

**LISTENING EAR  
REPORT TO AREA COMMITTEE  
APRIL 2006 TO MAY 2007**

**Update**

This has been a difficult and challenging year for Listening Ear (LE). Having secured funding for 2006 – 2007 the service then lost its venue solely due to the closure of Sandford Community Centre in April 2006. Despite these extreme difficulties the service continued to deliver counselling sessions to its existing clients. For a period of time due to the implementation of an exit strategy because of funding insecurities and the loss of venue we were unable to take on new clients. Following the appointment of a new co-ordinator in early August, the main focus has been to increase the number of venues available for counselling, the recruitment of new counsellors and to raise the number of sessions available to clients.

**New Venues**

- |                                |   |
|--------------------------------|---|
| • Hollybush Children's Centre  | Mondays & Thursdays                         |
| • New Wortley Community Centre | Mondays & Thursdays                         |
| • Bramley Children's Centre    | Wednesdays & Fridays                        |
| • The Manor, BARCA-Leeds       | Tuesdays                                    |
| • Fairfield Community Centre   | Mondays & Wednesdays &<br>Thursday evenings |
| • Highfield Medical Centre     | Friday                                      |

**New counsellors**

Since September 06 we have recruited 8 new volunteer counsellors giving us 8 qualified counsellors and 3 students who are due to complete their Diploma courses in July of this year. We also have another final year Diploma student in the initial stages of recruitment which will bring us to our target of 12 counsellors. Each of our counsellors brings with them their own skills, expertise and experience that enables us to offer a well - rounded holistic approach. For example one of our new counsellors holds a second level BSL signing qualification. This offers women who reside in West Leeds and who use British Sign Language greater access to a service in their area.

**Increase in clients**

Although we were able to maintain the counselling service for existing clients between April and August we were not at that time in a position to receive and process any new referrals. However, since September this position has changed quite radically. Due to the sourcing of a range of different venues in the community the number of clients currently receiving counselling has risen to 32 per week. Our aim for the current year is to provide 35 to 37 sessions per week which we will achieve as soon as we have our new volunteer in post. As all of our counsellors are working to full capacity and we are now in the position of having a 4 month waiting list for new clients to be seen. The

waiting list currently comprises of 5 clients awaiting allocation of a counsellor and 8 clients awaiting initial consultation. New referrals are currently coming in at approximately 3-4 per week.

### **Links with other agencies**

The LE service has strong and positive working relationships with many agencies across the West Leeds area. We work closely with Primary Care Mental Health workers, GP's, Bramley Surestart, local Children's Centres, BARCA-Leeds. These links are the source of most of our referrals and provide the women of West Leeds greater accessibility to not only this counselling service but also to other appropriate agencies in their area. The service also has citywide links with both the statutory and voluntary sector including Volition, Alliance of Counselling Agencies, MIND, Mental Health Teams, Leeds Womens Aid etc

Establishing and maintaining positive working links both locally and city wide ensures that the women of West Leeds have greater access to services that can meet their individual needs and improve their lives.

### **Evaluation**

The service has systems in place to allow ongoing evaluation. Methods of data collection have included user satisfaction surveys, documentary analysis and activity data analysis

- Clients are asked to complete an evaluation of the service which includes how they were feeling and what issues they were bringing at the start of therapy, how they felt and any changes they have made at the end of therapy. They are also asked to comment on the pre-counselling process and also how they have experienced their counsellor.
- Client feedback collated at the end of March 07 has shown that 80% had felt that counselling helped a lot and that their circumstances had improved. In respect of the process of gaining access to Listening Ear 90% of clients had felt that this was clear, efficient and welcoming. The waiting period for initial assessment at that time was generally no longer than 2 weeks and allocation of counsellor up to one month. (This has now changed see under Increase in clients) Some clients had expressed a desire for out of working -hours appointments and as a direct result of this feedback we are currently in the process of setting this up (see **New Venues**)
- Referrers are periodically requested to complete a questionnaire about the process of referring women to Listening Ear.

#### **Referrers Feedback**

Primary Care Mental Health Workers report that response to referrals has been timely and appropriate. They also find the service useful because it is free and more importantly because it is provided locally in non -NHS establishments. Feedback from other counselling agencies has shown

that LE is useful because we offer medium to long- term therapy rather than the usual 6 or 12 sessions.

- Counsellors at LE all work on a voluntary basis and receive clinical supervision in accordance with guidelines set down by the British Association of Counselling and Psychotherapy (BACP) of which WHM is a member. Most of our counsellors commit to working between 3 and 6 hours per week. Feedback from counsellors is generally received through monthly supervision and team meetings.
- Counsellors' feedback  
The counselling team report that the venues they work in are of an appropriate standard – comfortable, welcoming and offer a reasonable standard of client confidentiality. Bramley Community Centre was evaluated as not being conducive to counselling and as a direct result of this feedback, which was echoed in client evaluations', this venue is now only used for initial assessments carried out by LE coordinator.

## **Statistics**

### **Referral Point:**

#### **April 06 – Mar 07**

Primary Care Mental Health Workers	33.3%
Advised by GP	18.2%
Self	21.2%
Other Agencies (Sure Start, Barca-Leeds etc)	15.1%
Other Counselling Agencies	12.1%

## **New Clients**

#### **April 06 – Mar 07**

LS12 Armley, Farnley, New Wortley	39.2%
LS13 Bramley, Rodley	47.8%
LS28 Stanningley, Pudsey, Farsley	13.0%

## **Funding**

This year our funding from Area Committee ceased at the end of March 07. This funding was particularly helpful in enabling us to continue to offer a service albeit it at a reduced level. We are happy to announce that we have been successful with a grant application to a charitable trust. This means that our funding for this financial year is provided by The Derwent Charitable Trust, West Leeds Healthy Living Network and the PCT.

## **Future plans**

- Identify new venues in Pudsey, Swinnow and Butterbowl areas of West Leeds – in direct response from client and referrers feedback
- Increase work with GPs and PCMHW across the West

- Development of Therapeutic Group Work in the community to compliment the counselling service. The group work will be aimed at furthering the personal development of women who have used LE/counselling and could include practical as well as emotional help (e.g. with DV, anger management or whatever). It would also be a resource for women of West Leeds and for those that do not need/want to use counselling as well as being a useful referral point for those finishing their counselling or waiting for it.
- To introduce the use of CORE (a tool for measuring clinical outcomes) in January 2007. This involves using a global index of distress which may be compared with benchmark data collected for UK clinical and non-clinical populations.