



Chair's Annual Report 2023

For the operating period 1/1/2023 to 31/12/2023¹

The AGM was held virtually. This report has been approved by Trustees.
Date of AGM Thursday 7 March 2024 at 2pm.
Charity Name: Brighton Exiled/Refugee Trauma Service (BERTS)
Charity Registration Number: 1188586
Registered Address:
C/O REFUGEE RADIO 113 QUEENS ROAD BRIGHTON
BN1 3XG
Current Trustees: Professor Sally Munt (Chair), Tessa Louise Axelrod, Colin Michael Blowers, Reem Ali Abushawareb, Elizabeth West.
All Trustees were present at the AGM on 7/3/24

Introduction:

Aims and Structure of BERTS

BERTS became a Charitable Incorporated Organisation (CIO) on 17th March 2020 and was previously known as The Sanctuary Project which started treating clients in 2015.

2023 was our 8th year of operation and we have continued to expand and consolidate our operations as a registered charity.

BERTS is a dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service and is a predominantly voluntary service run for the benefit of the community. Although we are primarily a CBT/EMDR service, we also provide other accredited mental health interventions with other modalities/training, where appropriate. We also offer a limited number of therapist trainee placements.

BERTS offer free specialist trauma counselling and psychotherapy to local refugees, asylum seekers and/or destitute migrants to help them come to terms with their refugee journey and forced relocation in the UK. Our clients are typically suffering mental health impairment due to extreme trauma as a result of political, religious or cultural oppression, torture, war, trafficking

¹ First names or job titles are sometimes used in this report in order to protect the identities of those volunteers working in a small charity, as this report will be publicly available on the Charity Commission website. Please note that this report has been compiled in consultation with specific key roles/functions of BERTS staff.

and/or slavery. We are a 'safe' organisation and do not ask patients for proof of status. Currently our staff are predominantly unpaid and usually volunteer their time for free, so that mental health support can be provided free of charge to clients. We undertake a limited number of subcontracted treatments for local NGOs and/or Sussex Partnership NHS Trust. However, the principle of donated skills and time is our principal focus of operations.

BERTS is primarily managed on a day to day basis by the Chair of Trustees, Clinical Director and CEO, Professor Sally Munt, who receives referrals as Clinical Director from associated Voluntary, Community, and Social Enterprise [VCSE] organisations and statutory providers, principally NHS and Social Services, and subcontracted services for the homeless. Sally Munt is ably assisted by administrative and support staff Operations Manager Sally G who joined us in 2020, and who oversees the support workers and manages HR matters, by Alyshia G who is Projects Manager, David G IT Manager, and David L, Treasurer. There is a team of psychotherapists, a team of support workers, Trustees, and an admin team; CEO oversees and is responsible for all aspects of activities.

Matters Arising

A draft report was circulated to all personnel on 7 February 2024. Please feel free to notify the Chair with any matters arising by 28 February 2024.

Activities and Objectives

During 2023 we continued to follow BERTS founding principles as written in our Staff Handbook [revised 2023].

We did not have specific annual objectives for 2023 as our work is ongoing and is responsive to local need. However, we have stabilized staff during the year in response to raising our profile through various activities.

NHS referrals have doubled over the past few years and constitute the majority of referrals.

Our objective is to treat a referred patient within 6 months of being placed on the waiting list.

No patient has had to wait for longer than this during 2023; we have a waitlist for treatment as of January 2024 and we hope to continue with our 6 month limit although this may not be sustainable in the longer term, staff depending. During 2023 the Chair asked an HR Consultant to look over our policies and procedures to ensure we were properly addressing our liabilities, and minor changes to our handbook and processes were implemented.

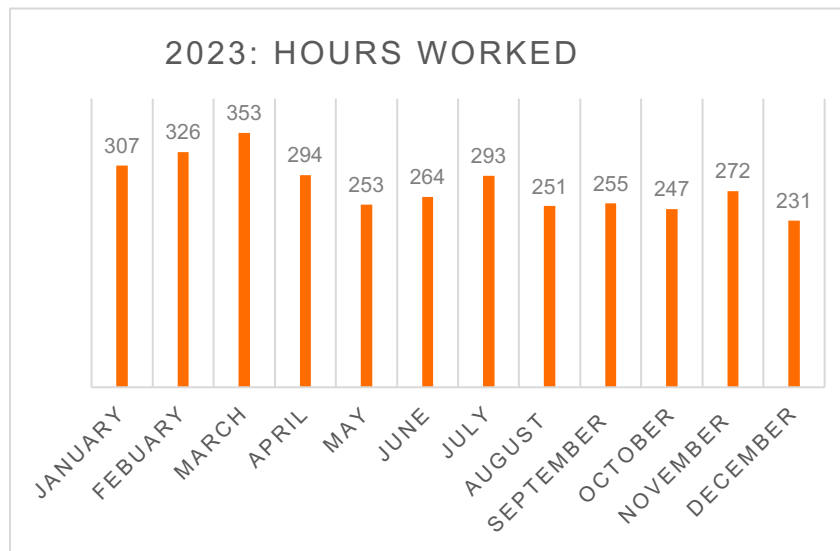
BERTS Amalgamated Service Hours/ Annual Timesheets

In 2023 we completed tasks with notional time distributed as follows:

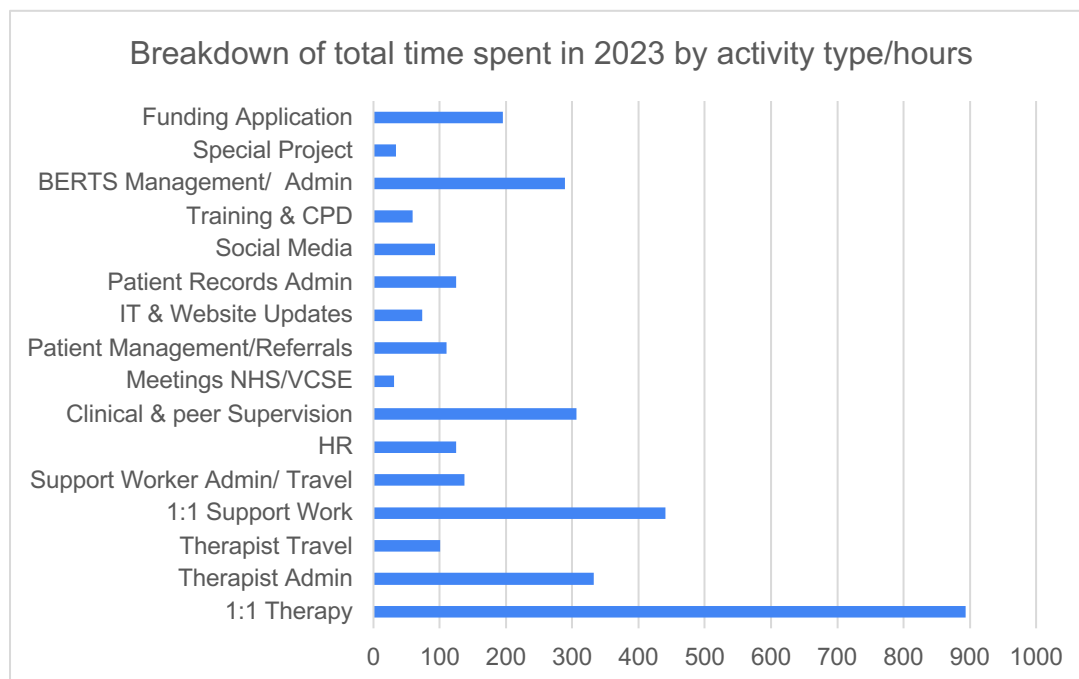
Task	Hours
1:1 Therapy (clinical hours)	894
Therapist Admin	332
Therapist Travel	101
1:1 Support Work	441
Support Worker Admin/ Travel	137
HR, E&D	125
Clinical & peer Supervision	306
Meetings NHS/VCSE	31
Patient Management/Referrals	110
IT & Website Updates	74
Patient Records Admin	125

SMG admin	0
Social Media	93
Training & CPD	59
BERTS Management/ Admin	289
Special Project	34
Funding Application	195
Total hours	3346

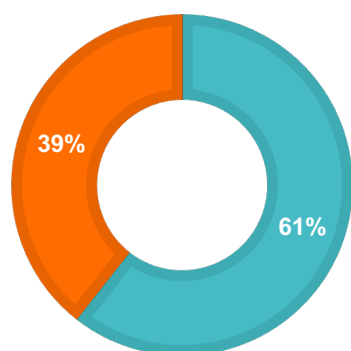
This activity can be shown more clearly as a graph:



We had a slightly larger therapist team in the first quarter of 2023 which accounts for the increased activity at the beginning of 2023. Over Christmas (December), several BERTS staff were on leave.



