



Women's Counselling and Therapy Service

# Impact Report 2015–2016



WCTS provides a vital and unique service to vulnerable and disadvantaged women in Leeds with mental health problems who have experienced or are experiencing neglect, sexual abuse and violence (including, but not limited to: sexual assault, rape, domestic violence and trafficking).

## How big is the problem?

- Current research<sup>1</sup> tells us that over 80% of those who experience serious violence and abuse over their life course in England are female; of one in twenty women over half would meet the criteria for one common mental health disorder and one in seven meet the criteria for three.
- In the city of Leeds, this equates to over 16,000 women and girls (over the age of 15). Of these:
  - 36% (6,000) have attempted or will attempt suicide at least once.
  - 22% (over 3,500) have or will self-harm.
  - 9% (over 1,620) will receive mental health treatment as an in-patient.

*"I wanted to stop living before I joined this group"*

WCTS client, 2016

## Who do we help?

During 2015–2016, 339 women accessed the services we provide. Of these women:

- Just over three-quarters had experienced or were experiencing some form of sexual abuse, including rape.
- Almost half had suffered or were suffering some form of neglect (emotional, physical or both).
- Over 60% had been victims of violence in childhood, with one in six of these also being sexually exploited.
- Over three-quarters had experienced some form of violence as adults.
- One in four were still at risk of violence at time of first meeting with us.

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

## How do we help?

We provide access to specialised psychological therapies (for up to two years) with fully qualified and accredited therapists in a safe, women only space.

On average, women attend 24 counselling sessions spread over a period of roughly nine months. Because we are able to provide our services flexibly, for instance with access to a free crèche and telephone appointments where necessary, and there is the security of up to two years' service, we have an attendance rate of 87%.

*"Thank you so much for all your help...without this therapy I would have ended my life."*

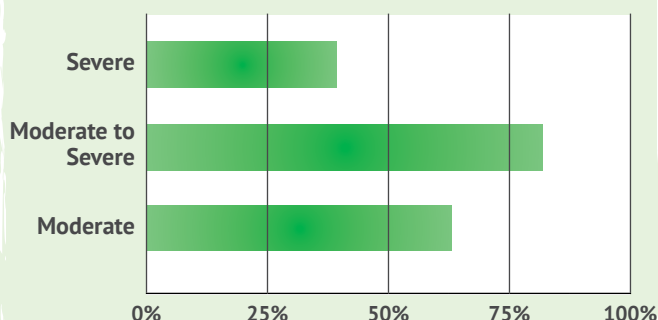
WCTS client, 2016

## What do we achieve?

We can demonstrate the impact of our work in four key ways. When women exit the service:

1. 74% of women presenting with clinical mental health problems achieve demonstrable recovery (almost all from the starting point of moderate to severe difficulties.)
2. Nine out of ten clients report increased self-awareness and understanding of their difficulties.
3. Eight out of ten demonstrate an increase in self-care, problem solving skills and report feeling more confident and able to deal with difficult situations.
4. Three quarters describe major improvements in their close relationships, with those who have children reporting a marked increase in their ability to parent effectively.

### Women's recovery from mental health problems



## WCTS client snapshot

WCTS has no 'typical' or 'average' service user; the women who access our services come with a unique combination of difficulties, requiring personalised support to meet their specific needs.

We can, however, give a snapshot of a client based on the information we gathered in January 2016.

### An individual client

- Has six areas of concern<sup>2</sup> at initial assessment the majority of which are continuous or recurring.
- Has a 59% risk of attempting suicide and a 72% risk of self-harming.
- Has a low income and/or is living in poverty, with a 42% chance of residing in one of the city's most deprived areas.



## Our self-harm service

Independent evaluation shows<sup>3</sup> that our self-harm service has achieved striking reductions in frequency of self-injury, with some women able to stop altogether.

### Examples of women's progress

Before treatment	After treatment
Self-injuring daily	No self-injury for 2 months
Overdosing every few weeks over a 7 year period	No overdose for 6 months
Self-injury every two weeks over a 10 year period	No self-injury for 6 months
Self-injury and overdose	Stopped

Women engaging with our self-harm service showed an average 34% reduction in their need to access other services, making them;

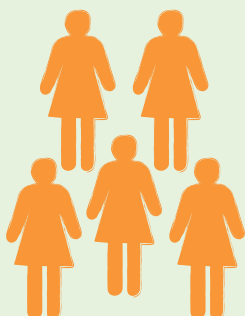
- 28% less likely to visit their GP
- 36% less likely to visit a hospital A&E department
- 33% less likely to be visited by secondary services /contacts.

<sup>2</sup> Commonly a combination of anxiety, depression, low self-esteem, interpersonal problems, difficulties arising from trauma and/or abuse (both present and historical)

<sup>3</sup> J Beckett et al 2015

## Our clients as a group

- 25% are from BME communities.<sup>4</sup>
- 13% are refugees or asylum seekers.
- 20% have a disability.
- 11% are gay, bisexual or transgender (17% of service users prefer not to disclose their sexuality.)
- 13% are aged between 18–24.
- 59% are aged 25–44.
- 28% are aged over 45.



## Working with women who have experienced successive removals of infants into care

### Costing overview

#### Costs for 18 month pilot service

Engagement, home visiting, support	£16,679
Psychological therapies	£22,886
Service design, development and evaluation	£7,752
Agency overheads	£4,732
<b>Total costs</b>	<b>£52,049</b>

#### Care and adoption proceedings savings

Two women / families regained care of children from foster care	£73,048 <sup>5</sup>
Three women <sup>6</sup> / families retained care of their new infants	£846,513 <sup>7</sup>
<b>Total savings<sup>8</sup></b>	<b>£919,561</b>
Attributable to pilot service – 42%	£387,456

<sup>4</sup> Showing good accessibility, with Leeds' BME population currently standing at 18.9%

<sup>5</sup> Gross annual average cost of child in care, Children in care in England 2015

<sup>6</sup> The three women all had previous removals of infants into care: an average of 2.7 children each. Their average age was 26. All three had experience of domestic violence; one of substance dependency. Two had experience of physical violence, sexual abuse and neglect; all three had experienced the loss of a significant adult in childhood. Two women had grown up in care.

