5.0 Outputs, Outcomes & Evidence

The immediate outputs for RASASC is the number of clients they have supported and the number of counselling sessions that has taken place for clients.

This analysis is based on the data from 2015-2016 period, and over this year, 264 clients received counselling sessions. This data is divided into the nature of incident, having occurred when the client was either a child or an adult. This data is represented below;

Nature of assault – Adult, Recent / Historic	93
Nature of assault – Child abuse	171

Segmenting stakeholders allows us to recognise if there are any differences in their outcomes and any patterns that might assist RASASC to make any changes in the future in how they offer the service to clients based on the nature of assault, for example, the number of sessions or type of counselling received.

Due to the sample size and the data available, our results are segmented as above, but future recommendation would be to look at 6 segments to assist the organisation in planning the service according to the clients' needs.

1. Female Child Abuse
2. Female Adult Recent
3. Female Adult Historic
4. Male Child Abuse
5. Male Adult Recent
6. Male Adult Historic

For the clients, there were 1,994 sessions provided, which includes the initial meeting that is required as part of the sessions. The initial assessment will sometimes be done by staff, Support Workers or by Counsellors. This assessment only analysis the impact of counselling sessions, which is 1,760 counselling session (1,994 -264 initial assessment meeting). It is worth noting however, that the initial meeting can also be seen as part of counselling and contributes to the outcomes recognised, but with the principle of not over-claiming we will concentrate on the specific counselling sessions.

As RASASC has given an estimation of 20% of sessions being paid for at a contribution fee of £25 an hour, for the volunteering aspect we will only look at 1384 sessions and therefore 1,384 hours being volunteered in 2015-2016 by the counsellors, which is an average of 51 sessions per volunteer annually.

Table 4 below summarises all the stakeholders, their outputs and looks at all possible outcomes considered after engagement with all stakeholders. Consideration is given to what is included and excluded and the Chain of Change can be seen in Appendix 1 and 2.

Table 4 – Stakeholder Outcomes

Stakeholder	Outputs	Outcomes	Included / Excluded
Clients (all segments)	6.5 number of counselling sessions on average per client plus 1 initial meeting.	Improved Mental Health	Included – this is a key outcome experienced by clients and is both significant and relevant.
		Improved Physical Health	Included – this is a key outcome experienced by clients and is both significant and relevant.
		Better able to cope	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		Increased confidence	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		Better able to form / develop / keep relationships	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to the 'Improved relationships with others' outcome. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		Increased self-esteem	Included – this is a key outcome experienced by clients and is both significant and relevant.
		Improved relationships with others	Included – this is a key outcome experienced by clients and is both significant and relevant.
		Worsened mental health	Included- From the sample that were engaged with and the data collected, there were those who experienced negative outcomes as a result of the counselling. Therefore, this was both relevant and significant and should be include to assist with management of these in future.
		Worsened physical health	Included- From the sample that were engaged with and the data collected, there were those

			who experienced negative outcomes as a result of the counselling. Therefore, this was both relevant and significant and should be include to assist with management of these in future.
		Decreased self- esteem	Included- From the sample that were engaged with and the data collected, there were those who experienced negative outcomes as a result of the counselling. Therefore, this was both relevant and significant and should be include to assist with management of these in future.
		Less able to form relationships	Included- From the sample that were engaged with and the data collected, there were those who experienced negative outcomes as a result of the counselling. Therefore, this was both relevant and significant and should be include to assist with management of these in future.
Volunteer counsellors	1384 number of hours volunteered annually average of 51 sessions per volunteer.	Increased confidence as a counsellor	Included - this outcome was both relevant and significant
		Gaining employment	Excluded – although some of the counsellors discussed how their training and experiences had helped develop their career path, this was not significant.
		Increase sense of purpose and self-worth	Included – this outcome was both relevant and significant with a 100% of those completing the survey recognising a change.
		Increased level of stress and anxiety	Excluded – although we heard examples of this in some cases, this was not significant with only 2 reporting some change in the survey.
		Increase in concern about personal safety	Excluded – although we heard examples of this in some cases, this was not significant with only 2 reporting some change in the survey.
		Feeling more isolated because of my role	Excluded – although we heard examples of this in some cases, this was not significant with only 2 reporting some change in the survey.
NHS	Reduced potential	Potential cost reallocation as a result of reduced number of	Included – Due to the nature of the service, the clients would have needed to access counselling elsewhere due to the symptoms they were experiences as a result of their

	demand on service	people needing treatment for depressions - incl. counselling appointment through GP (standard 6.3 sessions)	traumatic experiences. The material outcome to the clients means this outcome is both relevant and significant.
		Potential cost reallocation as a result of reduced number of GP appointments due to Increased mental health and improved physical health	Following our engagement with the clients, and the material outcomes for the clients, the reduce in demand is both relevant and significant.

Material Outcomes for each stakeholder

5.1 Clients

Outcome 1 – Improved Mental Health



The relationship between sexual abuse, especially in childhood, and adverse mental health in victims is well evidenced.

“Negative mental health effects that have been consistently associated in the research with child sexual abuse include post-traumatic symptoms; depression; substance abuse; helplessness; negative attributions; aggressive behaviours and conduct problems; eating disorders and anxiety.” (p. 8 The Long-term effect of child sexual abuse).

All clients that took part in this analysis had experienced one or more of the mental health conditions mentioned above, and a high percentage had also said that at times they did have suicidal thoughts.

For many, this counselling service was the first time they had been able to face what had happened to them, and to “open the box” that many had hidden their secrets in. The initial meetings were challenging for many, and their mental health was reported at being worse

initially. This is also seen in the Outcome Star where some showed deterioration before there was any improvements seen. Great attention then needs to be given in these first sessions where potential harm can be caused, and many of the counsellors expressed that they do prepare their clients for some possible negative feelings that they may experience as a result of counselling.

One client mentioned how she was crying after every session and initially didn't see how this was helping, but then over time she started to feel better and recognised the change and although she still suffers with Post Traumatic Stress Disorder, she feels she is better able to cope,

“The me before counselling and after counselling is very different.”

Many clients discussed how they are given tools to help them cope with their issues. Although many still suffer from mental health issues such as anxiety and depression, they feel they do have the tools there now to help to face them,

“I've done things that I didn't know I was capable of.”

This outcome is consistent with those identified in another RASASC organisation based in London which provides a similar service but is only available for women. One of the key outcomes they identified when engaging with clients was better mental and emotional health, and the percentage of change that they had identified following face-to face counselling was 28%.

“Women who access their services report significant benefits, particularly those who receive long term counselling support (for up to 12 months). “(p. 53 Hidden value)

In this analysis, the distance travelled for those who had been assaulted as an adult is 26%. However, the distance travelled for those who had experienced abuse as a child was only half this movement at 13%. This highlights the more challenging nature of counselling when dealing with someone who had experienced these traumatic events as a child, and also suggests that counselling might be required for a longer period of time for these clients to experience the same movement in improving their mental health.

As seen in the Chain of Change above, this ability to cope better allows them to deal with matters differently that they might have done previously. The Social Impact Report 2015¹⁸ for Ascent Advice & Counselling also saw Improved mental health and self-care as an outcome of services for women affected by domestic and sexual violence in London. The report discussed how the women were better able to recognise the symptoms of their mental health conditions so they could seek support or have the information needed to deal with things differently which supports the information that clients of RASASC revealed during engagement.

Outcome 2 – Improved Physical Health

The Chain of Change can be seen in Appendix 1 and 2. After establishing trust and being able to open up many start to realise that what happened to them was not their fault, and the feelings of guilt they had experienced started to reduce. Once that realisation is established, clients identified that they were able to make better informed decisions and reduce negative

¹⁸ Riley, L. (2015) Social Impact Report 2015: Ascent Advice & Counselling. For women and girls affected by domestic & sexual violence. Ascent.

behaviours. For some this meant reduced alcohol or drug intake, for others it meant making better informed decision about who they allowed in their life.