2023 SPLIT BY CLIENT FACING ACTIVITIES/DELIVERY AND ADMINISTRATIVE/PATIENT MANAGEMENT



■ Client Facing/Client Delivery ■ Administrative/Patient Management

Our greatest single activity as a charity continues to be offering 1:1 therapy to patients, mainly delivered face to face. We are pleased to note, administration, patient management, and support work takes up only 1/3 of our activity, and direct delivery is two thirds of the total effort, measured in hours:

Other achievements:

1. Website for asylum seekers and refugees – Alyshia and Sally worked on a first destination online resource for new asylum seekers who have arrived in the city, to be hosted by the NHS on their community resource pages. 140 pages of website content was generated, and the resource is extremely comprehensive and the only resource of its type currently available. We don't have a final web address yet as the NHS Sussex Communications Team is still uploading the material (Update: during the whole of 2023 only a part of the resource was uploaded to the NHS site. In 2024 in collaboration with Robin Hood Health Foundation and Trust for Developing Communities we successfully bid for funds to develop the resource and disseminate strategically in the city); the website @refugeehelp went online 'live' on an NHS site in March 2023 although in a much reduced form. This initiative was in response to discussions at the monthly RAM meeting and also in response to service users comments about the difficulty of finding information locally. In response to the slow/limited uploading on the NHS website, BERTS took the decision to upload all of the material to its own website and David G uploaded the resource in Spring/Summer 2023. It is very comprehensive and of great use to new arrivals to the city. In 2024 we will be extending and updating the information and understanding how to disseminate to stakeholder organisations more effectively.
2. Screening protocol for NHS Primary Care in Sussex – Sally and Dr Hannah Gould-Brown who is a GP at the St Peter's GP practice in Brighton, with a specialist interest in refugee work, met several times in 2022 to design a screening protocol for GPs and Practice Nurses for newly arrived asylum seekers, assessment of physical and mental health. As experts working with this community we wanted to stress the co-implication of physical and mental health in addressing the needs of asylum seekers, refugees, and victims of trafficking, who have frequently been subjected to torture and sexual violence. The protocol went out the GPs in the area to comment on and provide feedback and also to the Sussex NHS GP management group. All feedback was acted upon and the screening protocol was going to be trialled in primary care during 2023. However, the illness of the lead PCN Manager has halted progress on this trial so we are currently hopeful that a GP practice in Eastbourne led by Dr Neil Singh will be now trialling the protocol in 2024. Thank you to those particularly from RHHF who continue to raise this at NHS RAM meetings and we continue to monitor progress on this initiative.
3. Staff Training – we invested in The Refugee Council trauma care for refugees training for Operations Manager Sally G, so she could more effectively recruit, advise and supervise support workers. A small library resource was purchased for loan by

practitioners.

4. Additional monitoring of activities and data collection – see later in report.

Financial Review

Until 2020, BERTS operated completely as a no-cost service, there was no bank account, no income, no fundraising and limited expenditure such as website charges and maintenance, professional indemnity insurance, security checks (DBS), Continuous Professional Development, professional fees and accreditation, transport, office, stationary and so on. Incidental costs were covered by Brighton & Hove CBT as a charitable gesture, and by individual psychotherapists as part of their annual professional fees and activities. This has become untenable as we have expanded. Volunteers continue to provide their time for free and cover their own expenses however a completely no-cost operation has become unfeasible so during financial year 2021-2 we sought out funding out of necessity required to fund partially some core activity (treatment) and also some strategic development funding for specific initiatives such as the screening protocol and the website @refugeehelp.

Sally M continues to search for funding opportunities but these are limited given that our core operation is NHS complex specialist trauma work that the NHS currently doesn't fund. The NHS Sussex Trauma Pathway remains in development and not fully implemented and we are struggling to understand what the NHS is currently activating or resourcing in order to provide appropriate provision for asylum seekers, refugees and destitute migrants in the city in terms of appropriate access to mental health care for these vulnerable communities, who also commonly represent a group with restricted access to appropriate health care due to a complexity of factors. Whilst many consultations have taken place over the past 9 years, the MH provision for treatment for complex trauma in this vulnerable group remains much the same.

Several Funding applications were made during 2023, by CEO/CD, two sole applications to Ben and Jerrys community fund for £10k both of which were unsuccessful. Feedback was requested but the 1 sentence received in response didn't seem to relate to the specifics of our applications. One application jointly with RHHF for £86k+, to NHS HeadsON fund, was awarded a reduced amount of 23k and RHHF is giving us all of it which is money that we should receive in 2024 due to the successful PTSD treatment of 11 patients (plus oncosts). We are indebted to RHHF for this generosity as it ended up being our only income for 2023 and allowed us to fund a range of mental health treatments and core expenses. The money will be paid in early 2024 and will see us through this year so we can meet our basic running costs.

One application to Brighton and Hove city council jointly with RHHF was completed in September 2023. The procurement model deployed by the council was extremely complicated, and whilst we applaud the robustness of the council's financial probity, we also wonder about how such complex funding grant models may exclude small operations/charities like ourselves who do not employ professional grant writers to complete such a task, yet it is small specialist organisations like ourselves who are most likely to have the precise and focused, relevant professional expertise.

We have been approached by another local charity in 2024 to explore joint funding initiatives and this will be explored in consultation with them, initially by BERTS CEO and then in consultation with relevant officers.

Indemnity Insurance

We continue to have annual professional indemnity insurance with HowdenPro Group Ltd. This covers any student/trainee placement and claims against BERTS:

Schedule and Evidence of Professional Civil Liability Insurance Name of Policyholder:
Brighton Exiled/Refugee Trauma Service Customer Ref: P21P6338

Policy Period: (both days inclusive) Indemnity Limit: Public Liability Limit: Professional Services:

Brighton Exiled/Refugee Trauma Service (BERTS) P21P6338

This year the premium was £246.50 (see Appendix) which remains the same as last year.

Web support and technical support for the database continues to be provided by the generous time and technical knowledge and skills donation of David G, who is really essential to our continued operations and we thank him for his ongoing commitment to BERTS. Mental Health Practitioners continue to pay for their own mandatory CPD, individual accreditation, professional indemnity insurance, premises costs and ongoing business expenses.

During 2021 due to the expanding costs we opened a Business Account with the Co-operative Bank and we have continued with them in 2023 despite all the problems we have accessing Customer Services, often being put on hold for an hour or more, and their totally inadequate app which only shows transactions of one calendar month, and even then not always the beneficiary. Trustees Sally M and Colin B are now card holders, as is also Operations Manager Sally G.

CEO/CD (Sally M) continues to be part of the NHS working group on mental health for asylum seekers and refugees which is a NHS-facilitated working group/partnership between statutory services and local NGOs, called RAM. This group was been under new direction following a change in the CCG in 2022 and has been moving toward more solution-focused objectives in the past year. In Jan 2023 a new commissioner has started which is the 5th commissioner to be involved in this work in 8 years. Regrettably, the SMI initiative of 2021/2 ended meaning a withdrawal of direct financial support and to continue to challenge the lack of NHS MH resources to this most vulnerable of local population, a demographic historically blighted by issues of health and social exclusion, poverty, racism, and extreme trauma.

We have a 2023 **Financial Report** which has been kindly prepared by our Treasurer David L:

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

INCOME & EXPENDITURE STATEMENT

YEAR ENDED 31 DECEMBER 2023

	2023		2022
Income	£		£
Grant from NHS	-	Grant from NHS	58,710
Donations received	50	Donations received	-
BHCC Wellbeing programme	-		1,182
Total income	50	Total income	59,892
Expenditure			
Insurance	247	Insurance	247
DBS checks	50	DBS checks	259
Therapist fees	12,900		18,935
CEO Fees	6,000		-
Administration staff cost	3,830		1,980
Office expenses	577		340
Sim card for vulnerable client	252		-
WBP	998		3,417

Resources	179	28
CPD	-	85
Training	(395)	3,464
Donation	-	75
Total expenditure	24,638	Total expenditure 28,830
(Deficit)	(24,588)	Surplus 31,062

BALANCE SHEET at 31 DECEMBER 2023

Assets

Cash at bank

17,893

Cash at bank

42,481

Liabilities

General fund

17,893

General fund

42,481

These are audited accounts.