<sup>7</sup> Average cost for looked after child, Lewis Brooke 2016

<sup>8</sup> There will be further benefits and or savings in relation to improvements in mental health and wellbeing, reduction of domestic violence incidences and substance misuse services. A full independent evaluation will be published in September 2016

## Chair's report

During 2016, we have worked with a more diverse group of vulnerable women across the city than ever before. Our major achievements have included:

- Using National Lottery funding to work alongside supporting partners Dosti and Hamara in community outreach work.
- Using statutory funding to support a growing number of women and their families through therapeutic work during the perinatal period (including those who have experienced multiple infant removals, funded by Leeds City Council and CGS).

During 2016, we have been able to grow the funding that makes this vital work possible and, despite the uncertainties of the coming year, we remain determined to find ways of continuing to provide services in accordance with need.

Beneficiaries of our work continue to enjoy excellent outcomes, without doubt due to the skill, patience and professionalism of our staff. WCTS has a dedicated staff team who are all deeply committed to women's wellbeing. I am delighted to be involved in the many achievements of WCTS over the course of the year.

Dr Celly Rowe

## Director's report

WCTS work with some of Leeds' most disadvantaged women. We understand that trauma in childhood and/or adulthood can impact on a woman's development and resilience affecting critical aspects of her life (including the formation of healthy relationships, life choices, engaging with education and finding employment).

The skills, experience and commitment of our staff enable us to develop kind, meaningful relationships with women, from the safety of which they can begin to speak honestly and fully of their experiences in order to begin to recover and heal. Due to our size we can work creatively and flexibly in order to respond to individual need and circumstance.

We feel privileged to have the opportunity to do the work we do with women who allow us into their most intimate lives. We know that austerity continues to impact disproportionately on women and the services that are most meaningful to them. We remain fully committed to providing support and services that enable women to make the changes they want in their own lives.

Tessa Denham

## Thank you's

2015–2016 saw WCTS 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:



...also support from Jimbo's Fund and Peer Support for All.

This Service works collaboratively with many other agencies, all of whom add great value.

**With kinds thanks to:** Basis Yorkshire, Behind Closed Doors, The Bramley Cluster Partnership, City & Holbeck Children's Centre, Dosti, The Grange Medical Practice, Hamara, Home Start Leeds, Leeds Survivor Led Crisis Service, Phoenix, The Leeds Personality Disorder Clinical Network, Leeds Mind, PAFRAS and Solace.

**Thanks also to** Oxford Place Children's Centre crèche, without which many women would be unable to attend appointments with us.

## Our staff and volunteers

WCTS, Leeds, 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, Dr Celly Rowe (Chair), Alyson Scott, Angela Sillett, Jane Vincent, Ann Walker and Christine Simms (who joined the Board for her introductory period in January.)

### ... and 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, Katie Whitehouse and Pippa Woodhams

**Trainee psychotherapists and counsellors:**

Gemma Brown, Rachel Cradock, Nicola Engel Khan, Helen Green

**Peer support development worker:**

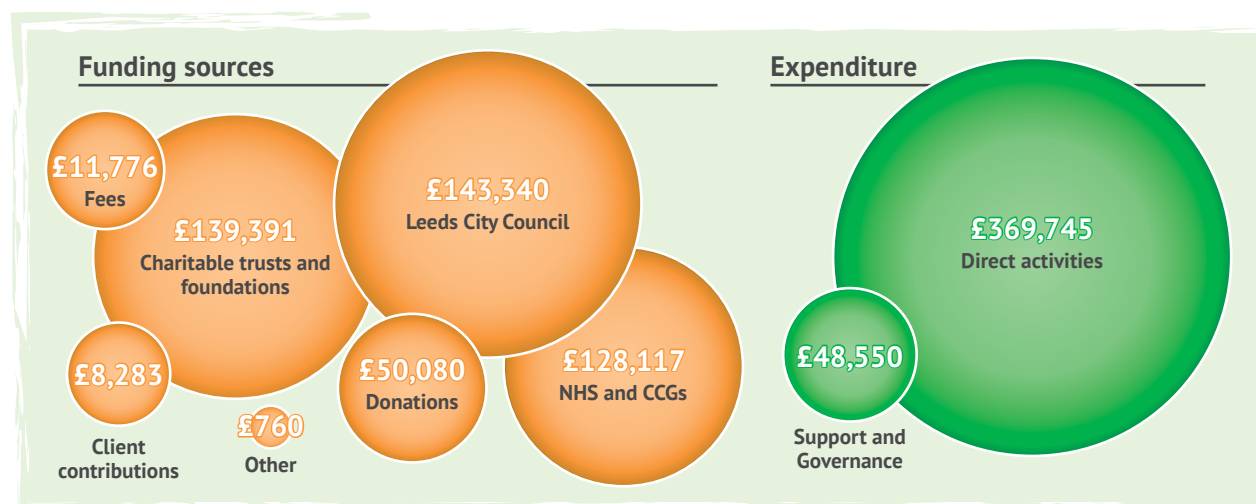
Nicola Chapman

**Administration and finance team:**

Debbie Bowness, Nicola Chapman, Angela Higgins, Maureen Thrush

**University of Leeds social work student:**

Georgia Phillips



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