Clients reported being in better health in general due to the counselling. Through engaging with the counsellors, it was recognised that clients were better able to take care of themselves medically through basic GP visits and Dentist appointments as previously they would often not have been able to allow someone to examine them physically.

The distance travelled here for both segments of clients were familiar and there was no significant difference recognised.

Outcome 3 – Improved Self-Esteem

As previously discussed, clients often struggled with feelings of guilt and shame due to the traumatic events that had happened in their lives. One client described how she was unable to wear any make-up as it felt she would be attracting unwanted attention to herself.

Clients described their ability to cope better following counselling which led to them feeling more confident in general. This ability to cope was something that came over strongly in those clients that had experienced positive changes. Many described being given the “tools” to help them deal with situations that previously could have led to anxiety and stress.

In the Hidden Value report¹⁹, which looks at another Rape and Sexual Assault support centre in London, 71% of women who had received counselling recognised being “more in control”,

“This showed that the average magnitude of improvement for all women using face-to-face counselling was 28% by the end of the counselling course. The stakeholder engagement showed

¹⁹ Hidden value: Demonstrating the extraordinary impact of women’s voluntary and community organisations. Women’s resource centre. November 2011.

that this was reflected in three distinct outcomes; feeling safe, more able to participate in society, and better overall mental and emotional health.” (p.49)

The distance travelled that we had for self –esteem from the sample for data from the Outcome Stars, supported by our engagement was 27% for those who had experienced assault as adults. However, again the distance travelled for those that suffered child abuse was much lower at 15%, which again suggests that further counselling is needed for this segment of stakeholders to experience the same amount of positive change.

Outcomes 4 – Improved relationships with others



Some of the clients that took part in this analysis recognised significant change in their ability to maintain and form relationship. One client was soon to be getting married, something she mentioned that she could not have imagined previously. Another client discussed having a better relationship with her children due to the positive changes that she had as a result of counselling,

“I’m a changed person now.”

Trust and guilt seemed to be two major barriers for many clients to maintain and form relationships. Again, for many the acceptance that the incidents were not their fault helped them to cope better with the traumatic experiences and allowed them to start trusting others.

The distance travelled for those that had received counselling as a result of an assault in adulthood was 24%, however, for those that had counselling as a result of child abuse, this movement was significantly lower at only 9%. As with the other material outcomes identified, it suggests that further counselling is needed for these clients to experience a more lasting and positive impact.

Negative outcomes for Clients

As seen in the Chain of Change in Appendix 1, for clients who do not follow the path to successful change, for some there will be no change or possible negative outcomes. Some client that took part in the analysis did feel worse and some of the data from the Outcome Star also supported this. Due to the vulnerability of the clients, counselling might not give them immediate positive changes.



Outcome 5 – Worsened Mental Health

As was mentioned previously in this report, those first few sessions of counselling can be challenging because for many they are starting to face something that might have been hidden for many years. For those who do not engage with counselling or finish counselling before they have reached the start of ‘better being able to cope’ they could leave the service feeling no change, or potentially worse.

When engaging with clients, they frequently stated that approximately four sessions were required to reach a position where they started to feel ready to engage and could trust the counsellor. Based on the data given for the number of clients and counselling sessions in 2015-2016, the average number of sessions per client was 6.5. However, this is inconsistent with the information given to us by the clients and staff where session tended to be at least 10 and could last as long as 1 year where needed. Based on the figures however, this would only allow 2.5 sessions for the clients to start having any positive outcomes based on the counselling, which is very limited.

It is worth noting, that all clients who participated in the research were positive about the service. However, for those who did not have specific change they used words such as 'frustration' and one client said that the service,

"unlocked a lot of things and brought them to the surface" but was then "left hovering".

In particular, there was a significant level of negative change for some clients who had experienced their incident as adults, and provides further evidence of the need to carefully manage the experience of clients to ensure they experience positive changes as a result of an intervention.

Outcome 6 – Worsened Physical Health

As with the worsened mental health, the same can be identified for all other outcomes where clients had sought support but for various reasons meant it was unsuccessful and therefore there could be no change, or as identified with some negative change.

Outcome 7 – Decreased self-esteem

For adults, there was no negative outcomes here based on those engaged with. However, for those having counselling due to abuse as an adult, there was a negative change of -10%.

Outcome 8 – Less able to form relationships or negative feeling at being unable to form relationships.

For those that took part in the analysis, some mentioned at the end of counselling feeling ready to form friendships and start relationships. However, when that did not happen for them, this resulted in negative feelings of disappointment. In the recommendation section of this report, possible small changes and partnerships are offered to ensure that the positive outcome around relationships can continue to improve. Table 5 summarises the extent of change for each outcome.

Table 5 – Extent of Change Experienced

Outcome	Male and Female childhood incidents	Male and Female adult incidents
Improved mental health	13%	26%
Improved physical health	24%	23%
Improved self-esteem	15%	27%
Improved ability to form relationships	9%	24%
Worsened mental health	-10%	-57%
Worsened physical health	-20%	-20%
Decreased self-esteem	-10%	0%
Less able to form relationships	-24%	-20%

5.2 Volunteer Counsellors

Many of the volunteers started their journey as a counsellor by volunteering with RASASC. When training to be a counsellor, they are required to complete a specific number of hours of counselling experiences, and for many this opportunity was available for them as RASASC. For others, they wanted to volunteer their time to support people and many stayed after they qualified as they felt they needed to continue to give something back to society but also to continue their professional development as a counsellor.

The organisation discussed the difficulty sometimes of retaining volunteers after they have gained their qualifications and completed their training experience needed to qualify. However, many of the counsellors that engaged with this analysis had volunteered with RASASC for several years.

Increased confidence as a counsellor

RASASC is a specialist counselling service for those who had traumatic experiences of sexual abuse as a child or as an adult. Many of the volunteers saw that volunteering with RASASC would help them to develop as a counsellor as they would be dealing with extremely “difficult cases”. In the survey, 80% said they chose to volunteer at RASASC as they would be able to gain more experience and 54% said they were interested in this line of work. Many were also complementary of the training they receive to further their personal development.

When discussing some of the cases that they have, they explain the joy of seeing how they help that person develop,

“It’s really rewarding when you see someone come to you in real despair and they leave as someone else.”

“It’s a pleasure to see them develop, like a flower blooming.”

The majority of the counsellors were very complementary of the staff at RASASC and that they do feel very supported. Although one volunteer mentioned that she sometimes felt isolated, others mentioned that they always felt reassured that staff was there to support them at the end of the phone.

This is supported by the research conducted with volunteer counsellors in Scotland in 2003²⁰. The research identified three reasons why qualified trainers tend to give their time to organisations, and for many this included a commitment to organisation who had helped them train. It also discussed how counselling courses have become more popular but the paid work available isn’t as greatly available, and therefore volunteering to continue their personal development is considered positive.

Increased sense of purpose and self-worth

The majority of the volunteers said they continued to volunteer with RASASC because of the satisfaction they feel from actively helping others. In the survey a 100% said that they had experience some change in this outcome. Below are some of the quotes from the volunteer counsellors,

‘great satisfaction from interacting with clients, and find it a very meaningful way to spend my time’

‘it brings me great joy when I see people move from a situation that is very negative to something better’

²⁰ Bondi, L. Fewell, J. Kirkwood, C. (2003). Working for Free: A fundamental value of counselling. *Counselling and Psychotherapy Research*, Vol 3, No 4.