Thank you to our Treasurer, David L, for his kind support for BERTS this year. David and Marie L also made a very generous donation of £300 in early 2024 for provision of a laptop for a vulnerable client.

Patient Summary

BERTS has so far accepted 162 patient referrals for mental health trauma, all of whom were refugees, asylum seekers and or destitute migrants in the Brighton & Hove area, and who have benefitted from longer term treatment for significant mental distress. Most of our patients have significant psychiatric diagnoses with co-morbidities present, including often trauma-based psychosis and enduring/severe depression and acute anxiety, defined in NHS classification as those with Serious Mental Illness [SMI]. Additional typical presentations may also be GAD, suicidality, social anxiety, panic attacks, eating disorders, paranoia, self-harm, and avoidance disorders – all symptoms of extreme trauma coupled with frequent isolation and cultural alienation. These patients are often multiply traumatized, and require lengthy clinical interventions. Although referral to NHS IAPT/Talking Therapies can provide helpful short-term interventions, NHS does not provide much locally in terms of specific treatment for this multicultural client group which often requires flexible and costly treatment subject to frequent DNAs due to the challenges of asylum seekers' daily lives. We also occasionally end up treating sequentially more than 1 member of a family where there are systemic presentations. This can be a problem if children are in distress due to the lack of capacity in CAMHS. In 2023 around 25 referrals were declined as being unsuitable for our service and alternatives were suggested or recommendations for interim measures and re-referral advised. We continue to recommend that patients who are unable to conduct therapy in English participate in ESOL lessons at Brighton Metropolitan College and additionally go to the Migrant English Project for 1:1 support so that they can access our service. We are still in a position in which we have to decline treatment to under-17s, we need a child and adolescent volunteer therapist on the clinical team in order to address this unmet need.

Treatment durations have been from 6 weeks to 40 months+, depending on clinical need. The

typical PTSD treatment is to follow NICE guidelines and be 25+ sessions, we find however that frequently this duration is not long enough to address multiple and complex instances of trauma and allow for cultural differences in delivering multicultural psychotherapeutic delivery. In addition, due to frequent problems of insomnia, chaotic night/day rhythms due to night terrors, hunger, disorientation, and the unpredictability of UKHO appointments, our DNA/discharge policy is significantly looser/more generous than most mental health services. We often have to do a lot of emotional stabilization work before trauma treatment can be commenced, up to 1 year in some cases. A consistent pattern on DNA and disengagement must be observed before consideration of discharge and our normal protocol is 3 consecutive DNAs and for the case to be discussed with the CD before discharge, who will also contact the patient herself to enquire about barriers to attendance.

We continue to receive most of our referrals direct from the NHS and Social Services/vulnerable adult and unaccompanied children asylum seeker unit. Statutory Services provide the bulk of our referrals although local NGOs and housing associations also refer. Most of the referrals are discussed on the phone with the Clinical Director first (Sally M); we continue to normally refuse clients who do not have sufficient language fluency or proficiency and refer them first to Migrant English Project or Brighton Metropolitan College for social integration, stabilisation, and English Language fluency, and we recommend re-referral in 6 months. We have provided 2 patients with an interpreter this year, but the therapeutic intervention was not very successful due to reasons previously explained – this has always been our experience, unfortunately and this is why we continue to normally insist that px are able to speak English for a therapeutic treatment. The additional benefit of greater social inclusion that comes from linguistic confidence also contributes to a decrease in isolation and an increased ability to access medical services, which are important for therapeutic risk. We always will continue to offer therapy and support to homeless patients.

Statutory Services/NHS (Sussex Partnership Trust) mental health lead commissioner in 2020 formulated a new mental health strategy for local provision which explicitly shifts significant responsibility onto local NGOs for mental health support of refugees/asylum seekers. This has had significant implications for our service and others such as Refugee Radio and Voices in Exile and the Network of International Women (who also offer mental health support) going forward in terms of burden/resource criticality and expectations re our capacity to fill this gap. Wait times for patients on our list has varied over 2023 from 2 weeks to 6 months. Patients are allocated a therapist mainly in order of referral date, however if there is a patient with urgent or acute need they are moved up the queue with the Clinical Director's discretion, in consultation with the referrer. Currently we have 8 patients waiting for allocation to a therapist (Jan 2024). We are seeing an increase in patients who are actively suicidal, and highly vulnerable, due to the pressures on NHS primary care, Assessment and Treatment Service and CAMHS who routinely decline treatment for our demographic. We have had an increase in safeguarding concerns this year, and have made 1 Police Report for a Person at Risk.

We continue to be all too aware of the lack of available treatment options in NHS mental health services for asylum seekers and refugees in the city. We have also observed continued reluctance by some primary care providers to refer on complex/acute cases for psychiatric evaluation, or prescribe appropriate psychopharmacology where needed. There seems to be based in unhelpful assumption by MH professionals that BME healthcare users are 'over-medicated', yet the psychopharmacological needs of refugees are acutely different to Black BME citizens and this is a problem to do with demographic categorization – where refugees are bunched in with BME British, their very specific needs are elided/ignored. We encourage NHS to disaggregate the mental health needs of British BMEC versus asylum seeker patients. We continue to know of patients with severe PTSD, confusion, disorientation, and trauma-based psychosis being prescribed inappropriately or presentations of severe, enduring depression or patients with torture-related disability being advised by primary care providers to 'exercise' or given inappropriate medication such as 50mg Sertraline, which does not appropriately address

the severity of the presenting mental illness diagnosis/symptoms.

Social Prescribing and Welfare

We continue to build on an effective relationship with HERA at Robin Hood Health Foundation, based at WellBN PCN in order that our clients can participate in more collective activities to benefit their mental health by a specialist organisation. This year, one of their social prescribers, Lizzy W became one of our Trustees, we are grateful to Lizzy for agreeing to join us and look forward to working with her. Whereas in previous years we have offered a range of social prescribing and wellbeing activities ourselves, this was simply too resource intensive for us to continue and we have consolidated our core activity – mental health support and treatment – and focused on this rather than enter a field of competing and expert VCES groups concerned with refugee welfare overall.

Nevertheless: **destitution continues to be an acute aggravating factor in mental illness.** Many of our patients are living in acute poverty. This has meant that sometimes BERTS has paid for bus or train fares for patients to access support, we have paid for clothes and shoes for patients who cannot afford them, we have paid for electricity meter credit, we have paid for 3 nights respite care in a hotel for one patient having an acute mental health crisis, we have also paid for basic medicines for Covid, we have given out Christmas presents, bought groceries, provided dental care, and twice we have provided a mobile phone. When our patients are destitute, meeting basic needs where the state has failed to do so, means that charities like ourselves need to step up and be more flexible in our sphere of operation. Basic humanitarian responses to need have been required. One of our therapists, Sadia O, has kindly set up a Foodbank for asylum seekers in conjunction with a central mosque, and we await news of this initiative gladly.

Technical Support and Communications

In 2021, the production platform for patient records was successfully migrated to the main BERTS web host by David G, where the data could be secured with commercial SSL encryption. The former system was set up on a platform that required very specialist knowledge so this transfer was necessary to a more widely-used data management system. The code base was updated and is maintained at a current release in order to take advantage of security improvements and a regular back-up programme was also put in place. We continue to use password protected Googledocs for patient flow systems as these two software systems are most flexible and safe for multiple users to access and update. In 2023 we made all patient address and phone records another layer of password protection on the portal so that all contact details have restricted access are secure. Additionally, we have expanded our data-gathering activity this year so that we have a better statistical grasp of BERTS operations and reach. We have used a lot of different platforms now, but a single commercial software portal for all our needs remains out of reach as we simply don't have the funds to explore this further, we continue to be grateful to admin and IT for their careful maintenance of our systems and records.

