# Women's Counselling and Therapy Service Impact Report 2016–2017

WCTS provides a vital and unique specialist service to vulnerable and disadvantaged women and girls in Leeds whose lives have been severely comprised through experiences such as severe neglect, abuse and or violence (including, but not limited to; childhood sexual abuse, rape, domestic violence, trafficking, FGM) or traumatic loss.



## Why women need a specialised psychological service

"I have been able to tackle some very traumatic past situations with another woman who 'gets it'."

"...in an all-female organisation I have felt safe to face my problems."

Developing research and prevalence studies show us the gendered nature of trauma

80% of those who experience serious violence and abuse over their life course in England are female,<sup>1</sup> of these one in twenty; over half would meet the criteria for one common mental health disorder and one in seven meet the criteria for three.

"Women with extensive experience of physical and sexual violence are far more likely to experience disadvantage in many other areas of their lives including disability and ill health, substance dependence, poverty and debt, poor living conditions, homelessness and discrimination."<sup>2</sup> Women are almost four times as likely as men to be a survivor of childhood sexual abuse during childhood (11% compared with 3%)<sup>3</sup>

"Being a victim and survivor of CSA is associated with an increased risk of adverse outcomes in all areas of victim and survivors lives"

"Longitudinal research suggests that these adverse outcomes can endure over a victim and survivor's lifetime."<sup>4</sup>

Many women also face other significant challenges relating to poverty, housing, education, employment, health, and a range of inequalities including where there are language or cultural barriers.

Pressures of deprivation leave women highly vulnerable to instability, homelessness, debt and social exclusion. All of these can have significant impact on mental and physical health; on sustaining work and care; on parenting, relationships with schools, and domestic relationships.

<sup>1</sup> Agenda, The Alliance for Women and Girls at Risk. (January 2016)

<sup>2</sup> Scott, Sara & Sally McManus. Hidden Hurt: Violence, abuse and disadvantage in the lives of women. DMSS Research for Agenda, The Alliance for Women and Girls at Risk. (January 2016.)

<sup>3</sup> Crime Survey for England and Wales 2016

<sup>4</sup> The impacts of child sexual abuse: A rapid evidence assessment Independent Inquiry into Child Sexual Abuse 2017

# Women we help

Over the year, 530 women accessed the services we provide including 84 in the brief intervention, three session, self-harm service.

Of these women:

Just over three-quarters had experienced sexual abuse, violence and neglect in childhood.

Over two thirds had experienced or were experiencing some form of violence as adults (including rape or sexual assault or domestic abuse).

Three in five had experience of abuse, violence or neglect in childhood and as adults.

Almost a half were long-term unemployed.

One in four were child carers; almost half had suffered bereavement as a child.

Women who access the Service have, in the main, experienced severe limitations on their abilities, goals and dreams. Their experiences have compromised their capacities to relate healthily to others (families, children, education, communities, employers), damaged their relationships (with their bodies, feelings and minds, and with others) and denied them their potentials.

Specialised talking therapies helps women overcome these limitations and live ordinary lives; being freer to focus their energies on what matters most to them.

# Client snapshot

WCTS has no 'typical' or 'average' service user; the women who access our services come with a unique combination of difficulties, requiring individual treatment plans to meet their specific needs. We can, however, give a snapshot of a client based on the information we gather.

#### An individual client

Has six or more areas of concern at initial assessment, the majority of which are continuous or recurring. Most common are anxiety/stress, depression, low self-esteem, relationships, trauma/abuse, bereavement or loss.

6 in 10 are at risk of attempting suicide and 7 in 10 at risk of self-harming behaviours.

Has a low income and/or is living in poverty, with 66% of women living in the city's most deprived areas.

#### Our clients as a group

29% are from BME communities.<sup>5</sup>

- 10% are refugees or asylum seekers.
- 🊯 17% have a disability.

9% of those who name their sexuality are gay, bisexual or transgender.

14% are aged between 18–24, 56% are aged 25–44 and 30% are aged over 45.

5 Showing good accessibility, with Leeds' BME population currently standing at 18.9%

## Our impact

### **Better mental health**

Over the last five years **73% of women** presenting with clinical mental health problems **attending for at least 20 sessions** of counselling **achieve demonstrable recovery** (almost all from the starting point of moderate to severe difficulties).

## **Reducing demand on NHS services**

Reductions in extreme self-harming behaviours: over three quarters of women **reduce the severity** and or **the frequency** of this coping mechanism; **use of other services** (GPs, A&E, crisis services) also **decreases** by similar extents.

## Improving relationships

Three quarters describe **major improvements** in their close relationships, with those who have children reporting a **marked increase in their ability to parent effectively**.

## Life changes

Last year nine out of ten clients **better understood their difficulties**; Eight out of ten can demonstrate an increase in **self-care**, **problem solving skills** and report feeling **more confident** and able to deal with difficult situations.