'it's really rewarding when you see someone come to you in real despair and they leave as someone else'

'seeing someone change before your eyes'

'to feel a sense of purpose and self-worth'

'I have found my experiences at RASASC to be purposeful, frustrating at times, rewarding at times, but always highly life enhancing.'

Many decided to choose counselling as their career path and some have gained employment as a result.

The study done in Scotland again supports this,

"Third, encompassing and extending the preceding points, many of those interviewed expressed a profound personal commitment to volunteer counselling in ways that echo ideas about the unique value of uncommodified gift relationships (Titmuss, 1973)." ²¹

This is seen in the comments given by the counsellors above of the value and the rewarding nature of helping others.

In the Social Impact Report for 'Ascent Advice and Counselling' 2015, the impact on the counsellors are also considered and supports the findings of this report. There were 'Increased work skills to improved career prospects' and 'Being more Fulfilled'.

"...respondents reported that volunteering with Ascent A&C has given them new, valuable, transferable knowledge and skills and changed their attitude too." (p.42 Social Impact Report 2015: Ascent Advice & Counselling.)

²¹ Bondi, L. Fewell, J. Kirkwood, C. (2003). Working for Free: A fundamental value of counselling. *Counselling and Psychotherapy Research*, Vol 3, No 4.

As well as this, seeing the positive changes in clients gives a rewarding sense of satisfaction that may be difficult to find in some other volunteering roles.

Potential Negative Outcomes for Volunteers

All volunteers were asked if they had experienced any potential negative outcomes. One explained that she had concerns for personal safety and in the survey 54% said there was a little or some change in their concern about safety. 36% said they had a little or some increase in feeling more anxious or stressed now because of their role. In the focus group, it was discussed that the role can sometime be quite isolating at times as you are dealing with these very traumatic experiences, but they did say that you do develop a greater acceptance that sometimes they need to take a step back.

Counsellors as well as staff did raise the issue of inappropriate referrals being made for clients that can lead in to the anxiety and stress for counsellors. This included referrals that needed psychiatric support and that counselling was not the suitable option at the time for that client.

National Health Service

All outcomes to the NHS relate to the potential for cost reallocation related to avoided demand on services. There is much evidence to suggest how sexual abuse has a detrimental impact on mental and physical health. The material outcomes for the clients will therefore likely have impacts on services, and evidence from this analysis and from other previous studies was used to make appropriate estimates.

The nature of this service, allows consideration for reduced demand on the counselling service provided through NHS which usually provides an average of 6.3 sessions to patients according to

The Health and Social Care Information Centre (2015) Improving access to psychological therapies (IAPT)²².

²² The health and social care information centre (2015) Improving access to psychological therapies (IAPT)

<http://content.digital.nhs.uk/catalogue/PUB17880/IAPT-month-Apr-2015-exec-sum.pdf>

6.0 Valuing Outcomes

The difference of using SROI to other frameworks is that it places a monetary value on these outcomes. By using monetisation, it allows us to not only give the story of what's changed in people's lives but also allows us to put a value on these changes so we can compare costs and outcomes. This isn't about putting a price on everything, but it allows us to demonstrate what impact the service has on other stakeholders and possible savings an intervention can create. It also goes beyond measuring, and allows organisations to manage their activities to ensure the best possible impact is created for those that matter them the most, the clients.

Impacts of RASASC Counselling Service

SROI analysis uses accepted accounting principles to calculate the overall impact of activities. Considering any deadweight, attribution, displacement, and drop-off factors, means that SROI analyses will avoid over-claiming value that is not a result of RASASC's activities. The boxes below outline each of the impact factors.

Deadweight

This asks the likelihood an outcome could have occurred without an activity taking place. So for example if it is believed that there was a 10% chance that someone could have found work without a training programme, the value of that outcome is reduced by 10%.

Attribution

Considers what proportion of an outcome is created by other organisations/individuals, so can therefore not be legitimately claimed by the SROI analysis. For example, if external agencies also support someone receiving training, that organisation is responsible for creating some of the value, not just the training organisation.

Displacement

This asks if an outcome displaced similar outcomes elsewhere. This is not always a necessary impact measure, yet must be considered. For example, if a project reduces criminal activity in one area, which results in increases in other locations, there is a need to consider the displaced outcomes.

Drop-off

Outcomes projected for more than one year must consider the drop-off rate. This is the rate at which the value attributable to the focus of the SROI analysis reduces. For example, an individual who gains employment training may in the first year of employment attribute all of the value to the training organisation, but as they progress in their career less value belongs to the initial initiative owing to their new experiences.

Valuation methods used

Clients

For all material outcomes identified by clients the Value Game²³ was used to monetise these outcomes which doesn't have a market value. The Value Game compares soft outcomes to material goods / services that we can buy allowing us to place a value on these important changes identified. The Value Game allows the clients to decide how much value they would put on these outcomes they have identified. The Value Game fully complies with principle 1 of SROI which is to **involve stakeholders**.

All interviews were done over the phone due to the confidentiality nature of the service, although, it was still possible to use the Value Game to allow the clients to place a value of these changes. Clients were generally willing to take part and prioritise their outcomes in order of importance, and then create a second list of market value goods/ services that they then prioritised as what would be most valuable to them. Due to this being a phone interviews, a list of general goods and services was given to the clients, however, they had the freedom to remove any from the list if it had no meaning to them, or to add to the list if needed. Compared to playing this in the same room, it was restrictive to the clients that they could not visibly see the lists in front of them, however, the outcomes and list of material outcomes were repeated to ensure their understanding and to ensure the order given.

In most case where the changes identified were positive, all the outcomes were considered to be more valuable than any of the goods / service used for comparison. The outcomes could therefore be identified as being at least as valuable as the market goods / services they had identified as most valuable. As everybody values things differently, all values were listed and an average was taken to use in the impact map.

²³ Scholton, P. (2016). www.valuegame-online.org

Furthermore, where it is possible to provide a reasonable comparison of outcomes to those on existing wellbeing valuations (i.e. high confidence, relief from depression/anxiety and feeling in control over life), it was discovered that these alternative options had a higher monetary value – and as such we have avoided over-claiming by not using this source. For example, in HACT'S Social Value Calculator (version 3), Relief from depression / anxiety in adults (Code HEA1602) is valued at £36,706 which is significantly higher than what we identified through the value game. Confidence was therefore given in the valuations that we were not over-claiming.

It is important to note that change is rarely binary. When clients have experience change, it is unlikely that there will be a 100% change, despite some clients seeing it as a complete change. Data from the Outcome Stars provided the average movement for each outcome. Also, the Outcome Star allowed consideration of movement with negative outcomes which was more difficult during the phone interviews.

The distance travelled allowed us to calculate an appropriate proportion of the value identified, multiplied by the quantity of clients experiencing the change. These can be seen in the impact map and the Base Data information in Appendix 5.

Volunteers

The valuations for the outcomes identified to the Volunteer Counsellors were taken from HACT'S Social Value Calculator (version 3)²⁴. However, the survey provided to the volunteers through Survey Monkey provided a distance travelled on how much change was experienced. The possible outcomes were first identified through the focus group and 3 further interviews with Volunteer Counsellors. They were then asked to choose for each change one of the following;

- Doesn't apply to me

²⁴ HACT well-being valuations. Available at <http://www.hact.org.uk/value-calculator>

- A little change
- Some change
- Quite a lot of change
- A lot of change

The results can be seen in Appendix 4. This identified the average movement which could then be applied to assess the equivalent value. For the two material outcomes identified, 100% of the volunteers engaged with had experienced some form of change, however, as previously stated we only took a percentage of that change.