Premises Costs

We continue to be deeply grateful for Brighton Jubilee Library and Hove Library's continued valuable support for BERTS in provision of clinical treatment space. We also note that this has added benefit in that clients start to use the Library as a resource independently of their therapy, which has a range of social benefits and information access. In 2023 we started using Whitehawk Library for two of our clinical placements due to the ongoing and invaluable support of the Community Librarian and her staff. Treatments in 2023 were face to face and online, because we do have generous access to the Brighton Jubilee Library room, Whitehawk, and Hove Library room without charge because of their commitment to refugee community in the city. Moving to mixed F2F and remote delivery also addresses our critical shortage of donated clinical space, which had become urgent since local churches and community buildings are now charging for use of rooms and no longer offering voluntary services as no-fee use of their premises. We are thankful that Worthing4Refugees, another NGO, offered us church space in Hove, and also St John the Evangelist in Preston have also offered us clinical space thanks to the

relevant vicars in charge. Despite us treating NHS patients for free, we have been unable to gain access to any ongoing NHS space to treat patients, with the exception of patients being treated at Robin Hood Health Foundation/WellBN primary care practice in Hove who kindly made space available for us there. As we don't have facilities to pay for clinical space, remote delivery may end up being our primary mode in the future which does provide other problems in terms of digital poverty and lack of access to broadband and privacy in our client group.

Staff Summary

We are now in a position that all of our clinical staff are NHS trained or have worked in the NHS, which is a reflection on the high calibre of professionalism and skills typical of BERTS clinical staff. Currently we have clinical staff who are qualified and accredited clinical psychologists, social workers, psychiatrists/medical doctors, nurses, high intensity CBT therapists, psychotherapists and counsellors. This means that we have become a Multidisciplinary Team [MDT], including a Trustee who is a former NHS Paramedic and specialist in world health, and another Trustee who is an NHS Social Prescriber with special expertise in refugees and asylum seekers.

This year we have stabilized the therapist team and welcomed another experienced CBT therapist Sadia O; we completed a successful clinical placement for counsellor and psychiatrist Dave I, and welcomed a new clinical placement, Occupational Therapist and trainee counsellor Izzy S. We continue to have a monthly meeting for all therapy staff to attend, clinicians and placements, this is our main opportunity to meet as a clinical team and review any issues with delivery and discuss any issues with patient care. This is also an essential 'team building' meeting as we work in an isolated way and don't see each other regularly in any other forum. It is also important given that our work can risk secondary trauma that we build strong relationships of trust with each other as a clinical team so that if we need support then it is available.

CEO/CD has interviewed several potential therapists this year, although actual recruitment of personnel has been limited. We always need more accredited cognitive psychologist or psychotherapists, or a senior/experienced psychotherapist in another modality to offer 1-2 hours per week. Please could all therapists consider asking their colleagues to donate a small amount of clinic time if appropriate. Geography not necessary now as we are largely providing online therapies for the foreseeable future.

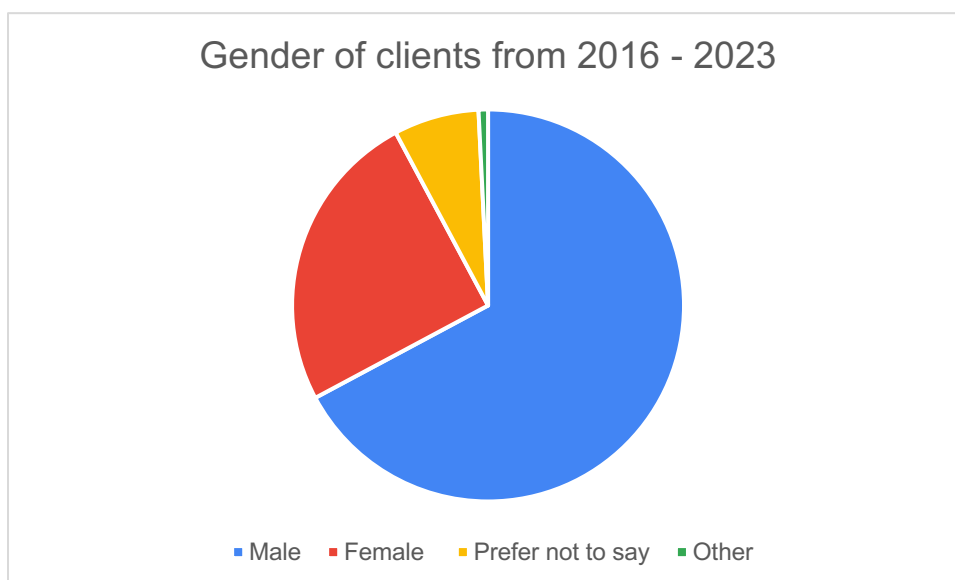
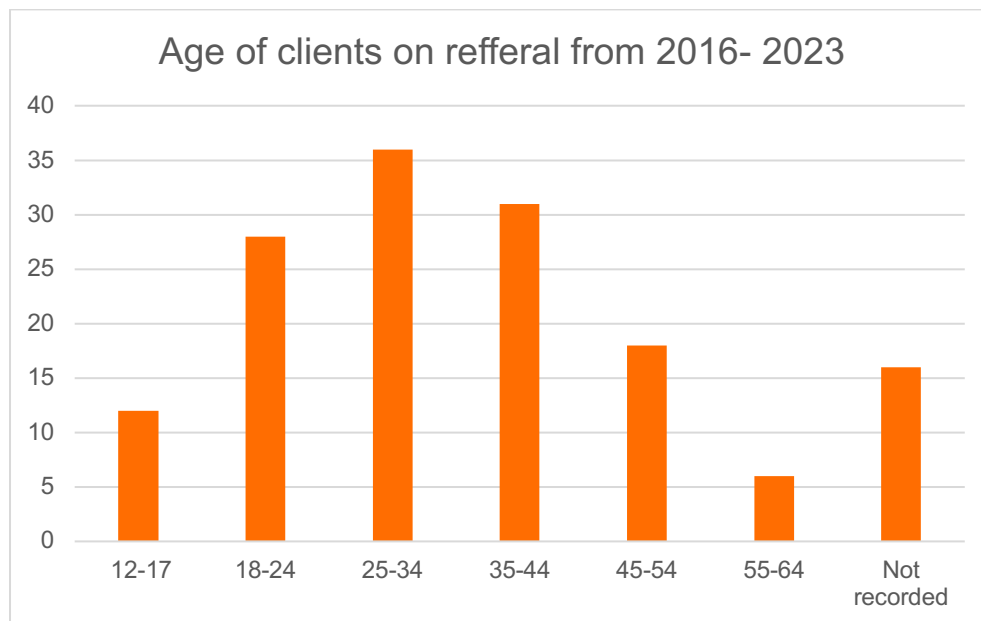
CEO/CD together with therapist/Trustee Colin B continue to provide 1:1 clinical supervision to individual BERTS therapists and counsellors. CD continues to be responsible for recruitment, retention and management of clinical and admin staff, and OM is responsible for managing and recruiting support workers, in consultation.