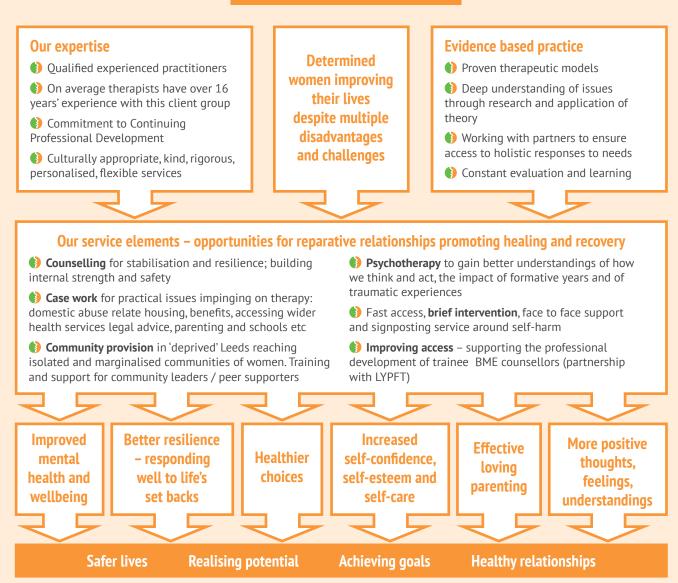
### Social return on investment

Independent evaluations give our services **net return** on investments of between £7 and £16 per £1 invested.

#### Contact

Women access an average of **22 sessions over 9 months** in seven community venues in 'deprived' Leeds and our city centre premises; attendance of **89%**.

## How our service works



## Chair's report

Women's Counselling and Therapy Service continues to diversify services to ensure we excel in meeting the emotional needs of our women clients struggling with their daily lives: our community team stretches out to isolated women; our mothers' service now provides specialist work with pregnant women as well as helping mothers with babies, children or children in care with the whole range of painful difficulties that confront them; WomenSpace offers a life line to women who struggle with repeated self-harm. These are all time limited projects and sadly this year our successful Aurora project for women refugees and asylum seekers ended due to funding constraints. But we continue to attract new funding to supplement our main contract with Leeds City Council Adult Social Care. My thanks to all our funders, partners, staff and volunteers, for your loyalty, dedication and professionalism. Thank you too to our exclients for the way you help us with your views and ideas about how to improve our services making them truly fit for purpose.

We are looking forward to the challenges of the year ahead. Dr Celly Rowe

## Director's report

Tessa Denham

We work with some of Leeds' most disadvantaged and vulnerable women and there is no other organisation in the city providing a similar service. We organise ourselves to work at the best pace for each woman, being flexible and creative in responding to individual need and circumstance. This enables us to develop and sustain engagement with women who survived traumatic experiences.

We understand that for many the safety of a women only environment and a specialised women's service makes it possible to talk openly – often for the first time – about their experiences and the consequences they continue to suffer.

We know that austerity continues to impact disproportionately on women. Also that small and medium charities such as ours are being disproportionately impacted on by the current environment. Over 20% of our funding is one year non-recurrent; the remainder limited to three year agreements. Demand for the service far outstrips supply – we only have capacity to work with at most one in 16 women who contact us for support.

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## Thank you's

2017 saw WCTS continuing to expand its provision. We are extremely grateful to our funders. Without their generosity, vulnerable women would be deprived of the opportunity to access long-term personalised counselling, something we know is critical to positive outcomes.

With kind thanks to:



Peer Support for All, Mollie Croysdale Charitable Trust, Denton Charitable Trust and George A Moore Foundation.

The Service collaborates with many other agencies, all of whom add great value to our work.

With kinds thanks to: Basis Yorkshire, Behind Closed Doors, The Bramley Cluster Partnership, Dosti, The Grange Medical Practice, Hamara, Home Start Leeds, Leeds Survivor Led Crisis Service, Leeds Mind, Leeds & York Partnership Foundation Trust, PAFRAS, and Solace.

**Thanks also to** Oxford Place Children's Centre crèche, without which many women would not have been able to attend appointments with us.

# Our staff and volunteers

WCTS is extremely fortunate in attracting skilled and committed staff and volunteers, including our trustees who give their time and expertise generously.

#### With kind thanks to our trustees:

Carol Burns, Barbara Lawton, Liane Langdon, Dr Celly Rowe (Chair), Alyson Scott, Angie Sillett, Christine Simms, Jane Vincent, Ann Walker, Maureen Young, and Shahina Swain (who joined the Board for her introductory period in January.)

### Staff team

Director: Tessa Denham

Clinical lead: Mandy Alderson

**Service managers:** Sarah Farnell and Fiona Lothian

#### Psychotherapists and counsellors:

Shamim Akhtar, Gemma Altoft, Joanna Best, Andrea Campbell, Cathie Gibbs, Alison Herbert, Sue Hill, Leonie Hilliard, Annemarie Koelman, Stella Maden, Julia Niemuth, Jane Turner and Katie Whitehouse

Therapeutic Case Worker: Zoe Gilbert

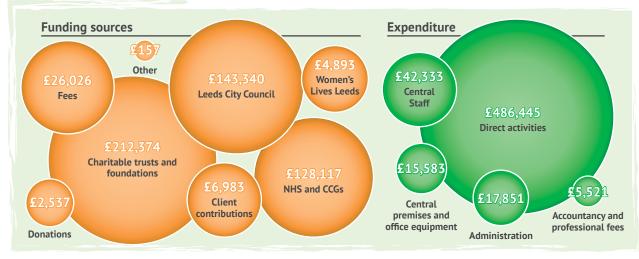
Complex Needs Worker – Women's Lives Leeds: Charlotte Bateman

**Trainee Psychotherapists and Counsellors:** Rachel Craddock, Helen Green, Mbola Holisa, Karen Taylor and Archana Williams

Peer Support Development Worker: Nicola Campbell

Administration and Finance Team: Debbie Bowness, Nicola Campbell, Angela Higgins and Maureen Thrush

**University of Leeds BA Social Work Students:** Georgia Phillips and Grace McManus





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