National Health Service

To put a value on the reduced potential demand on the NHS, the published Unit Costs Health and Social Care 2016, by PSSRU²⁵ was used. Clients were asked if there were any changes in their use of health services, and when it came to reduction in use due to mental health problems this was identified clearly, with many talking about reduction in medication. However, as was identified by counsellors and staff, some might visit more often now due to them allowing themselves to be examined which in the long term could prevent more acute illnesses. A reduction of 12 appointments per client a year was identified and was then multiplied with the cost of a GP appointment based on the information in PSSRU which is £31 for an average appointment of 9.3 minutes.

There was no cost in the PSSRU document regarding the cost of a counselling session. The NHS notes that private counselling can vary from £10 to £70 per session. Due to the severity of the experiences that RASASC clients have experienced, it is possible to look at the higher amount. However, in the document “Paying the Price” produced by the King’s Fund in 2008, they look at

²⁵ Curtis, L. Burns, A. (2016) Unit Costs of Health and Social Care 2016. PSSRU.

the cost of mental health service up to 2026. This gave a figure of £2,085 in 2007 for people who are suffering from depression and are in contact with services. Although this figure might be a little out of date and is likely to have increased, this figure was used to ensure no over-claiming of impacts.

Secondary research from the Mental Health Foundation (2016) highlighted that 28% of males, and 19% of females would not seek medical support for mental health concerns. Therefore, we have reduced the potential number of clients that would have alternatively sought medical assistance by these figures.

Table 6 outlines some examples of how valuations were used in the impact map and to lead us to the final Social Return on Investment results.

Table 6 – Examples of Outcome Valuations

Outcome	Identified value	Value of average distance travelled	Quantity of stakeholders experiencing outcome
Clients – abuse as an adult; Improved mental health	Average of value games revealed value of £6,365. Average number of counselling sessions was 6.5 plus 1 initial meeting based on RASASC data; clients engaged with analysis who had positive outcomes had lasted at least 6 -12 months after.	Distance travelled was calculated using the 10-point scale in Outcome Star. Positive adult change was an average movement of 2.6 = 26%. Therefore 26% of the value of £6,365 is £1,655. Although based on low sample size the results were in line with the tone of interview comments – this was cited as an extremely significant change.	77 clients had experienced this change which is 81% of the clients in this segment. This 81% is based on the data from the Outcome Star where positive change was reported.
Clients – suffered child abuse; Improved relationships with others	Average of value games revealed value of £8,188. Average number of counselling sessions was 6.5 plus 1 initial meeting based on data given; clients engaged with analysis who had positive outcomes had lasted at least 6 -12 months after.	Distance travelled was used using the 10-point scale in Outcome Star. Positive adult change was an average movement of 0.9 = 9%. Therefore 9% of the value of £8,188 is £737. Average movement for this client group tended to be lower than for those who suffered abuse as adults. Although based on low sample size the results were in line with tone of interview comments – this was cited as an extremely significant change.	139 clients had experienced this change which is 81% of the clients in this segment. This 81% is based on the data from the Outcome Star where positive change was reported.
Volunteer Counsellors; Increased sense of purpose and self-worth	This value was taken from HACT Social Value Calculator – Regular Volunteering. £2,536	Taking the lowest point from the questionnaire scale (little change =0%, some change = 25%, some change = 50%, quite a lot = 75%, a lot of change = 100%) To avoid over claiming the mid-point of each option was used – results show $(2*12.5) + (1*37.5) + (5*62.5) + (3*87.5)/11 = 58\%$. We then took 58% of the value = £1,470	100% of those who took part in the interviews and the survey expressed they had some positive change here.
NHS; Reduced potential demand on service	£31 per GP appointment from PSSRU Health and Social Care Costs.	Based on engagement with clients, number of sessions would decrease by at least 1 appointment a month based on the severity of their mental and physical health conditions.	Based on evidence that 28% would be unlikely to seek medical support anyway, we have looked at 72% of clients who would otherwise have needed to seek medical support.

7.0 Establishing Impact

To assess the overall value of RASASC's counselling service outcomes it is important to establish how much is specifically a result of the project. SROI applies accepted accounting principles to discount the value accordingly, by asking; What would have happened anyway (deadweight)? What is the contribution of others (attribution)? Have the activities displaced value from elsewhere (displacement)? If an outcome is projected to last more than 1 year, what is the rate at which value created by a project reduces over future years (drop-off)? Applying these four measures creates an understanding of the total net value of the outcomes and helps to abide by the principle not to over-claim.

Deadweight

Deadweight allows us to consider what would happen if the service wasn't available. There is always a possibility that the clients would have received the same outcomes through another activity or by having support elsewhere. All clients that participated in the analysis were asked explicitly what could have happened if it wasn't for the support they received from RASASC. This question was also asked to other stakeholders such as SARC to ask what the impact would be without this counselling service.

Some clients had received some form of counselling previously through the GP, but was unsuccessful. One client said when asked what could have happened if it wasn't for this service,

"I would still be a broken woman. It's an invaluable service, please don't stop it." (Client)

A standard 6-week counselling session is available via GP however, this can mean a long waiting time and would be more general and less specialised. Other services are also available such as

Stepping Stones who RASASC works closely with, but eliminating RASASC would mean an increased, and impractical work load for them.

The counsellors were asked if they could have had the same outcomes from volunteering somewhere else. One counsellor did refer to her experiences of volunteering somewhere else that created negative outcomes for her, as she felt unsupported. Some mentioned the great feeling they have of seeing clients develop and improve through the sessions, something they might not get in some volunteer roles,

“It’s a pleasure to see them develop, like a flower blooming.” (Counsellor)

Through the focus groups, interviews, and the results of the survey reasonable estimates of deadweight are provided in the table below.

Outcome	Deadweight	Justification
Clients		
Improved mental health	30%	Clients were asked specific questions around deadweight. Many were unsure what other options were available. For some this was the first time they had accessed support. There is a possibility they could gain counselling either through other project, NHS, or by paying for sessions, although this is relatively unlikely for most, and is reflected in the low deadweight figure.
Improved physical health	30%	
Improved self – esteem	30%	Clients explained how they lived with feelings of guilt and disgust and had very low confidence. Again, there is the chance that counselling could be accessed elsewhere, but this specialised support offered them the tools to “cope” with their specific experiences.
Better able to form relationships	30%	Many of the clients recognised that the counselling helped them to make better decisions around relationships, and some felt they could trust people much more as a direct result of counselling. Again, a relatively low deadweight figure represents the likelihood of this outcome occurring without RASASC.
Volunteers		
Increased confidence as a counsellor	50%	This is based on the average of what the volunteers identified during stakeholder engagement. Some said that RASASC offered much more specialist experience that they would get in some alternative counselling roles.
Increased sense of purpose and self-worth	50%	This is based on the average of what the volunteers identified during stakeholder engagement. Many discussed how helping others and seeing how the clients developed through the

sessions gave them great joy, more that they might be able to witness in some other volunteering roles.

Attribution

Attribution allows us to recognise the contribution of others towards achieving outcomes. There is always a possibility that others will contribute towards any changes in people’s lives such as family members or other organisations. Attribution allows us to see how much of the change happens because of the support by RASASC.

Clients were specifically asked about how much of the changes happened because of RASASC. Some would say that outcomes identified were a 100% result of RASASC, however, to avoid over-claiming, some of the changes were attributed to others. The table below outlines the percentage of attribution given other in the creation of the outcomes and the reasoning behind these figures.