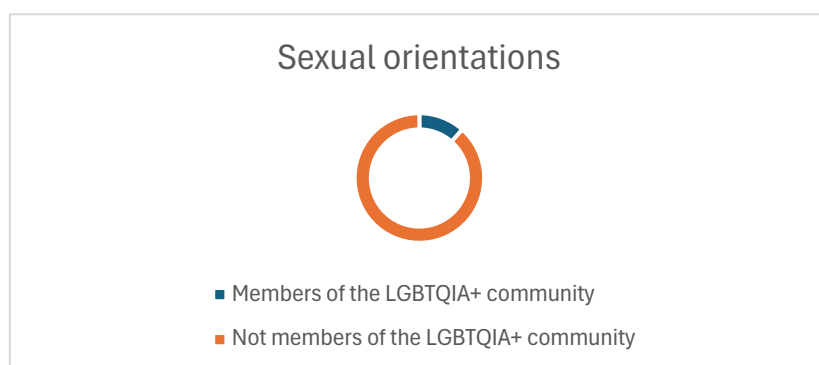
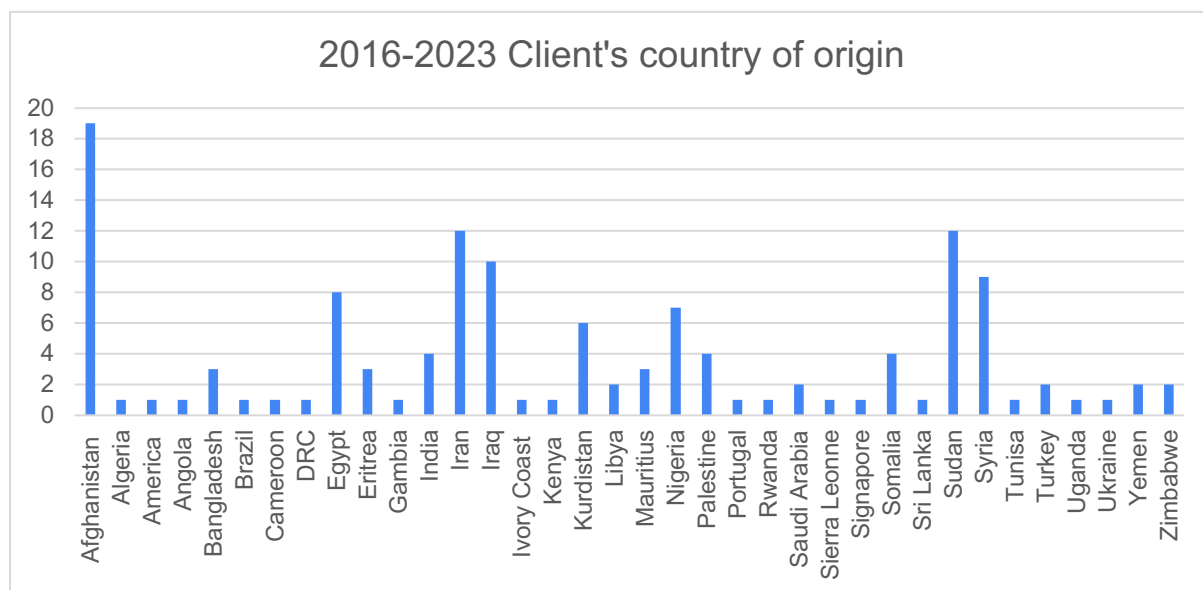
Summary of HR matters - One Trustee was required to resign and leave his clinical placement, another Trustee resigned due to changes in personal circumstances, and one new Trustee was appointed who has professional NHS expertise with asylum seekers. We have a vacancy for 1 trustee. We have additionally appointed a volunteer Consulting GP – Dr Hannah GB – to be available to CD in an advisory capacity where there is a patient without a registration that requires medical advice or prescribing advice, or when the CD needs to consult on medical matters relevant to a patient's mental health treatment. We thank Hannah for agreeing to fulfil this role. Alyshia G was promoted to Projects Manager from Projects Assistant, in recognition for the extra responsibilities she has taken on this year. BERTS continues to meet the terms of demands on our service and concomitantly volunteer recruitment. During 2023 the CEO/CD wrote responses to over 4,000 emails and received over 200 telephone enquiries regarding client referrals, ongoing client matters, and organisational enquiries. During 2023 she worked for the charity typically for more than 20 hours per week. In 2023 the CEO/CD's workload and income situation changed, as a result of which she requested that Trustees approved an

honorarium payment of £6,000 p.a., to be paid annually on September 1st, (which is the equivalent of £6 per hour in terms of work completed for the charity). This payment was agreed to be ongoing in recognition of the increasing labour required to keep BERTS going, and becoming more sustainable as a CIO in the longterm.

Equality and Diversity Statistics

This year we started collecting and analysing core statistics related to equality and diversity criteria. Prior to 2016 we did not collect demographic statistics, and we only started collecting full patient data in 2022, due to reasons of caution and GDPR. Below is a brief overview of our patient demographics:





These demographics give us a clearer picture of patient referrals, although some data may change over the course of treatment, for example, a patient may not have disclosed to the referrer that they are LGBTQIA, or that they are street homeless/destitute as this is not a formal category of referral. Additionally, referrer may not have understood that the patient is an ethnic minority within a specific nationality (for example, Turkish, but identifies as a Kurdish refugee). In this past year 20% of our patients were destitute and street homeless, and with No Recourse to Public Funds. We have amended our referral form for 2024 in order to understand housing/homelessness better and with more reporting categories. Therefore, these details can only be taken as a snapshot of patient details on referral date.

Service User Feedback and Comments from Activities : Caveat Toolkit

Any prospective funder requires outcomes measures, this is increasingly normative in the voluntary sector, it is an activity that also helps us reflect on our operations and potentially improve experiences by service users. During 2023 we discussed and agreed to design outcomes measures using the Caveat Toolkit. Alyshia has been leading on this.

Recording Patient Outcomes Data: Caveat toolkit.

Launched by the NHS, Caveat is a toolkit designed for small NGOs and VCSE to understand, measure, and demonstrate their outcomes, by providing resources.

In July 2023, BERTS staff took part in training in using the Caveat toolkit to measure the impact of our work not only on clients, but also on volunteers and the local community. Utilising The Theory of Change framework, provided by Caveat, BERTS have been able to state clear and defined activities; including inputs, short-term and long-term outputs and outcomes, and wider society impact outside of our interaction base. All these will help the organisation to reach its overall aim: To improve the quality of life of the targeted population, through providing essential mental health care. BERTS have also began recording their clients EDI information in order to understand our client base.

To build upon this work, BERTS needs to implement better qualitative and quantitative data collection over the coming year in order to demonstrate and measure the outcomes and outputs stated in the framework.

This includes:

- Questionnaires to support workers to evaluate the outcomes of volunteering with BERTS on their development and their interactions with wider society.
- A questionnaire designed for therapists to evaluate the outcomes of volunteering with BERTS on their personal and professional development and their interactions with the wider society.
- Starting interview and exit interviews with all volunteers to understand their growth during their time with BERTS.

All these data collection methods will include EDI and a chance for volunteers to provide feedback to BERTS, so we can try to retain volunteers and grow more as an organisation.

Additional data collection:

- BERTS will conduct an audit of referral origins in 2024 to collect information and understand a bit more of how clients learn about the organisation.

An audit of the time frame of clients' treatment with BERTS to better understand the average duration of treatment.

BERTS Support Worker Report 2023

Current support workers: 13

Moved on in 2023: 5

Recruited in 2023: 9

Number of support worker client sessions delivered: 551

Support Worker Volunteers – Overview

This year we continued to grow the support worker network thanks to our Operations Manager Sally G; clients need this kind of regular weekly 1:1 personal contact particularly during and after the isolation of the asylum journey, and it is much appreciated. Sometimes this is given whilst clients are waiting for treatment and also required during treatment if clients are particularly isolated or vulnerable. Occasionally we maintain support worker contact after treatment has concluded for a period of time if the client continues to be socially isolated or vulnerable but we encourage independence and facilitate the client's ability to grow their own network. We continue to have a good flow of support worker volunteers working with BERTS for a minimum of 6 months, many for substantially longer.

BERTS Support work has proved to be very successful with clients progressing in terms of gaining more independence, growing supportive and social networks. The majority of clients who engage with the support and volunteers report that they have learnt from and enjoyed their time with BERTS. We have not had any negative feedback from this aspect of our service and indeed clients seem to really value the consistent input of a weekly contact and the practical and supportive advice and befriending that is given. Support workers report the meetings with clients continue to prove invaluable as a reliable contact point which clients develop trust in and are

able to ask for help. The range of assistance given ranges from assistance in navigating forms and processes related to housing, asylum claims, medical needs and access to communication tools such as phones, wifi and laptops. The role of a support worker in clients' lives also helps them integrate into the community with wider access to knowledge of courses, classes and social events they can access. Signposting to English classes continues to be a regular need from clients, along with support and guidance during legal processes which entail interviews and often changes in housing.

Overall volunteers report positive experiences of volunteering. Giving them better insight into the varied situations people are in, awareness and sensitivity in providing support and enjoyment of the social aspect of getting to know someone new. There is a need to provide support to volunteers on the occasions where a client is not responding positively to engagement, disengages completely or is experiencing increased distress and on one occasion this year a support worker felt out of their depth.. Feedback included asking for more training to recognise and respond to someone in mental health crisis and regular opportunities for peer support to reduce isolation. Within the constraints of time and resources of a completely voluntary team we aim to develop ways to respond to these comments.

Support Worker CPD & Activities

NHS/Refugee Council training - an introduction to trauma informed care was attended by Sally G who also attended a number of related activities (see later section). BERTS purchased a small number of books for use by loan of staff. CEO had a range of meetings with other local NGOs in order to liaise more effectively with peer organisations in the area and improve care. The NHS Refugee Screening Tool – with Dr Hannah Gould-Brown was proactively implemented with a pilot, however meetings with Charter PCN who intended to run a trial was stopped because of ill health of PCN lead. The situation with this is currently unclear. Implementation of treatment and support objectives was advanced by the development of the caveat tool kit and online NHS training was attended by both Sallys.

Tavistock and Portman CPD course

Working with refugee people and their families (CPD27)

A 15 hour training that aims to develop empowering and therapeutic skills to work in a socially and politically conscious way with refugee people

The course was well organised and delivered providing a wide range of speakers and topics
Aims and learning objectives

- explore theoretical issues pertaining to the asylum seeking/refugee experience and the dynamics involved in supporting asylum-seeking/refugee people
- develop practical skills in working with and supporting asylum-seeking/refugee people
- exchange ideas and share experiences and feelings about this work
- present and discuss specific work issues for reflection in a supportive learning community

In 2024 several support workers and staff will take part in CPD suicide awareness training provided by Grassroots.

Support Worker Recruitment

The majority of student recruitment has been via the University of Sussex, from both the STAR (Student Action for Refugees) and by direct contact with tutors from relevant MA programs at the University. We attract candidates that have a genuine knowledge and interest in the lives of our client group and wish to effect positive change from their volunteering. Some candidates continue to come via word of mouth or with a need to gain valuable experience alongside

studying towards counseling or therapeutic qualifications. We advertised on local Facebook pages and third sector job boards at Community Base this year but with limited success.

We have initiated a bi-monthly social meet up for support workers which will continue throughout 2024. This is aimed at addressing what could be an isolating experience and to strengthen the line management connection for volunteers. We continue to have the goal of creating some induction training for volunteers in addition to the staff handbook. This could either be a general resource created elsewhere or written in house. This year has shown that there are some core values and approaches to working as a befriender that would be useful to provide in training form.

The Refugee Council Mental Health Forum

Chaired and convened by The Refugee Council the Mental Health Forum meets quarterly and this year BERTS has attended. This is a space where staff from organizations working to help asylum seekers and refugees with mental health issues meet to discuss relevant issues and share best practices. At each meeting there are presentations from various organisations, an update from the Refugee Council and from representatives from the Home Office Mental Health and Wellbeing team. Overall there are positive discussions and best practice shared by participants sparked by the presentation topics. Those attending range from civil servants, NHS staff, charity workers, therapists and befriending services. There is a good representation across the sector, a mindful, supportive and championing approach to providing mental health support to this vulnerable client group. The commitment to working well within a hostile and challenging political environment is supported by sharing in these meetings which provide information, knowledge and motivation.

Summary of some of TRCMHF presentations this year:

1. Mind Spring

This is a programme the Home Office are piloting for new arrivals in hotels and other accommodation. The forum raised concerns about the quality of delivery, care needed to be trauma informed and how would outcomes be measured and participants monitored for any adverse effects?

- a. "Mind-Spring is a preventative psychoeducational group programme for refugees and asylum seekers presented in the participants' mother tongue. Mind-Spring has been developed by the psychologist Paul Sterk in 2002 in the Netherlands and is active now in Belgium, Germany, Finland, Sweden, Iceland, Denmark and Wales.
- b. The Mind-Spring programme runs over 7 weekly sessions of 2 hours, with each session exploring a different topic. The maximum number for each cohort is 15 participants and the minimum is 8. The last session ends with feedback and a party to celebrate the completion of the course. A cultural trip is then arranged for all participants."

2. Refugee Council Briefings

The council gave a useful and informative briefing on the Illegal Migration Bill. Assessment of impact of inadmissibility, removals, detention, accommodation and safe routes

3. NHS Guys and St Thomas Health Inclusion Team

This NHS team shared inspiring practices of an holistic multi agency approach to addressing the mental health needs and wellbeing in initial accommodation

UK Home Office Meeting

Sally M and Sally G met with Christian FitzHugh in July to discuss local provision and learn more about Christian's role as the Asylum Mental Health and Wellbeing Lead in the Asylum Support, Resettlement and Accommodation (ASRA) department of the Home Office. Projects Christian discussed were a commitment to delivering training to leaders within government on trauma informed care, the Barnardos Helpline offering support for new arrivals and a link to access Section 4 Asylum support to help those whose appeal has been rejected.

Additional Information:

[Section 4 asylum support](#) | NRPF (nrpfnetwork.org.uk)

Christian from UKHO explained more about the Barnardos Boloh Helpline service which runs until January 2025. This is a virtual mental health and wellbeing service accessible via freephone and webchat contact. This is offering wellbeing tips and signposting, practical support with things like devices and wifi access and referral to therapeutic support if necessary. The aim is to aid earlier and greater access to therapeutic support. *further details*

<https://helpline.barnardos.org.uk/asylum-seekers>

The Helpline is open Monday – Friday (10am-8pm) and Saturday (10-3pm) via phone 0800 151 2605, webchat and email [Boloh.helpline@barnardos.org.uk](mailto:boloh.helpline@barnardos.org.uk).

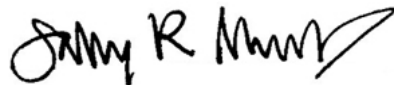
Safeguarding

All support workers and therapists continue to have DBS Enhanced which is paid for out of BERTS funds. We thank Tessa for a successful first year completed as Safeguarding Officer and for her professional advice in handling difficult situations. There have been several times in the year when we have needed to escalate concerns and follow our safeguarding procedures as stated in the Volunteer Handbook. We note that there have been no suicides or serious incidences of self/harm, and we hope and pray that this continues.

Any Other Business

The Chair of Trustees, Sally M wishes to formally thank all the wonderful people who make our work possible and whom have given so generously of their time during what has been a demanding period of growth for us all. This is a special big thank you to all Trustees and officers of BERTS, all of our volunteer support workers, to admin support Sally G, Alyshia, IT David G, and Treasurer David L, and all those who remain committed to supporting members of our community who are struggling with trauma as a result of seeking asylum in Brighton & Hove.

Thank you all BERTS staff, for the incredibly valuable work you are doing for asylum seekers, refugees, and destitute migrants in our community.



SRM 31/01/24

Appendix to follow:

Caveat Toolkit



Refugee and Asylum Seeker Health Template

A 3-STAGE ASSESSMENT PROTOCOL² to be formatted in S1 and EMIS

Guidance:

Patients will generally be identified as asylum seekers when first registering at a practice. It may be the case that asylum seekers have not disclosed their UKHO status and this screening may occur at a later point. For many patients whose registered address is a dispersal hotel/hostel or equivalent, this should be recognised by appropriate admin staff. Note that if a new patient does not have an NHS number, this is a key indicator that they might be an asylum seeker/refugee.

Reception staff are expected to identify if a patient requires an interpreter when booking appointments, and book appropriate appointment time accordingly. Reception staff are also asked to identify if a female practitioner is required for religious/cultural reasons.

Preparation:

Start by explaining that you will ask questions in order to help the patient with their health, and that none of this information will be passed on to UK Home Office, or will in any way affect their asylum case.

Reassure the patient that these questions are intended to help them recover from their refugee journey.

Note that the patient may have difficulty disclosing adverse experiences to you, and that they might be scared of you.

Screening Protocol Structure:

The protocol is divided into two stages, the first stage can be delivered by an HCA or sufficiently trained PCN based mental health advisor, the second stage is to be delivered by a GP or Practice Nurse.

Stage 1

(For HCA or equivalent)

Before starting the screening questions that are specific to refugees/asylum seekers, begin with a separate practice appointment that performs simple medical tests that can be done by HCA or equivalent:

- a) Physical health monitoring

² The screening can also be used with asylum seeker patients who are presenting with new conditions particularly related to mental health and may have undisclosed history of torture/trauma.