Outcome	Attribution	Justification
Clients		
Improved mental health	30%	For many, counselling was the first step to start dealing with very traumatic experiences and for some this would be kept away by others. However, though the engagement process others had been identified as assisting with positive changes such as the Police, GP’s, and friends or family
Improved physical health	30%	By allowing themselves to reduce negative behaviours and to allow themselves to make positive changes they have improved their physical health. Others were also part of this journey such as health care professionals, SARC and other voluntary organisations.
Improved self – esteem	30%	The counselling for many was the first steps to reduce negative feelings of guilt and to allow them to better cope. However, others could also be part of this journey such as friends and family.
Better able to form relationships	30%	For those who experienced some change here, they were more likely to have opportunities to form relationships through other social networks.
Negative outcomes	30%	The same level of attribution is given to the negative outcomes.
Volunteers		
Increased confidence as a counsellor	50%	A slightly higher level of attribution is given here. All counsellors were asked questions around attribution and an average was

		taken. Their confidence as a counsellor could also be attributed to the training that they receive and other work they do as counsellors through other employment or volunteering.
Increased sense of purpose and self-worth	50%	Although many expressed how volunteering for RASASC makes them feel a sense of purpose as they can visibly see changes in clients through their journey together, many also volunteers for other organisations or do paid counselling work and therefore some of this change should be attributed to those areas of work.

Displacement

We need to consider if the outcomes displace other outcomes elsewhere. For example, if we deal with criminal activity in one street, have we just moved the problem elsewhere.

Displacement does not need to be considered here as this service is very different to any other service. This service is available to anybody who has survived some form of sexual abuse and the lack of alternative services demonstrates that activities do not displace outcomes occurring elsewhere.

Duration & Drop-off

The majority of the clients that took part in this analysis had finished their counselling sessions anywhere from 6 months to 4 years prior, with one client still receiving counselling. However, due to the lack of data available post counselling, it is not appropriate to project benefits lasting beyond the point at which evidence is collected from clients. However, note should be given that caution should be taken to value for much longer beyond counselling due to the difficulty in engaging with stakeholder's post service because of the sensitivity involved.

For the volunteers, a duration of 2 years is used as the skills and confidence they have gained through their volunteering experiences is likely to be maintained for some time. Many of the volunteers engaged with had also been involved with RASASC for many years which indicated the duration of the positive outcomes being maintained. For these outcomes, a drop-off rate of 50% is given for the second year. Although the volunteers might still be involved with the

organisation there will be other factors that could also contribute to gaining these outcomes over years such as further training and other employment or volunteering experiences.

SROI Results

This section of the report presents the overall results of the SROI analysis of the counselling service provided by RASASC. Underpinning these results are the seven SROI principles which have carefully been applied to each area of this analysis. The results demonstrate the positive contribution that RASASC makes through the dedication of staff and volunteers, to create positive change in the lives of those that had been badly affected by the traumatic experiences in their lives.

By establishing trust with the counsellor and a willingness to open up, individuals were able to take those first steps to realise that they are not to blame for what happened to them, and allowed them to establish the tools needed to cope with what had happened. Although for some, they didn't have those positive changes, the overall results are still significant.

Table 7 displays the present value created for each of the included stakeholders who experience material changes. The present value calculations take account of the 3.5% discount rate as suggested by the Treasury's Green Book for outcomes lasting more than one year.

Table 7 - Total Present Value Created by Stakeholder

Stakeholder	Value created as a result of RASASC Counselling Service	Proportion of total value created
Clients – positive outcomes	£530,258	69%
Clients – negative outcomes	-£49,055 (already deducted)	
Volunteers	£13,438	2%
NHS	£228,746	29%

Table 8 - Present Value Created per Individual Involved

Stakeholder	Average value for each individual involved with positive changes	Average value for each individual involved with RASASC
Clients – adults (93 in total)	£3,663	£2,878
Clients – child (171 in total)	£1,999	£1,824

The above results indicate a positive return for clients who were abused as a child as well as those who were abused when an adult with significantly more value created for the latter group. This is a consequence of those clients experiencing an overall greater extent of change in the outcomes, as previously discussed. The overall results in table 9 highlight the total value created, the total present value (discounted at 3.5%), the net present value, and ultimately the SROI ratio.

Table 9 – SROI Headline Results

Total value created	£
Total present value	£787,426
Investment value	£210,335
Net present value (present value minus investment)	£575,091
Social Return on Investment	<u>£3.73:1</u>

The result of £3.73:1 indicates that for each £1 of value invested in RASASC, a total of £3.73 of value is created.

8.0 Sensitivity Analysis

The results demonstrate highly significant value created by the counselling service provided by RASASC, and is based on application of the principles of the SROI framework. Although there are inherent assumptions within this analysis, consistent application of the principle not to over-claim leads to the potential under-valuing of some material outcomes based on issues such as duration of impact.

Conducting sensitivity analysis is designed to assess any assumptions that were included in the analysis. Testing one variable at a time such as quantity, duration, deadweight or drop-off allows for any issues that have a significant impact on the result to be identified. If any issue is deemed to have a material impact, this assumption should be both carefully considered and managed going forward. To test the assumptions within this analysis, a range of issues were altered substantially to appreciate their impact. A summary of the results are presented in table 10.

Table 10 – Sensitivity Analysis Summary

Variable	Current assumption	Revised assumption	Revised SROI	Proportion of change
Clients; those that suffered abuse when 18+. Outcome – Improved mental health	Quantity; 75	Quantity; 40	3.60	3.5%
	Deadweight; 30%	Deadweight; 60%	3.61	3.2%
	Attribution; 30%	Attribution; 60%	3.61	3.2%
	Value; £1,655	Value; £800	3.58	4.0%
Clients; those that suffered abuse as a child. Outcome – Improved self-esteem	Quantity; 164	Quantity; 80	3.57	4.3%
	Deadweight; 30%	Deadweight; 70%	3.55	4.8%
	Attribution; 30%	Attribution; 70%	3.55	4.8%
	Value; £814	Value; £400	3.57	4.2%

Clients; those that suffered abuse as a child. Negative Outcome – Negative feeling due to being unable to form relationships	Quantity; 32	Quantity; 64	3.66	1.9%
	Deadweight; 50%	Deadweight; 75%	3.77	1.0%
	Attribution; 50%	Attribution; 90%	3.79	1.6%
	Value; £ -1965	Value; £-3000	3.69	1.0%
Volunteers – Increased sense of purpose and self-worth	Quantity; 27	Quantity; 13	3.69	1.0%
	Attribution; 50%	Attribution; 75%	3.69	1.0%
	Drop-off; 50%	Drop-off; 75%	3.73	0%
	Value; £1,470	Value; £700	3.69	1.0%
National Health Service - Reduced number of counselling appointments through GP (standard 6.3 sessions)	Quantity; 190	Quantity; 100	3.30	11.5%

Although some of the sensitivity tests indicate changes to the result, owing to the scale of the amendments made and the verification of assumptions and data with stakeholders, the results still indicate that if a single variable were significantly altered, the overall results remain highly positive. The most significant impact of the sensitivity analysis is based on the change to the quantity of stakeholders that would alternatively use NHS counselling services. Again, the sensitivity test uses a relatively large change, and although there is a great deal of confidence in the figure employed, it nevertheless indicates the importance for RASASC to carefully manage this issue in the future.

9.0 Conclusion

This report has demonstrated that RASASC has created £787,426 of value and for each £1 invested, £3.73 of value is created;

What that means in practical terms is that people's lives have been positively changed.

Following very traumatic experiences, the negative impacts in their lives can be seen through physical, emotional and psychological symptoms. For some clients, RASASC was able to offer one-to-one counselling sessions that allows them to identify positive changes in their lives.

For many, it took a few sessions of counselling to establish trust with the counsellor, but then after an increased willingness to open up they start to identify positive changes and are given the tools to cope better with the terrible abuse that they had experienced.

RASASC can continue to create even more positive impact in people's lives by helping them on those first few steps post-counselling. By possible partnership working and guiding clients to making those first few changes, the positive changes can have a more lasting impact.