1. Blood pressure
2. Height
3. Weight
4. Baseline bloods- FBC, U&Es, LFTs, TFTs, HbA1c, lipids, Syphilis, HIV, vitamin D. Consider hepatitis B/C & T spot if indicated. TB & hepatitis screening if appropriate – look at website gov.uk which has A-Z list countries where this is a risk. Needs needs patient directive if done by HCA.
5. Offer sexual health screening (gonorrhoea, chlamydia) – a very high proportion of asylum seekers have experienced sexual violence including rape. Self-swab (F) or urine (M)§;1 qa.
6. Question patient about any eyesight or hearing difficulties?

HCA or admin staff for these specific tests:

- b) Consider external Screening programs – NB these *may* be triggered automatically via national screening service.
 1. Bowel cancer screening
 2. Abdominal aortic aneurysm screening (men over 65 will not receive automatic invite)

Stage 2 (30 minutes)

(For GP, Practice Nurse, or equivalent)

Part 1: Medical History

Past medical/psychiatric history:

Have you ever been diagnosed with any medical conditions before?

Are you taking any medication? Or were you taking medication before your travel to the UK?

Vaccination history (incl. Coronavirus/Covid 19)

Do you have any vaccinations? Were you vaccinated as a child?

Family medical history- eg diabetes, heart attacks, strokes, cancer, inherited conditions etc.

In your family has anyone had a serious health problem that needed treatment in a hospital?

Demographics/history of migration in order to assess exposure to disease eg. TB, hepatitis, polio etc. Which countries have you travelled through on your way to the UK?

How long did it take you to reach the UK?

(indicator of probable level of trauma experienced on asylum journey; take up again in detail later)

Part 2: Lifestyle and General Health Screening

Do you have somewhere to live? Is this somewhere safe?

Social:

Who lives with you, do you have any family, is there anyone here who supports you?

Do you smoke?

How many a day?

Do you drink alcohol?

How much do you drink every day, do you ever drink a lot, do you drink alone?

Drugs:

Have you ever regularly taken drugs that you have bought or been given by someone who is not a doctor, for example marijuana, cocaine, to help your mind and thoughts?

Part 3: Women's health

1. Cervical screening (25-64)- when was your last smear, any previous abnormal results?
2. Breast screening (50-70)- when was your last mammogram, any previous abnormal results?
3. Do you need any birth control/contraception? Might you be pregnant? When was your last period?
4. FGM- have you ever had any operations on your private parts, or been cut on your vagina/genitals/down below
5. Do you have any daughters living with you and how old are they?
6. Have you ever been forced into a marriage or sexual relationship that you didn't want?

Part 4: The Asylum Journey and Mental Health

Torture/abuse/adverse experiences:

Has anyone ever hurt you?

Have you ever experienced trauma of any sort?

When you were coming to the UK, were you ever attacked? Beaten? Sexually assaulted? (note that male asylum seekers, particularly young adults, are often sexually assaulted by traffickers and in refugee camps)

Do you have pain in your body from old injuries that happened when you were attacked?

Do you have headaches or back pain, or pain in your legs?

PTSD:

Do you ever experience flashbacks or nightmares.

Do you avoid certain situations because they cause you distress?

Do you get angry a lot?

Depression:

In the past month have you felt down, depressed or hopeless.

In the past month have you had little interest or pleasure in doing things?

Sleep:

Do you have problems sleeping?

Can you sleep at night or do you have to wait until the sun comes up before you can get to sleep?

Do you have problems getting to sleep or staying asleep, or waking up very early?

Do you wake up at night feeling very frightened?

Do you regularly sleep during the day, or for a long time (more than 9 hours)?

Anxiety:

Do you often feel very worried about things or panic?

Are you scared to leave your home or talk to people?

Do you get shaky or sweaty or feel nauseous when you are nervous?

Suicidal thoughts:

Do you ever feel life isn't worth living or had thoughts of hurting yourself?

Have you ever made a plan to end your life?
Do you feel like that now?

Trauma-based Psychosis:

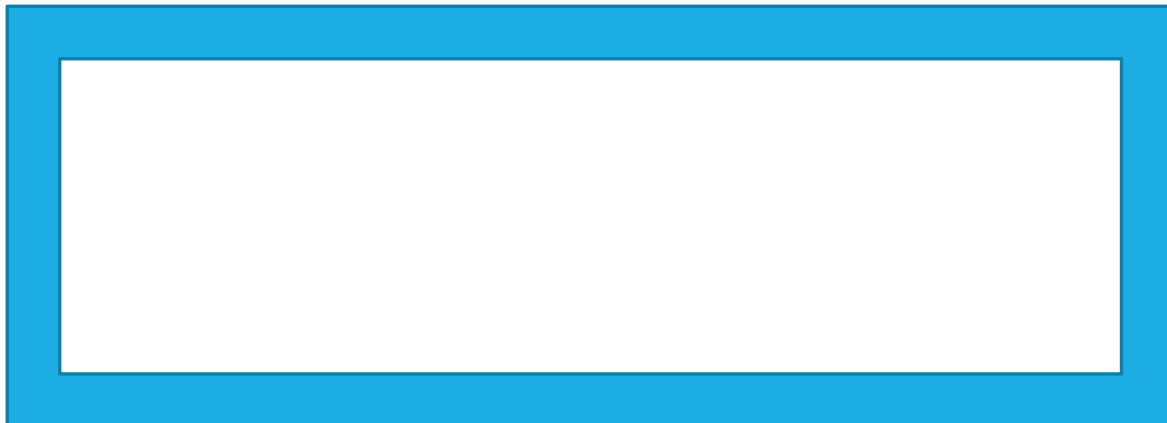
Do you ever hear voices speaking to you when you are alone, or see, taste or smell things that you are not sure are real?

Safeguarding:

Has anyone ever threatened you in order to stop you telling your story of how you came to the UK?
Are there people you are afraid of, or are hiding from?

Other – please detail:

In this section please summarise a narrative with any key points relating to possible mental or physical health/harm experienced due to asylum/refugee experience and describe any disclosures of harm that the patient has given to you that you think may have affected their health:



If time is available and you are familiar with these measures, you can also use NHS protocol screenings such as:

1. TSQ, Trauma Screening Questionnaire
<https://www.surrey.ca/sites/default/files/media/documents/Trauma%20Screening%20Questionnaire.pdf>
2. CAPS-5 assessment - specifically for PTSD – if you are trained in administering this measure
3. Less used now, but still useful is Impact of Events Scale (Revised)
4. PQH9 and GAD7

Stage 3

If issues are raised in Stage 2 then Practice Nurse to refer to GP to make appropriate onward referrals or follow up abnormal blood tests. (Unless GP has completed the assessment)

There are local organisations that can support asylum seekers and refugees with their mental health, but an initial NHS assessment via Wellbeing/ATS/CAMHS is recommended, and also such patients frequently require psychopharmacology from GP. Wellbeing can also offer interpreter-based assessments.

Arrange follow up appointment with patient.

APPENDIX – USEFUL SHORT ASSESSMENT TOOL

BASIC MH SCREENING TO USE IN STAGE 2 IF DESIRED

(THIS SHORT QUESTIONNAIRE IS USED TO IDENTIFY TYPICAL MH SYMPTOMS RELATED TO PTSD)

This is a simple checklist that isn't a formal diagnosis but DOES indicate that further clinical observations should be made by a mental health professional:

Clinical Symptoms of Mental Health Trauma

Feeling very sad	Tick	()
Finding it hard to stop thinking about past problems		()
Feeling very lonely		()

Wanting to keep away from other people	()
Getting angry very easy	()
Feeling scared	()
Problems falling asleep	()
Waking up a lot in the night	()
Nightmares	()
Finding it hard to concentrate	()
Not remembering things	()
Repetitive and distressing memories/images from the past	()

**Brighton Exiled/Refugee Trauma Service
Indemnity Insurance (copy)**

Broker at One Linear Park Avon Street Temple Quay Bristol BS2 0PS: +44(0)117 205 1800 •
www.howdengroup.com

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T: 01924 241945

E: enquiries@howdenpro.com

W: www.howdenpro.com

Prof S Munt

Brighton Exiled/Refugee Trauma Service (BERTS)

15 Herbert Road

Brighton

BN1 6PB

5 September 2023

Customer Ref: P23P6338

Dear Prof Munt,

Professional Civil Liability Insurance

Thank you for your payment of £246.50.

We are pleased that you have chosen to renew your policy with us and we attach the following documents:

Σ A "Schedule and Evidence of Insurance" document (this should be read in conjunction with your policy)

Σ A receipt for your payment

Please check these carefully and tell us immediately if there are any omissions or discrepancies in the information recorded. If all the information is correct you do not need to return them to us but they should be retained in a safe place together with your other insurance documents.

Duty of fair presentation

We take this opportunity to remind you that you owe a duty to make a fair presentation of the risk to the insurer. You have a duty to disclose to the insurer every material circumstance which you know or ought to know after a reasonable search or which is sufficient to put the insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances. In addition, you have a duty to disclose information in a clear and accessible manner.

A circumstance is material if it would influence a prudent insurer's judgment in determining whether to take the risk and, if so, on what terms.

Failure to disclose a material circumstance may entitle an insurer to:

Σ in some circumstances, avoid the policy from inception and in this event any claims under the policy would not be paid;

Σ impose different terms on your cover; and/or

Σ proportionately reduce the amount of any claim payable.

This duty applies:

Σ before your cover is placed;

Σ when it is renewed; and

Σ at any time that it is varied.

Broker at One Linear Park Avon Street Temple Quay Bristol BS2 0PS: +44(0)117 205 1800 • www.howdengroup.com

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We also draw your attention to certain important terms that apply to this quotation:

Provision Description

Recovery of Costs Insurers must give their prior written consent to costs being incurred if these are to be recoverable under the different sections of the policy. There is reference to this in a number of different sections including: 2.2, 3.7, 3.9, 3.11, 3.12 and 3.16 and also in the definition of 'Costs' in section 4.3.

Prompt Notification In order to be covered under certain cover extensions of the policy, you must comply with the requirement to notify to insurers within 30 days of the event in sections 3.4 (Loss of Documents), 3.9 (Public Relations) and 3.16 (Run Off).

Claims Conditions It is essential that you comply with all the claims conditions, otherwise insurers will

not accept your claim, including the requirements to:

Σ notify insurers as soon as practicable and during the policy period, or within 30 days after the policy expires, after you first become aware of any claim made against you or any circumstance which might reasonably be expected to produce a claim against you whether or not you believe such a claim would be valid;

Σ not to admit liability for or settle any claim, make any admission, offer or payment or assume any obligation in connection with any claim, or incur any costs in connection with any claim without the insurers written consent.

Alteration of Risk Insurers may not cover you for any claim if you do not notify the insurers in writing as soon as practicable of any material alteration to the risk during the policy period, including any material change in the nature of the Professional Services.

Please note, failure to comply with, or failure to comply within a specified time period in relation to certain provisions applicable to this indication/quotation may invalidate this insurance or reduce the amount recoverable under this insurance.

There is NO policy excess.

Please note that any mid-term changes to your insurance policy will incur no additional fee by us, only the additional fee charged by insurers.

Please see the "How we are remunerated" section of your quote which sets out how we shall be remunerated, should you request us to place the quoted policy on your behalf.

Should you wish to discuss any of the information provided or amend any details, please do not hesitate to contact us on 01924 241945 and we will be pleased to help you. Our standard office opening times are Monday to Friday (excluding Bank Holidays), from 8.30am to 5.30pm.

Yours sincerely,

Julie Kitchin

Senior Account Handler

Howden

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Schedule and Evidence of Professional Civil Liability Insurance

Name of Policyholder: Brighton Exiled/Refugee Trauma Service (BERTS)

Customer Reference: P23P6338

Policy Period: (both days inclusive) From: 25 September 2023 To: 24 September 2024

Indemnity Limit: £1,500,000

Public Liability Limit: £10,000,000

Professional Services:

Trauma Service (Counselling, Psychotherapy, Befriending)

Including, where applicable, the provision of supervision and training in these services.

Cover is provided by Liberty Mutual Insurance Europe SE – UK Branch under a Binding Authority with Unique

Market Reference B1161LS16222

Master Policy Number AB087130W/ 08.

This Policy covers (subject to its terms and conditions) any civil liability arising from the professional services shown. It is, effectively, a combination of Professional Indemnity and Public Liability insurance. The indemnity limit applies to each and every claim.

Page 4 of 15

Claims made basis

The policy is issued on a 'claims made' basis this means that it is essential that any claims or circumstances that might give rise to a claim are notified during the policy period in accordance with the terms of the policy wording, otherwise the right to cover under this insurance will be lost.

The cover will respond to a claim against you, or complaint to your professional association only if the policy is in force at the time claim or complaint is made against you, irrespective of the date when the events giving rise to the claim or complaint are alleged to have occurred. PROVIDED THAT:

1. when you took out the policy you were not aware of any circumstance that may give rise to a claim against you, or complaint to your professional association, subject to the Significant Exclusions below.

2. you tell us immediately (and in any event within 30 days of the expiry of the policy period) if you become aware of any claim against you or any complaint to your professional association, or circumstances that might give rise to a claim against you or any complaint to your professional association, as in both these cases any actual claim or complaint that subsequently arises will be considered as being made in the policy period in which you report it.

It is important that you bear these points in mind before allowing your policy to lapse because once you are aware of circumstance which might lead to a claim against you, or complaint to your professional association it can only be dealt with in the policy period in which you first became aware of it.

If you are contemplating closing down your organisation please contact us to discuss your requirements for run-off cover.

If you need to make a claim you can contact us on 01924 241945 similarly if you need to make any amendments to your policy or inform us of any changes in your circumstances you can contact us on the same number.

IMPORTANT

The insurance can only respond to a claim if the policy is in force at the time a claim is made against you. Therefore, you must immediately contact Howden on 01924 241945 with details of any circumstances that you think may result in a claim being made against you.

Legal Advice Helpline

Howden Professionals have arranged for You to have access to a legal advice helpline provided by Law Express Ltd. The advice line is free for policyholders to use, completely confidential and designed to provide access to a dedicated team of

legal advisers who are on-hand to offer advice on any personal or business legal matter, should the need should arise. The helpline is available 24 hours a day 365 days a year for matters relating to the law and practice of the United Kingdom, Channel Islands, Isle of Man and Gibraltar.

Please note, however, for matters in Channel Islands, Isle of Man and Gibraltar the issue will be referred to lawyers in that jurisdiction. Any calls received at a weekend or Bank Holiday, for those jurisdictions, will be referred the next working day. Advice is available on an extensive range of issues; from starting a business, acquiring a property and entering into a service contract, to dealing with a neighbour dispute or consideration when making a Will so you can be confident that the right advice and support is always available.

To access the service please call 01275 378748. You will be asked to identify yourself and quote your policy reference. Naturally, the advice available over the telephone can only go so far.

Any complaints regarding the legal advice helpline will be investigated and should be made directly to the Operations Manager, Law Express Ltd, 10 the Sanctuary, Macrae Road, Ham Green, Bristol BS20 0DD. Complaints regarding the legal advice helpline may not be referred to the Financial Ombudsman Service.

To Contact the helpline call 01275 378748 quoting your customer reference number.

Please note that the legal helpline should not be used where the issue you wish to discuss pertains to anything which may be covered by your policy – e.g. a complaint made against you, or an issue which may give rise to a complaint against you – informal, formal or to your professional or registering body, or is a claim for compensation or issue which may give rise to a claim for compensation, if this is the case please call Howden on 01924 241945.

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RECEIPT

Date :

5 September

2023

Prof S Munt

Brighton Exiled/Refugee Trauma Service (BERTS)

15 Herbert Road

Brighton

BN1 6PB

Customer Ref : P23P6338

Client Number : 918611

Insurance/Cover : Professional Civil Liability Insurance

Thank you for payment of the premium due in respect of your Professional Civil Liability Insurance.

The amount paid is calculated as follows:

Amount

Premium (including Legal Helpline) : £207.00

Insurance Premium Tax : £24.00

Administration Fee : £15.50

Total Amount Payable : £246.50

*Insurance Premium Tax (IPT) is at the current rate of 12.00%. (There is no IPT on the Legal Helpline element of the premium).

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