This service would not be possible without the volunteer counsellors, who also gain positive changes through their involvement with RASASC. By giving their time to help others, they increase their confidence as counsellors and also get some satisfaction of being able to help others. As some counsellors said the pleasure of visibly seeing clients improving in front of them is rewarding,

"It's a pleasure to see them develop, like a flower blooming."

By offering counselling sessions to clients, there is a potential cost reallocation to the NHS due to reducing demand for counselling through the service, but also improving the clients' health and reducing demand on health services such as the GP.

However, the majority of the value belongs to the clients, who were able to start to eliminate negative thoughts and start to build their lives and identify positive changes. Charities like RASASC offers a lifeline for people who have suffered immensely at the hands of others. The impacts of sexual abuse are recently well documented, but so should the good work that charities such as RASASC do, who provides hope to individuals and allows them to cope better and to deal with such traumatic pasts. By finally allowing them to “open the box” they can start to deal with what happened to them and give them the confidence to create changes.

“I’ve done things that I didn’t know I was capable of.” (Client)

10.0 Recommendations

1. Create partnerships with other services to extend the value created for clients

In the majority of cases the counselling helped clients to begin to deal with very traumatic experiences in their lives. Clients talked about having the right “tools” to “cope better”. However, for some clients when counselling ended they felt unsure about their next steps. Some felt ready to form relationships or to try new things, but when this failed, some felt the same emotional and social issues arising again, and some even felt worse.

One client mentioned how the counselling had “unlocked a lot of things and brought them to the surface”, but when these were not dealt with through the counselling he felt worse as a result.

RASASC provide an extremely valuable service to people, and cannot be expected to address all needs and desires of clients. Therefore, by pairing up with other services, RASASC could ensure that they direct clients in the right direction to ensure that the outcomes they have started to experience through counselling could continue. This could include simply having the information to give them, or even making the referral on their behalf to other services.

These services could be Social Prescription Models that are available locally, befriending programmes or could be specific support such as projects for veterans, family based projects, sports related groups or anything related to their needs or interests.

Many of the clients talked about loneliness and isolation because of the traumatic experiences that they felt. Many also mentioned feelings of guilt and negative thoughts. By having something else to offer them post counselling, the benefits that many might have seen through counselling, can be further progressed to ensure better value creation.

As well as having an initial meeting, perhaps a **closing meeting** with a Support Worker or staff member can be an opportunity to discuss next steps. A pack could be prepared on what available services are available in the area and the Support Worker could guide them through and discuss preferences perhaps. This could ensure that all the positive outcomes they've had can be maintained and continue to change.

2. Data Collection

RASASC is currently collecting a lot of data through both the CORE data as well as the Outcome Star that is more focused on well-being. However, there was inconsistencies in how often this data was completed, and how the counsellors collected this information. Being able to have the baseline data and track the outcomes through their counselling would allow RASASC to track the impact and identify any partners that could help with internal decisions. It would also help to identify differences in client segments. In this report, the clients were separated into those who were abused as an adult and those who suffered abuse as a child and allowed us to see if there were differences in outcomes. Clients can be further separated as the table below;

Clients – Female Historic Child
Clients – Female Historic Adult
Clients – Female Recent (last 12 months)
Clients – Male Historic Child
Clients – Male Historic Adult
Client – Male Recent (Last 12 months)

Having more data available to track the outcomes and impact would allow RASASC to identify possible difference in their needs from counselling and would allow the Board of Trustees to make internal decisions that are based on better information about the impacts on people's lives.

As well as this, ensuring data is regularly submitted by counsellors is vital to ensure the best outcomes for both client and volunteers. Tracking the clients journey is important to ensure that the best results are possible, but can also help the organisation look at possible different needs for different segments of client to better inform internal decisions.

As well as having more consistent recording of data during counselling, we would also recommend contacting clients 6 months' after counselling ends to understand if the impacts of counselling are maintained. To know that we are having a positive impact, we need to engage with our stakeholders to understand any changes which might be intended, unintended, positive or negative. As well as this, for some clients also, they did feel that they would have appreciated having some contact post counselling, with two clients commenting on that our conversation with them was the first time they had heard from RASASC after their counselling sessions ended.

However, having spoken to the staff, trustees and counsellors there was agreement that follow-up engagement months after counselling could be damaging due to the nature of the service offered. There was a general concern that having a member of RASASC contacting them could bring up negative thought, or might risk having family members finding out about their involvement with the organisation where they might not have disclosed. One possible option that was discussed, is asking the clients if they are willing to be contacted 6 months afterwards and what would be the best method of contacting e.g. phone, e-mail, social media, letter etc.

Another option was to ask the clients to get in touch 6 months after, but the practicality of this might be difficult.

Acknowledging the difficulties and potential dangers of communicating with former clients, it should nevertheless be something that the organisation considers carefully. At the moment, there is no way to understand if changes in people's lives are maintained beyond the counselling sessions, and this information is crucial to understand if RASASC create sustained changes in the lives of clients, and how services can, if required, be changed to make lasting impacts.

With the **Outcome Star**, the measurement with High Dependency didn't seem to be understood by counsellors or clients and didn't fit in with the other measurements. As the score goes from 0 (very bad) to 10 (very good), many seemed to leave this out or were unsure what it meant. It is recommended that this health measurement is measured in a different format or that the description is changed. Clarity for what each score means as well would help clients to identify better at what level they are at. Staff could ensure that indicators are given to the counsellors to help them to communicate better about what level they are currently on and where they would like to aim for perhaps. Appendix 6 includes some examples of indicators used on other Outcome Stars for different projects.

3. Further support in the first few weeks of counselling

All clients that were engaged with, as well as the counsellors, discussed the difficulty of those first few sessions of counselling. For many, this might be the first time they have spoken to anybody and many described the process of "opening the box" that might have been locked away for many years. A few clients mentioned feeling very low and depressed between sessions with some mentioning having suicidal thoughts.

Further support might be needed between the sessions during the first 2-3 counselling sessions perhaps, such as an additional phone call or giving them the Support Phone line or access to other services. Some counsellors did explain that they do have the conversation with the clients after the first sessions that they may be feeling quite low after the first session and explained about support networks, however, from the clients point of view this was not always the case. It is therefore essential that all counsellors provide consistent information as to the likelihood of negative emotions, and the availability of complementary services. Improved communication of services available to support them during this time would increase the value to the client and reduce the possibility of negative outcomes.

4. How many sessions?

It's impossible to say what the correct amount of counselling sessions is to ensure positive change, as each client will have their own personal journey. However, what we can consider is the average amount of sessions it took for clients to start to recognise change, and also are there difference based on nature of assault, age, gender, social economic factors etc.

From those who engaged with the analysis that had positive changes, the average amount of sessions of counselling that it took for them to open up and start to trust their counsellor was 3-4 sessions. Considering the average number of sessions given in the 2015-16 period is only 6.5 sessions, this allows little time for positive change to happen. Clients are offered 10 sessions with RASASC but for various reasons they may leave the service early, while other might continue for up to 20+ sessions. Having the 10 sessions already means they are offered more than given through NHS which allows better opportunity for positive impact. What is essential is that stakeholder-informed data is used to inform the decisions as to the number of sessions

each client receives. Identifying the extent of change that is sufficient for each client will help RASASC to strike the difficult balance between helping clients and managing their waiting lists.

In the Hidden Value report that looks at the impact of a similar service in London, consideration is given to duration and to the process itself,

“If the client decides to access RASASC’s counselling, her sessions are held each week for 50 minutes, for up to 12 months to work with her to overcome and recover from the sexual violence she has experienced. Counselling provides the key to recovery from sexual violence and it is important that the woman feels in control of the process. RASASC provides a safe women-only space which is crucial to developing a feeling of safety and speaking about experiences of sexual violence.” (p.45)

As discussed in this report, clients were divided to those who suffered abuse as a child and to those who were adults when the incident / incidents took place. Although only small samples were taken here from one year sample, it is possible to see that the distance travelled in the changes that the clients recognised were less for those who suffered as a child. For example, in the outcome of improved mental health, the average distance travelled for those who received counselling as a result of an assault as an adult was 26%, but for those who suffered as a child this was half at only 13%. This suggests that longer counselling sessions should be offered to clients who suffered abuse as a child to ensure the same level of positive change from counselling.

5. Peer to Peer support

In line with the above recommendations of increasing the value to clients and assisting to hold their hand in those first few steps, there are other possible ways of ensuring on-going support is

available. There may be opportunity for former clients to support each other, or to support new clients either through group meeting or on-line through a Facebook page or a blog perhaps. There are examples of peer-led programmes where victims can support each other, but could perhaps be supported by the organisation by providing space, and by the initial setting up of the group. Examples of Peer led support groups include Survivors of Sexual Abuse Anonymous²⁶ and Coventry Domestic Violence and Abuse Partnership ²⁷

6. Counsellors

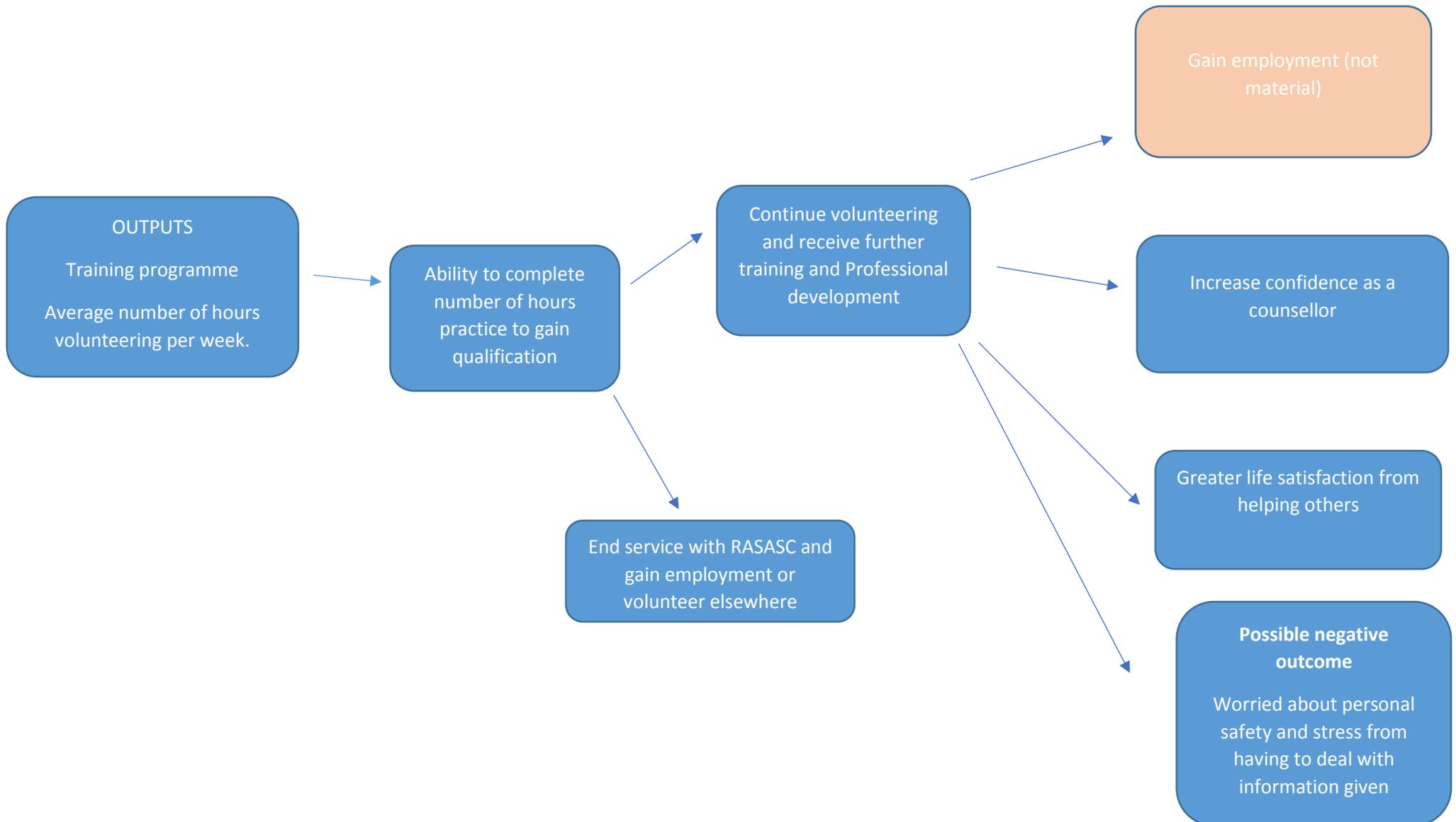
Counsellors that took part in this analysis felt supported by the RASASC organisation. During the focus group, many expressed the benefit of counsellors having the opportunity to discuss their experiences. Although difficult owing to the geographical scope covered by RASASC, this could be done quarterly where counsellors could come together to share experiences which might help them deal with their role.

²⁶ Survivors of Sexual Abuse Anonymous <http://www.sosaa.org.uk/>

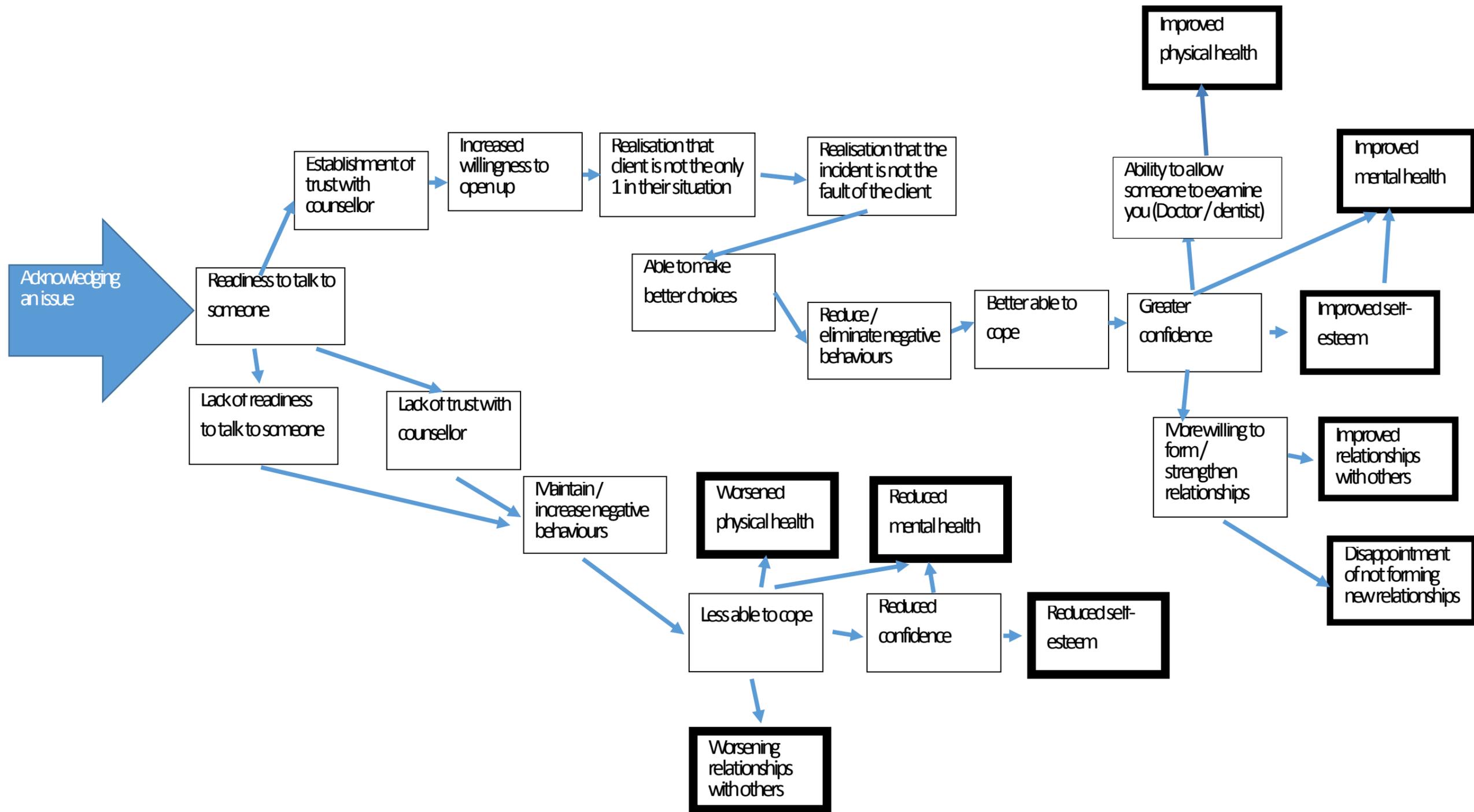
²⁷ Coventry Domestic Violence and Abuse Partnership <http://www.safetotalk.org.uk/support-services/peer-support-service-victims/>

12.0 Appendices

Appendix 1 – Chain of Change for Volunteers



Appendix 2 – Chain of Change for Clients



RASASC Counsellors

1. About how long have you been volunteering for RASASC?

Years

Months

2. What were the main reasons for choosing RASASC as a place to volunteer? (select as many options as appropriate)

- Needed a placement to do my Counselling course
- Wanted to gain more experience and skills in this area of counselling
- No other opportunities available
- Interested in this line of work
- Personal development
- Wanted to help others
- Other (please specify)

3. When volunteering to what extent did you feel a sense of personal satisfaction that you could not have gained doing something else?

- None
- A little
- Some
- Quite a lot
- A lot
- Other

4. Thinking about what you have experienced as a result of volunteering at RASASC, please rate each option below in terms of the amount of change you experienced.

	Doesn't apply to me	A little change	Some Change	Quite a lot of change	A lot of change
I have developed new skills	<input type="radio"/> I have developed new skills Doesn't apply to me	<input type="radio"/> I have developed new skills A little change	<input type="radio"/> I have developed new skills Some Change	<input type="radio"/> I have developed new skills Quite a lot of change	<input type="radio"/> I have developed new skills A lot of change
I have been able to gain	<input type="radio"/> I have been able to	<input type="radio"/> I have been	<input type="radio"/> I have been able to	<input type="radio"/> I have been able to	<input type="radio"/> I have been

	Doesn't apply to me	A little change	Some Change	Quite a lot of change	A lot of change
employment as a result of my volunteering	gain employment as a result of my volunteering Doesn't apply to me	able to gain employment as a result of my volunteering A little change	gain employment as a result of my volunteering Some Change	gain employment as a result of my volunteering Quite a lot of change	able to gain employment as a result of my volunteering A lot of change
I have more confidence as a counsellor	<input type="radio"/> I have more confidence as a counsellor Doesn't apply to me	<input type="radio"/> I have more confidence as a counsellor A little change	<input type="radio"/> I have more confidence as a counsellor Some Change	<input type="radio"/> I have more confidence as a counsellor Quite a lot of change	<input type="radio"/> I have more confidence as a counsellor A lot of change
I feel better from knowing I am able to help others	<input type="radio"/> I feel better from knowing I am able to help others Doesn't apply to me	<input type="radio"/> I feel better from knowing I am able to help others A little change	<input type="radio"/> I feel better from knowing I am able to help others Some Change	<input type="radio"/> I feel better from knowing I am able to help others Quite a lot of change	<input type="radio"/> I feel better from knowing I am able to help others A lot of change
I feel an increased sense of purpose and self worth	<input type="radio"/> I feel an increased sense of purpose and self worth Doesn't apply to me	<input type="radio"/> I feel an increased sense of purpose and self worth A little change	<input type="radio"/> I feel an increased sense of purpose and self worth Some Change	<input type="radio"/> I feel an increased sense of purpose and self worth Quite a lot of change	<input type="radio"/> I feel an increased sense of purpose and self worth A lot of change
I feel more isolated because of my role	<input type="radio"/> I feel more isolated because of my role Doesn't apply to me	<input type="radio"/> I feel more isolated because of my role A little change	<input type="radio"/> I feel more isolated because of my role Some Change	<input type="radio"/> I feel more isolated because of my role Quite a lot of change	<input type="radio"/> I feel more isolated because of my role A lot of change
I feel more stressed and anxious because of my role	<input type="radio"/> I feel more stressed and anxious because of my role Doesn't apply to me	<input type="radio"/> I feel more stressed and anxious because of my role A little change	<input type="radio"/> I feel more stressed and anxious because of my role Some Change	<input type="radio"/> I feel more stressed and anxious because of my role Quite a lot of change	<input type="radio"/> I feel more stressed and anxious because of my role A lot of change
I feel concerned about personal safety	<input type="radio"/> I feel concerned about personal safety Doesn't apply to me	<input type="radio"/> I feel concerned about personal safety A little change	<input type="radio"/> I feel concerned about personal safety Some Change	<input type="radio"/> I feel concerned about personal safety Quite a lot of change	<input type="radio"/> I feel concerned about personal safety A lot of change

Other (please specify)

5. If you were to stop volunteering at RASASC, how long do you think the changes you have experienced would last?

Years

Months

6. Thinking again about the changes you have experienced as a result of volunteering at RASASC, what do you think is the likelihood that you could have experienced the same changes volunteering somewhere else? (1=Extremely low likelihood; 10=Extremely high likelihood)

7. Still thinking about the changes you have experienced whilst volunteering at RASASC, it is very likely that other people and organisations (not including yourself or RASASC) have played a part. Please indicate the contribution of others. (where 1 = extremely low contribution from others to 10 = extremely high contribution by others.)

8. Finally, is there anything else you would like to add about your experience of volunteering for RASASC?



Appendix 4 – Volunteer survey results on changes in Outcomes

	Doesn't apply to me	A little change	Some Change	Quite a lot of change	A lot of change	Total	Weighted Average
I have developed new skills	0.00% 0	9.09% 1	9.09% 1	27.27% 3	54.55% 6	11	4.27
I have been able to gain employment as a result of my volunteering	81.82% 9	0.00% 0	0.00% 0	0.00% 0	18.18% 2	11	1.73
I have more confidence as a counsellor	0.00% 0	36.36% 4	0.00% 0	36.36% 4	27.27% 3	11	3.55
I feel better from knowing I am able to help others	0.00% 0	18.18% 2	18.18% 2	18.18% 2	45.45% 5	11	3.91
I feel an increased sense of purpose and self worth	0.00% 0	18.18% 2	9.09% 1	45.45% 5	27.27% 3	11	3.82
I feel more isolated because of my role	81.82% 9	0.00% 0	18.18% 2	0.00% 0	0.00% 0	11	1.36
I feel more stressed and anxious because of my role	63.64% 7	18.18% 2	18.18% 2	0.00% 0	0.00% 0	11	1.55
I feel concerned about personal safety	45.45% 5	36.36% 4	18.18% 2	0.00% 0	0.00% 0	11	1.7